WALLEM	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 (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7

Pre-Sea Exam: ☑ Periodic Exam: ☐ Other: ☑ JOINING

Examination for duty as:		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.
Master:	Y/N: ___				
Deck Officer:	Y/N: Y				
Eng Officer:	Y/N: ___				
Ratings:	Y/N: ___				
Cook:	Y/N: ___				
Other:	Y/N: ___				
Please specify ___		☑	☐	☐	☐

DR. MIR MD. RAIHAN RADICAL HOSPITALS LTD REG. NO. A-55114

To be filled by Manning Centres

Name, Address with Contact details of Manning Centre:	UNIVERSAL SHIPPING SERVICES ROOM: 13, 6th FLOOR, 3/D KAWRAN BAZAR ROAD, KABYAKS SUPER MARKET, DHAKA 1215 MOB: +8801718438640				
Vessel to be assigned:	DEMETER LEADER	Routine & Emergency Duties (if known):	OOW	Position Offered/ Applied for:	2/OFF
Type of vessel (Container, Tanker, Passenger etc):	PCTC				
Trade area (e.g. Coastal, Tropical, Worldwide):	Cosastal ☐	Tropical ☐	WorldWide ☑		

Part I - Examinee's Personal Declaration with Medical History

(Examinee is to be answer the following to the best of examinee's knowledge)

(Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details

Name of Examinee (Family/ last, first, middle):	TOUHIDUR RAHMAN HIMEL				
Home/ Permanent Address:	HOSPITAL RD:, WARD NO: 07, AMTALI POURASHAVA AMTALI, BARGUNA				
Mailing Address:	SAME				
Date of birth (day/month/year):	01 / 06 / 1992	Sex:	M		
Place of Birth:	City: BARGUNA Country: BANGLADESH	Nationality:	BANGLADESHI	Rank:	2/OFF
Civil Status:	MARRIED				
Identity Docs/ Passport /Discharge Book No:	B00091192				

Examinee's Medical History

Is there any past / present history of any of the following	Examinee	Examiner's	Is there any past / present history of any of the following	Examinee	Examiner's

Radical Hospitals Ltd. Approved Seafarers Medical Examination Centre Bangladesh

04.2024.5200

	Declaration		Record			Declaration		Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		✓		✓	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 / Tumor		✓		✓
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		✓		✓	Stomach / Bowel Disorders/ Digestive Disorder		✓		✓
Ear (Hearing, tinnitus) Problems / Impairment		✓		✓	Gall Stones/ Jaundice / Kidney Disorders		✓		✓
Mental Diseases, Breakdown / Sleep Disorder		✓		✓	Severe/ Frequent/ One Sided Headaches (Migraine)		✓		✓
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		✓		✓	Back / Joint Problems/ Wrist Problems/ Slipped Disc		✓		✓
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Balance Problem		✓		✓	Piles / Varicose Veins		✓		✓
Sinuses/ Nose/ Throat Problems		✓		✓	Allergies / Rash/ Skin Disease		✓	✓	
Thyroid Problem		✓		✓	Female Disorders		✓		✓
High / Low Blood Pressure/ Blood Disorder		✓		✓	Major / Minor Operation/ Surgery		✓		✓
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		✓		✓	Contagious Diseases/ Gastrointestinal infection / Other Infections		✓		✓
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		✓		✓	Sexually Transmitted Disease/ Infections		✓		✓
Shortness of Breath		✓		✓	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		✓		✓
Rheumatic Fever		✓		✓	Diabetes		✓		✓

for Male Examinee	Yes	No	If "Yes", give details	for Female Examinee	Yes	No
Prostate Problems/ Testicular Lumps		✓		Breast Lumps/ Menstrual Problems		✓
Penile Discharge		✓		Pregnancy		✓
Multiple Partners		✓		Multiple Partners		✓

If "Yes", to any of the above, please explain:

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		✓
Have you ever been hospitalized?		✓
Have you ever been declared unfit for sea duty?		✓
Has your medical certificate ever been restricted or revoked?		✓
Are you aware that you have any medical problems, diseases or illnesses?	✓	
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?		✓
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox		✓
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		✓

Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		✓
In the last one week have you consumed any of these Drugs/ Medication		✓
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		✓
Pain Killers, If Yes, Please State name of Drug Crocin/ Asprin/ Fortwin etc.		✓
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		✓
Any Medicine/ Injections from your family Doctor		✓

To What Extent Do You Use: Alcohol: NA, Cigarettes: 5~6/DAY
Tobacco: NA, Drugs: NA

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

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

Date and contact details for previous medical examination (if known):

Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).

NO

Family History :	Yes	No
Diabetes		✓
Blood Pressure/ Heart Disease		✓
Mental Illness/ Epilepsy/ Seizure		✓
Cancer	✓	

If "Yes", to any of the above, please explain: MOTHER HAD CANCER

Any other major conditions?

NO

Would you say that your health is: **Excellent** * **Good** * **Fair** *

I TOUHIDUR RAHMAN HIMEL holding Passport/Seaman Book no. B0609192 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to

Dr. DR. MD. RAHMAN (the approved medical practitioner carrying out the medical examinations).

Signature of Examinee:	Touhid	Date(day/month/year):	2 21 MAR 2024

Height in cms: 177		**Weight in Kg:** 70	
BMI: 25.2		**Temperatures:** 98°	
Chest:	**Insp:** 43	**Exp;** 41	

Blood Pressure	**Systolic** 120 (mmHg)	**Diastolic** 80 (mmHg)	
Pulse Rate: Rhythm:	78 /min	**Respiratory rate** 19 /min	
Oral Health	Good	**General Condition**	Good

Part II – Medical Examination

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.), the seafarer in question MUST undergo a stress/ treadmill test.

Practical Medical Ltd. As Per MLC 2006 Planning Management

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

WALLEM

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

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(Confidential Document)

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.

