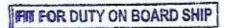
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MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA



Last/Family Name		First & Middle /Given N	Position applied for		
AMIN		MOHAMMAD	ROHUL	MASTER	
Date of Birth	Sex	Nationality		ID (Passport/Discharge book) No.	
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standards of MLC 2006 Reg	 1.2; STCW 2010&the s personal declaration 	guidance for the conduct of med , my clinical examination, the dia	lical examination issu	ned above and in compliance with the medical ued by the Directorate, as amended from time to obtained, and in consideration of the essential	ime.
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Reasons for being di	iii.				7/2
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Physician Signature: —— Physician Name Printed:		DR: MIR. MD. MBBS (DU), DFM, CCD (Birde BMDC A-55144, MMC DG Shipping Banglade General Physi Radical Hospitals	m), PG1 (Opnth) C-BGD-016 sh Approved cian	Clinic Stamp	
Date:	2 2 AUG 2023				
Valid Till:	2 1 AUG 2025]			
Authorizing body of	Medical Examiner	: Directorate General of Sh	ipping, Govt.of E	Bangladesh	
10 to	Z AUG 2023	the content of the medical co	ertificate & of the ri	ghts for a review and my obligations.	
		·	75/-0		
Delete whatever is not applicable	3	Med Cert for Hospitals			

MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT AMIN	FRIST NAVE MOHAMMAD REHUL MIDDLE					
DATE OF BIRTH PLACE OF BIRTH	MOHAMMAD REHUL INITIAL					
12 MONTH 101 DAY 167 YEAR CITY DEAKA	COUNTRY BANGLAD ESH					
EXAMINATION FOR DUTY AS : MASTER MATE	MAILING ADDRESS OF APPLICANT HOUSE-IT, ROAD-03, UTTARA. DHAKA					
MEDICAL EX	AMINATION					
VISION: WEIGHT BLOOD PRESSURE PROPERTY OF THE	PLASE RESPIRATION GENERAL APPEARANCE					
RIGHT EYE LEFT EYE	HEARING:					
WITHOUT GLASSES WITH GLASSES	RIGHT EAR DEFT EAR DEFT					
COLOR TEST TYPE : BOOK LANTERN Check if culture						
HEAD AND NECK	HEART (CARDIOVASCULAR)					
Nonnel	- Normal					
LUNGS						
SPEECH:						
Is speech unimpaired for normal voice communication?	nal					
EXTREMITIES: UPPER NETTON	LOWER					
is applicant suffering from any disease likely to be aggravated by, or to render him u	infit for, service at sea or likely to endanger the health of other persons onboard?					
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVE	EN TO :					
AND HE / SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM						
NAME AND DEGREE OF PHYSICIAN DR. DIPLEMANDESS. DIPUME LIOS PO DIPLEMANTE DIPUMENTAL DIPUMENTAL DIPUMENTAL DIPUMENTAL DIPUMENTAL SAME OF PHYSICIAN'S LICENSING AUTHORITY.	(PLEASE PRINT)					
PATE OF ISSUE OF PHYSICIAN'S LICENSE	201/. SIGNATURE OF PHYSICIAN					

This certificate is issued in compliance with the requirements of the compliance with the compliance with the requirements of the compliance with the compliance with

