redsea

Medical Certificate for Service at Sea

As per medical standards of ILO-MLC 2006, as amended STCW 2010

Issue Date: 15th July 2013
Rev. Date: 01st November 2018
Revision No. : 01
43

Name: (last, first, middle)	RUMAN, MOHAMMAD, REZAUR RAHMA				
Date of birth: (day/month/year)	27	10	84	Gender: (male/female)	M
Passport / Discharge book No:	B00093219 / C/01/4551			Nationality:	BANGLADE
Rank:	C/E			Place of Examination:	DHAKA

DR. MIR MD. RAIHAN * RADICAL HOSPITALS LTD. * REG. NO. A-55144

Signature of Examinee.

I have evaluated the above-named seafarer/ new entrant after establishing his identity as per the documents mentioned above. On the basis of the seafarer's/ new entrant personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is –

		Yes	No
a.	Hearing meets the standards in STCW Code, section A-I/9:	✓	
b.	Unaided hearing is satisfactory;	✓	
c.	Color Vision meets the required STCW Code standards section A-I/9 (testing only required every six years)	✓	
d.	Date of last color vision test:		
e	Fit for lookout duty	✓	
f	Is the seafarer free from any medical condition likely to be aggravated by Service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board :		

This seafarer is ☐ **UNFIT FOR DUTY ** /** ☑ **FIT FOR DUTY with / without restriction *as mentioned below.**

FIT FOR DUTY ON BOARD SHIP

*This Medical Certificate is issued with following restriction

** Reasons for being unfit

Date of examination: (Day/Month/Year)	02 MAR 2024
Expiry date of certificate: (Day/Month/Year)	01 MAR 2026
Name of Medical Examiner	
Signature of Medical Examiner	
Official Stamp	

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Radical Hospital Ltd. * DG Shipping Bangladesh Approved * As Per-MLC-2006

04.2024.6047

Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Medical Examination of Seafarers

Examinee's Declaration

Name (last, first, middle):	RUMAN, MOHAMMAD, REZAUR RAHMAN
Date of birth (day/month/year):	27/10/1984
Sex: Male / Female	M
Home address:	F#2A, H#191, R#02, AVE#03, MIRPUR DOHS, Dhaka.
Passport No./Discharge book No.:	B 000 93219 / C 10/4551
Department (Deck/Engine/Radio/Food handling/other):	ENGINE
Rank:	C/E
Routine and emergency duties (if known):	
Type of ship (Cargo, Tanker, Passenger):	TANKER
Trade area (coastal, tropical, worldwide):	WORLDWIDE

Seafarer'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 problem		✓
2	High blood pressure		✓	19	Do you smoke, use alcohol or drugs?		✓
3	Heart/vascular disease		✓	20	Operation/surgery		✓
4	Heart surgery		✓	21	Epilepsy/seizures		✓
5	Varicose veins/piles		✓	22	Dizziness/fainting		✓
6	Asthma/bronchitis		✓	23	Loss of consciousness		✓
7	Blood disorder		✓	24	Psychiatric problems		✓
8	Diabetes		✓	25	Depression/Hepatitis		✓
9	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 (hearing, tinnitus)/nose/throat problem		✓
14	Infectious/contagious diseases		✓	31	Restricted mobility		✓
15	Hernia		✓	32	Back or joint problem		✓
16	Genital disorder		✓	33	Amputation		✓
17	Pregnancy		N/A		Fractures/dislocations		✓

Radical Hospital Ltd. As Per-MLC-2006 Shipping Bangladesh Approved

Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

If you answered "yes" to any of the above questions, please give details:

Additional questions

		Yes	No
35	Have you ever been signed off as sick or repatriated from a ship?		✓
36	Have you ever been hospitalized?		✓
37	Have you ever been declared unfit for sea duty?		✓
38	Has your medical certificate even been restricted or revoked?		✓
39	Are you aware that you have any medical problems, diseases or illnesses?		✓
40	Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
41	Are you allergic to any medication?		✓

Comments: FIT FOR DUTY ON BOARD SHIP

42	Are you taking any non-prescription or prescription medications?		✓

If yes, please list the medications taken, and the purpose(s) and dosage(s):

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

Signature of Examinee: _____ Day (day/month/year) 02 MAR 2024

Witnessed by: (signature _____ Name (Typed or Printed) DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

I hereby authorize 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 practitioner)

