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: A55144

PATIENT CONTROL NUMBER: H957

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
MANIRUZZAMAN	MD	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
TANGAIL 11-Nov-1988	EG0158746	CO6378

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : BULK CARRIER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS : SALLA, SHOLLA, KALIHATI, TANGAIL, BANGLADESHI

CONTACT NUMBER : 0088 01749-550969

RANK : CHIEF OFFICER

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	☐	N/A	34	Fractures/dislocations	☐	☑

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

Additional questions

		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 68 kg Height (cm) 166 BMI 24.6 Blood Pressure: Systolic- 120 mm Diastolic 80 mm PULSE: 78 b/m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☑ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

Cont'd from page 1

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

	Visual fields	
	Normal	Defective
Right eye		
Left eye		

Visual acuity meets the standard laid down in STCW Code Section A-I/9 ☑ YES / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 13 AUG 2023

	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	☑	☐
Opthalmoscopy	☑	☐	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	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐	Positive	☑	Negative
ECG	NAD	BILIRUBIN	0.8		Alcohol Test	☐	Positive	☑	Negative
BLOOD R/E		SGPT	26		URINE R/E	NAD			
DC(differential count)	NAD	SGOT	27		OTHERS				
HAEMOGLOBIN (HGB)	14.4	DRUG AND ALCOHOL TEST			HBsAg	☐	Reactiv	☑	Nonreactive
ESR (WESTERGREN)	05	Morphine	☐	Positive ☑ Negative	HIV / AIDS Test	☐	Reactiv	☑	Nonreactive
WBC	7.200	Amphetamine	☐	Positive ☑ Negative	VDRL	☐	Reactiv	☑	Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐	Positive ☑ Negative	Blood Type				O(+VE)
RANDOM	5.9	Barbiturates	☐	Positive ☑ Negative	Psychological Exam				NAD
HBA1C	5.6%	Cocaine	☐	Positive ☑ Negative	Others(KUB Ultraso				FIT

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

13 AUG 2023

Signature of Seafarer | MD MANIRUZZAMAN — Name of Seafarer | 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:	Valid Until :
13 AUG 2023	12 AUG 2025

Name And Signature of Authorized Physician

DR. MD. ABU TAYAB
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
Reg. No. : MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radiant Hospitals Limited

ORIGINAL

DR. MIR MD RAIHAN
RADICAL HOSPITALS LTD.
REG. NO. A-55144

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: A50144

PATIENT CONTROL NUMBER
H957

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
MANIRUZZAMAN	MD	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
TANGAIL 11-Nov-1988	EG0158746	CO6378

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : BULK CARRIER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
SALLA, SHOLLA, KALIHATI, TANGAIL, BANGLADESHI

CONTACT NUMBER : 0088 01749-550969

RANK : CHIEF OFFICER

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	☐	N/A	34	Fractures/dislocations	☐	☑

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

Additional questions

		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 68 kg Height (cm) 166 BMI 24.6 Blood Pressure: Systolic- 120 mm Diastolic 80 mm PULSE: 78 b/m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☐ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

Cont'd from page 1

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

	Visual fields	
	Normal	Defective
Right eye		
Left eye		

Visual acuity meets the standard laid down in STCW Code Section A-I/9 YES / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 13 AUG 2023

	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	☐	☐
Opthalmoscopy	☐	☐	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	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)				Marijuana	☐ Positive	☐	Negative
ECG	NAD	BILIRUBIN	0.5			Alcohol Test	☐ Positive	☐	Negative
BLOOD R/E		SGPT	26			URINE R/E	NAD		
DC(differential count)	NAD	SGOT	27			OTHERS			
HAEMOGLOBIN (HGB)	14.4	DRUG AND ALCOHOL TEST				HBsAg	☐ Reactiv	☐	Nonreactive
ESR (WESTERGREN)	05	Morphine	☐	Positive	☑ Negative	HIV / AIDS Test	☐ Reactiv	☑	Nonreactive
WBC	7.200	Amphetamine	☐	Positive	☑ Negative	VDRL	☐ Reactiv	☑	Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐	Positive	☑ Negative	Blood Type	O(+)VE		
RANDOM	5.9	Barbiturates	☐	Positive	☑ Negative	Psychological Exam	NAD		
HBA1C	5.6%	Cocaine	☐	Positive	☑ Negative	Others(KUB Ultraso	N.E.		

Hereby I declare that I am in knowledge of the contents of the Physical examinations: 13 AUG 2023

Signature of Seafarer | MD MANIRUZZAMAN Name of Seafarer | 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 Designation of Authorized Physician

DR MIR MD RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC Reg No-55544, DMC Reg No-19415 (No. 78)
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

DMC-BGD-016

ORIGINAL

DR. MIR MD RAIHAN
RADICAL HOSPITALS LTD
REG. NO. A-55144

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: A55144

PATIENT CONTROL NUMBER
H957

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
MANIRUZZAMAN	MD	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
TANGAIL 11-Nov-1988	EG0158746	CO6378

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : BULK CARRIER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
SALLA, SHOLLA, KALIHATI, TANGAIL, BANGLADESHI

CONTACT NUMBER : 0088 01749-550969

RANK : CHIEF OFFICER

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	☐	N/A	34	Fractures/dislocations	☐	☑

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

Additional questions

		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 68 kg Height (cm) 166 BMI 24.6 Blood Pressure: Systolic- 120 mm Diastolic 80 mm PULSE: 78 b/m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☐ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

Cont'd from page 1

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

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-I/9 ☑ YES / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test. Date (day/month/year) 13 AUG 2023

	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	☑	☐
Opthalmoscopy	☑	☐	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	N/A	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐	Positive	☑	Negative
ECG	N/A	BILIRUBIN	0.8		Alcohol Test	☐	Positive	☑	Negative
BLOOD R/E		SGPT	20		URINE R/E	N/A			
DC(differential count)	N/A	SGOT	27		OTHERS				
HAEMOGLOBIN (HGB)	14.4	DRUG AND ALCOHOL TEST			HBsAg	☐	Reactive	☑	Nonreactive
ESR (WESTERGREN)	05	Morphine	☐	Positive ☑ Negative	HIV / AIDS Test	☐	Reactive	☑	Nonreactive
WBC	7.200	Amphetamine	☐	Positive ☑ Negative	VDRL	☐	Reactive	☑	Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐	Positive ☑ Negative	Blood Type	O+VE			
RANDOM	5.9	Barbiturates	☐	Positive ☑ Negative	Psychological Exam	N/A			
HBA1C	5.6%	Cocaine	☐	Positive ☑ Negative	Others(KUB Ultraso	N/A			

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

13 AUG 2023

Signature of Seafarer | MD MANIRUZZAMAN (Name of Seafarer) | 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

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 CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **MANIRUZZAMAN**	GIVEN NAME (S): **MD**
DATE OF BIRTH: DAY **11** MONTH **11** YEAR **1988**	PLACE OF BIRTH CITY **TANGAIL** COUNTRY **BANGLADES** SEX MALE FEMALE
POSITION ON BOARD: MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING	MAILING ADDRESS OF APPLICANT: **SALLA, SHOLLA, KALIHATI, TANGAIL, BANGLADESHI**

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	6/6	—	BOOK / LANTERN	RIGHT EAR
LEFT EYE	6/6.	—	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 APLICABLE

Unaided hearing satisfactory? YES NO

Visual acuity meets standards in STCW Code, Section A-1/9? YES NO

Colour vision meets standards in STCW Code, Section A-1/9? YES NO

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 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 MANIRUZZAMAN 13 AUG 2023

Signature of Applicant | Name of Applicant | Date

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR MD. RAIHAN; M.B.B.S(D.U.)**

ADDRESS: **REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **REG NO.: A-55144,BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-MAY-2014**

SIGNATURE OF PHYSICIAN: | STAMP OF PHYSICIAN: Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping | DATE: 13 AUG 2023

EXPIRY DATE OF CERTIFICATE: 12 AUG 2025

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 (Dirdem), 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: **MANIRUZZAMAN**	GIVEN NAME (S): **MD**
DATE OF BIRTH: DAY **11** MONTH **11** YEAR **1988**	PLACE OF BIRTH CITY **TANGAIL** COUNTRY **BANGLADES** / SEX MALE FEMALE
POSITION ON BOARD: MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING	MAILING ADDRESS OF APPLICANT: **SALLA, SHOLLA, KALIHATI, TANGAIL, BANGLADESHI**

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES
RIGHT EYE	6/6	—
LEFT EYE	6/6	—

COLOR TEST TYPE: BOOK / LANTERN — YELLOW RED GREEN BLUE

HEARING: RIGHT EAR / LEFT EAR

Confirmation that identification documents were checked at the point of examination: YES NO

Hearing meets the standards in STCW Code, Section A-1/9? YES NO NOT APLICABLE

Unaided hearing satisfactory? YES NO

Visual acuity meets standards in STCW Code, Section A-1/9? YES NO

Colour vision meets standards in STCW Code, Section A-1/9? YES NO

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 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 MANIRUZZAMAN — 13 AUG 2023

Signature of Applicant — Name of Applicant — Date

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR MD. RAIHAN; M.B.B.S(D.U.)**

ADDRESS: **REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **REG NO.: A-55144,BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-MAY-2014**

SIGNATURE OF PHYSICIAN:	STAMP OF PHYSICIAN:	DATE:
	Radical Hospitals Ltd. As Per-ML6-2006 Approved by Department of Shipping	13 AUG 2023

EXPIRY DATE OF CERTIFICATE: 12 AUG 2025

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 (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

CRW15 – CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME		POSITION ON BOARD
MANIRUZZAMAN	MD		CHIEF OFFICER
DATE OF BIRTH	PLACE OF BIRTH	SEX	ID DOCUMENT NO
11-NOV-1988	TANGAIL	MALE	C/O/6378

(PLEASE INDICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REFERENCE LEVEL)

TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☑	☐	LYMPHOCYTE COUNT	☑	☐
RED BLOOD CELL COUNT (RBC)	☑	☐	MONOCYTE COUNT	☑	☐
PLATELET COUNT (PLT)	☑	☐	EOSINOPHIL COUNT	☑	☐
HAEMOGLOBIN (HGB)	☑	☐	BASOPHIL COUNT	☑	☐
HAEMOTOCRIT (HCT)	☑	☐	GRANULOCIYTE COUNT	☑	☐
MEAN CORPUSCULAR VOLUME (MCV)	☐	☐	THROMBOCYTE COUNT	☑	☐
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	☑	☐	**BIOCHEMISTRY**	**YES**	**NO**
MEAN CORPULSCULAR HB. CONC (MCHC)	☑	☐	ASPARTATE AMINOTRANSFERASE (AST, SGOT)	☑	☐
MEAN PLATELET VOLUME (MPV)	☑	☐	ALANINE AMINOTRANSFERASE (ALT, SGPT)	☑	☐
RED BLOOD CELL DISTRIBTION WIDTH (RDW)	☑	☐	TOTAL BILIRUBIN	☑	☐
NEUTORPHIL COUNT	☑	☐		☐	☐

IF ANY OF THE ABOVE CHECMICAL-SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DETAILS BELOW.
COMMENTS (for abnormal result):

Doctors Comments:

No Abnormality Found.

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

13 AUG 2023

MEDICAL EXAMINER
(SIGNATURE & PRINTED NAME)

DATE OF EXAMINATION

CRW15 – CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME		POSITION ON BOARD
MANIRUZZAMAN	MD		CHIEF OFFICER
DATE OF BIRTH	PLACE OF BIRTH	SEX	ID DOCUMENT NO
11-NOV-1988	TANGAIL	MALE	C/O/6378

(PLEASE INDICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REFERENCE LEVEL)

TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☑	☐	LYMPHOCYTE COUNT	☑	☐
RED BLOOD CELL COUNT (RBC)	☑	☐	MONOCYTE COUNT	☑	☐
PLATELET COUNT (PLT)	☑	☐	EOSINOPHIL COUNT	☑	☐
HAEMOGLOBIN (HGB)	☑	☐	BASOPHIL COUNT	☑	☐
HAEMOTOCRIT (HCT)	☑	☐	GRANULOCIYTE COUNT	☑	☐
MEAN CORPUSCULAR VOLUME (MCV)	☑	☐	THROMBOCYTE COUNT	☐	☐
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	☑	☐	**BIOCHEMISTRY**	**YES**	**NO**
MEAN CORPULSCULAR HB. CONC (MCHC)	☑	☐	ASPARTATE AMINOTRANSFERASE (AST, SGOT)	☑	☐
MEAN PLATELET VOLUME (MPV)	☑	☐	ALANINE AMINOTRANSFERASE (ALT, SGPT)	☑	☐
RED BLOOD CELL DISTRIBTION WIDTH (RDW)	☑	☐	TOTAL BILIRUBIN	☑	☐
NEUTORPHIL COUNT	☑	☐		☐	☐

IF ANY OF THE ABOVE CHECMICAL-SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DETAILS BELOW.
COMMENTS (for abnormal result):

Doctors Comments:

NO Abnormality Found.

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

13 AUG 2023

MEDICAL EXAMINER
(SIGNATURE & PRINTED NAME)

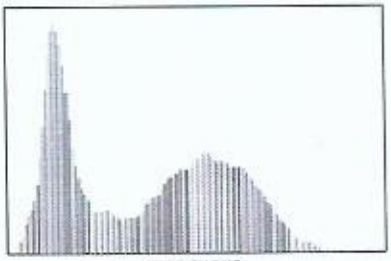
DATE OF EXAMINATION

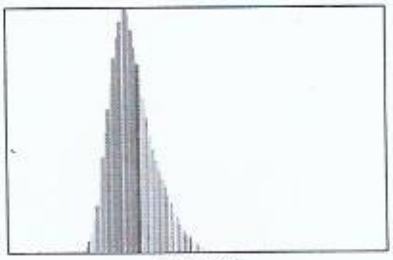
Id No : 0627	**Date :** 13-Aug-2023	**D.Date :** 13-Aug-2023
Patient's Name : MD MANIRUZZAMAN	**Age :** 34Y 9M 2D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6378		

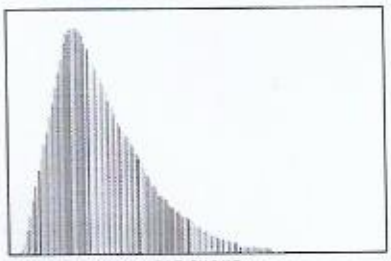
Haematology Report

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

Parameter Name	Results	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. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**7,200** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**63** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**31** %	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	**144** /cumm	50-450/cumm
Total RBC Count	**4.88** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**38.3** %	M: 40-54%, F:37-47%
MCV	**78.5** fL	76 - 94 fL
MCH	**29.5** pg	27 - 32 pg
MCHC	**37.6** g/dL	29 - 34 g/dL
RDW	**13.5** %	11 - 16 %
PDW	**15.3** fL	35 - 56 fl
Total Platelete Count (PC)	**2,63,000** /cumm	150,000-450,000/cumm
MPV	**8.7** fL	7.0 - 11.0 fL
PCT	**0.229** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %


WBC CURVE


RBC CURVE


PLT CURVE

Checked By
Medical Technologist

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

Bill No	DIA23080627	Received Date	13/08/2023
Patient's Name	MD MANIRUZZAMAN		
Patient's Age	34Y 9M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6378
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9 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 Technologis
Radical Hospitals Ltd.

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

RADICAL HOSPITAL LIMITED

Bill No	DIA23080627	Received Date	13/08/2023
Patient's Name	MD MANIRUZZAMAN		
Patient's Age	34Y 9M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6378
Sample	BLOOD		

SEROLOGYCAL REPORT

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

BLOOD 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 HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23080627	Received Date	13/08/2023
Patient's Name	MD MANIRUZZAMAN		
Patient's Age	34Y 9M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6378
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23080627	Received Date	13/08/2023
Patient's Name	MD MANIRUZZAMAN		
Patient's Age	34Y 9M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6378
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23080627	Receive:13/08/2023	Print: 13/08/2023
Patient's Name	:	**MD MANIRUZZAMAN**		
Age	:	34 Yrs	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : **Normal chest skiagram.**

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

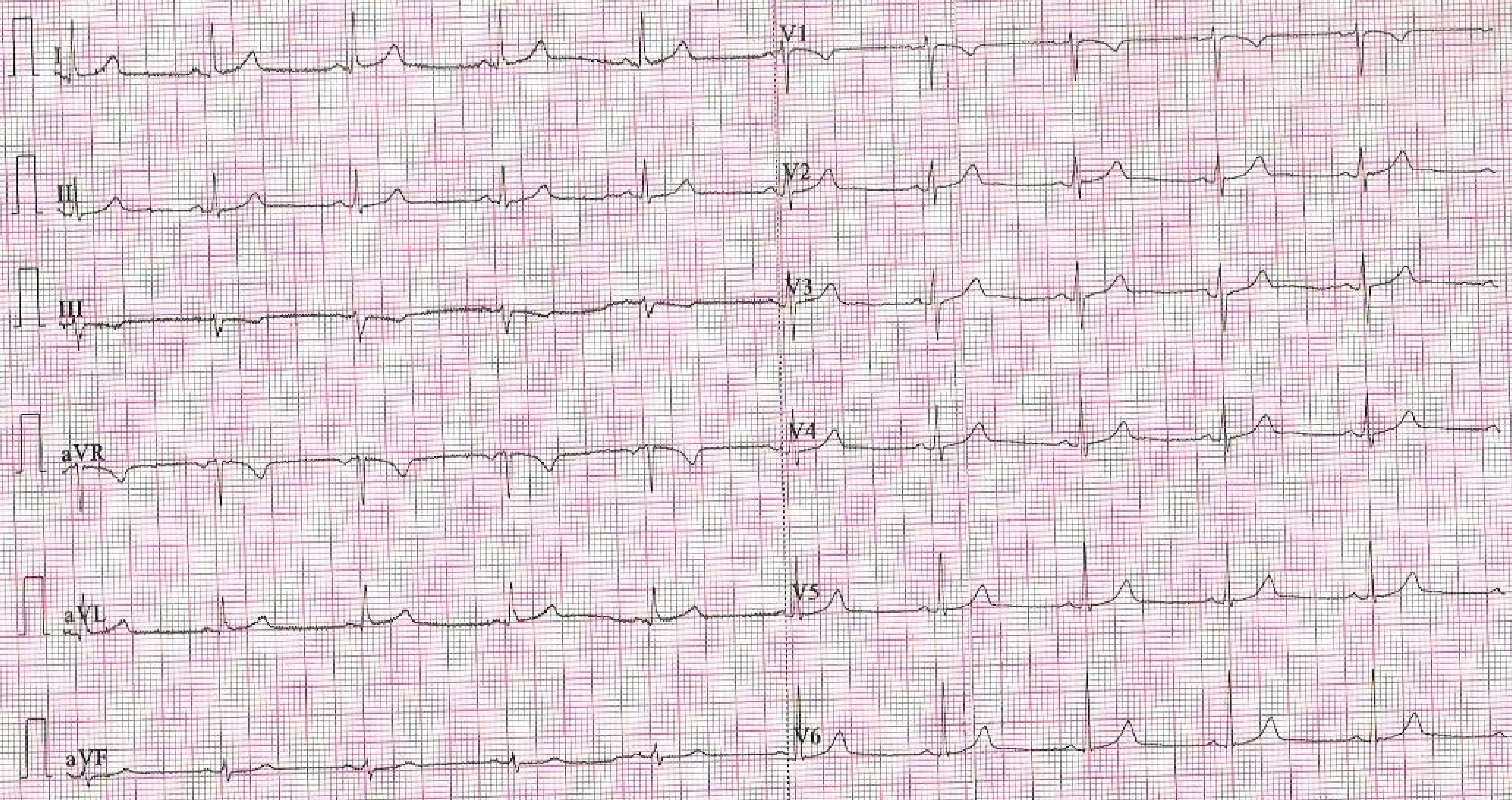
ID: 080
md. mamiruzzaman
Male 34 Years

13-08-2023 13:09:15

HR	: 60	bpm
P	: 98	ms
PR	: 130	ms
QRS	: 86	ms
QT/QTc	: 414/414	ms
P/QRS/T	: 39/8/15	°
RV5/SV1	: 1.053/0.722	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥60 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital
20.383

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

REF:	MV. BRICKFIELDER	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 MANIRUZZAMAN	RANK: CH.OFF	CDC NO: C/O/6378

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 11-NOV-1988 Sex MALE

MD. MANIRUZZAMAN (C10/6378)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
13 AUG 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
2			
3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows } Date of birth 11-NOV-1988 Sex MALE

MD MANIRUZZAMAN (C/0/6378)

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
1 13 AUG 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	YELLOW FEVER VACCINE L NO DAKAR	2 CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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