,	MEDICAL CERTIF	CATE FOR	PEF	RSONNEL SERVICE ON BOA	ARD				
SURNAME: An	nin	GIV	VEN N	IAME (S): MOHAMMAD	ROHUL				
DATE OF BIRTH: DAY O/ MONTH	12 YEAR 1967	12.75		OF BIRTH COUNTRY BANGLADE	SEX MALE FEMALE				
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING		MA	MAILING ADDRESS OF APPLICANT: 140USE - 17 ROAD - 03, SECTER - 13. UTTARA. DHAKA						
DECLARATION OF THE	AUTHORIZED PHYSICIA	AN							
	VISION			COLOR TEST TYPE	HEARING				
	WITHOUT GLASSES	WITH GLASS	SES .	б врек Ган					
RIGHT EYE	_	6/6		YELLOW RED RED	SHT EAST 100				
LEFT EYE		666			FT EAR /				
Confirmation that Identific	ation documents were ch	ecked at the poin	nt of ex	Amination: YES NO					
Hearing meets the standa	ards in STCW Code, Secti	on A-1/9? YES	D	NO NOT APLICABLE					
Unaided hearing satisfact	tory? YES NO			1	-				
Visual acuity meets stand	lards in STCW Code, Sec	tion A-1/9? YES	Z	/ NO []					
Are glasses or contact ler Able for watchkeeping? Y Is applicant taking any no Is the seafarer free from a	ion test: (Day/Month/Year nses necessary to meet the ES NO	e required vision tion medications? by to be aggravate	n stand	dards? YES NO	unfit for such service or to				
Hereby I declare that I an	n in knowledge of the cont	ents of the Physi	ical Ex	xamination.					
					2 2 AUG 2023				
Signature of	Applicant	Na	ame of	Applicant	Date				
	R / RADIO OPERATOR /	RATING) (WITH	IOUT A	FIT / NOT FIT) FOR DUTY AS A (MANY / WITH THE FOLLOWING) RESTRI					
	<u> </u>	77010071	1 014	BOARDONII					
NAME AND DEGREE OF	PHYSICIAN: DK.	MIL	00	W. HOTHH	N				
ADDRESS: 2	CHIK	50/11	10	L MINTEL	OTHER				
NAME OF PHYSICIAN'S	CERTIFICATING AUTHO	DRITY: OC	25	BHOWNE 15	HNAUTHER				
DATE OF ISSUE PHYSIC	CIAN'S CEPTIFICATE:	~		0611141	V4				
SIGNATURE OF PHYSIC	CIAN	ST	ГАМР	OF PHYSICIAN: SCAL HOSPITAL	DATE: 22 AUG 2023				
EXPIRY DATE OF CERT	IFICATE:	21 AUG	2025	★ (A®Per-MLC-2006) ★					
				pliance with the requirements					
	. MIR. MD. RAIL (DU), DFM, CCD (Birdem), PGT	HAN		Department					
	C A 33144 MMC-BGD								

DG Shipping Bangladesh Approved General Physician Redical Hospitals Limited



WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.

Form : MHRS 08 Prepared by : MR Approved by : MD

Approved by : MD Issued : Feb '08 Revised : Mar '17

REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION

(Confidential Document)

From: MOHAMOMAD ROHUL AMIN. UNIVERSAL SHIPPING SERMLE H-17, R-3, SECTOR-13, UTTARIE. OHAKA.
(Please write Name, Address & Contact Details of Manning Centre) RADICAL HOSPITAL LIMITED To: Untara, Dhaka, Bangladesh
(Please write Name, Address & Contact Details of the Doctor/ Clinic/Examiner) Please carry out medical examination of the seafarer, the details and requirements for whom and seafarer details and requirements for whom and seafarer details are requirements.
(Name & Signature of Responsible Person from Manning Centre) Examinee's Details:
Full Name : Address :
Date of Birth : Rank : Name of vessel to be assigned :
Type of vessel : Trade area :
(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide):
CDC No. : Passport No. : Crew ID.(from Compas) :
Position Offered/ Applied for : Routine & Emergency Duties (if known) :
As per requirements of applicable P&I club:
☐ West of England P&I ☐ UK P&I ☐ Steamship Mutual Underwriting Association
☐ Britannia P&I ☐ Skuld P&I ☐ North of England Association P&I
☐ Standard P&I ☐ Gard P&I ☐ London Steamships P&I
□ Japan P&I □ American Steamships P&I □ Others :
As per requirements of applicable Flag State :
□ Liberian □ NIS □ Panamanian □ Marshall Islands □ Malta
□ Danish □ ILO □ UK □ Others:
Medical Examination Module (as applicable): (Please refer to "Annex 1" of WSM(I)'s Quality Manual)
FOR SEAFARERS: Please write any past medical history [Injury or Illness] in detail; any history of allergy to
drugs should be mentioned in the box provided below :
Please read and sign the following statement :-
"I certify that my past medical history will be/has been fully declared to the Company Doctor and any false
statement or undisclosed material and/or information in regard to past or present illness and/or medical condition(s) will disqualify me from any employment benefits and claims."
Robinst Amin
7/2
Seafarer's Signature Date: 22/6/23 Doctor's Signature Date: 22 AUG 2023
Original: Doctor & Copy : Manning Centre Remark: The document to be uploaded into CMS under "Medical Cap." DR. MIR. MD. RAIHAN MBBS (DL) DPM CCD (Burley) PGT (Onlyh)

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

WALLEM_

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED

BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,

ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7

(Confidential Document)