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

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Are glasses or contact lenses necessary to meet the required vision standard? Yes / ~~No~~

If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:		Type: ~~Book~~ *	~~Lantern~~ *	Ishihara *	CIE-43-2001 *			
Check if colour test is Normal:	Yellow	*	Red	*	Green	*	Blue	*
Colour Vision:	Not tested	*	~~Normal~~	*	Doubtful	*	Defective	*

Hearing:

Pure tone and audio metry (threshold values in dB)						
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and Whisper Test (Meters)		
	Normal	Whisper
Right ear	4	4
Left ear	4	4

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose Veins	✓	
Eyes	✓		Vascular (Inc. Pedal Pulses)	✓	
Eye Movement/Pupils	✓		Abdomen and Viscera	✓	
Ophthalmoscopy	✓		Hernia	✓	
Ears, Tympanic Membrane	✓		Anus (Not Rectal Exam.)	✓	
Sinuses, Nose, Throat	✓		G-U System	✓	
Mouth/Teeth/Gums	✓		Upper & Lower Extremities	✓	
Nervous System	✓		Spine (C/S, T/S and L/S)	✓	
Heart	✓		Neurologic (Full Brief)	✓	
Lung and Chest	✓		Psychiatric	✓	
Breast Examination	✓		Pupils	✓	
Skin	✓		Musculoskeletal System	✓	

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	✓		Hypertension	✓	
Dysrhythmia/ Pacemaker	✓		Congenital Heart Disease	✓	
Valvular Heart Disease	✓		Peripheral Circulation	✓	
Cardiomyopathy	✓		Pulmonary Circulation/ TB	✓	
Aneurysms	✓				

Chest X-ray (PA)	Not performed *			
	Performed * on (day/month/year): 21 MAR 2024	Normal ✓	Abnormal	
Result :				

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WALLEM

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(Confidential Document)

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

Test:	Result:

Investigation:

Blood	Result	Normal
Haemoglobin "Hb"	15.2 g/dl	13 – 18 gm/ dl
Total WBC count	7,900	4,000 - 11,000 / cu.mm
Neu 64 %, Lymp 28 %, Eos 03 %, Bos 0 %, Mo 03 %		
Blood Group & Rh factor (tested only once, need not be repeated)		
BI ESR	05	1 - 15 mm / hr
Platelets	7,900	1.50-4.00 Lakh/ul
Fasting Lipid Profile		
S. Triglycerides	136	25-200 mg/dl
Cholesterol Serum	154	130-220 mg/dl
HDL Cholesterol Serum	44	35-65 mg/dl
LDL Cholesterol Serum	82	85-150 mg/dl
VLDL Cholesterol Serum	NAD	07-35 mg/ dl
Total / HDL Cholesterol	NAD	3.0-5.0
LDL/ HDL Cholesterol	NAD	2.5-3.5
Hepatitis B	Positive	Negative
Hepatitis C	Positive	Negative

Urine	Result
Colour	Sw
Specific Gravity	
pH	Nil
Albumin	Nil
Sugar	Nil
Bile Pigment	Nil
Bile Salt	
Occult Blood	
RBC Cells	Nil
Leucocytes	
Stool Test	**Result**
Bacterological	N.F.
Parasitical	N.F.
Others	
HIV I &II	Negative
VDRL	Non Reactive

Additional Tests	Result	Normal
(HbA1c)	5.0	4.0 % - 6.5 %
RBS/ FBS (Blood test	5.5	
Total Bilirubin	0.52	0.1 - 1.0 mg/dl
Direct Bilirubin	NAD	0.0 - 2.5 mg/dl
Indirect Bilirubin	NAD	0.0 - 0.75 mg/dl
SGPT	25	9 - 43 U / L
SGOT	19	0 - 40 IU/L
SGGT	38	0 - 49 IU/L
Blood Urea	NAD	10 - 50 mg/dl
S. Creatinine	0.79	0.8 - 1.4 mg/dl
BUN	20	5-23mg/dl
PSA	NAD	Less than 4.00 ng/ml
Malarial Parasite	NAD	
Uric Acid	4.6	2.4 - 7.5 mg/dl

Drugs: Method:
Results:

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	**(1000 ng/ ml)**	**(200 ng/ ml)**	**50 ng/ ml**	**(300 ng/ ml)**	
Not Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids / Urine *	Cocaine / Urine *	Opiates & Morphine *

Spirometry	N/D	TMT	N/D	Drugs of Abuse	Negative.
ECG	Normal	ECHO	N/D.	Ultrasound (USG) of the Abdomen & Pelvis	Normal.

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes / No

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

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

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Details:

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

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

Examination	Results of the examination		Examination	Results of the examination	
	Pass	Fail		Pass	Fail
Medical History	✓		Fecalysis (food service/ handlers only)	✓	
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 likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	*	*	*	*
Unfit:	*	*	*	*

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

* This Medical Certificate is issued with following restrictions (e.g., specific position, type of ship, trade area & other as applicable) :

** Reasons for being unfit

Radical Hospital Ltd. AS PER MLC-2006 DG Shipping Bangladesh Approved

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This is to certify TOUHIDUR RAHMAN HIMEL was physically examined and he/she is found to be FIT for sea service/ look-out duty for the period from _____ To _____ Place of medical examination _____ Date of medical examination: 21 MAR 2024 Medical certificate validity date (day/month/year): 20 MAR 2025 Name of Examiner (Please Print): _____

(Validity should not be more than 2 years)

_____ Degree: _____ Address: _____

_____ Tel./Fax/Email: RADICAL HOSPITAL LIMITED

Name of Medical Examiner/ Physician Certificate /License Issuing Authority: Uttara, Dhaka, Bangladesh

_____

Date of issue of Medical Examiner/Physician Certificate/ License: _____ Registration No.: _____

Touhid

_____ _____

Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner

(print name of medical examiner if not legible) and I acknowledge, 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: 21 MAR 2024

Official Stamp & Signature with Govt. (DGS) Approval/ No.....of Medical Examiner

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.

