INTERNATIONAL LABOUR ORGANIZATION

Sectoral Activities Programme

See text links below.

ILO/WHO/D.2/1997

Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

Annex D

Minimum requirements for the medical examination of seafarers

RAHMAN JAHIDUR

Name (last, first, middle):

Date of birth (day/month/year): 26/12/1990 Sex: ☑ male • ☐ female

Home address: KA-5711, KURATOLI, KHILKHATE, DHAKA-1229

Passport No./Discharge Book No.: C101 5893

Type of ship (container, tanker, passenger, fishing): CONTAINER

Trade area (e.g., coastal, tropical, worldwide):

Examinee's personal declaration
(Assistance should be offered by medical staff)
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	☐•	☑•

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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 hospitalized?	☐	☐
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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: Jahidur Rahman Date (day/month/year): 10 AUG 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* 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.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. DR. MIR. MD. RAIHAN (the approved medical examiner).

Signature of examinee: Jahidur Rahman Date (day/month/year): 10 AUG 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* 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 examination

☑ Pre-sea ☐ Periodic ☐ Other

Sight

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6 6/6					
Near	N5 N5					

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB) Speech and whisper test (metres)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

	Normal	Whisper
Right ear	4	4
Left ear	4	4

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Height: 172 (cm) Weight: 70 (kg)

Pulse rate: 78 (/(minute) Rhythm: Regulen

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Urinalysis: Glucose: Nil Protein: Nil

	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	N/A	☐	General appearance	☑	☐
Heart	☑	☐			
Skin	☑	☐			

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 10 AUG 2023

Results: Normal chest xray

Other diagnostic test(s) and result(s):

Test Blood Glucose *Result* Normal.

Medical examiner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: • ☑ Yes • ☐ No

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:

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• ☐ Fit for look-out duty • ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☐	☐	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☐ • With restrictions ☐ •

Describe restrictions (e.g., specific position, type of ship, trade area)

Action taken by medical examiner (e.g., referral):

Place of examination: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh Date of examination (day/month/year): 10 AUG 2023

Medical certificate's date of expiration (day/month/year): 09 AUG 2025

Official stamp (also print name of medical examiner if not legible): 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

Signature of medical examiner: _____

Authorized by: DG SHIPPING BANGLADESH (competent authority)

For further information, please contact the Sectoral Activities Department (SECTOR)
at Tel: Fax: or email: sector@ilo.org

Radical Hospitals Ltd. Approved by Department of Shipping AsGer-ML-2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RAHMAN	GIVEN NAME (S): JAHIDUR
DATE OF BIRTH: DAY 26 MONTH 12 YEAR 1990	PLACE OF BIRTH CITY DHAKA COUNTRY BANGLADESH / SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: KA-57/1, KURATOLI, KHILKHATE DHAKA-1229.

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-I/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☑ NO ☐

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

Colour vision meets standards in STCW Code, Section A-I/9? YES ☑ NO ☐
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 10 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.

Jahidur Rahman	JAHIDUR RAHMAN	10 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 MBBS,(DU), DFM

ADDRESS: RADICAL HOSPITAL LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06 MAY 2014

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ ASI Per-MLC-2006 DATE: 10 AUG 2023

EXPIRY DATE OF CERTIFICATE: 09 AUG 2025

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended OR the MLC 2006.

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

Bill No	DIA23080491	Received Date	10/08/2023
Patient's Name	JAHIDUR RAHMAN		
Patient's Age	32Y 7M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5893
Sample	Blood		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23080491	Received Date	10/08/2023
Patient's Name	JAHIDUR RAHMAN		
Patient's Age	32Y 7M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5893
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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Date: 10/08/2023

EYE EXAMINATION REPORT

NAME:	JAHIDUR RAHMAN		
AGE:	33 YRS	RANK: CH.ENG	CDC NO:C/O/5893

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

ID: 060

Mahbubur Rahman.

Male 33. Years

10-08-2023 15:33:17

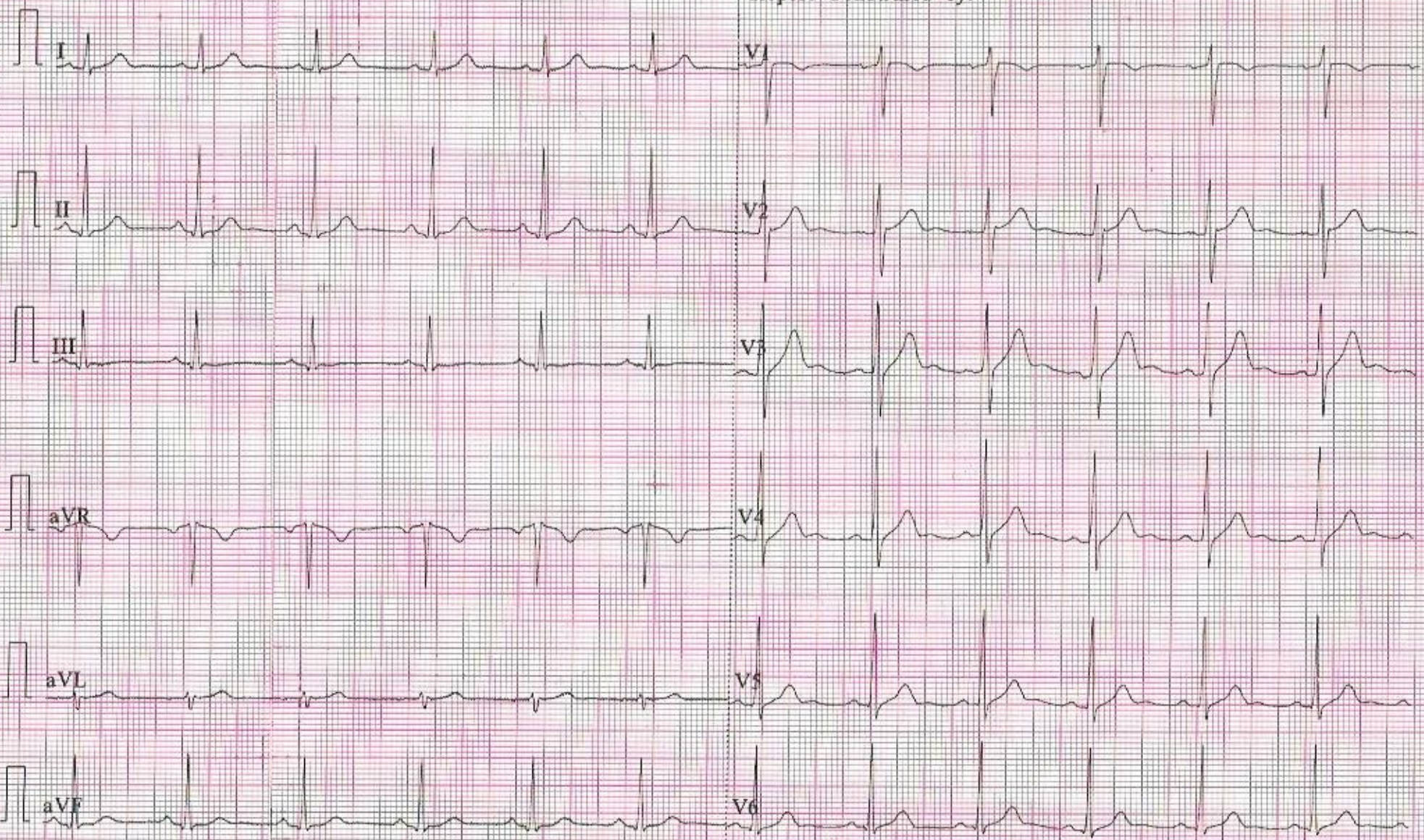
HR	: 72	bpm	
P	: 102	ms	
PR	: 152	ms	
QRS	: 94	ms	
QT/QTc	: 382/418	ms	
P/QRS/T	: 61/64/34	°	
RV5/SV1	: 1.627/1.027	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥72 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

TREADMILLSTRESS TEST

Patient ID	**23080491**	Test Date	**12-08-2023**		
Patient Name	**JAHIDUR RAHMAN**	Age	**33 Yrs**	Sex	**Male**
Attending Dr.	**Dr. ROSEYAT PERVEEN**				

Total Exercise Time : 09:09 Min

Max.HR attained : 168 bpm.

% of max.pred. hR : 98 %

Max. Pred HR : 166 bpm.

Maximum BP : 150/80 mmHg.

Max. work load attained :13.01METS.

Indication : Screening for IHD.

Risk Factors :

Reason for Termina : Attainment of THR.

Test Profile : BRUCE

Symptoms :

Summary Result ⇒ **NEGATIVE**

Comments :

- **JAHIDUR RAHMAN** performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion : Stress test is **NEGATIVE** for ECG evidence of promotable myocardial ischemia.

Dr. ROSEYAT PERVEEN
MBBS, MD (Cardiology), NICVD, Dhaka
Consultant, IBN SINA D-Lab, Uttara, Dhaka

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient ID	23080491	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	10/08/2023
Patient Name	JAHIDUR RAHMAN		
Age	33 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- **Mildly enlarged in size 14.4 cm, regular in shape and normal position. The echogenicity of the parenchyma is increased** . Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : Normal size regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.5 cm, LK-10.0 cm regular in shape. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Is normal in size and volume is 11.1 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Fatty change in liver .Grade-1.

10.08.23

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to Certify that
je soussigne (e) certifie que } _____ Date of Birth 26.12.1990 Sex m.
whose signature follows
dont la signature suit. } _____ ne (e) le _____ Sexe _____

Jalaluddin Rahman has on the date indicated been vaccinated or revaccinated against Cholera
a etc. vaccination (e) contre la fiever jaune la date indique.

Date	Signature and Professional Status of vaccinator Signature et qualitc Prof. essioundle du vaccinateur	Approved Stamp Cachet d' authentification
1 20 JAN 2019	Dr. Md. Ariful Islam MBBS (CMC) BCS (Health), FCPS (MEDICINE)-II, CCD BMDC Reg. No. 62563 DG Shipping Approved (BD) Seafarer's Medical Officer, Chittagong, Bangladesh	CENTER FOR VACCINATION Dr. Md. Ariful Islam Halishahar Housing Estate, Chittagong BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs
2 22 OCT 2022		ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
3	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 TYPHOID VACCINATION "TYPHERIX" VALID UPTO ONE YEARS
5 10 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 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs TYPHOID VACCINATION "TYPHERIX" VALID UPTO ONE YEARS
6		
7	7	8
8		

Continued overleaf Suite our erso

JAHIDUR RAHMAN

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVER JANUE

This is to Certifie that
je soussigne (e) certifie que _____ Date of Birth 26.12.1990 Sex M.
whose signature follows
dont la signature suit. _____ ne (e) le _____ Sexe _____

Jahidur Rahman has on the date indicated been vaccinated or revaccinated against Yellow-Fever
a etc. vaccination (e) on contre la fiever jaune la date indique.

Date	Signature and Professional Status of vaccinator Signature el qualitc Prof. essioundlle du vaccinateur	Origin and batch no. of vaccine origine du vaccin Employe et u merco du lot	Official stamp of vaccination centre. cachet Official du Center de vaccination
1 18 JAN 2018	Dr. Md. Ariful Islam MBBS (CMC) BCS (Health), FCPS (MEDICINE)-II, CCD BMDC Reg. No. 62563 DG Shipping Approved (BD) Seafarer's Medical Officer, Chittagong, Bangladesh	YELLOW FEVER VACCINATION L NO DAKAR 1313	1 2 CENTER FOR VACCINATION Dr. Md. Ariful Islam Halishahar Housing Estate, Chittagong BANGLADESH
2			
3			3 4
4			

This certificate is valid on only if the vaccine used hs been approved by the World Health Organization and if the vaccinating centre has been designated by 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 or failure to complete any part of it. may render it invalid.

Ce certificate n est valadble que si jevaccine employe a etc. approve part organisation mondiate de la sant.
Et sit c de vaccination a etc habilite part administration du territorie de s lequcl ce centre est situe.

Le validity de ce certificate conure une periode de six ans ommencent dix Jours apres la date de la vaccination ou da s le casd une revaccination on cours de cettee periode de dix aus. e Jour de cette; revaccination.

Toute correction ou rature sur Ie certificate au omission d'un quelonque desmentions nd il comporte peul affector su validite.