## 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 MAKDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027	920116, +8	38 019555	567000.	EMAIL: r	adical_l	nospitals@y	ahoo.com	i	
Name: Apola	Tahrir	ηα	Tasm	im Se Initial 10/111	x:Fema	le Serial No:		. 1	
Date of Birth: 09 / 0	€ 1 200	<b>0</b> PP/0	CDC:	10/111	63	_ Rank:	Figine	Cade	at .
Vessel: M/T Hafni	a Adven	turine	Type:	Tanker	7.	Route:	World	wid	e
Date of Birth: US / Vessel: M/T Hafni Home Address: V:11:kh	andal(-ba	roia, P.O	- Mires	our, P.	-Mix	pur, Dis	trict-k	ush	ria.
Company Name: Sun	tech								mayo better
Medical History		Please a	Examiner	e following	to the b	est of your kn	Candidate	1.6	Examiner
Is there any past / present histo	ory of any of	Declaration	Record				Declaration		Record
the following		Yes No	Yes No.				Yes	No Y	es No
Severe one-sided headaches (Migraine) Head Injury / Concussion / Loss of Memm	NO.	-		Hemia / Hydro High / Low blo		ndicitis / Heart disease	-		
Fits / Epilepsy / Dizziness / Fainting	No.y	1		Asthama / Bron	ichitis / Tube				-
Eye / Vision Problems (Glasses, etc.) Hearing Impairment				Allergy / Skin ( Infection / Cor		aca		7	19
Ear / Nose / Throat problems		2	-	Addication to a				1	
Stomach / Bowel disorders		-				ry / Amputation		9	
Gall stones / Kidney disorders Jaundice / Liver Disease			1	Major / Minor Diabetes	Operation				
Piles / Varicose veins		V,	1	Nervous / Mer		Sleep disorder		7	
Blood Disorder Female Disorder			10	Mallignant dis Signed off on		r) nds / Declared Unfit		0	10
Notes									11-11-11-1
Medical Examination	per et al l'avenue de la compa					B B		Conti	
	Chest Insp-Exp	Blood Pressure		PulseBeat	s/min	Resp.Rate / min	General	Conditio	II was appropriate
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Distant Vision Uncorrected Right Eye	Corrected	Field of Vis	ion	Right Ear	dB 23	1000 2000 3	000 4000 3	000 6	0008, .,8000
Left Eye Lo / L		Abnorma	ıl	Left Ear	dB W	20 2			PUES - PERMIT
Colour Vision Ishihara	Normal		ormal	Hearing		Right Ear		Left ear	
Sustania Evaniantian	Normal Abnorma	-T	ormal	otes		19	-	-	Abnormal
Systemic Examination   1   Head & Neck	Normal Abrionna	-	-			Respiratory system		VOITINGS	ADJUTTE
Eyes		IFIT FO	OR SEA	SERVI	CE	Cardiovascular sys	tem	_	100
Ears / Nose / Throat Teeth / Oral Cavity		AS				Per Abdomen Genito-urinary sys	tem	-	-
Musculo-Skeletai system	7	- Annuares	CD (4) (	20000		Others	CITI	~	
Nervous system Reflexes			ER MLC			Hemia / Hydrocoe Varicose Veins	le	-	
Skin	_	-Enhance	d GARD	Medicals	done	Fissure/Fistula/Pile	es	-	
Investigations	100-1-11	W-Maile Control				11011 H13-1X-1-1-5-202	Service Contraction		
Blood	Result		rmal	Urine			4		
Hemoglobin Total WBC count	gm% cu.mm	14-16 gm % 4000-11000		Colour Specific Gravi		gw			
Neu 63 % Lymp 33 9	6 Eos 02	Ba 00 %	MO 02 9	6 pH					
Malarial parasite	mm / 1st hou	2000	AND THE STORY	Albumin Sugar		7,1	100	1	
	/L	943 U / L	. 110	Bile pigment		-1011	1	7	
S.Cholesterol /34m		145260 mg		Bile salts Occult blood				200	7
S.Triglycerides //4 m Blood Sugar RBS	PPBS.	upto 125 mg		RBC cells		174	1		1
HbsAg	reonu	-		Leucocytes					1
VDRL O	noce	ii.		Others		CLA .		1	hot In
Others	021		GGTP U/L	Spirome	try:	N (9)			1
ECG: Norm	TMT:	2/0	02	Drugs of Abuse:	NE	gens		HONE	7
X-Ray Chest:	Your	not		USG:	Non	m / (2)	LTD		-
Result of Medical Exami						-	NO. A.		10.140.495
On the basis of the examinee's hist				s, I,Dr. I Should be re-	MIR MD Rai		lare the examin weeks / manth		cally
Remarks / Recommendations	orarily unfit	Permanenth	yunnt	Snould be re-	exammed n	Oays /	weeks / Injurior	)	
I, Doctor's Name, DR.MIR MD, RATHARD	certify that all infor	rmation required	under Annexur	e E & F of M.S. (	(Medical Exar	nination) Rules 2000	is⊄ncorporated in	this Cert	aficate
This certificate is valid till: 2	0 AUG 2025			C1.51			4	huma	15.74
Candidate's Signature			Offic	alsi reed Alsi	6		MIR. MI DU), DFM. CCD (I	D. RA	
Date: 21.08.23			1 - Ju 1/1	Carling has been all the	*	BMD	C A-55144, N	AMC-Bo	GD-016
2 1 AUG 2023		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	AST OF THE PROPERTY OF	Department's	3	THE RESERVE	General Pr Radical Hospit	ysician	A CONTRACTOR
0 / 2	023.	4628	3	Department					114530