Pre-Sea Exam:			Periodic	Exam: [Other:	
Examination for duty as: Master: Y/N: Deck Officer: Y/N: Eng Officer: Y/N: Ratings: Y/N: Cook: Y/N: Other: Y/N: Please specify		A STATE OF THE STA		perfo du he/s	it to orm the orties he is to ry out.	Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	uni perfo duties	orarily fit to m the he/she arry out.	Permanently unfit to perform the duties he/she is to carry out
	1 SEG MC	2					[
		To	be filled by	/ Mannin	z Centres				
		Routine & Er Duties (if kn				Position Office Applied for:	ered/		
Type of vessel (Container, Passenger etc): Trade area (e.g. Coastal, Ti	conical								
Worldwide):		Cosastal			ropical _	1	W	/orldWide	Ц
						Medical History		TO THE STREET	
case of any wrongful Act eafarer shall be fully resp ws. Name of Examinee (Family	or misreprese ponsible/liabl	e for the co	ppression nsequenc xaminee's	of mate es/dam Personal	rial fact(ages / pe	s) of information and the services as per	the provi	sions or	the applicable
Home/ Permanent Address:		DHAKA				SECTOR-	(3, Z	TTAR	4
Mailing Address:			- 5an	me-	-				
Date of birth (day/month/y	ear):	01	1 12	2 /	196	7 se	х:	MAL	E
Place of Birth: Cou	r: AH	4KA	National			GLABESHI	Rank:	MA	STER
Civil Status:			0114	RRIE	-X)				
Identity Docs/ Passport /Dis No:	scharge Book		C/O/I	_	History				
Is there any past / preser history of any of the follow		Ev-	Miner's	ls th	ere any p	ast / present f the following	Exa	minee	Examiner's



BY AN APPROVED EXAMINER

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Form: OHF 48 Version: 01 Date: 18 Aug 21

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	Declar	ration	Rec	ord		-	iration	Reco	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory	/		ì	/	Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor				/
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		1		/	Stomach / Bowel Disorders/ Digestive Disorder				_
Ear (Hearing, tinnitus) Problems / Impairment		/		/	Gall Stones/ Jaundice / Kidno Disorders	еу	1		/
Mental Diseases, Breakdown / Sleep Disorder		/		/	Severe/ Frequent/ One Sided Headaches (Migraine)		1		/
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		/	7	/	Back / Joint Problems / Wrist Problems / Slipped Disc				/
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		/	7	/	Hernia / Hydrocoele / Appendicitis			7	/
Balance Problem		1	ľ	1	Piles / Varicose Veins		//		1
Sinuses/ Nose/ Throat Problems		/	7	/	Allergies / Rash/ Skin Disea	se	1		1
Thyroid Problem	1	1		1	Female Disorders		1	,	-
High / Low Blood Pressure/ Blood Disorder		/		/	Major / Minor Operation/ Surgery		/	,	/
Heart Disease, Surgery / Chest Pain / Vascular Disease (inc. Pedal Pulses)		/		1	Contagious Diseases/ Gastrointestinal infection / Other Infections				-
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		1	7	/	Sexually Transmitted Disease/ Infections		1		-
Shortness of Breath		/		/	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.				-
Rheumatic Fever		1	1	1	Diabetes		/		1
for Male Examinee Yes	No	If "Yes",	give de	tails		for Female		Yes	No
Prostate Problems/ Testicular Lumps		1				Breast Lun Menstrual	Problems		-
Penile Discharge		,				Pregnancy			_
Multiple Partners						Multiple P	artners		-

Additional questions :	res	INO
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		-
Have you ever been hospitalized?		1
Have you ever been declared unfit for sea duty?		1
Has your medical certificate ever been restricted or revoked?		1
Are you aware that you have any medical problems, diseases or illnesses?		,
Do you feel healthy and fit to perform the duties of your personated position/occupation?		
Are you currently under a doctor's care/ medication?		-
Are you allergic to any medications?		1
Malaria, Typhoid, Viral fever (Dengue, Chikungun VE, Atc.), Chicken Pok		1
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Alisaeva)		
1-216		

WALLEM_

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED

BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,

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(Confidential Document)

