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### WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.

### REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION

(Confidential Document)

Form : MHRS 08 Prepared by : MR Approved by : MD Issued : Feb '08 Revised : Mar '17

From:
(Please write Name, Address & Contact Details of Manning Centre)
RADICAL HOSPITAL LIMITED
To: Utture Dhaka, Bangladesh (Please write Name, Address & Contact Details of the Doctor/ Clinic/Examiner)
Please carry out medical examination of the seafarer, the details and requirements for which are as stated below.
Date: 2 C WAD 2021
Examinee's Details:
Full Name: MOHAMMAD WAZIULLAHAddress: 14/1 TALLAHBAG, JIGATALA, DHAKA-1289
Date of Birth: 15.01.1965Rank: CE Name of vessel to be assigned:
Type of vessel: TANKER Trade area: WORLDWIDE
(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide):
CDC No.: <u>C10 1308</u> Passport No.: <u>B00 32624</u> Crew ID.(from Compas): <u>12 3</u>
Position Offered/ Applied for : Routine & Emergency Duties (if known) :
As per requirements of applicable P&I club:
☐ West of England P&I ☐ UK P&I ☐ Steamship Mutual Underwriting Association
☐ Britannia P&I ☐ Skuld P&I ☐ North of England Association P&I
☐ Standard P&I ☐ Gard P&I ☐ London Steamships P&I
□ Japan P&I □ American Steamships P&I □ Others :
As per requirements of applicable Flag State :
□ Liberian □ NIS □ Panamanian □ Marshall Islands □ Malta
□ Danish □ ILO □ UK □ Others:
Medical Examination Module (as applicable): (Please refer to "Annex 1" of WSM(I)'s Quality Manual)
FOR SEAFARERS: Please write any past medical history [Injury or Illness] in detail; any history of allergy to
drugs should be mentioned in the box provided below:
Please read and sign the following statement:- "I certify that my past medical history will be/has been fully declared to the Company Doctor and any false statement or undisclosed material and/or information in regard to past or present illness and/or medical condition(s) will disqualify me from any employment benefits and claims."
Seafarer's Signature 7 6 MAR 2024
Date: Z 6 MAR 2024  Original: Doctor & Copy: Manning Centre
Remark: The document to be uploaded into CMS under "Nedical" Tab.  DR. MIR. MD. RAIHAN MBBS IDU, DPM. CCD (Birdem), PGT (Ophth)

DR. MIR. MD. RAIHAN
MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A 55144 MMC-BGD-016
DG Shipping Binglariesh Aptrovers
Converted Physician
Raincent Status Limited

ı	MEDICAL CERTIF	ICATE FOR PER	RSONNEL SERVICE ON	BOARD			
SURNAME: W	AZIULLA	# GIVEN N	GIVEN NAME (S): MOHAMMAD				
DATE OF BIRTH:	01 YEAR 196		OF BIRTH HAKA COUNTRY BANGL	SEX ADESH MALE D FEMALE			
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING		141 J16 DHF	SADDRESS OF APPLICANT: ITALLAHBAG ATALA AKA-1209;	1			
DECLARATION OF THE	AUTHORIZED PHYSICIA	AN		¥			
	VISION		COLOR TEST TYPE	HEARING			
	WITHOUT GLASSES	WITH GLASSES	□ воок				
RIGHT EYE	-	666	LANTERN YELLOW RED	RIGHT EAR			
LEFT EYE		666	GREEN BLUE	LEFT EAR			
Confirmation that identific	ation documents were che	ecked at the point of ex	xamination: YES NO				
Hearing meets the standa	ards in STCW Code, Secti	on A-1/9? YES	NO NOT APLICA	ABLE []			
Unaided hearing satisfact	tory? YES NO						
	lards in STCW Code, Sec	tion A-1/9? YES	№ □				
(the visual test it is require	dards in STCW Code, Sec ed every six years) ion test: (Day/Month/Year		NO [				
Are glasses or contact ler	nses necessary to meet th	e required vision stand	dards? YES NO				
Able for watchkeeping? Y	ES NO		_				
Is applicant taking any no	n-prescription or prescript	ion medications? YES	J 100 🗆				
	any medical condition likel her persons on board? YE		service at sea or to render the sea	farers unfit for such service or to			
Hereby I declare that I am	n in knowledge of the cont	ents of the Physical Ex	xamination.				
Doc	- 0	Монамма	D WAZIULLAH	2 6 MAR 2024			
Signature of	Applicant	Name of	Applicant	Date			
CIRCLE APPROPIATE ENGINEERING OFFICER	R / RADIO OPERATOR / I	RATING) (WITHOUT A	ANY / WITH IHE FOLLOWING) RI	A (MASTER / DECK OFFCIER / ESTRICTIONS:			
	FIT	FOR DUTY ON B	UARTONN )				
NAME AND DEGREE OF	PHYSICIAN: DA	R.MR.	MD. RALLAN	N, MODIL NEW			
ADDRESS: RA	DICAL	NOS PITA	1 IIMITE	n. VIImm			
NAME OF PHYSICIAN'S	CERTIFICATING AUTHO	DRITY:	G SMIPPING	BANGLASE			
DATE OF ISSUE PHYSIC	CIAN'S CERTIFICATE	2	06 MRy	204			
SIGNATURE OF PHYSIC	CIAN:	STAMP	OF PHYSICIAN: 03 HOSDIA	DATE 2 6 MAR 2024			
EXPIRY DATE OF CERT	TIFICATE: 7	5 MAR 2025	S Asperial Com				
	This cer	rtificate is issued in com	pliance with the requirements and the	2007			
			and the Maritime Labour Convention,	2006.			
	DR MIR MD.	RAIHAN					

MBBS (DU), DFM, CCD (Birdem), PGT (Ophin) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

### MEDICAL FITNESS CERTIFICATE

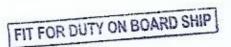
LAST NAME OF APPLICANT		FIRST NAME	Lucas
1	MAZIULLAH	MOHAMMAD	MIDOLE
MONTH   DAY	965 PLACE OF BIRTH YEAR CITY DHAV		A DESH
EXAMINATION FOR DUTY	AS:	MAILING ADDRESS OF APPLICANT	271 PE 311
	MASTER  MATE		
	ENGINEER 🖾		
	RADIO OFF SEAMAN		
***	MEDICAL EX	AMINATION	
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WITH GLASSES	666 666	7900	
COLOR TEST TYPE : BO	OOK TANTERN Clock if color test is normal	YELLOW NI RED NI GREEN NI	BLUE_~~
HEAD AND NECK	1 cm	HEART (CARDIOVASCULAR)	
LUNGS	dann	7	-
Cures	Nov.		
SPEECH : Is speech unimpaired for normal	voice communication ?		
EXTREMITIES: UPPER	donni	LOWERNorm 1	
is applicant suffering from any dis-	ease likely to be aggravated by, or to render him t	unfit for, service at sea or likely to endanger the health of other property $\mathcal{N}^{\mathcal{O}}$ ,	ersons onboard?
THIS IS TO CERTIFY THAT	A PHYSICAL EXAMINATION WAS GIVE	EN TO :	
AND HE / SHE IS FOUND	TO BE FIT FOR SEA SERVICE FROM		
4	DR. MIR.	MD. RAWAN. MOBS. M. (PLEASE PRINT) M. (IMITED UTTM	DEM
NAME AND DEGREE OF PHYSIC	SIAN	(PLEASE PRINT)	
ADDRESS_RA	DICAL GOSPIT	M (IMITED UTTO	
	N C 914	IPPING BANGLADE	W .
NAME OF PHYSICIAN'S LICENSI	NG AUTHORITY	- A	
DATE OF ISSUE OF PHYSICIAN	SLICENSE 06 MM	2 V A SIGNATURE OF PH	7 YSICIAN
The second secon		Oldinione of the	

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73)



DR MIR. MD. RAIHAN
MSBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physics
Reducel Hospitals Littled

### MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA



Las	t/Family Name		First & Middle /Given Name		Position ar	policed for
1	VAZIULL	-AH	MOHAMMAD		Position ap	oplied for
Dot	e of Birth	0	, , , , , , , , ,		<u> </u>	
		Sex	Nationality		D (Passport/Dischar	Trans.
1;	5.01.1965	[ [V]	BANGLADESHI		0/0/13	08
On	idards of MLC 2006 Reg 1.	.2; STCW 2010&the g personal declaration.	tablishing his identity as per the documents men uidance for the conduct of medical examination my clinical examination, the diagnostic test resul is -	issued by the I	Directorate as amende	ed from time to time
(a)	that the hearing meets t	he required standards	for his rank:-			. Vota No.
	Unaided hearing is satisf	actory				yes No
(h)	Visual control of the		2. (4)			
(b)	Visual acuity meets the Colour Vision meets the					Yes No
	that he is fit for look out					Yes No
	WHAT THE NO IN THE TOUR GUE	daty				Yes No
(c)	that he needs visual aid:	s / informed to carry s	pares			Yes No
(d)	that he is taking regula	r modication P confor	or door mayin			
(4)	to take same during his t	enure on board vesse	er does require			yes No
QU.						
(e)	that the seafarer is not s unfit for, service at sea or	suffering from any dise r likely to endanger th	ease likely to be aggravated by, or render him e health of other persons on board ships			. Yes No
(f) **	This Medical Certificate		ewing restrictions			
**						
	Reasons for being unfit					
		,	//			The state of the s
Phy	sician Signature:	6	<u></u>			
1		A	W S	Clinic	c Stamp	
Phy	sician Name Printed:		DR. MIR. MD. RAIHAN		Cal Hospita	
			MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016		As Per-MILC-2006	[E]
D	ate:	2 6 MAR 2024	DG Shipping Bangladesh Approved General Physician		As Per-MLC-2006	
17-1		2 5 MAR 2025	Radical hospitals Limited		Banglete de	2//
	id Till:		to H			
	Authorizing body of M	ledical Examiner:	Directorate General of Shipping, Govt.o	of Banglades	sh	
1.	acknowledge, that I hav	e been advised of t	he content of the medical certificate & of the	e rights for a	review and my oblig	ations.
s	eafarers signature with	Date:-				
_	te whatever is not applicable					

MLC 2006 Reg 1.2

### SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED

#### BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,

WALLEM-

ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

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Pre-Sea Exa	m: 🗆	Periodic I	Exam:		Other:	]
			_			
Deck Officer: Y/I Eng Officer: Y/I Ratings: Y/ Cook: Y/	N:		Fit to perform the duties he/she is to carry out.	Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	Temporarily unfit to perform the duties he/she is to carry out.	Permanently unfit to perform the duties he/she is to carry out
	12 LO	14				
	NO. A	57	Manning Centres		142	
essel to be		Routine & Emergency Duties (if known):		Position Office Applied for:	ered/	
assigned: Type of vessel (Contain	ner, Tanker,	Duties (il known).		Applied for		2
Passenger etc): <b>Trade area</b> (e.g. Coasta	al, Tropical,	Cosastal	Tropical	7	WorldWid	eD
Worldwide);	Da.				- Nonation	
n case of any wrongful eafarer shall be fully	(Examinee is t	rt I - Examinee's Personal to be answer the follow (Assistance should be entation/suppression ble for the consequence	Declaration with ving to the best offered by med	Medical History of examinee's k lical staff) t(s) of informati	nowledge)	nt the concerned
a case of any wrongful	(Examinee is t	rt I - Examinee's Personal to be answer the follow (Assistance should be entation/suppression ble for the consequence	Declaration with ving to the best offered by med	Medical History of examinee's k lical staff) t(s) of informati	nowledge)	nt the concerned
n case of any wrongful eafarer shall be fully	(Examinee is t I Act or misrepres responsible/ lial mily/ last, first, mi	rt I - Examinee's Personal to be answer the follow (Assistance should be entation/suppression ble for the consequence Examinee's ddle):	Declaration with ving to the best offered by med of material fact es/damages/p Personal Details	Medical History of examinee's k lical staff) t(s) of informati enalties as per	nowledge) on or infringement the provisions of t	nt the concerned r the applicable
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n case of any wrongful eafarer shall be fully lws.  Name of Examinee (Far Home/ Permanent Add Mailing Address:  Date of birth (day/mor Place of Birth:  Civil Status:	(Examinee is to the control of the country: BACOUNTY: BA	rt I - Examinee's Personal to be answer the follow (Assistance should be entation/suppression ble for the consequence Examinee's ddle):  LA / I TALLA  — Do  IS / O'  IS / O'	Declaration with ving to the best offered by med of material fact es/damages / p Personal Details  HOAG,  HOAG,  HOAG,	Medical History of examinee's k lical staff) t(s) of information cenalties as per  LIULL  TIGATA  165 S	on or infringement the provisions of the provisi	ont the concerned rithe applicable of the AMMA

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## SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,

ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

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	Declar	ration	Rec	ord		Decla	ration	Rec	ord
	Yes	No	Yes	No		Yes	No	Yes	No
oss of Consciousness/ Fits Head Injury / Dizziness / oss of Memory	*	/	·	V	Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumo				\( \)
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		/		/	Stomach / Bowel Disorders/ Digestive Disorder				_
Ear (Hearing, tinnitus) Problems / Impairment		1	r	1	*Gall Stones/ Jaundice / Kidn Disorders	ey			0
Mental Diseases, Breakdown / Sleep Disorder		/	-	-	Severe/Frequent/One Sideo Headaches (Migraine)	1			>
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		/		1	Back / Joint Problems/ Wrist Problems/ Slipped Disc			1	0
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		-			Hernia / Hydrocoele / Appendicitis				/
Balance Problem			-	-	Piles / Varicose Veins				
Sinuses/Nose/Throat Problems				-	Allergies / Rash/ Skin Disea	se	/		~
Thyroid Problem					Female Disorders				~
High / Low Blood Pressure/ Blood Disorder				-	Major / Minor Operation/ Surgery		1	TPIT	~
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		_			Contagious Diseases/ Gastrointestinal infection / Other Infections		~	de la	-
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		_		-	Sexually Transmitted Disease/ Infections		5	Topo	V
Shortness of Breath					Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		~	i i	~
Rheumatic Fever					Diabetes		-	100	
for Male Examinee Yes	No	If "Yes",	give deta	ails		for Female E	xaminee	Yes	No
Prostate Problems/ Testicular Lumps						Breast Lum Menstrual I			-
Penile Discharge	1					Pregnancy			1
Multiple Partners						Multiple Pa	rtners	AL PARTY	1

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		1
Have you ever been hospitalized?	Bridge Strait	V
Have you ever been declared unfit for sea duty?	all the same	~
Has your medical certificate ever been restricted or revoked?		1
Are you aware that you have any medical problems, diseases or illnesses?	NA PER STATE OF THE PER	
Do you feel healthy and fit to perform the duties of your designated position/occupation?	~	
Are you currently under a doctor's care/ medication?		
Are you allergic to any medications?	Barrier British	V
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chickett Rox		V
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		

## WALLEM ...

Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout In the last one week have you consumed any of these Drugs/ Medication

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Pain Killers, If Yes, Please State name of Drug Crocin/ Asprin/ Fortwin etc.	
orticosteroids, Anti-epileptic Drugs, Nasal Drops etc.	
ny Medicine/ Injections from your family Doctor	
	MIL
obacco: NIC , Drugs: NIL	
re you taking any non-prescription or prescription medications?	
yes, please list the medications taken and the purpose(s) and dosage(s).	
re you coming from or have travelled through high risk areas? If yes, please mention the have to (including ports of call in your last vessel).	Slul IV for IA TW w + 1 imes of countries that you have
amily History:	Yes No
iabetes	~
lood Pressure/ Heart Disease	
Mental Illness/ Epilepsy/ Seizure	
ancer	V
f "Yes", to any of the above, please explain:	
Would you say that your health is: Excellent * Good * Fair *  MONTH MAD CONTROL history to the doctors and staff of this clinic. I am aware the	hat the information supplied by m
Vould you say that your health is: Excellent * Good * Fair *  It is closure of all of my medical history to the doctors and staff of this clinic. I am aware the basis upon which I will be offered employment as a seafarer. I under its representation either by statement or omission I will lose the right to benefit from side yould otherwise be due to me under the Contract of Employment or under any Collective Econsent to my medical records being made available upon demand to my employers and the vessel or their authorized representatives. I hereby also certify that the personal declarate best of my knowledge and I hereby authorize the release of all my previous medical records.	hat the information supplied by merstand that in the event of an eck pay and / or compensation whice Bargaining Agreement. I also hereby / or the owners and / or insurers of aration above is a true statement t
Mould you say that your health is: Excellent * Good * Fair *  Mould you say that your health is: Excellent * Good * Fair *  Mould you say that your health is: Excellent * Good * Fair *  Mould you say that your health is: Excellent * Good * Fair *  Mould of the word of all of my medical history to the doctors and staff of this clinic. I am aware the forms the basis upon which I will be offered employment as a seafarer. I under misrepresentation either by statement or omission I will lose the right to benefit from side would otherwise be due to me under the Contract of Employment or under any Collective Forms on the word of the wessel or their authorized representatives. I hereby also certify that the personal declar the best of my knowledge and I hereby authorize the release of all my previous medical reconcept the state of the personal public authorities to	hat the information supplied by merstand that in the event of an expay and / or compensation which Bargaining Agreement. I also herebt / or the owners and / or Insurers of a ration above is a true statement to cords from any health professionals nedical examinations).
Would you say that your health is: Excellent * Good * Fair *  disclosure of all of my medical history to the doctors and staff of this clinic. I am aware the start of the basis upon which I will be offered employment as a seafarer. I under misrepresentation either by statement or omission I will lose the right to benefit from side would otherwise be due to me under the Contract of Employment or under any Collective Econsent to my medical records being made available upon demand to my employers and the vessel or their authorized representatives. I hereby also certify that the personal declar the best of my knowledge and I hereby authorize the release of all my previous medical records the line of the state of th	hat the information supplied by merstand that in the event of an ok pay and / or compensation which argaining Agreement. I also hereby or the owners and / or insurers of aration above is a true statement to cords from any health professional interest are decided examinations.
Would you say that your health is: Excellent * Good * Fair *  disclosure of all of my medical history to the doctors and staff of this clinic. I am aware the forms the basis upon which I will be offered employment as a seafarer. I under misrepresentation either by statement or omission I will lose the right to benefit from side would otherwise be due to me under the Contract of Employment or under any Collective Econsent to my medical records being made available upon demand to my employers and the vessel or their authorized representatives. I hereby also certify that the personal declar the best of my knowledge and I hereby authorize the release of all my previous medical records the line of the state of the province of the	hat the information supplied by merstand that in the event of an ck pay and / or compensation which argaining Agreement. I also hereby or the owners and / or Insurers caration above is a true statement toords from any health professional medical examinations).
Would you say that your health is: Excellent * Good * Fair *  John Milling Passport/Seaman Book no health is: Excellent * Good * Fair *  John Milling Passport/Seaman Book no health is: Excellent * Good * Fair *  John Milling Passport/Seaman Book no health is: Excellent * Good * Fair *  John Milling Passport/Seaman Book no health is: Excellent * Good * Fair *  John Milling Passport/Seaman Book no health is: Excellent * Good * Fair *  John Milling Passport/Seaman Book no health is: Excellent * Good * Fair *  John Milling Passport/Seaman Book no health is: Excellent * Good * Fair *  John Milling Passport/Seaman Book no health is: Excellent * Good * Fair *  John Milling Passport/Seaman Book no health is: Excellent * Good * Fair *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport/Seaman Book no health is: Excellent *  John Milling Passport *  John Milling Passpo	hat the information supplied by merstand that in the event of an ck pay and / or compensation which argaining Agreement. I also hereby or the owners and / or Insurers of a ration above is a true statement to cords from any health professional intelligence (mmHg) Diastolic 80 (mmHg)
Would you say that your health is: Excellent * Good * Fair *  If the disclosure of all of my medical history to the doctors and staff of this clinic. I am aware the forms the basis upon which I will be offered employment as a seafarer. I under misrepresentation either by statement or omission I will lose the right to benefit from side would otherwise be due to me under the Contract of Employment or under any Collective Econsent to my medical records being made available upon demand to my employers and the vessel or their authorized representatives. I hereby also certify that the personal declar the best of my knowledge and I hereby authorize the release of all my previous medical records the alth institutions and public authorities to  Dr. Dr. Dr. Dr. Charles Contract of Examinee:  Date(day/month/year):	restand that in the event of an expand that in the event of an expand or compensation which argaining Agreement. I also hereby or the owners and or insurers of aration above is a true statement toords from any health professional edical examinations).  2 6 MAR 2024  3 0 (mmHg) Diastolic 80 (mmHg) Respiratory rate of the carmon of the ca
Dr. M. Reight in cms: 68 Weight in Kg: 60 Blood Pressure Systolic Fulse Rate: 78	hat the information supplied by merstand that in the event of an ck pay and / or compensation which argaining Agreement. I also hereby or the owners and / or Insurers of a ration above is a true statement toords from any health professional medical examinations).  2 6 MAR 2024  3 O (mmHg) Diastolic 80 (mmHg) Respiratory rate

The Company has set the following BMI limits:

A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.

For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia etc. then the seafarer in question MUST undergo a stress/ treadmill test. AS PER-HALL-2006

If the results of the stress/ treadmill test are average or above, seafage can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways/means to improve their health.

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BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

			VI	sual acui	tv							Visual fields		
		Unaided			-,	Aided			-	-		ormal		efective
	Right	Left	Binocula			Left		cular	R	ight eye	14	omai	100	erective
Distant	eye	eye		eye		eye	+	/	1	eft eye	+		+	
Near			-	0	00	600	+	$\overline{}$						
				1	5	125	_	_						
Are glasses	or contact	enses neces	sary to m	eet the r	equire	vision sta	andard?	Yes / N	No					
If yes, spec	ify which ty	pe and for v	hat purpo	se:										
olour vision														
Date of las				Type										
vision test:				Book	_	Lanter	n *	List	jihara *	CIE	-43-20			
Check if col Normal:	our test is	Yellow		*	Red	_		*	Green		*	Blue		*
Colour Visio	on:	Not tes	ted	* ~	Nor	mal		*	Doubtf	ıl	*	Defective		*
aramanan a				- Upton	377						-			
learing:		and the same	-1-1	in do)						Casad	1	Whisper Tes	- /8.0-	****
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Audiometry	,	500 Hz	1,000 Hz	2,000 Hz	Hz	S20000	1,000 Hz	6,000 Hz				Norma		whispe
Right ear		20	22	20	-			1		Right	ear			4
								1	_			_		1 4
Left ear	eck/Navigat	ional Officer	no	ch unin		d for nom	nal voi	ce com	municatio	Left e	ar	A	_	
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Left ear Speech (De	eck/Navigat	N	no	ch unin	npaire	d for nom						Normal		Abnormal
Left ear  Speech (De	eck/Navigat	N	): Is spee	ch unin	npaire		Varico	ose Veir	ns	n?		Normal		Abnormal
Left ear  Speech (De		ional Officer	): Is spee	ch unin	npaire		Varico Vascu	ose Veir llar (Inc	ns . Pedal Pu	n?				Abnormal
Left ear  Speech (De  Head  Eyes  Eye Mover	ment/Pupil	ional Officer	): Is spee	ch unin	npaire		Varico Vascu Abdor	ose Veir lar (Inc men an	ns	n?		Normal		Abnormal
Left ear  Speech (De  Head Eyes Eye Mover Ophthalm	nent/Pupil oscopy	ional Officer	): Is spee	ch unin	npaire		Varico Vascu Abdor Herni	ose Veir Ilar (Inc men and	ns . Pedal Pu d Viscera	n? Ises)		Normal		Abnormal
Left ear  Speech (De  Head  Eyes  Eye Mover Ophthalm  Ears, Tymp	ment/Pupil oscopy panic Mem	ional Officer	): Is spee	ch unin	npaire		Varico Vascu Abdor Herni Anus	ose Veir lar (Inc men an a (Not Re	ns . Pedal Pu	n? Ises)		Normal		Abnormal
Left ear  Speech (De  Head  Eyes  Eye Mover Ophthalm Ears, Tymp Sinuses, N	ment/Pupil oscopy panic Mem lose, Throa	ional Officer	): Is spee	ch unin	npaire		Varico Vascu Abdor Herni Anus G-U S	ose Veir lar (Inc men an a (Not Re ystem	ns . Pedal Pu d Viscera ctal Exam	lses)		Normal		Abnormal
Left ear  Speech (De  Head  Eyes  Eye Mover Ophthalm  Ears, Tymp Sinuses, N Mouth/Te	ment/Pupil oscopy oanic Mem Nose, Throa eth/Gums	ional Officer	): Is spee	ch unin	npaire		Varico Vascu Abdor Herni Anus G-U St	ose Veir ilar (Inc men an a (Not Re ystem r & Lowe	ns . Pedal Pu d Viscera ctal Exam er Extremi	lses)		Normal		Abnormal
Head Eyes Eye Mover Ophthalm Ears, Tymp Sinuses, M Mouth/Te Nervous S	ment/Pupil oscopy oanic Mem Nose, Throa eth/Gums	ional Officer	): Is spee	ch unin	npaire		Varico Vascu Abdor Herni Anus G-U S Upper Spine	ose Veir ilar (Inc men an a (Not Re ystem r & Lowe (C/S, T/	ns . Pedal Pu d Viscera ctal Exam er Extremi 'S and L/S	lses)		Normal		Abnormal
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### SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,

ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended Form: OHF 48 Version: 01 Date: 18 Aug 21

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Test:							
Investigation:			Resu	ilt:			結
Blood	Result	Normal	Obta				
Haemoglobin "Hb"	13-5	13 – 18 gm/	Urine	Result	Additional Tests	Result	Normal
Total Wing	Total WDG g/dl dl		Colour	sm	(HbA1c)	5.0 .	4.0 % - 6.5 %
	55W	4,000 - 11,000 / cu.mm	Specific Gravity		RBS/ FBS (Blood test	5-8	6.5 %
1.	<u>\$</u> %, Eos #\$ <u>\$</u> %		рН		Total Bilirubin	0.55	0.1 - 1.0 mg/dl
Blood Group & Rh factor repeated)	(tested only once,	need not be	Albumin	711	Direct Bilirubin	N.D.	0.0 - 2.5
BIESR	09.	1 - 15 mm / hr	Sugar	1:14	Indirect Bilirubin	10/10	mg/dl 0.0 - 0.75
Platelets	189000	1.50-4.00 Lakh/ul	Bile Pigment		SGPT		mg/dl 9 - 43 U / L
Fasting Lipid Profile	1,-2	Editiny (i)	Bile Salt			25	
S. Triglycerides	134	25-200 mg/dl	Occult Blood		SGOT	19.	0 - 40 IU/L
Cholesterol Serum	15-4	130-220 mg/dl	RBC Cells	NIM	SGGT	38	0 - 49 IU/L
HDL Cholesterol Serum	44	35-65 mg/dl	Leucocytes	1111	Blood Urea	N/D	10 - 50 mg/dl
LDL Cholesterol Serum	82	85-150 mg/dl	Stool Test	Result	S. Creatinine	0.89	0.8 - 1.4
VLDL Cholesterol Serum	7-1-2003000	07-35 mg/dl				0 0)	mg/dl
Total / HDL Cholesterol	ND	#/COLL	Bacterological	4.15	BUN	20	5-23mg/dl
100 APR	NO	3.0-5.0	Parasitical	N-12	PSA	NID	Less than 4.00 ng/ml
LDL/HDL Cholesterol	MO	2.5-3.5	Others		Malarial Parasite	NIE	4.00 110/118
Hepatitis B Positive	Negative		HIVI&II	egehre	Uric Acid		2.4 - 7.5
Hepatitis C Positive	Negative		VDRL 1	czeln		9.)	mg/dl

Drugs: Method Results:	i:									
Detected	Ampho Urine	etamines/ *	Barbiturate/ Urine *		Barbiturate/ Urine * Marijuana, Cannabinoi			Cocaine / Urine *		Opiates & Morphine *
Cut Off Limit	(1000 n	g/ml)	(200 ng/ ml)		50 ng/ ml		(300 n	ig/ml)		
Not Detected	Amphe Urine	etamines/	Barbiturate/ Urine *		Marijuana, THC, Cannabinoids / Urine *		Coca		Opiates & Morphine *	
Spirometry		N/D	TMT	Nonm	١	Drugs of Abuse		N	com	
ECG		Nonmy	• ECHO	Nonm	1	Ultrasound (USG) the Abdomen & Pelvis	of	100	Nonmy,	

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements?

Vaccination status recorded: Yes / No Satisfactory \* to be renewed

### SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED

#### BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006.

ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 6 of 7

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In	1		* 1	f
ша	120	13	31	

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

Action taken by medical examiner (e.g. referral):

Examination	Results of the exa	mination		Results of the examination		
110000000	Pass Fail		Examination	Pass	Fail	
Medical History			Fecalysis (food service/ handlers only)		ran	
Physical Examination			Hep B Antigen			
Dental Examination			Hep C Antibodies			
Psychological Test			Stress Test			
Visual Test	_		Diabetes			
Colour Vision	~		Ultrasound Examination (Presence of gall & Kidney Stones)			
Audiometry			Alcohol/ Drug Test			
EKG			2D echo Doppler study (for heart patient) Psychometric evaluation			

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, 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

- (a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory
- (b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every
  - 6 years unless considered necessary)/ that he / she if fit / unfit for look out duty
- (c) that he / she needs / does not need visual aids / informed to carry spares
- (d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?
- (e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or

prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

Fit:		Deck service	Engine service	Catering service	Other servi	ces (training/
Unfit:	Fit:		/		examinatio	<u>n)</u>
	Unfit:					

this seafarer is UNFIT FOR DUTY\*\*/ FIT FOR DUTY with/ without restrictions\* as mentioned below,

* Ihis Medica	I Certificate is issued with	following restriction	Sile@Sosmeci	fic position type	of ship trade are	as & otherse
applicable):	I Certificate is issued with	(8)	Burgara	ne position, type	or simp, dade are	sa coulei as
		1/ 5	/			

\*\* Reasons for being unfit

ASPE-MUL-2006

## SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,

ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

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#### (Confidential Document)

This is to certify		was physically examined	and he/she is found to	
be FIT for sea service/ look-out duty for the pe	eriod from		Place of medical	
examination	_ Date of medica	al examination: 26 MAR		
certificate validity date (day/month/year):	2 5 MAR 2025	Name of Examiner (Ple		
	(Validity should not be mo	re than 2 years)		
Degree:	Te	Address: _RADICAL HOSPI el./Fax/Email: _Utara, Dhaka, l	TAL LIMITED	
Name of Medical Examiner/ Physician Certific	ate /License Issu	ing Authority:		
Date of issue of Medical Examiner/Physician (	Certificate/ Licen	se:Registrat	ion No.:	
Examinee's Signature	Offic	ial Stamp & Signature wit	h Govt. (DGS) Approval/	
This signature is affixed in the presence of the Medical Exam	niner	No	of Medical Examiner	
(print name of medical examiner if not legible) and Lacknowledge, that I have been advised of the content of the medical certificate & of the right to a review in accordance with paragraph (6) of section A-I/9 of STCW Code and my obligations.)  Date: 7 6 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.		

Original: Master & Crewing Dept

cc: Seafarer

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.



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

Form No: SMC

Seafarer's Signature



SL NO. \_\_\_

04.2024.6236

DG Shipping Bangladesh Approved General Physician Name & Signature of the practitioner:

#### 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

Sealarers, 1976 as amended (STCVV 78) and Regulation 1.2 of the Maritin	ne Labour Convention, 2006
SEAFARER INFORMATION:	
Name: Last MAZIULLAHFirst MOHAMMAD	Middle
Gender: (Male/Female). MALE Nationality: BANG LADESH	Date: 2610312624
Occupation: Deck/Engine/Catering/Other (specify)	Rank: CE
Father's/ Husbad'sname: ABUL ABBAS MD. OBALDULLAH	C.D.C No. C   0   1.308
Mother's Name: S.H.A.MSUN NAHAR BEGUM	Seaman ID No. 0.5.0.0.0.7.5.5.6
Address: House No: 14 / 1 Street/ Road No: TALLAHBA.	Passport No. B 0013 2624
Locality/Village: J.L.G.A.T.A.L.A.	NID No. 689 601 1159
P.O. JIGATALA DHAKA-1209	Date of Birth: 15 / 21 / 19 6 5
PS: HAZARIBACH	The state of the s
	(DD/MM/YYYY)
District: D.H.A.K.A.	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the P	eople's Republic of Bangladesh and confirm
the followings:	examination :\(\varepsilon\)S/NO
<ol> <li>Confirmation that identification documents were checked at the point of e</li> <li>Hearing meets the standards in section A-I/9</li> </ol>	:YES/NO
Unaided hearing satisfactory?	:YES/NO
Visual acuity meets standards in section A-I/9?	XESINO
Colour vision meets standards in section A-I/9?	×ES/NO
Date of last colour vision test	2 6 MAR 2024
6. Fit for lookout duties?	:YES/NO
7. Is the seafarer free from any medical condition likely to be aggravated by	
render the seafarer unfit for service or to render the health of any other personal	/
8. Any limitations or restrictions on fitness?	:YES/NO
If YES, specify limitations or restrictions:	
Duties:	
Location/Vessel: RADICAL HOSPITAL LIMITED  Whare, Dhake, Bangladesh	
Medical/Other:	
9. Medical fitness category : Fit-Mo restriction Fit-Subject	to restrictions Unfit
10. Date of examination/lesus (DD/MM/VVVV) 2.6 MAR 2024	
10. Date of examination/issue (DD/MIN// 1111)	
11. Date of expiry (DD/MM/YYYY)2.5MAR2025"No more than 2 y	years from the date of examination".
I have read the contents of the certificate and have been informed of the right to	DR. WHR. MD. RAIHAN
review.	MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

#### 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 application 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 infections 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, International 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):

DR. MIR. MD. RAIHAN

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E 2 6 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: 26/03/2024

Ref No: 258

## TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY THAT HE IS MR. MOHAMMAD WAZIULLAH, AGE 59+ YEARS MALE, CDC NO: C/O/1308, PASSPORT NO: B00132624, SEAMAN CAME TO ME FOR MEDICAL CHECK-UP. ON PHYSICAL EXAMINATION AND ON RELEVENT INVESTIGATIONS HE IS MEDICALLY FIT TO CONTINUE SHIP JOB.

THIS IS FOR YOUR KIND INFORMATION AND TAKE NECESSARY ACTION PLEASE.

DR. MIR MD. RAIHAN MBBS (DU),DFM,CCD Reg. No. A-55144 (BMDC)

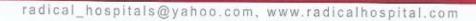
Reg. No. BGD-016 (MMC)

DG, Shipping Approved (BD)

General Physician

Radical Hospitals Limited.







ID NO : 24030735

Patient's Name: MOHAMMAD WAZIULLAH

Age : 59Y 2M 11D

26/03/2024

Ref. By

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O-1308

Sex : Male

Date

Specimen : Blood

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

#### HAEMATOLOGY REPORT

Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	13.3 09	g/di mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	Á
TOTAL WBC COUNT	5,500	/cumm	4,000 - 11,000 /cumm	A JEB
DIFFERENTIAL COUNT				
Neutrophils	47	%	(40 - 75)%	
ymphocytes	45	%	(20-45)%	WBC CURVE
Monocytes	05	%	(2-10)%	
Eosinophils	03	%	(1-6)%	[***da
Basophil	00	%	0-1 %	A
TOTAL CIR. EOSIONOPHIL COUNT	165	/ currence	40 450 /50000	
OTAL PLATELET COUNT(PC)	189,000	/cumm	40 - 450 /cumm 1,50,000-4,50,000 /cumm	<b>是</b>
MPV	10.5	fL	7.0 -11.0 fL	
PDW-CV	17.2	%	10 - 18 %	JAMES OF THE PARTY
PCT	0.2	%	0.10 - 0.28	PLT CURVE
P-LCR	31.8	%	9.00 - 45.00%	
P-LCC	60	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	4.84	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	A
HCT/PCV	42.9	%	M: 40-54%, F: 37-47%	
MCV	88.6	fL	76-94 fL	A
MCH	27.6	pg	27-32 pg	RBC CURVE
MCHC	31.1	g/dL	29-34 g/dL	NDC CORVE
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	16.4	%	10-16%	

\$

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



Bill No	DIA24030735	Received	Date	26/03/2	024
Patient's Name	MOHAMMAD WAZIULLAH				
Patient's Age	59Y 2M 11D	F	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(E	BIRDEM),PGT(Eye),DFM	С	DC C/O	1308
Sample	BLOOD			7	_

### BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/L	4.2 – 6.4 mmol/L
Serum Creatinine Serum (BUN) Uric Acid	0.89 mg/dl 20 mg/dl 4.1 mg/dl	0.3 - 1.3 mg/dl 7- 23 mg/dl 3.8 - 8.0 mg/dl
GGT	38 U/L	Adult Male: <55
Total Protein Serum Bilirubin (Total)	7.1 g/dl 0.55 mg/dl	6.3-7.9 g/dl 0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
Serum AST (SGOT)	19.0 U/L	Up to 37 U/L
Serum Alkaline Phosphate HbA1C	153 U/L 5.0 %	98 - 279 U/L 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	DIA24030735	Received Date		26/03/2024	
Patient's Name	MOHAMMAD WAZIULLAH		20,00,2	.021	
Patient's Age	59Y 2M 11D	Pat		Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M),PGT(Eye),DFM	CDC C/O	1308	
Sample	BLOOD			1500	

### BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Lipid profile  Serum Cholesterol  Serum HDL- Cholesterol  Serum Triglyceride  Serum LDL- Cholesterol	154 mg/dl 44 mg/dl 136 mg/dl 82 mg/dl	up to 200 mg/dl >35 mg/dl upto 220 mg/dl <130 mg/dl

### 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	DIA24030735	Received	Date	26/03/2	2024
Patient's Name	MOHAMMAD WAZIULLAH			SELECTION SELECTION	(490):339
Patient's Age	59Y 2M 11D Patient's Sex Male				Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(E	BIRDEM),PGT(Eye),DFM	CD	OC NO	C/O/ 1308
Sample	BLOOD	The second secon			

### SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative	
HBsAg (Method: (ICT)	Positive	
HCV (Method : (ICT)	Negative	
HAV (Method : (ICT)	Negative	
Malaria Parasite (ICT)	Negative	
VDRL	Non-reactive	
Hepatitis A( IgG + IgM )	Negative	

OOD GROUPINGResult	VIII V	
ABO Blood Group	"B" (+ve)	***********
Rh(D)Factor	Positive	***************************************

Chegred By

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



Sample	URINE			
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFM	CDC C/O	1308
Patient's Age	59Y 2M 11D Patient's Sex			Male
Patient's Name	MOHAMMAD WAZIULLAH			
Bill No	DIA24030735	Received D	ate 26/03/2	2024

#### URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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



Sample	URINE	A(A) (A(A))			
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),	PGT(Eye),DFM	С	DC C/O	1308
Patient's Age	59Y 2M 11D Patient		atient's	Sex	Male
Patient's Name	MOHAMMAD WAZIULLAH	*			
Bill No	DIA24030735	Received	Date	26/03/2	024

#### 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.

## AUDIOLOGICAL REPORT

Patient Name : MOHAMMAD WAZIULLAH

26/03/2024

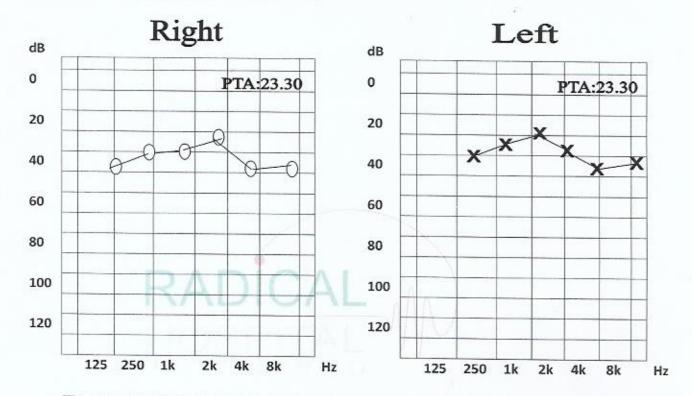
Age

: 59 Yrs

s Address

: RHL, UTTARA

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



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 $\Delta\Delta$		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24030735 Receive: Print: 26/03/2024

Patient's Name : MOHAMMAD WAZIULLAH

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

## **ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate : 84 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

Page 1 of 1



Date: 26/03/2024

## EYE EXAMINATION REPORT

NAME:	MOHAMMAD WAZIULLAH		
AGE:	59 YRS	DANK STATE	
		RANK: CH.ENG	CDC NO:C/O/1308

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

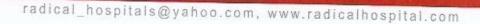
OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





Patient ID	24030735	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	26/03/2024
Patient Name	MOHAMMAD WAZIULLAH	400	
Age	59 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU	),CCD(BIRDEM),PGT	(Eye),DFM

### THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 12.5cm, regular in shape and normal position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: Contracted (postprandial), Visible lumen appears clear.

PANCREASE: Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN: Is normal in size (9.3X3.5)cm and uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size RK-10.8cm, LK-11.0cm regular in shape. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

URINARY BLADDER: Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Enlarged in size volume is 54.1cc, regular in shape. Median lobe is protruded within urinary bladder. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Enlarged prostate gland (with protruded median lobe).

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs) Advanced Training on PVS

Consultant Sonologist



Patient's Name	:	MOHAMMAD WAZIULLAH	ID NO		24020525		
Age		59 Yrs			24030735		
Sex	: Male		Date : 26/03/202				
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD	(RIRDEM) PCT	F	DEM		

## **Dental Examination Reports**

### On Examination

1. Dental Caries Absent

2. Calculus Absent

Missing Absent

4. Gum Condition Normal

5. Filling No

6. Root Canal Treatment No

7. Any Bridge/Denture/Crown No

8. Oral Hygine Normal :

Comments: Normal

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



### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

24030735

Receive: 26/03/2024

Print: 26/03/2024

Patient's Name

MOHAMMAD WAZIULLAH

Age : 59 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.

Page of 1

RADICAL HOSPITAL

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### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. ; 24030735 Receive:26/03/2024 Print: 26/03/2024

Patient's Name : MOHAMMAD WAZIULLAH

Age : 59 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 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.

Patient's Name	:	MOHAMMAD WAZIULLAH		
Age	;	59 Yrs	Date	: 26/03/2024
Sex	:	Male		O:C/O/1308
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU)	, DFM	0:0/1308

## Psychometric Test

Test Name	Remarks					
1.APTITUDE TEST						
Numerical Reasoning test	Poor /Good /very good /excellent					
Verbal Reasoning test	Poor /Good /very good /excellent					
Inductive reasoning test	Poor /Good /very good /excellent					
Diagrammatic Reasoning test	Poor /Goød /very good /excellent					
Logical Reasoning test.	Poor /Good /very good /excellent					
Error checking test	Poor /Good /very good /excellent					
2.Skill Test	Poor /Good /very good /excellent					
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFJ					
4.Watson Glaser test(Critical Thinking Test)						
Arguments	Poor /Good /very good /excellent					
Assumptions	Poor /Good /very good /excellent					
Deductions	Poor /Good /very good /excellent					
Interpreting Information's	Poor /Good /very good /excellent					
Inferences	Poor /Good /very good /excellent					
5.Situational Judgment Test.	Poor /Good /very good /excellent					
Poor of Colors	od: 7-8 excellent: 8-10					

very good: /-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



Patient's Name	1:	MOHAMMAD WAZIULLAH	ID NO		24030735
Age	1:	59 Yrs		•	
Sex	:	Male	Date	:	26/03/2024
Referred by	1	Dr. Mir Md. Raihan MBBS,(DU), DFM			
Nature of Specimen	:			,	

### PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6 FEV = 5 FEV/FVC = 80%

Comments: Normal Lung Function

Dr. Mir Md. Raihan

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



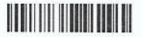
HOUSE # 52, GARIB-E-NEWAZ AVENUE, SECTOR-13, UTTARA, DHAKA-1230

Hotline: 09610009612

Email: istuttara@gmail.com, Web; www.ibnsinatrust.com

### IBN SINA DIAGNOSTIC & CONSULTATION CENTER, I ISO 9001:2015 Certified





I.D. No

U122954

Received date: 26 Mar 2024

Max. work load attained: 12.80

Printed date: 26 Mar 2024 09:22PM

Name of Pt. :

MOHAMMAD WAZIULLAH

Age: 59 y(s)

Sex: Male

Ref. By

RADICAL HOSPITAL LTD

Ref. By

Total Exercise Time : 09:51

Min

Max.HR attained

130 Bpm.

% of max. pred. HR:

0/0

Max. Pred HR

161 Bpm.

METS

Maximum BP Indication

140/90 mmhg.

: Screening for IHD.

Risk Factors

: DM.

Reason for Termina.: Attainment of THR.

Test Profile

: BRUCE

Symptoms

: Nil.

Summary Result ⇒

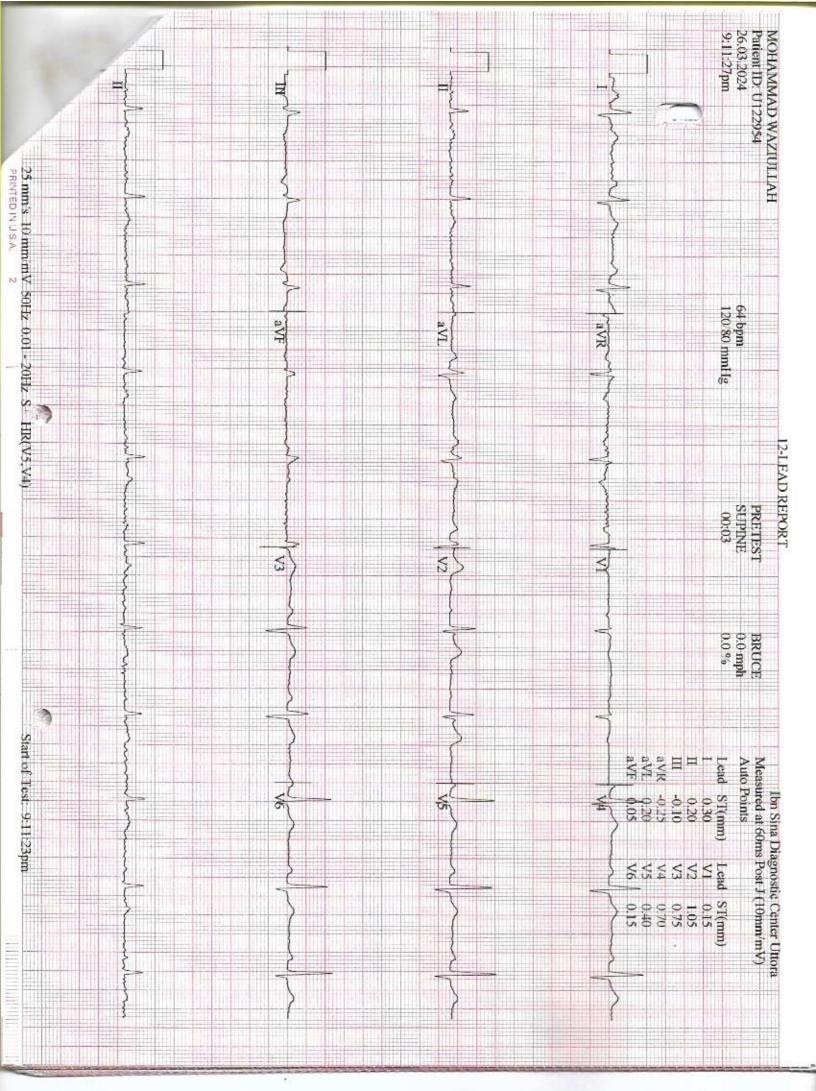
NEGATIVE

#### Comments:

- □ MOHAMMAD WAZIULLAH performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of attainment of THR.
- ECG at rest shows no abnormality.
- ECG during exercise & recovery shows no significant ST depression.

Conclusion : Stress test is NEGATIVE for ECG evidence of provocable myocardial ischaemia.

Dr. Md. Aminur Razzaque MBBS. MD (Cardiology) NICVD, Assistant Professor (Cardiology), NICVD Advance training on Echocardiography JROP (India) Consultant, IBN SINA D.Lab & Consultation center, Uttara.





Pioneer in Health Care

Email: istuttara@gmail.com, Web: www.ibnsinatrust.com

## IBN SINA DIAGNOSTIC & CONSULTATION CENTER, UTTARA

ISO 9001:2015 Certified

#### ECHO-CARDIOGRAPHY REPORT

2-D & M-MODE, DOPPLER & COLOUR FLOW IMAGING



I.D. No

U122954

Received date: 26 Mar 2024

Printed date: 26 Mar 2024 08:10PM

Name of Pt.

MOHAMMAD WAZIULLAH

Age: 59 y(s)

Sex: Male

Exam

ECHO 2D

Ref. By

RADICAL HOSPITAL LTD

#### PROCEDURES: 2D & M-MODE STUDY

#### Measurement:

:	31	mm	20-37 mm	LVIDd	:	50	mm	37-56 mm
:	34	mm	19-40 mm	LVIDs	:	31	mm	22-40 mm
:	21	mm	15-26 mm	FS	:	38	%	
:		mm	<30	LVEF	:	68	%	
:	09	mm	06-11mm	MPA	:			
:	09	mm	06-11mm	MV area	:			>3 cm <sup>2</sup>
:	24	mm		MV annulus	:		mm	
	:::::::::::::::::::::::::::::::::::::::	: 31 : 34 : 21 : : 09 : 09	: 31 mm : 34 mm : 21 mm : mm : 09 mm : 09 mm	: 31 mm 20-37 mm : 34 mm 19-40 mm : 21 mm 15-26 mm : mm <30 : 09 mm 06-11mm : 09 mm 06-11mm	: 31 mm 20-37 mm LVIDd : 34 mm 19-40 mm LVIDs : 21 mm 15-26 mm FS : mm <30 LVEF : 09 mm 06-11mm MPA : 09 mm 06-11mm MV area	: 31 mm 20-37 mm LVIDd : 34 mm 19-40 mm LVIDs : 21 mm 15-26 mm FS : mm <30 LVEF : 09 mm 06-11mm MPA : 09 mm 06-11mm MV area :	: 31 mm 20-37 mm LVIDd : 50 : 34 mm 19-40 mm LVIDs : 31 : 21 mm 15-26 mm FS : 38 : mm <30 LVEF : 68 : 09 mm 06-11mm MPA : : 09 mm 06-11mm MV area :	: 31 mm 20-37 mm LVIDd : 50 mm : 34 mm 19-40 mm LVIDs : 31 mm : 21 mm 15-26 mm FS : 38 % : mm <30 LVEF : 68 % : 09 mm 06-11mm MPA :

LA : Normal.

Ao

Normal.

LV : Cavity is normal. Wall thickness normal. Wall motion normal.RA : Normal.

RV : Normal.

PA : Normal.

IVS : Intact.
IAS : Intact.

Valves

MV :

Both the AML & PML are normal.

AV : Normal systolic excursion & diastolic coaptation.

TV : Normal PV : Normal

No vegetation or thrombus seen.

Pericardium: No pericardial effusion seen.

#### Comments:

- No regional wall motion abnormality.
- Good LV systolic function (EF 68 %).
- Normal cavity dimension.
- Normal valve morphology.

28 VRNOWER

Dr. Khurshed Ahmed

MBBS, FCPS (Med), MD (Cardiology) Associate Professor, Department of Cardiology Bangabandhu Sheikh Mujib Medical University, Dhaka Consultant

IBN SINA D-Lab, Uttara, Dhaka

## IBN SINA DIAGNOSTIC & CONSULTATION CENTRE. Uttara, Dhaka.

Name: MOHAMMAD WAZIULLAH 59YR,

Date: 26/03/2024

Patient Id: UE122954

Gender:

