

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER

As per Merchant Shipping (Medical Examination) Amendment Rules, 2000 and ILO IMO/JMS/2011/2012
(In Compliance with MLC 2006 & ISM/STCW 2010, Code 1/9)

Name: AMIN MOHAMMAD ROHUL Sex: M Serial No.: _____
Date of Birth: 01/12/1967 PP/CDC No.: C/D/1578 Nationality: BANGLADESHI
Rank: MASTER Vessel: FREMENTLE HIGHWAY Type: PCC Route: _____
Home Address: _____
Company Name & Address: _____

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		Examiner Record		Is there any past/present history of any of the following?	Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-side headaches (Migraine)		☒		☒	Hernia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High/Low Blood Pressure / Heart Disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / Bronchitis / Tuberculosis		☒		☒
Eye / Vision / Problems (Glasses etc)		☒		☒	Allergy / Skin Disease		☒		☒
Hearing Impairment		☒		☒	Infection / Contagious Disease		☒		☒
Ear / Nose / Throat Problem		☒		☒	Addiction to alcohol / drugs / tobacco		☒		☒
Stomach / Bowel Disorders		☒		☒	Fracture / Dislocation / Injury / Amputation		☒		☒
Gall Stones / Kidney Disorders		☒		☒	Major / Minor Operation		☒		☒
Jaundice / Liver Disease		☒		☒	Diabetes		☒		☒
Piles / Venicose veins		☒		☒	Nervous / Mental disease / Sleep disorder		☒		☒
Blood Disorder		☒		☒	Malignant Disease (Cancer)		☒		☒
Female Disorders		☒		☒	Signed off on medical ground/Declared Unfit		☒		☒

Notes: _____
Candidate's Declaration: I, My signature below acknowledges that all statements provided by me in this application are true & correct to the best of my knowledge and belief and I further authorise & consent to the release of any / all of my medical records from any source including Insurance offices, Doctors, Hospitals or other institutions and public authorities. This general medical release will also authorize the release of any / all of my psychological records. If I am being tested for HIV virus, I consent to have the result revealed to my employer. I declare the above statements to be correct.
I hereby certify that the above medical statements are true and will form the basis of my medical examination. I agree that any omission or misrepresentation shall preclude me from employment and other medical benefits.

Date: _____ Candidate's Signature: Rohul Amin

Medical Examination:

Height in cms		Weight in Kgs		Blood Pressure in mm of Hg		Pulse-beats/min		Resp. Rate/min		General Appearance							
167 cm		68 kg		120/80 mm		78 bpm		20 bpm		HEALTHY							
Compliant with MLC 2006, STCW 2010 STANDARD A-1/9	Distant Vision (Snellen's Chart)		Uncorrected	Corrected	Field Of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000	Compliant with MLC 2006, STCW 2010 STANDARD A-1/9	
	Right Eye			6/6	Normal	Right Ear	dB	20	20	20	Not Indicated						
	Left Eye			6/6	Abnormal	Left Ear	dB	20	20	20							
						*Hearing	Normal Voice					Whispered Voice					
	Ishihara		Normal		Abnormal	Right Ear	4 METER					2 METER					
Colour Vision	Others		Normal		Abnormal	Left Ear	4 METER					2 METER					

Systemic Examination	Norm	Abnor	Notes	Norm	Abnor
Head & Neck	☒		FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory System	☒
Eyes	☒			Cardiovascular System	☒
Ear / Nose / Throat	☒			Per Abdomen	☒
Teeth / Oral Cavity	☒			Genito-urinary System	☒
Musculo-Skeletal System	☒			Others	☒
Nervous System	☒			Hernia / Hydrocoele	☒
Reflexes	☒			Venicose Veins	☒
Skin	☒			Fissure / Fistula / Piles	☒

Investigations:

