REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO covention 147 (MLC 2006)

DR MIR MD RAIHAN , MBBS (DU)

RADICAL HOSPITAL LIMITED,
35 SHAH MAKDUM AVENUE,UTTARA,DHAKA-1230.
TEL: +88027920116,+88 01955567000. EMAIL:radical_hospitals@yahoo.com

Name: KHALEK (Surname) MA (First Name) (Middle Initial) Sex: M Serial No:

Date of Birth: 26/02/1992 PP/CDC: EG0099098 Rank: 2/E

Vessel: Type: Route: WORLDWIDE

Home Address: 52/1 WEST SHEWRAPARA, MIRPUR DHAKA-1216

Company Name: BERNHARD SCHULTE SHIP MANAGEMENT, SINGAPORE

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat problems		✓		✓
Stomach / Bowel disorders		✓		✓
Gall stones / Kidney disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Varicose veins		✓		✓
Blood Disorder		✓		✓
Female Disorder		✓		✓
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High / Low blood pressure / Heart disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin disease		✓		✓
Infection / Contagious Disease		✓		✓
Addicition to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
Signed off on medical grounds / Declared Unfit		✓		✓

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
180cm	92kg.	93-41 cms	120/80 mm Hg.	78/m	19/m	Gw

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	25	25	25					
Left Ear	dB	25	25	25					

Colour Vision			
	Ishihara	Normal ✓	Abnormal
	Other	Normal	Abnormal

Hearing: Right Ear 4 Left ear 4

Systemic Examination

	Norm	Abnor
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS 2ND ENG
AS PER MLC 2006
Enhanced GARD Medicals done

	Norm	Abnor
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	15.4 gm%	14-16 gm %
Total WBC count	7100 cu.mm	4000-11000 / cu.mm
Neu 62 % Lymp 33 % Eos 03 Ba 00 % Mo 02 %		
Malarial parasite	Not Found.	
ESR	21 mm / 1st hour	1- - 15 mm / hr
SGPT	N/E U/L	9--43 U / L
S.Cholesterol	N/E mg/dl	145--260 mg / dl
S.Triglycerides	N/E mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others		
Blood Group	GGTP U/L	

Urine	
Colour	SW
Specific Gravity	
pH	
Albumin	Nil
Sugar	Nil
Bile pigment	
Bile salts	
Occult blood	
RBC cells	Nil
Leucocytes	
Others	

Spirometry N/D

Drugs of Abuse Negative

USG Normal

ECG Normal TMT N/D

X-Ray Chest Normal

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

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr MIR MD Raihan , hereby declare the examinee medically

Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name , certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this certificate.

This certificate is valid till 02 MAR 2026

Candidate's Signature

Date 03/03/2024

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

Doctor's signature

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

04.2024.6050

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA

SURNAME: KHALEK	GIVEN NAME (S): M A
DATE OF BIRTH: DAY 26 MONTH 02 YEAR 1992	PLACE OF BIRTH CITY SIRAJGANJ COUNTRY BANGLADESH / SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT:

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	6/6	—	☑ BOOK ☑ LANTERN YELLOW ✓ RED ✓ GREEN ✓ BLUE ✓	RIGHT EAR ✓
LEFT EYE	6/6	—		LEFT EAR ✓

Confirmation that identification documents were checked at the point of examination: YES ☑ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☑ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐
(the visual test it is required every six years)
Date of the last colour vision test: (Day/Month/Year) 03 MAR 2024.

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☑

Able for watchkeeping? YES ☐ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☑

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☑ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

Signature of Applicant	Name of Applicant	Date
✓	M A KHALEK	03 MAR 2024

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS,(DU), DFM REG: A-55144

ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014

SIGNATURE OF PHYSICIAN: ✓ STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved DATE: 03 MAR 2024

EXPIRY DATE OF CERTIFICATE: 02 MAR 2026

This certificate is issued by the Panama Maritime Authority in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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

ANNEX C

MPA
SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(*Last, first, middle*)		Gender: Male/Female*
KHALEK MA		
Date of Birth: (*Day/month/year*)	Nationality:	Place of Birth:
26/02/1992	BANGLADESHI	SIRAJGANJ

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	✓	
2	Hearing meets the standards in STCW Code Section A-I/9?	✓	
3	Unaided hearing satisfactory?	✓	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	✓	
5	Colour vision meets the standards in STCW Code Section A-I/9?	✓	
	Date of last colour vision test: 03 MAR 2024		
6	Fit for look-out duty?	✓	
7	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 endanger the life of person onboard?	✓	
8	No limitations or restrictions on fitness?	✓	
	If "**no**" specify limitations or restrictions		
9	Date of examination: (*day/month/year*) 03 MAR 2024		
10	Expiry of certificate: (*day/month/year*) 02 MAR 2026 ** *Maximum two years from date of examination unless the seafarer is under the age of 18*		

03 MAR 2024

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

Date | Signature of Authorised Medical Practitioner | Medical Practitioner's Official stamp (*name, licence number, address etc*)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

* delete as appropriate

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

ANNEX B

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

MPA SINGAPORE

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(*Last, first, middle*) (BLOCK CAPITALS) KHALEK M A			Gender: Male/Female*
Date of Birth: day/month/year 26/02/1992	Place of Birth: SIRAJGANJ	Nationality: BANGLADESHI	
Type of ID documents: NRIC No. / Passport No.: EG0099098	Dept: Deck / Engine / Catering / others Rank: 2/E		Type of ship: OIL/CHEM
Home Address: 53/1, WEST SHEWRAPARA DHAKA-1216	Routine and emergency duties:		Trading area: e.g coastal / world wide

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

	Yes	No		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. Epilesy/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		✓
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		34. Fracture/dislocations		✓

If you answer "yes" to any of the above questions, please provide 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?		✓

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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?		✓
42. Are you using any non-prescription or prescription medication?		✓

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

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

Date	Signature of Seafarer	Name and Signature of Witness
03 MAR 2024	MKMK	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 (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. DR. MD. RAIHAN.

Date	Signature of Seafarer	Name and Signature of Witness
03 MAR 2024	MKMK	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

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Part B – Result of medical examinations

Eyesight
Use of glasses or contact lenses

☒ No

☐ Yes Type ..... Purpose .....

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6.	Distant		
Near			Near		

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision *(please tick)*

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 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

Clinical Findings

Height	180 (cm)		Weight	92 (kg)	
Pulse rate	78 (per minute)		Rhythm		Regular
Blood Pressure Systolic (mm Hg)		120	Diastolic (mm Hg)		80
Urinalysis: Glucose :	Nil	Protein:	Nil	Blood:	Nil

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	

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Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/s, T/S, L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance	✓	

Chest X-ray

☐ Not performed ☑ Performed on (day/month/year): 03 MAR 2024

Results: Normal chest xray

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

Test Blood Enzime Results: Normal.

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

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea *(please tick)*

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

☑ Fit for look out duty ☐ Unfit for lookout duty

☐ Visual aid required ☑ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit		✓		
Unfit				

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☑ Without restrictions ☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

03 MAR 2024

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General Physician
Radical Hospitals Limited

Date	Signature of Medical Practitioner	Medical Practitioner's name, licence number, address

****

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BSM

Drug and Alcohol Screening Affidavit

CSC 04A

PART A - To be completed by Seafarer prior to Medical Examination and hand to Physician

Surname: KHALEK	First Name: MA
Date of Birth (DD/MM/YY): 26/02/1992	Address: 53/, WEST SHEWRAPARA Street SHAMIN SARONI City DHAKA Postal Code 1216 Country BANGLADESH
Place of Birth: SIRAJGANJ	

Examination for duty as	Master ☐ Officer ☐ Engineer ✓ Rating ☐ Cadet ☐
Please indicate the quantity of alcohol you consume weekly	Beer (litre)..... Wine (litre)..... Spirits (measures).....
Do you regularly take any medically prescribed drugs? Please list. ***Note:*** Give a copy of this list to the Master upon joining the vessel.	
Have you ever been convicted of a charge involving illegal drugs?	Yes.....No ✓.....(If Yes please detail on the reverse)
Have you ever been convicted of a drinking related incident?	Yes.....No ✓.....(If Yes please detail on the reverse)
Have you ever received treatment for alcohol or drug dependence?	Yes.....No ✓.....(If Yes please detail on the reverse)
Signed and Dated (by Seafarer) 03/03/2024	***Note:*** If circumstances change with respect to the above statements, inform the company of such changes immediately.

