

**HAQUE & SONS LTD.**Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.
Tel: +880-2-333316214-6, Fax: +880-2-333310530Accredited By: BMDC
Accreditation No. A-55144PATIENT CONTROL NUMBER:
HSL-004184**MEDICAL EXAMINATION CERTIFICATE**

SURNAME ISLAM		FIRST NAME AND MD OALIUL		MIDDLE NAME	
PLACE AND DATE OF BIRTH KUSHTIA 19-Oct-1995		PASSPORT NUMBER EG0976363		SEAMAN'S BOOK NUMBER CO8905	
NATIONALITY: BANGLADESHI		SEX: ☒ Male ☐ Female	VESSEL TYPE: Bulk Carrier		TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS:				CONTACT NUMBER: 01750719916	
VILL- NOWDAPARA, P.O-MIRPUR, P.S- MIRPUR, DIST-KUSHTIA, BANGLADESH.				RANK: 3RD ASST 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	☐	☒	34 Fractures/dislocations	☐	☒

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

Additional questions

Question	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?	☐	☒
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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 practitioner) 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 68 kg Height (cm) 180 BM 20.9 Blood Pressure: Systolic 110 mm Diastolic 80 mm PULSE: 78 b/min																			
<table border="1"> <tr><th colspan="2">Hearing by Audiometry</th></tr> <tr><td>Right</td><td>☐ Adequate ☐ Inadequate</td></tr> <tr><td>Left</td><td>☐ Adequate ☐ Inadequate</td></tr> </table>	Hearing by Audiometry		Right	☐ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate	<table border="1"> <tr><th colspan="4">Audiometry</th></tr> <tr><td>500</td><td>1000</td><td>2000</td><td>3000</td></tr> <tr><td colspan="4">N/A</td></tr> </table>	Audiometry				500	1000	2000	3000	N/A			
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Left	☐ Adequate ☐ Inadequate																		
Audiometry																			
500	1000	2000	3000																
N/A																			
<table border="1"> <tr><th colspan="2">Hearing by Whisper Test</th></tr> <tr><td>☒ Adequate</td><td>☐ Inadequate</td></tr> <tr><td>☒ Adequate</td><td>☐ Inadequate</td></tr> </table>		Hearing by Whisper Test		☒ Adequate	☐ Inadequate	☒ Adequate	☐ Inadequate												
Hearing by Whisper Test																			
☒ Adequate	☐ Inadequate																		
☒ Adequate	☐ Inadequate																		
Hearing meets the standards as laid down in STCW Code Section A-1/9? YES ☒ NO ☐																			

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6			☒	☐
Near					☒	☐

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

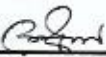
☒ Normal☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) **30 APR 2023**

	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	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	N/A	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	N/A	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	URINE R/E	N/A	
DC(differential count)	N/A	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	14.9	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive
ESR (WESTERGREN)	08	Morphine	☐ Positive	☒ Negative	☐ Nonreactive
WBC	10.400	Amphetamine	☐ Positive	☒ Negative	☐ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☒ Negative	☐ Nonreactive
RANDOM	5.5	Barbiturates	☐ Positive	☒ Negative	☐ Nonreactive
HBA1C	5.97	Cocaine	☐ Positive	☒ Negative	☐ Nonreactive
				Psychological Exam	N/A
				Others(KUB Ultraso	N/A

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

	MD OALIUL ISLAM	30-Apr-2023
Signature of Seafarer	Name of Seafarer	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
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Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date: 30 APR 2023	Valid Until: 29 APR 2025
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Name and Signature of Authorized Physician

MDCC (DC), BMD, CCB (JMD), JMD, JMD

In Accordance with Medical Examination of Seafarers Convention, 1948 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: ISLAM	GIVEN NAME (S): MD OALIUL	
DATE OF BIRTH: DAY 19 MONTH OCT YEAR 1995	PLACE OF BIRTH CITY KUSHTIA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: VILL- NOWDAPARA, P.O-MIRPUR, P.S- MIRPUR, DIST-KUSHTIA, BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR
LEFT EYE	6/6	—	LEFT EAR

☐ BOOK
☐ LANTERN
 YELLOW RED
 GREEN BLUE

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 APPLICABLE ☐

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) 30 APR 2023

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.

 Signature of Applicant	MD OALIUL ISLAM Name of Applicant	30 APR 2023 Date
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CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / 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; M.B.B.S(D.U.), REG. NO. A-55144

ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230.

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 12-05-2011

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE: 30 APR 2023

EXPIRY DATE OF CERTIFICATE: 29 APR 2025

This certificate is issued in compliance with the provisions of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

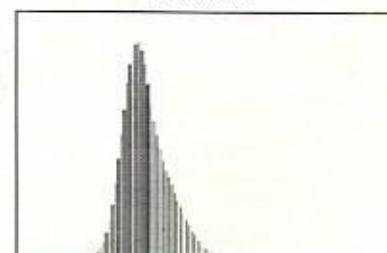
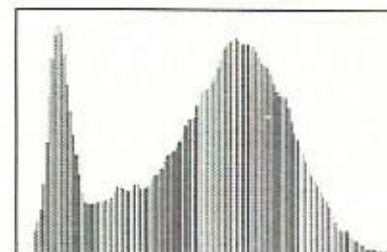
DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Bitem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DC Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited

Id No : 0706 **Date** : 30-Apr-2023 **D.Date** : 30-Apr-2023
Patient's Name : MD OALIUL ISLAM **Age** : 27Y 6M 10D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8905

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.6 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	10,900 /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	33 %	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	218 /cumm	50-450/cumm
Total RBC Count	4.83 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.8 %	M: 40-54%, F:37-47%
MCV	80.3 fL	76 - 94 fL
MCH	30.2 pg	27 - 32 pg
MCHC	37.6 g/dL	29 - 34 g/dL
RDW	13.0 %	11 - 16 %
PDW	18.8 fL	35 - 56 fL
Total Platelete Count (PC)	1,61,000 /cumm	150,000-450,000/cumm
MPV	10.0 fL	7.0 - 11.0 fL
PCT	0.161 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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



Bill No	radical_hospital.com, www.radicalhospital.com	Received Date	30/04/2023
Patient's Name	MD OALIUL ISLAM		
Patient's Age	27Y 6M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8905		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22 U/L	Up to 37 U/L
HbA1C	5.1 %	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 Technologist
Radical Hospitals Ltd.

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



Bill No	DIA23040706	Received Date	30/04/2023
Patient's Name	MD OALIUL ISLAM		
Patient's Age	27Y 6M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8905
Sample	BLOOD		

SEROLOGICAL REPORT

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

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23040706	Received Date	30/04/2023
Patient's Name	MD OALIUL ISLAM		
Patient's Age	27Y 6M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/8905
Sample	urine		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION**

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

CHEMICAL EXAMINATION CASTS / 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 REQUEST CRYSTALS & 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 Hospitals Ltd.


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

Bill No	DIA23040706	Received Date	30/04/2023
Patient's Name	MD OALIUL ISLAM		
Patient's Age	27Y 6M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8905
Sample	urine		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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 Technologists
Radical Hospitals Ltd.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23040706	Receive: 30/04/2023	Print: 30/04/2023
Patient's Name	: MD OALIUL ISLAM		
Age	: 27 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

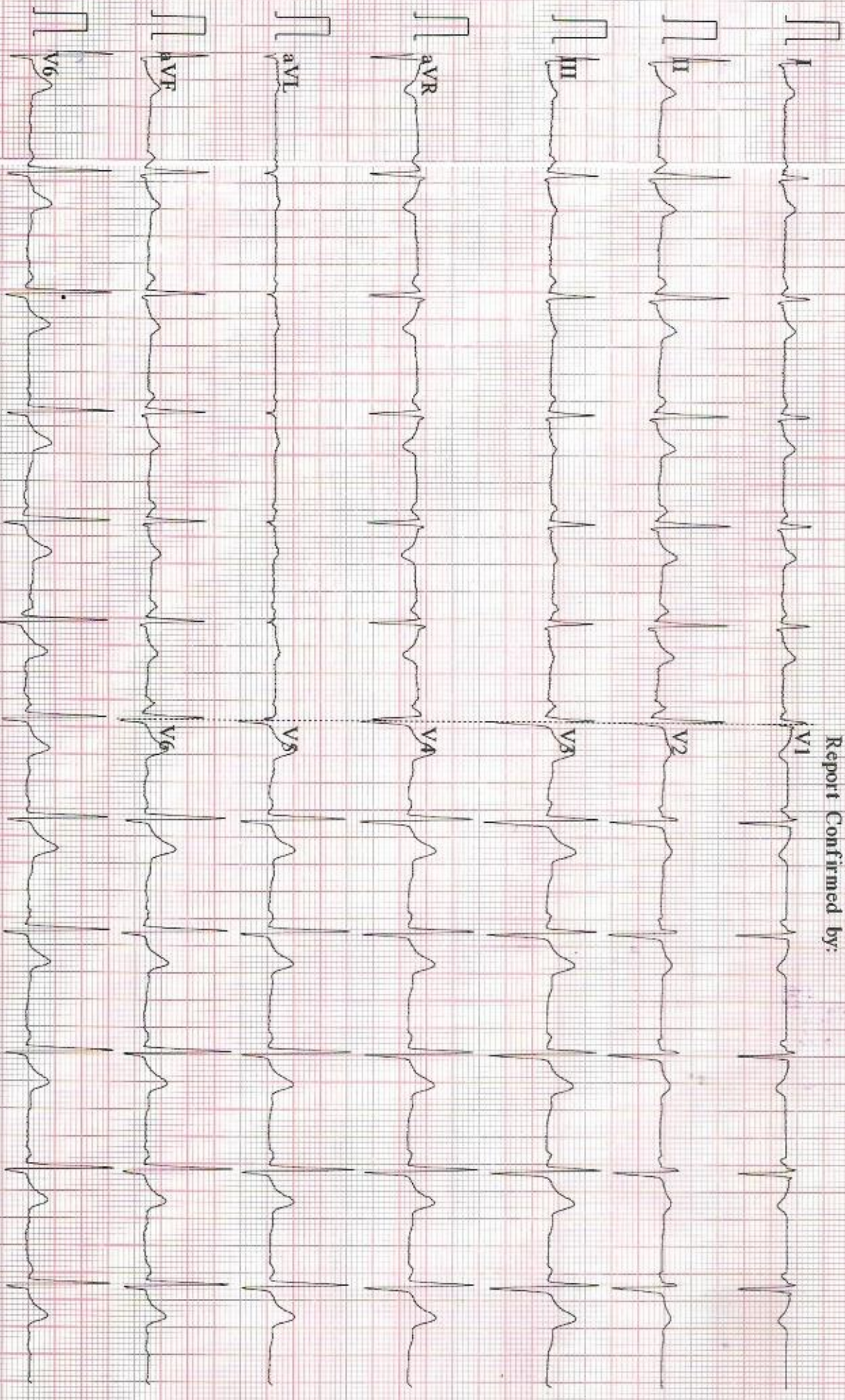
ID: 571
Male 27 Years
Mr. David Brown

30-04-2023 01:07:08 PM

HR	: 71	bpm
P	: 110	ms
PR	: 120	ms
QRS	: 92	ms
QT/QTc	: 376/409	ms
P/QRS/T	: 66/68/49	°
RV5/SV1	: 1.50/0.918	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



REF: MV. SAKIZAYA WISDOM

DATE: 30/04/2023

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

EYE EXAMINATION REPORT

NAME: MD OALIUL ISLAM	RANK: 3A/ENG	CDC NO: C/O/8905
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VISUAL ACUITY:	RIGHT	LEFT
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UNAIDED

6/6

6/6

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD



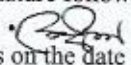
Dr. Mir Md. Raihan
 MBBS, PGT (Ophthalmology)
 Assistant Registrar (EX)
 East west Medical College & Hospital

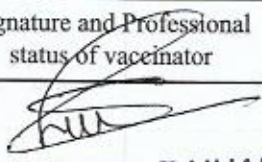
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

MD CALIUL ISLAM

This is to certify that
whose signature follows

Date of birth 19 OCT. 1995 Sex MALE

 has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no. of vaccine	Official stamp of vaccination centre
1 30 APR 2023	 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.		2 
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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

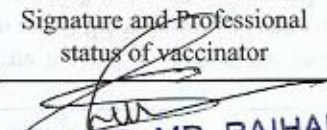
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MD OALIUŁ ISLAM

This is to certify that
whose signature follows

Date of birth 19 OCT. 1995 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
30 APR 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Cephth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
2		

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5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso