



## HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880-2-333316214-6, Fax: +880-2-333310530 Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER: HSL-004518

### MEDICAL EXAMINATION CERTIFICATE

CH PARA, WORD NO-06, KOTALIPARA, KOLABARI-8130, GOPALGANJ, NGLADESH  Have you ever had any of the following conditions?  Condition  YES NO Condition  1 Eye/vision problem  2 High blood pressure  3 Heart/vascular disease  4 Heart surgery  4 Heart surgery  5 Varicose veins  6 Asthma/bronchitis  7 Blood disorder  8 Diabetes  9 Thyroid problem  10 Digestive disorder  11 Kidney problem  12 Skin problem  13 Allergies  13 Allergies  14 Infectious/contagious diseases  15 Hernia  16 Genital disorders  17 Pregnancy  If any of the above questions were answered 'yes' please give details.  Additional questions  RANK:  Condition  YES NO Condition  NO Condition  18 Sleep problems  18 Sleep problems  19 Do you smoke?  20 Operation/surgery  21 Epilepsy/seizures  22 Dizziness/fainting  22 Loss of consciousness  23 Attempted suicide  24 Psychiatric problems  25 Depression  26 Attempted suicide  27 Loss of memory  28 Balance problem  29 Severe headaches  30 Ear/nose/throat problems  31 Restricted mobility  32 Back problems  33 Amputation  34 Fractures/dislocations  If any of the above questions were answered 'yes' please give details.  Additional questions  35 Have you ever been signed off as sick or repatriated from a ship?  36 Have you ever been bospitalised?  37 Have you ever been bospitalised?  38 Have you aware that you have any medical problems, diseases or illnesses?	8148	79757
MADARIPUR 4-Dec-1993 B00578304 CO814 TIONALITY: BANGLADESH! SEX: Male   Female   VESSEL TYPE: CRUDE OIL TANKEN TRADING AR RMANENT HOME ADDRESS: CH PARA, WORD NO-06, KOTALIPARA, KOLABARI-8130, GOPALGANJ, IGLADESH  Have you ever had any of the following conditions?  Condition 1 Eye/vision problem   YES NO   Condition 1 Eye/vision problem   18 Sleep problems 2 High blood pressure   19 Do you smoke? 3 Heart/vascular disease   7 20 Operation/surgery 4 Heart surgery   21 Epilepsy/seizures 5 Varicose veins   R 22 Dizziness/fainting 6 Asthma/bronchitis   17 23 Loss of consciousness 7 Blood disorder   24 Psychiatric problems Diabetes   25 Depression 9 Thyroid problem   26 Attempted suicide 10 Digestive disorder   27 Loss of memory 11 Kidney problem   28 Balance problem 12 Skin problem   29 Severe headachs 13 Allergies   30 Ear/nose/throat problems 14 Infectious/contagious diseases   31 Restricted mobility 15 Hernia   32 Back problems 16 Genital disorders   33 Arriputation 17 Pregnancy   34 Fractures/dislocations 18 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 10 Have you ever been signed off as sick or repatriated from a ship? 10 Have you ever been signed off as sick or repatriated from a ship? 10 Have you ever been signed off as sick or repatriated from a ship? 10 Have you ever been signed off as sick or repatriated from a ship? 11 Have you ever been declared uniff for sea duty? 12 Have you ever been problem restricted or revoked? 13 Are you aware that you have any medical problems, diseases or illnesses?	98148 GAREA: WO 88017785 3RD OFF	79757 ICER
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RMANENT HOME ADDRESS: CH PARA, WORD NO-06, KOTALIPARA, KOLABARI-8130, GOPALGANJ, IGLADESH  Have you ever had any of the following conditions?  Condition  YES NO Condition  1 Eye/vision problem 1 8 Sleep problems 2 High blood pressure 3 Heart/vascular disease 3 Heart/vascular disease 4 Heart surgery 5 Varicose veins 6 Asthma/bronchitis 7 Blood disorder 8 Diabetes 9 Thyroid problem 9 Thyroid problem 10 Digestive disorder 11 Kidney problem 12 Skin problem 13 Allergies 14 Infectious/contagious diseases 15 Hernia 16 Genital disorders 17 Pregnancy 18 Have you ever been signed oft as sick or repatriated from a ship? Have you ever been bospitalised? Have you ever been pospitalised problems, diseases or illnesses?	98017785 3RD OFF	79757 ICER
Condition  Eye/vision problem  Heart surgery  Varicose veins  Diabetes  Diabetes  Thyroid problem  Digestive disorder  Altergies  Are you ever been signed off as sick or repatriated from a ship?  Have you ever been bospitalised?  Have you ever been declared unfit for sea duty?  Altery you aware that you have any medical problems, diseases or illnesses?	YES YES	ত চিচ্চ্চ্চ্চ্চ্চ্চ্চ্চ্চ্চ্চ্চ্চ্চ্চ্চ্চ
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High blood pressure	YES	<b>৪৯৮৯৮৯৮৯৯৯১১৫৫৯</b>
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4 Heart surgery	YES	<b>১৯৯১১১৯৯১১৫৫১৯</b>
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Additional questions  Additional questions  Have you ever been signed off as sick or repatriated from a ship?  Have you ever been declared unfit for sea duty?  Have you ever been declared unfit for sea duty?  Have you aware that you have any medical problems, diseases or illnesses?	YES	日日日色
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17 Pregnancy 34 Fractures/dislocations  If any of the above questions were answered "yes" please give details.  Additional questions  35 Have you ever been signed off as sick or repatriated from a ship?  36 Have you ever been bospitalised?  37 Have you ever been declared unfit for sea duty?  38 Has your medical certificate ever been restricted or revoked?  39 Are you aware that you have any medical problems, diseases or illnesses?	YES	
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40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	0	9990
41 Are you allergic to any medications?		H
Comments:		
FIT FOR DUTY ON BOARD SHIP		
42 Are you taking any non-prescription or prescription medications?		H
f yes, please list the medications taken and the purpose(s) and dosage(s)		

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MEDICAL EXAMINATION CERTIFICATE

PATIENT CONTROL NUMBER:
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BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited Revision Date: 24th July 2022



## HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER: HSL-004518

## Tel: +880-2-333316214-6, Fax: +880-2-333310530

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In Accordance with Medical Examination (Seafarers Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Conserul Physician

Facilist Hospitals (Impled)

Revision: 5.1

Revision Date: 24th July 2022



## V. SHIPS INDIA Pvt. Ltd.

Certificate No:

04.2024.6203

## MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000; STCW code I/9 MLC 2006 – Reg 1.2 And ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12

Family Name	ROY		RADICAL EN HOSPITALS
Given Names	SHUVAGATA		
Date of birth (day/month/year)	04-DEC-1993	Sex: Male	Female NO A-50
Nationality	BANGLADESHI		

Nationality	BA	NGLADESHI			
			Yes	No	NA.
Confirmation that identification do examination	cuments	were checked at the point of	100	INO	107
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Place of examination: <u>Udara</u> , Medical certificate's date of ex Official stamp (also print name	piration (	day/month/year) 2 MAR 2020 cal examiner if not legible) R. MII	R. MD. F M, CCD (Birdem 5144, MMC	AIHA ), PGT (Oph -BGD-01	th) 6
Signature of medical examiner Authorised by:			g Banglades neral Physici <b>thority)</b> is L	0.00	ad

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature:

BENNO MI

(To be signed in the presence of the medical examiner)



# Certificate No: \_\_\_\_\_0 4 . 2 0 2 4 . 6 2 0 3 MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000; STCW code I/9 MLC 2006 - Reg 1.2 And

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Fit for look-out duty  Deck serv  Fit  Unfit  Without restrictions  Visual aid required  Chest X-ray  Bacteriological stool test  Parasitical stool test  Vaccination records  Describe any restrictions (e.g., specific and process)  Place of examination:  Medical certificate's date of expiral	Not fit for look-out ice) Engine service	duty ce Cate rictions ory f ship, tra ay/month	ering servi	ot perform tot perform tot perform to be renev	ned ned wed	IHAN ST (Ophth) SD (O-016
Fit for look-out duty  Deck serv  Fit  Unfit  Without restrictions  Visual aid required  Chest X-ray  Bacteriological stool test  Parasitical stool test  Vaccination records  Describe any restrictions (e.g., specific and provided in the content of the content o	Not fit for look-out ice) Engine service	duty ce Cate rictions ory f ship, tra ay/month not legible	ering servi	ot perform not perform not perform to be renev	med med wed	IHAN GT (Ophth) GD-016 pproved
Fit for look-out duty  Deck serv  Fit  Unfit  Without restrictions  Visual aid required  Chest X-ray  Bacteriological stool test  Parasitical stool test  Vaccination records  Describe any restrictions (e.g., special stool stool service)  RADICAL HOS  Place of examination:  Medical certificate's date of expirat  Official stamp (also print name of  Signature of medical examiner:	Not fit for look-out izer Engine service	duty ce Cate rictions  ory f ship, tra ay/month c) 20 not legible (com	ering servi	ot perform tot perform tot perform tot perform to be renevative.	ned ned med wed  D. RA (Birdem), PC MMC-BG pladesh A) Physician itals Limit	IHAN GT (Ophth) GD-016 optroved

### PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

		THE REPU	JBLIC OF LIBERIA	ANNEX 2
LAST NAME OF APPLIC	ANT	FIRST NAME		MIDDLE INITIAL
ROY		SHUVAGATA		
DATE OF BIRTH		PLACE OF BIRT	m	SEX
12 4	1993	MADARIPUR	BANGLADESH	
MONTH DA	Y YEAR	CITY	COUNTRY	MALE FEMALE
EXAMINATION FOR DU	TY AS:		MAILING ADDRESS OF APP	LICANT:
MASTER	RATING		MACH PARA, WORD NO-0	6, KOTALIPARA
MATE -	MOU DECK		KOLABARI-8130, GOPALG	ANJ, BANGLADESH
ENGINEER	MOU ENGINI	. 🗆		
RADIO OFF	SUPERNUME	RARY		
MEDICAL EXAMINA	TION (SEE PAGE 2	) STATE DETAI	ILS ON PAGE 2	
HEIGHT WEIGH	J. 120/8	· ~>	PULSE RESPIRATION	GENERAL APPEARANCE
VISION: WITHOUT GLASSES WITH GLASSES DATE OF LAST COLOR	VISION TEST (Month	/ Gen	<u> </u>	nired every 6 years
COLOR VISION MEETS	STANDARDS IN STO	W CODE TABLE		NO 🗆
COLOR TEST TYPE: BOOK		ALL CONTRACTOR (CONTRACTOR)		RED GREEN BLANC
HEARING RT.	EAR	5_	LEFT YEAR	w <sub>2</sub>
HEAD AND NECK	Non	m	HEART (CARDIOVASCULAR)	Nonmy
LUNGS	Nonm		SPEECH (DECK/NAVIGATIONAL IS SPEECH UNIMPAIRED FOR NO	OFFICER AND RADIO OFFICER) DRMAL VOICE COMMUNICATION
EXTREMITIES:				1
UPPER	N,ou	m	LOWER	Norm 1
	GER THE HEALTH C		BE AGGRAVATED BY, OR TO RI NS ON BOARD? IF YES, EXPLAIN	ENDER HIM UNFIT FOR SÉRVICE AT SEA IN DETAILS OF MEDICAL
(Bach)	JUNE ON		2 1 MAR 2024	2 0 MAR 2026
SIGNATURE	OF APPLICANT		DATE OF EXAM	EXPIRY DATE
THIS SI	GNATURE SHOULD	BE AFFIXED IN T	THE PRESENCE OF THE EXAMIN	ING PHYSICIAN.
THIS IS TO CERTIFY TH	IAT A PHYSICAL EX	OR DUTY ON	BOARD SHIP	SHUVAGATA ROY APPLICANT)
(HE) (SHE) IS FOUND TO MOU ENGINE OF SUPER		FOR DUTY AS A		ADIO OFFICER, RATING, MOU DECK,
NAME AND DEGREE	OF PHYSICIAN	DR. MIR MD.	. RAIHAN; M.B.B.S.(D.U.),	
ADDRESS REDICA	L HOSPITALS LIMI	- ГЕД, 35, SHAH М	AKHDUM AVENUE, SECTOR-12, U	UTTARA, DHAKA-1230, BANGLADESH.
NAME OF PHYSICIAL	N'S CERTIFICATIN	IG AUTHORITY	REGISTRATION NO.: A-5514	14, B.M.D.C, DHAKA, BANGLADESH.
DATE OF ISSUE OF P	HYSICIAN'S CERT	TIFICATE :	8-Jun-14	
SIGNATURE OF PHY	SICIAN <	(	DATE OF EXAM	MINATION: 2 1 MAR 2024

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of age

RLM-I05M ANNEX 2

DR. MIR. MD. RAIHAN MBBS (DU), DFM CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

Rev0 - 09/01/2023

Panglede Banglede

### MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation.

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

2 1 MAR 2024

As Per-M.C-2008

DR. MIR. MD. RAIHAN

BMDC A-55144, MMC-BGD-016
DG Shino ng Bangladesh Approved

General Physician Radical Hospitals Limited

Rev0 - 09/01/2023

RLM-105M ANNEX 2

### PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

			THE RE	PUBLIC OF I	LIBERIA	ANNEA		
LAST NAME OF	F APPLICANT		FIRST NAME	3		MIDDLE INITIAL		
ROY			SHUVAGA	TA				
DATE OF BIRT	Н		PLACE OF B	IRTH		SEX		
12	4	1993	MADARIPU	R BANGL	ADESH			
MONTH	DAY	YEAR	CITY	COUNT	RY	MALE FEMALE		
EXAMINATION	FOR DUTY	AS:		MAILING AL	DDRESS OF APPLI	CANT;		
MASTER		RATING		MACH PAR	A, WORD NO-06,	KOTALIPARA		
MATE		MOU DECK		KOLABARI-	8130, GOPALGA!	NJ, BANGLADESH		
ENGINEER		MOU ENGINI	B [			20		
RADIO OFF		SUPERNUME	RARY					
MEDICAL EX	AMINATIO	N (SEE PAGE 2	) STATE DET	AILS ON PAGE 2				
неібнт 169m	WEIGHT STAD.	BLOOD PE	RESSURE	787/2	RESPIRATION C	GENERAL APPEARANCE		
VISION: WITHOUT GLA WITH GLASSES DATE OF LAST COLOR VISION	SSES  COLOR VISI		irixayr (car)	1 MAR 2024	Testing Require	ed every 6 years		
AND PARTY OF THE P	note onwarement	Selection and which we cannot	and the contract of the contra	ENTROPE WEDGE ME				
COLOR TEST TY	PE: BOOK LA	NTERN CHECK	IF COLOR TEST	IS NORMAL. YE	TLOW L	RED GREEN BLUE		
HEARING	RT. EAR	_ M	7	LEFT Y	EAR	$\sim$		
HEAD AND NE	CK	Non	m	HEART (CARDIO	VASCULAR)	Norm		
LUNGS		Nor	ml			FFICER AND RADIO OFFICER) MAL VOICE COMMUNICATION		
EXTREMITIES: UPPER		N	mmy		OWER	Nonny		
	ENDANGER					DER HIM UNFIT FOR SERVICE AT SEA DETAILS OF MEDICAL		
	@GYJY	10 AVV		21 MAR	2024	2 0 MAR 2026		
SIGN	NATURE OF A	APPLICANT		DATE OF EXA	AM	EXPIRY DATE		
	THIS SIGNA	TURE SHOULD	BE AFFIXED II	N THE PRESENCE OF	F THE EXAMINING	G PHYSICIAN.		
THIS IS TO CER	RTIFY THAT A			N BOARD SHIP		HUVAGATA ROY		
(HE) (SHE) IS FO		(FIT) (NOT FIT)			Δ	DIO OFFICER, RATING, MOU DECK,		
NAME AND D	DEGREE OF	PHYSICIAN	DR. MIR M	D. RAIHAN; M.B.	B.S.(D.U.),			
ADDRESS	REDICAL HO	OSPITALS LIMIT	TED, 35, SHAH	MAKHDUM AVENUI	E, SECTOR-12, UT	TARA, DHAKA-1230, BANGLADESH.		
NAME OF PH	YSICIAN'S C	CERTIFICATIN	IG AUTHORIT	YREGISTRATIO	N NO.: A-55144	B.M.D.C, DHAKA, BANGLADESI		
DATE OF ISSU				8-Jun-14		- Andrews of the state of the s		
			4-		ATE OF EVALOR	NATIONIA 21 MAD DOD		
SIGNATURE (	OF PHYSICL	AN I	/	- D.	ATE OF EXAMIN	NATION: 2 1 MAR 2024		

