



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh

Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accreditation No 55144

PATIENT CONTROL NUMBER H1382

MEDICAL EXAMINATION CERTIFICATE

	G. NO	FIRST NA	255.50	ELOUS CONTRACTOR	MIDDLE NAME	
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and the same of the same of the same of	NT HOME ADDRESS:	₩ Wale	Li Female	VESSEL I	CONTACT NUMBER :	8801707082527
XMIPUR,	PANGSHA, KALIMOHOR-7721,	RAJBARI, B.	ANGLADES	Н	RANK :	CHIEF OFFICER
					di	
Have yo	u ever had any of the following cor	nditions?				
	Condition	YES	NO	Conditi		YES NO
1	Eye/vision problem		8	25,000,000,000	roblems	
2	High blood pressure				smoke?	0 8
3	Heart/vascular disease				on/surgery	
4	Heart surgery	□ □+	1		y/seizures	
5	Varicose veins		/		ss/fainting	
6 7	Asthma/bronchitis		स्त्रियुत्त्वत्त्वत्त्		consciousness tris problems	98999999999999
8	Blood disorder Diabetes	0	4		tric problems	
9		0	7	11.00	sion ed suicide	
10	Thyroid problem		1	A COLUMN TO THE RESIDENCE OF THE PARTY OF TH	ed suicide memory	
11	Digestive disorder		1		problem	
12	Kidney problem Skin problem		1		problem headaches	
13	Allergies		4		e/throat problems	0 8
14	Infectious/contagious diseases		H.		ed mobility	0 8
15	Hernia		7	32 Back pr		
16	Genital disorders	0		33 Amputa		
17	Pregnancy	0	MA		es/dislocations	
If any of	the above questions were answere	ed "yes", plea	ise give deta	iils.		
35 36 37 38 39 40 41	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfi Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to p	it for sea duty been restricte medical prob perform the	/? ed or revoke lems, diseas	d? // ses or illnesses?		44440
_	Are you allergic to any medication	IS 7		TARGET STATE		
Comme	FIT P	OR DUTY	ON BOA	RD SHIP		
15mm						F F.
42	Are you taking any non-prescription					
22	Are you taking any non-prescription					
2.2						
2.2					5- 6-	
If yes, p	lease list the medications taken an	d the purpose	e(s) and dos	age(s)	- 1	
If yes, p	lease list the medications taken an	d the purpose	e(s) and dos	age(s) om any health pr		ons and public authorities
If yes, p	lease list the medications taken an authorize the release of all my pre lir Md. Raihan (approved medical	the purpose vious medica practioner) I	e(s) and dos al records fro also certify the	age(s) om any health pr		ons and public authorities
If yes, p	lease list the medications taken an	the purpose vious medica practioner) I	e(s) and dos al records fro also certify the	age(s) om any health pr		ons and public authorities
If yes, p	lease list the medications taken an authorize the release of all my pre lir Md. Raihan (approved medical	the purpose vious medica practioner) I	e(s) and dos al records fro also certify the	age(s) om any health pr		ons and public authorities
If yes, p	r authorize the release of all my pre lir Md. Raihan (approved medical fy me from my employment, benefit	the purpose vious medica practioner) I	e(s) and dos al records fro also certify the	age(s) om any health pr		ons and public authorities
If yes, p	r authorize the release of all my pre lir Md. Raihan (approved medical fy me from my employment, benefit Signature of Seafarer	the purpose vious medica practioner) I	e(s) and dos al records fro also certify the	age(s) om any health pr		ons and public authorities
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If yes, p I hereby to Dr. M disqualit	r authorize the release of all my pre lir Md. Raihan (approved medical fy me from my employment, benefit Signature of Seafarer	the purpose vious medica practioner) I	e(s) and dos al records fro also certify the	age(s) om any health pr nat my history co		ons and public authorities any false statement will
If yes, p I hereby to Dr. M disqualit EDICAL E	r authorize the release of all my prelim Md. Raihan (approved medical fy me from my employment, benefit Signature of Seafarer EXAMINATION	the purpose vious medica practioner) I	e(s) and dos al records fro also certify the	age(s) om any health property of the state o	20 M Diastolic 80 N	ons and public authorities any false statement will
If yes, p I hereby to Dr. M disqualif	r authorize the release of all my prelim Md. Raihan (approved medical fy me from my employment, benefit Signature of Seafarer EXAMINATION Hearing by Audiometry	the purpose vious medical practioner) I is and claims	e(s) and dos al records fro also certify the	age(s) om any health property of the state o	20 M Diastolic 20 M	ons and public authorities any false statement will Mypulse: 784 Test
If yes, p I hereby to Dr. M disqualif EDICAL I Weight Ear Right	authorize the release of all my prelim Md. Raihan (approved medical fy me from my employment, benefit Signature of Seafarer EXAMINATION Hearing by Audiometry Adequate Inadequate	the purpose vious medica practioner) I	e(s) and dos al records fro also certify the	age(s) om any health property of the state o	20 M Diastolic 80 N Hearing by Whisper Adequate Ina	ons and public authorities any false statement will MyPULSE: 784 Test dequate
If yes, p I hereby to Dr. M disqualif	r authorize the release of all my prelim Md. Raihan (approved medical fy me from my employment, benefit Signature of Seafarer EXAMINATION Hearing by Audiometry	the purpose vious medical practioner) I is and claims	e(s) and dos al records fro also certify the	age(s) m any health property constructions sure: Systolic- try 00 3000	20 M Diastolic 80 N Hearing by Whisper Adequate Ina	ons and public authorities any false statement will

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Eyes			13		Herni	Trib exercises years were			
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Eye movement				0 .		ologic (full briet	9		
Lungs and ches Breast examina			No			niatric ral appearance	0		446666666
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ECG		MO	BILIRUBIN		0.	0	Alcohol Test	□ Pos	itive Negative
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DC(differential of		111)	SGOT		2	7	105.7	OTHERS	
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ESR (WESTER	GREN) &	16	Morphine		Dositive E	The second second second	HIV / AIDS Test		activ Nonreactiv
WBC	111000	.0100	Amphetamine	_	Dositive E		VDRL	□ Rea	activ - Nonreactiv
Control of the Contro	SLUCOSEL	EVEL	Phencyclidine Barbiturates			The state of the s	Blood Type Psychological Exa	200	B+(VE)
RANDOM HBA1C	1	5-1	Cocaine		Positive D		Others(KUB Ultra		WIE
		11/		- A	10 No.		Touristinos olda		
reby I declare tha	t I am in kno	wledge of th	ie contents of th	ne Phy	sical exami	nations;			0 9 APR 2023
College					ABDUR	RAHIM			A HI W YOY
nature of Seafar	er		905		Name of S	Seafarer			Date
sessment of fitn the basis of the aminee medically	examinee's p	personal dec				- 0	ostic test results reco	kout duties	
		Deck	k service		Engine ser	rvice	Catering service	9	Other services
				_					-
fit			П		П		Ц		
6	Without res	strictions			With	restrictions	*5	211	
fit	Without res	strictions edical conditions on boartific position,	ions likely to be ard? Yes type of ship, tra	aggra	With	restrictions			Other services

