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.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: Islam Khairul (Surname / First Name / Middle Initial) Sex: M Serial No:

Date of Birth: 05 / 11 / 1992 PP/CDC: A06826464 Rank: 2nd officer

Vessel: Propel Progress Type: Bulk carrier Route: World wide

Home Address: 113, Muradpur Lighschool road. P.S: Kadamtoli P.O: Gendaria Jurain-1204, Dhaka

Company Name : V-Ship's

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addicition to alcohol / drugs / tobacco		✓		✓
Stomach / Bowel disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall stones / Kidney disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Varicose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Mallignant disease (Cancer)		✓		✓
Female Disorder					Signed off on medical grounds / Declared Unfit		✓		✓
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp cms	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
167cm	72kg.	43-41	120/80 mm	78 b/m	19 b/m	Good

Distant Vision	Uncorrected	Corrected
Right Eye		6/6
Left Eye		6/6

Colour Vision		
Ishihara		Normal
Other		Normal

Field of Vision: Normal / Abnormal

Abnormal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Hearing: Right Ear ✓ Left ear ✓

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS 2ND OFF.
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	13.0 gm%	14-16 gm %
Total WBC count	10,700 cu.mm	4000-11000 / cu.mm
Neu 66 % Lymp 30 % Eos 02 % Ba 00 % Mo 02 %		
Malarial parasite	Not found	
ESR	06 mm / 1st hour	1- - 15 mm / hr
SGPT	29 U/L	9--43 U / L
S.Cholesterol	NIL mg/dl	145--260 mg / dl
S.Triglycendes	NIL mg/dl	upto 200 mg /dl
Blood Sugar	RBS N/L PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others		GGTP U/L
Blood Group		

Urine	
Colour	STRAW
Specitic Gravity	N/L
pH	✓
Albumin	✓
Sugar	✓
Bile pigment	✓
Bile salts	✓
Occult blood	✓
RBC cells	✓
Leucocytes	
Others	

PHOTO

ECG: Normal TMT: N/D

Spirometry:

Drugs of Abuse: Negative

X-Ray Chest: Normal

USG: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically

Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Dr. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 29 APR 2025

Candidate's Signature

Date: 30 APR 2023

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

Doctor's signature:

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

04.2023.3847

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA

SURNAME: Islam	GIVEN NAME (S): Khairul
DATE OF BIRTH: DAY 05 MONTH 11 YEAR 1992	PLACE OF BIRTH CITY Dhaka COUNTRY Bangladesh / SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: 113, Muradpur high school road, P.O: Gandaria P.S: Kadamtali Jurain -1204, Dhaka

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	—	6/6	BOOK ☑ LANTERN ☑ YELLOW ✓ RED ✓ GREEN ✓ BLUE ✓	RIGHT EAR ✓
LEFT EYE	—	6/6		LEFT EAR ✓

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 APLICABLE ☐

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	Name of Applicant	Date
Khairul	Khairul Islam	30 APR 2023

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / 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 MBBS,(DU), DFM REG: A-55144

ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping DATE: 30 APR 2023

EXPIRY DATE OF CERTIFICATE: 29 APR 2025

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

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

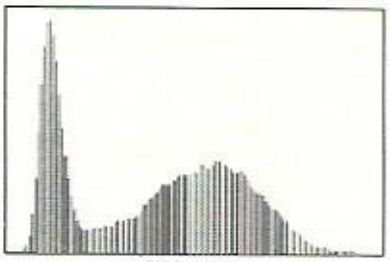
radical_hospitals@yahoo.com, www.radicalhospital.com

Id No	: 0713	**Date :** 30-Apr-2023	**D.Date :** 30-Apr-2023
Patient's Name :	KHAIRUL ISLAM	**Age :** 30Y 5M 25Y	**Gender:** Male
Specimen	: Blood		
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8004		

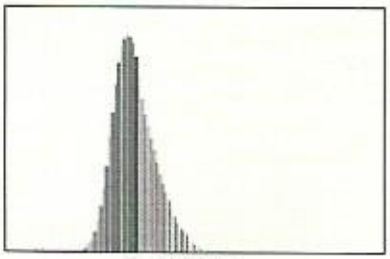
Haematology Report

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

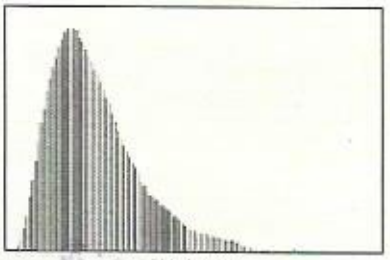
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.9** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**06** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**10,700** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**66** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**30** %	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	**214** /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	**41.1** %	M: 40-54%, F:37-47%
MCV	**80.6** fL	76 - 94 fL
MCH	**31.2** pg	27 - 32 pg
MCHC	**38.7** g/dL	29 - 34 g/dL
RDW	**13.4** %	11 - 16 %
PDW	**15.3** fL	35 - 56 fl
Total Platelete Count (PC)	**3,15,000** /cumm	150,000-450,000/cumm
MPV	**8.5** fL	7.0 - 11.0 fL
PCT	**0.268** %	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	DIA23040713	Received Date	30/04/2023
Patient's Name	KHAIRUL ISLAM		
Patient's Age	30Y 5M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8004
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	182 U/L	98 - 279 U/L

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.

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

RADICAL HOSPITAL

Bill No	DIA23040713	Received Date	30/04/2023
Patient's Name	KHAIRUL ISLAM		
Patient's Age	30Y 5M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8004
Sample	**BLOOD**		

SEROLOGYCAL REPORT

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

Checked By

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8004
Sample	urine		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-4/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

Checked By

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RADICAL HOSPITAL LIMITED

Bill No	DIA23040713	Received Date	30/04/2023
Patient's Name	KHAIRUL ISLAM		
Patient's Age	30Y 5M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8004
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

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RADICAL HOSPITAL LIMITED

AUDIOLOGICAL REPORT

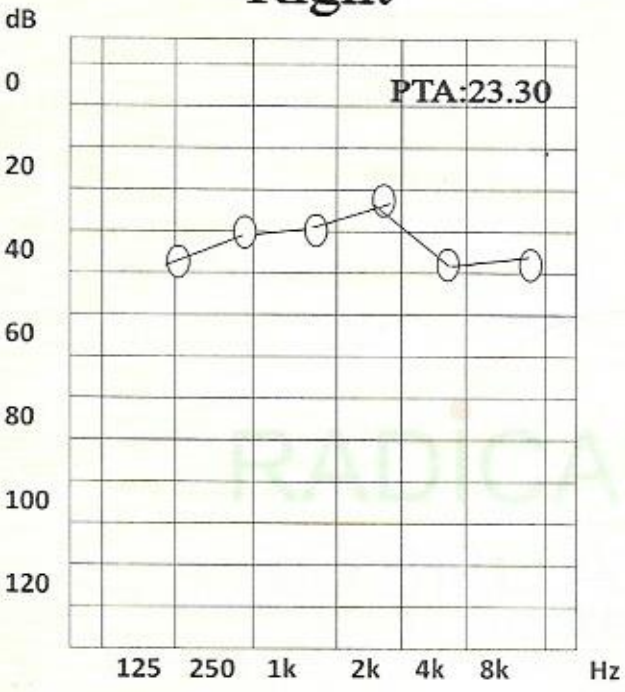
Patient Name : KHAIRUL ISLAM 30/04/2023

Age : 30 Yrs

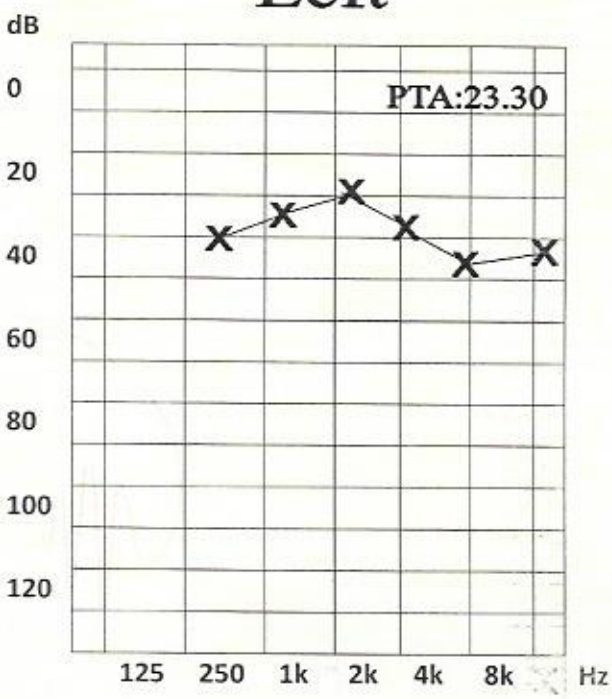
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
	Right Ear	Left Ear
Air MaskingOX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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RADICAL HOSPITAL LIMITED

Date: 30/04/2023

EYE EXAMINATION REPORT

NAME:	**KHAIRUL ISLAM**		
AGE:	**30 YRS**	**RANK: 2ND OFF**	**CDC NO:C/O/8004**

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23040713	Receive:30/04/2023	Print: 30/04/2023
Patient's Name	:	**KHAIRUL ISLAM**		
Age	:	30 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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that / JE Soussigne (e) certifie que | KHAIRUL ISLAM | date of brith / no (e) le | 05.11.92 | Sex / sexe | M

Whose signature follows / dont la signature suit | Khairul

has on the Date indicated been vaccinated or revaccinated against Cholera
a etc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccineteure	Approved Stamp Cechet d'authentification	
1 23 JAN 2022	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.	CENTRE FOR VACCINATION AGRABAD C/A. CTG. BANGLADESH
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.	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH

The validity of this certificate shall extend for a period of Two Years, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 from prescribed by the health adminstration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t cffecter sa validite.

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

This is to certify that / JE soussigne' (e) certifie que) KHAIRUL ISLAM date of brith / no' (e) le) 05-11-92 Scx / sexe) M

Whose signature follows / dont la signature suit) Khairul.

has on the Date indicated been vaccinated or revaccinated against yellow fever a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
16 JAN 2022	Sabrina DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	YELLOW FEVER VACCINATION L. NO DAKAR 1313	CENTRE FOR VACCINATION AGRABAD C/A, CTG. BANGLADESH
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccinatio.

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

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

Ce certificate n' est valable que si le vaccin employe' a e' tc" a approve" par I' Organisation Mondiale de la Sante" et sile centre de vaccination ae' tc' habilite parl' adminstration sanitaire du territoire dans lcqucl' ce centre est siture'

La validite' de ce certificat couvre une pe' riodc de dix ans commencant dix joursapres la date dc la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riodc dc dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official nc pouvant ctre conside' re' commc lcnant licu de signature.

Toute correction ou rature sur le certificate ou 1 ' omission d' une quelconque des mentions qu' il comporte peut affecter sa validite.