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

BSM

Drug and Alcohol Screening Affidavit

CSC 04A

PART B - To be completed by Physician and Seafarer during Medical Examination

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Name, Address of Physician:	Signature of Physician:
RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh	Date: 03 MAR 2024

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

Anti-Drug and Alcohol Abuse Affidavit

I hereby declare that I have not in the past or present used any prohibited substance, nor have I abused alcohol.

.....

Examinee's Name & Signature

I hereby certify that the above examinee does not have any signs and symptoms of drug use and/or alcohol abuse.

.....

Examining Physician's Signature

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

ORIGINAL TO BE RETAINED BY CREWING AGENCY

Radical Hospital Ltd. As Per-MLC-2008 DG Shipping Bangladesh Approved

BSM

Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name: KHALEK M A

Passport No.: EG0099098

Seaman's Book No.: C/0167752

Date of Birth: 26/02/1992

Medical Center Name: RADICAL HOSPITAL LIMITED

Full Address: SECTOR-12, UTTARA, DHAKA

Doctor's Name: DR. MIR MD. RAIHAN

Drug and Alcohol Screening Limits and Results

Drug	Threshold Limit	Results
Marijuana	< 15 NG/ML	
Cocaine	< 150 NG/ML	
Opiates	< 300 NG / ML	
Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	
Barbiturates	< 200 NG/ML	
Alcohol	< 0.04% BAC	

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Date 03 MAR 2024

Examined by (Name/Signature)

DR. MIR. MD. RAIHAN
MBBS (DU), BPM, CCD (Birdem), PGT (Opth)
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General Physician
Radical Hospitals Limited

Radical Hospital Ltd. As Per-MLC-2008 DG Shipping Bangladesh Approved

Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers

Merchant Shipping Directorate

Transport Malta

Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica.stcw@transport.gov.mt

PART A – To be completed by applicant

Surname (Family Name)	First Name	Second Name
KHALEK	M A	
Date of Birth	**Country of Birth**	**Nationality**
26.02.1992	BANGLADESH	BANGLADESHI

Department

Deck ☑ Engine ☐ Radio ☐ Other ☐ Please specify:

Passport No. / Discharge Book No. / Identity Card No.	Gender
EG0099098	Male ☑ Female ☐

Address

FLAT-B#5, EJAB ROSE VALLEY
531, WEST SHEWRAPARA, MIRPUR-1216

Applicant`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	☐	☑
9. Thyroid problem	☐	☑	26. Attempted suicide	☐	☑
10. Digestive disorder	☐	☑	27. Loss of memory	☐	☑
11. Kidney problem	☐	☑	28. Balance problem	☐	☑
12. Skin problem	☐	☑	29. Severe headache	☐	☑
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	☐	☑	34. Fractures / dislocations	☐	☑

If you answered **yes** to any of the above questions, please write details below:

• 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 ever 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

	Yes	No
42. Are you taking any non-prescription or prescription medications?	☐	☑

If ***yes***, please list the medications taken, and the purpose/s and dosage/s:

Applicant must sign personal declaration in the presence of a duly qualified medical practitioner who will be filling PART B of this medical report

I hereby certify that the personal declaration above is a true statement to the best of my knowledge. Furthermore, I authorize the release of all my records from any health professionals, health institutions and public authorities to the appointed medical practitioner.

