REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER. As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.

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Company Nar	_		ER GY	9	LOUP	On I Person.												
Medical His	story			A. TET 11 8 25	1111-00000		Please	answ	er th	e following	to the	best	of your k	cnow	ledge.		250000	
Is there any p	ast /	present	t histo	ry of	any of	200000	indidate	1000000	miner			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Candidat	0.00		miner
	the f	ollowin	ng		550 TO BE 1 (1)	Yes	No	Yes	No	1					Declarati	0.77		cord
Severe one-sided h	eadach	es (Migrai	ine)			100	13	1 103	130	Hernia / Hydroc	oele / Ap	pendici	tis	-	Yes	No	Yes	No
Head Injury / Cond	ussion	/ Loss of	Memmo	ory						High / Low bloo	d pressu	ire / Hea	art disease			/		-
Fits / Epilepsy / Di Eye / Vision Proble	zziness ems (Gla	/ Fainting	9	-			1	1	5	Asthama / Brond Allergy / Skin di		berculo	isis			/		1
Hearing Impairme	nt	************	-						-	Infection / Cont	agious D	isease				-		1
Ear / Nose / Throa Stomach / Bowel of							1		-	Addication to alc Fracture / Dislo	cohol / dr	rugs / to	bacco			1		1
Gall stones / Kidne	y dison						1		-	Major / Minor O	peration	injury /	Amputation			5		15
Jaundice / Liver Di Piles / Varicose ve							1			Diabetes						~		-
Blood Disorder	113		VAITE				1-	1-	-	Nervous / Menta Mallignant disea			p disorder			-		-
Female Disorder							1			Signed off on m		-	Declared Uni	fit		~		=
Notes Medical Ex	ame i	-ti		-065				-		34	1931/8	1507	591 Ens		200			
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110	-	111			-41	Did			m/	PulseBeats	5/2	Kesp	Rate/min	~	Gene	ral Condi	non	_
Distant Vision	12	2/5/						- 1	1	70.	Liva		00%			u	S	
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Left Eye		611	_		- جل	1	Abnorm			Left Ear	dB 🔿	N	20 20					
Colour Vision	nihara her		2000		lormal lormal	0		normal	-	Hearing		Ri	ght Ear		8 107	Left	ar	
Systemic E		inatio	n No	_	Abnorm	al	Pau	DOSTRIAL	No	otes	-		4		_	Norma	Abe	normal
Head & Neck	Aum	macio		-	/southern	1				7.05		Re	spiratory syst	em		Norma	ADI	iormai
Eyes				7			FIT F	OR	SEA	SERVIC	CE	Ca	rdiovascular s			_		36
Ears / Nose / Thro Teeth / Oral Cavib				5	-	-						_	r Abdomen nito-urinary s	vetam			-	S03/11.77
Musculo-Skeletal s				1		AS PER MLC			107	-		ners	ystem		-	-		
Nervous system Reflexes				5		-	AS F	EK	MLC	2006			mia / Hydroci	oele			-	
Skin				-		-	Enhai	nced (GAR	D Medical	s don	e Fis	ricose Veins sure/Fistula/F	iles	-	-	1-	
Investigation	ons																	
Blood			- 1	Resu	ilt		No	ormal		Urine		_						
Hemoglobin Total WBC count		1	3.5		ım%		4-16 gm ^c			Colour		Sh	~					
Neu 60	% Ev	mp 3.	2 %	Eos	cu.mm		000-1100 00 %			Specific Gravity					- 10			
Malarial parasite	-			N	01	20	one	2		Albumin		N	11		35	W 1/4	0	
ESR SGPT		2	150/1	mr	n / 1st ho		- 15 mm 43 U / L			Sugar Bile pigment		7	17		-	35 %		1
S.Cholesterol		N	/Emg	/dl		14	45260 m	g / dl		Bile salts					- 4	in	-	1
S.Triglycerides Blood Sugar			mg		DODE		pto 200 m			Occult blood						•		
HbsAg		- No	SN		PPBS.		pto 125 m	y 70		RBC cells Leucocytes		41	1			The state of		
HIV I & II			18	2	rele	بعر				Others								
VDRL Others			ZV	24	NE	ec		GGTP U	/L	Spirometr	y: [111) /aM	D				
Blood Group								2011	340	Drugs of	1	-	1121					
ECG: f	101	nm	1	= 111649 207,485	TMT:		17	9	esidestic.	Abuse:	No	Poje	JHAN RA		1.11			
X-Ray	Ches	t:	1	10	m	V				USG:		Jon	and the	LTD	12/			
Result of M	ledic	al Exa	amin								- '		16	NO.	2	_	-	
On the basis of						minati	on and di	agnosti	c tests	, I,Dr. MI	R MD R	aihan	, hereby de	_	the exami	nee me	lically	
FH I	Infit		empora				rmanent			Should be re-ex					ks / mont			
Remarks / Recommendation	ons							*****							/			No.
I, Dodo's Name This certificate	in the	MA NA	n n ce	A DO	at all info	rmatio	n required	under Ar	nnexure	E & F of M.S. (Me	edical Exa	aminati	on) Rules 200	0 is in	orpo otpo	in tanis Co	ertificat	e
Candidate's Sign	nature	Al	031	/ 1	1 /) .1	12000							~	1011		7	_
Survivace's sign	vocui e	100	* Wav	Mon	buz k	alm	van	-	Noer	al Stamp				80	curs sign	acure:		
Date: 10 An								1:00	HUSL	Mals .		1	DR. M	IP	MD	RAIL	ΔΝ	1
Date: 10 AP	R 20	Z3						Ballis		121	3		MBBS (DU).	DFM. C	CD (Birder	m), PGT (Ophth)	
								* As	Per-ML	G-2006			DG Shipp					
								* AS					G	Sener	al Physic	ian		
								119	-	186/			Radi	cal H	ospitals I	Limited		

