

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name : (Last, first, middle) HOSSAIN MD SHAHADAT		Gender: ☒ Male/ ☐ Female*
Date of Birth: (Day/month/year) 01-01-1970	Nationality: BANGLADESHI	Place of Birth: NARAYANGANJ

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	☒	☐
2	Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3	Unaided hearing satisfactory?	☒	☐
4	Visual acuity meets the standards in STCW Code Section A-I/9?	☒	☐
5	Colour vision meets the standards in STCW Code Section A-I/9?	☒	☐
	Date of last colour vision test: 20 AUG 2023		
6	Fit for look-out duty?	☒	☐
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	☒	☐
8	No limitations or restrictions on fitness?	☒	☐
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year)	20 AUG 2023	
10	Expiry of certificate: (day/month/year)	19 AUG 2025	
** Maximum two years from date of examination unless the seafarer is under the age of 18			

20 AUG 2023

Date



Signature of Authorised
Medical Practitioner

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

Medical Practitioner's Official stamp
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.



Signature of Seafarer

* delete as appropriate



04.2023.4617

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name : (Last, first, middle) HOSSAIN MD SHAHADAT (BLOCK CAPITALS)		Gender: Male / Female*
Date of Birth: day/month/year 01-01-1970	Place of Birth: NARAYANGANJ	Nationality: BANGLADESHI X B
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: B00062239	Dept: Deck/ Engine / Catering / others Rank: MASTER	Type of ship: OIL CHEM TANKER
Home Address: HOUSE-06, ROAD-1 NOLVOGH, THANA: TORAG UTTARA, DHAKA-1230	Routine and emergency duties:	Trading area: e.g. coastal / worldwide

*For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		☒	18. Sleep problem		☒
2. High blood pressure		☒	19. Do you smoke, use alcohol or drugs?		☒
3. Heart/vascular disease		☒	20. Operation/surgery		☒
4. Heart Surgery		☒	21. Epilepsy/seizures		☒
5. Varicose veins/piles		☒	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(hearing, tinnitus/nose/throat problem)		☒
14. Infectious / contagious diseases		☒	31. Restricted mobility		☒
15. Hernia		☒	32. Back or joint problem		☒
16. Genital disorder		☒	33. Amputation		☒
17. Pregnancy		☒	34. Fracture/dislocations		☒

If you answer "yes" to any of the above questions, please provide 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 even 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 medication?		☒
42. Are you using any non-prescription or prescription medication?		☒

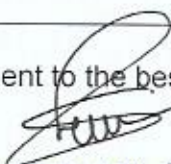
If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

20 AUG 2023

Date


Signature of Seafarer

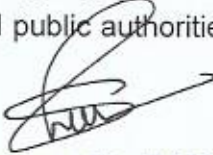

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General Physician
Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to DR. MIR MD RAIHAN.

20 AUG 2023

Date


Signature of Seafarer


DR. MIR. MD. RAIHAN
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Name and Signature of Witness



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☐ No

☒ Yes

Type

Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant			Distant	6/6	6/6
Near			Near	NS	NS

Visual fields

	Normal	Defective
Right eye	/	
Left eye	/	

Colour Vision (please tick)

☐ Not tested

☒ Normal

☐ Doubtful

☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	178 (cm)	Weight	72 (kg)
Pulse rate	78 (per minute)	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	120	Diastolic (mm Hg)	80
Urinalysis: Glucose	NI	Protein	NI
		Blood	NI

	Normal	Abnormal
Head	/	
Sinus, nose, throat	/	
Mouth/teeth	/	

Ears (general)	/	
Tympanic membrane	/	
Eyes	/	
Ophthalmoscopy	/	
Pupils	/	
Eye movement	/	
Lungs and chest	/	
Breast examination	N/A	
Heart	/	
Skin	/	
Varicose Vein	/	
Vascular (inc. pedal pulse)	/	
Abdomen and viscera	/	
Hernia	/	
Anus (not rectal exam)	/	
G-U system	/	
Upper and lower extremities	/	
Spine (C/s, T/S, L/S)	/	
Neurologic (full/brief)	/	
Psychiatric	/	
General appearance	/	

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year): **20 AUG 2023**

Results: *Normal*

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

Test *Blood Strive* Results: *Normal*

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea (please tick)

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

☒ Fit for look out duty

☐ Unfit for lookout duty

☒ Visual aid required

☐ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
<i>Fit</i>	/			
Unfit				

☐ Without restrictions

☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)



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20 AUG 2023

Date

Signature of
Medical Practitioner

Medical Practitioner's name, licence number, address



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



Form No: SMC

SL NO.

04.2023.4617

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 Hossain First M.D. Middle SHAH DAT
Gender: (Male/Female) MALE Nationality: BANGLADESH Date: 20.08.2023
Occupation: Deck/Engine/Catering/Other (specify) Rank: MASTER
Father's/ Husband's name: LATE. MD. ABDUS SAMAD C.D.C No. C/O/2509
Mother's Name: MRS. RAHATUN-NESA Seaman ID No. 050003563
Address: House No. 06 Street/ Road No. 01 Passport No. B00062239
Locality/Village: NOLVOGAH MAIN ROAD NID No. 7780155938
P.O. TORAG Date of Birth: 01.01.1970
P.S. TORAG (DD/MM/YYYY)
District: DHAKA

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination YES/NO
- Hearing meets the standards in section A-I/9 YES/NO
- Unaided hearing satisfactory? YES/NO
- Visual acuity meets standards in section A-I/9? YES/NO
- Colour vision meets standards in section A-I/9? YES/NO
Date of last colour vision test 20 AUG 2023
- Fit for lookout duties? YES/NO
- Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? YES/NO
- Any limitations or restrictions on fitness? YES/NO
If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

9. Medical fitness category :

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) 20 AUG 2023

11. Date of expiry (DD/MM/YYYY) 19 AUG 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. MIR. MD. RAIHAN

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BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

Name & Signature of the practitioner:

Radical Hospitals Limited

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 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 whispered 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/Navigation 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.

(g) 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 use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible 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/navigation 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 engineer 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 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:

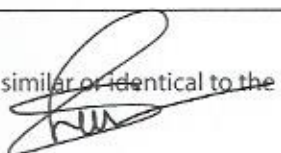
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

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

20 AUG 2023


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