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
H1622

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
PATOARY	SHAMSUDDIN	
PLACE AND DATE OF BIRTH: CHANDPUR 21-Oct-1994	PASSPORT NUMBER: A00027182	SEAMAN'S BOOK NUMBER: CO9426
NATIONALITY : BANGLADESHI	SEX : ☑ Male ☐ Female	VESSEL TYPE : BULK CARIER / TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : PASCHIM RUPSHA, FARIDGANJ, RUPSHA-3652, CHANDPUR, BANGLADESHI	CONTACT NUMBER : 0088 01703-492814	
	RANK : 2ND 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	☐	NA	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: 86kg Height (cm): 180 BMI: 26.5 Blood Pressure: Systolic: 110mm Diastolic: 80mm PULSE: 78bpm

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

Audiometry			
500	1000	2000	3000
	NA		

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-1/9 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) 09 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	NAD	☐	General appearance	✓	☐
Heart	✓	☐	Skin	✓	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana		☐ Positive	☐ Negative
ECG	NAD	BILIRUBIN	0.9	Alcohol Test		☐ Positive	☐ Negative
BLOOD R/E		SGPT	NIE	URINE R/E	NAD		
DC(differential count)	NAD	SGOT	27	OTHERS			
HAEMOGLOBIN (HGB)	16.6	DRUG AND ALCOHOL TEST		HBsAg		☐ Reactive	☑ Nonreactive
ESR (WESTERGREN)	08	Morphine	☐ Positive ☐ Negative	HIV / AIDS Test		☐ Reactive	☑ Nonreactive
WBC	10,200	Amphetamine	☐ Positive ☐ Negative	VDRL		☐ Reactive	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☐ Negative	Blood Type	B+(VE)		
RANDOM	5.5	Barbiturates	☐ Positive ☐ Negative	Psychological Exam	NAD		
HBA1C	4.7%	Cocaine	☐ Positive ☐ Negative	Others(KUB Ultrasound)	NIE		

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

[signature] Signature of Seafarer — SHAMSUDDIN PATOARY Name of Seafarer — 09 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: 09 AUG 2023 — Until: 08 AUG 2025

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-018
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **PATOARY**	GIVEN NAME (S): **SHAMSUDDIN**
DATE OF BIRTH: DAY **21** MONTH **10** YEAR **1994**	PLACE OF BIRTH CITY **CHANDPUR** COUNTRY **BANGLADESH** SEX MALE FEMALE
POSITION ON BOARD: MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING	MAILING ADDRESS OF APPLICANT: **65 NILAMBOR SAHA ROAD HAZARIBAGH, NEW MARKET-1205, DHAKA BANGLADESH.**

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	BOOK	
RIGHT EYE	6/6	—	LANTERN	RIGHT EAR
			YELLOW / RED	
LEFT EYE	6/6	—	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) 09 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.

SHAMSUDDIN PATOARY 9-Jun-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. ★ Approved by DG Department of Shipping ★ As Per-MLC-2006 | DATE: 09 AUG 2023

EXPIRY DATE OF CERTIFICATE: 08 AUG 2025

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

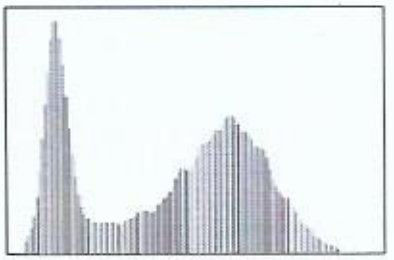
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

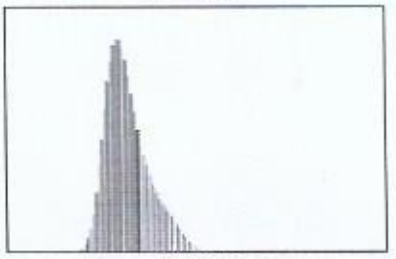
Id No : 0420	**Date :** 09-Aug-2023	**D.Date :** 09-Aug-2023
Patient's Name : SHAMSUDDIN PATOARY	**Age :** 28Y 9M 19D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9426

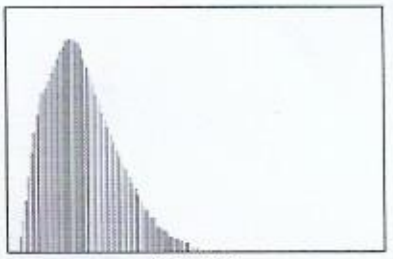
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**16.6** 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)	**08** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**10,200** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**69** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**26** %	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	**204** /cumm	50-450/cumm
Total RBC Count	**5.27** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**40.4** %	M: 40-54%, F:37-47%
MCV	**76.7** fL	76 - 94 fL
MCH	**31.5** pg	27 - 32 pg
MCHC	**41.1** g/dL	29 - 34 g/dL
RDW	**13.3** %	11 - 16 %
PDW	**16.1** fL	35 - 56 fl
Total Platelete Count (PC)	**2,88,000** /cumm	150,000-450,000/cumm
MPV	**7.1** fL	7.0 - 11.0 fL
PCT	**0.204** %	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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23080420	Received Date	09/08/2023
Patient's Name	SHAMSUDDIN PATOARY		
Patient's Age	28Y 9M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9426		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	ReferenceRange
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Blood Sugar Random (RBS)	5.5 mmol/L	<7.8 mmol/L

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