Signature of Examinee _____ Day (day/month/year) 02 MAR 2024

Witnessed by: (signature _____ Name (Typed or Printed) DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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Medical Declaration

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Additional questions

		Yes	No
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36	Have you ever been hospitalized?		✓
37	Have you ever been declared unfit for sea duty?		✓
38	Has your medical certificate even been restricted or revoked?		✓
39	Are you aware that you have any medical problems, diseases or illnesses?		✓
40	Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
41	Are you allergic to any medication?		✓

Comments: FIT FOR DUTY ON BOARD SHIP

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Signature of Examinee: _____ Day (day/month/year) 02 MAR 2024

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General Physician
Radical Hospitals Limited

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

Signature of Examinee _____ Day (day/month/year) 02 MAR 2024

Witnessed by: (signature _____ Name (Typed or Printed) DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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Medical Examination by Doctor

☐ Pre –sea ☑ Periodic ☐ Other

Sight

	Visual Acuity					
	Unaided			Aided		
	Right Eye	Left Eye	Binocular	Right Eye	Left Eye	Binocular
Distance				6/6	6/6	✓
Near				N5	N5	

	Visual Fields	
	Normal	Defective
Right Eye	✓	
Left Eye	✓	

Color vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz
Right Ear	20	20	20			
Left Ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right Ear	4	4
Left Ear	4	4

Height (cm)	170	Weight: (kg)	76
Pulse rate: (/minute)	78 G/m	Rhythm:	Regular
Blood pressure:	Systolic:(mm/Hg) 120	Diastolic: (mm/Hg)	80
Urinalysis: Glucose:	Nil	Protein: Nil	Blood: Nil

	Normal	Abnormal		Normal	Abnormal
Head	✓		Skin	✓	
Sinuses, nose, throat	✓		Varicose veins	✓	
Mouth/teeth	✓		Vascular (inc. pedal pulses)	✓	
Ears (general)	✓		Abdomen and viscera	✓	
Tympanic membrane	✓		Hernia	✓	
Eyes	✓		Anus (not rectal exam)	✓	
Ophthalmoscopy	✓		G-U system	✓	
Pupils	✓		Upper and lower extremities	✓	
Eye movement	✓		Spine (C/S, T/S and L/S)	✓	
Lungs and chest	✓		Neurologic (full/brief)	✓	
Breast examination	✓		Psychiatric	✓	
Heart	✓		General appearance	✓	

Chest X-ray	Not performed		Performed on (day/month/year): 02 MAR 2024 Normal chest xray

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Other diagnostic test(s) and result(s):

Test	Results
Blood	Normal
Urine	Normal
ECG	Normal.

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

No Restrictions

Vaccination status recorded: ☑ Yes ☐ No

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☑ **Fit for look out duty** ☐ **Not fit for look out duty**

	Deck service	Engine service	Catering service	Other services
Fit		✓		
Unfit				

☐ **Without Restriction** ☐ **With Restrictions**

Describe restrictions (e.g., specific position, type of ship, trade area)

Action taken by Medical Examiner (e.g. referral):

Date of examination: (Day/Month/Year)	02 MAR 2024
Expiry date of certificate: (Day/Month/Year)	01 MAR 2026
Name of Medical Examiner	
Signature of Medical Examiner	
Official Stamp	

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Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

Id No	: 0021	**Date :** 02-Mar-2024	**D.Date :** 02-Mar-2024
Patient's Name :	MOHAMMAD REZAUR RAHMAN RUMAN	**Age :** 39Y 5M 20D	**Gender:** Male
Specimen	: Blood		
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/4551		

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.0** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**06** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**8400** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**66** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**29** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**03** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**168** /cumm	50-450/cumm
Total RBC Count	**5.0** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**42** %	M: 40-54%, F:37-47%
MCV	**78** fL	76 - 94 fL
MCH	**30** pg	27 - 32 pg
MCHC	**31** g/dL	29 - 34 g/dL
RDW	**13** %	11 - 16 %
PDW	**40** fL	35 - 56 fl
Total Platelete Count (PC)	**195000** /cumm	150,000-450,000/cumm
MPV	**8.9** fL	7.0 - 11.0 fL
PCT	**0.1** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By
Medical Technologist

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24030021	Received Date	02/03/2024
Patient's Name	MOHAMMAD REZAUR RAHMAN RUMAN		
Patient's Age	39Y 5M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4551
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	24 U/L	Up to 42 U/L