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M ANNEX 2 DR. MIR. MD. RAIHAN MBBS (DU) DFM, CCD (Birdem), PGT (Ophth) BMDC A 55144, MMC-BGD-016

Fladinal Hospitals Limited

Rev0 - 09/01/2023

### MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the scafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer car at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have perpetuate and the complete of distinguishing the color perpetuate.
- (b) officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION	ON INCLUDING H	HEARING TEST.
----------------------------------	----------------	---------------

PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation.

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

DR MIR MD RAIHAN

MBBS (DU), DFM, CCD (Birdem), PG1 (Ophili) BMDC A-55144, MMC-BGD-016

General Physician
Radical Hospitals Limited

Rev0 - 09/01/2023

RLM-105M ANNEX 2 2 1 MAR 2024





Certificate No.	0 4 . 2 0 2 4 . 6 2 0 3 NIMUM REQUIREMENTS FOR:
PRE-SEA AND PERIODIC	MEDICAL FITNESS EXAMINATIONS
(	OF SEAFARERS
	ant Shipping (Medical Examination) Rules 2000;
	CW code I/9 and MLC 2006 – Reg 1.2 And s on the medical examinations of seafarers ILO/IMO/JMS/2011/12
Family Name	ROY THOSPITAL TO
Given Names	SHUVAGATA 6 NO NS
Rank and department	3 <sup>RD</sup> OFFICER, BULK
Date of birth (day/month/year)	04-DEC-1993 Sex: Male Female
Nationality	BANGLADESHI
Home address	MACH PARA, WORD NO-06, KOTALIPARA, KOLABARI-8130, GOPALGANJ, BANGLADESH
Residence & Mobile No:	008801778579757
Passport No./Discharge Book No.	B00578304, C/O/8148
Type of ship (container, tanker, passenger, fishing)	CRUDE OIL TANKER
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE
Have you ever had any of the fo	ollowing conditions?  Yes No Condition Yes No
Eye/vision problem	18. Sleep problems
High blood pressure	19. Do you smoke; use alcohol or drugs?
3. Heart/vascular disease	☐ ☐ 20. Operation/surgery ☐ ☐
4. Heart surgery	☐ ☐ 21. Epilepsy/seizures ☐ ☐
<ol><li>Varicose veins</li></ol>	☐ ☐ 22. Dizziness/fainting ☐ ☐
<ol><li>Asthma/bronchitis</li></ol>	23. Loss of consciousness
7. Blood disorder	24. Psychiatric problems
8. Diabetes	☐ ☐ 25. Depression ☐ ☐
Thyroid problem	26. Attempted suicide
10. Digestive disorder	27. Loss of memory
11. Kidney problem	28. Balance problem
12. Skin problem	29. Severe headaches
13. Allergies	30. Ear/nose/throat problems
<ol> <li>Infectious/contagious diseases</li> </ol>	☐ ☐ 31. Restricted mobility ☐ ☐
15. Hernia	☐ ☐ 32. Back or joint problems ☐ ☐
<ol><li>Genital disorders</li></ol>	☐ ☐ 33. Amputation ☐ ☐
17. Pregnancy	34. Fractures/dislocations

If any of the above questions were answered "yes", please give details.



Auu	itional questions	Ye s	No
35.	Have you ever been signed off as sick or repatriated from a ship?		
36.	Have you ever been hospitalised?		1
37.	Have you ever been declared unfit for sea duty?		
38.	Has your medical certificate ever been restricted or revoked?		
39.	Are you aware that you have any medical problems, diseases or illnesses?		4
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	4	
41.	Are you allergic to any medications?		
Con	FIT FOR DUTY ON BOARD SHIP		
42.	Are you taking any non-prescription or prescription medications?		
If ye	es, please list the medications taken and the purpose(s) and dosage(s)		

I SHUVAGATA ROY holding Passport/Seaman Book No B00578304 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee:

Date (day/month/year)\_

DR. MIR. MD. RAIHAN

7 1 MAR 2024

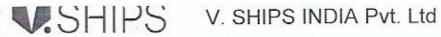
Witnessed by: (Signature)

Name: (typed or printed MDC 0.55144 MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

Rapical Hospitals Limited

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).

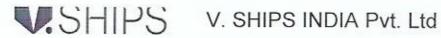




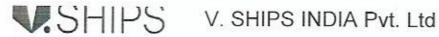
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Jse of gl	asses or	contact		: YesL ual acui	7/1/2	₫. (if yes, sp	ecify which ty		ual fiel	
		Unaided	i		А	ided				
	Right eye	Left eye	Bino	0.000	2000	eft Bino- ye cular		Norma	al Defe	ective
Distant	Gu	by	/				Right	eye /		
Near	15	NS					Left ey	re		
	of Testir			5	Norma		∏shirara Pla		- tern Té	est 🗌
Hearing Pure ton	e and au 500 H		(thres		alues ir	n dB) 3000 Hz	Speech an	d whisper te		tres)
Right	20				س س	0000112	Right ear			4
eft ear	2	7	2	(	20		Left ear	\ \n		4
Clinical Height ir	Finding:	s:	16	9		Weight i	n kg	81		
Pulse ra		70	8	(/	minute	) Rhythm		Reyn	U ,	
Blood pr Systolic	essure	( 2	در		mm Họ	Diastolic	8	. v	m	ım Hg
Urinalys		, ,				01.1				,
Glucose	: (	111		Protei	111111111111111111111111111111111111111	711	Blood		A Aba	4
			N	lormal	Abnor			Norm	nal Abn	ormai
Head		TO SHOW THE PARTY			닏	Varicose		loool		+
	, nose, th	roat		4	님		(inc. pedal p	plant record	片十	H
Mouth/te					$\vdash$	Hernia	n and viscera	1	7	+
Ears (ge			_		H		t rootal avan	0)	7	H
and the second	ic memb	rane		4	H	G-U syst	t rectal exan	1)	H	H
Eyes				- Lub	H		nd lower extr	emities	=	H
	noscopy		-	7	누片		S/S, T/S and		9	H
Pupils				무	H		gic (full brief)	20)	7	П
Eye mo			-	ᆉ	H	Psychiat	AND THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED		19	П
-	ind chest			- 177	는 는 는	Piles	IIIC	19854	7	П
	examinat	ion		1		Skin			7	
Heart Hydroce	ele			7	님		appearance	The state of the s		
	7.(3)				,				G CE	
					-farme	NA N				
Chest >	(-ray			Not pe	y service of the control of the cont	day/month/ye		,	21 M	AR 202

Page 3 of 4

LWI 08 - Form CO 10 Revision Number: 01



Other diagnostic test(s) and res	sult(s):		
Test		Result	
Blood Tests – tick in box if done- readings seperately issued*1	CBCL, Blood VD Sugar – Random		ood ESR 🗹, Blood
Haemoglobin "Hb" *1			g/dl 🦯
Hepatitis B *3	HB (ab) □+ve ve ✓	HB (ag	g) -ve -ve
Bacteriological stool test*4	not performed	negative	positive
Parasitical stool test*5	not performed	negative	positive
ECG (only for crew above 40 years)			
HIV *2 (+ve or -ve)	NEGA	lue	
Medical examiner's comments:	FIT FOR DUTY	ON BOARD SHIP	
*2 not compulsory *4 re	equired by the Company equired by the Company	for all food handler	S
Assessment of fitness for ser	equired by the Company		
diagnostic test results recorded from any medical condition likely unfit for such service or to enda the examinee medically:	y to be aggravated b	y service at sea	or to render the sea
Fit for look-out duty	☐ Not fit for loc	ok-out duty	
Deck service	ngine service	Catering service	Other services
Fit			
Unfit			
Without restrictions	☐ With	restrictions	
Describe restrictions (e.g., speci	ific position, type of s	ship, trade area)	):
Place of examination: REDICAL Date (day/month/year)	T2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1		Open Charles
Medical certificate's date of expi	ration (day/month/ye	ear)2/0 MAI	R 2026
Date medical certificate issued (	day/month/year):	2 1 MAR 2024 /	- Very
Official stamp (also print name of	of medical examiner	BBS (DU), DFN	f. CCD (Birdem), PGT (Ophth)
Signature of medical examiner:	1	DG Shipping Gen	144, MMC-BGD-015 Bangladesh Approved eral Physician Hospitals Limited
Medical practitioner information	(name, license numb	ber, address):	rivopitais clinited.
NAME: MIR MD. RAIHAN; M.B. ADDRESS: REDICAL HOSP SECTOR-12, UTTARA, DHA	ITALS LIMITED. 35	5, SHAH MAKI	HDUM AVENUE,



n4.2024.6203

Certificate No:

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

## PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000: STCW code I/9 and MLC 2006 - Reg 1.2 And ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12

Family Name ROY Given Names SHUVAGATA Rank and department 3RD OFFICER, BULK Date of birth (day/month/year) 04-DEC-1993 Sex: Female Male Nationality BANGLADESHI Home address MACH PARA, WORD NO-06, KOTALIPARA. KOLABARI-8130, GOPALGANJ, BANGLADESH Residence & Mobile No: 008801778579757 Passport No./Discharge Book B00578304, C/O/8148 No. Type of ship (container, tanker, CRUDE OIL TANKER passenger, fishing) Trade area (e.g., coastal, WORLDWIDE tropical, worldwide)

### A. EXAMINEE'S PERSONAL DECLARATION:

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

	Condition	Yes	No	Condition	Yes	No
1.	Eye/vision problem		18.	Sleep problems		7
2.	High blood pressure		19.	Do you smoke; use alcohol or drugs?		旦
3.	Heart/vascular disease		20.	Operation/surgery		
4.	Heart surgery			Epilepsy/seizures		Ó
5.	Varicose veins		J 22.	Dizziness/fainting		P
6.	Asthma/bronchitis		子 23.	Loss of consciousness		9
7.	Blood disorder		J 24.	Psychiatric problems		I
8.	Diabetes		달 25.	Depression		9
9.	Thyroid problem		<b>26</b> .	Attempted suicide		D
10.	Digestive disorder		J 27.	Loss of memory		4
11.	Kidney problem		J 28.	Balance problem		2
12.	Skin problem		<b>29</b> .	Severe headaches		4
13.	Allergies		<b>3</b> 0.	Ear/nose/throat problems		3
14.	Infectious/contagious diseases		<b>3</b> 1.	Restricted mobility		2
15.	Hernia		团 32.	Back or joint problems		
16.	Genital disorders		33.	Amputation		Ď
17.	Pregnancy		MA 34.	Fractures/dislocations		Ď

If any of the above questions were arrawered "yes", please give details.