04.2023.3752

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF TH	E MARSHALL ISLANDS
SURNAME RAHMAN	GIVEN NAME(S) NOHANMAD MAHBUBUR
DATE OF BIRTH	PLACE OF BIRTH SEX
9 MONTH 6 DAY 1959 YEAR	CITY NO AKHALI BANGLADESH COUNTRY DIMALE FEMALE
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APPLICANT: 8/G, SHECTECH MONIHAR, 154/1, MONIPURI PARA, DHAKA - 1215
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR M	EDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE PULSE	RESPIRATION GENERAL APPEARANCE CUN.
VISION: WITHOUT GLASSES WITH GLASSES COLOR TEST TYPE: BOOK PLANTERN IS COLOR	HEARING: RT. EAR LEFT EAR MO OR TEST NORMAL? YES NO (IF "No" EXPLAIN ON PAGE 2)
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED	
HEAD AND NECK	HEART (CARDIOVASCULAR)
LUNGS	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
EXTREMITIES: UPPER	LOWER Nonmy
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDA	ATIONS? YES NO
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATE SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOAF IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM O	
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDIC	CATIONS? YES NO NO
Md Mahboboe Rahnan SIGNATURE OF APPLICANT	1 0 APR 2023 0 9 APR 2024 DATE OF EXAMINATION EXPIRY DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAM	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISE	BOARD SHIP NAME OF APPLICANT (SURNAME, GIVEN NAME(S)) ASE (OR VIRUSES FOR COOKS): YES NO
SEAFARER IS FOUND TO BE HOT / NOT FIT FOR DUTY AS RADIO OFFICER / RATING / CHIEF COOK / COCRESTRICTIONS:	S A MASTER / DECK OFFICER / DENGINEERING OFFICER / DECK OFFICER / DENGINEERING OFFICER / DE
NAME AND DEGREE OF PHYSICIAN _ DR. MIR MD RAIH.	AN MBBS, DFM
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH MA	KHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DO	S SHIPPING BANGLADESH
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY	2014
SIGNATURE OF PHYSICIAN	1 0 APR 2023
This certificate is issued by authority of the Maritime Administrator and in concerning the Certification and Watchkeeping for Seafarers 1978, as	ompliance with the requirements with the requirement with the requirements with the requirement w

Rev. Mar/2022

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.

MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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 seafarer's 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 whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Evesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. 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 should be vaccinated according to the recommendations provided in the WHO publication, International Travel
 and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on
 immunizations. If new vaccinations are given, these should 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 use of narcotics.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

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 right 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

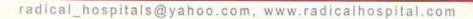
To be completed by examining physician; alternatively, the examining physician may attach an equivalent for (See RMI MG 7-47-1, §3.3).

