



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
H567

MEDICAL EXAMINATION CERTIFICATE

SURNAME PARVES		FIRST NAME AND MD. IMTIAZ		MIDDLE NAME	
PLACE AND DATE OF BIRTH BARISHAL 22-Dec-1993		PASSPORT NUMBER B00742501		SEAMAN'S BOOK NUMBER CO7685	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female		VESSEL TYPE : CONTAINER	
PERMANENT HOME ADDRESS : VILL-SHARSHI, PO-LAKUTIA PS-KOTWALI, DIST-BARISHAL, BANGLADESH		CONTACT NUMBER : 01675705297 (SELF)		TRADING AREA : WORLD WIDE	
		RANK :		2ND ASST ENGINEER	

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
---	--------------------------	-------------------------------------

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight: 75 kg	Height (cm): 173	BMI: 25.0	Blood Pressure: Systolic 120 mmHg Diastolic 80 mmHg	PULSE: 78 bpm																														
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="2">Hearing by Audiometry</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th>Right</th> <th>Left</th> <th>☐ Adequate</th> <th>☐ Inadequate</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th>☒ Adequate</th> <th>☐ Inadequate</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>☐ Adequate</td> <td>☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> </tbody> </table>					Ear		Hearing by Audiometry		Audiometry				Hearing by Whisper Test		Right	Left	☐ Adequate	☐ Inadequate	500	1000	2000	3000	☒ Adequate	☐ Inadequate			☐ Adequate	☐ Inadequate					☒ Adequate	☐ Inadequate
Ear		Hearing by Audiometry		Audiometry				Hearing by Whisper Test																										
Right	Left	☐ Adequate	☐ Inadequate	500	1000	2000	3000	☒ Adequate	☐ Inadequate																									
		☐ Adequate	☐ Inadequate					☒ Adequate	☐ Inadequate																									
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																																		

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

Normal
13 AUG 2023

Date of last colour vision test: Date (day/month/year) ____/____/____

	Visual fields	
	Normal	Defective
	Right eye	Left eye
Right eye	Normal	
Left eye	Normal	

YES / NO

☐ Doubtful☐ Defective

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	Normal	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive	☒ Negative
ECG	Normal	BILIRUBIN	0.8	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	22	URINE R/E	Normal	
DC(differential count)	Normal	SGOT	27	OTHERS		
HAEMOGLOBIN (HGB))	16.7	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive	☒ Nonreactive
ESR (WESTERGREN)	6.5	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive	☒ Nonreactive
WBC	11.700	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive	☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	B+D	
RANDOM	5.2	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	Normal	
HBA1C	5.67	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)	Normal	

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer

MD. IMTIAZ PARVES

Name of Seafarer

13-Aug-2023

Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:



Fit for lookout duties



Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

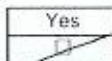


Without restrictions

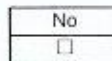


With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?



Yes



No

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

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

Fitness Date:

13 AUG 2023

Valid Until:

12 AUG 2025

Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1978 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: PARVES		GIVEN NAME (S): MD. IMTIAZ	
DATE OF BIRTH: DAY 22 MONTH 12 YEAR 1993		PLACE OF BIRTH CITY BARISHAL COUNTRY BANGLADES	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING		MAILING ADDRESS OF APPLICANT: SHAMS ALOY COLLEGE AVENUE, BARISHAL SADAR PS-KOTWALI, DIST-BARISHAL, BANGLADESH BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR W
LEFT EYE	6/6	—	LEFT EAR W

COLOR TEST TYPE: **BOOK** **LANTERN**
 YELLOW **W** RED **W**
 GREEN **W** BLUE **W**

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) **13 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.



MD. IMTIAZ PARVES

13-Aug-2023

Signature of Applicant

Name of Applicant

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. MD. AYUBUR RAHMAN. M.B.B.S.; P.G.T. (MEDICINE)
 ADDRESS: SABA DIAGNOSTIC CENTER, TAHER CHAMBER(G/F), 10- AGRABAD C/A, CHATTOGRAM, BANGLADESH.
 NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)
 DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 23-02-1984

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE:

EXPIRY DATE OF CERTIFICATE:

12 AUG 2025

13 AUG 2023

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), DFM, CCD (Birm), 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: PARVES		GIVEN NAME (S): MD. IMTIAZ	
DATE OF BIRTH:		PLACE OF BIRTH	SEX
DAY 22	MONTH 12	CITY BARISHAL COUNTRY BANGLADESH	MALE ☐ FEMALE ☐
POSITION ON BOARD:		MAILING ADDRESS OF APPLICANT:	
MASTER		SHAMS ALOY COLLEGE AVENUE, BARISHAL SADAR	
DECK OFFICER		PS-KOTWALI, DIST-BARISHAL, BANGLADESH	
ENGINEERING OFFICER		BANGLADESH.	
RADIO OPERATOR			
RATING			

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE		—	BOOK LANTERN	RIGHT EAR
LEFT EYE		—	YELLOW RED 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 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) 13 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.

MD. IMTIAZ PARVES

13-Aug-2023

Signature of Applicant

Name of Applicant

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. MD. AYUBUR RAHMAN. M.B.B.S; P.G.T. (MEDICINE)

ADDRESS: SABA DIAGNOSTIC CENTER, TAHER CHAMBER(G/F), 10- AGRABAD C/A, CHATTOGRAM, BANGLADESH.

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 23-02-1984

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE: **13 AUG 2023**

EXPIRY DATE OF CERTIFICATE:

12 AUG 2025

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DR. MIR. MD. RAIHAN

MBBS (D), DPM, CCD (Derm), PGT (Opth)
BMDC A-55144. MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Dr. Mir. Md. Raihan Limited



5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer (癌/癌症)	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other, Name of disease (病名)	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡潔に)

MEDICAL RECORDS (Write in block Letters)

Name of Company: _____ Tel: _____ Fax: _____
(所属会社)
Name: DR. IMRAN PARVEZ Sex: M
(氏名) (性別)
given name (名) family name (姓)
Name of Position: DR
(職位)

Nationality: _____
(国籍)

Sex: M
(性別)

Date of Birth: 22/02/1973
(生年月日) (D-M-Y)

Height: 172 cm Weight: 75 kg/age 20: 20 tooth _____ kg
Pulse: 78 /min Normal breathing rate: 18 /min Normal temperature: _____ °C
(脈拍) (正常呼吸数/分) (正常体温)

Blood pressure: 120/80 Blood type: B+ Rh: _____ Single Married
(血圧) (血液型) (独身/結婚)

Blood sugar: (血糖値) _____ mg/dl < 0.05625 = (_____ mmol/L)
Uric acid: (尿酸値) _____ mg/dl < 0.05914 = (_____ mmol/L)

13 AUG 2023

Date: _____ Signature: (署名) _____
(Card holder) (本人)

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birm), PGT (Opth)
BMDC A-55144, MMC-BGD-016
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Radical Hospitals Limited



Medical Information: (医療情報) * Please check the appropriate items.
該当する二箇、三箇を記入して下さい。

1. ALLERGIES: (アレルギー)
☐ Urinary thives (じんま疹)
☐ Asthma (ぜんそく)
☐ Other (その他)
☐ Drug allergies (name): (薬品名)
☐ Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

- (1) Past serious illness: (三才既往症) Age (年齢)

(2) Surgery: (手術)

When?

