

WALLEM	SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7

Pre-Sea Exam: ☐	Periodic Exam: ☐	Other: ☐
--	---	---------------------------------

Examination for duty as: Master: Y/N: _____ Deck Officer: Y/N: _____ Eng Officer: Y/N: _____ Ratings: Y/N: _____ Cook: Y/N: _____ Other: Y/N: _____ Please specify _____ _____	Fit to perform the duties he/she is to carry out.	Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	Temporarily unfit to perform the duties he/she is to carry out.	Permanently unfit to perform the duties he/she is to carry out.
	☐	☐	☐	☐

To be filled by Manning Centres

Name, Address with Contact details of Manning Centre:			
Vessel to be assigned:		Routine & Emergency Duties (if known):	
Type of vessel (Container, Tanker, Passenger etc):			
Trade area (e.g. Coastal, Tropical, Worldwide):	Cosastal ☐	Tropical ☐	WorldWide ☐

Part I - Examinee's Personal Declaration with Medical History

(Examinee is to be answer the following to the best of examinee's knowledge)

(Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details

Name of Examinee (Family/ last, first, middle):		WAZIULLAH MOHAMMAD			
Home/ Permanent Address:		14/1 TALLAHBAG, JIGATA LA, DHAKA-1209			
Mailing Address:		- Do -			
Date of birth (day/month/year):		15	1	01	1965
Sex:		MALE			
Place of Birth:	City: DHAKA Country: BANGLADESH	Nationality:	BANGLADESHI		Rank: C/E
Civil Status:					
Identity Docs/ Passport /Discharge Book No:		C/011308			

Examinee's Medical History

Is there any past / present history of any of the following	Examinee	Examiner's	Is there any past / present history of any of the following	Examinee	Examiner's
---	----------	------------	---	----------	------------

04.2023.3799



SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21
Page: 2 of 7

	Declaration		Record			Declaration		Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		✓		✓	Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor		✓		✓
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		✓		✓	Stomach / Bowel Disorders/ Digestive Disorder		✓		✓
Ear (Hearing, tinnitus) Problems / Impairment		✓		✓	Gall Stones/ Jaundice / Kidney Disorders		✓		✓
Mental Diseases, Breakdown / Sleep Disorder		✓		✓	Severe/ Frequent/ One Sided Headaches (Migraine)		✓		✓
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		✓		✓	Back / Joint Problems/ Wrist Problems/ Slipped Disc		✓		✓
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Balance Problem		✓		✓	Piles / Varicose Veins		✓		✓
Sinuses/ Nose/ Throat Problems		✓		✓	Allergies / Rash/ Skin Disease		✓		✓
Thyroid Problem		✓		✓	Female Disorders		✓		✓
High / Low Blood Pressure/ Blood Disorder		✓		✓	Major / Minor Operation/ Surgery		✓		✓
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		✓		✓	Contagious Diseases/ Gastrointestinal infection / Other Infections		✓		✓
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		✓		✓	Sexually Transmitted Disease/ Infections		✓		✓
Shortness of Breath		✓		✓	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		✓		✓
Rheumatic Fever		✓		✓	Diabetes	✓		✓	
for Male Examinee	Yes	No	If "Yes", give details		for Female Examinee	Yes	No		
Prostate Problems/ Testicular Lumps		✓			Breast Lumps/ Menstrual Problems			✓	
Penile Discharge		✓			Pregnancy				
Multiple Partners		✓			Multiple Partners				

If "Yes", to any of the above, please explain:

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		✓
Have you ever been hospitalized?		✓
Have you ever been declared unfit for sea duty?		✓
Has your medical certificate ever been restricted or revoked?		✓
Are you aware that you have any medical problems or diseases?		✓
Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
Are you currently under a doctor's care/ medication?		✓
Are you allergic to any medications?		✓
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox		✓
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		✓

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/IAMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21
Page: 3 of 7

Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		
In the last one week have you consumed any of these Drugs/ Medication		
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		
Pain Killers, If Yes, Please State name of Drug Crocin/ Aspirin/ Fortwin etc.		
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		
Any Medicine/ Injections from your family Doctor		
To What Extent Do You Use: Alcohol: _____, Cigarettes: _____		
Tobacco: _____, Drugs: _____		
Are you taking any non-prescription or prescription medications? ☒		
If yes, please list the medications taken and the purpose(s) and dosage(s). Tab Dimecron MR30 for DM 170+1		
Date and contact details for previous medical examination (if known): Tab Bis101 10mg - 170+1. Am 18 TW		
Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel):		
Family History :	Yes	No
Diabetes	☒	☐
Blood Pressure/ Heart Disease	☒	☐
Mental Illness/ Epilepsy/ Seizure	☐	☒
Cancer	☐	☒
If "Yes", to any of the above, please explain:		

Any other major conditions?			
Would you say that your health is: Excellent * Good * Fair *			
I _____ holding Passport/Seaman Book no. _____ hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to			
Dr. _____ (the approved medical practitioner carrying out the medical examinations).			
Signature of Examinee:		Date (day/month/year):	19 APR 2023

Height in cms:	Weight in Kg:	Blood Pressure	Systolic 30 (mmHg)	Diastolic 80 (mmHg)
BMI:	Temperatures:	Pulse Rate:	78 b/m	Respiratory rate
		Rhythm:	Regular	19 b/m.
Chest:	Insp: 43	Exp: 41	Oral Health	Good
				Good

Part II - Medical Examination

The Company has set the following BMI limits: A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.	
For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia etc), then the seafarer in question MUST undergo a stress/ treadmill test.	
If the results of the stress/ treadmill test are average or above, the seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways to improve their health.	

**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
BY AN APPROVED EXAMINER**

WALLEM

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21
Page: 4 of 7

BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

	Visual acuity						Visual fields		
	Unaided			Aided			Normal	Defective	
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular			
Distant	6/6	6/6					✓		
Near							✓		

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No

If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:	Type:	Book *	Lantern *	Ishihara *	CIE-43-2001 *
Check if colour test is Normal:	Yellow	*	Red	*	Green
Colour Vision:	Not tested	*	Normal	*	Doubtful

Hearing:

Pure tone and audiometry (threshold values in dB)							Speech and Whisper Test (Meters)		
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz	Normal	Whisper	
Right ear	20	20	20				4	4	
Left ear	20	20	20				4	4	

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose Veins	✓	
Eyes	✓		Vascular (Inc. Pedal Pulses)	✓	
Eye Movement/Pupils	✓		Abdomen and Viscera	✓	
Ophthalmoscopy	✓		Hernia	✓	
Ears, Tympanic Membrane	✓		Anus (Not Rectal Exam.)	✓	
Sinuses, Nose, Throat	✓		G-U System	✓	
Mouth/Teeth/Gums	✓		Upper & Lower Extremities	✓	
Nervous System	✓		Spine (C/S, T/S and L/S)	✓	
Heart	✓		Neurologic (Full Brief)	✓	
Lung and Chest	✓		Psychiatric	✓	
Breast Examination	✓		Pupils	✓	
Skin	✓		Musculoskeletal System	✓	

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	✓		Hypertension	✓	
Dysrhythmia/ Pacemaker	✓		Congenital Heart Disease	✓	
Valvular Heart Disease	✓		Peripheral Circulation	✓	
Cardiomyopathy	✓		Pulmonary Circulation/ TB	✓	
Aneurysms	✓				

Chest X-ray (PA) Not performed *

Result : Performed * on (day/month/year) Normal Abnormal



WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21
Page: 5 of 7

Other diagnostic test(s) and result(s):

Test:

Result:

Investigation:

