

HAQUE & SONS LTD.

Accredited By BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER HSL-003358

MEDICAL EXAMINATION CERTIFICATE

	NO. P.	FIRST NAME AND		MIDDLE NAME		
ACE AL	ND DATE OF BIRTH		ID	CC.VAVANIO DCC	ABDUL	
	HAGARH 20-Aug-1990	PASSPORT NUMBER	16856	SEAMAN'S BOO	CO7145	
TIONA		Male D Female		ULK CARRIER TRAC		LD WI
	INT HOME ADDRESS	Z maic cr cmaic		TACT NUMBER:	0088 017584	
	TI, WARD NO 01, ATWARI, ATOA	RI-5040, PANCHAGARH,				
GLADI			RANK		2ND ASST ENG	SINEE
lave yo	ou ever had any of the following cor	nditions?				
	Condition	YES NO	Condition		YES	NO J
1	Fye/vision problem	11 /10	18 Sleep problems		[3	1
2	High blood pressure	n /	19 Do you smoke?		13	1
3	Heart/vascular diseasc		20 Operation/surge		П	1
4	Heart surgery	11 /1/	21 Epilepsy/seizur	5725-41	ri :	1
5	Varicose veins	11 /12	22 Dizziness/faintir		П.	111
6	Asthma/bronchitis	11 /1	23 Loss of conscio		F1 .	111
7	Blood disorder	11 /1	24 Psychiatric prof		1.1	11
8	Diabetes	11 /	25 Depression		1.1	1/1
9	Thyroid problem		26 Attempted suici	de	EI .	1/1
10	Digestive disorder	11 1/	27 Loss of memor		U	V
11	Kidney problem	1/	28 Balance proble		[]	11
12	Skin problem		29 Severe headac			11
13	Allergies	1/2	30 Lar/nose/throat		E1	V
14	Infectious/contagious diseases	1 /	31 Restricted mob		D.	1/
15	Hernia	11//	32 Back problems		1.1	11
16	Genital disorders	da	33 Amputation	00.020 (100)		1/
17	Pregnancy	11/1/11	34 Fractures/dislo	cations	11	0
	of the above questions were answer onal questions Have you ever been signed off as		556-74 		YES	NO
35 36 37 38	onal questions	s sick or repatriated from a ? it for sea duty?	ship?			NO 1
35 36 37 38 39	Have you ever been signed off as Have you ever been hospitalised' Have you ever been declared unl Has your medical certificate ever Are you aware that you have any	sick or repatriated from a ? it for sea duty? been restricted or revoked medical problems, diseas	ship? d? es or illnesses?		[] [] []	NO YOUNG
35 36 37 38 39 40	Have you ever been signed off as Have you ever been hospitalised' Have you ever been declared unl Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to	s sick or repatriated from a ? it for sea duty? been restricted or revoke medical problems, diseas perform the duties of you	ship? d? es or illnesses?		[] [] []	NO X X X
35 36 37 38 39 40 41	Have you ever been signed off as Have you ever been hospitalised' Have you ever been declared unl Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medication	s sick or repatriated from a ? it for sea duty? been restricted or revoke medical problems, diseas perform the duties of you	ship? d? es or illnesses?		[] [] []	10 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
35 36 37 38 39 40 41	Have you ever been signed off as Have you ever been hospitalised. Have you ever been declared unline Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents.	s sick or repatriated from a ? it for sea duty? been restricted or revoked medical problems, diseas perform the duties of youns?	ship? d? es or illnesses? ir designated position/o		[] [] []	8 - X - X - X
35 36 37 38 39 40 41 Commo	Have you ever been signed off as Have you ever been hospitalised. Have you ever been declared unline Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents.	s sick or repatriated from a ? it for sea duty? been restricted or revoke medical problems, diseas perform the duties of you	ship? d? es or illnesses? ir designated position/o			4044140
35 36 37 38 39 40 41 Commo	Have you ever been signed off as Have you ever been hospitalised. Have you ever been declared unt Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents. FIT	s sick or repatriated from a ? it for sea duty? been restricted or revoker medical problems, diseas perform the duties of you is?	a ship? d? es or illnesses? ir designated position/o		[] [] []	4-44/1/2
35 36 37 38 39 40 41 Commo	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unl Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents.	s sick or repatriated from a ? it for sea duty? been restricted or revoker medical problems, diseas perform the duties of you is?	a ship? d? es or illnesses? ir designated position/o			4044540
35 36 37 38 39 40 41 Commo	Have you ever been signed off as Have you ever been hospitalised. Have you ever been declared unt Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents. FIT	s sick or repatriated from a ? it for sea duty? been restricted or revoker medical problems, diseas perform the duties of you is?	a ship? d? es or illnesses? ir designated position/o			4044540
35 36 37 38 39 40 41 Commo	Have you ever been signed off as Have you ever been hospitalised. Have you ever been declared unt Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents. FIT	s sick or repatriated from a ? it for sea duty? been restricted or revoker medical problems, diseas perform the duties of you is?	a ship? d? es or illnesses? ir designated position/o			NO STATE OF THE ST
35 36 37 38 39 40 41 Commo	Have you ever been signed off as Have you ever been hospitalised' Have you ever been declared unl Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medication ents. FIT Are you taking any non-prescriptiplease list the medications taken and the property of the p	s sick or repatriated from a ? it for sea duty? been restricted or revoked medical problems, diseas perform the duties of yours? FOR DUTY ON BOA on or prescription medical disease in the purpose(s) and dos.	a ship? d? es or illnesses? or designated position/or ARD SHIP tions? age(s)	ccupation?		1
35 36 37 38 39 40 41 Commo	Have you ever been signed off as Have you ever been hospitalised. Have you ever been declared unt Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents. FIT	s sick or repatriated from a ? it for sea duty? been restricted or revoked medical problems, diseas perform the duties of yours? FOR DUTY ON BOA on or prescription medical diseased the purpose(s) and dose evious medical records fro	a ship? d? es or illnesses? or designated position/or ARD SHIP tions? age(s) m any health profession	ccupation?	ns and public author	ities
35 36 37 38 39 40 41 Commo	Have you ever been signed off as Have you ever been hospitalised' Have you ever been declared unl Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents. FIT Are you taking any non-prescriptiplease list the medications taken and you authorize the release of all my preserved.	sick or repatriated from a repatriated from a repatriated from a repatriated or revoked medical problems, diseas perform the duties of yours? FOR DUTY ON BOA on or prescription medical differences and dosestions medical records from practioner) I also certify the residual records from the purpose of the performance	a ship? d? es or illnesses? or designated position/or ARD SHIP tions? age(s) m any health profession	ccupation?	ns and public author	ities
35 36 37 38 39 40 41 Commo	Have you ever been signed off as Have you ever been hospitalised' Have you ever been declared unl Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents. FIT Are you taking any non-prescriptiplease list the medications taken and you authorize the release of all my present Mir Md. Raihan (approved medical)	sick or repatriated from a repatriated from a repatriated from a repatriated or revoked medical problems, diseas perform the duties of yours? FOR DUTY ON BOA on or prescription medical differences and dosestions medical records from practioner) I also certify the residual records from the purpose of the performance	a ship? d? es or illnesses? or designated position/or ARD SHIP tions? age(s) m any health profession	ccupation?	ns and public author	ities
35 36 37 38 39 40 41 Commo	Have you ever been signed off as Have you ever been hospitalised' Have you ever been declared unl Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents. FIT Are you taking any non-prescriptiplease list the medications taken and you authorize the release of all my present Mir Md. Raihan (approved medical)	sick or repatriated from a repatriated from a repatriated from a repatriated or revoked medical problems, diseas perform the duties of yours? FOR DUTY ON BOA on or prescription medical differences and dosestions medical records from practioner) I also certify the residual records from the purpose of the performance	a ship? d? es or illnesses? or designated position/or ARD SHIP tions? age(s) m any health profession	ccupation?	ns and public author	ities
Addition 35 36 37 38 39 40 41 Common 42 If yes, p	Have you ever been signed off as Have you ever been hospitalised! Have you ever been declared unt Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medication ents. FIT Are you taking any non-prescriptiplease list the medications taken and any authorize the release of all my present the property of the property of the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorized the property	sick or repatriated from a repatriated from a repatriated from a repatriated or revoked medical problems, diseas perform the duties of yours? FOR DUTY ON BOA on or prescription medical differences and dosestions medical records from practioner) I also certify the residual records from the purpose of the performance	a ship? d? es or illnesses? or designated position/or ARD SHIP tions? age(s) m any health profession	ccupation?	ns and public author	ities
Addition 35 36 37 38 39 40 41 Common 42 If yes, p	Have you ever been signed off as Have you ever been hospitalised! Have you ever been declared unt Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medication ents. FIT Are you taking any non-prescriptiplease list the medications taken and any authorize the release of all my present the property of the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property and the property authorizes the property authorizes the property authorizes the property and the property are property and the property and the property are property and the property and the property are property and the property and th	sick or repatriated from a repatriated from a repatriated from a repatriated or revoked medical problems, diseas perform the duties of yours? FOR DUTY ON BOA on or prescription medical differences and dosestions medical records from practioner) I also certify the residual records from the purpose of the performance	a ship? d? es or illnesses? or designated position/or ARD SHIP tions? age(s) m any health profession	ccupation?	ns and public author	ities
Addition 35 36 37 38 39 40 41 Common 42 If yes, publication of the probability of the p	Have you ever been signed off as Have you ever been hospitalised! Have you ever been declared unt Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medication ents. FIT Are you taking any non-prescriptiplease list the medications taken and any authorize the release of all my present the property of the property of the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorized the property	sick or repatriated from a repatriated from a repatriated from a repatriated or revoked medical problems, diseas perform the duties of yours? FOR DUTY ON BOA on or prescription medical differences and dosestions medical records from practioner) I also certify the residual records from the purpose of the performance	a ship? d? es or illnesses? or designated position/or ARD SHIP ions? age(s) m any health profession nat my history contained	ccupation? nals, health institution d above is true and a	ns and public author	ities
Addition 35 36 37 38 39 40 41 Common 42 If yes, p I hereboto Dr. Modisqual	Have you ever been signed off as Have you ever been hospitalised. Have you ever been declared until Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents. FIT Are you taking any non-prescriptiplease list the medications taken and authorize the release of all my prescription of the property authorize the release of all my prescriptions. Signature of Seafarer EXAMINATION Height (cm.)	sick or repatriated from a repair it for sea duty? been restricted or revoker medical problems, diseas perform the duties of yours? FOR DUTY ON BOA on or prescription medical disease the purpose(s) and dose evious medical records from practioner) I also certify the sand claims.	a ship? d? es or illnesses? or designated position/or ARD SHIP ions? age(s) m any health profession at my history contained	nals, health institution diabove is true and a	ns and public author ny false statement w	ities
Addition 35 36 37 38 39 40 41 Common 42 If yes, publication of the probability of the p	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unt Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents. FIT Are you taking any non-prescriptiplease list the medications taken and you authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorize the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the property authorized the release of all my present the	s sick or repatriated from a ? it for sea duty? been restricted or revoker medical problems, diseas perform the duties of you is? FOR DUTY ON BOA on or prescription medical id the purpose(s) and dosevious medical records fro practioner) I also certify the sand claims	a ship? d? es or illnesses? or designated position/or ARD SHIP ions? age(s) m any health profession at my history contained	ccupation? nals, health institution d above is true and a	ns and public author ny false statement w	ities
Addition 35 36 37 38 39 40 41 Common 42 If yes, p I hereboto Dr. Modisqual	Have you ever been signed off as Have you ever been hospitalised. Have you ever been declared unl Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents. FIT Are you taking any non-prescriptiplease list the medications taken and you authorize the release of all my present the promotion of the pro	sick or repatriated from a repatriated from a repatriated from a repatriated or revoked medical problems, diseas perform the duties of yours? FOR DUTY ON BOA on or prescription medical did the purpose(s) and dosewious medical records from practioner) I also certify the sand claims. Billood Press	a ship? d? es or illnesses? or designated position/or ARD SHIP ions? age(s) m any health profession at my history contained	nals, health institution diabove is true and a	ns and public author ny false statement w	ities

	-		sual acuity					Visua	fields
	Right e	Unaided ye Leff ey	and the second s	Aided	Left eye	-	No	ormal_	Defective
Distant	1/	3 2	Kight eye	-	cen eye	Right		1	Societe
Near	-	1000				Lefter			No.
Visual acui	ty meets the	standard laid do	wn in STCW Cod	e Spe	tion A-1/9	XS	A Comment of the Comm		
Colour vision	on as per ST	CW CODE Sec	tion A-I/9:	No	rmal	TT Doubt		Defective	
Date of last	colour vieio	n toot: Date (de-	//month/year) 22	A11	G 2023				
	Colour Visio	rricsi. Dale (da)	mionuvyear) L1	Linu	O toro				
			Normal [®] Abno	ormal					ormal Abnorm
Head			XI	1	Vario	cose veins			Va U
Sinuses, no			10	1	Vasc	ular (inc. pedal	pulses)		10 0
Mouth/teeth	51/sec		//	1	Abdo	men and visce	ra		V D
Ears (gene			1/1	1	Hern	ia		20	1) (1
Tympanic n	nembrane		11	1		(not rectal exa	im)		N II
Eyes	nonu.		10	1		system			10/ 11
Opthalmose Pupils	сору		1/2	100		er and lower ext			1/1 11
Eye movem	ont		//	1		e (C/S, T/S and	To the state of th		11
Lungs and			1/	1		ologic (full brief)		Y 11
Breast exar			200	1		hiatric		3	
Heart	addir		DA01/	1		eral appearance	2	8	1/
The state of the s				E.1	Skin				Y 1
ESULTS OF	ANCILL ARY	/ EXAMINATIO	NS.						
Chest X-Ra		12780	BIO CHEMICA	1 (1 1)	/ER FIIM	CTION TEST	Marijuana	Lilpe	sitive Negative
ECG		mon	BILIRUBIN	T		8	Alcohol Test	1000000	sitive [] Negative
	BLOOD R	/t.	SGPT	+	N	TE	URINE R/F	CIPOS	silve 11 inegative
DC(differen		mon	SGO1	1	0	2	STATE THE	OTHERS	1111
HAEMOGL	OBIN (HGB)	14.0	DRUG /	AND A	ALCOHOL	TEST	HBsAq		activ Nogreacti
ESR (WES	TERGREN)	06	Morphine		Positive I	-	HIV / AIDS Test		ctiv I Nonreact
WBC		6.000	Amphetamine	11	Positive I	Commence Commence of Commence	VDRL		ctiv I Nonreact
	OD GLUCOS	SE LEVEL	Phencyclidine	.11	Positive I	The second secon	Blood Type	11100	O+(VE)
RANDOM		2.8	Barbiturates	1.1	Positive I	The second secon	Psychological Exa	am /	CRIV
HBA1C		5.3%	Cocaine	D	Positive [1 Negative	Others(KUB Ultra		YE
reby I declare	e that I am in	knowledge of the	ne cuntents of the	Physi	ical exami	nations:			
00	445 0								2 2 0 0
notice of C	nfnan-					L MOTIN		2	2-08-202
nature of Se	atarer				Name of S	Seafarer			Date
		service at sea:		al eva	mination	and the disease	stic test results reco	reduced in his	. I de 1
minee medic	cally:	/ '							s, ruculare the
			for lookout duties			<u> </u>	Not fit for look	cout duties	
		Deci	service	- 1	ngine so	rvice	Catering service		Other services
fit _		-	D						CI CI
			11		D.			-19	U
X	Without	restrictions	1.		With	restrictions			
3823102-00-				1222					
he Seafarer f	ree from any	medical conditi	ons likely to be ag	grava	ited by ser	vice at sea or t	o render the seafar	er unfit for	such service or to
anger the he	eaith of other	persons on boa	rd?	_	2000				
			Yes		No				
					TT				
	tions to a	nacific position	tupo of this total	200					
scribe reetries	iona (e.g., s)			area)	Q.C.				
scribe restrict						\sim		300	
	medical exar	miner (e.g., refer			-/				
on taken by		miner (e.g., refer 22 AUG 202			Kinlid	Lintil			
				4	Time	Hotil ,			
on taken by				4	time	Heli ,			

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

COST OWNE OF	ADDITION NOT		FIRST NAME		1
LAST NAME OF APPLICANT MOTIN					MIDDLE INITIAL
			MD		ABDUL
DATE OF BIRTH			PLACE OF BIRTH		SEX
8	20	1990	PANCHAGARH	BANGLADESH	
MONTH	DAY	YEAR	CITY	COUNTRY	MALU FEMALE
EXAMINATION	FOR DUTY A	S		MAILING ADDRESS OF APPER	CANT
MASTER		RATING		ZADABBATI, WARD NO 01, 3	ATWARI,
MATE		MOU DECK		ATOARI-5040, PANCHAGAR	II, BANGLADESHI
ENGINEER		MOU ENGINE			
RADIO OFF	100	SUPERNUME	RARY		
MEDICAL EX/	AMINATION	I (SEE PAGE 2	2) STATE DETAILS	ON PAGE 2	
HEIGHT	WEIGHT	BLOOD PE	RESSURE P	ULSE RESPIRATION	GENERAL APPEARANCE
163m	8013	220/7	Finn 786	in sabin	nond
VISION	RI	GHTEYE	LEFLEYL	7/11/	0000
WITHOUT GLAS	sses 6	16	6/6		
WITH GLASSES	-		,		
DATE OF LAST (COLOR VISIO	N TEST (Monti	h/Day/Year) 7	2 AUG 2023 Testing Require	ed every 6 years
COLOR VISION	MEETS STAN	DARDS IN STO	CW CODE TABLE A	-/-	NO Ch
			HE COLOR TEST IS NO		RED GRIEN BLUE
HEARING		**	20		
	RT FAR	1812		LEFT YEAR	The same of the sa
HEAD AND NEC	K /	Vonn	11/	ART (CARDIOVASCULAR)	Jannel
	//	1000110	uc		10111100
LUNGS			ISPI	EECH (DECK/NAVIGATIONAL O	FFICER AND RADIO OFFICER)
LUNGS	No	onna	# // I	EECH (DECK/NAVIGATIONAL O SPEECH UNIMPAIRED FOR NOR	FFICER AND RADIO OFFICER) MAL VOICE COMMUNICATION
	N	minu	# // I		
EXTREMETIES	No	enna	# // I		
EXTREMITIES UPPER IS APPLICANT S	NO SUFFERING F	POPULATION ANY DISTRIBUTION ANY DISTRIBUTION ANY DISTRIBUTION AND DISTRIBU	EASE LIKELY TO BE	LOWER OF TO REN	MAL VOICE COMMUNICATION OF THE OWNER OWNER OF THE OWNER OW
EXTREMETIES UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION	ENDANGER T	PONTAL PONTAL ROM ANY DIS THE HEALTH O	EASE LIKELY TO BE	SPEECH UNIMPAIRED FOR NOR	MAL VOICE COMMUNICATION OF THE OWNER OWNER OF THE OWNER OW
EXTREMETES UPPER IS APPLICANT S OR LIKELY TO I	ENDANGER T	POPULA POPULA ROM ANY DIS THE HEALTH O	EASE LIKELY TO BE	LOWER LOWER AGGRAVATED BY, OR TO REN ON BOARD FIFYES, EXPLAIN IN	MAL VOICE COMMUNICATION OF THE OWNER OWNER OF THE OWNER OW
EXTREMITIES UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION	ON PAGE 2.	THE HEALTH C	EASE LIKELY TO BE	LOWER LOWER LOWER AGGRAVATED BY, OR TO REN ON BOARD OF YES, EXPLAIN IN 2.2. AUG 2023	MAL VOICE COMMUNICATION OF THE PROPERTY OF MEDICAL
EXTREMITIES UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION SIGN	ENDANGER TO PAGE 2. ATURE OF A	PPEICANT	EASE LIKELY TO BE OF OTHER PERSONS	LOWER LOWER LOWER AGGRAVATED BY, OR TO REN ON BOARD IF YES, EXPLAIN IN 2.2 AUG 2023 DATE OF EXAM	MAL VOICE COMMUNICATION OF PROJECT OF MEDICAL EXPIRY DATE
EXTREMITIES UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION SIGN	ENDANGER TO ON PAGE 2. ATURE OF A THIS SIGNAT	PPLICANT	EASE LIKELY TO BE OTHER PERSONS	LOWER LOWER LOWER LOWER LOWER AGGRAVATED BY, OR TO REN ON BOARD IF YES, EXPLAIN IN 2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	MAL VOICE COMMUNICATION PROMITE OF SERVICE AT SEA DETAILS OF MEDICAL EXPIRY DATE G PHYSICIAN.
EXTREMITIES UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION SIGN	ENDANGER TO ON PAGE 2. ATURE OF A THIS SIGNAT	PPLICANT FURE SHOULD PHYSICAL EX	EASE LIKELY TO BE OF OTHER PERSONS BE AFFIXED IN THE CAMINATION WAS G	LOWER LOWER LOWER LOWER AGGRAVATED BY, OR TO REN ON BOARD? IF YES, EXPLAIN IN 2.2 AUG 2023 DATE OF EXAM PRESENCE OF THE EXAMINING IVEN TO MI	MAL VOICE COMMUNICATION OF HIM UNFIT FOR SERVICE AT SEAN DETAILS OF MEDICAL EXPIRY DATE G PHYSICIAN D. ABBULL MOTIN
EXTREMITIES UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION SIGN THIS IS TO CER	ATURE OF A	PPLICANT TURE SHOULD PHYSICAL EX	EASE LIKELY TO BE OF OTHER PERSONS BE AFFIXED IN THE CAMINATION WAS GOR DUTY ON B	AGGRAVATED BY, OR TO REN ON BOARD OF YES, EXPLAIN IN 2.2. AUG 2023 DATE OF EXAM PRESENCE OF THE EXAMINING IVEN TO MI	MAL VOICE COMMUNICATION DET HIM UNFIT FOR SERVICE AT SEA DETAILS OF MEDICAL EXPIRY DATE G PHYSICIAN D. ABDUL MOTIN PPLICANT)
EXTREMETIES UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION SIGN THIS IS TO CER	ATURE OF A THIS SIGNAT HEY THAT A	PPLICANT TURE SHOULD PHYSICAL EX	EASE LIKELY TO BE OF OTHER PERSONS BE AFFIXED IN THE CAMINATION WAS GOR DUTY ON B	AGGRAVATED BY, OR TO REN ON BOARD OF YES, EXPLAIN IN 2.2. AUG 2023 DATE OF EXAM PRESENCE OF THE EXAMINING IVEN TO MI	MAL VOICE COMMUNICATION OF HIM UNFIT FOR SERVICE AT SEA N DETAILS OF MEDICAL EXPIRY DATE G PHYSICIAN D. ABBULL MOTIN
EXTREMETIES UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION SIGN THIS IS TO CER THE (SHE) IS FO MOU ENGINE OF	ATURE OF A THIS SIGNAT HEY THAT A OUND TO BE I	PPLICANT TURE SHOULD PHYSICAL EX (FIT) (NOT FIT)	EASE LIKELY TO BE DE OTHER PERSONS BE AFFIXED IN THE EAMINATION WAS G OR DUTY ON B FOR DUTY AS A: (N	AGGRAVATED BY, OR TO REN ON BOARD HE YES, EXPLAIN IN 2.2. AUG 2023 DATE OF EXAM PRESENCE OF THE EXAMINING IVEN TO MI OARD SHIP IASTER, MATE, ENGINEER, RAI	DER HIM UNFIT FOR SERVICE AT SEA DETAILS OF MEDICAL EXPIRY DATE G PHYSICIAN D. ABDUL MOTIN PPLICANT) DIO OFFICER, RATING, MOU DECK,
EXTREMETIES UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION SIGN THIS IS TO CER THIS IS TO CER MOU ENGINE OF	ATURE OF A THIS SIGNAT HEY THAT A DUND TO BE I SUPERNUM	PPLICANT TURE SHOULD PHYSICAL EX (ETT) (NOT FIT) ERARY)	EASE LIKELY TO BE DE OTHER PERSONS BE AFFIXED IN THE CAMINATION WAS G OR DUTY ON B FOR DUTY AS A: (N	AUG 2023 DATE OF EXAM PRESENCE OF THE EXAMINING OARD SHIP OARD	DER HIM UNFIT FOR SERVICE AT SEAN DETAILS OF MEDICAL EXPIRY DATE G PHYSICIAN D. ABBUT. MOTIN PPLICANT) DIO OFFICER, RATING, MOU DECK, S.NO.A-55144
EXTREMETIES UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION SIGN THIS IS TO CER THIS IS TO CER MOU ENGINE OF	ATURE OF A THIS SIGNAT HEY THAT A DUND TO BE I SUPERNUM	PPLICANT TURE SHOULD PHYSICAL EX (ETT) (NOT FIT) ERARY)	EASE LIKELY TO BE DE OTHER PERSONS BE AFFIXED IN THE CAMINATION WAS G OR DUTY ON B FOR DUTY AS A: (N	AGGRAVATED BY, OR TO REN ON BOARD HE YES, EXPLAIN IN 2.2. AUG 2023 DATE OF EXAM PRESENCE OF THE EXAMINING IVEN TO MI OARD SHIP IASTER, MATE, ENGINEER, RAI	DER HIM UNFIT FOR SERVICE AT SEAN DETAILS OF MEDICAL EXPIRY DATE G PHYSICIAN D. ABBUT. MOTIN PPLICANT) DIO OFFICER, RATING, MOU DECK, S.NO.A-55144
EXTREMETIES UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION SIGN THIS IS TO CER THE (SHE) IS FO MOU ENGINE OF MOU ENGINE OF MAME AND DE ADDRESS RESTRICTED OF MAME AND DE ADDRESS	ATURE OF A THIS SIGNAT HEY THAT A DUND TO BE I SUPERNUM EGREL OF E	PPLICANT TURE SHOULD PHYSICAL EX (FIT) (NOT FIT) ERARY). PHYSICIAN	EASE LIKELY TO BE DE OTHER PERSONS BE AFFIXED IN THE CAMINATION WAS G OR DUTY ON B FOR DUTY AS A: (N DR. MIR MD., R CD. 35, SHAH MAKHDI	AUG 2023 DATE OF EXAM PRESENCE OF THE EXAMINING OARD SHIP OARD	DER HIM UNFIT FOR SERVICE AT SEAN DETAILS OF MEDICAL EXPIRY DATE G PHYSICIAN D. ABDUT. MOTIN PPLICANT) DIO OFFICER, RATING, MOU DECK, INO.A-55144 DHAKA-1230, BANGLADESH
EXTREMITIES UPPER IS APPLICANT S OR LIKELY TO I EXAMINATION SIGN THIS IS TO CER THE) (SHL) IS FO MOU ENGINE OF NAME AND DI ADDRESS R	ATURE OF A HIIS SIGNAT HEY THAT A DUND TO BE I SUPERNUM EGREE OF F	PPLICANT TURE SHOULD PHYSICAL EX (PIT) (NOT 111) ERARY). PHYSICIAN PHALS LIMITE	BE AFFIXED IN THE SAMINATION WAS GOOD TO BE DUTY ON BUT OR DUTY AS A 'MARKED OR SAMINATION WAS GOOD TO BE SAMINATION OF THE SAMINATION OF	AGGRAVATED BY, OR TO REN ON BOARD IF YES, EXPLAIN IN 2.2. AUG 2023 DATE OF EXAM PRESENCE OF THE EXAMINING IVEN TO MI OARD SHIP (NAME OF A IASTER MATE ENGINEER RAI AHIAN; M.B.B.S (D.U), REG	DER HIM UNFIT FOR SERVICE AT SEAN DETAILS OF MEDICAL EXPIRY DATE G PHYSICIAN D. ABDUT. MOTIN PPLICANT) DIO OFFICER, RATING, MOU DECK, INO.A-55144 DHAKA-1230, BANGLADESH

the Maritime Labour Convention, 2006 for the Medical Examination of Scafarers,

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of age at HOSPIG MIR. MD. RAIHAN)) DFM CCD (Birdem), PGT (Ophth)

RLM-105M (REV. 12/17) 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 REQUIREMENT

All applicants for an officer certificate, Scafarer'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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the scafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 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 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, vellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified; epilepsy, insanity, senility, alcoholism, tuberculosis, acute venercal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) 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.
- (b) 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.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST,

2. PATHOLOGICAL EXAMINATION ; A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4, E.C.G. TEST

2 2 AUG 2023

5, EYE EXAMINATION FOR V/A & C/V

AS PER-VILL-2006

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

RLM-I05M (REV. 12/17)



Gender: Male

radical_hospitals@yahoo.com, www.radicalhospital.com

Id No : 23081074 Date: 22-Aug-2023 D.Date: 22-Aug-2023

Patient's Name: MD ABDUL MOTIN Age: 33Y 0M 2D Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7145

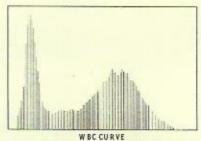
Haematology Report

& checked manually)

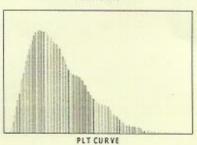
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.0 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6,900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		20,000,0011111
Neutrophils	67 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	28 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	138 /cumm	50-450/cumm
Total RBC Count	4.59 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.6 %	M: 40-54%, F:37-47%
MCV	79.7 fL	76 - 94 fL
MCH	30.5 pg	27 - 32 pg
MCHC	38.3 g/dL	29 - 34 g/dL
RDW .	13.3 %	11 - 16 %
PDW	16.1 fL	35 - 56 fl
Total Platelete Count (PC)	1,93,000 /cumm	150,000-450,000/cumm
MPV	10.2 fL	7.0 - 11.0 fL
PCT	0.166 %	0.1 - 0.%
	Section 1988 Section 1988	

%

%



RBC CURVE



Sto Checked By Medical Technologist

Bledding Time(BT)

Cloting Time(CT)

Dr. Sumaiya Khatun MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology East West Medical College & Hospital.

10 - 18 %

0.1-0.2 %

RADICAL .	(1)
HOSBITAL	V

Billa Nocal hosp	LAIA23981074om, www.radicalhospital.coReceive	ed Date 22/08/	2023
Patient's Name	MD ABDUL MOTIN		
Patient's Age	33Y 0M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFI	M CDC NO	C/O/7145
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 - 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	27 U/L	Up to 37 U/L
HbA1C	5.3 %	4.2 - 6.7 %

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.

- 360

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Test Name

Bill No	DIA23081074	Received Date	22/08/2023
Patient's Name	MD ABDUL MOTIN		ZZ/00/Z0Z0
Patient's Age	33Y 0M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),Co	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/7145
Sample	Blood		

SEROLOGYCAL REPORT

And the second s	
Negative	
Negative	
Non-reactive	

Result

D GROUPINGResult	
ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

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

Bill No	DIA23081074	Received Date	22/08/2023
Patient's Name	MD ABDUL MOTIN		
Patient's Age	33Y 0M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDI	EM),PGT(Eye),DFM	CDC NO:C/O/7145
Sample	URINE		The same of the sa

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
+	1 11 11-	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. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. FORTIS AUSTRALIS

DATE: 22/08/2023

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: MD ABDUL MOTIN RANK: 2A/ENG CDC NO: C/O/7145

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

666

616

AIDED

COLOUR VISION:

NORMAL /BLIND

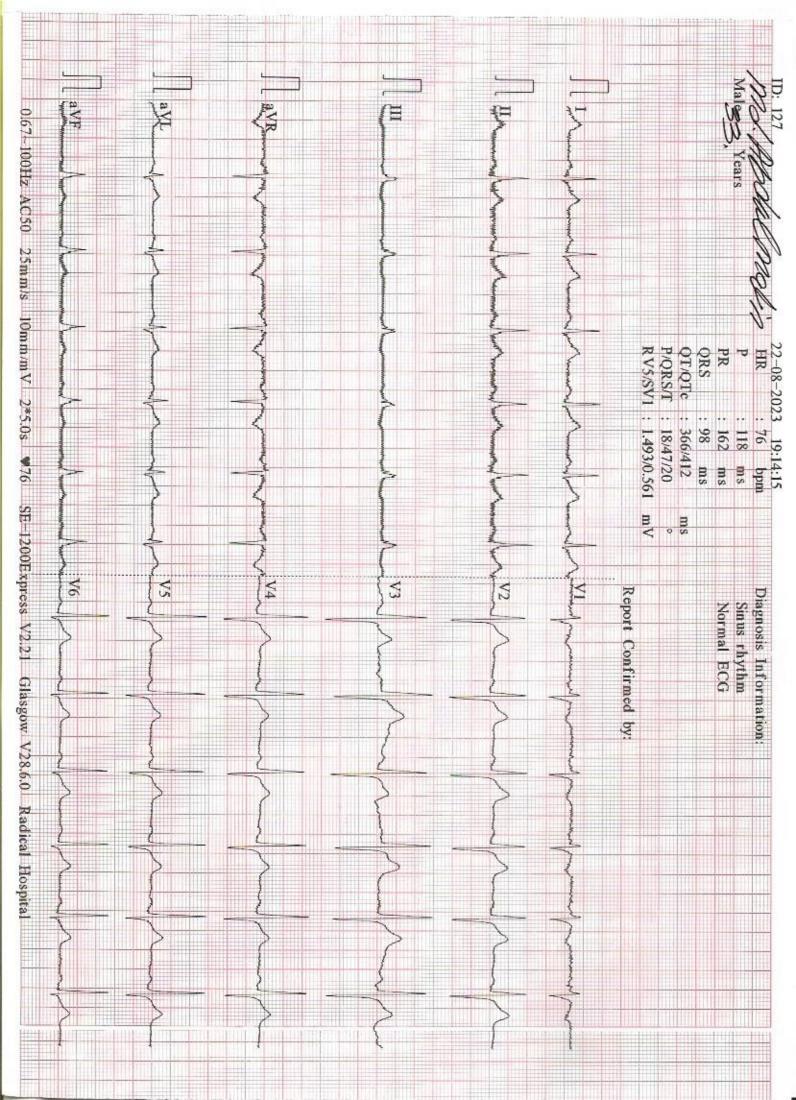
OPINION

UNFITY FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23081074 Receive:22/08/2023 Print: 22/08/2023

Patient's Name : MD ABDUL MOTIN

Age : 33 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 AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 20-AUG-1990sex MALE

MD. ABDUL MOTHN (C/0/7145)

Continued overleaf Suite our erso

has on the date indicated been vaccinated or revaccinated against Cholera Date Signature and Professional Approved Stamp status of vaccinator OR VAC Avenue MIR. MD. RAIHAN Uttera, Dhaka MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited. MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 Mara, Dhali DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. VGI AD 4 3 3 4 5 5 6 6 7 8 7 8