(時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE), (Year): (持病/有無)
Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

4. DAILY LIFE HABITS: (日常生活)

- (1) Alcohol intake: (飲酒)
☐ Do not drink (飲まない)
☐ Drink 2-3 times a week (週に2-3回)
☐ Drink every evening (毎夜)
☐ Heavy drinker (強飲)
☐ Moderate drinker (中程度)
☐ Light drinker (弱飲)
- (2) Smoking: (喫煙)
☐ Never smoke (吸わない)
☐ Quit smoking in 19____年 (19____年に禁煙)
☐ Smoke _____ cigarettes a day (1日____本吸う)
- (3) Bowel movements: (排便)
☐ Regular (規則的)
☐ Irregular (不規則)
☐ Constipated (便秘)
- (4) Dietary preferences: (食事の好み)
☐ Salty (塩辛)
☐ Meat (肉類)
☐ Fish (魚類)
☐ Sweet (甘い)
☐ Only (脂っこい)
☐ Never (しない)
- (5) Exercise: (運動)
☐ Often (よくする)
☐ Sometimes (時々)
☐ Never (しない)
- (6) Sleep: (睡眠)
☐ Sleep well (よく寝る)
☐ Have Sleeplessness (眠れない)
☐ Have insomnia (不眠症)
☐ Sometimes take sleeping pills, etc. (時々睡眠薬服用)
- (7) Weight: (体重)
☐ Constant (変わらない)
☐ Putting on weight (増えてきた)
☐ Losing weight (減ってきた)



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13 AUG 2023





DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. IMTIAZ PARVES RANK : 2ND ASST ENGINEER
CDC NO : C/O/7685 DOB : 22-Dec-1993

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart-related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel. I will bear all the expenses as may incur as a direct result of such concealment.

Date : 13 AUG 2023

Signed :

The Crew Member

* If yes, mention details below:-

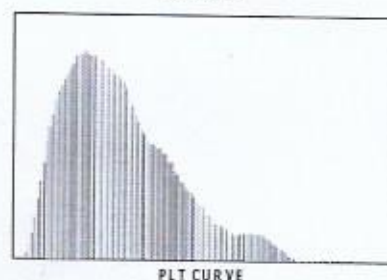
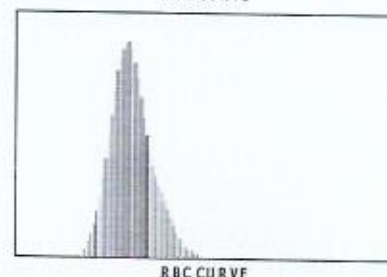
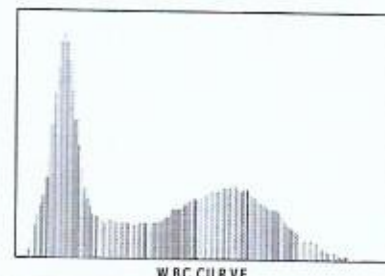
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Id No : 0634 **Date** : 13-Aug-2023 **D.Date** : 13-Aug-2023
Patient's Name : .MD IMTIAZ PARVES **Age** : 29Y 7M 22D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 7685

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	16.7 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	11,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	34 %	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	234 /cumm	50-450/cumm
Total RBC Count	6.15 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	44.1 %	M: 40-54%, F:37-47%
MCV	71.7 fL	76 - 94 fL
MCH	27.2 pg	27 - 32 pg
MCHC	37.9 g/dL	29 - 34 g/dL
RDW	15.5 %	11 - 16 %
PDW	16.5 fL	35 - 56 fL
Total Platelete Count (PC)	1,53,000 /cumm	150,000-450,000/cumm
MPV	10.0 fL	7.0 - 11.0 fL
PCT	0.153 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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



Bill No	DIA23080634	Received Date	13/08/2023
Patient's Name	MD IMTIAZ PARVES		
Patient's Age	29Y 7M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/7685
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 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
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
HbA1C	5.6 %	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 Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23080634	Received Date	13/08/2023
Patient's Name	MD IMTIAZ PARVES	Patient's Sex	Male
Patient's Age	29Y 7M 22D	Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM
Sample	BLOOD	CDC NO:	C/O/7685

SEROLOGICAL REPORT

Test Name Result

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

BLOOD GROUPING Result

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

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Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-4/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATION CASTS / 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 REQUEST CRYSTALS & 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

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Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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

Medical Technologist
Radical Hospitals Ltd.

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East West Medical College and Hospital

REF:

DATE: 13/08/2023

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

EYE EXAMINATION REPORT

NAME: MD IMTIAZ PARVES	RANK: 2A/ENG	CDC NO: C/O/7685
------------------------	--------------	------------------

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

: UNFIT / FIT FOR EMPLOYMENT ON BOARD



Dr. Mir Md. Raihan
 MBBS, PGT (Ophthalmology)
 Assistant Registrar (EX)
 East west Medical College & Hospital

ID: 085

13-08-2023 15:27:49

Diagnosis Information:

Sinus tachycardia

Normal ECG except for rate

Mr. Smith
Male 70 Years

HR : 107 bpm

P : 100 ms

PR : 120 ms

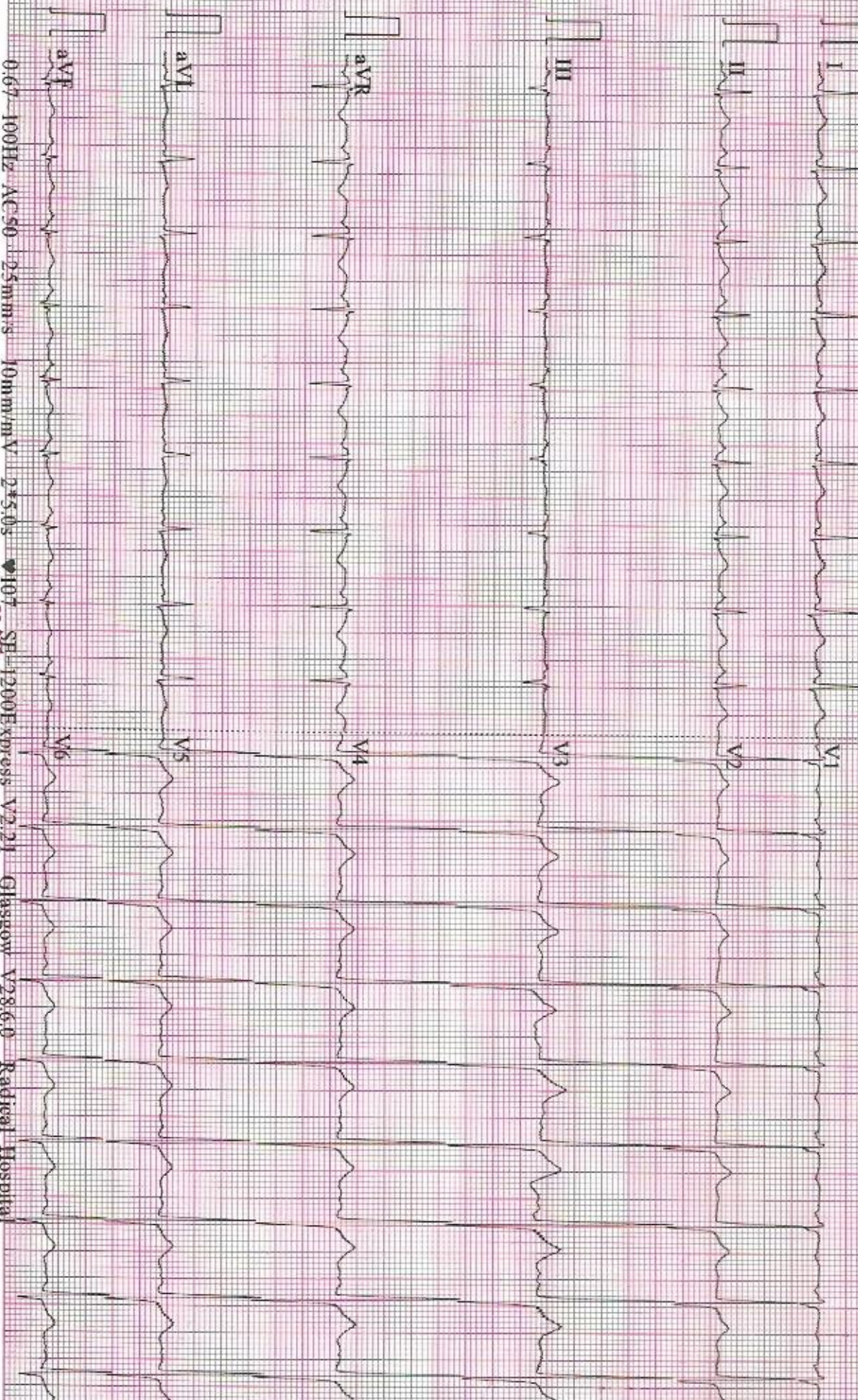
QRS : 82 ms

QT/QTc : 332/443 ms

P/QRS/T : 52.8/39 °

RV5/SV1 : 1.736/0.317 mV

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s 107

20.383

SE-1200Express V2.21 Glasgow V28.6.0 Radica1 Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23080634	Receive: 13/08/2023	Print: 13/08/2023
Patient's Name	: MD IMTIAZ PARVES		
Age	: 29 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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations				
			X-ray	ECG	Urine	Blood	LFT
17 JUL 2019	MV BRIDGE	BP 120/80 Pulse 72/min	202202	202202	202202	202202	202202
12 MAR 2020	MV BRIDGE	BP 120/80 Pulse 72/min	202202	202202	202202	202202	202202
05 NOV 2020	MV BRIDGE	BP 120/80 Pulse 72/min	202202	202202	202202	202202	202202
01 SEP 2021	MV BRIDGE	BP 120/80 Pulse 72/min	202202	202202	202202	202202	202202
13 AUG 2023		BP 120/80 Pulse 72/min	202202	202202	202202	202202	202202

Completed by Company's M.O.

Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
N/D	N/D			DR. M. AYUBUR RAHMAN M.B.B.S. PG. 3 (Medicine) Tarer Chhabber 10, Agrabad CA, Chittagong. Regn. No. A-11820	202
Not done	Not done			DR. MD. AYUBUR RAHMAN M.B.B.S. PG. 3 (Medicine) Tarer Chhabber 10, Agrabad CA, Chittagong. Regn. No. A-11820	202
