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

Name: RAHMAN G M MOSTAFIZUR (Surname / First Name / Middle Initial) Sex: MALE Serial No:

Date of Birth: 09 / 05 / 1991 PP/CDC: A01112992 Rank: AB

Vessel: MT JIANJIE Type: TANKER Route:

Home Address: 12/26, HAFIZNAGAR, SONADANGA, KHULNA

Company Name: MAX STEAM GROUP

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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		
Head Injury / Concussion / Loss of Memmory		✓		
Fits / Epilepsy / Dizziness / Fainting		✓		
Eye / Vision Problems (Glasses, etc.)		✓		
Hearing Impairment		✓		
Ear / Nose / Throat problems		✓		
Stomach / Bowel disorders		✓		
Gall stones / Kidney disorders		✓		
Jaundice / Liver Disease		✓		
Piles / Varicose veins		✓		
Blood Disorder		✓		
Female Disorder		✓		
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		
High / Low blood pressure / Heart disease		✓		
Asthama / Bronchitis / Tuberculosis		✓		
Allergy / Skin disease		✓		
Infection / Contagious Disease		✓		
Addiction to alcohol / drugs / tobacco		✓		
Fracture / Dislocation / Injury / Amputation		✓		
Major / Minor Operation		✓		
Diabetes		✓		
Nervous / Mental disease / Sleep disorder		✓		
Mallignant disease (Cancer)		✓		
Signed off on medical grounds / Declared Unfit		✓		

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
172cm	72kg.	93-41 cms	120/81 mm Hg.	78 / mi	19 / mi	Good

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal / Abnormal

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					No
Left Ear	dB	20	20	20					

Hearing	Right Ear	Left ear
	NAD	NAD

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS AB
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	11.9 gm%	14-16 gm %
Total WBC count	6900 cu.mm	4000-11000 / cu.mm
Neu 84 % Lymp 12 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	mm / 1st hour	1- - 15 mm / hr
SGPT	28 U/L	9--43 U / L
S.Cholesterol	N/A mg/dl	145--260 mg / dl
S.Triglycerides	N/E mg/dl	upto 200 mg /dl
Blood Sugar	RBS 5.8 PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive.	
Others		GGTP U/L
Blood Group		

Urine	
Colour	Sm
Specific Gravity	
pH	
Albumin	Nil
Sugar	Nil
Bile pigment	
Bile salts	
Occult blood	
RBC cells	Nil
Leucocytes	
Others	

ECG : Normal **TMT:** N/D

X-Ray Chest: Normal

Spirometry: N/D

Drugs of Abuse: Negative

USG: Normal

DR. MIR MD RAIHAN RADICAL HOSPITALS LTD REG NO. A-55144

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: 18 AUG 2025

Candidate's Signature

Date: 19 AUG 2023

Official Stamp
Radical Hospitals Ltd. ★ Approved By Department of Shipping ★ MSP-Per-MLC-2006

Doctor's signature:
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.

04.2023.4608

PANAMA
MARITIME AUTHORITY

República de Panamá

Republic of Panama

Autoridad Marítima de Panamá

Panama Maritime Authority

CERTIFICADO MÉDICO DE LA GENTE DE MAR

Medical Fitness Standards Certificate for Seafarers

04.2023.4608

No. Certificado:
Certificate No.

Este certificado se emite en conformidad con las disposiciones de la regla I/9 del Convenio STCW, 1978, enmendado, y la norma A-I/2 del CTM, 2006, enmendado, y certifica que la gente de mar es apta para el servicio en el mar.

This certificate is issued in accordance with the provisions of the regulation I/9 of the 1978 STCW Convention, as amended and the standard A- I/2 of the MLC, 2006, as amended, and certifies that seafarers are fit for sea service.

Apellido: *Surname*	Nombre: *Given Name (s)*	Cédula / Pasaporte No. *Id. Number/ Passport No.*
RAHMAN	G M MOSTAPIZUR	A01112992
Fecha de Nacimiento: *Date of Birth* — Día *Day* / Mes *Month* / Año *Year*: 09 / 05 / 1991	**Nacionalidad:** *Nationality*: BANGLADESHI	**Sexo:** *Gender*: ✓ Masculino *Male* ☐ Femenino *Female*

	Yes	No
¿Confirmación de que se examinaron los documentos de identidad en el lugar del examen? *Confirmation that identification documents were checked at the point of examination?*	✓	
¿La audición cumple con el estándar? *Hearing meets the standards?*	✓	
¿La audición es satisfactoria sin ayuda? *Unaided hearing satisfactory?*	✓	
¿La agudeza visual cumple con el estándar? *Visual acuity meets standards?*	✓	
¿La visión cromática cumple con el estándar? *Colour vision meets standards?*	✓	
Fecha de la última prueba de visión cromática (Día/Mes/Año) *Date of the last color vision test (Day/Month/Year)*: 19 AUG 2023		
¿Apto para cometidos de vigía? *Fit for look out duties?*	✓	
¿Existen limitaciones o restricciones respecto de la aptitud física? Si la respuesta es "sí", dar detalles de las limitaciones o restricciones: *Limitations or restrictions on fitness ? If "Yes", specify limitations or restrictions.*		✓
¿Está el marino libre de cualquier condición médica que pueda verse agravada por el servicio en el mar o discapacitarle para el desempeño de tal servicio o poner en peligro la salud de otras personas a bordo? *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 person on board?*	✓	

Confirmo que he sido informado sobre el contenido del presente certificado y sobre el derecho a solicitar una revisión del dictamen, con arreglo a lo dispuesto en el párrafo 6 de la Sección A-I/9.
I hereby, confirm that I have been informed about the content of this certificate and of the right to a review in accordance with the paragraph 6 of Section A-I/9.

Firma de la Gente de Mar
Seafarer's Signature

Fecha de emisión: *Date of issue*	19 AUG 2023
Fecha de expiración: *Date of expiry*	18 AUG 2025
Nombre del médico reconocido: *Name of the recognized medical practitioner*	DR. MIR MD RAIHAN MBBS(DU)

Firma y sello del médico reconocido/*Signature and stamp of the recognized medical practitioner.*

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

Radical Hospitals Ltd ★ Approved By Department of Shipping ★ As Per-MLC 2006

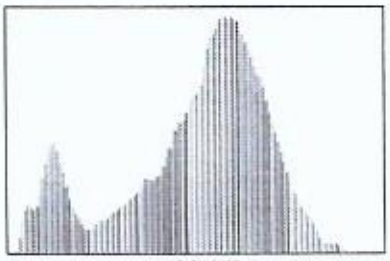
1. El original de este certificado deberá estar disponible durante el servicio a bordo.
   The original of this certificate must be kept available while serving on board ship.
2. En caso de pérdida de este certificado, el titular deberá notificar a los puertos y a la Autoridad Marítima de Panamá.
   In case of loss of this certificate, the holder should notify ports and the Panama Maritime Authority.
3. La autenticidad de este certificado puede ser verificada contactando a la Autoridad Marítima de Panamá.
   The authenticity of this certificate can be verified contacting the Panama Maritime Authority.

Id No : 23080901	**Date :** 19-Aug-2023	**D.Date :** 19-Aug-2023	
Patient's Name : G M MOSTAFIZUR RAHMAN	**Age :** 32Y 3M 10D	**Gender:** Male	
Specimen : Blood			
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: P/A/0160532			

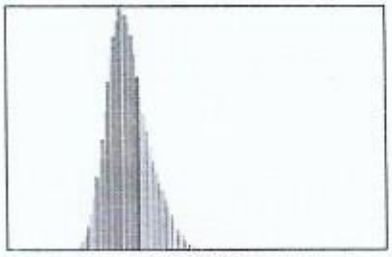
Haematology Report

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

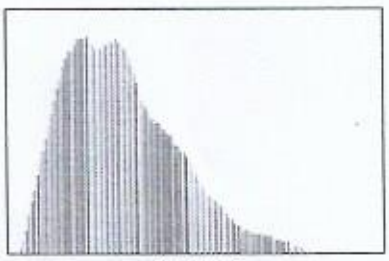
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**11.9** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**06** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,900** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**84** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**12** %	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	**138** /cumm	50-450/cumm
Total RBC Count	**4.31** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**32.4** %	M: 40-54%, F:37-47%
MCV	**75.2** fL	76 - 94 fL
MCH	**27.6** pg	27 - 32 pg
MCHC	**36.7** g/dL	29 - 34 g/dL
RDW	**14.0** %	11 - 16 %
PDW	**14.1** fL	35 - 56 fl
Total Platelete Count (PC)	**1,93,000** /cumm	150,000-450,000/cumm
MPV	**10.6** fL	7.0 - 11.0 fL
PCT	**0.174** %	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 HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23080901	Received Date	19/08/2023
Patient's Name	G M MOSTAFIZUR RAHMAN		
Patient's Age	32Y 3M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:P/A/0160532
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	26 U/L	Up to 40 U/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
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23080901	Received Date	19/08/2023
Patient's Name	G M MOSTAFIZUR RAHMAN		
Patient's Age	32Y 3M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:P/A/0160532		
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	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

Bill No	DIA23080901	Received Date	19/08/2023
Patient's Name	G M MOSTAFIZUR RAHMAN		
Patient's Age	32Y 3M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:P/A/0160532	
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	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 Technologis
Radical Hospitals Ltd.

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

Bill No	DIA23080901	Received Date	19/08/2023
Patient's Name	G M MOSTAFIZUR RAHMAN		
Patient's Age	32Y 3M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:P/A/0160532		
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
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East West Medical College and Hospital

RADICAL HOSPITAL LIMITED

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23080901	Receive: Print: 19/08/2023		
Patient's Name	:	**G M MOSTAFIZUR RAHMAN**			
Age	:	32 YRS	*Sex*	:	M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	74 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

ID: 087

Mohammad Rahman.

Male 32 Years

13-08-2023 21:09:59

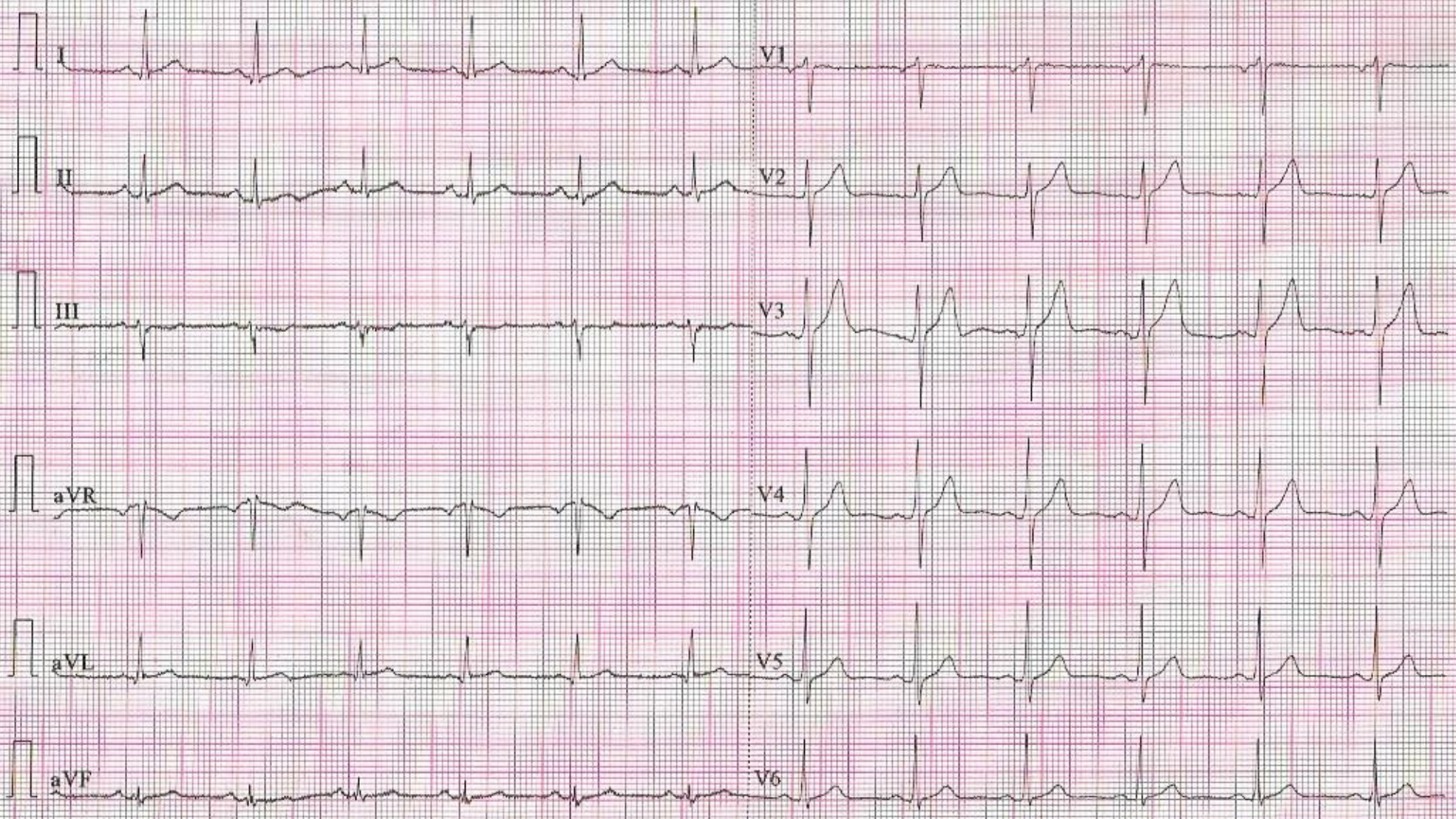
HR	: 74	bpm	
P	: 114	ms	
PR	: 150	ms	
QRS	: 90	ms	
QT/QTc	: 366/406	ms	
P/QRS/T	: 50/8/29	°	
RV5/SV1	: 1.310/0.855	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-100Hz AC 50 25mm/s 10mm/mV 2*5.0s ♥74 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23080901	Receive:19/08/2023	Print: 19/08/2023
Patient's Name	:	**G M MOSTAFIZUR RAHMAN**		
Age	:	32 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

This report has been electronically signed.

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 G M MOSTAFIZUR RAHMAN Date of Birth 09/05/1991 Sex Male.

whose signature follows / dont la signature suit. _____ ne (e) le _____ Sexe _____

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 17 JAN 2022	Dr. Mohammad Saifuddin (Sabuj) MBBS (CU), PGT (Medicine), CCD (BRDB) BMDC Reg. No- A 41434 Approved Medical Physician DG Shipping Bangladesh Popular Medical Services, Dhaka	Popular Medical Services DG Health Licence No: 2024 ORAL CHOLERA "DUKORAL" Valid Upto 2 Years
19 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 Radinal Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

	Unsuccessful pass de prise) Revaccination..			
3	Revaccination..			2 3
4	Revaccination..			4 5
5	Revaccination..			

The Validity of this certificate shall extend for a period of three years, beginning eight days after the date of a successful primary vaccination or, in the event of re vaccination on the date of that re vaccination.

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 amendent of this certificate or erasure or failure to complete any part of it, may render it invalid. Le validity dee cc cc certificate couvre une period dn. Tories ans co. mendicant huit joure aprela date de la prime vaccination offecture avec success (price) ou. le cas d uae-re vaccination le jour de cette re vaccination.

Le cachet 'd' authantification doit etre conforme su module precript par 1 administration anitare da teritore ou in, vaccination. Toute correction ou rature sur le certificate au I' omission d'unc quelonque desmentions au il comport poul affector as validile.

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 } G M MOSTAFIZUR RAHMAN Date of Birth 03/05/1991 sex Male.

whose signature follows / dont la signature suit. } _____ ne (e) le _____ Sexe _____

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 16 JAN 2022	Dr. Mohammad Saifuddin (Sabuj) MBBS (CU), PGT (Medicine), CCD (BIRDEM) BMDC. Reg. No. A 41434 Approved Medical Physician DG Shipping Bangladesh New Popular Medical Services, Dhaka	YELLOW FEVER VACCINE L.No. L3841 DAKAR	1 New Popular Medical Services DG Health Licence No. 3804
3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso