HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No A55144

PATIENT CONTROL NUMBER:
HS1817FF

DR. MIR MD RAIHAN ★ RADICAL HOSPITALS LTD. ★ REG. NO. A-35144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
SUFIAN	MD	ABU
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
FENI 29-Jul-1969	A07136799	CO1817

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CONTAINER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
SEKANDERPUR, DAGONBHUIYAN, SEKANDARPUR-3920, FENI, BANGLADESH

CONTACT NUMBER : 0088 01724919152

RANK : 2ND ENGINEER

Have you ever had any of the following conditions?

	Condition	YES	NO		Condition	YES	NO
1	Eye/vision problem	☐	☑	18	Sleep problems	☐	☑
2	High blood pressure	☐	☑	19	Do you smoke?	☐	☑
3	Heart/vascular disease	☐	☑	20	Operation/surgery	☐	☑
4	Heart surgery	☐	☑	21	Epilepsy/seizures	☐	☑
5	Varicose veins	☐	☑	22	Dizziness/fainting	☐	☑
6	Asthma/bronchitis	☐	☑	23	Loss of consciousness	☐	☑
7	Blood disorder	☐	☑	24	Psychiatric problems	☐	☑
8	Diabetes	☐	☑	25	Depression	☐	☑
9	Thyroid problem	☐	☑	26	Attempted suicide	☐	☑
10	Digestive disorder	☐	☑	27	Loss of memory	☐	☑
11	Kidney problem	☐	☑	28	Balance problem	☐	☑
12	Skin problem	☐	☑	29	Severe headaches	☐	☑
13	Allergies	☐	☑	30	Ear/nose/throat problems	☐	☑
14	Infectious/contagious diseases	☐	☑	31	Restricted mobility	☐	☑
15	Hernia	☐	☑	32	Back problems	☐	☑
16	Genital disorders	☐	☑	33	Amputation	☐	☑
17	Pregnancy	☐	N/A	34	Fractures/dislocations	☐	☑

If any of the above questions were answered "yes", please give details.

Additional questions

		YES	NO
35	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36	Have you ever been hospitalised?	☐	☑
37	Have you ever been declared unfit for sea duty?	☐	☑
38	Has your medical certificate ever been restricted or revoked?	☐	☑
39	Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☑	☐
41	Are you allergic to any medications?	☐	☑

Comments: FIT FOR DUTY ON BOARD SHIP

42	Are you taking any non-prescription or prescription medications?	☐	☑

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

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 66 KG Height (cm) 163 BMI 24.8 Blood Pressure: Systolic 120 mm Diastolic 80 mm PULSE: 80 bpm

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
☐ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant			6/6	6/6
Near				

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-I/9 ☑ YES / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 25 APR 2023

	Normal	Abnormal		Normal	Abnormal
Head	☑	☐	Varicose veins	☑	☐
Sinuses, nose, throat	☑	☐	Vascular (inc. pedal pulses)	☑	☐
Mouth/teeth	☑	☐	Abdomen and viscera	☑	☐
Ears (general)	☑	☐	Hernia	☑	☐
Tympanic membrane	☑	☐	Anus (not rectal exam)	☑	☐
Eyes	☑	☐	G-U system	☑	☐
Opthalmoscopy	☑	☐	Upper and lower extremities	☑	☐
Pupils	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Eye movement	☑	☐	Neurologic (full brief)	☑	☐
Lungs and chest	☑	☐	Psychiatric	☑	☐
Breast examination	N/A	☐	General appearance	☑	☐
Heart	☑	☐	Skin	☑	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	N/D	BIO CHEMICAL (LIVER FUNCTION TEST)				Marijuana	☐	Positive	☑ Negative
ECG	N/D	BILIRUBIN	0.7			Alcohol Test	☐	Positive	☑ Negative
BLOOD R/E		SGPT	N/E			URINE R/E			N/D
DC(differential count)	N/D	SGOT	21			OTHERS			
HAEMOGLOBIN (HGB)	12.1	DRUG AND ALCOHOL TEST				HBsAg	☐	Reactiv	☑ Nonreactive
ESR (WESTERGREN)	06	Morphine	☐	Positive	☑ Negative	HIV / AIDS Test	☐	Reactiv	☑ Nonreactive
WBC	7.000	Amphetamine	☐	Positive	☑ Negative	VDRL	☐	Reactiv	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐	Positive	☑ Negative	Blood Type	O+(VE)		
RANDOM	5.0	Barbiturates	☐	Positive	☑ Negative	Psychological Exam	N/D		
HBA1C	5.2%	Cocaine	☐	Positive	☑ Negative	Others(KUB Ultraso	N/E		

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

MD ABU SUFIAN — Signature of Seafarer / Name of Seafarer

25 APR 2023 — Date

Assessment of fitness for service at sea:

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

☑ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☐	☐	☐
Unfit	☐	☐	☐	☐

☑ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	No
☐	☐

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

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

Fitness Date:	Valid Until :
25 APR 2023	24 APR 2025

Name and Signature of Authorized Physician

DR. MIR. MD. RAIHAN
MBBS (DU), DPH. COD (Britain), RCP (Lond)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

Medical Exam Form

CONFIDENTIAL FORM

Pre-sea Exam ☑ Periodic Exam ☐

Name (last,first,middle): SUFIAN MD ABU

Date of birth (day/month/year): 29 /07 / 1969 Sex: male ☐ female ☑

Home address: SEKANDERPUR, SEKANDARPUR, DAGONBHUIYAN, FENI,BANGLADESH

Passport No./Discharge Book No.: A07136799

Department (deck/engine/radio/food handling/other): ENGINE

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): CONTAINER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

Examinee's personal declaration

(Assistanceshould beoffered bymedical staff)

Haveyou ever had anyof thefollowingconditions:

	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem	☐	☑	18.	Sleepingproblems	☐	☐
2.	High blood pressure	☐	☑	19.	Do you smoke?	☐	☑
3.	Heart/vasculardisease	☐	☑	20.	Operation/surgery	☐	☑
4.	Heart surgery	☐	☑	21.	Epilepsy/seizures	☐	☑
5.	Varicose veins	☐	☐	22.	Dizziness/fainting	☐	☑
6.	Asthma/bronchitis	☐	☑	23.	Loss of consciousness	☐	☐
7.	Blood disorder	☐	☑	24.	Psychiatricproblems	☐	☐
8.	Diabetes	☐	☑	25.	Depression	☐	☑
9.	Thyroid problem	☐	☐	26.	Attempted suicide	☐	☑
10.	Digestivedisorder	☐	☐	27.	Loss of memory	☐	☑
11.	Kidneyproblem	☐	☑	28.	Balanceproblem	☐	☑
12.	Skin problem	☐	☐	29.	Severeheadaches	☐	☐
13.	Allergies	☐	☑	30.	Ear/nose/throat problems	☐	☑
14.	Infectious/contagious diseases	☐	☐	31.	Restricted mobility	☐	☑
15.	Hernia	☐	☐	32.	Back problems	☐	☑
16.	Genital disorders	☐	☑	33.	Amputation	☐	☑
17.	Pregnancy	☑	☐	34.	Fractures/dislocations	☐	☑

If anyof theabovequestions wereanswered "yes," pleasegive details below.

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ Page 1 of 2

Rev. 03

Additional questions

		Yes	No
35.	Haveyou ever been signed offas sick or repatriated from a ship?	☐	☒
36.	Haveyou ever been hospitalized?	☐	☒
37.	Haveyou ever been declared unfit forseaduty?	☐	☒
38.	Has your medical certificate ever been restricted or revoked?	☐	☒
39.	Areyou awarethat you have anymedical problems, diseases or illnesses?	☐	☒
40.	Do you feel healthyand fit to perform thedutics of your designated position/occupation?	☒	☐
41.	Areyou allergic to anymedications?	☐	☒

Comments.

FIT FOR DUTY ON BOARD SHIP

42. Areyou takinganynon-prescription or prescription medications? ☐ ☒

If yes, pleaselist themedications taken and thepurpose(s) and dosage(s).

Iherebycertifythat the personal declaration aboveis a truestatement to thebest of myknowledge.

Signatureof examinee: _____

Date (day/month/year): 25 APR 2023

Witnessed by: *(Signature)* _____

Name:*(Typed or 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.

Iherebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessionals,health institutions and public authorities to Dr. MIR. MD. RAIHAN (theapproved medical examiner).

Signatureof examinee: _____

Date (day/month/year): 25 APR 2023

Witnessed by: *(Signature)* _____

Name:*(Typed or 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.

Date & Contact details for previous medical examination (if known):) __

Radical Hospitals Ltd. As Per-MLC-2006 Approved By Department of Shipping

Additional questions

		Yes	No
35.	Haveyou ever been signed offas sick or repatriated from a ship?	☐	☒
36.	Haveyou ever been hospitalized?	☐	☒
37.	Haveyou ever been declared unfit forseaduty?	☐	☒
38.	Has your medical certificate ever been restricted or revoked?	☐	☒
39.	Areyou awarethat you have anymedical problems, diseases or illnesses?	☐	☒
40.	Do you feel healthyand fit to perform theduties of your designated position/occupation?	☒	☐
41.	Areyou allergic to anymedications?	☐	☒

Comments.

FIT FOR DUTY ON BOARD SHIP

42. Areyou takinganynon-prescription or prescription medications? ☐ ☒

If yes, pleaselist themedications taken and thepurpose(s) and dosage(s).

Iherebycertifythat the personal declaration aboveis a truestatement to thebest of myknowledge.

Signatureof examinee: _____

Date (day/month/year): 25 APR 2023

Witnessed by: *(Signature)* _____

Name:*(Typed or printed)*

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.

Iherebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessionals,health institutions and public authorities to Dr. DR. MIR. MD. RAIHAN (theapproved medical examiner).

Signatureof examinee: _____

Date (day/month/year): 25 APR 2023

Witnessed by: *(Signature)* _____

Name:*(Typed or printed)* _____

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.

Date & Contact details for previous medical examination (if known):) __

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved By Department of Shipping

Urinalysis: Glucose: NIL Protein: NIL

Blood Analysis: Hepatitis B Test Negative V.D.R.L Non Reactive
Immunodeficiency Virus Anti bodies _____

Other diagnostic test(s) and result(s):
Test Blood Urine *Result* Normal.

Medical Examiners comments:
FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☒ No

Assessment of fitness forserviceat sea

On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic test results recorded above, Ideclarethe examineemedically:

☒ Fit for lookout duty ☐ Not fit for look-out duty

	Deck service	Engine service	Cateringservice	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☒ With restrictions ☐

Visual aid required: Yes ☒ o ☐

Describe restrictions (eg. Specific positions, type of ship, trade area)

Action taken bymedical examiner (e.g., referral): _____

Medical certificate's dateof expiration (day/month/year): ___/24 APR 2025/_____

Date ofexamination (day/month/year): 25 APR 2023/_

Number of Medical Certificate: Official stamp:

Signature of medical practitioner: _____

Name of medical examiner: *(Typed or 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.

Address of medical practitioner:: _____

Authorized by: DG SHIPPING BD. (competent authority)

Radical Hospitals Ltd. ★ As Per MI-G-2006 ★ Approved by Department of Shipping

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE

CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME: SUFIAN	GIVEN NAME(S): MD ABU
NATIONALITY: BANGLADESHI	ID DOCUMENT NO: C/O/1817
DATE OF BIRTH: 07 (MONTH) 29 (DAY) 1969 (YEAR)	PLACE OF BIRTH: FENI (CITY) BANGLADESH (COUNTRY)
SEX: ☑ MALE ☐ FEMALE	
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: SEKANDERPUR, SEKANDARPUR, DAGONBHUIYAN, FENI, BANGLADESH

DECLARATION OF APPROVED MEDICAL PRACTIONER:

I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
163cm	64kg	120/80mm	78/min	18/min	Good

VISION: WITHOUT GLASSES — RIGHT EYE / LEFT EYE

WITH GLASSES: 6/6 / 6/6

HEARING: RT. EAR — LEFT EAR

COLOR TEST TYPE: BOOK ☑ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☑ RED ☑ GREEN ☑ BLUE ☑

DATE OF LAST COLOR VISION TEST: 25 APR 2023

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☑ NO ☐

HEAD AND NECK: Normal	HEART (CARDIOVASCULAR): Normal
LUNGS: Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?

EXTREMITIES: UPPER Normal LOWER Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES ☑ NO ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?

YES ☐ NO ☑

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☑

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

25 APR 2023

SIGNATURE OF APPLICANT — DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MD ABU SUFIAN
NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES ☐ No ☐

SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER / RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN _____ 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.

ADDRESS RADICAL HOSPITAL LIMITED ..... Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BD

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE _____ 06 MAY 2014.

SIGNATURE OF PHYSICIAN :

DATE OF EXAMINATION: _____ 25 APR 2023

EXPIRY DATE OF CERTIFICATE : 24 APR 2025

SEAFARER ACKNOWLEDGMENT

I, MD ABU SUFIAN (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

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 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 immediately preceding applications for an officer certificate, certification of special qualifications or a seafarer's book. The examinations 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.2/1997.* 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 (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight

- 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. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (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 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 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 use of narcotics.

(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/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' 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/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided – Medical Exam Form)

25 APR 2023

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

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.

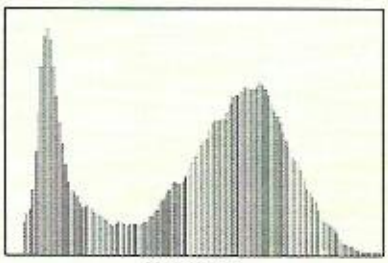
RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

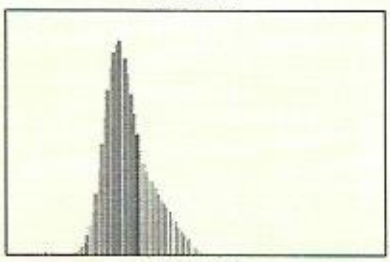
Id No : 0579	**Date :** 25-Apr-2023	**D.Date :** 25-Apr-2023
Patient's Name : MD ABU SUFIAN	**Age :** 53Y 8M 27D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/1817

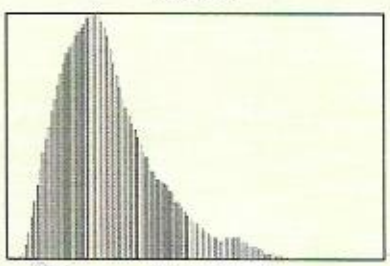
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**12.1** 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)	**7,900** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**75** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**21** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**02** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**158** /cumm	50-450/cumm
Total RBC Count	**4.32** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**33.2** %	M: 40-54%, F:37-47%
MCV	**76.9** fL	76 - 94 fL
MCH	**28.0** pg	27 - 32 pg
MCHC	**36.4** g/dL	29 - 34 g/dL
RDW	**13.6** %	11 - 16 %
PDW	**16.7** fL	35 - 56 fl
Total Platelete Count (PC)	**2,00,000** /cumm	150,000-450,000/cumm
MPV	**9.4** fL	7.0 - 11.0 fL
PCT	**0.188** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %


WBC CURVE


RBC CURVE


PLT CURVE

Checked By
Medical Technologist

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

RADICAL HOSPITAL LIMITED

Bill No	DIA23040579	Received Date	25/04/2023
Patient's Name	MD ABU SUFIAN		
Patient's Age	53Y 8M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/1817
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21 U/L	Up to 37 U/L
HbA1C	5.2 %	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

Medical Technologis
Radical Hospitals Ltd.

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M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

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Sample	BLOOD		

SEROLOGYCAL REPORT

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

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

Checked By

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/1817
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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

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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.

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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

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REF:	MV. HUNGARY	DATE: 25/04/2023

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

EYE EXAMINATION REPORT

NAME:	MD ABU SUFIAN	RANK: 2ND ENG	CDC NO: C/O/1817

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED 6/6 6/6

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

ID: 23

25-04-2023 03:33:58 PM

Md. Abu Usuhan.