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

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER

As per **Merchant Shipping (Medical Examination) Amendment Rules, 2000** and **ILO IMO/JMS/2011/2012**

(In Compliance with MLC 2006 & ISM/STCW 2010, Code 1/9)

Name : TOUHIDUR RAHMAN HIMEL (SURNAME / FIRST NAME / MIDDLE NAME) Sex : M Serial No. : 36894

Date of Birth : 01-June-1992 PP/CDC No.: B00091192 Nationality: BANGLADESHI

Rank: 2/OFF Vessel: DEMETER LEADER Type: PCTC Route : WW

Home Address : HOSPITAL RD., WARD NO: 07, AMTALI POURASHAVA, AMTALI, BARGUNA

Company Name & Address: WALLEM SHIPMANAGEMENT LTD., HONG KONG

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	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-side headaches (Migrane)		✓		✓	Hernia / Hydrocoele / Appendictis		✓		✓
Head Injury / Concussion / Loss of Memory		✓		✓	High/Low Blood Pressure / Heart Disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision / Problems (Glasses etc)		✓		✓	Allergy / Skin Disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contaglous Disease		✓		✓
Ear / Nose / Throat Problem		✓		✓	Addiction to alchohol / drugs / tobacco		✓		✓
Stomach / Bowel Disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall Stones / Kidney Disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Varicose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Malignant Disease (Cancer)		✓		✓
Female Disorders		✓		✓	Signed off on medical ground/Declared Unfit		✓		✓

Notes :

Candidate's Declaration :- My signature below acknowledges that all statements provided by me in this application are true & correct to the best of my knowledge and belief and I further authorise & consent to the release of any /all of my medical records from any source including Insurance offices, Doctors, Hospitals or other institutions and public authorities. This general medical release will also authorize the release of any /all of my psycological records. If I am being tested for HIV virus. I consent to have the result revealed to my employer. I declare the above statements to be correct.

I hereby certify that the above medical statements are true and will form the basis of my medical examination. I agree that any omission or mis-representation shall preclude me from employment and other medical benefits.

Date :

Candidate's Signature

Medical Examination :

Height in cms	Weight in Kgs	Blood Pressure in mm of Hg	Pulse-beats/min	Resp. Rate/min	General Appearance
177	79	120/80 mm	78/m	19/m	HEALTHY

Compliant with MLC2006, STCW 2010 STANDARD A-1/9	Distant Vision (Snellen's Chart)	Uncorrected	Corrected	Field Of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000	Compliant with MLC2006, STCW 2010 STANDARD A-1/9
	Right Eye	6/6		Normal	Right Ear	dB	20	20	20		Not Indicated				
	Left Eye	6/6		Abnormal	Left Ear	dB	20	20	20						
Colour Vision	Ishihara	Normal		Abnormal	*Hearing		Normal Voice				Whispered Voice				
	Others	Normal		Abnormal	Right Ear		4 METER				2 METER				
					Left Ear		4 METER				2 METER				

Systemic Examination	Norm	Abnor	Notes		Norm	Abnor
Head & Neck	✓		FIT FOR SEA SERVIC	Respiratory System	✓	
Eyes	✓		AS 2ND OFF	Cardiovascular System	✓	
Ear / Nose / Throat	✓		AS PER MLC 2006	Per Abdomen	✓	
Teeth / Oral Cavity	✓		Enhanced GARD Medicals done	Genito-urinary System	✓	
Musculo-Skeletal System	✓			Others	✓	
Nervous System	✓			Hernia / Hydrocoele	✓	
Reflexes	✓			Varicose Veins	✓	
Skin	✓			Fissure / Fistula / Piles	✓	

Investigations :

Blood	Result	Normal	Urine	Result
Heamoglobin	15.2	M:13-17 F:12-15 gm%	Colour	
Total WBC Count	7.500	4000 - 10000 / cu.m	Specific Gravity	
Neu 64% Lymp 32% Eos 00 Ba % Mo %03			pH	
ESR	05	1 - 10 mm/hr	Albumin	NIL
SGOT	19	0 - 35 IU / L	Sugar	NIL
SGPT	25	10 - 60 IU / L	Bile Pigment	
S. Cholesterol	154	130 - 220 mg / dl	Bile Salt	
S. Triglycerides	134	upto 200 mg / dl	Occult Blood	
Blood Sugar	5.2	upto 140 mg %	RBC Cells	NIL
Creatinine	0.79	upto 1.5 mg / dl	Leucocytes	
GGTP	32	upto 55 IU / L	**Spirometry**	normal
HbsAg	Negative		**Drug of Abuse**	Negative
HIV 1 & II	Negative		**TMT**	normal
VDRL	non Reactive		**ECG**	normal
Others			**USG**	normal
Blood Group	O(+ve)		**XRay (Chest PA)**	normal

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

Result Of Medical Examination

On the basis of the history, clinical examination & diagnostic tests, I, hereby declare the above examinee has been found medically, **FIT**

Remarks / Recommendation : *Unaided Hearing : Satisfactory

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

Date of Medical Exam: 21 MAR 2024

Date of Medical fitness: 21 MAR 2024

Validity of Medical Certificate: 20 MAR 2025

Radical Hospitals Ltd. As Per MLC-2006 Seafarers Bangladesh Approved

DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (BUP), DOMS (Ophth)
BMDC A-55144, MMC-BGD-2016
General Physician
Radical Hospitals Limited

Doctor's Signature

IDENTITY of CANDIDATE CONFIRMED WITH

04.2024.6200

	WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.	Form : MHRS 08 Prepared by : MR Approved by : MD Issued : Feb '08 Revised : Mar '17

REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION

(Confidential Document)

From : UNIVERSAL SHIPPING SERVICES, DHAKA
TEL: +8801718438640

(Please write Name, Address & Contact Details of Manning Centre)

To : RADICAL HOSPITAL LIMITED
Uttara, 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 under :

Date : 21 MAR 2024

(Name & Signature of Responsible Person from Manning Centre)

Examinee's Details :

Full Name : TOUHIDUR RAHMAN HIMEL Address : HOSPITAL RD, WARD: 07, AMTALI, BARGUNA

Date of Birth : 01.06.1992 Rank : 2/Off Name of vessel to be assigned : DEMETER LEADER

Type of vessel : PCTC Trade area : WORLD WIDE

(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide) :

CDC No. : C/0/7066 Passport No. : B00091192 Crew ID.(from Compas) : 36894

Position Offered/ Applied for : 2/Off Routine & Emergency Duties (if known) : OOW/Safety

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 : JAPAN

Medical Examination Module (as applicable): A (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 :

NA

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."

Touhid

Seafarer's Signature

Date : 21 MAR 2024

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

Doctor's Signature

Date : 21 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: Doctor & Copy : Manning Centre

Remark: The document to be uploaded into CMS under "Medical - Lab."