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICA	ANT	FIRST NAME		MIDDLE INITIAL:	
RAHIM		ABDUR			
DATE OF BIRTH		PLACE OF BIRT	Н	SÉX	
9 5	1987	RAJBARI	BANGLADESH		
MONTH DAY	YEAR	CITY	COUNTRY	MALE FEMALE	
EXAMINATION FOR DU	TY AS:	=:0=	MAILING ADDRESS OF A	PPLICANT:	
MASTER	RATING		10/B DHAKA HOUSING N	ORTH ADABOR, ADABOR,	
MATE	MOU DECK		MOHAMMADPUR-1207,	DHAKA, BANGLADESH	
ENGINEER	MOU ENGIN	IE.			
RADIO OFF	SUPERNUM	ERARY			
MEDICAL EXAMINA	ATION (SEE REV	ERSE SIDE FOR	MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE :	SIDE
HEIGHT WEIGH 181 POR VISION: WITHOUT GLASSES	17 BLOOD P 2, 1298 RIGHT EYE	ressure my : LEFT E	PULSE RESPIRATION 19 by	Min GENERAL APPEARANCE	_
WITH GLASSES		1			
DATE OF LAST COLOR V	/ISION TEST (Mon	th/Day/Year) U9	APR 2023 Testing Re	quired every 6 years	
COLOR VISION MEETS S	TANDARDS IN ST	CW CODE, TABLE	A-1/9? YES T	NO [
COLOR TEST TYPE: BOOK	LANTERN CHEC	K IF COLOR TEST IS	NORMAL YELLOW M	A RED MAGREEN MABL	UE
HEARING RT I	EAR W	М	LEFT YEAR	ms	
HEAD AND NECK	- 111		HEART (CARDIOVASCULAR)		
TELEBOTH DIVECT	N	ummy	The territor (error tribe of the)	Nonmay.	
LUNGS	1 -			L OFFICER AND RADIO OFFICER)	1
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UPPER	I V		LOWER	Nunn	
	ER THE HEALTH		NS ON BOARD? IF YES, EXPLA	RENDER HIM UNFIT FOR SERVICE A IN IN DETAILS OF MEDICAL.	I SEA
- Feb	boo		0 9 APR 2023	0 8 APR 2025	
SIGNATURE O	OF APPLICANT		DATE OF EXAM	EXPIRY DATE	
THIS SIG	NATURE SHOULI	BE AFFIXED IN T	HE PRESENCE OF THE EXAMI	NING PHYSICIAN.	
THIS IS TO CERTIFY THA	AT A PHYSICAL E	XAMINATION WAS	S GIVEN TO:	ABDUR RAHIM	
			BOARD SHIP ONAME	OF APPLICANT)	_
(HE) (SHE) IS FOUND TO MOU ENGINE or SUPERN	BE (PTI) (NOT FIT	The same of the sa		RADIO OFFICER, RATING, MOU DEC	CK,
NAME AND DEGREE		DR. MIR MD	, RAIHAN ; M.B.B.S (D.U), 1	REG.NO.A-55144	-
			· · · · · · · · · · · · · · · · · · ·		1220
ADDRESS REDICA	L HOSPITALS	LIMITED, 35, SH	AH MAKHDUM AVENUE,	SECTOR-12, UTTARA, DHAKA-	1230,
NAME OF PHYSICIAN	'S CERTIFICATI	NG AUTHORITY	DG SHIPPING, BANGLADI	SH	
DATE OF ISSUE OF PE	IYSICIAN'S CER	TIFICATE	-May-24		
SIGNATURE OF PHYS	ICIAN (DATE OF EXA	MINATION: 0 9 APR 2023	
This certificate is issued	by authority of the	e Deputy Commiss	ioner of Maritime Affairs, R.L.	and in compliance with the requirement	Salver of the
The Medical Certificate	the Maritime L shall be valid for n for n	abour Convention, o more than two (2 o more than one (1	2006 for the Medical Examina 2) years from the date of the Ex) year for those under 18 years	amination for spiritus of a	
RLM-l05M (REV. 06/	DR. MIR M	AD BAILLAN	1	本 (As Per-MLG-2006) 本	
	BMDC A-55144 DG Shipping Ban General	. MMC-BGD-016 gladesh Approved		St. Department of the last of	
	Radical Hos	pitals Limited.			

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications 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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and vellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) 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.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg).

