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

Form No: SMC

SL NO. 04.2023.3759

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 UDDIN **First** MD **Middle** ISHTIAK

Gender: (Male/Female) MALE Nationality: BANGLADESHI

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

Father's/ ~~Husbad~~'sname: MD ABDUL HAI BHUIYAN

Mother's Name: KAZI NAZNINA AKTER

Address: House No: 04 Street/ Road No: 16

Locality/Village: ADABOR

P.O: ADABOR

P.S: ADABOR

District: DHAKA

Date: 11/04/2023

Rank: 2ND ASSISTANT ENGINEER

C.D.C No. C/0/7155

Seaman ID No. 050008479

Passport No. A03347057

NID No. 19921216366000172

Date of Birth: 07/11/1992 (DD/MM/YYYY)

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

1. Confirmation that identification documents were checked at the point of examination :YES/NO
2. Hearing meets the standards in section A-I/9 :YES/NO
3. Unaided hearing satisfactory? :YES/NO
4. Visual acuity meets standards in section A-I/9? :YES/NO
5. Colour vision meets standards in section A-I/9? :YES/NO
   Date of last colour vision test : 11 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: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh
Medical/Other:

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

10. Date of examination/Issue (DD/MM/YYYY) 11 APR 2023

11. Date of expiry (DD/MM/YYYY) 10 APR 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature

Radical Hospitals Ltd. As Per MLC-2006 Stamp 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
Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

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

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

(a) Hearing:

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

(b) Eyesight:

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

(c) Dental:

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

(d) Blood Pressure:

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

(e) Voice:

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

(f) Vaccinations:

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

(g) Diseases or Conditions:

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

(h) Physical Requirements:

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

IMPORTANT NOTE:

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

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

DETAILS OF MEDICAL EXAMINATION:

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

1. Complete physical Examination.

2. Pathological Examination:

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

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DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

KERAJAAN MALAYSIA
GOVERNMENT OF MALAYSIA
Marine Headquarters, Marine Department Malaysia, P.O Box 12, 42007 Port Klang
Tel: 03 – 3346 7777, Fax: 03 – 3168 5289, E-mail: kpgr@marine.gov.my Website: http://www.marine.gov.my

SIJIL PEMERIKSAAN PERUBATAN
MEDICAL EXAMINATION CERTIFICATE

1) Nama pemegang sijil (seperti dalam passport): *Name of holder of Certificate (as in passport):*
Family Name: UDDIN
Given Name(s): MD ISHTIAK

2) *Jantina: Lelaki / Wanita *Gender: Male / Female*

3) Warganegara: *Nationality:* BANGLADESHI

4) No. Kad Pelaut: *Seaman Card No.:* 05000 8479

5) No. Kad Pengenalan/Passport: *Identity Card No/Passport.:* A03347057

6) Tarikh Lahir (dd/mm/yyyy): *Date of Birth:* 07/11/1992

7) Jawatan: *Profession:* MARINE ENGINEER

8) Pengakuan oleh Pengamal Perubatan yang Diiktiraf:
Declaration of the Recognized Medical Practitioner:

	Yes/Ya	No/Tidak
8.1 Pengesahan dokumen pengenalan telah disemak ketika pemeriksaan *Confirmation that identification documents were checked at the point of examination*	☑	☐
8.2 Pendengaran menepati piawaian mengikut seksyen A-I/9 Konvensyen STCW 78 seperti dipinda *Hearing meets the standards in section A-I/9 of the STCW 78 as amended*	☑	☐
8.3 Pendengaran memuaskan tanpa apa-apa bantuan? *Unaided hearing satisfactory?*	☑	☐
8.4 Ketajaman penglihatan menepati piawaian mengikut seksyen A-I/9 Konvensyen STCW 78 seperti dipinda? *Visual acuity meets standards in section A-I/9 of the STCW 78 as amended?*	☑	☐
8.5 Penglihatan warna menepati piawaian mengikut seksyen A-I/9 Konvensyen STCW 78 seperti dipinda? *Colour vision meets standards in section A-I/9 of the STCW 78 as amended?*	☑	☐
- Tarikh terakhir ujian penglihatan warna: *Date of last colour vision test:* 11 APR 2023		
8.6 Layak untuk tugas peninjauan? *Fit for look-out duties?*	☑	☐
8.7 Tiada had atau sekatan dari aspek kecergasan? *No limitations or restriction on fitness?*	☑	☐
Jika "Tidak", nyatakan had dan sekatan: *If "No", specify limitations or restrictions:*		
8.8 Adakah pelaut bebas dari apa-apa keadaan perubatan yang mungkin dimudharatkan melalui perkhidmatan laut atau boleh menyebabkan seseorang pelaut tidak layak untuk perkhidmatan sedemikian atau mungkin membahayakan kesihatan mana-mana orang di atas kapal? *Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the of other persons on board?*	☑	☐

JL/HEPP/D/09 - 1

No: JLM 360951

Saya mengesahkan bahawa saya telah memeriksa pelaut seperti di atas mengikut standard perubatan dan penglihatan Malaysia
I certify that I have examined the above-named seafarer to standards of the medical and eyesight of Malaysia
sepertimana dalam Kaedah-Kaedah Perkapalan Saudagar (Pemeriksaan Perubatan) 1999 seperti pindaan,
as in the Merchant Shipping (Medical Examination) Rules 1999 as amended,
dan didapati beliau *layak atau ~~tidak~~ layak untuk menjalankan tugas pelaut dengan pembatasan-pembatasan berikut:
*and have found him to be *~~fit~~ or ~~unfit~~ for seafaring subject to the following restrictions:*

FIT FOR DUTY ON BOARD SHIP

9) Kategori Kecergasan Perubatan:
Category of Medical Fitness: A

10) Tarikh pemeriksaan (dd/mm/yyyy):
Date of Examination: 11 APR 2023

11) Tarikh luput sijil (dd/mm/yyyy):
Expiry date of certificate: 10 APR 2025

12) Tandatangan pelaut:
Signature of seafarer:

13) Nama pengamal perubatan:
Name of medical practitioner: DR. MIR MD. RAIHAN.

14) Tandatangan pengamal perubatan:
Signature of medical practitioner:

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.

15) Pendaftaran MMC:
MMC Registration:

16) Cop rasmi:
Official stamp:

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

- *This certificate is issued by the Government of Malaysia in compliance with the requirements of Title 1.Regulation 1.2 under Maritime Labour Convention (2006)*
- *The maximum validity of this certificate is only two (2) years*

**** strikethrough whichever not applicable***

JL/HEPP/D/16

JABATAN LAUT MALAYSIA
Ibu Pejabat Laut Semenanjung Malaysia, Peti Surat 12, 42007 Pelabuhan Klang
Tel: 03-3695100, Fax: 03-3685289, E-mail: kpgm@marine.gov.my http://www.marine.gov.my

LAPORAN PENGAMAL PERUBATAN
MEDICAL PRACTITIONER'S REPORT

Saya telah memeriksa MD ISHTIAK UDDIN No. KP/Paspot: A02347057
I have examined *IC/Passport No*
mengikut standard perubatan Jabatan Laut Malaysia JL/P/02/98 dan keputusannya adalah berikut:
as per the Malaysian Marine Department medical standards JL/P/02/98 and the results are as follows

Tinggi/Berat *Height/Weight*	1.63 metres	66 kg
Pendengaran *Hearing*	NAD kanan *right*	NAD kiri *left*
Penglihatan *Eyesight*	6/6 kanan *right*	6/6 kiri *left*
Penglihatan dgn kacamata *Eyesight with visual aids*	kanan *right*	kiri *left*
Penglihatan Warna *Colour Vision*	Normal	
Ujian Kencing *Urinalysis*	Nil gula *sugar*	Nil albumin
Nadi *Pulse*	78 /min	
Tekanan darah *Blood pressure*	120/80 mmHg	
Chest X-ray	Normal/Abnormal	X-ray Number: 23040138
ECG	Normal/Abnormal	

KEPUTUSAN PEPERIKSAAN *EXAMINATION RESULTS*
- **LAYAK** *FIT* ☑
- **TIDAK LAYAK** *UNFIT* ☐
- **TIDAK LAYAK SEMENTARA** *TEMPORARILY UNFIT* ☐

		Normal	Abnormal	Remarks
1	Infectious diseases	☑	☐	
2	Malignant Neoplasm	☑	☐	
3	Endocrine and Metabolic Disease	☑	☐	
4	Disease of the blood and blood forming organs	☑	☐	
5	Mental Disorders	☑	☐	
6	Central Nervous system	☑	☐	
7	Cardiovascular system	☑	☐	
8	Respiratory system	☑	☐	
9	Digestive system	☑	☐	
10	Genito-Urinary System	☑	☐	
11	Pregnancy	No	Yes	(week)
12	Skin	☑	☐	
13	Musculo-skeletal system	☑	☐	
14	Speech Defects	☑	☐	
15	Ears/Nose/Throat	☑	☐	
16	Eyes	☑	☐	

Perakuan ini sah schingga 10 APR 2025
This certificate is valid until

Tarikh
Date 11 APR 2023

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

Signature of Medical Practitioner
MMC No:

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

PENGAKUAN PELAUT YANG INGIN MENJALANI PEMERIKSAAN PERUBATAN
TESTIMONIAL OF SEAMAN UNDERGOING MEDICAL EXAMINATION

Sila jawab soalan-soalan berikut berhubung dengan sejarah kesihatan anda. Tandakan X dalam kotak ruangan yang sesuai 'Ya' atau 'Tidak'. Jika 'Ya' jelaskan dalam ruangan catitan.
Please answer the following with reference to your health. Tick X in the appropriate 'Yes' or 'No' column. If ticked 'Yes' please elaborate in the remarks column.

Adakah anda mempunyai sejarah atau sedang mengalami penyakit berikut:
Do you have any history or are undergoing treatment in any of the folowing:

No	Perihal *Regarding*	Ya *Yes*	Tidak *No*	Catitan *Remarks*
1	Masalah mata *Eye disorders*		✓	
	- Katarak *Cataract*		✓	
	- Pandangan monocular *Monocular sight*		✓	
	-Lain-lain yang menyebabkan halangan pandangan *-Other factors which hinder vision*		✓	
2	Buta warna *Colour blind*		✓	
3	Sukar melihat dalam gelap *Night blindness*		✓	
4	Apa-apa jenis sawan atau kekejangan *Convulsion or fits*		✓	
5	Kecederaan berat dikepala *Heavy injuries to head*		✓	
6	Serangan pening atau pening *Dizziness*		✓	
7	Sakit kepala yang berat atau 'migruine' *Severe headache or migraine*		✓	
8	Pembedahan otak yang 'major' *Major brain operation*		✓	
9	Kencing manis dalam rawatan insulin *Diabetis undergoing insulin treatment*		✓	
10	Penyakit mental *Mental Disorder*		✓	
11	Penyalahgunaan arak/dadah dalam masa 5 tahun yang lalu *Misuse of alcohol/drugs within last 5 years*		✓	
12	Kecacatan tulang belakang *Spinal disformity*		✓	
13	Penyakit jantung/tekanan darah tinggi/debaran jantung *Heart disease/ hypertension/ heart palpitations*		✓	
14	Sesak nafas/muntah darah/batuk kronik *Breathing difficulty/ blood vomitting/ chronic cough*		✓	
15	Pekak *Deafness*		✓	
16	Penyakit buah pinggang *Kidney disease*		✓	
17	Apa-apa rawatan yang berulang *Any regular medical treatment*		✓	
18	Apa-apa penyakit/kecederaan yang tidak dinyatakan diatas *Any injury/disease not stated above*		✓	

Saya dengan ini mengisytiharkan bahawa saya telah dengan teliti mengambilkira kenyataan yang dibuat diatas dan saya percaya ianya lengkap dan tepat. Saya seterusnya mengisytiharkan bahawa saya tidak menyembunyikan apa-apa maklumat atau membuat apa-apa kenyataan palsu yang boleh menjejaskan prestasi kerja saya. Saya memberi izin kepada pengamal perubatan yang memeriksa untuk berkomunikasi dengan mana-mana pengamal perubatan yang memeriksa saya dan Jabatan Laut, dalam hal-hal yang boleh memberikan kesan ke atas kesesuaian untuk bekerja diatas kapal.
I declare that the information given above is correct to the best of my knowledge. I further declare that I have not hidden any information or made false statement which can jeopardize my work. I do give permission for the medical practitioner to communicate with any other medical practitioners or the Marine Department in any matters which can affect my placement on board a vessel.

Tandatangan pemohon: Ishtiak ..... No Kad Pelaut: 050008479 .....
Applicants signature *Seaman Card No.*

Nama(dlm huruf besar) : MD ISHTIAK UDDIN .....
Name (in capital letters)

No. Kad Pengenalan: A03347057 .....
NRIC/Passport Number

Disaksikan oleh: (Dr) : DR MD. RAIHAN .
Witnessed by

Official Stamp of Medical Practitioner

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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