## MEDICAL EXAMINATION REPORT/CERTIFICATE MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF T	THE MA	RSHALL	ISLAND	S		
SURNAME Apola		IAME(S) Tah			Apola	
DATE OF BIRTH 09 2000 MONTH DAY YEAR	ADDRESS OF THE	ushtia	BANGL/ COUNTR	300000000000000000000000000000000000000	SEX MALE	<b>□</b> FEMALE
EXAMINATION FOR DUTY AS:  MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	Vill:	SADDRESS OF A Khandak : Kushtia	baroja, f	0.0-M	irpur,	P. s-Mirpu
MEDICAL EXAMINATION (SEE REVERSE SIDE FO	R MEDICAL R	EQUIREMENTS)	STATE DET	TAILS ON	REVERSE	SIDE
HEIGHT WEIGHT BLOOD PRESSURE PULSE	6 6/mi	RESPIRATION	GENER	AL APPEAR	ANCE	
WITHOUT GLASSES WITH GLASSES			~~ <u>)</u>	LEFT EA	- K	wy_
COLOR TEST TYPE: BOOK LANTERN is		CONTRACTOR STATE	V 0.0000	lo (IF "No	" EXPLAIN O	N PAGE 2) LL
HEAD AND NECK  NOTICE  HEAD AND NECK	IRED VISION ST	ANDARD? HEART (CAF	1	ULAR)	1	
LUNGS	1	SPEECH (DEC IS SPEECH UNIMPA				
EXTREMITIES:					. )	,
UPPER NON V		LOWER			Norm	m
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMME		A CONTRACTOR OF THE PARTY OF TH	No 🗌			
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAY SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON B IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTO	BOARD?	YES NO		RENDER HIN	I/HER UNFIT FO	OR SERVICE AT
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION M	EDICATIONS?	YES 🗌	No 🔲			
Apola		21 AUG 2	2023		2 D AUG	2025
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE E.	XAMINING PHY	DATE OF EXAMIN SICIAN	ATION		EXPIRY DAT	E (TR)
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE D SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY	DISEASE (OR V	/IRUSES FOR COO	K OFFICER 4	O ENGINE	NAME, GIVEN N	CER/
RADIO OFFICER / RATING / CHIEF COOK / CRESTRICTIONS:	COOK MAIN	HOUT ANY REST	RICTIONS / [	WITH T	HE FOLLOWIN	NG
NAME AND DEGREE OF PHYSICIAN DR. MIR MD RA	AIHAN MBBS	S, DFM		£.	Birthey ,	1-1-1-1
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH	MAKHDUM	AVENUE SECT	OR-12, UTT	ARA, DHA	KA-1230	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	DG SHIPPI	NG BANGLADE:	SH			4.947
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 M	1AY 2014			EXAF A	ick nor	
SIGNATURE OF PHYSICIAN					2 1 AUG	2023
This certificate is issued by authority of the Maritime Administrator and	in compliance v	with the requirement	s of the Internat	tional Conve	DATE ntion on Standa	ards of Training.
Certification and Watchkeeping for Seafarers 1978	8, as amended, a	and the Maritime th	hour le la gentio	n, 2006, as a	mended.	

Rev. Mar/2022

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

MI-105M

#### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the scafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
  - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better car at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- Eyesight (b)
  - Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
  - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- Dental (c)
  - Seafarers must be free from infections of the mouth cavity or gums.
- (d)
  - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (c) Voice
  - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- Vaccinations (f)
  - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g)
  - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- Physical Requirements (h)
  - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
  - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

#### IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form, (See RMI MG 7-47-1, §3.3).

2 1 AUG 2023

MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Cohth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limite



Id No : 230801007

Patient's Name: TAHRIMA TASMIM APOLA

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/11163

Date: 21-Aug-2023 D.Date: 21-Aug-2023

Age: 23Y 2M 12D

Gender: Female

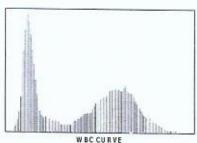
#### **Haematology Report**

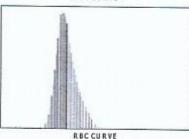
& checked manually)

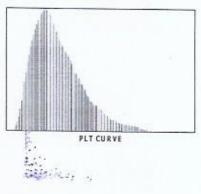
Parameter Name	Results	Reference Range
Hemoglobin (Hb) ESR(Westergreen)	13.0 gm/dl 10 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		0,000 18,000/Cumin
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	33 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	170 /cumm	50-450/cumm
Total RBC Count	4.29 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	35.1 %	M: 40-54%, F:37-47%
MCV	81.8 fL	76 - 94 fL
MCH	<b>30.3</b> pg	27 - 32 pg
MCHC	37.0 g/dL	29 - 34 g/dL
RDW	11.4 %	11 - 16 %
PDW -	16.6 fL	35 - 56 fl
Total Platelete Count (PC)	2,49,000 /cumm	150,000-450,000/cumm
MPV	9.6 fL	7.0 - 11.0 fL
PCT	0.239 %	0.1 - 0.%

%

%







Checked By Medical Technologist

Bledding Time(BT)

Cloting Time(CT)

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

10 - 18 %

0.1-0.2 %



DIA230801007	Received	Date	21/08/2	2023
TAHRIMA TASMIM APOLA		-	Translation of Property	
23Y 2M 12D	ı	atient's	Sex	FeMale
Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFM	С	DC NO	C/O/11163
BLOOD				
ļ	TAHRIMA TASMIM APOLA 23Y 2M 12D Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	TAHRIMA TASMIM APOLA  23Y 2M 12D  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	TAHRIMA TASMIM APOLA  23Y 2M 12D Patient's  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C	TAHRIMA TASMIM APOLA  23Y 2M 12D Patient's Sex  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO

## BIOCHEMISTRY REPORT

Test Name

Result

Reference Range

Fasting Blood Sugar (FBS)

5.0 mmol/l

4.2 - 6.4 mmol/l

Serum Creatinine

HbA1C

0.7 mg/dl

0.3 - 1.3 mg/dl

4.8 %

4.0-6.0 %

Liver Function Test

Serum ALT (SGPT)

21 U/L

Up to 40 U/L

Lipid profile

Serum Cholesterol

134 mg/dl

up to 200 mg/dl

Serum Triglyceride

114 mg/dl

upto 220 mg/dl

Checked By

-4/5

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun M BBS, MD (Microbiology) Associate Professor

Dept. of Microbiology East West Medical College and Hospital



Test Name

**VDRL** 

Bill No	DIA23081007	Received Date	21/08/2023
Patient's Name	TAHRIMA TASMIM APOLA	rioddived Bate	21/00/2023
Patient's Age	23Y 2M 12D	Patient's Sex	Fe Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	.CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11163
Sample	Blood	,,,-,(-,-,,-,	020110.0/0/11100

## SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method: (ICT)	Negative

Result

Non-reactive

RADICAL

Checked By

THE

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital



Bill No	DIA23081007	Received Date	21/08/2023
Patient's Name	TAHRIMA TASMIM APOLA	- I John Date	2110012020
Patient's Age	23Y 2M 12D	Patient's Sex	FeMale
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11163
Sample	URINE		

#### URINE ROUTINE EXAMINATION

## PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

#### CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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

-40

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



Sample	Urine		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM C	DC NO: C/O/11163
Patient's Age	23Y 2M 12D	Patient's Sex	Female
Patient's Name	TAHRIMA TASMIM APOLA		
Bill No	DIA230801007	Received Date	21/08/2023

## SEROLOGYCAL REPORT

Test Name

Result

Urine for pregnancy (ICT)

:Negative

Negative: If you have missing period and expecting a pregnancy, the test may please be repeated after two weeks, with first morning specimens of Urine.

RADICAL

Checked By

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Medical Technologist, Radical Hospitals Ltd. Uttara, Dhaka Dr. Sumaiya Khatuni
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital



**Test Name** 

Bill No	DIA23081007	Received Date	21/08/2023
Patient's Name	TAHRIMA TASMIM APOLA		
Patient's Age	23Y 2M 12D	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11163
Sample	URINE		

#### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines /	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Result

Checked By

alo

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



Patient's Name		TAHRIMA TASMIM APOLA	ID NO	1:	230801007
Age	:	23 Yrs	Date	:	21/08/2023
Sex	1:	Female		N.	
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU), DFM			
Nature of Specimen	:				

#### PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6 FEV = 5 FEV/FVC = 80%

Comments: Normal Lung Function

Checked By

Dr. Mir Md. Raihan

MBBS (DU) CCD(Birdem),PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved General Physician Radical Hospitals Limited

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	TAHRIMA TASMIM APOLA	ID NO	:	23081007
Age	:	23 Yrs	Date		21/08/2023
Sex	:	Female			21/00/2023
Referred by	1:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:	3325 (20), 2111			

## **Dental Examination Reports**

#### On Examination

1. Dental Caries : Absent

2. Calculus : Absent

3. Missing : Absent

4. Gum Condition : Normal

5. Filling : No

6. Root Canal Treatment : No

7. Any Bridge/Denture/Crown : No

8. Oral Hygine : Normal

Comments: Normal

Dr. Mir Md. Raihan

MBBS (DU,) CCD (Birdem), PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

### **AUDIOLOGICAL REPORT**

Patient Name : TAHRIMA TASMIM APOLA

21/08/2023

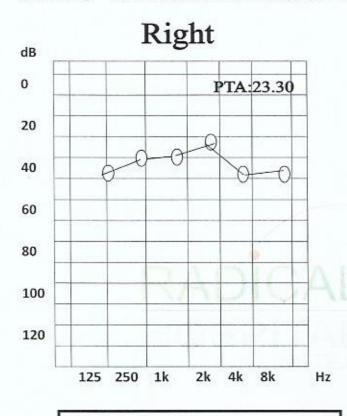
Age

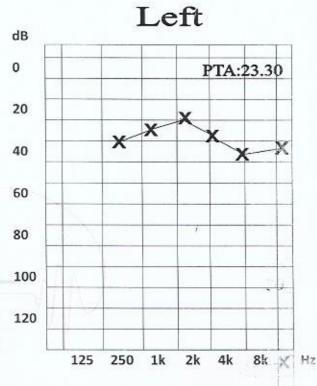
: 23 Yrs

Address

: RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM





0-25= Normal Hearing.

26-40= Mild Hearing Loss.

41-55= Moderate Hearing Loss.

56-70= Moderately Severe Hearing Loss.

71-90= Severe Hearing Loss.

91-120= Profound Hearing Loss.

Right Ear Left Ear

Air Unmasking OX

Bone Unmasking

Right Ear Left Ear

Air MaskingOX

Bone Masking  $\Delta\Delta$ 

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DR MIR MD RAIHAN

DR MIR MD RAIHAN

M885 IDU DEN CCD (Birdem) PGT (Ophth)

M885 IDU DEN CCD (Birdem) PGT (Ophth)

BMDC A 55144 MMC-BGD-016

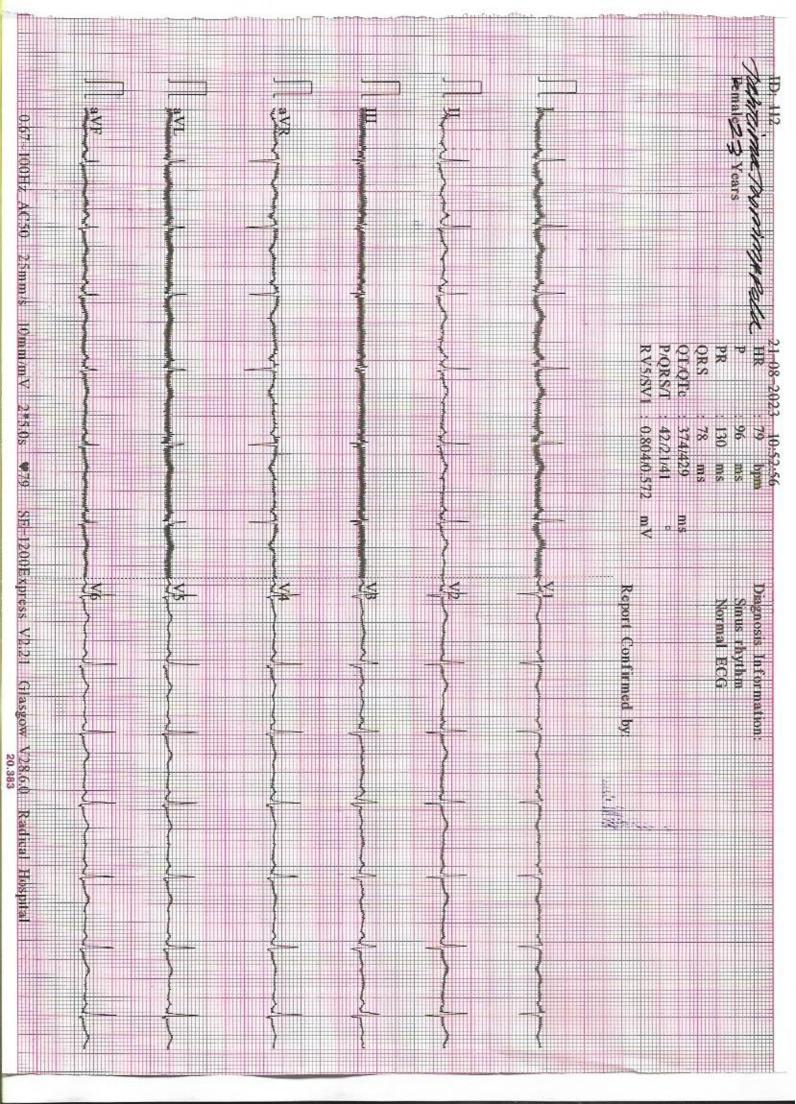
BMDC A 55144 MMC-BGD-016

BMDC A 55144 MMC-BGD-016

BMDC A 55144 MMC-BGD-016

Radical Hospitals Limited.

Radical Hospitals Limited.





#### DEPARTMENT OF RADIOLOGY & IMAGING

Receive:21/08/2023 Print: 21/08/2023 ID. No. 23081007

Patient's Name TAHRIMA TASMIM APOLA

23 Yrs Sex Age

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.

: Reveals no abnormality. Bony thorax

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.

Page of 1



#### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23081007 Receive: Print: 21/08/2023

Patient's Name : TAHRIMA TASMIM APOLA

Age : 23 YRS Sex : F

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

## **ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate : 76 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

This report has been electronically signed

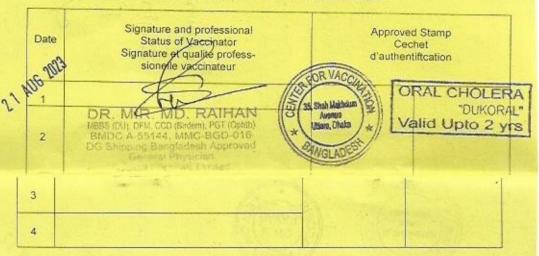
Page 1 of 1

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION

Tahrima Tasmim Apola	Action Constitution		
This is to certify that JE Soussigne' (e) certifie que		09-06-2000 Sex sexe	
Whose signature follows 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 fievre jaune a la datc indiquee



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 ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins 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 pan of it, May render in invalid,

La validity dece certificate couvre une period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d; gite period do six mois jour de cette revaccination.

Nonobstant les, despositions ci-dessue dans le cas d'un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d', intervaile et sa validite cofilmence lejour de la seconde, injection;

De cachet d' authentification doit etre c\_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee, i

Toute correction ou rahfe sur le certificate ou I o, mission d' une quelconque des mantions qu'il comporte pe ut effectersa validite.

い経過

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that	Apola	.0.44.0-	100	F 1.
JE Soussigne' (e) certifie que		date of birth 09 - 06 - 20		remail
Whose signature follows don't la signature suit	Apola	- 1	sexe	

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



This certificate is valid only if the vaccine used has been approved by the world I Icalin 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 sch 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 die signature

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

Ce certificate n' est avalable que si le vaccina employe" a c-' te, a approve" par l' organisa\_ tion. Mondiale de la sante" et sile centre a" uaiif, aiion ae" te traôfiirie pali-aministralion sanitaire du (erriloire dans lequel'ee centre est siture.

La validite' de ce certilicat couvrc une pe'riodo de dix ans comencant dix joursapros la date de la vaccination ou, dans le cas dune relaccination.u ou a -citto lie ilo,i. a" dix ans. lejour de cetto revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet officiar no pouvant cue conside' commo Icnant lieu de signature

Toute ecreciion ou rahire sur le certificate ou l'omission d'une quelconque des mentions qu'il

THE STATE OF

#### ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC



SL NO		 				 			
0	4	2	0	2	3	4	6	2	8

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:				
Name: Last APOLA	First TAHRE	MA	Middle	gsmim
Gender: (Male/Female) EMA			21 A	
Occupation: Deck/Engine/Catering			nk.E/C	
Father's/ Husbad'sname: Sold			D.C.No.0/0/	21163
Mother's Name: MAHBUE				50013727
Address: House No:	Street/ Road No:			0213332
	NDAK PARIA			1298491
PO MIRPOR				-06-2000
				(M/YYYY)
	P.			
I am duly authorized by the Dep the followings:  1. Confirmation that identificati 2. Hearing meets the standard 3. Unaided hearing satisfactor 4. Visual acuity meets standar 5. Colour vision meets standar Date of last colour 6. Fit for lookout duties? 7. Is the seafarer free from any render the seafarer unfit for se 8. Any limitations or restriction If YES, specify limitations or re	ion documents were checkers in section A-I/9 y? ds in section A-I/9? rds in section A-I/9? rvision test y medical condition likely to ervice or to render the healt s on fitness?	ed at the point of exan	nination rvice at sea or to	:YES/NO :YES/NO :YES/NO :YES/NO :YES/NO :YES/NO
Duties: Location/Vessel: Medical/Other:		. HOSPITAL LIMITED Dhaka, Bangladesh		
Medical fitness category :	Fit-No restriction	Fit-Subject to re	estrictions	Unfit
10. Date of examination/Issue (D 11. Date of expiry (DD/MM/YYY)  I have read the contents of the contents.	Y) 2 0 AUG 2025	"No more than 2 year	rs from the date	of examination".

Seafarer's Signature

review.

and have been informed of the right to



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

Name & Signature of the practitioner:

#### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997). Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

 All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whis pered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in
  one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without
  glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to
  perceive the colors red, yellow and green.

(c) Dental:

Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

• An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal
voice communication.

(f) Vaccinations:

 All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements. and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(a) Diseases or Conditions

 Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the useofnarcotics.
 Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

#### IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafager for work and enhancing health care.

#### DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

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 1 AUG 2023