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

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Remarks / Recommend	ations														/	1		-1000
Doctor's Nav	e DR.MIR	D. RAIHAN	certify th	at all info	rmation	required :	inder Ar	nnexure	E & F of M.S. (N	Medical	Examin	nation) Ru	les 2000	is inere	Orthon	In this Co	rtificate	+ 1
This certific	ate is valid	d till: 3	1 MAR	2025						-			. Co Look	/	-	>		
Candidate's S	Signature			LVZJ			1.68	Officia	LStamp	-		72.00		Docto	r's sign	nature:	-6.000	**
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04.2023.3705

## MEDICAL EXAMINATION REPORT/CERTIFICATE

### MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF T	HE MARSHALL ISLANDS	
SURNAME BHUTTAN	GIVEN NAME(S) MD HASHAT	KARIM
DATE OF BIRTH  03 22 1992  MONTH DAY YEAR	PLACE OF BIRTH BANGLADES CITY DRAHMANDARDOUNTRY	SEX  MALE   FEMALE
EXAMINATION FOR DUTY AS:  MASTER  DECK OFFICER  ENGINEERING OFFICER  RADIO OFFICER  RATING	MAILING ADDRESS OF APPLICANT: OF F ~ 11+P.O: SATURA SHORTS P.S: AKHANRA DIS: BRAHMANBARTA	ihasnut@gmil·Com (3452)
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR	MEDICAL REQUIREMENTS) STATE DETAIL	S ON REVERSE SIDE
HEIGHT WEIGHT BLOODIPRESSURE PULSE	min RESPIRATION, GENERAL AF	PEARANCE
VISION: WITHOUT GLASSES WITH GLASSES  COLOR TEST TYPE: BOOK   LANTERN   IS CO.		F "No" EXPLAIN ON PAGE 2)
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIR		<del></del>
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EXTREMITIES: Nonm	LOWER	Nonm1
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMEN		
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAV. SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BO IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM	ATED BY WORKING ABOARD A VESSEL, OR TO REND	ER HIM/HER UNFIT FOR SERVICE AT
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION ME		
- Harden	U 1 APR 2023	3 1 MAR 2025
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EX		EXPIRY DATE
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION   FIT FOR DUTY ON THIS APPLICANT IS CERTIFIED FROM OF COMMUNICABLE DISEASER IS FOUND TO BE   FIT / NOT FIT FOR DUTY   RADIO OFFICER / RATING / CHIEF COOK / CRESTRICTIONS:	BOARD SHIP NAME OF APPLICAN SEASE (OR VIRUSES FOR COOKS): YES  AS A MASTER / DECK OFFICER / E	NGINEERING OFFICER /
NAME AND DEGREE OF PHYSICIAN DR. MIR MD RA	IHAN MBBS, DFM	
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH I	MAKHDUM AVENUE SECTOR-12, UTTARA	, DHAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	DG SHIPPING BANGLADESH	1
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 M.	AY 2014	01 100 000
SIGNATURE OF PHYSICIAN		0 1 APR 2023
This certificate is issued by authority of the Marieme Administrator and in Certification and Watchkeeping for Seafarers 1978  DR. MIR. MD. RAIHAN	, as amended, and the Maritime Labour Convention 30	

Rev. Mar/2022

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.

MI-105M

Partment di

#### 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 medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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 car at 15 feet (4.57 m) and in poorer car at 5 feet (1.52 m).
- (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. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
  - 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. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. 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 should be vaccinated according to the recommendations provided in the WHO publication, International Travel
    and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on
    immunizations. If new vaccinations are given, these should 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 seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
  - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

#### IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M 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 scafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right 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 an equivalent for (See RMI MG 7-47-1, §3.3).

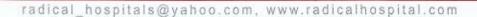
0 1 APR 2023

As Per-IMLC-2006

DR. MIR. MD. RAIHAN
M8BS (DU). DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG. Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Rev. Mar/2022

MI-105M





Id No : 0008 Date: 01-Apr-2023

D.Date: 01-Apr-2023

Patient's Name: MD HASNAT KARIM BHUIYAN

Age: 31Y 0M 10D

Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7403

### Haematology Report

Parameter Name	Results	Reference Range	
Hemoglobin (Hb) ESR(Westergreen)	<b>16.4</b> gm/dl <b>07</b> mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.	
Total WBC Count(TC)	8,500 /cumm	Male:0-10, F:0-20 mm/1st hr. 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 %	W BC CURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	4.
Total Cir. Eosinophils	170 /cumm	50-450/cumm	
Total RBC Count	4.98 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	43.5 %	M: 40-54%, F:37-47%	MID.
MCV	87.3 fL	76 - 94 fL	
MCH	<b>32.9</b> pg	27 - 32 pg	
MCHC	<b>37.7</b> g/dL	29 - 34 g/dL	R BC CURVE
RDW	12.8 %	11 - 16 %	4.
PDW	14.9 fL	35 - 56 fl	Ah.
Total Platelete Count (PC)	3,17,000 /cumm	150,000-450,000/cumm	
MPV	7.9 fL	7.0 - 11.0 fL	
PCT	0.250 %	0.1 - 0.%	
Bledding 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	DIA23040008	Received Date	01/04/2023
Patient's Name	MD HASNAT KARIM BHUIYAN	J	
Patient's Age	31Y 0M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/7403
Sample	BLOOD		

## BIOCHEMISTRY REPORT

Test Name	Result	ReferenceRange
Liver Function Test	¥	
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	31 U/L	Up to 40 U/L
Serum AST (SGOT)	27 U/L	Up to 37 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.



Bill No	DIA23040008	Received [	Date	01/04/2	2023
Patient's Name	MD HASNAT KARIM BHUIYAN			.020	
Patient's Age	31Y 0M 10D	Patient's Sex M		Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	CD	C NO	C/O/7403
Sample	BLOOD			0110	C/O//403

## SEROLOGYCAL REPORT

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

RADICAL

Checked By

Medical Technologis Radical Hospitals Ltd.





Bill No	DIA23040008	Received Da		4/2023	
Patient's Name	MD HASNAT KARIM BHUIYAN				
Patient's Age	31Y 0M 10D	Patient's Sex		Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM	I),PGT(Eye),DFM	CDC NO	C/O/ 7403	
Sample	URINE	N		Persona Person	

#### URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/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

Medical Technologis Radical Hospitals Ltd.





DIA2303040008	Received Date 01/04/		
MD HASNAT KARIM BHUIYAN			04400898
31Y 0M 10D	Patient's Sex		Male
Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)	,PGT(Eye),DFM	CDC NO	C/O/ 7403
URINE			***
	MD HASNAT KARIM BHUIYAN 31Y 0M 10D  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)	MD HASNAT KARIM BHUIYAN  31Y 0M 10D Pat  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	MD HASNAT KARIM BHUIYAN  31Y 0M 10D Patient's Sex  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO

#### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result	
Drug Level of Urine		
Cocaine	Negative	
Morphine	Negative	

Negative Negative
Negative
Negative

Checked By

Abo ....

Medical Technologis Radical Hospitals Ltd. r: Sumaiva Kh



Date: 01/04/2023

## EYE EXAMINATION REPORT

NAME: MD HASNAT KARIM BHUIYAN				
AGE:	31 YRS		RANK: ETO	CDC NO:C/O/7403
VISUAL	ACUITY:	RÌGHT	LEFT	
UNAIDE	ED	blb	6(6	
AIDED				
COLOUI	R VISION:	NORMAL/BLIND		
OPINION	ı :	UNFIT / FIT FOR EMPLO	YMENT ON BOARD	

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



# **AUDIOLOGICAL REPORT**

Patient Name : MD HASNAT KARIM BHUIYAN

01/04/2023

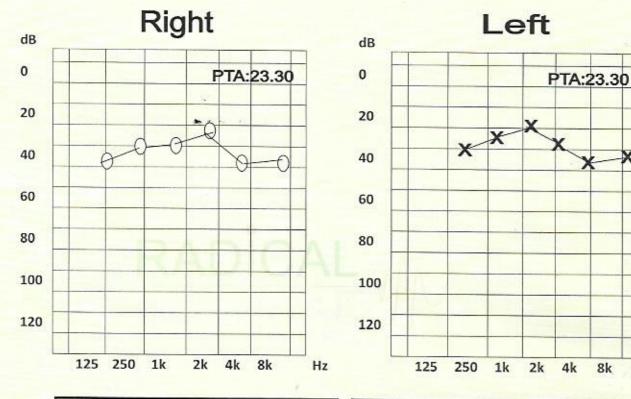
Age

:31 Yrs

Address

: RHL, UTTARA

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



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		4
Bone Unmasking		
Order Section	Right Ear	Left Ear
Air MaskingOX		
Bone Masking ΔΔ		**

8k

Hz

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.



### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23040008 Receive:01/04/2023 . Print: 01/04/2023

Patient's Name : MD HASNAT KARIM BHUIYAN

Age : 31 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

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

## CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

MD. HAS NAT KARIM This is to certify that	BHUIYAN date of birth	22/03/1392 Sex MALE
JE Soussigne (e) certifie que	no (e) le	sexe

Whose signature follows dont la signature suit

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

Date APR TOTAL	Signature and professional Status of Vaccinator Signature et qualite professione de Vaccinateure  DR. MIR AM. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	Approved Stamp Cechet d'authentification/ACC/A  ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs  Approved Stamp Cechet d'authentification/ACC/A  35, Shah Makhdum Avenue Ultera, Dhaha *  WANGLADES*	
2			

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 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 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

#### CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

MD. HASNAT BARD	date of birth	22/03/1992 Sex	MALE
JE Soussigne (e) certifie que	no (e) le	sexe	
Whose signature follows dont la signature suit	<u></u>		25

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 nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
01 488	1	DR. MIR. MD. RAIHAN MBSS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144. MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	THE LANGE OF THE PARTY OF THE P	SS, Shah kialdeum Avenue Utara, Dhaka
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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 l'evaccinatio.

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' te" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination e' te' habilite parl' adminstration sanitaire du territoire dans lequel ce cenite est

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

Ce certificate do it etre signe' par un me' decin de sa propre main, son cachet official ne pouvant etre conside' re' comme Ienant lieu de signature.

Toute correction ou rature sur le certificate ou l'omission d'une quelconique des mentions qu'il comporle peut affecter sa validite.