In the last one week have you const Cough Syrup, Sleeping Tablets, C	old, Action 500 etc.					No
Pain Killers, If Yes, Please State	name of Drug Crocin/ Aspri	n/ Fortwin etc.				NO
Corticos teroids, Anti-epileptic D						NO
Any Medicine/Injections from yo						NO
To What Extent Do You Use: Alco		, Cigan	ettes:		-	
Tobacco:	, Drugs:					
Are you taking any non-prescript	ion or prescription medica	tions?				
f yes, please list the medication	ns taken and the purpose(s) and dosage(s).				
Date and contact details for pre-	vious medical examination	(if Known):				
Are you coming from or have traveen to (including ports of call i	velled through high risk are in your last vessel).	as? If yes, please m	ention the names	of cour	ntries that you h	ave
Family History :					Yes	No
Diabetes						No
Blood Pressure/ Heart Disease						No
Mental Illness/ Epilepsy/ Seizur	rė					No
						10
ancer						
If "Yes", to any of the above, ple Any other major conditions? Would you say that your health	is: Excellent * Good * Fair		oli Filli bankı			ada full
Any other major conditions? Would you say that your health MANATOTAL RIPLE disclosure of all of my medical forms the basis upon which misrepresentation either by sta would otherwise be due to me consent to my medical records the vessel or their authorized r the best of my knowledge and I health institutions and public a	holding Passport/S history to the doctors and I will be offered emplatement or omission I will under the Contract of Empleing made available uporepresentatives. I hereby all hereby authorities to	eaman Book no. C/ staff of this clinic. I loyment as a seaf- lose the right to be loyment or under an on demand to my em iso certify that the po ase of all my previous	am aware that the arer. I understant from sick party Collective Barga ployers and for the area of the cords are cords.	he infor nd that ny and / aining A the own on abov from a	mation supplied in the event or compensation greement. I also sers and / or in the is a true state by health professions.	of any on which o hereby surers of
Any other major conditions? Would you say that your health Mayanna Republic disclosure of all of my medical forms the basis upon which misrepresentation either by sta would otherwise be due to me consent to my medical records the vessel or their authorized r the best of my knowledge and I health institutions and public a Dr. Signature of Examinee:	holding Passport/S history to the doctors and I will be offered emplatement or omission I will under the Contract of Empleing made available uporepresentatives. I hereby all hereby authorities to	eaman Book no. Column staff of this clinic. I comment as a seaf- lose the right to be loyment or under an on demand to my emisso certify that the posse of all my previous cal practitioner carry	am aware that the arer. I understant from sick party Collective Barga ployers and for the area of the cords are cords.	he infor nd that ny and / aining A the own on abov from a	mation supplied in the event or compensation greement. I also sers and / or in the is a true state by health professions.	of any on which o hereby surers of
Any other major conditions? Would you say that your health MANATOTAL RIPLY disclosure of all of my medical forms the basis upon which misrepresentation either by sta would otherwise be due to me consent to my medical records the vessel or their authorized re the best of my knowledge and I health institutions and public a Dr. Signature of Examinee:	is: Excellent * Good * Fair Ann holding Passport/S history to the doctors and I will be offered emplatement or omission I will under the Contract of Emploing made available upor representatives. I hereby all hereby authorize the release authorities to (the approved medi	staff of this clinic. I staff of this clinic. I soyment as a seaf. I lose the right to be loyment or under an on demand to my em as certify that the posse of all my previous cal practitioner carry	am aware that the arer. I understance it from sick pay Collective Barga ployers and / or ersonal declarations medical records ing out the medical month/year):	he informd that by and / sining A the own on above from an all exam	mation supplied in the event or compensation greement. I also were and / or Interest and / or Interest at true state they health professionations).	of any on which o hereby surers of ement to ssionals
Any other major conditions? Would you say that your health MENTALL PARTY AND CAME A CONTROL OF THE PROPERTY	holding Passport/S history to the doctors and I will be offered emplatement or omission I will under the Contract of Empleing made available upor epresentatives. I hereby all hereby authorize the releasauthorities to	staff of this clinic. I oyment as a seaf: lose the right to be loyment or under an on demand to my em lso certify that the pe se of all my previous cal practitioner carry Date(day/	am aware that the arer. I understance it from sick pay Collective Barga ployers and / or ersonal declarations medical records and out the medical redical records and out the medical redical records and out the medical redical records and out the medical	he informd that by and / sining A the own on above from an all exam	mation supplied in the event or compensation greement. I also were and / or Interest and / or Interest at the state of the	ed by me of any on which o hereb- surers o ement to ssionals
Any other major conditions? Would you say that your health MULLANG ANY DEPTH AND ANY OF THE ANY O	is: Excellent * Good * Fair Ann holding Passport/S history to the doctors and I will be offered emplatement or omission I will under the Contract of Emploing made available upor representatives. I hereby all hereby authorize the release authorities to (the approved medi	staff of this clinic. I staff of this clinic. I soyment as a seaf. I lose the right to be loyment or under an on demand to my em as certify that the posse of all my previous cal practitioner carry	am aware that the arer. I understance it from sick pay Collective Barga ployers and / or ersonal declarations medical records ing out the medical month/year):	he informd that by and / sining A the own on above from an all exam	mation supplied in the event or compensation greement. I also were and / or Interest and / or Interest at true state they health professionations).	of any on which o hereby surers of ement to ssionals

The Company has set the following BMI limits:

A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.

For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia example the seafarer in question MUST undergo a stress/ treadmill test.

If the results of the stress/ treadmill test are a very see alto response for the considered "fit to work", however, the seafarer MUST always be counselled on weight loss and was wearans to interpove their health.



BY AN APPROVED EXAMINER

In accordance with:

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BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the ponsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the

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		Harry - Tex	Vis	sual acuity	/							_	sual fields	-	
		Unaided				Aide						Non	mal	De	fective
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Distant				6	16	64	5 -	1		Left ey	re		•		
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olour vision	n:														
Date of las	last colour Type:					-	_	2	**	A	2000	200		0	>
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757757555	olour test is	Yellov	,		Red	r , _			Gree	n		'	Blue		*
Normal:		- N-4 40	, to d	-	Nor	mal			Doul	offul		-	Defective	-	*
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Department



Investigation:

Blood

ECG

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

Result

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,

ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

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Urine

Result

Result:

Form: OHF 48

Version: 01 Date: 18 Aug 21

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Result

Page:

Additional Tests

Normal

TO WELL		1273220000000000000000000000000000000000	The second secon		-				
Haemoglobii	n "Hb"	16.4 g/dl	13 – 18 gm dl	n/ Colo	ur	Ni/	(HbA1c)	5.5	4.0 % - 6.5 %
Total WBC	count	9670	4,000 - 11,0 / cu.mm	200000000000000000000000000000000000000	11000000	U	RBS/ FBS (Blood test	680	
leu 65_ %, l	Lymp 2	%, Eos <u>02</u> % 2_%				И	Total Bilirubin	0.50	0.1 - 1.0 mg/dl
	th factor (te	ested only once	, need not be	Albur	min	4	Direct Bilirubin	mas	0.0 - 2.5 mg/dl
epeated) BI ESR		5.0	1-15 mm/	hr Sug	ar	U	Indirect Bilirubin	ms	0.0 - 0.75 mg/dl
Platelet	ts	212800	1.50-4.00 Lakh/ul	Bile Pig	ment	21	SGPT	21	9-430/
Fasting Lipid	Profile		Cakingan	Bile S	Salt		SGOT	20	0 - 40 IU/I
S. Triglycer	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	238	25-200 mg	/dl Occult	Blood	11	SGGT	_	0 - 49 IU/
Cholesterol	Serum	210	130-220 mg	/dl RBC C	Cells	И	Blood Urea	26	10 - 50
HDL Cholester	ol Serum	46	35-65 mg/	dl Leuco	cytes	n	Biood Orea	ND	mg/dl
LDL Cholester	ol Serum	43	85-150 mg	/dl Stool	Test	Result	S. Creatinine	050	0.8 - 1.4 mg/dl
VLDL Cholester	rol Serum	M	07-35 mg/	'di Bactero	ological	MA	BUN	14.4	5-23mg/
Total / HDL Ch	olesterol	M	3.0-5.0	Paras	itical	1000	PSA	me	Less that 4,00 ng/r
LDL/HDL Cho	lesterol	100	2.5-3.5	Oth			Malarial Parasit		
lepatitis B	Positive	Negativ	T	HIV18		vani	Uric Acid	-	2.4 - 7.5 mg/dl
Hepatitis C	Positive	Negati	ve	VDRI	VDRL VM R		ec	4.6	
Drugs: Meth	od:								
Results: Detected Amphetamines/ Urine *		Barbito	Barbiturate/ Urine *		ana, THC, binoids	Cocaine/ Urine *	Opiates & M	orphine '	
Cut Off Limit	(100	00 ng/ ml)	(200 ng/	ml)	50 ng/ i	ml	(300 ng/ ml)		
Cut Off Limit (1000 ng/ml) Not Detected Amphetamines/ Urine *		Margara .	Barbiti	Barbiturate/ Urine *		uana, THC, binoids /	Cocaine/ Urine *	Opiates & Morphine	
			The second secon			The second secon		actic	

Part III - Result of Medical Examination

Vormer.

Is applicant vaccinated in accordance with WHO requirements? Yes / No

Vaccination status recorded: Yes / No Satisfactory * to be renewed *

vormel

大百

Pelvis

BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,

ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

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Form: OHF 48

Version: 01

18 Aug 21 Date: Page: 6 of 7

Details:		
		=
Describe restrictions (e.g. specific positions, type of ship, trade area):		

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

Examination	Results of the examination	Examination	Results of the examination	
	Pass Fail		Pass	Fail
Medical History		Fecalysis (food service/ handlers only)		
Physical Examination		Hep B Antigen	-	
Dental Examination		Hep C Antibodies	10	
Psychological Test	1/1	Stress Test	10	/15/2012/2015/15/5
Visual Test		Diabetes	//	
Colour Vision		Ultrasound Examination (Presence of gall & Kidney Stones)	1	
Audiometry		Alcohol/ Drug Test	1	
EKG		2D echo Doppler study (for heart patient) Psychometric evaluation		

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks): Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is

- (a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is
- (b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary) that he / she if fit / unfit for look out duty
- (c) that he / she needs / does not need visual aids / informed to carry spares
- (d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?
- (e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	<u> </u>			
	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	-			*
Unfit:		*_	~ *	*

this seafarer is UNFIT FOR DUTY**/ FIT FOR DUTY with/ without restrictions* as mentioned below,

* This Medical Certificate is issued with following restrictions (e.g., specific position, type of ship, trade area & other as applicable): Hospita

** Reasons for being unfit



BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,

ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

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Form: OHF 48 Version: 01 18 Aug 21

Date: Page: 7 of 7

This is to certify	was physically examined and he/she is found to
be FIT for sea service/ look-out duty for the period from examination 22 AUG 2023 Date of certificate validity date (day/month/year): 21 AUG	medical examination: Dhata, Equal desh p
Degree:	Address: RADICAL HOSPITAL LIMITED Tel./Fax/Email: Uttara, Dhaka, Bangladash
Name of Medical Examiner/ Physician Certificate /Lice	nse Issuing Authority:
Date of issue of Medical Examiner/Physician Certificate	e/ License:Registration No.:
Examinee's Signature (This signature is affixed in the presence of the Medical Examiner (print name of medical examiner if not legible) and I acknowledge, that I have been advised of the content of the medical certificate & of the right to a review in accordance with paragraph (6) of section A-I/9 of STC Code and my obligations.)	Official Stamp & Signature with Govt. (DGS) Approval/ No

Original: Master & Crewing Dept

cc:Seafarer

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.





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E-mail: istuttara@gmail.com

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IBN SINA D. LAB & CONSULTATION CEN

HAEMATOLOGY REPORT

ID No : U1167661

Voucher Time:

21/08/2023, 02:28 PM

Reporting Time

:21/08/2023, 07:03 PM

Name

: MOHAMMAD ROHUL AMIN

Age: 54 Y 3 M 13 D

Sex: M Specimen: Blood

Ref.By Parameter

: UNIVERSAL SHIPING SERVICES.

Referance Value Result

Red Blood Cells

Haemoglobin

Total RBC **ESR**

PCV/HCT

MCV

MCH

MCHC

RDW-CV

16.4 g/dl

Adult: Men: 15.0±2.0. Women: 13.5±1.5 At birth: 13.5-19.5, 3 Days: 14.5-22.5

1 Month: 11-17, 2-6 Months: 9.5-13.5 2-6 Years: 11-14, 6-12 Years: 11.5-15.5 Men: 5.0±0.5, Women:4.3±0.5

Men: 0-10. Women:0-20

Men:0.45 ± 0.05, Women:0.41 ± 0.05

0.49 M

5.65 million/Cmm.

6 mm (Auto Analyzer)

86.5 fl

92±9 29.5 ±2.5

29.0 pg 33.5 g/dl

33.0±1.5

12.7 %

12.8±1.2

White Blood Cells

Total WBC

9.670 /Cmm.

193 /Cmm.

65 %

28 %

05 %

02 % 00 %

00 %

13.1 fl

2.12.000 /Cmm

Chid: 5.000-15.000 Adult: 4.000-11.000 Infant:6000-18.000Atbirth:10.000-25.000

Child: 20-50 Adult: 40-75

Child: 40-75 Adult: 20-40

50-500

2-10 2-6

<1.0

Differential Count

Neutrophis

Lymphocytes

Circulating Eosinophils

Monocytes

Eosinophils

Basophis Others

Platelet Count:

Total Platelet Count

MPV

M. Atique Rahman DMT(SMF), Lab. Medicne

Medical Technologist, Ibn sina, Uttara

1,50,000-4,50,000 8.0-9.5

Assoc. Proi Dr. Sumaiya Khatun

MBBS, MD (BSMMU) (Gold medalst).

Laboratory Consultant. Ibn Sina D.Lab, Uttara.

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BIOCHEMISTRY REPORT

ID No

: U1167661

: MOHAMMAD ROHUL AMIN : UNIVERSAL SHIPING SERVICES.