Applicant's Signature
(Signed in the presence of medical practitioner)

Date: 03 MAR 2024

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

Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers

Merchant Shipping Directorate

Transport Malta

Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99057197 (ACH) Fax: +356 21241460 E-Mail: applica.stcw@transport.gov.mt

PART B – To be completed by a duly qualified medical practitioner

Medical Examination

Height	180 (cm)	Weight	92 (kg)	Pulse Rate	78 /(minute)	Rhythm	Regular

Blood pressure (mm HG)				Urinalysis				
Systolic	120	Diastolic	80	Glucose	Nil	Protein	NIL	Blood

Sight (Table on the "Minimum in-service eyesight standards for seafarers" is found on page 4 of this medical report)

Use of glasses or contact lenses: Yes ☐ No ☑

	Visual acuity						Visual fields		
	Unaided			Aided					
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular		Right eye	Left eye
Distant	6/6	6/6	✓				Normal	✓	✓
Near	N5	N5	✓				Defective		

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	4000 Hz	6000 Hz		Normal	Whisper
Right ear	20	20	20		-	-	Right ear	4	4
Left ear	20	20	20		-	-	Left ear	4	4

	Normal	Abnormal		Normal	Abnormal
1. Head	☑	☐	13. Skin	☑	☐
2. Sinuses, nose, throat	☑	☐	14. Varicose veins	☑	☐
3. Mouth / teeth	☑	☐	15. Vascular (inc. pedal pulses)	☑	☐
4. Ears (general)	☑	☐	16. Abdomen and viscera	☑	☐
5. Tympanic membrane	☑	☐	17. Hernia	☑	☐
6. Eyes	☑	☐	18. Anus (not rectal exam)	☑	☐
7. Ophthalmoscopy	☐	☐	19. G-U system	☑	☐
8. Pupils	☑	☐	20. Upper and lower extremities	☑	☐
9. Eye movement	☑	☐	21. Spine (C/S, T/S and L/S)	☑	☐
10. Lungs and chest	☑	☐	22. Neurologic (full brief)	☑	☐
11. Breast examination	☑	☐	23. Psychiatric	☑	☐
12. Heart	☑	☐	24. General appearance	☑	☐

Chest X-ray ☑ Not performed ☐ Performed on 03 MAR 2024

Results: Normal chest X-ray

Other diagnostic test/s and results:

Test: Blood + urine Result: Normal.

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

Vaccination status recorded: Yes ☑ No ☐

Radical Hospital Ltd. 66 Shipping Bangladesh Approved As Per-MLC-2006

Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers

Merchant Shipping Directorate

Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica.stcw@transport.gov.mt

Transport Malta

Medical certificate for service at sea

Surname (Family Name)	First Name	Second Name
KHALEK	M A	
Date of Birth	**Country of Birth**	**Nationality**
26/02/1992	SIRAJGANJ	BANGLADESHI

Department

Deck ☐ Engine ☑ Radio ☐ Other ☐ Please specify:

Passport No. / Discharge Book No. / Identity Card No.	Gender
	Male ☑ Female ☐

Declaration of duly qualified medical practitioner

	Yes	No
Confirmation that applicant`s identification documents were checked?	☑	☐
Hearing meets the standards in STCW Code, section A-I/9?	☑	☐
Visual acuity meets standards in STCW Code, section A-I9?	☑	☐
Colour vision meets standards in STCW Code, section A-I9?	☑	☐
Visual aid required?	☐	☐
Fit for lookout duties?	☑	☐
Is applicant suffering 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 is to certify that I have examined the applicant and that my findings are recorded in this medical report

Result: FIT FOR DUTY ON BOARD SHIP

Fit for Sea Duty ☑ Unfit for Sea Duty ☐ **Fit with limitations or restrictions ☐

**Please specify limitations or restrictions, if any:

Signature of duly qualified medical practitioner	Applicant`s Signature (Signed in the presence of medical practitioner)
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 Medical practitioner`s stamp	Date of Examination 03 MAR 2024

Validity :- 02 MAR 2026

This medical certificate shall remain valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.

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

Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica.stcw@transport.gov.mt

Table A-I 9

Minimum in-service eyesight standards for seafarers

STCW Convention regulation	Category of seafarer	Distance vision Aided[1]		Near immediate vision	Colour vision[1]	Visual fields[4]	Night blindness[4]	Diplopia (double vision)[4]
		One eye	Other eye	Both eyes together, aided or unaided				
II 1 II 2 II 3 II 4 II 5 VII 2	Masters, deck officers and ratings required to undertake look-out duties	0.5[2]	0.5	Vision required for ship's navigation (e.g. chart and nautical publication reference, use of bridge instrumentation and equipment and identification of aids to navigation)	See Note 6	Normal visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
III 1 III 2 III 3 III 4 III 5 III 6 III 7 VII 2	All engineer officers, electro-technical officers, electro-technical ratings and ratings or others forming part of an engine-room watch	0.4[3]	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
IV 2	GMDSS Radio operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

Notes

1 Values given in Snellen decimal notation.

2 A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.

3 As defined in the *International Recommendations for Colour Vision Requirements for Transport* by the Commission Internationale de l'Eclairage (CIE-143-2001 including any subsequent versions).

4 Subject to assessment by a clinical vision specialist where indicated by initial examination findings.

5 Engine department personnel shall have a combined eyesight vision of at least 0.4.

6 CIE colour vision standard 1 or 2

7 CIE colour vision standard 1, 2 or 3

03 MAR 2024

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. As Per-MLC-2006 Shipping Bangladesh Approved

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Id No : 0043	**Date :** 03-Mar-2024	**D.Date :** 03-Mar-2024
Patient's Name : M A KHALEK	**Age :** 31Y 2M 17D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/6752		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.4** 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)	**04** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**7,100** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**62** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**33** %	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	**142** /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)	**2,91,000** /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.

Bill No	DIA24030048	Received Date	03/03/2024
Patient's Name	M A KHALEK		
Patient's Age	31Y 2M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 6752
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.52 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	24 U/L	Up to 40 U/L
Serum AST (SGOT)	19 U/L	Up to 37 U/L
Serum Alkaline Phosphate	177 U/L	98 - 279 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 Technologist.
Radical Hospital Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24030048	Received Date	03/03/2024
Patient's Name	M A KHALEK		
Patient's Age	31Y 2M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 6752
Sample	**BLOOD**		

SEROLOGICAL REPORT

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

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RADICAL HOSPITAL LIMITED

Bill No	DIA24030048	Received Date	03/03/2024
Patient's Name	M A KHALEK		
Patient's Age	31Y 2M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/6752
Sample	BLOOD		

CHEMICAL TEST

TEST NAME	RESULTS
CARCINOGENIC	NORMAL
ISOCYANATE	NORMAL
VINYL ACETATE	NORMAL
EPICHLOROHYDRIN	NORMAL
PHENOLS CRESOLS	NORMAL

Checked By

Medical Technologist,
Radical Hospitals Ltd.

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

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24030048	Received Date	03/03/2024
Patient's Name	M A KHALEK		
Patient's Age	31Y 2M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 6752
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24030048	Received Date	03/03/2024
Patient's Name	M A KHALEK		
Patient's Age	31Y 2M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 6752
Sample	**URINE**		

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

Date: 03/03/2024

EYE EXAMINATION REPORT

NAME:	**M A KHALEK**		
AGE:	**32 YRS**	**RANK: 2ND ENG**	**CDC NO:C/O/6752**

VISUAL ACUITY: RIGHT LEFT

UNAIDED 6/6 6/6.

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

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

AUDIOLOGICAL REPORT

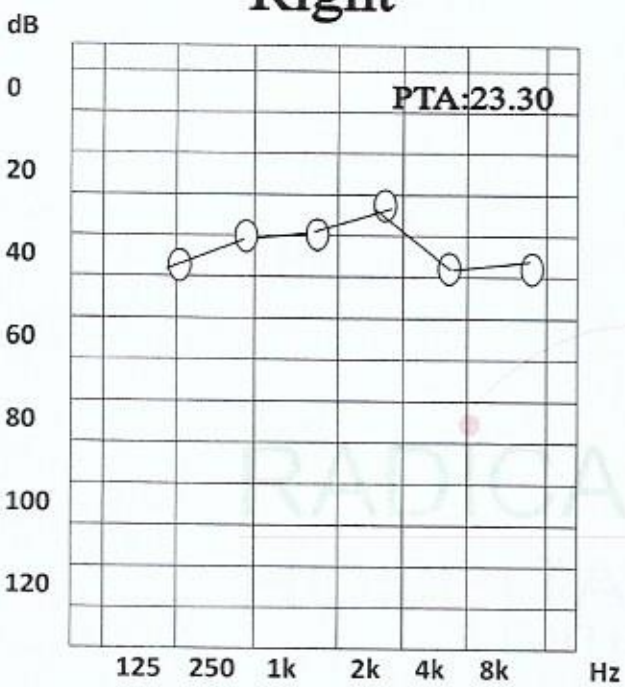
Patient Name : M A KHALEK 03/03/2024

Age : 32 Yrs

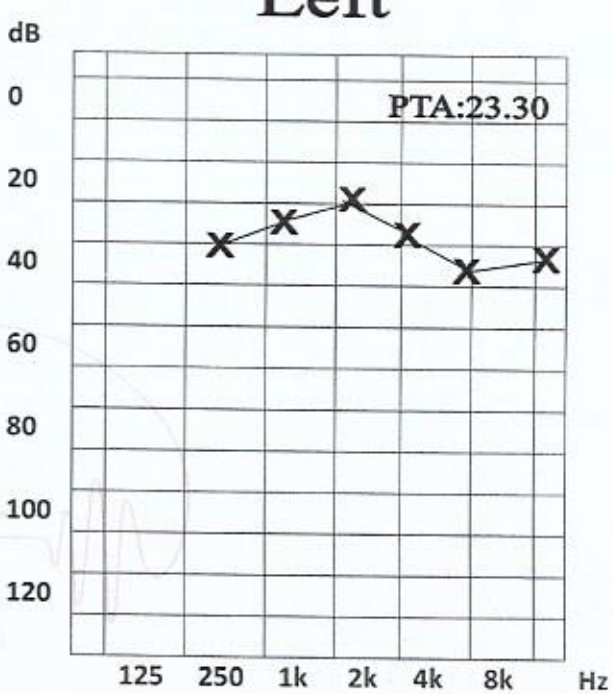
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
	Right Ear	Left Ear
Air MaskingOX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030048	Receive:03/03/2024	Print: 03/03/2024
Patient's Name	:	**M A KHALEK**		
Age	:	32 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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that M A KHALEK date of birth 26/02/92 Sex M
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a ctc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateure	Approved Stamp Cechet d'authentification	
1 15 DEC 2021	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.	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2 22 JAN 2023	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.	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH

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 event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 from prescribed by the health adminstration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t cffecter sa validite.

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

This is to certify that / JE Soussigne (e) certifie que } M A KHALEK date of birth / no (e) le } 26/02/92 Sex / sexe } M

Whose signature follows / dont la signature suit } MAK

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1 15 DEC 2021	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.	YELLOW FEVER VACCINE L NO DAKAR 2206	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that l'evaccinatio.

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

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

Ce certificate n' est valable que si le vaccin employe' a e' tc" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination e' te' habilite parl' adminstration sanitairc du territoire dans lequel ce cenite est siture'

La validite de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official ne pouvant ctre conside' rc' commc Icnant licu de signature.

Toute correction ou rature sur le certificate ou l'omission d'une quelconique des mentions qu' il comporle peut affecter sa validite.

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

Form No: SMC

SL NO. 04.2024.0050

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 KHALEK **First** M A **Middle**

Gender: (Male/Female) Male | Nationality: BANGLADESH | Date: 03/03/2024

Occupation: Deck/Engine/Catering/Other (specify) Engine | Rank: SECOND ENGINEER

Father's/ Husbad'sname: MD YEASIN ALI | C.D.C No. C/O/6752

Mother's Name: MRS. MONOARA BEGUM | Seaman ID No. 0500037208

Address: House No: 531 Street/ Road No: SHAMIM SARON | Passport No. EG0099098

Locality/Village: WEST SHEWRAPARA | NID No. 5085437522

P.O: MIRPUR | Date of Birth: 26/02/1992 (DD/MM/YYYY)

P.S: MIRPUR

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: 03 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) 03 MAR 2024

11. Date of expiry (DD/MM/YYYY) 02 MAR 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 Reg No: MMC-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. 03 MAR 2024

2. Pathological Examination:

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

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