



HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER:

Revision Date: 24th July 2022

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880 31 716214-6, Fex: +880 31 710530

MEDICAL EXAMINATION CERTIFICATE

O. NO.					
RNAME	FIRST NAME	6716	MIDDLE NAME		
HASAN		MD		FARDIN	
CE AND DATE OF BIRTH ISHOREGANJ 20-Dec-1994	PASSPORT NUMB		SEAMAN'S BO		
ISHOREGANJ 20-Dec-1994 IONALITY: BANGLADESHI SEX:	☑ Male ☐ Fem.	01265696	CHEM TANKED TO	CO9771 ADING AREA: WORL	D WILD
RMANENT HOME ADDRESS :	M Wale LI Fem.		NTACT NUMBER :	01995-512205 (SE	
				01995-512205 (31	LL JO
CHARDEWKANDI,PO-MOTKHOLA,PS-P	AKUNDIA DIST-KISI	HOREGANJ RAN	IK :	ND ASSISTANT E	NGINE
lave you ever had any of the following cor	nditions?	X - X - 20		AND THE RESERVE OF THE PERSON	12
Condition	YES NO /	Condition		YES	NO J
1 Eye/vision problem		18 Sleep problem	ns		1
2 High blood pressure		19 Do you smoke			11
3 Heart/vascular disease		20 Operation/sur		0 '	0
4 Heart surgery		21 Epilepsy/seizu			
5 Varicose veins	0 Z1	22 Dizziness/fain		<u> </u>	6/
6 Asthma/bronchitis	ū Z.	23 Loss of consc		<u> </u>	11
7 Blood disorder	- Z.				7
8 Diabetes	5 K		obiems		-/
		25 Depression	24.		11
		26 Attempted sui			1.
10 Digestive disorder	0 /9	27 Loss of memo			1
11 Kidney problem		28 Balance probl			4/
12 Skin problem		29 Severe heada			1
13 Allergies	¹ / ₂	30 Ear/nose/thro	at problems		01
14 Infectious/contagious diseases	0 19	31 Restricted mo	bility		$\mathbb{Z}/1$
15 Hemia	0 /0/	32 Back problem	s		01
16 Genital disorders	1 the	33 Amputation			BA
17 Pregnancy	- NIN	34 Fractures/disl	ocations		N
35 Have you ever been signed off as	s sick or repatriated fro	ım a shin?		YES	NO
36 Have you ever been hospitalised		iii a orip:		D .	1
37 Have you ever been declared unf					1
38 Has your medical certificate ever	[] [[[[[[[[[[[[[[[[[[okod2		ā	1/1
					1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1	2
40 Do you feel healthy and fit to		your designated position/	occupation?	2	
41 Are you allergic to any medication	18?			U	8
FIT	FOR DUTY ON E	BOARD SHIP			
42 Are you taking any non-prescripti			>		
f yes, please list the medications taken an		COLUMN TO SERVICE STATE OF THE			_
yes, piease list the medications taken an	id the purpose(s) and	uosage(s)			
o Dr. Mir Md. Raihan (approved medical p	oractioner) I also certify				
hereby authorize the release of all my pre o Dr. Mir Md. Raihan (approved medical p disqualify me from my employment, benefi	oractioner) I also certify				
o Dr. Mir Md. Raihan (approved medical p disqualify me from my employment, benefi	oractioner) I also certify				
o Dr. Mir Md. Raihan (approved medical place) disqualify me from my employment, benefit Md. Furdin Hwx.	oractioner) I also certify				
o Dr. Mir Md. Raihan (approved medical p disqualify me from my employment, benefi	oractioner) I also certify				
o Dr. Mir Md. Raihan (approved medical p disqualify me from my employment, benefi Md. Fwd., Hww., Signature of Seafarer	oractioner) I also certify				
o Dr. Mir Md. Raihan (approved medical price of the provided medical provi	oractioner) I also certify its and claims.	that my history containe	d above is true and a		
o Dr. Mir Md. Raihan (approved medical p disqualify me from my employment, benefi Md. Fwd., Hww., Signature of Seafarer	oractioner) I also certify its and claims.				
o Dr. Mir Md. Raihan (approved medical price of the provided medical provi	oractioner) I also certify its and claims.	that my history containe	d above is true and a	any false statement will	
o Dr. Mir Md. Raihan (approved medical price of the provided medical	oractioner) I also certify its and claims. BMS Blood P	ressure: Systolic/Dog	d above is true and a	any false statement will	
o Dr. Mir Md. Raihan (approved medical price of the provided medical prov	oractioner) I also certify its and claims.	that my history containe	Diastolic Diastolic Adequate	Test dequate	
o Dr. Mir Md. Raihan (approved medical price of the provided medical	oractioner) I also certify its and claims. BMS Blood P	ressure: Systolic/Dog	Diastolic Diastolic Adequate	any false statement will	

1/40/		Vi	sual acuity					View	al fields
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-	Right eye	Le# ey	Right e		Left eye		No	ormal	Defective
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		3 277 227							
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Sinuses, nos	se, throat		X		0.000	scular (inc. pedal	pulses)		
Mouth/teeth			101			domen and visce			18, 0
Ears (genera			N/		11933	mia			7/ 0
Tympanic m	embrane		1/			us (not rectal exa	am)		
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Pupils	ору		//			per and lower ex ne (C/S, T/S and			
Eye moveme	ent		11			rrologic (full brie			
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Breast exam	nination		NA			neral appearanc	e		16/ 0
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		-			_				
RESULTS OF		XAMINATIO	NS						1
Chest X-Ray		MIK		ICAL (L	IVER FU	NCTION TEST)	Marijuana	□ P	ositive Negative
ECG	1	M	BILIRUBIN		0.	53	Alcohol Test		ositive Negative
DOV-1:85	BLOOD R/E	mar	SGPT			4	URINE R/E		NA
DC(differenti HAEMOGLO	S. C.	190	SGOT	IC AND	NI COLL	O TEST	UDet	OTHER	
ESR (WEST		01	Morphine	IG AND	ALCOHO	Negative	HBsAg HIV / AIDS Test	□ R	eactive Nonreactive
WBC	LINGINEIN)	8100	Amphetamine	1		Negative Negative	VDRL VDRL		eactiv Nonreactiv
	D GLUCOSE	LEVEL	Phencyclidine		Positive	□ Negative	Blood Type	U IK	eactiv Divonreactiv
RANDOM		5.3	Barbiturates	П	Positive	Negative	Psychological Ex	am	NINO
HBA1C		4.7%	Cocaine	Ĺ		Negative	Others(KUB Ultra		111/8
ereby I declare	that I am in b	nowledge of t	he contents of	the Dh	ninal ave	ninations:			<u> </u>
areby i deciare	anacı amın K	nowleage of t	ne contents of	ine Phy	sical exal	ninations:			1 6 AUG 2023
	-91		<u> </u>		MD FAR	DIN HASAN			I O HUO ZUZS
gnature of Sea	afarer					f Seafarer			Date
	e								
ssessment of n the basis of t	ntness for se	s personal do	claration my of	linical es	vaminatio	n and the disease	stic test results rec	orded at	num I de alors the
raminee medic	ally:	personal de	Garadon, my Ci	minear ex	~anmau0	n and the diagno	Paul lest results rec	oruea abo	ove, i declare the
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261			LI						
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	*								
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the Seafarer findanger the he	ree from any n alth of other p ions (e.g., spe medical exami	nedical condi ersons on bo ecific position,	type of ship, tr	e aggra	No D		185	rer unfit fo	

In Accordance with Medical Examination (Sea Green of Motor Policy Policy and STCW 1978/1996 as Amended, MLC 2006

DG Shipping Bangladesh Approved

Revision Date: 24th July 2022

Radical Hospitals Limited.

MEDICAL CER	TIFICATE F	OR PERSONNEL SERVIC	E ON BOAR	D
SURNAME: HASAN		COVEN NAME (C)		
		GIVEN NAME (S): MD FARDII	N	
DATE OF BIRTH:	PL	ACE OF BIRTH		SEX
The state of the s	1994 CI	TY KISHOREGAI COUNTRY	BANGLADES	MALE FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	DI	AILING ADDRESS OF APPLICA L-CHARDEWKANDI,PO-MOTKI ST-KISHOREGANJ ANGLADESH.		INDIA
DECLARATION OF THE AUTHORIZED PHYSIC	CIAN			
VISION	De la company	COLOR TEST TYPE		HEARING
WITHOUT GLASSES	WITH GLASS	ES BOOK		
RIGHT EYE 666	_	YELLOW RED MO	RIGHT EAR	1990
066	10-	GREEN BLUE	LEFT EAR	17
Confirmation that identification documents were o		//		
Hearing meets the standards in STCW Code, Sec	ction A-1/9? YES	NO NOT APLICA	BLE	
Unaided hearing satisfactory? YES NO Visual acuity meets standards in STCW Code, Se		1		
Date of the last colour vision test: (Day/Month/Yea Are glasses or contact lenses necessary to meet to Able for watchkeeping? YES NO is applicant taking any non-prescription or prescrip	the required vision		1	
s the seafarer free from any medical condition like indanger the health of other persons on board? Y	elv to be aggrava		seafarers unfit for	such service or to
Mediane that I am in knowledge of the continuous of the continuous terms. Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE ENGINEERING OFFICER) RADIO OPERAT	MD FARDIN Name of Ap IS FOUND TO TOR / RATING)	Plicant PLIT FOR DUTY	16-Aug-2 Date AS A (MASTER OLLOWING) RE	VDEOV OFFICE
NAME AND DEGREE OF PHYSICIAN: DR. MIR M ADDRESS: REDICAL HOSPITALS LIMITED 35 SM				
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SH, NAME OF PHYSICIAN'S CERTIFICATING AUTHO	ORITY DO CUID	PINC DANCE ADDOL	A-1230, BANGLADE	ESH.
DATE OF ISSUE PHYSICIAN'S CERTIFICATE		FING DANGLADESH		
SIGNATURE OF PHYSICIAN:		MP OF PHYSICIAN: Quarter March	THE SEASON OF TH	16 AUG 2023 DATE:
EXPIRY DATE OF CERTIFICATE:	15 AL	16 2025 (書 Par-MLO)	2006	ingressory
	rtificate is issued	in compliance with the or wiremen	de la companya della companya della companya de la companya della	
DR. MIR. MD. RA		nended and the Maritime Balling	nvention, 2006.	
BBS (DA) DEM, CCD (DIRDER), P BMDC A-55144 MMC-BC	GT (Conth)			

BMDC A-55144 MMC-BGD-016 DG Shipping Bangladesh Approven General Physician Rodical Hospitals Limited



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +88 02333316214-6

Name	MD FARDIN HASAN	Date	16-Aug-2023
Age	28	Sex	MALE
Passport No	A01265696	CDC No	CO9771
Sample	BLOOD	Rank	2ND ASSISTANT ENGIN

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	AZALEA GALAXY	ELM GALAXY	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	22/03/2028	16/08/2023	-
Serum Bilirubin	0.9	0.158	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	26	20	Up to 37 U/L
Serum S.G.P.T.	28	24	Up to 42 U/L

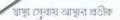
DOCTOR'S REMARKS:

No Restrictions



The second second

Doctor Seal & Signature
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.
Revision Date: 24th July 2022







Id No : 0752

Date: 16-Aug-2023

D.Date: 16-Aug-2023

Patient's Name: MD FARDIN HASAN

Age: 28Y 7M 27D

Gender: Male

Specimen :

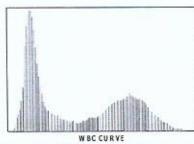
: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9771

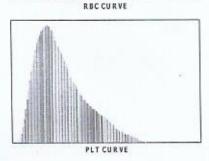
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb) ESR(Westergreen)	12.9 gm/dl 06 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	56 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	38 %	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	162 /cumm	50-450/cumm
Total RBC Count	4.53 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	35.3 %	M: 40-54%, F:37-47%
MCV	77.9 fL	76 - 94 fL
MCH	28.5 pg	27 - 32 pg
MCHC	36.5 g/dL	29 - 34 g/dL
RDW	13.6 %	11 - 16 %
PDW	16.7 fL	35 - 56 fl
Total Platelete Count (PC)	2,70,000 /cumm	150,000-450,000/cumm
MPV	9.2 fL	7.0 - 11.0 fL
PCT	0.248 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %







Checked by 2 Medical Technologist \$

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



Bill No	DIA23080752	Received Date	16/08/2023
Patient's Name	MD FARDIN HASAN		
Patient's Age	28Y 7M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/9771
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.58 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	20 U/L	Up to 37 U/L
Serum ALT (SGPT)	24 U/L	Up to 40 U/L
HbA1C	4,7 %	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. Dr. Sumaiya Khatun M BBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA23080752	Received Date	16/08/2023
Patient's Name	MD FARDIN HASAN		10-10-10-10-10-10-10-10-10-10-10-10-10-1
Patient's Age	28Y 7M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/9771
Sample	Blood		

SEROLOGYCAL REPORT

Test Name

Result

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

OOD 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



Bill No	DIA23080752	Received Date	16/08/2023
Patient's Name	MD FARDIN HASAN		100-0
Patient's Age	28Y 7M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	EM),PGT(Eye),DFM	CDC NO:C/O/9771
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil	
Albumin	NIL	WBC	Nil	
Sugar	NIL -	Epithelial	Nil	
Ex.Phosphate	Nil	Granular	Nil	
		Hyaline	Nil	

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil	
Bile Pigment	Not Done	Uric Acid	Nil	
Ketones	Not Done	Calcium oxalate	Nil	
Urobilinogen	Not Done	Amor. Phos	Nil	
B.J. Protein	Not Done	Hippurate crystal	NIL	

Checked By

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



Test Name

Bill No	DIA23080752	Received Date	16/08/2023
Patient's Name	MD FARDIN HASAN		
Patient's Age	28Y 7M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	DEM),PGT(Eye),DFM	CDC NO:C/O/9771
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Result

727

Checked By

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



REF: MT. ELM GALAXY

DATE: 16/08/2023

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

EYE EXAMINATION REPORT

NAME: MD FARDIN HASAN RANK: 2A/ENG CDC NO: C/O/9771

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

616

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

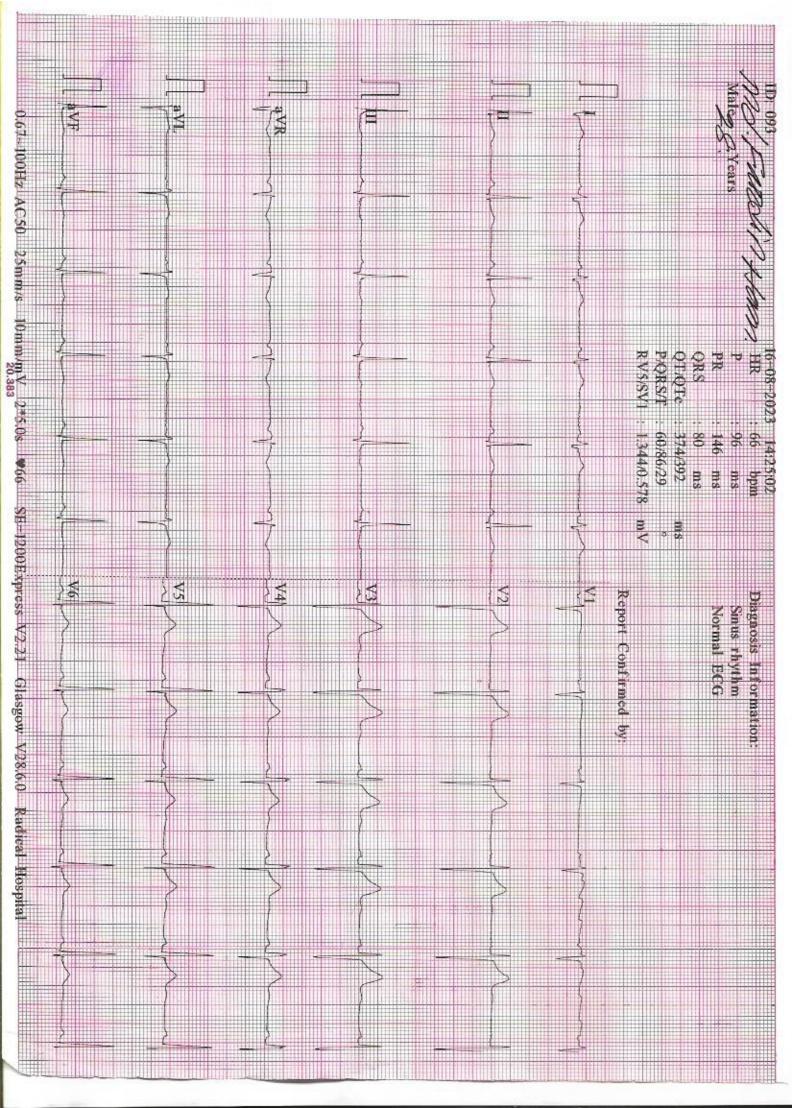
UNFTP/ FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23080752 Receive:16/08/2023 Print: 16/08/2023

Patient's Name : MD FARDIN HASAN

Age : 28 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





Patient ID	23080752	Voucher No	
Test Name	USG OF KUB	Delivery Date	16/08/2023
Patient Name	MD.FARDIN HASAN	SSEMENT .	
Age	28 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.8 cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 10.2 cm. The cortical Echogenicity are normal with clear cortico-medullar differentiation. The cortical Thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size & volume regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Normal study.

Dr. Asma Ahmed 16 MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA MD. FARDIN HASAN This is to certify that 20-12-1994 Sex Date of birth MALE whose signature follows Md. Faralin Hasan has on the date indicated been vaccinated or revaccinated against Cholera Signature and Professional Date Approved Stamp status of vaccinator DR. M. AYUBUR RAHMAN M.B.B.S: P.G.T (Medicine) hittagonii. 10, Agraba 11820 MBBS (DU), DFM, CC0 (Birdem), PGT (Ophth) BMDC A. \$5144, MMC- BGD- 016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited Avenus Uttara, Dhaka 4 MBBS (DU), DFM, CCD (Birdem), PGT (Ophil BMDC A-55144, MMC-BGD-01 DG Shipping Bangladesh Approved General Physician Radical Mospitals Elimited FOR VACCO DR. HOTE, MD. RAIHAN 35, Shah Makhdem MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 Uttara, Chaka DG Shipping Bangladesh Approved General Physician Radical Hospitale Limited ANGLADE THE SUL DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) 8 BMDC A-55144. MMC-BGD-016 DG Shipping Bangladesh Approved General Physician **AUCTA** Radical Hospitals Limited

Continued overleaf Suite our erso

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

Form No: SMC

I have read the contents of the certificate

and have been informed of the right to

Md. Fordin Hase.

Seafarer's Signature

review.



SL NO.

04.2023.4589

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

Name & Signature of the Bractitioner:

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 HASAN First MD FARDIN	Middle
Gender: (Male/Female)MALENationality: BANG/LADE SHI	Date: 1 6 AUG 2023
Occupation: Deck/Engine/Catering/Other (specify)	and a second
Father's/ Husbad'sname: MD JASHIM YDDIN	C.D.C No. C/0/9771
Mother's Name: NELOFA AKTER	Seaman ID No. 05000 9710
Address: House No: N/A Street/ Road No: N/A	Passport No. A 01265696
Locality/Village: CHARDEWKANDI	NID No. 4156384226
P.O: MOTKHOLA	Date of Birth: 20-12-1994
P.S: PAKUNDIA	(DD/MM/YYYY)
District: KISHOREGAND	1
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
am duly authorized by the Department of Shipping, Government of the the followings:	People's Republic of Bangladesh and
Confirmation that identification documents were checked at the point of	f examination :YES/NO
2. Hearing meets the standards in section A-I/9	:YES/NO
3. Unaided hearing satisfactory?	:YÉS/NO
4. Visual acuity meets standards in section A-I/9?	*/ES/NO
5. Colour vision meets standards in section A-I/9?	HES/NO
Date of last colour vision test	.16 AUG 2023
6. Fit for lookout duties?	:YES/NO
Is the seafarer free from any medical condition likely to be aggravated l	by service at sea or to
render the seafarer unfit for service or to render the health of any other pe	[10] [10] [10] [10] [10] [10] [10] [10]
8. Any limitations or restrictions on fitness?	:YES/NO
If YES, specify limitations or restrictions:	
Duties: ADICAL HOSPITAL LIMITED Location/Vessel: Shaka, Bangladesh Medical/Other:	

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 whis pered 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 useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table 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 enineer 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 fight 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 Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E 16 AUG 2023 DR. MIR. MD. RAIHAN
MBBS (DU). DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144. MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.