



HAQUE & SONS LTD.

Tel: +880-2-333316214-6, Fax: +880-2-333310530



Accredited By BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER: HST30742

MEDICAL EXAMINATION CERTIFICATE

100				
SURNAME RONI	FIRST NAME AND MD		MIDDLE NAME MAH	BUBUL ALAM
PLACE AND DATE OF BIRTH GAIBANDHA 24-Jul-1990	PASSPORT NUMBER EG0615	232	SEAMAN'S BOOK	NUMBER CO11944
NATIONALITY: BANGLADESHI SEX:	✓ Male ☐ Female	VESSEL TYPE: BU	LK CARRIER TRAD	ING AREA: WORLD WIDE
PERMANENT HOME ADDRESS:		CONTA	ACT NUMBER :	008801719125580
PALASH PARA, HOUSE-12/394, GAIBANDI GAIBANDHA. BANGLADESH	HA SADAR, GAIBANDHA SA	DAR, RANK	2)	ABLE BODY SEAMAN

	RA, HOUSE-12/394, GAIBANDHA S	SADAR,	GAIBANDHA	A SADA	R, RAN	NK:	ABLE BODY	SEAMA
NDHA	A, BANGLADESH							
ve you	u ever had any of the following condit	ions?				7 10 - 2011 - 11 - 12 - 12		
				-				
	Condition	YES			Condition		YES	NO
	Eye/vision problem			18	Sleep problen			
	High blood pressure		9	19	Do you smoke			M
	Heart/vascular disease			20	Operation/sur	•		4
4	Heart surgery	D	₫,	21	Epilepsy/seizu	ıres		
5	Varicose veins		8	22	Dizziness/fain	ting	0	19
6	Asthma/bronchitis		H	23	Loss of consc	iousness		
7	Blood disorder			24	Psychiatric pr	oblems		
8	Diabetes			25	Depression			1300
	Thyroid problem		₽	26	Attempted sui	cide		0-
17 cm 20	Digestive disorder		₽	27	Loss of memo			0
	Kidney problem		0	28	Balance probl	1.70		
	Skin problem		E.	29	Severe heada			0
	Allergies	П	8	30	Ear/nose/thro			
			-	31	Restricted mo			-
	Infectious/contagious diseases			32	Back problem	73 C C C C C C C C C C C C C C C C C C C		7
	Hernia	П		33		ia .		
	Genital disorders		100000000000000000000000000000000000000		Amputation			D.
	Pregnancy the above questions were answered		NAG		Fractures/disl	ocations		المن
36 37 38	Have you ever been signed off as si Have you ever been hospitalised? Have you ever been declared unfit for Has your medical certificate ever be	or sea du en restric	ty? ted or revok	ed?			YES	वृश्व व व व व
36 37 38 39 40	Have you ever been hospitalised? Have you ever been declared unfit for the Has your medical certificate ever been declared any medical certificate ever been declared any medical certificate ever been declared and fit to per the per section of the per section o	or sea du en restric edical pro form the	ty? ted or revok	ed? ases or	illnesses?	occupation?		089990
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		Name and Address of the Owner, when the Owner, which	sual acuity	41.7				Visua	fields
-	Right ey	Unaided e Left eye	e Right e	Aide	ed Left eve			Normal	Defective
Distant	6/6		o ragine	1"	Lon Gye	Right	eye -		
Near	t				Ne l'Est	Left e			-
		standard laid do		Code S	ection A-1/9	YES			=//
Colour vision	as per STO	CW CODE Sect	ion A-I/9:		Vormal	☐ Doub!	ful	☐ Defective	
Date of last c	olour vision	i test: Date (day	/month/year) _	11 Å	UG 2023	=			
			Normal A	bnorm	al			N	lórmal Abnorma
Head			10_		Vari	cose veins			
Sinuses, nose	e, throat				Vas	cular (inc. pedal	pulses)		G 0
Mouth/teeth			13		Abd	omen and visce	ra		0. 0
Ears (general	I)				Herr	nia			99999
Tympanic me	embrane			1.3	Anus	s (not rectal exa	ım)		
Eyes					G-U	system	- 33		
Opthalmosco	ру					er and lower ex	tremities		0 0
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Breast examin	nation		NA	CJ.	Gen	eral appearance	9		विविद्यम्
Heart					Skin	975			
	NCILLARY	EXAMINATION							
Chest X-Ray		11010	and the state of t	ICAL (I	IVER FUN	CTION TEST)	Marijuana	☐ Po	
ECG	BU C	1100	BILIRUBIN		0.	3	Alcohol Test	□ Po:	sitive Negative
	BLOOD R/	E	SGPT		\mathcal{N}	15	URINE R/E		Note
DC(differentia		NATE	SGOT		2	5		OTHERS	3
HAEMOGLO		14.4			ALCOHO	Military and American Street	HBsAg	□Re	activ H Nonreacti
ESR (WESTE	ERGREN)	05	Morphine			☐ Negative	HIV / AIDS Te	st □ Re	activ I Nonreacti
WBC		7300	Amphetamine			□ Negative	VDRL		activ Nonreacti
BLOOD	GLUCOS		Phencyclidine			☐ Negative	Blood Type		A+(VE)
RANDOM		5:8	Barbiturates			□ Negative	Psychological	Exam	NOW
HBA1C	- 2	5.5%	Cocaine	[Positive	□ Negative	Others(KUB L		NIE
eby I declare (that I am in	knowledge of the	ne contents of	the Ph	vsical exam	inations:		12 - 1	
			The second second		•			ï	1.08.202
MAHnish	V		-	MD		JL ALAM RON	Maria de la compansión de	-	
					Name of	Seafarer			Date
M#HBVB nature of Seaf					Name of				
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nature of Seaf sessment of fi the basis of th	itness for s	e's personal dec	claration, my cl for lookout duti k seprice		examination Engine se	О	Not fit for Catering ser	lookout duties	re, I declare the Other services
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DATE OF DIDTH	GIVE	EN NAME (S): MD. MAHBUBL	JL ALAM
DATE OF BIRTH:	PLACE	OF BIRTH	SEX
DAY 24 MONTH 7 YEAR 1990	CITY	GAIBANDHA COUNTRY E	SANGLADES MALE FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	KA/147 KHILK	IG ADDRESS OF APPLICANT: 76/B, NAYANAGAR HET BAZAR, DHAKA .ADESH.	- +
DECLARATION OF THE AUTHORIZED PHYSICIAN			
VISION		COLOR TEST TYPE	HEARING
RIGHT EYE 6_C	GLASSES	AETTOM WAYED WIN	IGHT EAR
Confirmation that identification documents were checked at	t the point of	examination SES NO	- V
Hearing meets the standards in STCV/LCode, Section A-1/9	92 YES	NO NOT APLICABLE	
Unaided hearing satisfactory YES NO		102	
Visual acuity meets standards in STCW Code, Section A-1/	197 YES	NO NO	
Are glasses or contact lenses necessary to meet the require Able for watchkeeping? YES NO Is applicant taking any non-prescription or prescription medi			
	NO		farers unfit for such service or to
Hereby I declare that I am in knowledge of the contents of the MD. MAHB	NO he Physical E	Examination.	4.68.2023
MD. MAHB MPAN BUBUL Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE+SHE) IS FOU	NO THE Physical E THE PHYSICAL ALA THE OF Applican TO BE	AM RONI at (FILM NOT FIT) FOR DUTY AS	U.68.2023 Date
MD. MAHB MPH BUSUL Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE+SHE) IS FOU	NO THE Physical E TUBUL ALA THE OF Applican TO BE TUNG (WIT	AM RONI at (FILM NOT FIT) FOR DUTY AS	U.68.2023 Date
MD. MAHB MPH BUSUL Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE+SHE) IS FOU ENGINEERING OFFICER / RADIO OPERATOR / RADIO NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHA ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA, DR. NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY RI	he Physical E BUBUL ALA THE OF Applican IND TO BE ATTING) (WIT AN; M.B.B.S. HAKA-1230 EG NO.: A-5	AM RONI INTERPORT OF THE FOLION ON BOARD SHIP (D.U.)	U.68.2023 Date A (MASTER / DECK OFFCIER / OWING) RESTRICTIONS:
MD. MAHB MPH BUSUL Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE+SHE) IS FOU	HE Physical E BUBUL ALA HE OF Applican IND TO BE ATUNG) (WITHER FOR DUT) AN; M.B.B.S. HAKA-1230 EG NO.: A-5:	M RONI (FIT NOT FIT) FOR DUTY AS THOUT ANY / WITH THE FOLL ON BOARD SHIP (D.U.) S144,BANGLADESH MEDICAL AND SHIP OF PHYSICIAN: AS PERMITS 2006	Date A (MASTER / DECK OFFCIER / OWING) RESTRICTIONS:

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

MEDICAL CERTIFICA	ATE FOR P	PERSONNEL SERVICE	ON BOARD				
SURNAME: RONI	GIVE	GIVEN NAME (S): MD. MAHBUBUL ALAM					
DATE OF BIRTH:	PLACE (OF BIRTH	SEX				
DAY 24 MONTH 7 YEAR 1990	CITY	GAIBANDHA COUNTRY	BANGLADES MALE FEMALE				
POSITION ON BOARD:	MAILIN	G ADDRESS OF APPLICAN	T:				
MASTER	KA/147	/6/B, NAYANAGAR					
DECK OFFICER	KHILKI	HET BAZAR, DHAKA					
ENGINEERING OFFICER		ARECH					
RADIO OPERATOR RATING	BANGL	ADESH.					
DECLARATION OF THE AUTHORIZED PHYSICIAN							
VISION		COLOR TEST TYPE	HEARING				
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LEFT EYE		GREEN BLUE MY	LEFT EAR				
Confirmation that identification documents were checked	d at the point of	examination: YE8 NO					
Hearing meets the standards in STCW Code, Section A-	-1/9? YES-	NO NOT APLICAB	LE				
Unaided hearing satisfactory? YES NO		2					
visual acuity meets standards in STCW Code, Section A	A-1/97 YES	NO					
Colour vision meets standards in STCW Code, Section /		NO					
(the visual test it is required every six years)	11 AUG	S 2023					
Date of the last colour vision test: (Day/Month/Year)	/	.1					
Are glasses or contact lenses necessary to meet the req	quired vision sta	indards? YES 10					
Able for watchkeeping PYES NO							
Is applicant taking any non-prescription or prescription or	nedications? YE	s NO	9				
Is the seafarer free from any medical condition likely to tendanger the health of other persons on board? YES	be aggravated t	by service at sea or to render the	seafarers unfit for such service or to				
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE) IS F ENGINEERING OFFICER / RADIO OPERATOR	Name of Application TO BE RATING (W	AM RONI ant (FIT / NOT FIT) FOR DUTY //THOUT ANY / WITH THE F	U.08-2023 Date AS A (MASTER / DECK OFFCIER / OLLOWING) RESTRICTIONS:				
L		ON BOARD SHIP					
NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. R.							
ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA							
NAME OF PHYSICIAN'S CERTIFICATING AUTHORY	Y: REG NO.: A	-55144,BANGLADESH MEDICA	L AND DENTAL COUNCIL (B.M.D.C.)				
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-M.	AY-2014	i de la					
		0.00	11 AUG 202				
1		1.76					
SIGNATURE OF PHYSICIAN:	1.00-2.7012	OF PHYSICIAN:	2006) \$ DATE:				
SIGNATURE OF PHYSICIAN: EXPIRY DATE OF CERTIFICATE:	1 0 AUG 2	OF PHYSICIAN:	2006) \$ DATE:				
EXPIRY DATE OF CERTIFICATE: This certific	10 AUG 2	OF PHYSICIAN: SPERMIC.	DATE:				
EXPIRY DATE OF CERTIFICATE: This certific DR. 4MR/4MD OR 4M	10 AUG 2 ate is issued in ANB, as amen	OF PHYSICIAN:	DATE:				
EXPIRY DATE OF CERTIFICATE: This certific	10 AUG 2 rate is issued in \$976, as amen phth)	OF PHYSICIAN: SPERMIC.	2006 × DATE:				



Id No : 0540

Patient's Name: MD MAHBUBUL ALAM RONI

Specimen : Blood

Date: 11-Aug-2023

D.Date: 11-Aug-2023

Age: 33Y 0M 18D Gender: Male

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/11944

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto

Parameter Name	Results	/thic-One Auto Haematology Analyzer & checked manually) Reference Range
Hemoglobin (Hb)	14.4 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)	7,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year):
Differential WBC Count (DC)		6,000-18,000/cumm
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	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	146 /cumm	50-450/cumm
Total RBC Count	5.43 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.4 %	M: 40-54%, F:37-47%
MCV	70.7 fL	76 - 94 ft.
MCH	26.5 pg	27 - 32 pg
MCHC	37.5 g/dL	29 - 34 g/dL
RDW	14.4 %	11 - 16 %
PDW	15.6 fL	35 - 56 fl
Total Platelete Count (PC)	1,82,000 /cumm	150,000-450,000/cumm
MPV	10.5 fL	7.0 - 11.0 fL
PCT	0.191 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By Medical Technologist

Dr. Sumaiya Khatun

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



Bill No	DIA23080540 F	Received I	Date	11/08/2	2023
Patient's Name	MD MAHBUBUL ALAM RONI				71
Patient's Age	33Y 0M 18D	Pa	atient's	s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(I	Eye),DFM	С	DC NO	C/O/11944
Sample	BLOOD				***************************************

BIOCHEMISTRY REPORT

<u>Test Name</u>	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)	28 U/L	Up to 37 U/L
HbA1C	5.5 %	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	DIA23080540	Received	Date	11/08/2	2023
Patient's Name	MD MAHBUBUL ALAM RONI			1	
Patient's Age	33Y 0M 18D	P	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	С	DC NO	C/O/11944
Sample	BLOOD	NO 37 38		-	

SEROLOGYCAL REPORT

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

OD GROUPINGResult	*Δ1
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By

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



DIA23080540	Received Date	11/08/2023
MD MAHBUBUL ALAM RONI		
33Y 0M 18D	Patient's Sex	Male *
Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF	RDEM),PGT(Eye),DFM	CDC NO:C/O/11944
URINE		
	MD MAHBUBUL ALAM RONI 33Y 0M 18D Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF	MD MAHBUBUL ALAM RONI 33Y 0M 18D Patient's Sex Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF			
Colo	Straw	RBC	Nil		
Appearance	Clear	Pus Cells	1-2/HPF		
Sediment	Nil	Epithelial	1-3/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		

2

Checked By

A

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



REF: MV. TIGER LILY

DATE: 11/08/2023

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

EYE EXAMINATION REPORT

NAME: MD MAHBUBUL ALAM RONI RANK: AB CDC NO: C/O/11944

VISUAL ACUITY: RIGHT LEFT

UNAIDED

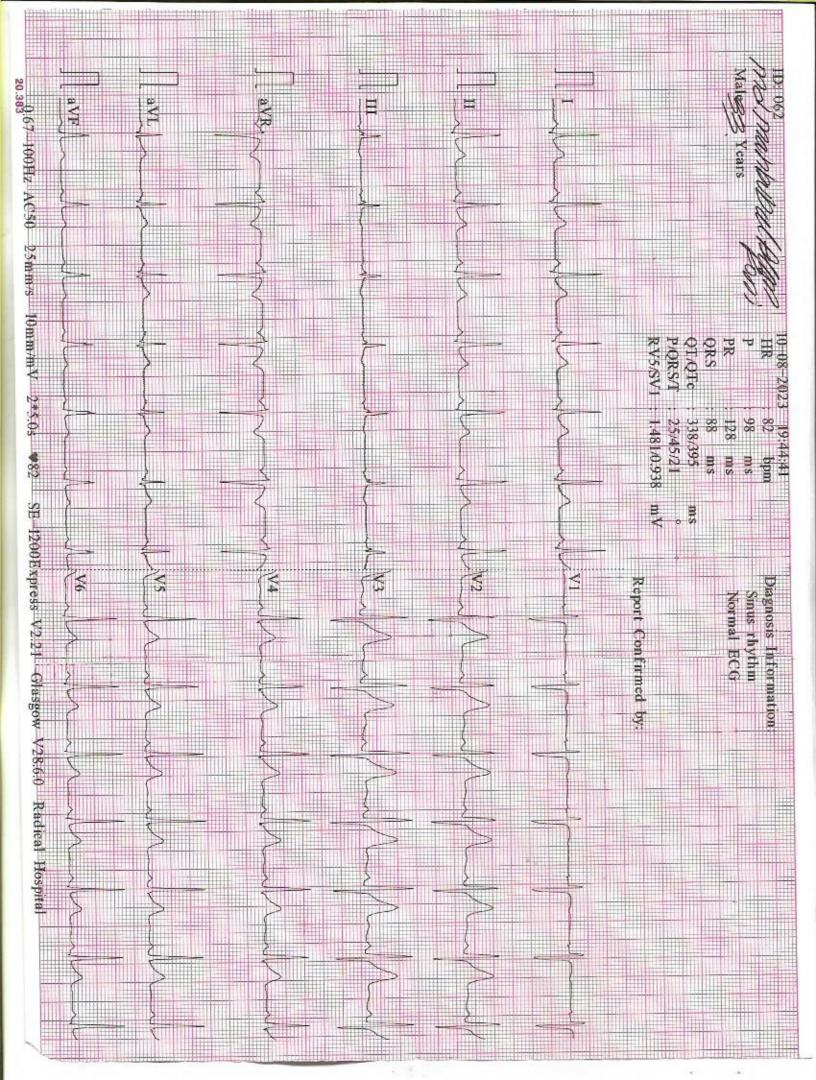
AIDED

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



RADICAL HOSPITAL

radical hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23080540

Receive:11/08/2023

Print: 11/08/2023

Patient's Name

MD MAHBUBUL ALAM RONI

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

: 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 Date of birth 24 JULY 990 Sex MALE whose signature follows MD. MAH BUBUL ALAW RON! (7

has on the date indicated been vaccinated or revaccinated against Cholera'

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Approved Stamp	CO Name Nadobolm NO Name Name Name Name Name Name Name Name		0.0	3		5		7		Continued overleaf Suite our erso
Signature and Professional status of vaccinator	DR MHR WID RAIHAN DR MIR CO (Brdem), PGT (ophth) MBBS (DV), DPM, CCD (Brdem), PGT (ophth) MBDC A-55144, MMC-BGD-016 BMDC A-55144, MMC-BGD-016 BMDC A-55144, MMC-BGD-016 General Physician General Physician									
Date	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	71		6	4	vo.	9	7	∞	