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: ALAM (Surname) KAZI MD SHAHRIAR (First Name) Sex: M Serial No:

Date of Birth: 24/02/1979 PP/CDC: S/0/3577 (Middle Initial) Rank: MASTER

Vessel: Type: CONTAINER Route: WORLD WIDE

Home Address: H-546/1, R-13, DOHS BARIDHARA, DHAKA-1206, BANGLADESH

Company Name : SYNERGY SHIPPING

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		✓		✓	Addiction 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		✓		✓	Malignant disease (Cancer)		✓		✓
Female Disorder		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
168cm	80kg	42-40 cm	120/80 mm	78/m	18/mn	Good

Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye		6/6	Normal	Right Ear	dB	20	20	20					No
Left Eye		6/6	Abnormal	Left Ear	dB	20	20	20					

Colour Vision				Hearing	Right Ear	Left ear
Ishihara		Normal	Abnormal			
Other		Normal	Abnormal		4	4

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 MASTER
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	Urine	
Hemoglobin	15.2 gm%	14-16 gm %	Colour	STRAW
Total WBC count	6400 cu.mm	4000-11000 / cu.mm	Specific Gravity	N/
Neu 61 % Lymp 32 % Eos 02 Ba 00 % Mo 02 %			pH	N
Malarial parasite	Not Found		Albumin	N
ESR	05 mm / 1st hour	1- - 15 mm / hr	Sugar	N
SGPT	U/L	9--43 U / L	Bile pigment	N
S.Cholesterol	mg/dl	145--260 mg / dl	Bile salts	N
S.Tnglycerides	mg/dl	upto 200 mg /dl	Occult blood	N
Blood Sugar	RBS PPBS	upto 125 mg %	RBC cells	N
HbsAg	Negative		Leucocytes	
HIV I & II	Negative		Others	
VDRL			Spirometry:	Normal
Others	GGTP U/L			
Blood Group			Drugs of Abuse:	Negative
ECG :	Normal	TMT:	NIE	
X-Ray Chest:	Normal		USG:	NIE

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, Doctor's Name: 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: 16 AUG 2025

Candidate's Signature

Official Stamp: Radical Hospitals Ltd. Approved by Department of Shipping DG Per-ML-2006

Doctor's signature:

Date: 17 AUG 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

04.2025.4598

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA

SURNAME: ALAM	GIVEN NAME (S): KAZI MD SHAHRIAR
DATE OF BIRTH: DAY 24 MONTH 02 YEAR 1979	PLACE OF BIRTH CITY DHAKA COUNTRY BANGLADESH SH / SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☑ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: H-546/1, R-13, DOHS BARIDHARA, DHAKA, 1206, BANGLADESH.

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	☐ BOOK	
RIGHT EYE	—	6/6	☑ LANTERN	RIGHT EAR
			YELLOW RED	
LEFT EYE	—	6/6	GREEN BLUE	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) 17 AUG 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	KAZI MD SHAHRIAR ALAM Name of Applicant	17 AUG 2023 Date

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. Uttara, Dhaka | DATE: 17 AUG 2023

EXPIRY DATE OF CERTIFICATE: 16 AUG 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 : 23080829	**Date :** 18-Aug-2023	**D.Date :** 17-Aug-2023
Patient's Name : KAZI MD SHAHRIAR ALAM	**Age :** 44Y 5M 24D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/3577	

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.3** 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)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,400** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**61** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**33** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**04** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**128** /cumm	50-450/cumm
Total RBC Count	**5.04** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**38.7** %	M: 40-54%, F:37-47%
MCV	**76.8** fL	76 - 94 fL
MCH	**30.4** pg	27 - 32 pg
MCHC	**39.5** g/dL	29 - 34 g/dL
RDW	**14.1** %	11 - 16 %
PDW	**14.6** fL	35 - 56 fl
Total Platelete Count (PC)	**1,76,000** /cumm	150,000-450,000/cumm
MPV	**10.1** fL	7.0 - 11.0 fL
PCT	**0.178** %	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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23080829	Received Date	17/08/2023
Patient's Name	KAZI MD SHAHRIAR ALAM		
Patient's Age	44Y 5M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3577
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23080829	Received Date	17/08/2023
Patient's Name	KAZI MD SHAHRIAR ALAM		
Patient's Age	44Y 5M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3577
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	1-2/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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Bill No	DIA23080829	Received Date	17/08/2023
Patient's Name	KAZI MD SHAHRIAR ALAM		
Patient's Age	44Y 5M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3577
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

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RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23080829	Receive:17/08/2023	Print: 17/08/2023
Patient's Name	:	**KAZI MD SHAHRIAR ALAM**		
Age	:	44 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.

ID: 098

17-08-2023 19:19:03

Male 44 Years

HR	: 84	bpm
P	: 116	ms
PR	: 156	ms
QRS	: 102	ms
QT/QTc	: 370/438	ms
P/QRS/T	: 53/-15/31	°
RV5/SV1	: 1.065/0.583	mV

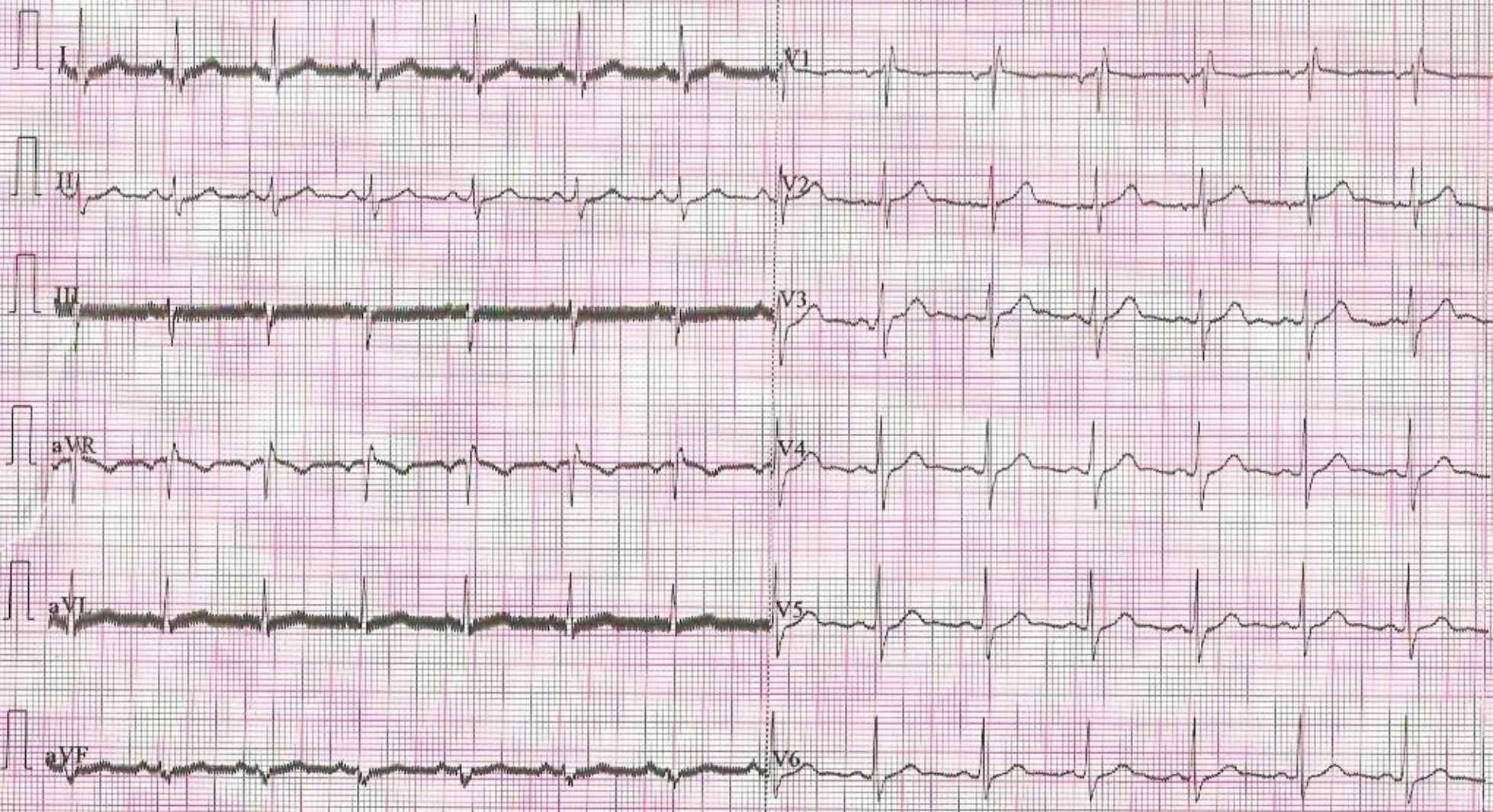
Diagnosis Information:

Sinus rhythm

Incomplete RBBB

Borderline ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥84 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23080829	Receive: Print: 17/08/2023		
Patient's Name	:	**KAZI MD SHAHRIAR ALAM**			
Age	:	44 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	84 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

INTERNATIONAL CERTIFICATES Of VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUASX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

KAZI MD SHAHRIAR ALAM.

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le 24/02/1979 | Sex / Sexe M.

Whose signature follows / don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature of qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
24 NOV 2022 2	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A 55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Medical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhoum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
17 AUG 2023 3	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Medical Hospitals Limited	CENTER FOR VACCINATION 35, Shah Makhoum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

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 revaccination within such period of two years, on the date of that revaccination.

Norwithstanding the above provision in the case of a pilgrim, tins certificate shull 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 form prescribed by the health administration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any pan of it May render is invalid.

La validity dece certificate couvrc unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une rovaccination a cour. d,,.gtte period do six mois jour de cettc revaccination

Nonobstant les. despositions ci-dessue dans le cas d'un pelerin le present certificate dorrlalre mention de deux injections partiquees a sent jours d' intervaile et sa validite cofllmenge lejour de la seconde micction

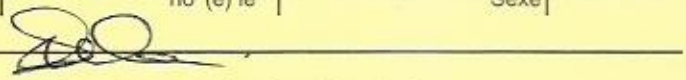
De cachet d' authentification doit etre c_anforme au modele present per l, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rabfe sur le certificate ou l o. mission d" une quelconque des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATES Of VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUASX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

KAZI MD SHAHRIAR ALAM .

This is to certify that / JE Soussigne' (e) certifie que | _____ | date of birth / no' (e) le | 24/02/1979 | Sex / Sexe | MALE

Whose signature follows / don't la signature suit | 

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature of titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1 24 NOV 2022	DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opnth) BMDC A 55144. MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	YELLOW FEVER VACCINE L NO DAKAR	CENTER FOR VACCINATION 35, Shahjalal Uposhohor Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccina used has been approved by the world I lcalih organization and vaccinating.centre has been designated by héalth administration for the territory in which that centre is situated.

The validity of his certificate shall extend for a period of ten years, beginning in day after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccination.

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

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

Ce certificate n' est avaiable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa_tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminslralion sanitaire du (erriloire dans lcqucl'ce centre est siture;

La validite' de ce certificat couvrc une pe'riodc de dix ans comencant dix joursaorcs la date de,la vaccination ou, dans le cas dune reiaccination.u .ou., a.-cittc lie,iio,i a" dix ans, lejour de centtc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet officiar nc pouvant cue conside' commc lcnanr lieu de signature.

Toute eorection ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.