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: HIMEL	GIVEN NAME (S): TOUHIDUR RAHMAN
DATE OF BIRTH: DAY 01 MONTH 06 YEAR 1992	PLACE OF BIRTH CITY BARGUNA COUNTRY BANGLADESH / SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: HOSPITAL RD., WARD: 07, AMTALI POURASHAVA, AMTALI, BARGUNA

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	☐ BOOK	
RIGHT EYE	6/6	—	☑ LANTERN	RIGHT EAR
			YELLOW RED	
LEFT EYE	6/6	—	GREEN BLUE	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) 21 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.

Touhid — Signature of Applicant

TOUHIDUR RAHMAN HIMEL — Name of Applicant

21 MAR 2024 — Date

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. DRM,

ADDRESS: RADICAL HOSPITAL LIMITED. UTTARA

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06 MAY 2019

SIGNATURE OF PHYSICIAN: | STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per MLC 2006 DG Shipping Bangladesh Approved | DATE: 21 MAR 2024

EXPIRY DATE OF CERTIFICATE: 20 MAR 2025

This certificate is issued 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

FPS 41D
Revised : Feb'10

MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
HIMEL	TOUHIDUR RAHMAN	

DATE OF BIRTH (MONTH / DAY / YEAR): 06/01/1992
PLACE OF BIRTH: CITY BARGUNA COUNTRY BANGLADESH

EXAMINATION FOR DUTY AS :

- MASTER ☐
- MATE ☑
- ENGINEER ☐
- RADIO OFF ☐
- SEAMAN ☐

MAILING ADDRESS OF APPLICANT
HOSPITAL RD. WARD: 07, AMTALI POURASHAVA, AMTALI, BARGUNA BANGLADESH

MEDICAL EXAMINATION

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
177	79	120/80 mm	78 b/min	19 b/m	Gd

VISION:

	RIGHT EYE	LEFT EYE
WITHOUT GLASSES	6/6	6/6
WITH GLASSES		

HEARING:
RIGHT EAR mm LEFT EAR mm

COLOR TEST TYPE : BOOK ☐ LANTERN ☑ Check if color test is normal
YELLOW mm RED mm GREEN mm BLUE mm

HEAD AND NECK: Normal
HEART (CARDIOVASCULAR): Normal
LUNGS: Normal

SPEECH :
Is speech unimpaired for normal voice communication ?

EXTREMITIES: UPPER Normal LOWER Normal

Is applicant suffering from any disease likely to be aggravated by, or to render him unfit for, service at sea or likely to endanger the health of other persons onboard?

No.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO : TOUHIDUR RAHMAN HIMEL

AND (HE) / SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM

NAME AND DEGREE OF PHYSICIAN: DR. MIR. MD. RAIHAN, MBBS, DFM (PLEASE PRINT)

ADDRESS: RADICAL HOSPITAL LIMITED.

NAME OF PHYSICIAN'S LICENSING AUTHORITY: DG SHIPPING BANGLADESH.

DATE OF ISSUE OF PHYSICIAN'S LICENSE: 06 MAY 2014

SIGNATURE OF PHYSICIAN

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1945 (ILO No. 73)

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

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

MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

FIT FOR DUTY ON BOARD SHIP

Last/Family Name	First & Middle /Given Name	Position applied for
HIMEL	TOUHIDUR RAHMAN	2ND OFF

Date of Birth	Sex	Nationality	ID (Passport/Discharge book) No.
01.06.1992	M	BANGLADESHI	B00091192

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 MLC 2006 Reg 1.2; STCW 2010&the guidance for the conduct of medical examination issued by the Directorate, as amended from time to time. On the basis of the seafarer's 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 rank:- ✓Yes No

Unaided hearing is satisfactory ✓Yes No

(b) Visual acuity meets the required standards for his rank ✓Yes No

Colour Vision meets the the required standard ✓Yes No

that he is fit for look out duty Yes ✓No

(c) that he needs visual aids / informed to carry spares Yes ✓No

(d) that he is taking regular medication & seafarer does require to take same during his tenure on board vessel ✓Yes No

(e) that the seafarer is not suffering from any disease likely to be aggravated by, or render him unfit for, service at sea or likely to endanger the health of other persons on board ships ✓Yes No

(f) this seafarer is **FIT FOR DUTY without restrictions* as mentioned below**

** This Medical Certificate is issued with following restrictions

** Reasons for being unfit

Physician Signature:

Physician Name Printed:

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

Clinic Stamp

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

Date: 21 MAR 2024

Valid Till: 20 MAR 2025

Authorizing body of Medical Examiner: Directorate General of Shipping, Govt.of Bangladesh

I acknowledge, that I have been advised of the content of the medical certificate & of the rights for a review and my obligations.

Seafarers signature with Date:-

Delete whatever is not applicable

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

Form No: SMC

SL NO. 04.2024.6200

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 HIMEL **First** TOUHIDUR RAHMAN **Middle**

Gender: (Male/Female) MALE Nationality: BANGLADESHI

Occupation: Deck/Engine/Catering/Other (specify)

Father's/ Husbad'sname: MOHAMMAD HABIBUR RAHMAN

Mother's Name: ALISH BEGUM

Address: House No: Street/ Road No: HOSPITAL ROAD

Locality/Village: AMTALI POURASHAVA, WARD No: 07

P.O: AMTALI

P.S: AMTALI

District: BARGUNA

Date: 21/MARCH/2024

Rank: 2ND OFFICER

C.D.C No. C/0/7066

Seaman ID No. 050007899

Passport No. B00091192

NID No. 7302761098

Date of Birth: 01/06/1992 (DD/MM/YYYY)

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 : 21 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:
Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

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

10. Date of examination/Issue (DD/MM/YYYY) 21 MAR 2024

11. Date of expiry (DD/MM/YYYY) 20 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 As Per MLC-2006 DG Shipping Bangladesh Approved

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

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making applieation for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

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

(b) Eyesight:

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

(c) Dental:

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

(d) Blood Pressure:

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

(e) Voice:

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

(f) Vaccinations:

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

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

IMPORTANT NOTE:

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

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

DETAILS OF MEDICAL EXAMINATION:

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

1. Complete physical Examination.

2. Pathological Examination:

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

21 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

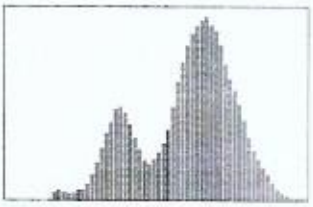
RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