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4, E.C.G. TEST

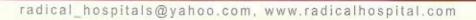
5. EYE EXAMINATION FOR V/A & C/V

09 APR 2023

RLM-105M (REV. 06/16)



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.





Id No : 0210 Date: 09-Apr-2023 D.Date: 09-Apr-2023

Patient's Name: ABDUR RAHIM Age: 35Y 7M 4D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5844

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.5 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)	6,900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	138 /cumm	50-450/cumm
Total RBC Count	5.10 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.1 %	M: 40-54%, F:37-47%
MCV	82.5 fL	76 - 94 fL
MCH	30.4 pg	27 - 32 pg
MCHC	36.8 g/dL	29 - 34 g/dL
RDW	13.5 %	11 - 16 %
PDW	15.7 fL	35 - 56 fl
Total Platelete Count (PC)	2,22,000 /cumm	150,000-450,000/cumm
MPV	8.6 fL	7.0 - 11.0 fL
PCT	0.191 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

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Checked By Medical Technologist 2

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23040210	Received Date	09/04/2023
Patient's Name	ABDUR RAHIM		
Patient's Age	35Y 7M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5844
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	27 U/L	Up to 37 U/L
HbA1C	5.5 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

Ab

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23040210	Received Date	09/04/2023
Patient's Name	ABDUR RAHIM		
Patient's Age	35Y 7M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5844
Sample	BLOOD		

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method: (ICT)	Negative
VDRL	Non-reactive

LOOD GROUPINGResult		
ABO Blood Group	"B" (+ve)	
Rh(D)Factor	Positive	

Checked By

Medical Technologis Radical Hospitals Ltd.

CHO-

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

1

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23040210	Received Date	09/04/2023
Patient's Name	ABDUR RAHIM		
Patient's Age	35Y 7M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5844
Sample	URINE	District Street	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	1-2/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

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. HSL VEGAS

DATE: 09/04/2023

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: ABDUR RAHIM RANK: CH.OFF CDC NO: C/O/5844

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6.

AIDED

COLOUR VISION:

NORMAL / BLIND

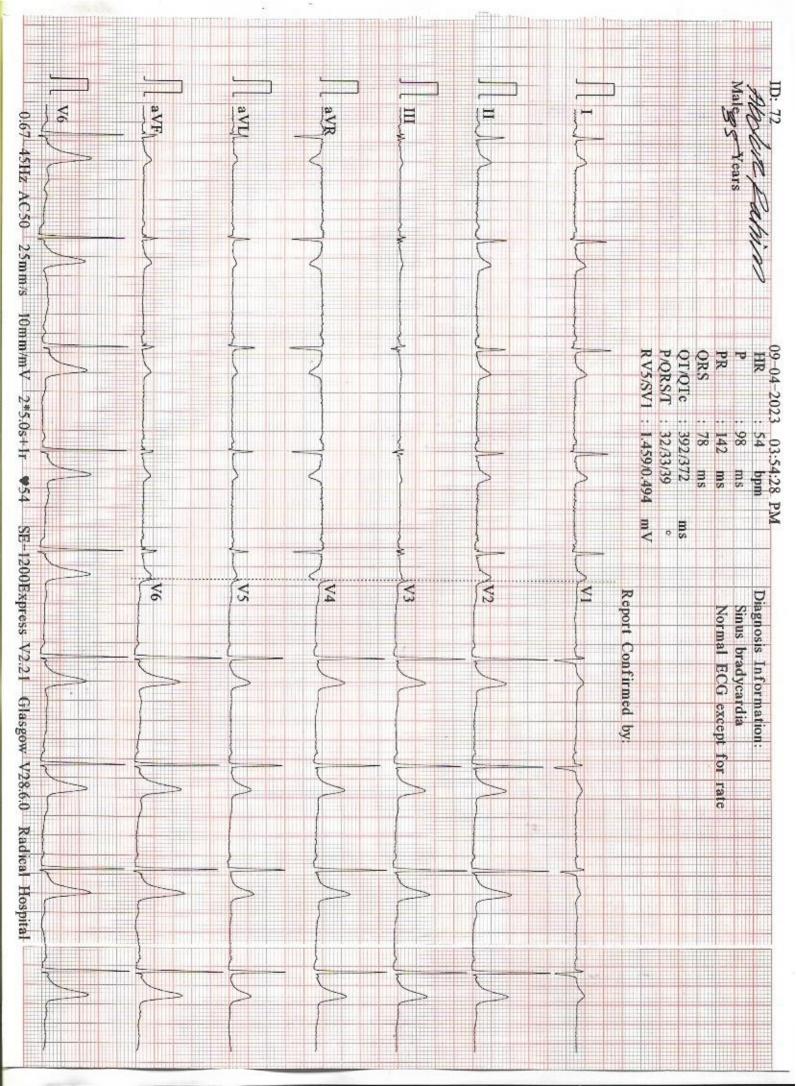
OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

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

Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23040210 Receive:09/04/2023 Print: 09/04/2023

Patient's Name : ABDUR RAHIM

Age : 35 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

DR. MD. AYUBUR RAHMAN	10
M.B.B.S. P.G.T (Medicine) Tahen Chambel 10, Agrabad P.A. Chittagong. Regn No A-11820	S COMPANY S
DR. MHR. MD. RAIHAN MBBS [DU], DFM, CCD (Birdem), PGT (Ophth BMDC A-55144, MMC-BGD-016	O August
DG Shipping Bangladesh Approve General Physician The Validity of this consideration of the Validity of this consideration of the Validity of t	period eginning six days after the accination within such period of two years on the

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

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine	Physician's Signature
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ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC

and have been informed of the right to

review.

Seafarer's Signature



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or.	EA	v	٠,

04-2023 . 3747

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:

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 RAH1M First ABOUR	Middle	
Gender: (Male/Female)MALENationality: BANGLADESHI	Date: 0 9 APR 2023	
Occupation: Deck/Engine/Catering/Other (specify) BECK	Rank: CHEJF OFFICER C.D.C No. C 6 5944 Seaman ID No. 050002589	
Father's/ Husbad'sname: MD ENTAZ ALT		
Mother's Name: ANOWARA KHATUN		
Address: House No: Street/ Road No:	Passport No. A 014 26 955	
Locality/Village: LAX MI PUR P.O: KOLI MOHOR	NID No. 19.87.269623.000017 Date of Birth: 05/09/1987	
PS: PANGSHA		
District: RAJBART		
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:		
I am duly authorized by the Department of Shipping, Government of the P the followings:	People's Republic of Bangladesh and confirm	
Confirmation that identification documents were checked at the point of experience.	examination VES/NO	
2. Hearing meets the standards in section A-I/9	₩ÉS/NO	
3. Unaided hearing satisfactory?	WES/NO	
4. Visual acuity meets standards in section A-I/9?	LYES/NO	
Colour vision meets standards in section A-I/9?	VYES/NO	
Date of last colour vision test	0 9 APR 2023	
6. Fit for lookout duties?	YES/NO	
7. Is the seafarer free from any medical condition likely to be aggravated by	y service at sea or to	
render the seafarer unfit for service or to render the health of any other per	sons on board? YES/NO	
8. Any limitations or restrictions on fitness?	:YES/NO	
If YES, specify limitations or restrictions:		
Duties: RADICAL HOSPITAL LIMITED Location/Vessel: Uttara, Dhaka, Bengladesh Medical/Other:	***	
Medical fitness category : Fit-No restriction Fit-Subject	to restrictions Unfit	
10. Date of examination/Issue (DD/MM/YYYY). 0.9 APR 2023		
On ADD 2020	the state of the s	
The Date of expiry (DD/MIN/1111)	years from the date of examination".	
I have read the contents of the certificate	FOUNDAMIAN	

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, 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.URINER/M/E

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