Voucher Time: 21/08/2023, 02:28 PM

Reporting Time: 21/08/2023, 08:14 PM

Age: 54 Y 3 M 13 D

Sex: M

: Blood Specimen

Name

Ref.By

Parameter	Test Result '	Reference Value
Plasma Glucose Random	6.80 mmol/L	3.33-7.78
HbA1C	5.5 %	4.8-6.0
Bun	14.49 mg/dl	Adult: 7-18 Child: 5-18
S. Creatinine	0.59 mg/d	Adult Male: 0.70-1.30 Adult Female: 0.50-1.10 Child: 0.20-0.70
S. Uric Acid	4.6 mg/dl	Adult Male: 3.50-7.20 Adult Female: 2.60-6.00
S. Bilrubin (Total)	0.50 mg/d	Adult: <1.00 Neonatai:1.50-12.00
S. ALT (SGPT)	21 U/L	Male: 16 - 63 Female: 14 - 59
S.AST (SGOT)	20 U/L	<37
S.Gamma GT	26 U/L	Male: 11-50, Female: 7-32
S. Total Protein	7.7 g/dl	Adult 6.40 - 8.20 Newborn: 4.60 - 7.60 Chid: 6.50 - 8.00
Lipid Profile_R		
S. Cholesterol	210 mg/dL	<200
HDL	46 mg/dL	>35
LDL	143 mg/dL	<130
TG	238 mg/dL	<150
T.Cholesterol-HDL Ratio	4.57	Normal: <4.5 Moderate: 4.5-8.5 High Risk: >8.5

Biochemist

B.Sc(Hon's.)M.Sc (Biochemistry & MB)

Ibn Sina D-lab, Uttara

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IMMUNOLOGY REPORT

ID No

: U1167661

Voucher Time:

21/08/2023, 02:28 PM

Reporting Time:

21/08/2023, 08:11 PM

Name

: MOHAMMAD ROHUL AMIN

Sex: M

Ref.By

Age: 54 Y 3 M 13 D

: UNIVERSAL SHIPING SERVICES.

Specimen : Blood

Estimations are carried out by Atelica Solution/ Vitros 5600/Seimens Advia Centaur XP/ Immulite 2000 XPI System Test Result

Parameter Anti-HCV

Reference Value

HBsAq

Negative

Cut off rate: 1.0 Sample rate: 0.06

Cut off rate: 1.0

Sample rate: < 0.10

HIV1&2Combo

Negative

Cut off rate: 1.0 Sample rate: 0.13

Rabiut Is am

Biochemist\

B.Sc(Hon's) M.Sc (Biochemistry & MB)

Ibn Sina D-Lab, Uttara

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Md. Belayet Hossain (Belayet)

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21/08/2023, 02:28 PM

Reporting Time:

21/08/2023, 07:27 PM

: MOHAMMAD ROHUL AMIN

: U1167661

Age: 54 Y 3 M 13 D

Sex: M

Ref.By: UNIVERSAL SHIPING SERVICES.
Specimen: BLOOD:

ID No

Name

,

TEST RESULT

REFERENCE VALUE

PARAMETERS Blood Group(ABO)

Rh(D)

"B" Posit

Voucher Time:

Positive

Md. Sharfful Islam

DMT(SMF), BSc(Hon's) Lab Medical Technologist, Ibn sina D-Lab, Uttara. Assoc. Prof.Dr. Sùmaiya Khatun MBBS, MD (BSMMU) (Gold medalst). Laboratory Consultant. Ibn Sina D.Lab, Uttara.

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URINE ROUTINE EXAMINATION

ID No

: U1167661

Voucher Time 21/08/2023, 02:28 PM

Reporting Time: 21/08/2023, 08:07 PM

Name

: MOHAMMAD ROHUL AMIN

Age: 54 Y 3 M 13 D

Sex:M

Ref.By

: UNIVERSAL SHIPING SERVICES.

Specimen : Urine

PHYSICAL EXAMINATION	Result	Reference Value
Quantity	Sufficient	
Colour	Straw	Pale Yellow /Straw
Appearance	Clear	Clear
Specific Gravity	1.042	1.010 - 1.022
CHEMICAL EXAMINATION	Result	Reference Value
Reaction (PH)	5.5	4.5 - 8.0
Protein	Trace	Nil
Glucose	+	Nil
Acetone (Ketone body)	Nil	Nil
Bilirubin	Absent	0.2 mg/dL
Urobilinogen	Nil	0.1 - 1.8 mg/dL
Nitrite	Negative	Nil
MICROSCOPIC EXAMINATION	Result	Reference Value
Epithelial Cells	0-2/HPF	0-5/HPF
Pus Cells	0-1/HPF	1-5/HPF
RBC	Nil	0-2/HPF
Yeast cells	Nil	Nil
Trichomonas	Nil	Nil
Fungus	Nil	Nil
Spermatozoa	Nil	Nil
Cast	Result	Reference Value
Hyaline Cast	Nil	Nil
Granular Cast	Nil	Nil
Cellular Cast	Nil	Nil
RBC Cast	Nil	Nil
WBC Cast	Nil	Nil
Waxy cast	Nil	Nil
Crystal	Result	Reference Value
Cal.Oxalate	Nil	Nil
Amorphous Phosphate	Nil	Nil
Uric Acid	Nil	Nil
Urates	Nil	Nil
Triple Phosphate	Nil	Nil
Sulphonamide		

M. Atiqur Rahman

DMT(SMF), Lab. Medicine Medical Technologist, Ibn sina, Uttara Assoc. Prof.Dr. Sumaiya Khatun

MBBS, MD (BSMMU) (Gold medalist). Laboratory Consultant.

Ibn Sina D.Lab, Uttara.



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SEROLOGY REPORT

ID No

: U1167661

Voucher Time:

21/08/2023, 02:28 PM

Reporting Time:

21/08/2023, 07:27 PM

Name : MOHAMMAD ROHUL AMIN

Age: 54 Y 3 M 13 D

Sex: M

Ref.By

: UNIVERSAL SHIPING SERVICES.

Specimen : Blood

Test Result

Reference Value

Parameter V.D.R.L Test

Non-Reactive

Md. Shariful Islam

DMT(SMF), BSc(Hon's) Lab Medical Technologist, Ibn sina D-Lab, Uttara. Assoc. Prof.Dr. Sumaiya Khatun

MBBS, MD (BSMMU) (Gold medalst). Laboratory Consultant.

Ibn Sina D.Lab, Uttara.

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REPORT

I.D. No

U1167661

Received date: 21 Aug 2023

Printed date: 22 Aug 2023 10:24AM

Name of Pt.

MOHAMMAD ROHUL AMIN

Age: 54 y(s), 3 m(s)

Sex: Male

Ref. By

UNIVERSAL SHIPING SERVICES.

Exam

XR CHEST P.A DIGITAL

Thank you for the courtesy of this kind referral.

X-Ray Chest (P/A) View

Trachea is normal in position.

Both dome of diaphragm are normal in position & contour.

Both CP angles are clear.

Heart is normal in transverse diameter.

Both lung fields are clear.

Bony thorax and soft tissue appear normal.

Impression: Normal skiagram of chest.

Dr. Md. Shahjahan

MBBS, FCPS, M.Phil (Radiology & Imaging-BSMMU)

Imaging Specialist

Associate professor (cc-ex.)

Tairunnessa Memorial Medical College & Hospital Ibn Sina D-Lab, Uttara.



মুক্তি মানসিক এন্ড মাদকাসক্তি নিরাময় কেন্দ্র লিঃ

MUKTI MANASHIK & MADOKASHAKTI NIRAMOY KENDRA LTD.

MUKTI-THE PIONEER AND ONLY INSTITUTION FOR TREATMENT OF DRUG ABUSE AND PSYCHIATRIC DISORDER

September 15, 2022

TOXI-LAB FULLY COMPUTERISED DRUG DETECTION LABORATORY

TO WHOM IT MAY CONCERN

This is to certify that Mohammad Ruhul Amin was present in this Centre on 15.09.2022, At 04.00 PM and was examined for Drug and Alcohol testing according to the guiding principal on drug and Alcohol testing procedures for world wide application in the maritime industry as advised by joint ILO/WHO and U.S. coast guard guidelines by OCIMF. This is also according to the Norwegian Seaman's article 26 and rules and regulation issued by the Maritime Directorate.

His Urine Sample was collected with all precautions for the detection of presence of Drugs of abuse and its metabolites in the Urine sample namely: OPIATE (Morphine, Pethidine, Codeine Phosphate), AMPHETAMINE, COCAINE, BARBITURATE, CANNABINOIDS (Marijuana) and PHENCYCLINDINE.

Homogeneous Enzyme Immune-assay method and technique was adopted by "SOLARIS DRUG ANALYZER" of Syva, USA.

Alcohol assay of the Urine Sample was also performed using the same method and technique.

The analytical test result was found to be: - VE (NEGATIVE)

elleur 15,09. 2022

COMMENT:

Mohammad Ruhul Amin was found to be Drug and Alcohol free on 15.09.2022.

Dr. M. Baktyer Hossain

MBBS (CMC), PGT (P.G. Hospital)

Medical Director



Rajdhani Complex, 237/2, New Elephant Road, Dhaka-1205. Phone: 58617568, 58617901 Mobile: 01678-244511-7, E-mail: muktibd1@yahoo.com, www.muktidrughelpline.com