ID NO	: 24030547	**Date**	: 21/03/2024
Patient's Name	: TOUHIDUR RAMAN HIMEL	**Age**	: 31Y 9M 20D
Ref. By	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF - C/O/ 7066	**Sex**	: Female
Specimen	: Blood		

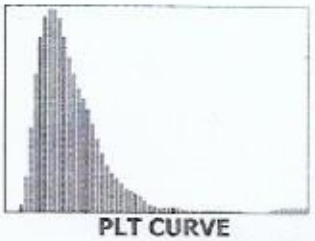
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

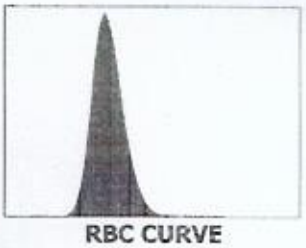
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**15.2**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**05**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**7,900**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	64	%	(40 - 75)%	
Lymphocytes	28	%	(20-45)%	
Monocytes	05	%	(2-10)%	
Eosinophils	03	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**237**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**256,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	9.7	fL	7.0 -11.0 fL	
PDW-CV	16	%	10 - 18 %	
PCT	0.25	%	0.10 - 0.28	
P-LCR	24.7	%	9.00 - 45.00%	
P-LCC	63	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.77**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	51.1	%	M: 40-54%, F: 37-47%	
MCV	88.6	fL	76-94 fL	
MCH	26.4	pg	27-32 pg	
MCHC	29.8	g/dL	29-34 g/dL	
RDW SD	50	fL	30.0-57.0 fL	
RDW CV	17.1	%	10-16%	



WBC CURVE



PLT CURVE



RBC CURVE

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

Dr. S.M.Shariar Rizvi
MBBS,MD(BSMMU)
Consultant
Dept.Of Microbiology
Redical Hospital Ltd.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24030547	Received Date	21/03/2024
Patient's Name	TOUHIDUR RAHMAN HIMEL		
Patient's Age	31Y 9M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7066
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/L	4.2 – 6.4 mmol/L
Serum Creatinine	0.79 mg/dl	0.3 - 1.3 mg/dl
Serum (BUN)	20 mg/dl	7- 23 mg/dl
Uric Acid	4.6 mg/dl	3.8 - 8.0 mg/dl
GGT	38 U/L	Adult Male : <55
Total Protein	7.1 g/dl	6.3-7.9 g/dl
Serum Bilirubin (Total)	0.52 mg/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	153 U/L	98 - 279 U/L
HbA1C	5.0 %	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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24030547	Received Date	21/03/2024
Patient's Name	TOUHIDUR RAHMAN HIMEL		
Patient's Age	31Y 9M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7066
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

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

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	DIA24030547	Received Date	21/03/2024
Patient's Name	TOUHIDUR RAHMAN HIMEL		
Patient's Age	31Y 9M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7066
Sample	**BLOOD**		

SEROLOGICAL REPORT

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

BLOOD GROUPINGResult	
ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24030547	Received Date	21/03/2024
Patient's Name	TOUHIDUR RAHMAN HIMEL		
Patient's Age	31Y 9M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7066
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		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	DIA24030547	Received Date	21/03/2024
Patient's Name	TOUHIDUR RAHMAN HIMEL		
Patient's Age	31Y 9M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7066
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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030547	Receive: Print: 21/03/2024		
Patient's Name	:	**TOUHIDUR RAHMAN HIMEL**			
Age	:	31 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	88 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

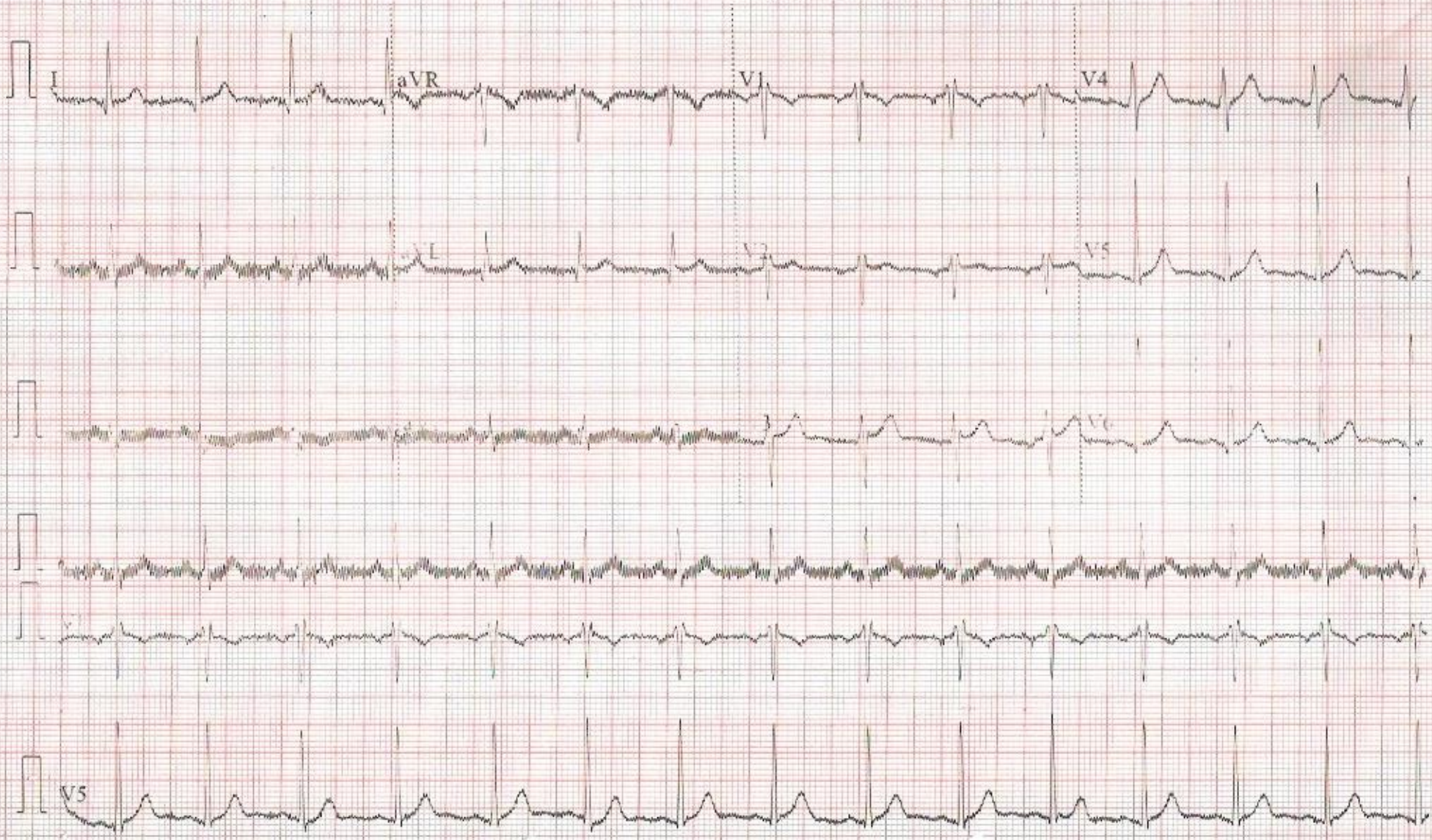
ID: 24020576 21-03-2024 17:33:51

Towhidur Rahman Hirad
Male 32 Years

HR	: 88	bpm
P	: 112	ms
PR	: 140	ms
QRS	: 96	ms
QT/QTc	: 336/407	ms
P/QRS/T	: 69/24/23	°
RV5/SV1	: 1.720/0.824	mV

Diagnosis Information:
Sinus rhythm
rSr'(V1) - probable normal variant
Normal ECG

Report Confirmed by:



radical_hospitals@yahoo.com, www.radicalhospital.com

Patient ID	24030547	**Voucher No**	
Test Name	USG OF WHOLE ABDOMEN	**Delivery Date**	21/03/2024
Patient Name	**TOUHIDUR RAHMAN HIMEL**		
Age	31 YRS	**Sex**	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.0cm shape and position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER :- Normal size regular in shape. **Lumen is normal**.
Wall thickens is normal.

CBD & Intrahepatic biliary trees are not dilated. Diameter of CBD is normal.

PANCREASE :- Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

SPLEEN :- Is normal in size and shape uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size. RK-10.2cm, LK-11.2cm 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 within normal limit. No intravesicle lesion is seen

Prostate: Normal size regular in shape. Echogenicity is homogenous.

COMMENT: Normal Study.

Sonologist

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training in TVS

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Date: 21/03/2024

EYE EXAMINATION REPORT

NAME:	**TOUHIDUR RAHMAN HIMEL**		
AGE:	**31 YRS**	**RANK: 2ND OFF**	**CDC NO:C/O/7066**

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

Patient's Name	:	TOUHIDUR RAHMAN HIMEL	ID NO	:	24030547
Age	:	31 Yrs	Date	:	21/03/2024
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM			

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. 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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030547	Receive:21/03/2024	Print: 21/03/2024
Patient's Name	:	**TOUHIDUR RAHMAN HIMEL**		
Age	:	31 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.

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

AUDIOLOGICAL REPORT

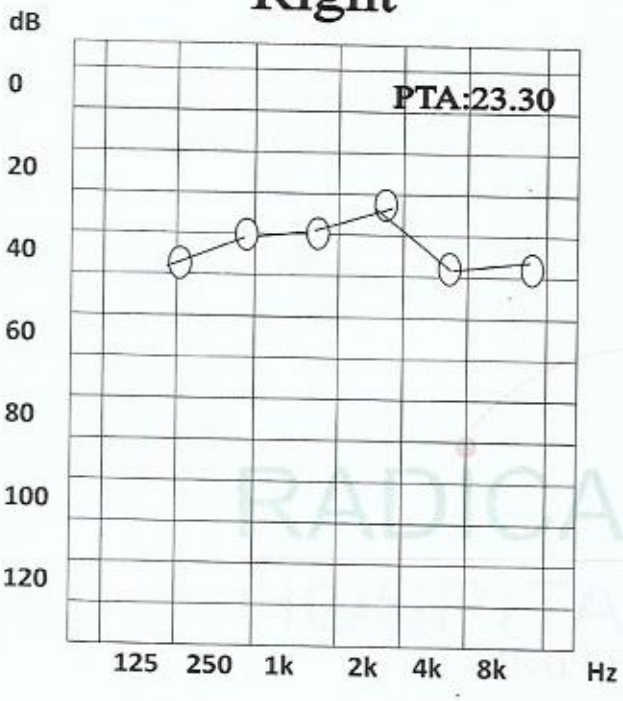
Patient Name : **TOUHIDUR RAHMAN HIMEL** 21/03/2024

Age : **31 Yrs**

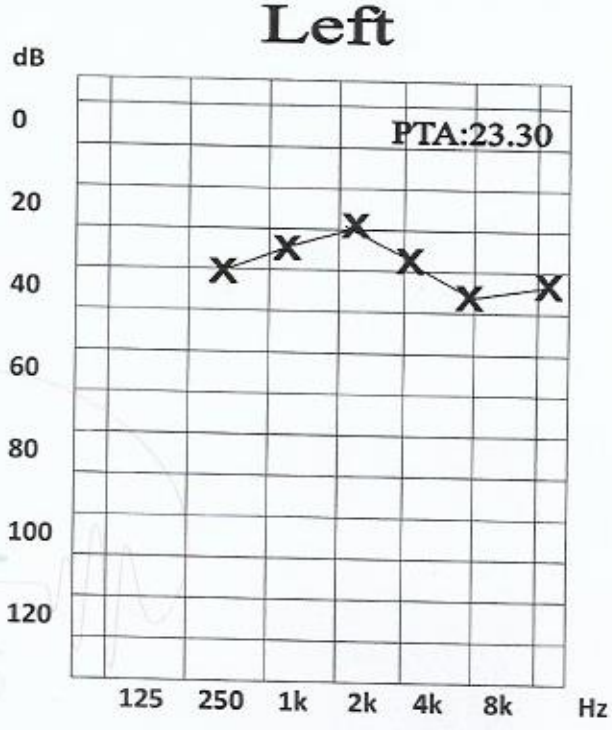
s Address : RHL, UTTARA

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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Patient's Name	:	**TOUHIDUR RAHMAN HIMEL**	ID NO	:	24030547
Age	:	**31 Yrs**	Date	:	21/03/2024
Sex	:	Male			
Referred by	:	**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