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ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2023.4572

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 PARVES First MD. IMTIAZ Middle
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 13 AUG 2023
Occupation: Deck/Engine/Catering/Other (specify) ENGINE Rank: 2/A/F
Father's/ Husband's name: MD. MOKHLASUR RAHMAN. C.D.C No. C/0/7685
Mother's Name: PARVIN AKTER. Seaman ID No. 050006045
Address: House No: Street/ Road No: Passport No. B00742501
Locality/Village: SHARSHI. NID No. 6892586683.
P.O.: LAKUTIA Date of Birth: 22-12-1993.
P.S.: KOTWALI (DD/MM/YYYY)
District: BARISHAL.

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
2. Hearing meets the standards in section A-I/9
3. Unaided hearing satisfactory?
4. Visual acuity meets standards in section A-I/9?
5. Colour vision meets standards in section A-I/9?

Date of last colour vision test

6. Fit for lookout duties?
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?
8. Any limitations or restrictions on fitness?

If YES, specify limitations or restrictions:

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

13 AUG 2023

YES/NO

YES/NO

YES/NO

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Utara, Dhaka, Bangladesh

9. Medical fitness category:

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) 13 AUG 2023

11. Date of expiry (DD/MM/YYYY) 12 AUG 2025 "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.

[Signature]

Seafarer's Signature



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

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/Navigation 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/navigation 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 to 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.

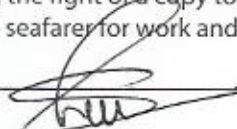
DETAILS OF MEDICAL EXAMINATION:

(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


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