

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: ISLAM JAHIDUL Sex: MALE Serial No:

Date of Birth: 20/11/1996 PP/CDE: 010/9428 Rank: 4th Engineer

Vessel: APARAJITA Type: General Cargo Route:

Home Address: Vill: Shojiborkhila Vi P.O: Sherpur Sadar Dist: Sherpur

Company Name: PNN SHIPPING LINE

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)					Hemia / Hydrocoele / Appendicitis				
Head Injury / Concussion / Loss of Memory					High / Low blood pressure / Heart disease				
Fits / Epilepsy / Dizziness / Fainting					Asthma / Bronchitis / Tuberculosis				
Eye / Vision Problems (Glasses, etc.)					Allergy / Skin disease				
Hearing Impairment					Infection / Contagious Disease				
Ear / Nose / Throat problems					Addiction to alcohol / drugs / tobacco				
Stomach / Bowel disorders					Fracture / Dislocation / Injury / Amputation				
Gall stones / Kidney disorders					Major / Minor Operation				
Jaundice / Liver Disease					Diabetes				
Piles / Varicose veins					Nervous / Mental disease / Sleep disorder				
Blood Disorder					Malignant disease (Cancer)				
Female Disorder					Signed off on medical grounds / Declared Unfit				
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp.Rate / min	General Condition							
176cm	82kg	41/40	100/70mm	78/min	14/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20	20				
Left Eye	6/6		Abnormal	Left Ear	dB	20	20	20	20				
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear					Left ear			
	Other	Normal	Abnormal										

Systemic Examination	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck			FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	
Eyes				Cardiovascular system	
Ears / Nose / Throat				Per Abdomen	
Teeth / Oral Cavity				Genito-urinary system	
Musculo-Skeletal system				Others	
Nervous system				Hemia / Hydrocoele	
Reflexes				Varicose Veins	
Skin				Fissure/Fistula/Piles	

Investigations

Blood	Result	Normal	Urine
Hemoglobin	16.5 gm%	14-16 gm %	Colour
Total WBC count	8400 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 64 % Lymph	01 % Eos 02 % Ba 00 % Mo 02 %		pH
Malarial parasite	Not Found		Albumin
ESR	07 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	Not Found	9-43 U / L	Bile pigment
S.Cholesterol	Not Found	145-260 mg / dl	Bile salts
S.Triglycerides	Not Found	upto 200 mg / dl	Occult blood
Blood Sugar	RBS	upto 125 mg %	RBC cells
HbsAg	Not Found		Leucocytes
HIV I & II	Not Found		Others
VDRL	Not Found		
Others		GGTP U/L	
Blood Group			

ECG : Normal	TMT: NIE	Spirometry: Normal
X-Ray Chest: Normal	Drugs of Abuse: Negative	USG: NIE

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically Fit / Unfit / Temporarily unfit / Permanently unfit / Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 28 AUG 2025

Candidate's Signature: John Doctor's signature:

Date: 29-08-2023

29 AUG 2023

04.2023.4689



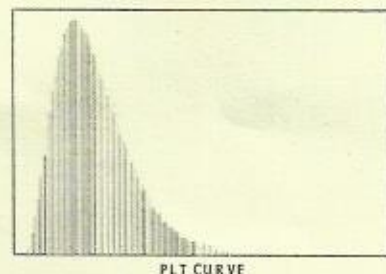
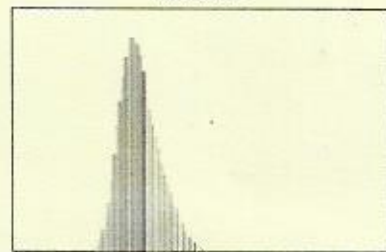
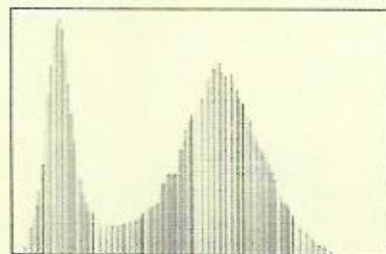
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bldm), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 1431 **Date** : 29-Aug-2023 **D.Date** : 29-Aug-2023
Patient's Name : JAHIDUL ISLAM **Age** : 26Y 9M 9D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9428

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.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	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	188 /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	42.8 %	M: 40-54%, F:37-47%
MCV	78.8 fL	76 - 94 fL
MCH	30.6 pg	27 - 32 pg
MCHC	38.8 g/dL	29 - 34 g/dL
RDW	13.3 %	11 - 16 %
PDW	16.0 fL	35 - 56 fL
Total Platelete Count (PC)	4,06,000 /cumm	150,000-450,000/cumm
MPV	7.6 fL	7.0 - 11.0 fL
PCT	0.309 %	0.1 - 0.5 %
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	DIA23081431	Received Date	29/08/2023
Patient's Name	JAHIDUL ISLAM		
Patient's Age	26Y 9M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9428
Sample	Blood		

SEROLOGICAL REPORT

Test Name

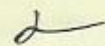
Result

HIV 1 & 2 (Method : (ICT)	Negative
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RADICAL
HOSPITAL
LIMITED

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Radical Hospitals Ltd.


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

Bill No	DIA23081431	Received Date	29/08/2023
Patient's Name	JAHIDUL ISLAM		
Patient's Age	26Y 9M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9428		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/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

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Radical Hospitals Ltd.


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Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23081431	Received Date	29/08/2023
Patient's Name	JAHIDUL ISLAM		
Patient's Age	26Y 9M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9428		
Sample	URINE		

DRUG ABUSE TEST

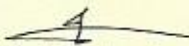
METHOD: Immunochromatographic Assay (Rapid one Step Test)

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.

2

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23081431 Receive: Print: 29/08/2023
Patient's Name : JAHIDUL ISLAM
Age : 26 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 63 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.



Dr. Debashish Paul

MBBS, MD (Cardiology)

Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

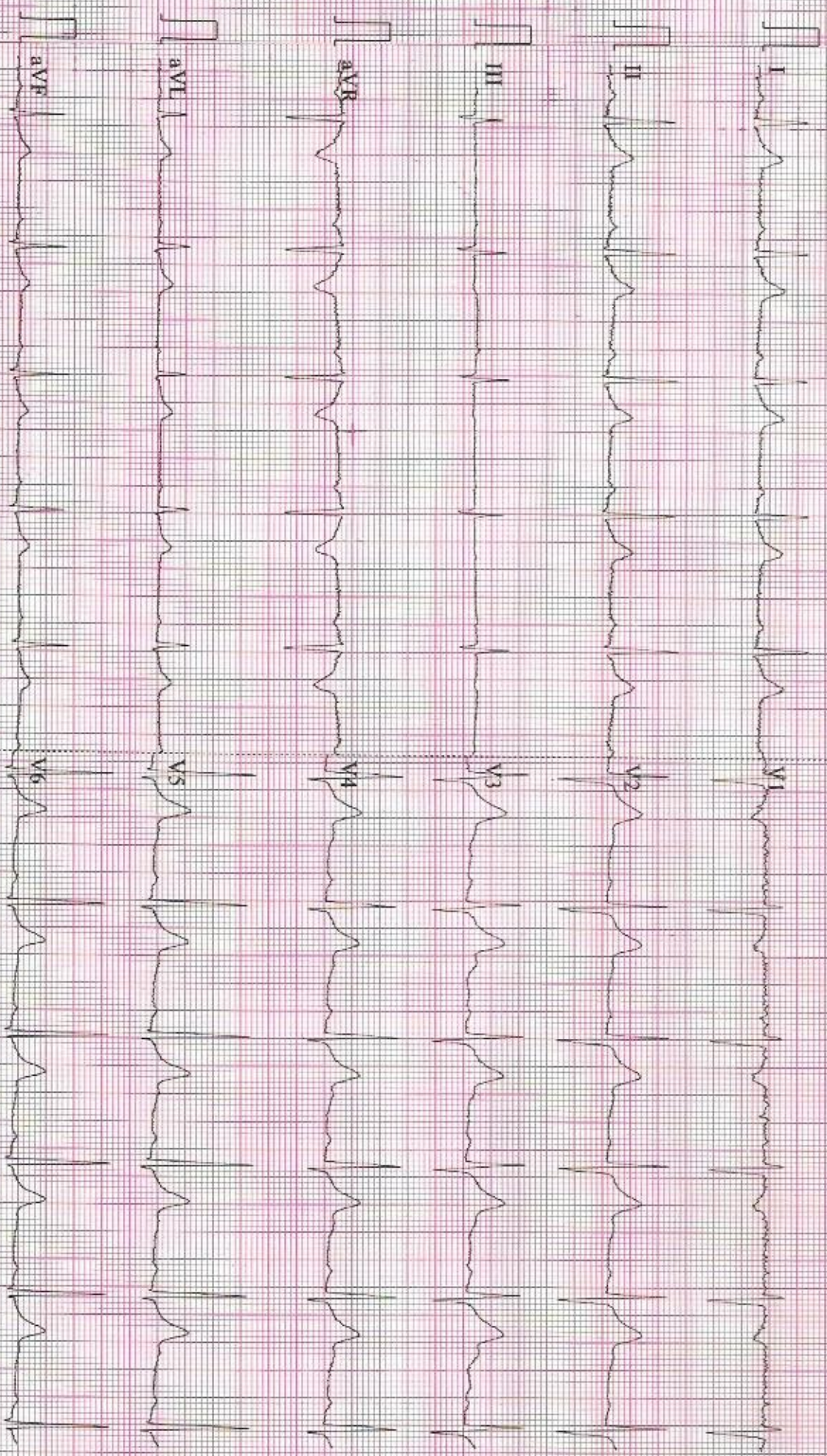
ID: 156
Tahirul Islam
Male 26 Years

28-08-2023 15:21:49

HR : 63 bpm
P : 108 ms
PR : 192 ms
QRS : 90 ms
QT/QTc : 408/418 ms
P/QRS/T : 37/43/26 °
RV5/SV1 : 1.75/1.009 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23081431 Receive: 29/08/2023 Print: 29/08/2023
Patient's Name : JAHIDUL ISLAM
Age : 26 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.

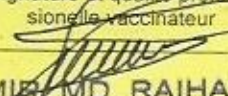
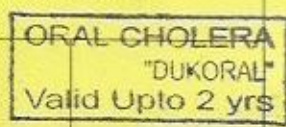
Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONNAUX DE VACCINATION OU DE REVACCINATION
CON TRE LE CHOLERA**

JAHIDUL ISLAM

This is to certify that
JE Soussigne' (e) certifie que | date of birth | 20/11/1996 | Sex | Male
no' (e) le |
Whose signature follows | Jahid |
dont la signature suit |

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
29 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.	 
1		
2		
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

La validite de ce certificate couvre une periode de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de la période de six mois suivant la dernière injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificate doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

De cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui le composent peut en affecter la validité.

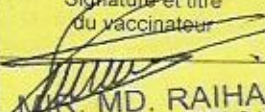
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

JAHIDUL ISLAM

This is to certify that JE Soussigne' (e) certifie que _____ date of birth 20/11/1996 Sex Male
no' (e) le _____ sexe _____

Whose signature follows don't la signature suit _____
Signature et titre du vaccinateur

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine' (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date 29 AUG 2023	Signature and professional Status of Vaccinator Signature et titre du vaccinateur 	Manufacturer and batch no of vaccine Fabricant du vaccin et numéro	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1 DR. MD. RAIHAN MBBS (D), DML, CCD (Bdrom), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved 2 General Physician Radical Hospitals Limited.			
3			
4			

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

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

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à défaut, à dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme tenant lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il