IBN SINA
Pioneer in Health Care

● 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, UTTARA

ISO 9001:2015 Certified

ECHO-CARDIOGRAPHY REPORT

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

I.D. No	: U117090	Received date : 21 Mar 2024	Printed date: 21 Mar 2024 09:41PM	
Name of Pt.	: TOUHIDUR RAHMAN HIMEL		Age : 31 y(s)	Sex: Male
Exam	: ECHO 2D			
Ref. By	: RADICAL HOSPITAL LTD			

PROCEDURES: 2D & M-MODE STUDY

M-MODE & 2D FINDINGS:

AO	: 24	mm	**LVIDd**	: 46	mm	**RVIDd**	:		mm	**MVA**	:		cm2
LA	: 34	mm	**LVIDs**	: 31	mm	**RVOT**	:		mm	**MV annulus**	:		mm
IVST	: 10	mm	**EF**	: 60	%	**PA**	:		mm	**AV ring**	:		mm
PWT	: 10	mm	**FS**	: 32	%	**TAPSE**	:	18	mm	**ACS**	:	15	mm

DESCRIPTION:

CHAMBERS:

LA : Normal **LV** : Normal in chamber dimension, morphology and motion.

RA : Normal **RV** : Normal in chamber dimension, morphology and motion. (TAPSE - 18 mm).

VALVES : All valves are normal.

IAS : Intact **IVS** : Intact

GREAT VESSEL : Great arteries are normal in size and relationship.

PERICARDIUM : No effusion seen.

THROMBUS/VEGETATION/OTHER MASS: Not seen.

IMPRESSION:

1. **No regional wall motion abnormality.**
2. **Good LV & RV systolic function.**

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.

Prepared By: Tahmina

IBN SINA
Pioneer in Health Care

● 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, UTTARA

ISO 9001:2015 Certified

TREADMILL STRESS TEST

I.D. No	: U117090	Received date : 21 Mar 2024	Printed date: 21 Mar 2024 08:53PM	
Name of Pt.	: TOUHIDUR RAHMAN HIMEL		Age : 31 y(s)	Sex: Male
Ref. By	: RADICAL HOSPITAL LTD			
Ref. By	: ETT			

Total Exercise Time	: 09:01 Min		**Max.HR attained**	: 176 Bpm.
% of max. pred. HR	: 93 %		**Max. Pred HR**	: 189 Bpm.
Maximum BP	: 140/90 mmhg.		**Max. work load attained**	: 10.10 METS
Indication	: Screening for IHD.			
Risk Factors	: Smoking.			
Reason for Termina.	: Attainment of THR.			
Test Profile	: BRUCE			
Symptoms	: Nil.			

Summary Result ⇒ **NEGATIVE**

Comments:

- **TOUHIDUR RAHMAN HIMEL** 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.

Prepared By: Tahmina

第3号様式（Form No. 3）

締約国資格受有者身体検査証明書

Medical Certificate (This certificate is issued under the Law for Ship' Officers and Boats' Operators)

（申請者記入）
(Written by applicant)

氏　名（ふりがなをつけること。）Name	性　別 Gender
TOUHIDUR RAHMAN HIMEL	✓男 Male　女 Female
出生年月日 Date of birth	指定を受けようとする就業範囲 Desired Capacity in which you are authorized to serve
1992年 06月 01日 Year Month Day	SECOND OFFICER
現住所 Address	
HOSPITAL RD., WARD:07, AMTALI POURASHAVA, AMTALI, BARGUNA TEL (+88 01754409457	

Put the stamp of the medical facility

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

（指定医師記入）
(Written by recognized doctor or medical practitioner)

1．視　力 (Visual acuity)

裸眼視力 Unaided	左 Left	右 Right	両眼 Both eyes together
（矯正視力 (Aided)）	(1.0)	(1.0)	(1.0)

2．色　覚 (Color vision)

正✓常 Normal　　パネルD－15（Pass ・ Fail）Panel D-15　　その他（ ）Others

3．聴　力 (Hearing)

5mの話声語の弁別 Distinction of voice separated from 5m	可 Able ✓	不可 Unable

4．疾　病 (Disease)

疾病の有無 Existence of disease	病名及び程度（疾病のある者の場合のみ記入）The name of a disease and the extent (Write down where applicable)	勤務への支障 Hitch for job
有 Yes　無 No ✓		有 Yes　無 No

5．身体機能の障害 (Body functional disorder)
（1）身体機能の障害の有無 (Existence of lesion)

身体機能の障害の有無 Existence of obstacle	障害の内容及び程度 Extent and degree of the obstacle			
有 Yes　無 No ✓				
握　力（手指に障害のある者の場合のみ記入）Grasping power (Only write down is case of handicap of fingers)	左 Left	kg	右 Right	kg

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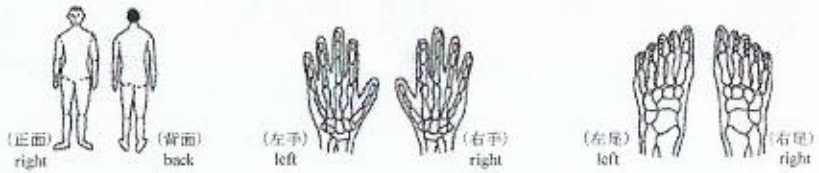
（2）身体機能の障害の部位（身体機能の障害がある者の場合のみ記入）
Place of disorder or impairment (Write down where applicable as follows :site of amputation " — ", affected area " ▨ ")
切断部位は ——、障害部位には ▨ により図示すること。Draw a line the cut part, painting the disorder part



（3）運動機能（身体機能に障害のある者の場合のみ記入）Motor functional disorder (Write down where applicable)
①関節の屈伸 Flexibility of joint

手指の屈伸 Flexing of finger	できる Able ✓	できない Unable
手の屈伸 Flexing of hand	できる Able ✓	できない Unable
膝の屈伸 Flexing of knee	できる Able ✓	できない Unable

②障害のある関節（関節の屈伸のいずれかができなかった者の場合のみ記入）
Joint of lesion (Write in case more than one unable in ① Flexibility of joint)