REMARKS (IF ANY)

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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Patient's Age	39Y 5M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4551
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative

Checked By

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East West Medical College and Hospital

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RADICAL HOSPITAL LIMITED

Bill No	DIA24030021	Received Date	02/03/2024
Patient's Name	MOHAMMAD REZAUR RAHMAN RUMAN		
Patient's Age	39Y 5M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4551
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		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

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Bill No	DIA24030021	Received Date	02/03/2024
Patient's Name	MOHAMMAD REZAUR RAHMAN RUMAN		
Patient's Age	39Y 5M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4551
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic 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 Technologis
Radical Hospitals Ltd.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030021	Receive:02/03/2024	Print: 02/03/2024
Patient's Name	:	MOHAMMAD REZAUR RAHMAN RUMAN		
Age	:	39 YRS	Sex	: M
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	:	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

This report has been electronically signed.

ID: 24020575 02-03-2024 16:49:26

Mohammad Rezaur Rahman

Male 39 Years Bengali

HR	: 90	bpm	
P	: 120	ms	
PR	: 184	ms	
QRS	: 104	ms	
QT/QTc	: 338/414	ms	
P/QRS/T	: 61/-176/46	°	
RV5/SV1	: 1.235/0.136	mV	

Diagnosis Information:

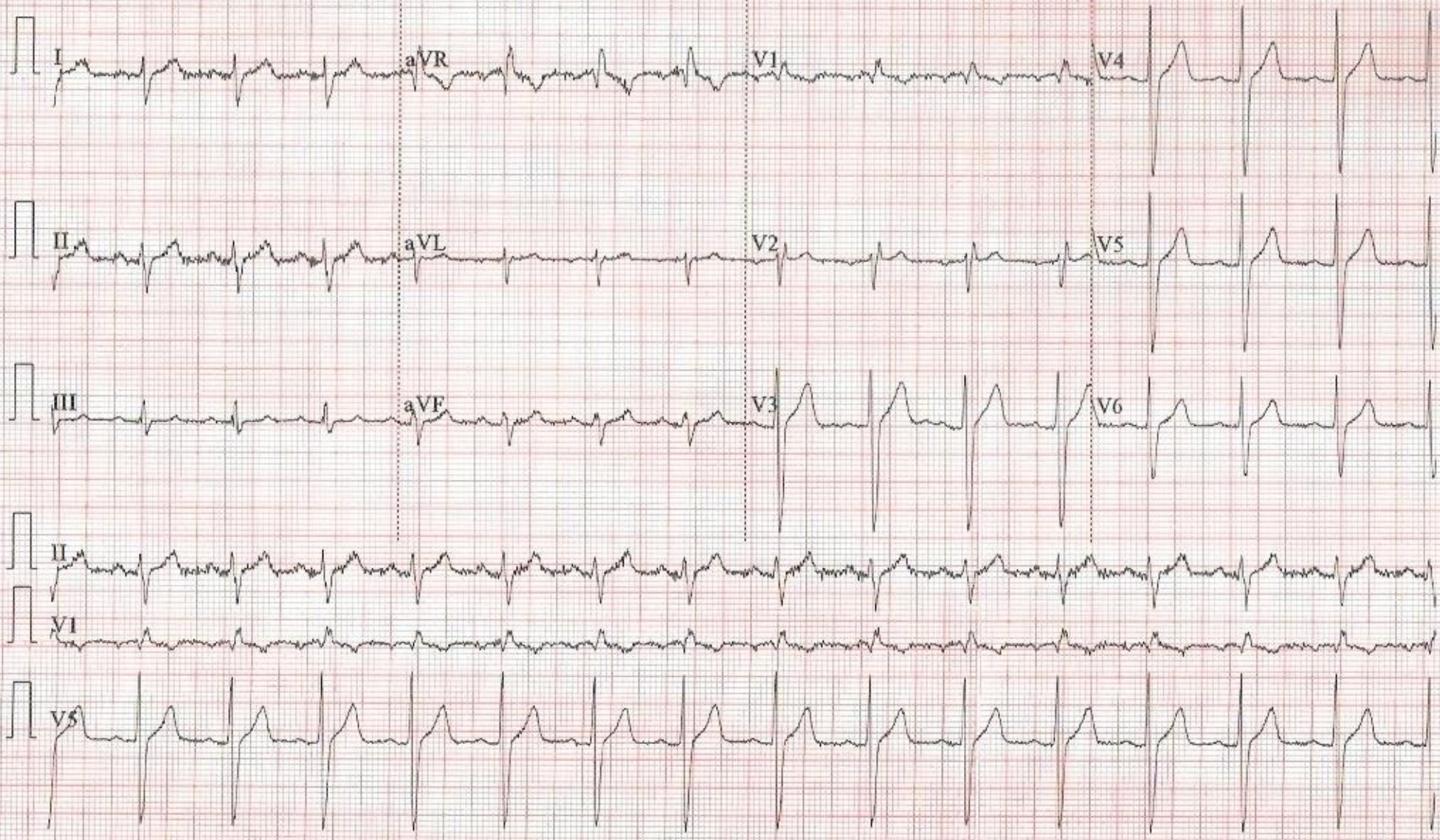
Sinus rhythm

Severe right axis deviation

Possible right ventricular hypertrophy

Borderline ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥90 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030021	Receive: Print: 02/03/2024		
Patient's Name	:	**MOHAMMAD REZAUR RAHMAN RUMAN**			
Age	:	39 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	90 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA

MOHAMMAD REZAVR RAHMANRUMAN

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 27.10.1984 | Sex / sexe: M

Whose signature follows / dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Status of Vaccinator / Signature et qualite profess-sionelle vaccinateur	Approved Stamp / Cechet d'authentiftcation
1	02 MAR 2024	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2	DR. MIR. MD. RAIHAN MBBS (DU), DHI, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cettc revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou I o. mission d' une quelconquc des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

MOHAMMAD REZAUR RAHMAN RUMAN

This is to certify that JE Soussigne' (e) certifie que | date of birth no' (e) le 27.10.1984 | Sex sexe M