RADICAL



## V. SHIPS V. SHIPS INDIA Pvt. Ltd

Additional quest	tions
------------------	-------

		Ye s	No
35.	Have you ever been signed off as sick or repatriated from a ship?		
36.	Have you ever been hospitalised?		0
37.	Have you ever been declared unfit for sea duty?		
38.	Has your medical certificate ever been restricted or revoked?		I
39.	Are you aware that you have any medical problems, diseases or illnesses?		D
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	4	
41.	Are you allergic to any medications?		9
Con	FIT FOR DUTY ON BOARD SHIP	36	
42.	Are you taking any non-prescription or prescription medications?	П	M
If ye	es, please list the medications taken and the purpose(s) and dosage(s)		

I SHUVAGATA ROY holding Passport/Seaman Book No B00578304 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee:	GREANO ANSI	Dete	Z 1 PAK 7074
Signature of examinee	1	Date (day/month/year)	
Witnessed by: (Signature)_	45	Name: (typed or printed/BBS)	MIR. MD. RAIH, DU), DFM, CCD (Birdem), PGT (O

Name: (typed or printed/BBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A 53144, MMC DGD 016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).





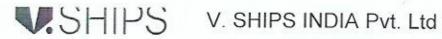
## SHIPS V. SHIPS INDIA Pvt. Ltd

### B. MEDICAL EXAMINATION Use of glasses or contact lenses: Yes / No . (if yes, specify which type and for what purpose) Visual acuity Visual fields Unaided Aided Right Left Bino-Right Left Bino-Normal Defective eve cular cular eve eve eve Distant Right eye Near Left eye ☐ Ishirara Plates ☐ Lantern Test ☐ Others Method of Testing Colour vision: Colour vision: Not tested -Normal' □ Doubtful □ Defective Hearing: Pure tone and audiometry (threshold values in dB) Speech and whisper test (metres) 500 Hz 1000 Hz 2000 Hz 3000 Hz Normal Whisper Right Right ear 20 20 20 ear Left ear 20 20 Left ear Clinical Findings: Height in cm Weight in kg Pulse rate (/minute) Rhythm Blood pressure Diastolic mm Hg mm Hg 20 Systolic Urinalysis NI Glucose: Protein: Blood: Nil NI Normal Abnormal Normal Abnormal Head Varicose veins P Sinuses, nose, throat 7 Vascular (inc. pedal pulses) P Abdomen and viscera Mouth/teeth Ears (general) Hernia Tympanic membrane Anus (not rectal exam) Eyes G-U system Opthalmoscopy Upper and lower extremities Spine (C/S, T/S and L/S) Pupils 1 Neurologic (full brief) Eye movement Lungs and chest Psychiatric 7 Piles 7 Breast examination 1 Skin Heart General appearance Hydrocele Chest X-ray Not performed 2 1 MAR 2024 Performed on (day/month/year): Results:

As Per-MILC-2006

Page 3 of 4

I WI 08 - Form CO 10 Revision Number: 01



Test		Result	
Blood Tests – tick in box if done- readings seperately issued*1			ood ESR , Blood
Haemoglobin "Hb" *1			g/dl
Hepatitis B *3	HB (ab) □+ve ve	HB (ag	ı) □ +ve - □ -ve
Bacteriological stool test*4	not performed	negative	positive
Parasitical stool test*5	not performed	negative	positive
ECG (only for crew above 40 years)			
HIV *2 (+ve or -ve)	regu	luc	
Medical examiner's comments:  *1 compulsory  *3 n	FIT FOR DUTY	ON BOARD SHIP	
Assessment of fitness for ser On the basis of the examine diagnostic test results recorded from any medical condition likely unfit for such service or to enda the examinee medically:  Fit for look-out duty	e's personal declar above, I certify that y to be aggravated b	g physical cap ation, my clinion the seafarer c y service at sea her persons on	abilities: cal examination and oncerned is not suffe or to render the seaf
E i it for look-out daty		ok-out duty	
Deck service	Engine service	Catering service	Other services
Fit -			
Unfit			
Without restrictions  Describe restrictions (e.g., spec	V-V-	restrictions hip, trade area)	
Place of examination: REDICAL Date (day/month/year) 211 Medical certificate's date of expi Date medical certificate issued (	ration (day/month/ye	2 N MAR	2026
Official stamp (also print name of Signature of medical examiner:	of medical examiner i	MBBS (DU), DFM, CO BMDC A-5514- DG Shipp.ng Ba	(Birdem), PG1 (Upitin) 4, MMC-BGD-016 ngladesh Approved
Medical practitioner information	(name, license numb	Partical Ho	spiláts Limited
NAME: MIR MD. RAIHAN; M.B. ADDRESS: REDICAL HOSP SECTOR-12, UTTARA, DHA	TALS LIMITED. 35	S, SHAH MAKE	HDUM AVENUE,

## CRW15 - CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME			POSITION ON E	BOARD
ROY	SHUVAGATA		0514	3RD OFFICER	
DATE OF BIRTH 04-DEC-1993	PLACE OF BIRT MADARIPUR	Н	SEX	ID DOCUMENT	NO
04-DE0-1030		TE BELOW IF	MALE THE LISTED TESTS ARE WITHIN THE REFERENCE LEVE	C/O/8148 L)	
TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	-5		LYMPHOCYTE COUNT	1	Q
RED BLOOD CELL COUNT (RBC)	4		MONOCYTE COUNT	8	
PLATELET COUNT (PLT)	B		EOSINOPHIL COUNT	9	
HAEMOGLOBIN (HGB)			BASOPHIL COUNT	ET.	
HAEMOTOCRIT (HCT)			GRANULOCIYTE COUNT	8	
MEAN CORPUSCULAR VOLUME (MCV)	á		THROMBOCYTE COUNT	Ų	
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)			BIOCHEMISTRY	YES	NO
MEAN CORPULSCULAR HB. CONC (MCHC)			ASPARTATE AMINOTRANSFERASE (AST, SGOT)	<u> </u>	
MEAN PLATELET VOLUME (MPV)	5		ALANINE AMINOTRANSFERASE (ALT, SGPT)	8	
RED BLOOD CELL DISTRIBTION WIDTH (RDW)	U		TOTAL BILIRUBIN	9	
NEUTORPHIL COUNT	<u>-</u>				
Doctors Comments:	2 27			7	
-N	O AM	norgy	ralett + Oon	-	
Tu-	MBBS (DI BMDC DG Ship	MIR, MD J), DFM, CCD (Bir A-55144, MI	RAIHAN rdem), PGT (Ophth) MC-BGD-016 desh Approved 21 MA	R 2024	
MEDICAL EXAMINER			DATE OF EXAM	INATION	

## CRW15 - CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME			POSITION ON	BOARD	
DATE OF BIRTH	SHUVAGATA	ru.	CEV	3RD OFFICER		
04-DEC-1993	PLACE OF BIRT	H	SEX MALE	ID DOCUMENT C/O/8148	NO	
		ATE BELOW IF	THE LISTED TESTS ARE WITHIN THE REFERENCE LEVE		2020	
TEST	YES	NO	TEST	YES	NO	
WHITE BLOOD CELL COUNT (WBC)	1		LYMPHOCYTE COUNT	0		
RED BLOOD CELL COUNT (RBC)	-0		MONOCYTE COUNT			
PLATELET COUNT (PLT)	T.		EOSINOPHIL COUNT	ď.		
HAEMOGLOBIN (HGB)	16		BASOPHIL COUNT	ď		
HAEMOTOCRIT (HCT)			GRANULOCIYTE COUNT	Ĭ		
MEAN CORPUSCULAR VOLUME (MCV)			THROMBOCYTE COUNT	9		
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)			BIOCHEMISTRY	YES	NO	
MEAN CORPULSCULAR HB. CONC (MCHC)			ASPARTATE AMINOTRANSFERASE (AST, SGOT)			
MEAN PLATELET VOLUME (MPV)	T		ALANINE AMINOTRANSFERASE (ALT, SGPT)	9		
RED BLOOD CELL DISTRIBTION WIDTH (RDW)	8		TOTAL BILIRUBIN	T T		
NEUTORPHIL COUNT				Ó		
Doctors Comments:	SECOLO TEST IND	DATES NEON	TIVE RESPONSE TO CLINICAL TEST PARAMETERS,	FLEASE GIVE DET	AILS BELOW.	
Doctors Comments.	0 K	Bone	enmelat 1 For	est.		
fu	BMD DG Si	C A 55144	Deicion	AR 2024		
MEDICAL EXAMINER (SIGNATURE & PRINTED			DATE OF EXAM	INATION		





ID NO : 24030536

Patient's Name: SHUVAGATA ROY

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8148

Specimen : Blood

Date: 21/03/2024

Age : 303M17D

Sex : Male

(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually )

HAEMATOLOGY REPORT

Down w. A.	***************************************	Total St. American		
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	15.2 05	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	8,200	/cumm	4,000 - 11,000 /cumm	A 1886
DIFFERENTIAL COUNT Neutrophils Lymphocytes Monocytes Eosinophils Basophil	61 32 04 03 00	% % % %	(40 - 75)% (20-45)% (2-10)% (1-6)% 0-1 %	WBC CURVE
TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC) MPV PDW-CV PCT P-LCR P-LCC	246 292,000 11.5 16.6 0.34 37.1 108	/cumm /cumm fL % % % x10^3/uL	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 % 0.10 - 0.28 9.00 - 45.00% 13 - 129 x10^3/uL	PLT CURVE
RBC COUNT HCT/PCV MCV MCH MCHC RDW.SD RDW CV	<b>5.45</b> 49.5 90.9 27.8 30.6 50	m/ul % fL pg g/dL fL %	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL 27-32 pg 29-34 g/dL 30.0-57.0 fL 10-16%	RBC CURVE

Checked By .... Medical Technologist. Redical Hospital Ltd. Uttara, Dhaka.

Dr. Sumaiya Khatun MBBS,MD (Gold Medilist) (BSMMU) Associate Professor Dept.Of Microbiology East West Medical College & Hospital.



Bill No	DIA24030536	Received Da	te 21/03	12024
Patient's Name	SHUVAGATA ROY	Treceived De	21/03/	12024
Patient's Age	30Y 3M 17D	Patie	ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD		CDC	8148
Sample	BLOOD	// (-/-/,=,	CDC	0140

## BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.40 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	26.0 U/L	Up to 42 U/L
HbA1C	5.2 %	4.0- 6.0 %

## REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked by

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24030536	Received [	Date 21	/03/2024
Patient's Name	SHUVAGATA ROY			00,2021
Patient's Age	30Y 3M 17D	Pa	tient's Sex	x Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(	(BIRDEM),PGT(Eye),DFM	CDC	8148
Sample	BLOOD		350	0110

## SEROLOGICAL REPORT

Test Name	Result	
HBs Ag (Method : (ICT)	Negative	
HIV 1 & 2 (Method : (ICT)	Negative	
VDRL	Non-reactive	

OD GROUPING RESULT		
ABO Blood Group	"B" (+ve)	
Rh (D)Factor	Positive	

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.



Bill No	DIA24030536	Received Da	te 21/03/	/2024
Patient's Name	SHUVAGATA ROY			
Patient's Age	30Y 3M 17D	Patie	ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(	(Eye),DFM	CDC	8148
Sample	URINE			1000000000

### URINE ROUTINE EXAMINATION

## PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

## CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
	MAD	Hyaline	Nil

### ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24030536				
D 11		Received Date		21/03/2024	
Patient's Age	30Y 3M 17D				
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),P	P	atient's	Sex	Male
Sample	URINE	GT(Eye),DFM	C	DC	8148

## DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative /
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumalya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



## DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030536 Receive:21/03/2024 Print: 21/03/2024

Patient's Name : SHUVAGATA ROY

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

## X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart : Normal in T.D.

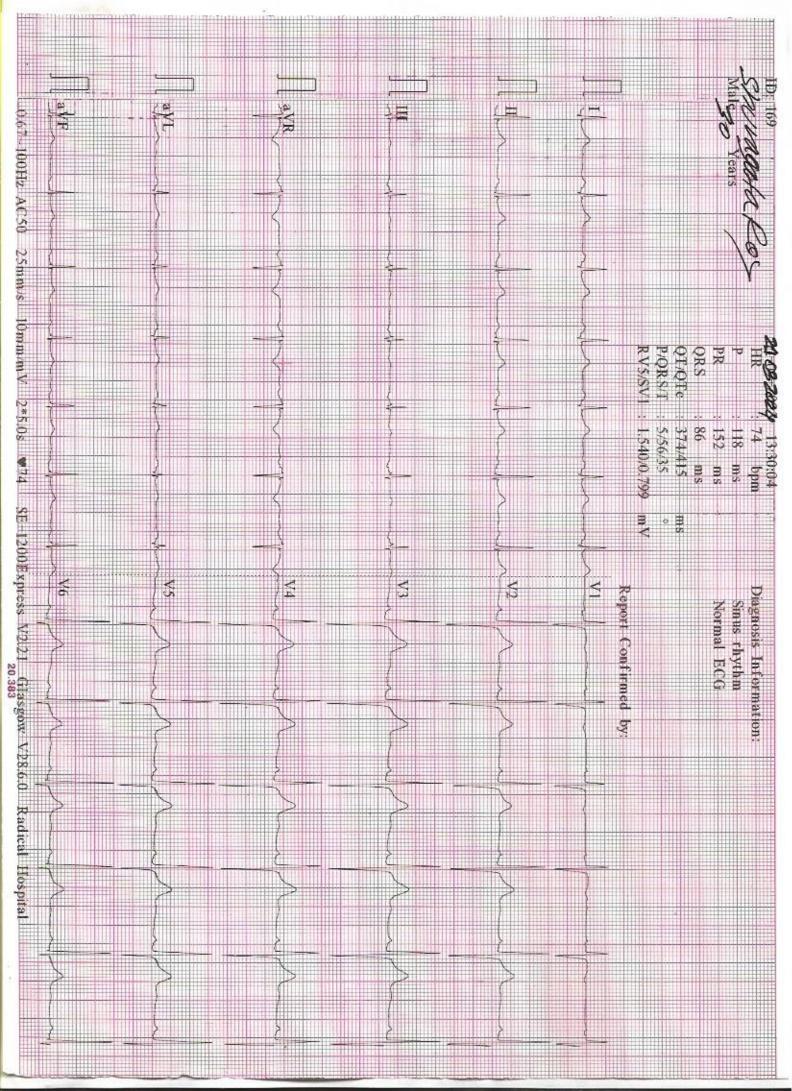
Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging) Head of the Department (Radiology & Imaging) Sylhet Women's Medical College Hospital





REF: MT.UNITED VENTURE

DATE: 21/03/2024

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

## EYE EXAMINATION REPORT

NAME: SHUVAGATA ROY

RANK: 3<sup>RD</sup> OFF

CDC NO: C/O/8148

VISUAL ACUITY:

RIGHT

LEFT

611

UNAIDED

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX) East west Medical College & Hospital



Age Sex	: 30 Yrs : Male	Date : 21/03/202
Referred by	: Dr. Mir Md. Raihan - MBBS, (DU)	CDCNO

## Psychometric Test

Poor /Good /very good /excellent
Poor /Good /very good /excellent
Poor /Good /very good /excellent
Poor /Good /very good /excellent
Poor /Good /very good /excellent
INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFI
Poor /Call
Poor /Good /very good /excellent
Poor /Good /
Poor /Good /very good /excellent od: 7-8 excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved General Physician Radical Hospitals Limited

### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that	Date of birth	04-DER-19	93 Sex_	MALE
whose signature follows				(40/848)
has on the date ind				

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
HR POTA	DR. MIR. MD. RAIHAN  BBS (DI), DFM. CCD (Birdem), PGT (Ophth)  BMDC A-55144, MMC-BGD-016  GShipping Bangladesh Approved  Gameral Physician  Radical Hospitals Limited	L NO PA	So, Shah Makhdum Avenus Uttera, Dheka
	<b>C</b> C	3 (	
2			
3		* 15	3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

Date	Signature and Professional	Approved Stamp		
L WAR	DR. MAR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	35, Sheh M Aven Utters, I	addidum E	
2	AND HOODIGS ENTIRED			
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7			7	8
8				

Continued overleaf Suite our erso