Blood	Result	Normal	Urine	Result	Additional Tests	Result	Normal
Haemoglobin "Hb"	13.6 g/dl	13 - 18 gm/dl	Colour	SW	(HbA1c)	7.4	4.0 % - 6.5 %
Total WBC count	6650	4,000 - 11,000 / cu.mm	Specific Gravity		RBS/ FBS (Blood test)	8.40	
Neu 73%, Lymph 18%, Eos 04%, Bas 05%, Mo %			pH		Total Bilirubin	0.96	0.1 - 1.0 mg/dl
Blood Group & Rh factor (tested only once, need not be repeated)			Albumin	Nil	Direct Bilirubin	N/D	0.0 - 2.5 mg/dl
BI ESR	12	1 - 15 mm / hr	Sugar	Nil	Indirect Bilirubin	N/D	0.0 - 0.75 mg/dl
Platelets	189000	1.50-4.00 Lakh/ul	Bile Pigment		SGPT	12	9 - 43 U/L
Fasting Lipid Profile			Bile Salt		SGOT	21	0 - 40 IU/L
S. Triglycerides	72	25-200 mg/dl	Occult Blood		SGGT	14	0 - 49 IU/L
Cholesterol Serum	139	130-220 mg/dl	RBC Cells	Nil	Blood Urea	N/D	10 - 50 mg/dl
HDL Cholesterol Serum	38	35-65 mg/dl	Leucocytes		S. Creatinine	1.11	0.8 - 1.4 mg/dl
LDL Cholesterol Serum	86	85-150 mg/dl	Stool Test	Result	BUN	14	5-23mg/dl
VLDL Cholesterol Serum	N/D	07-35 mg/dl	Bacteriological	N.F	PSA	N/D	Less than 4.00 ng/ml
Total /HDL Cholesterol	3.66	3.0-5.0	Parasitical	N.F	Malarial Parasite	N.F	
LDL/HDL Cholesterol	N/D	2.5-3.5	Others		Uric Acid	6.04	2.4 - 7.5 mg/dl
Hepatitis B	Positive	Negative	HIV I&II	Negative			
Hepatitis C	Positive	Negative	VDRL	Negative			

Drugs: Method:

Results:

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine/ Urine *	Opiates & Morphine *
Cut Off Limit	(1000 ng/ ml)	(200 ng/ ml)	50 ng/ ml	(300 ng/ ml)	
Not Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids / Urine *	Cocaine/ Urine *	Opiates & Morphine *
Spirometry	N/D	TMT	Normal	Drugs of Abuse	Negative
ECG	Normal	ECHO	Normal	Ultrasound (USG) of the Abdomen & Pelvis	Normal

Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes / No

Vaccination status recorded: Yes / No Satisfactory * to be reviewed *

WALLEM	SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 6 of 7
---------------	---	--

Details:

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

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

Examination	Results of the examination		Examination	Results of the examination	
	Pass	Fail		Pass	Fail
Medical History	✓		Fecalysis (food service/handlers only)	✓	
Physical Examination	✓		Hep B Antigen	✓	
Dental Examination	✓		Hep C Antibodies	✓	
Psychological Test	✓		Stress Test	✓	
Visual Test	✓		Diabetes	✓	
Colour Vision	✓		Ultrasound Examination (Presence of gall & Kidney Stones)	✓	
Audiometry	✓		Alcohol/ Drug Test	✓	
EKG	✓		2D echo Doppler study (for heart patient) Psychometric evaluation	✓	

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is

- (a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory
- (b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she is fit / unfit for look out duty
- (c) that he / she needs / does not need visual aids / informed to carry spares
- (d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?
- (e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/examination)
Fit:	*	*	*	*
Unfit:	*	*	*	*

this seafarer is **UNFIT FOR DUTY**/ FIT FOR DUTY** with/ without restrictions* as mentioned below,

* This Medical Certificate is issued with following restrictions (e.g., specific position, type of ship, trade area & other as applicable):

** Reasons for being unfit



WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED

BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21
Page: 7 of 7

This is to certify _____ was physically examined and he/she is found to
be FIT for sea service/ look-out duty for the period from _____ To _____ Place of medical
examination _____ Date of medical examination: _____ Medical
certificate validity date (day/month/year): 19 APR 2023 _____ Name of Examiner (Please Print):
18 APR 2024 _____

(Validity should not be more than 2 years)

Degree: _____ Address: RADICAL HOSPITAL LIMITED
Tel./Fax/Email: Uttara, Dhaka, Bangladesh

Name of Medical Examiner/ Physician Certificate /License Issuing Authority:

Date of issue of Medical Examiner/Physician Certificate/ License: _____ Registration No.: _____

Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner
(print name of medical examiner if not legible) and I acknowledge, that
I have been advised of the content of the medical certificate & of the
right to a review in accordance with paragraph (6) of section A-I/9 of STCW
Code and my obligations.)

Date: 19 APR 2023

Official Stamp & Signature with Govt. (DGS) Approval/
No.....of Medical Examiner

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

Original: Master & Crewing Dept
cc: Seafarer

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.



REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER
As per Merchant Shipping (Medical Examination) Amendment Rules, 2000 and ILO IMO/JMS/2011/2012
(In Compliance with MLC 2006 & ISM/STCW 2010, Code 1/9)

Name : WAZIULLAH MOHAMMAD Sex : MALE Serial No. : _____
Date of Birth : 15/01/1965 PP/CDC No.: C/01308 Nationality: BANGLADESHI
Rank: C/E Vessel: _____ Type: OIL TANKER Route: WORLDWIDE
Home Address : 14/1 TALLAHBAG, JIGATA LA, DHAKA-1209
Company Name & Address: _____

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		Examiner Record		Is there any past/present history of any of the following?	Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-side headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memory		✓		✓	High/Low Blood Pressure / Heart Disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthma / Bronchitis / Tuberculosis		✓		✓
Eye / Vision / Problems (Glasses etc)		✓		✓	Allergy / Skin Disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat Problem		✓		✓	Addiction to alcohol / drugs / tobacco		✓		✓
Stomach / Bowel Disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall Stones / Kidney Disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Venicose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Malignant Disease (Cancer)		✓		✓
Female Disorders		✓		✓	Signed off on medical ground/Declared Unfit		✓		✓

Notes:

Candidate's Declaration :- My signature below acknowledges that all statements provided by me in this application are true & correct to the best of my knowledge and belief and I further authorise & consent to the release of any / all of my medical records from any source including Insurance offices, Doctors, Hospitals or other institutions and public authorities. This general medical release will also authorize the release of any / all of my psychological records. If I am being tested for HIV virus, I consent to have the result revealed to my employer. I declare the above statements to be correct.
I hereby certify that the above medical statements are true and will form the basis of my medical examination. I agree that any omission or mis-representation shall preclude me from employment and other medical benefits.

Date:

Candidate's Signature

Medical Examination:

Height in cms		Weight In Kgs		Blood Pressure in mm of Hg		Pulse-beats/min		Resp. Rate/min		General Appearance					
				130/80 mm		78 bpm		19 bpm		HEALTHY					
Compliant with MLC2006, STCW 2010 STANDARD A-1/9	Distant Vision (Snellen's Chart)	Uncorrected	Corrected	Field Of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000	Compliant with MLC2006, STCW 2010 STANDARD A-1/9
	Right Eye	6/6		Normal	Right Ear	dB	20	20	20	Not Indicated					
	Left Eye	6/6		Abnormal	Left Ear	dB	20	20	20						
					*Hearing	Normal Voice					Whispered Voice				
Colour Vision	Ishihara	Normal		Abnormal	Right Ear	4 METER					2 METER				
	Others	Normal		Abnormal	Left Ear	4 METER					2 METER				

Systemic Examination	Norm	Abnor	Notes	Norm	Abnor
Head & Neck	✓		FIT FOR SEA SERVICE AS PER MLC 2006 Enhanced GARD Medicals	Respiratory System	✓
Eyes	✓			Cardiovascular System	✓
Ear / Nose / Throat	✓			Per Abdomen	✓
Teeth / Oral Cavity	✓			Genito-urinary System	✓
Musculo-Skeletal System	✓			Others	✓
Nervous System	✓			Hernia / Hydrocoele	✓
Reflexes	✓			Varicose Veins	✓
Skin	✓			Fissure / Fistula / Piles	✓

Investigations:

Blood	Result	Normal	Urine	Result	PHOTO
Hemoglobin	<u>13.5 g/dl</u>	M:13-17 F:12-15 gm%	Colour	<u>SW</u>	
Total WBC Count	<u>6650</u>	4000 - 10000 / cu.m	Specific Gravity		
Neu % Lymph % Eos %	<u>12 %</u>		pH		
ESR	<u>12</u>	1 - 10 mm/hr	Albumin	<u>NIL</u>	
SGOT	<u>21</u>	0 - 35 IU / L	Sugar	<u>NIL</u>	
SGPT	<u>12</u>	10 - 60 IU / L	Bile Pigment		
S. Cholesterol	<u>139</u>	130 - 220 mg / dl	Bile Salt		
S. Triglycerides	<u>76</u>	upto 200 mg / dl	Occult Blood		
Blood Sugar	<u>8.4</u>	upto 140 mg %	RBC Cells	<u>NIL</u>	
Creatinine	<u>1.1</u>	upto 1.5 mg / dl	Leucocytes		
GGTP	<u>14</u>	upto 55 IU / L	Spirometry	<u>NIL</u>	
HbsAg	<u>negative</u>		Drug of Abuse	<u>Negative</u>	
HIV I & II	<u>negative</u>		TMT	<u>Normal</u>	
VDRL	<u>non reactive</u>		ECG	<u>Normal</u>	
Others			USG	<u>Normal</u>	
Blood Group	<u>B (+ve)</u>		XRy (Chest PA)	<u>Normal</u>	

Result Of Medical Examination

On the basis of the history, clinical examination & diagnostic tests, I, _____ hereby declare the above examinee has been found medically FIT

Remarks / Recommendation : *Unaided Hearing : Satisfactory

I, _____, certify that all information required under Annexure E & F of (Merchant Shipping) Rules 2000 are incorporated in this certificate.

Date of Medical Exam: 19 APR 2023

Date of Medical fitness: 19 APR 2023

Validity of Medical Certificate: 18 APR 2024



DR. MIR. MD. RAIHAN

MBBS (DU), DFC (Dent), Dip. Ophth (Ophth)

BMDG A-35144, MMLC-SGD-010

General Physician

Radical Hospitals Limited.

IDENTITY OF CANDIDATE CONFIRMED WITH

04.2023.3799

MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT WAZIULLAH		FIRST NAME MOHAMMAD		MIDDLE INITIAL									
DATE OF BIRTH 01 MONTH 15 DAY 1965 YEAR		PLACE OF BIRTH DHAKA CITY BANGLADESH COUNTRY											
EXAMINATION FOR DUTY AS : MASTER ☐ MATE ☐ ENGINEER ☒ RADIO OFF ☐ SEAMAN ☐		MAILING ADDRESS OF APPLICANT 14/1 TALLAHBAG, JIGATALA DHAKA-1209.											
MEDICAL EXAMINATION													
HEIGHT	WEIGHT	BLOOD PRESSURE 130/80 mm	PULSE 78 b/min	RESPIRATION 19 b/min									
VISION:		HEARING:											
<table border="1"> <tr> <td></td> <td>RIGHT EYE</td> <td>LEFT EYE</td> </tr> <tr> <td>WITHOUT GLASSES</td> <td>6/6</td> <td>6/6</td> </tr> <tr> <td>WITH GLASSES</td> <td></td> <td></td> </tr> </table>			RIGHT EYE	LEFT EYE	WITHOUT GLASSES	6/6	6/6	WITH GLASSES			RIGHT EAR mm LEFT EAR mm		
	RIGHT EYE	LEFT EYE											
WITHOUT GLASSES	6/6	6/6											
WITH GLASSES													
COLOR TEST TYPE : BOOK ☐ LANTERN ☐ Check if color test is normal		YELLOW mm RED mm GREEN mm BLUE mm											
HEAD AND NECK Normal		HEART (CARDIOVASCULAR) Normal											
LUNGS Normal													
SPEECH : Is speech unimpaired for normal voice communication ?													
EXTREMITIES: UPPER Normal LOWER Normal													
Is applicant suffering from any disease likely to be aggravated by, or to render him unfit for, service at sea or likely to endanger the health of other persons onboard? NO.													
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO :													
AND HE / SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM													
NAME AND DEGREE OF PHYSICIAN DR. MR. MD. RAIHAN (PLEASE PRINT)													
ADDRESS RAMDICH HOSPITAL LIMITED, UTTARA													
NAME OF PHYSICIAN'S LICENSING AUTHORITY DG SHIPPING BANGLADESH													
DATE OF ISSUE OF PHYSICIAN'S LICENSE 06 MAY 2014													
				SIGNATURE OF PHYSICIAN									

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73)



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.

**WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.****REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION**
(Confidential Document)Form : MHRS 08
Prepared by : MR
Approved by : MD
Issued : Feb '08
Revised : Mar '17

From : _____

(Please write Name, Address & Contact Details of Manning Centre)

RADICAL HOSPITAL LIMITED

Dhaka, Bangladesh

To : _____

(Please write Name, Address & Contact Details of the Doctor/ Clinic/Examiner)

PHOTOGRAPH

2" x 2"

Please carry out medical examination of the seafarer, the details and requirements for which are as stated below.

Date : 19 APR 2023

(Name & Signature of Responsible Person from Manning Centre)

Examinee's Details :Full Name : MOHAMMAD WAZIULLAH Address : 14/1 TALLAHBAQ, JIGATA, DHAKA-1209Date of Birth : 15-01-1965 Rank : C/E Name of vessel to be assigned : _____Type of vessel : OIL TANKER Trade area : WORLDWIDE

(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide) :

CDC No. : C/01308 Passport No. : _____ Crew ID.(from Compas) : 1213

Position Offered/ Applied for : _____ Routine & Emergency Duties (if known) : _____

As per requirements of applicable P&I club :

- | | | |
|--|--|--|
| ☐ West of England P&I | ☐ UK P&I | ☐ Steamship Mutual Underwriting Association |
| ☐ Britannia P&I | ☐ Skuld P&I | ☐ North of England Association P&I |
| ☐ Standard P&I | ☐ Gard P&I | ☐ London Steamships P&I |
| ☐ Japan P&I | ☐ American Steamships P&I | ☐ Others : _____ |

As per requirements of applicable Flag State :

- | | | | | |
|-----------------------------------|------------------------------|-------------------------------------|---|--------------------------------|
| ☐ Liberian | ☐ NIS | ☐ Panamanian | ☐ Marshall Islands | ☐ Malta |
| ☐ Danish | ☐ ILO | ☐ UK | ☐ Others : _____ | |

Medical Examination Module (as applicable): _____ (Please refer to "Annex 1" of WSM(I)'s Quality Manual)

FOR SEAFARERS : Please write any past medical history [Injury or Illness] in detail; any history of allergy to drugs should be mentioned in the box provided below :

Please read and sign the following statement :-

"I certify that my past medical history will be/has been fully declared to the Company Doctor and any false statement or undisclosed material and/or information in regard to past or present illness and/or medical condition(s) will disqualify me from any employment benefits and claims."

Seafarer's Signature

Date : 19 APR 2023

Doctor's Signature

Date : 19 APR 2023

Original: Doctor & Copy : Manning Centre

Remark: The document to be uploaded into CMS under "Medical Lab."

**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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: <u>WAZIULLAH</u>		GIVEN NAME (S): <u>MOHAMMAD</u>	
DATE OF BIRTH: DAY <u>15</u> MONTH <u>01</u> YEAR <u>1965</u>		PLACE OF BIRTH CITY <u>DHAKA</u> COUNTRY <u>BANGLADESH</u>	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: <u>14/1 TALLAH BAG, JIGATA LA, DHAKA -</u> <u>1209, BANGLADESH</u>	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	<u>6/6</u>	<u>—</u>	RIGHT EAR <u>MM</u>
LEFT EYE	<u>6/6</u>	<u>—</u>	LEFT EAR <u>MM</u>

COLOR TEST TYPE:
☒ BOOK
☒ LANTERN
 YELLOW MM RED MM
 GREEN MM BLUE MM

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) 19 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.

<u>[Signature]</u> Signature of Applicant	<u>MOHAMMAD WAZIULLAH</u> Name of Applicant	<u>19 APR 2023</u> Date
--	--	----------------------------

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. MBBS. DPM

ADDRESS: RADICAL HOSPITAL LIMITED.

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06 MAY 2014

SIGNATURE OF PHYSICIAN: <u>[Signature]</u>	STAMP OF PHYSICIAN:	DATE: <u>19 APR 2023</u>
EXPIRY DATE OF CERTIFICATE: <u>18 APR 2024</u>		

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

DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CCD (Biderm), PGT (Ophth)
 BMDG A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

FIT FOR DUTY ON BOARD SHIP

Last/Family Name

First & Middle /Given Name

Position applied for

WAZIULLAH

MOHAMMAD

Date of Birth

Sex

Nationality

ID (Passport/Discharge book) No.

15/01/1965

MALE

BANGLADESHI

C/0/1308

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of MLC 2006 Reg 1.2; STCW 2010 & the guidance for the conduct of medical examination issued by the Directorate, as amended from time to time. On the basis of the seafarer's personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is -

(a) that the hearing meets the required standards for his rank:-

Unaided hearing is satisfactory

Yes No

Yes No

(b) Visual acuity meets the required standards for his rank

Colour Vision meets the the required standard

that he is fit for look out duty

Yes No

Yes No

Yes No

(c) that he needs visual aids / informed to carry spares

Yes No

(d) that he is taking regular medication & seafarer does require to take same during his tenure on board vessel

Yes No

(e) that the seafarer is not suffering from any disease likely to be aggravated by, or render him unfit for, service at sea or likely to endanger the health of other persons on board ships

Yes No

(f) this seafarer is **FIT FOR DUTY without restrictions*** as mentioned below

** This Medical Certificate is issued with following restrictions

** Reasons for being unfit

Physician Signature:

Physician Name Printed:

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)

BMDA A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

Clinic Stamp



Date:

19 APR 2023

Valid Till:

18 APR 2024

Authorizing body of Medical Examiner: Directorate General of Shipping, Govt. of Bangladesh

I acknowledge, that I have been advised of the content of the medical certificate & of the rights for a review and my obligations.

19 APR 2023

Seafarers signature with Date:-

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



Form No: SMC

SL NO.

04.2023.3799

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 WAZIULLAH First MOHAMMAD Middle _____
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 19 APR 2023
Occupation: Deck/Engine/Catering/Other (specify) _____ Rank: CHIEF ENGINEER
Father's/ Husband's name: ABUL ABBAS MD. OBAIDULLAH C.D.C No. C/011308
Mother's Name: SHAMSUN NAHAR BEGUM Seaman ID No. 050007556
Address: House No: 14/1 Street/ Road No: TALLAH BAG Passport No. B00132624
Locality/Village: JIGATA LA NID No. 689 601 1159
P.O. JIGATA LA DHAKA-1209 Date of Birth: 15/01/1965
P.S. HAZARIBAGH (DD/MM/YYYY)
District: DHAKA

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 : 19 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:

Medical/Other:

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

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

10. Date of examination/Issue (DD/MM/YYYY) : 19 APR 2023

11. Date of expiry (DD/MM/YYYY) : 18 APR 2024 "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



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 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 prior to the date of making application 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 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 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 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible 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 engineer 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 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 a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

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

19 APR 2023

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

DATE: 19/04/2023

Ref No: 220

TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY THAT HE IS MR. MOHAMMAD WAZIULLAH, AGE 59+ YEARS MALE, CDC NO: C/O/1308, PASSPORT NO: B00132624, SEAMAN CAME TO ME FOR MEDICAL CHECK-UP. ON PHYSICAL EXAMINATION AND ON RELEVANT INVESTIGATIONS HE IS MEDICALLY FIT TO CONTINUE SHIP JOB.

THIS IS FOR YOUR KIND INFORMATION AND TAKE NECESSARY ACTION PLEASE.



DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD
Reg. No. A-55144 (BMDC)
Reg. No. BGD-016 (MMC)
DG, Shipping Approved (BD)
General Physician
Radical Hospitals Limited.