Whose signature follows don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1 02 MAR 2024	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biclan), PGT (Cphth) BMDC A-55144, MMC-BGD-016 DG Shipp ng Bangladesh Approved General Physician Radical Hospitals Limited.	YELLOW FEVER VACCINE L. NO DA/068	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

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

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par I' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC

SL NO. 04.2024.6042

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last RUMAN **First** MOHAMMAD **Middle** REZAUR RAHMAN

Gender: (Male/~~Female~~) MALE Nationality: BANGLADESHI Date: 01 MAR 2024

Occupation: ~~Deck~~/Engine/~~Catering~~/Other (specify) ENGINE Rank: CHIEF ENGINEER

Father's/ ~~Husb~~ad'sname: MD MIZANUR RAHMAN SARKER C.D.C No: C/O/46651

Mother's Name: MASUDA RAHMAN Seaman ID No: 0600023070

Address: House No: 191 Street/ Road No: 02 Passport No: B00093219

Locality/Village: MIRPUR DOHS NID No: 2808881730

P.O: PALLABI Date of Birth: 27-10-1984

P.S: PALLABI (DD/MM/YYYY)

District: DHAKA

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

1. Confirmation that identification documents were checked at the point of examination :~~YES~~/NO
2. Hearing meets the standards in section A-I/9 :~~YES~~/NO
3. Unaided hearing satisfactory? :~~YES~~/NO
4. Visual acuity meets standards in section A-I/9? :~~YES~~/NO
5. Colour vision meets standards in section A-I/9? :~~YES~~/NO
   Date of last colour vision test : 01 MAR 2024
6. Fit for lookout duties? :~~YES~~/NO
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? :~~YES~~/NO
8. Any limitations or restrictions on fitness? :YES/~~NO~~

If YES, specify limitations or restrictions:

Duties:
Location/Vessel: RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh
Medical/Other:

9. Medical fitness category : Fit-No restriction | Fit-Subject to restrictions | Unfit

10. Date of examination/Issue (DD/MM/YYYY) 01 MAR 2024

11. Date of expiry (DD/MM/YYYY) 29.FEB.2026 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature

Radical Hospital Ltd. Official Stamp As Per MLC 2006 DG Shipping Bangladesh Approved

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited
Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 24 months prior to the date of making applieation for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997).* Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whis pered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) 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 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infectiqns of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, Interna-tional Travel and Health, Vaccination Requirements. and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- 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 useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- 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.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

01 MAR 2024

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