手関節 Wrist joint	肘関節 Elbow joint	肩関節 Shoulder joint
左 Left　右 Right	左 Left　右 Right	左 Left　右 Right
股関節 Coxa	膝関節 Knee joint	足関節 Ankle joint
左 Left　右 Right	左 Left　右 Right	左 Left　右 Right

③運動機能障害の程度（膝関節の屈伸ができなかった者の場合のみ記入）
Extent of the motor functional disorder (Write in case unable to flex knee)

一般歩行 Normal walk	できる Able ✓	できない Unable
低重心歩行 Walking with one's legs bended	できる Able ✓	できない Unable
跳躍 Jump	できる Able ✓	できない Unable

（4）義手義足（義手又は義足を装着している者の場合のみ記入）
Artificial arms and artificial legs (Write down where applicable by painting the relevant part)
義手義足を装着している部分を ▨ により図示すること。

6．指定医師所見（受検者の船舶職員としての勤務について指導すべきことがあれば記入）
Remarks on the examinee by recognized doctor (Write down something in case you have indication concerning ship officer's job of the examinee)

FIT FOR DUTY ON BOARD SHIP

船舶職員及び小型船舶操縦者法施行規則別表第3の検査項目について 2024 年 03 月 21 日検査を行った結果、上記のとおりであることを証明します。
As a result of an inspection according to the Law for Ships' Officers and Boats' Operators, enforcement regulations (item of appended table 3), I prove a thing as above.

21-03-2024
証明年月日 Date
指定医師の氏名 Name of the recognized doctor
医療機関の名称及び所在地 Name and address of the medical facility　印

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.

第3号様式（Form No. 3）

締約国資格受有者身体検査証明書

Medical Certificate (This certificate is issued under the Law for Ship' Officers and Boats' Operators)

（申請者記入）
(Written by applicant)

氏名（ふりがなをつけること。）Name	性別 Gender
TOUHIDUR RAHMAN HIMEL	✓男 Male　女 Female
出生年月日 Date of birth	希望を受けようとする就業範囲 Desired Capacity in which you are authorized to serve
1992年06月01日 Year Month Day	SECOND OFFICER
現住所 Address	
HOSPITAL RD., WARD:07, AMTALI POURASHAVA, AMTALI, BARGUNA TEL (+88 1754409457	

Put the stamp of the medical facility here

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

（指定医師記入）
(Written by recognized doctor or medical practitioner)

1．視　力 (Visual acuity)

裸眼視力 Unaided	矯正視力 (Aided)	左 Left	右 Right	両眼 Both eyes together
（矯正 ✓ 視力）		（1.0）	（1.0）	（1.0）

2．色　覚 (Color vision)

正常 Normal	パネルD－15 Panel D-15	その他 Others
✓	（Pass ・ Fail）	（　）

3．聴　力 (Hearing)

5mの話声語の弁別 Distinction of voice separated from 5m	可 Able	不可 Unable
	✓	

4．疾　病 (Disease)

疾病の有無 Existence of disease	病名及び程度（疾病のある者の場合のみ記入） The name of a disease and the extent (Write down where applicable)	勤務への支障 Hitch for job
有 Yes　無 No		有 Yes　無 No
✓		

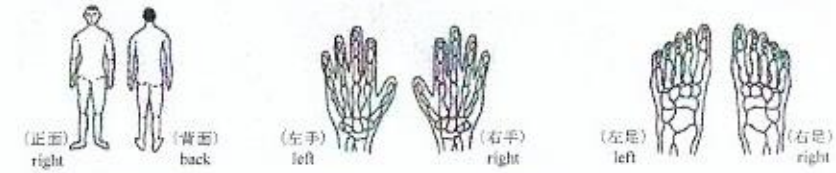
5．身体機能の障害 (Body functional disorder)

(1) 身体機能の障害の有無 (Existence of lesion)

身体機能の障害の有無 Existence of obstacle	障害の内容及び程度 Extent and degree of the obstacle
有 Yes　無 No ✓	

握力（手指に障害のある者の場合のみ記入） Grasping power (Only write down is case of handicap of fingers)	左 Left	kg	右 Right	kg
		kg		kg

(2) 身体機能の障害の部位（身体機能の障害がある者の場合のみ記入）
Place of disorder or impairment (Write down where applicable as follows ;site of amputation " — ", affected area " ▨ ")
切断部位は ——，障害部位には ▨ により図示すること。Draw a line the cut part, painting the disorder part



(3) 運動機能（身体機能に障害のある者の場合のみ記入）Motor functional disorder (Write down where applicable)
①関節の屈伸 Flexibility of joint

手指の屈伸 Flexing of finger	できる Able ✓	できない Unable
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膝の屈伸 Flexing of knee	できる Able ✓	できない Unable

②障害のある関節（関節の屈伸のいずれかができなかった者の場合のみ記入）
Joint of lesion (Write in case more than one unable in ① Flexibility of joint)

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左 Left　右 Right	左 Left　右 Right	左 Left　右 Right
股関節 Coxa	膝関節 Knee joint	足関節 Ankle joint
左 Left　右 Right	左 Left　右 Right	左 Left　右 Right

③運動機能障害の程度（膝関節の屈伸ができなかった者の場合のみ記入）
Extent of the motor functional disorder (Write in case unable to flex knee)

一般歩行 Normal walk	できる Able ✓	できない Unable
低置心歩行 Walking with one's legs bended	できる Able ✓	できない Unable
跳躍 Jump	できる Able ✓	できない Unable

(4) 義手義足（義手又は義足を装着している者の場合のみ記入）
Artificial arms and artificial legs (Write down where applicable by painting the relevant part)
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6．指定医師所見（受検者の船舶職員としての勤務について指摘すべきことがあれば記入）
Remarks on the examinee by recognized doctor (Write down something in case you have indication concerning ship officer's job of the examinee)

FIT FOR DUTY ON BOARD SHIP

船舶職員及び小型船舶操縦者法施行規則別表第３の検査項目について 2024年03月21日検査を行った結果、上記のとおりであることを証明します。
As a result of an inspection according to the Law for Ships' Officers and Boats' Operators, enforcement regulations (item of appended table 3), I prove a thing as above.

21-03-2024
証明年月日 Date
指定医師の氏名 Name of the recognized doctor
医療機関の名称及び所在地 Name and address of the medical facility

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DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved