



HAQUE & SONS LTD.

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



Accredited By : BMDC
Accreditation No : A55144

PATIENT CONTROL NUMBER:
HSL-004349

MEDICAL EXAMINATION CERTIFICATE

SURNAME RAZI	FIRST NAME AND SOHEL	MIDDLE NAME MD ALIM AL
PLACE AND DATE OF BIRTH PONCHAGORH 2-Jul-1973	PASSPORT NUMBER A07470040	SEAMAN'S BOOK NUMBER CO5698
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILLAGE BARADAP, ATWARI, CHHOTO DAB BAZAR-5040-PANCHAGARH, BANGLADESH		CONTACT NUMBER : 0088 1716482490
		RANK : ELECTRICAL 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

	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?	☐	☒
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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 practitioner) 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 79kg	Height (cm) 167	BMI 28.7	Blood Pressure: Systolic 130mm Diastolic 80mm	PULSE: 78b/min																									
<table><tr><td>Ear</td><td colspan="2">Hearing by Audiometry</td><td colspan="2">Audiometry</td><td colspan="2">Hearing by Whisper Test</td></tr><tr><td>Right</td><td>☐ Adequate</td><td>☐ Inadequate</td><td>500</td><td>1000</td><td>2000</td><td>3000</td><td>☒ Adequate</td><td>☐ Inadequate</td></tr><tr><td>Left</td><td>☐ Adequate</td><td>☐ Inadequate</td><td colspan="4">N/A</td><td>☒ Adequate</td><td>☐ Inadequate</td></tr></table>					Ear	Hearing by Audiometry		Audiometry		Hearing by Whisper Test		Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000	☒ Adequate	☐ Inadequate	Left	☐ Adequate	☐ Inadequate	N/A				☒ Adequate	☐ Inadequate
Ear	Hearing by Audiometry		Audiometry		Hearing by Whisper Test																								
Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000	☒ Adequate	☐ Inadequate																					
Left	☐ Adequate	☐ Inadequate	N/A				☒ Adequate	☐ Inadequate																					
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																													

	Visual acuity				Right eye	Visual fields	
	Unaided		Aided			Normal	Defective
	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

YES / NO

☐ Doubtful☐ Defective

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

24 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	☒	☐
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	☒	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	☒	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E	☒	SGPT	URINE R/E	☒	☐
DC(differential count)	☒	SGOT	OTHERS	☒	☐
HAEMOGLOBIN (HGB)	13.6	DRUG AND ALCOHOL TEST	HBsAg	☐ Reactive	☒ Nonreactive
ESR (WESTERGREN)	05	Morphine	HIV / AIDS Test	☐ Reactive	☒ Nonreactive
WBC	5.700	Amphetamine	VDRL	☐ Reactive	☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	Blood Type	☒	☐
RANDOM	3.9	Barbiturates	Psychological Exam	☒	☐
HBA1C	5.3%	Cocaine	Others(KUB Ultrasound)	☒	☐

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

SOHEL MD ALIM AL RAZI

24 AUG 2023

Signature of Seafarer

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):

24 AUG 2023

Fitness Date:

Valid Until:

23 AUG 2024

Name and Signature of Authorized Physician

DR. MIR. MD. RAHMAN

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

BMDC A-55144, MMC-BGD-016

DG Shipp.ng Bangladesh Approved

General Physician

Radical Hospitals Limited.

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RAZI		GIVEN NAME (S): SOHEL MD. ALIM AL	
DATE OF BIRTH: DAY 7 MONTH 7 YEAR 1973		PLACE OF BIRTH CITY PONCHAGOF COUNTRY BANGLADES	SEX MALE FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING		MAILING ADDRESS OF APPLICANT: 95/9, Laziz Matrichya, Aziz market ,Pallabi, Dhaka Cantonment,Dhaka 1216 BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

BOOK
LANTERN
YELLOW ☒ RED ☒
GREEN ☒ BLUE ☒

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) 24 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.

SOHEL MD. ALIM AL RAZI

24 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. 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:
EXPIRY DATE OF CERTIFICATE:	DATE: 24 AUG 2023

This certificate is issued in compliance with the requirements

of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

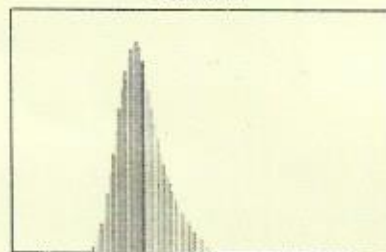
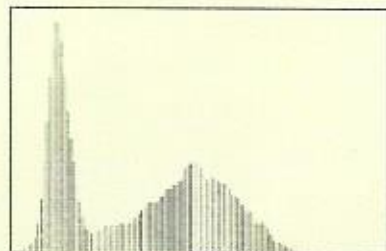
DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDG A-55144, MMC-BGD-046
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 23081155 **Date** : 24-Aug-2023 **D.Date** : 24-Aug-2023
Patient's Name : SOHEL MD ALIM AL RAZI **Age** : 50Y 1M 17D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5698

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.6 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)	5,700 /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	35 %	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	114 /cumm	50-450/cumm
Total RBC Count	4.40 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.1 %	M: 40-54%, F:37-47%
MCV	82.0 fL	76 - 94 fL
MCH	30.9 pg	27 - 32 pg
MCHC	37.7 g/dL	29 - 34 g/dL
RDW	13.8 %	11 - 16 %
PDW	15.1 fL	35 - 56 fL
Total Platelete Count (PC)	1,84,000 /cumm	150,000-450,000/cumm
MPV	9.0 fL	7.0 - 11.0 fL
PCT	0.157 %	0.1 - 0.2 %
Bleeding 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.

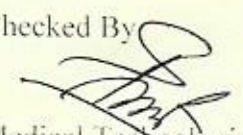
Bill No	DIA23081155	Received Date	24/08/2023
Patient's Name	SOHEL MD ALIM AL RAZI		
Patient's Age	50Y 1M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5698		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.77 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	30U/L	Up to 40 U/L
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 – 6.4 mmol/l
Serum AST (SGOT)	24 U/L	Up to 37 U/L
HbA1C	5.3 %	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	DIA23081155	Received Date	24/08/2023
Patient's Name	SOHEL MD ALIM AL RAZI		
Patient's Age	50Y 1M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5698		
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

BLOOD GROUPING Result

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

East West Medical College and Hospital

Bill No	DIA23081155	Received Date	24/08/2023
Patient's Name	SOHEL MD ALIM AL RAZI		
Patient's Age	50Y 1M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5698		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	1-2/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 Technologists
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)

Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23081155	Received Date	24/08/2023
Patient's Name	SOHEL MD ALIM AL RAZI		
Patient's Age	50Y 1M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5698		
Sample	URINE		

DRUG ABUSE TEST

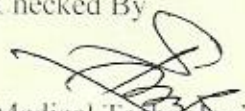
METHOD: Immunochromatographic Assay (Rapid one Step Test)

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.


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

REF: MV. ALEJANDRINA

DATE: 24/08/2023

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

EYE EXAMINATION REPORT

NAME: SOHEL MD ALIM AL RAZI

RANK: ETO

CDC NO: C/O/5698

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6 6/6

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: 138

24-08-2023 12:33:16

Sophina Alim Alkazi

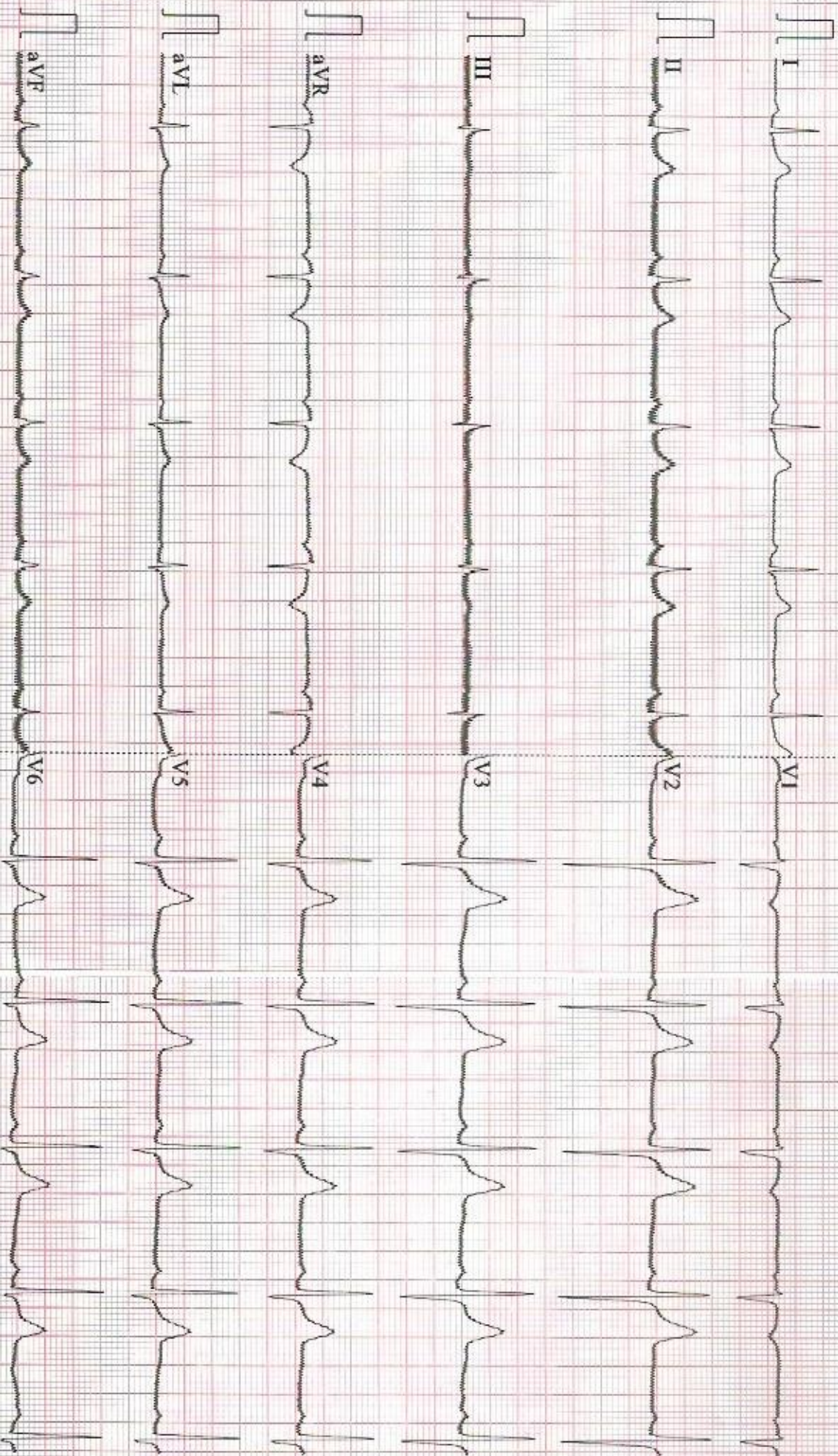
Male 50, Years

P	: 118	ms
PR	: 170	ms
QRS	: 92	ms
QT/QTc	: 408/398	ms
P/QRS/T	: 35/33/33	°
RV5/SVI	: 1498/0.668	mV

Diagnosis Information:

Sinus bradycardia
Normal ECG except for rate

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23081155	Receive: 24/08/2023	Print: 24/08/2023
Patient's Name	: SOHEL MD ALIM AL RAZI		
Age	: 50 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.

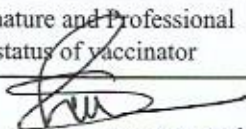


Prof. Dr. Md. Mojibor Rahman
 MBBS, DMRD (Radiology & Imaging)
 Head of the Department (Radiology & Imaging)
 Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 07-JUL-1973 Sex MALE
SOHEL MD. ALAM AL RAZI (C/O/5698)
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
24 AUG 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.		
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.

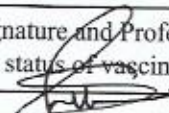
Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 07-JUL-1973 Sex MALE
SOHEL MD. ALIM AL RAZI (40/5698)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
24 AUG 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	
2		
3		3
4		
5		5
6		
7		7
8		

Continued overleaf Suite our erso