Male 53 Years

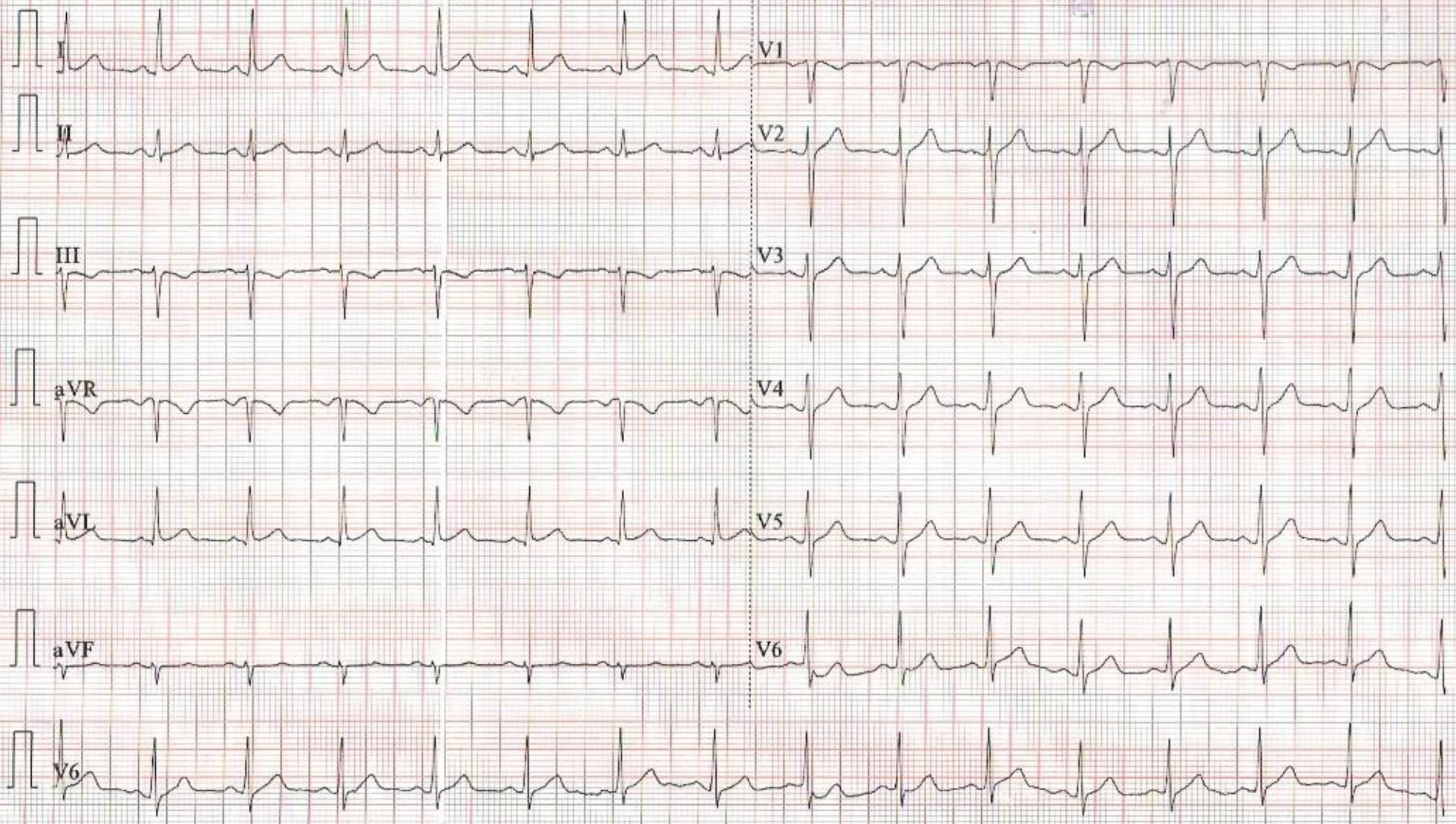
HR	: 90	bpm
P	: 116	ms
PR	: 144	ms
QRS	: 86	ms
QT/QTc	: 338/414	ms
P/QRS/T	: 38/-10/11	°
RV5/SV1	: 0.950/0.724	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥90 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23040579	Receive:25/04/2023	Print: 25/04/2023
Patient's Name	:	**MD ABU SUFIAN**		
Age	:	53 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 | DIAGNOSTIC & CONSULTATION CENTRE
35, Shah Makhdum Avenue, Sector-12, Uttara, Dhaka, Phone : +880255087281- 2, Mobile: 01955567000- 3

Certificate (continued) Certificate (quite)

9 25 APR 2023	DR. 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.	9	10
10			

CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH

The Validity of this certificate shall extend for a period of two years beginning six days after the first injection or the vaccine or in event of a revaccination within such period of two years on the date of that revaccination.

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 part of it, may render it invalid.

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine		Physician's Signature