10 APR 2023



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

Rev. Mar/2022





Id No : 0224 Date: 10-Apr-2023 D.Date: 10-Apr-2023

Patient's Name: MOHAMMAD MAHBUBUR RAHMAN Age: 63Y 7M 4D Gender: Male

Specimen : Blood

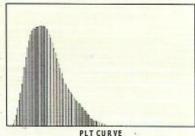
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/1127

Haematology Report

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

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)	13.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.	
ESR(Westergreen)	06 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	7,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)			
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %	-
Lymphocytes	36 %	Child: 52-62 %, Adult: 20-50 %	A Million and I fill the
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %	WBCCURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	A
Total Cir. Eosinophils	142 /cumm	50-450/cumm	
Total RBC Count	5.01 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	37.3 %	M: 40-54%, F:37-47%	
MCV	74.5 fL	76 - 94 fL	
MCH	26.9 pg	27 - 32 pg	
MCHC	36.2 g/dL	29 - 34 g/dL	RBC CURVE
RDW	13.4 %	11 - 16 %	
PDW	15.1 fL	35 - 56 fl	40.
Total Platelete Count (PC)	2,33,000 /cumm	150,000-450,000/cumm	
MPV	9.4 fL	7.0 - 11.0 fL	
PCT	0.219 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %.	
Cloting Time(CT)	%	0.1- 0.2 %	
			PLT CURVE





Checked By Medical Technologist

Dr. Sumaiya Khatun

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



Bill No	DIA23040224	Received Date	10/04/2023
Patient's Name	MOHAMMAD MAHBUBUR RA	HMAN	
Patient's Age	63Y 7M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/1127
Sample	BLOOD		

SEROLOGYCAL REPORT

HBsAg (Method: (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative

RADICAL

Checked By

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



Bill No	DIA23040224	224 Received Date			
Patient's Name	MOHAMMAD MAHBUBUR R	AHMAN			
Patient's Age	63Y 7M 4D	Patient's Sex	Male		
Ref. by	Dr. Mir Md. Raihan MBBS,(DL	I),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/1127		
Sample	URINE				

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / 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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital



Bill No	DIA23040224	10/04/2023	
Patient's Name	MOHAMMAD MAHBUBUR RAHMAN		
Patient's Age	63Y 7M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	CDC NO:C/O/1127	
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Checked By

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

DEPARTMENT OF RADIOLOGY & IMAGING

Receive: Print: 10/04/2023

ID. No. 23040224

MOHAMMAD MAHBUBUR RAHMAN

Patient's Name Age **63 YRS**

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate 58 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

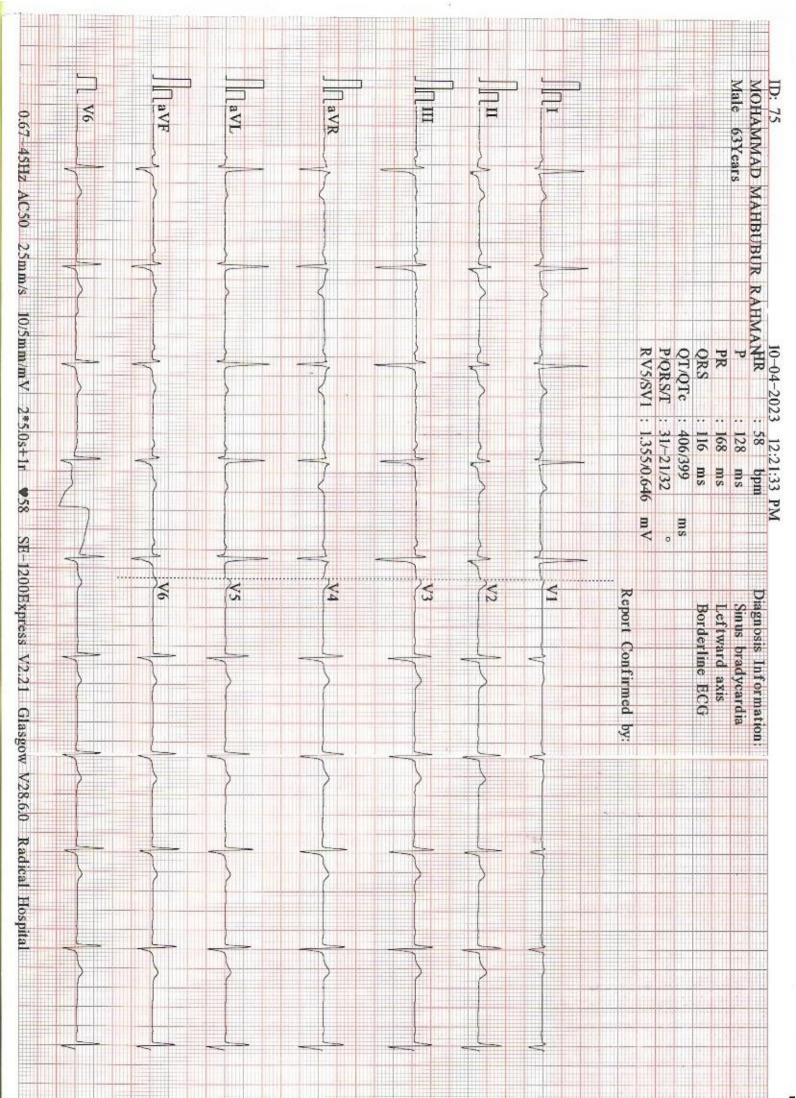
MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23040224 Receive:10/04/2023 Print: 10/04/2023

Patient's Name : MOHAMMAD MAHBUBUR RAHMAN

Age : 63 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

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

٨	D. MAH	BUBUR R	HAM AN			7
This is to certify that JE Soussigne' (e) certifie q	100	date of birth no' (e) le	06	Sept /5	9 Sex sexe	MALE
Whose signature follows dont la signature suit	Ma	Mahbubun	Rahm	an		

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

	Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle faccinateur	Approved Stamp Cechet d'authentiftcation
75	JUH?	MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144 MMC PGC (Ophth)	ORAL CHOLERA "DUKORAL"
L	2	DINIDLE MANAGEMENT AND THE STREET OF THE STR	Avenue VGLADEST Valid Upto 2 yrs
NAME OF STREET	3	NA MAN	ORAL CHOLERA
	RA W	DR. MAR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016	State Method To
10	The	DG Shipping Bangladesh Approved	beginning six days after the first

The validity of this continued Physical of or a period of six months, on the date of that revaccination.

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

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

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

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

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

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

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

Mo	MA	HBUBUR	RAHMAN
WID .	** ***	" COUL	LADIA MILES

This is to certify that JE Soussigne' (e) certifie que	date of birth no' (e) le	06/Sept/59	Sex	MALE
Whose signature follows don't la signature suit	Md Mahbabus	Rahman	96%01	

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

Date	Signature et titre	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du let	Official sump of vaccinating centre Cachet official du centre de vaccination
1000	DU), DFM, CCD (Birdem), PGT (Ophth) A-55144, MMC-BGD-016 hipping Bangladesh Approved General Physician Call by Dittals Limited	L NO CO	Avenue Uttara, Dhaka
3			
4			

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

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

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

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

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

La validite' de ce certilicat couvrc une pe'riodo de dix ans comencant dix joursapros la date de,la vaccination ou, dans le cas dune relaccination.u.ou., a.-citto lie,iio,i. a" dix ans. lejour de cetto revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar no pouvant cue conside' commo Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allecter sa validite.

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

Form No: SMC

Seafarer's Signature



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04.2023.3752

Radical Hospitals Limited
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 Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

	1111011, 2000
SEAFARER INFORMATION:	
Name: Last RAHMAN First MOHAMMAD Middle!	NAHBUBUR
	APR 2023
Occupation: Deck/Engine/Catering/Other (specify). ENGINE Rank: CHIEI	E ENGINEER
Father's/ Husbad'sname: MD. FNZLUR RAHMAN C.D.C No.C/U	1/1127
Mother's Name: MRS. LALMOTZ BEGUM Seaman ID No.C	050008132
Address: House No: 814 Street/ Road No: 254/2 Passport No. EC	50008262
Locality/Village: MONIPURI PARA NID No	
	6-09-1959
- THENDAN	D/MM/YYYY)
District:DHDKA	7/1VIIVI/ 1 1 1 1 /)
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	(5)
I am duly authorized by the Department of Shipping, Government of the People's Republic the followings:	of Bangladesh and confirm
Confirmation that identification documents were checked at the point of examination	:YES/NO
2. Hearing meets the standards in section A-I/9	:XES/NO
3. Unaided hearing satisfactory?	:YES/NO
4. Visual acuity meets standards in section A-I/9?	:YESINO
5. Colour vision meets standards in section A-I/9?	:YES/NO
Date of last colour vision test	10 APR 2023
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: Uttara, Dhaka, Bangladesh	
Medical/Other:	
9. Medical fitness category : Fit-No restriction Fit-Subject to restrictions	Unfit
	Office
10. Date of examination/Issue (DD/MM/YYYY)	
0.0 ADD 2021	
The first of spirity (BB/MW/1111)	e of examination".
I have read the contents of the certificate and have been informed of the right to	ruis
and have been informed of the right to	MIR. MD. RAIHAN), DFM, CCD (Birdem), PGT (Ophth)
review. BMDC	A-55144, MMC-BGD-016 ping Bangladesh Approved
Stamp	General Physician

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):

1. Complete physical Examination.

2. Pathological Examination:

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

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

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10 APR 2023