Blood	Result	Normal	Urine	Result	PHOTO
Hemoglobin	<u>16.4</u>	M: 13-17 F: 12-15 gm% 4000 - 10000 / cu m	Colour	<u>STRONG</u>	
Total WBC Count	<u>9.67</u>		Specific Gravity	<u>1.020</u>	
Neu % Lym % Eos % Mono %	<u>80 % 10 % 0 % 0 %</u>		pH	<u>7.0</u>	
ESR	<u>20</u>	1 - 10 mm/hr	Albumin	<u>0</u>	
SGOT	<u>20</u>	0 - 35 IU / L	Sugar	<u>0</u>	
SGPT	<u>20</u>	10 - 60 IU / L	Bile Pigment	<u>0</u>	
S. Cholesterol	<u>200</u>	130 - 220 mg / dl	Bile Salt	<u>0</u>	
S. Triglycerides	<u>100</u>	upto 200 mg / dl	Occult Blood	<u>0</u>	
Blood Sugar	<u>100</u>	upto 140 mg %	RBC Cells	<u>0</u>	
Creatinine	<u>0.8</u>	upto 1.5 mg / dl	Leucocytes	<u>0</u>	
GGT	<u>20</u>	upto 55 IU / L	Spirometry	<u>NORMAL</u>	
HbsAg	<u>NEGATIVE</u>		Drug of Abuse	<u>NORMAL</u>	
HIV 1 & 2	<u>NEGATIVE</u>		TMT	<u>NORMAL</u>	
VDRL	<u>NEGATIVE</u>		ECG	<u>NORMAL</u>	
Others	<u>NEGATIVE</u>		USG	<u>NORMAL</u>	
Blood Group	<u>BH+</u>		XRy (Chest PA)	<u>NORMAL</u>	

Result Of Medical Examination

On the basis of the history, clinical examination & diagnostic tests, I, _____ hereby declare the above examinee has been found _____
Remarks / Recommendation: *Unaided Hearing Satisfactory
I, _____, certify that all information required under Annexure E & F of Merchant Shipping (Medical Examination) Rules 2000 are incorporated in this certificate.

Date of Medical Exam: 22 AUG 2023
Date of Medical fitness: 22 AUG 2023
Validity of Medical Certificate: 21 AUG 2025

IDENTITY OF CANDIDATE CONFIRMED WITH _____

04.2023.4640

MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

FIT FOR DUTY ON BOARD SHIP

Last/Family Name

AMIN

First & Middle /Given Name

MOHAMMAD ROHUL

Position applied for

MASTER

Date of Birth

01/12/1967

Sex

M

Nationality

BANGLADESHI

ID (Passport/Discharge book) 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 MLC 2006 Reg 1.2; STCW 2010 and the guidance for the conduct of medical examination issued by the Directorate, as amended from time to time. On the basis of the seafarer's 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 rank:-

Unaided hearing is satisfactory

Yes No

Yes No

(b) Visual acuity meets the required standards for his rank

Colour Vision meets the the required standard
that he is fit for look out duty

Yes No

Yes No

Yes No

(c) that he needs visual aids / informed to carry spares

Yes No

(d) that he is taking regular medication & seafarer does require to take same during his tenure on board vessel

Yes No

(e) that the seafarer is not suffering from any disease likely to be aggravated by, or render him unfit for, service at sea or likely to endanger the health of other persons on board ships

Yes No

(f) this seafarer is **FIT FOR DUTY** without restrictions* as mentioned below

** This Medical Certificate is issued with following restrictions

** Reasons for being unfit

Physician Signature:

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

Clinic Stamp

Physician Name Printed:

Date:

22 AUG 2023

Valid Till:

21 AUG 2025

Authorizing body of Medical Examiner: Directorate General of Shipping, Govt. of Bangladesh

I acknowledge, that I have been advised of the content of the medical certificate & of the rights for a review and my obligations.

22 AUG 2023

Seafarers signature with Date:-

22/8/23

Delete whatever is not applicable



MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT <u>AMIN</u>		FIRST NAME <u>MOHAMMAD REHUL</u>	MIDDLE INITIAL
DATE OF BIRTH <u>12 MONTH 01 DAY 167 YEAR</u>	PLACE OF BIRTH CITY <u>DHAKA</u> COUNTRY <u>BANGLADESH</u>		
EXAMINATION FOR DUTY AS : MASTER ☒ MATE ☐ ENGINEER ☐ RADIO OFF ☐ SEAMAN ☐		MAILING ADDRESS OF APPLICANT <u>HOUSE-17, ROAD-03, UTTARA. DHAKA</u>	

MEDICAL EXAMINATION														
HEIGHT <u>167cm</u>	WEIGHT <u>68kg</u>	BLOOD PRESSURE <u>120/80mm</u>	PULSE <u>78bts</u>	RESPIRATION <u>18m</u>	GENERAL APPEARANCE <u>Good</u>									
VISION:			HEARING:											
<table border="1"> <tr> <th></th> <th>RIGHT EYE</th> <th>LEFT EYE</th> </tr> <tr> <td>WITHOUT GLASSES</td> <td></td> <td></td> </tr> <tr> <td>WITH GLASSES</td> <td><u>6/6</u></td> <td><u>6/6</u></td> </tr> </table>				RIGHT EYE	LEFT EYE	WITHOUT GLASSES			WITH GLASSES	<u>6/6</u>	<u>6/6</u>	RIGHT EAR <u>NR</u> LEFT EAR <u>NR</u>		
	RIGHT EYE	LEFT EYE												
WITHOUT GLASSES														
WITH GLASSES	<u>6/6</u>	<u>6/6</u>												
COLOR TEST TYPE : BOOK ☒ LANTERN ☒ Check if color test is normal			YELLOW <u>NR</u> RED <u>NR</u> GREEN <u>NR</u> BLUE <u>NR</u>											
HEAD AND NECK <u>Normal</u>			HEART (CARDIOVASCULAR) <u>Normal</u>											
LUNGS <u>Normal</u>														
SPEECH : Is speech unimpaired for normal voice communication ? <u>Normal</u>														
EXTREMITIES: UPPER <u>Normal</u> LOWER <u>Normal</u>														
Is applicant suffering from any disease likely to be aggravated by, or to render him unfit for, service at sea or likely to endanger the health of other persons onboard? <u>NO.</u>														

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO :

AND HE / SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM

NAME AND DEGREE OF PHYSICIAN	<u>DR. MIR MD. RAIHAN</u>
ADDRESS	<u>Radical Hospital Limited</u> <u>UTTARA DHAKA</u>
NAME OF PHYSICIAN'S LICENSING AUTHORITY	<u>DR SHIPPING BANGLADESH.</u>
DATE OF ISSUE OF PHYSICIAN'S LICENSE	<u>06 MAY 2014.</u>
SIGNATURE OF PHYSICIAN	

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73)



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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: AMIN		GIVEN NAME (S): MOHAMMAD RAHUL	
DATE OF BIRTH: DAY 01 MONTH 12 YEAR 1967		PLACE OF BIRTH CITY DHAKA COUNTRY BANGLADE	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☒ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: HOUSE - 17, ROAD - 03, SECTOR - 13. UTTARA, DHAKA	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	—	656	☐ BOOK	
			☐ LANTERN	RIGHT EAR
			YELLOW	RED
LEFT EYE	—	646	GREEN	BLUE
				LEFT EAR

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐
(the visual test it is required every six years) 22 AUG 2023

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

Are glasses or contact lenses necessary to meet the required vision standards? YES ☒ NO ☐

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

22 AUG 2023

Signature of Applicant

Name of Applicant

Date _____

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

~~FIT FOR DUTY ON BOARD SHIP~~

NAME AND DEGREE OF PHYSICIAN:

ADDRESS:

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY:

DATE OF ISSUE PHYSICIAN'S CERTIFICATE _____

SIGNATURE OF PHYSICIAN _____

STAMP OF PHYSICIAN:

DATE: 22 AUG 2023

EXPIRY DATE OF CERTIFICATE:

21 AUG 2025

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)

BMDC A-55144, NMIC-BGD-016

DG Shipping Bangladesh Approved

General Physician





WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.

REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION

(Confidential Document)

Form : MHRS 08
Prepared by : MR
Approved by : MD
Issued : Feb '08
Revised : Mar '17

From : MOHAMMAD ROHUL AMIN, UNIVERSAL SHIPPING SERVICE
H-17, R-3, SECTOR-13, UTTARA, DHAKA.

(Please write Name, Address & Contact Details of Manning Centre)

RADICAL HOSPITAL LIMITED

To : Uttara, 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 which are stated below.

Date : **22 AUG 2023**

(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."

Rohul Amin

Seafarer's Signature

Date : **22/08/23**

Doctor's Signature

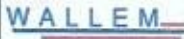
Date : **22 AUG 2023**

Original: Doctor & Copy : Manning Centre

Remark: The document to be uploaded into CMS under "Medical"



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

	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 (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7
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Pre-Sea Exam: ☐	Periodic Exam: ☐	Other: ☐
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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 _____ _____ _____	 	Fit to perform the duties he/she is to carry 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. ☐	Temporarily unfit to perform the duties he/she is to carry out. ☐	Permanently unfit to perform the duties he/she is to carry out. ☐
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To be filled by Manning Centres

Name, Address with Contact details of Manning Centre:			
Vessel to be assigned:	Routine & Emergency Duties (if known):	Position Offered/ Applied for:	
Type of vessel (Container, Tanker, Passenger etc):			
Trade area (e.g. Coastal, Tropical, Worldwide):	Cosatal ☐	Tropical ☐	WorldWide ☐

Part I - Examinee's Personal Declaration with Medical History (Examinee is to be answer the following to the best of examinee's knowledge) (Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details

Name of Examinee (Family/ last, first, middle):			
Home/ Permanent Address:	HOUSE - 17, ROAD - 03, SECTOR - 13, UTTARA DHAKA		
Mailing Address:	- Same -		
Date of birth (day/month/year):	01	12	1967
Sex:	MALE		
Place of Birth:	City: DHAKA	Nationality: BANGLADESHI	Rank: MASTER
Civil Status:	MARRIED		
Identity Docs/ Passport /Discharge Book No:	40/1518		

Is there any past / present history of any of the following	Examinee	Examiner's	Is there any past / present history of any of the following	Examinee	Examiner's
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04.2023.4640



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/IMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
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	Declaration		Record			Declaration		Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		✓		✓	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		✓		✓	Stomach / Bowel Disorders/ Digestive Disorder		✓		✓
Ear (Hearing, tinnitus) Problems / Impairment		✓		✓	Gall Stones/ Jaundice / Kidney Disorders		✓		✓
Mental Diseases, Breakdown / Sleep Disorder		✓		✓	Severe/ Frequent/ One Sided Headaches (Migraine)		✓		✓
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		✓		✓	Back / Joint Problems/ Wrist Problems/ Slipped Disc		✓		✓
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Balance Problem		✓		✓	Piles / Varicose Veins		✓		✓
Sinuses/ Nose/ Throat Problems		✓		✓	Allergies / Rash/ Skin Disease		✓		✓
Thyroid Problem		✓		✓	Female Disorders		✓		✓
High / Low Blood Pressure/ Blood Disorder		✓		✓	Major / Minor Operation/ Surgery		✓		✓
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		✓		✓	Contagious Diseases/ Gastrointestinal infection / Other Infections		✓		✓
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		✓		✓	Sexually Transmitted Disease/ Infections		✓		✓
Shortness of Breath		✓		✓	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		✓		✓
Rheumatic Fever		✓		✓	Diabetes		✓		✓
for Male Examinee	Yes	No	If "Yes", give details		for Female Examinee	Yes	No		
Prostate Problems/ Testicular Lumps		✓			Breast Lumps/ Menstrual Problems		✓		
Penile Discharge		✓			Pregnancy		✓		
Multiple Partners		✓			Multiple Partners		✓		
If "Yes", to any of the above, please explain:									

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		✓
Have you ever been hospitalized?		✓
Have you ever been declared unfit for sea duty?		✓
Has your medical certificate ever been restricted or revoked?		✓
Are you aware that you have any medical problems, diseases or illnesses?		✓
Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
Are you currently under a doctor's care/ medication?		✓
Are you allergic to any medications?		✓
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox		✓
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		✓



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
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Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		No
In the last one week have you consumed any of these Drugs/ Medication		No
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		No
Pain Killers, If Yes, Please State name of Drug Crocin/ Aspirin/ Fortwin etc.		No
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		No
Any Medicine/ Injections from your family Doctor		No
To What Extent Do You Use: Alcohol: <u>N/A</u> , Cigarettes: _____		
Tobacco: _____, Drugs: _____		
Are you taking any non-prescription or prescription medications?		
If yes, please list the medications taken and the purpose(s) and dosage(s).		
Date and contact details for previous medical examination (if known):		
Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).		
Family History :	Yes	No
Diabetes		No
Blood Pressure/ Heart Disease		No
Mental Illness/ Epilepsy/ Seizure		No
Cancer		No
If "Yes", to any of the above, please explain:		

Any other major conditions?	
Would you say that your health is: Excellent * Good * Fair *	
I <u>MUHAMMAD RAHIL AMIN</u> holding Passport/Seaman Book no. <u>9/01516</u> hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to	
Dr. _____ (the approved medical practitioner carrying out the medical examinations).	
Signature of Examinee:	<u>Rahil Amin</u> Date(day/month/year): <u>22/8/23</u>

Height in cms: <u>167</u>	Weight in Kg: <u>68</u>	Blood Pressure	Systolic <u>120</u> (mmHg)	Diastolic <u>80</u> (mmHg)
BMI: <u>24.3</u>	Temperatures: <u>98"</u>	Pulse Rate:	<u>78</u>	Respiratory rate <u>19</u>
Chest:	Insp: <u>41</u>	Rhythm:	<u>Regular</u>	General Condition
	Exp: <u>40</u>	Oral Health	<u>normal</u>	<u>Good</u>

Part II - Medical Examination

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 etc), then the seafarer in question MUST undergo a stress/ treadmill test.

If the results of the stress/ treadmill test are average or below, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways means to improve their health.

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
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(Confidential Document)

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BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

	Visual acuity						Visual fields		
	Unaided			Aided			Normal	Defective	
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular			
Distant				6/6	6/6	7			
Near				15	15				

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No

If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:		Type:	Book * <i>no</i> Lantern <i>no</i> Ishihara <i>no</i> CIE-43-2001 * <i>no</i>					
Check if colour test is Normal:	Yellow	*	Red	*	Green	*	Blue	*
Colour Vision:	Not tested	*	Normal	*	Doubtful	*	Defective	*

Hearing:

Pure tone and audiometry (threshold values in dB)							Speech and Whisper Test (Meters)		
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz	Normal	Whisper	
Right ear	20	20	20	20					
Left ear	20	20	20	20					

Speech (Deck/Navigation Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head			Varicose Veins		
Eyes			Vascular (Inc. Pedal Pulses)		
Eye Movement/Pupils			Abdomen and Viscera		
Ophthalmoscopy			Hernia		
Ears, Tympanic Membrane			Anus (Not Rectal Exam.)		
Sinuses, Nose, Throat			G-U System		
Mouth/Teeth/Gums			Upper & Lower Extremities		
Nervous System			Spine (C/S, T/S and L/S)		
Heart			Neurologic (Full Brief)		
Lung and Chest			Psychiatric		
Breast Examination			Pupils		
Skin			Musculoskeletal System		

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease			Hypertension		
Dysrhythmia/ Pacemaker			Congenital Heart Disease		
Valvular Heart Disease			Peripheral Circulation		
Cardiomyopathy			Pulmonary Circulation/ TB		
Aneurysms					
Chest X-ray (PA)	Not performed *				
	Performed * on (day/month/year):		Normal	Abnormal	
Result:					



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

Test:

Result:

Investigation:

Blood	Result	Normal	Urine	Result	Additional Tests	Result	Normal
Haemoglobin "Hb"	16.4 g/dl	13 - 18 gm/dl	Colour	Nil	(HbA1c)	5.5	4.0 % - 6.5 %
Total WBC count	9670	4,000 - 11,000 / cu.mm	Specific Gravity	1	RBS/ FBS (Blood test)	6.80	
Neu 65 %, Lym 24 %, Eos 02 %, Baso 0 %, Mo 02 %			pH	4	Total Bilirubin	0.50	0.1 - 1.0 mg/dl
Blood Group & Rh factor (tested only once, need not be repeated)			Albumin	1	Direct Bilirubin	ND	0.0 - 2.5 mg/dl
BI ESR	5.0	1 - 15 mm / hr	Sugar	1	Indirect Bilirubin	ND	0.0 - 0.75 mg/dl
Platelets	212000	1.50-4.00 Lakh/ul	Bile Pigment	1	SGPT	21	9 - 43 U/L
<u>Fasting Lipid Profile</u>			Bile Salt		SGOT	20	0 - 40 IU/L
S. Triglycerides	238	25-200 mg/dl	Occult Blood	1	SGGT	26	0 - 49 IU/L
Cholesterol Serum	210	130-220 mg/dl	RBC Cells	1	Blood Urea	ND	10 - 50 mg/dl
HDL Cholesterol Serum	46	35-65 mg/dl	Leucocytes	1	S. Creatinine	0.59	0.8 - 1.4 mg/dl
LDL Cholesterol Serum	143	85-150 mg/dl	<u>Stool Test</u>	<u>Result</u>	BUN	14.4	5-23mg/dl
VLDL Cholesterol Serum	ND	07-35 mg/dl	Bacteriological	ND	PSA	ND	Less than 4.00 ng/ml
Total / HDL Cholesterol	ND	3.0-5.0	Parasitical	ND	Malarial Parasite	ND	
LDL / HDL Cholesterol	ND	2.5-3.5	Others	ND	Uric Acid	4.6	2.4 - 7.5 mg/dl
Hepatitis B	Positive	Negative	HIV I & II	ND			
Hepatitis C	Positive	Negative	VDRL	ND			

Drugs: Method:

Results:

Detected	Amphetamines / Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	(1000 ng/ ml)	(200 ng/ ml)	50 ng/ ml	(300 ng/ ml)	
Not Detected	Amphetamines / Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids / Urine *	Cocaine / Urine *	Opiates & Morphine *
Spirometry	Normal	TMT	Normal	Drugs of Abuse	Negative
ECG	Normal	ECHO	Normal	Ultrasound (USG) of the Abdomen & Pelvis	Normal

Part III - Result of Medical Examination

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

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



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

In accordance with:
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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	/	
Psychological Test	/		Stress Test	/	
Visual Test	/		Diabetes	/	
Colour Vision	/		Ultrasound Examination (Presence of gall & Kidney Stones)	/	
Audiometry	/		Alcohol/ Drug Test	/	
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 satisfactory
- (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 is 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 will 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.

	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):

** Reasons for being unfit



WALLEM

**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
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Form: OHF 48
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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 _____ To _____ Place of medical
examination 22 AUG 2023 Date of medical examination: RADICAL HOSPITAL LIMITED Medical
certificate validity date (day/month/year): 21 AUG 2025 Name of Examiner (Please Print): Uttara, Dhaka, Bangladesh

(Validity should not be more than 2 years)

Degree: _____ Address: RADICAL HOSPITAL LIMITED
Tel./Fax/Email: Uttara, Dhaka, Bangladesh
Name of Medical Examiner/ Physician Certificate /License Issuing Authority:

Date of issue of Medical Examiner/Physician Certificate/ License: _____ Registration No.: _____

Rahim Amin
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-1/9 of STCW
Code and my obligations.)

Date: 22 AUG 2023

Original: Master & Crewing Dept
cc: Seafarer

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

Official Stamp & Signature with Govt. (DGS) Approval/

No. of Medical Examiner
DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.





Pioneer in Health Care



HOUSE # 52, GARIB-E-NEWAZ AVENUE, SECTOR-13, UTTARA, DHAKA-1230

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IBN SINA D. LAB & CONSULTATION CENTER, UTTARA

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 : UNIVERSAL SHIPPING SERVICES.

Parameter	Result	Reference Value
Red Blood Cells		
Haemoglobin	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
Total RBC	5.65 million/Cmm.	
ESR	6 mm (Auto Analyzer)	Men: 0-10, Women: 0-20
PCV/HCT	0.49 l/l	Men: 0.45 ± 0.05, Women: 0.41 ± 0.05
MCV	86.5 fl	92±9
MCH	29.0 pg	29.5 ±2.5
MCHC	33.5 g/dl	33.0±1.5
RDW-CV	12.7 %	12.8±1.2
White Blood Cells		
Total WBC	9,670 /Cmm.	Child: 5,000-15,000 Adult: 4,000-11,000 Infant: 6000-18,000 At birth: 10,000-25,000 50-500
Circulating Eosinophils	193 /Cmm.	
Differential Count		
Neutrophils	65 %	Child: 20-50 Adult: 40-75
Lymphocytes	28 %	Child: 40-75 Adult: 20-40
Monocytes	05 %	2-10
Eosinophils	02 %	2-6
Basophils	00 %	<1.0
Others	00 %	
Platelet Count:		
Total Platelet Count	2,12,000 /Cmm	1,50,000-4,50,000
MPV	13.1 fl	8.0-9.5

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.

IBN SINA D. LAB & CONSULTATION CENTER, UTTARA



BIOCHEMISTRY REPORT



ID No : U1167661

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

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

Name : MOHAMMAD ROHUL AMIN

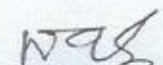
Age : 54 Y 3 M 13 D

Sex : M

Ref.By : UNIVERSAL SHIPING SERVICES.

Specimen : Blood

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/dl	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. Bilirubin (Total)	0.50 mg/dl	Adult: <1.00 Neonatal: 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 Child: 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


Md. Nasir Uddin

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

Age : 54 Y 3 M 13 D

Sex : M

Ref.By : UNIVERSAL SHIPING SERVICES.

Specimen : Blood

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

Parameter

Test Result

Reference Value

Anti-HCV

Negative

Cut off rate: 1.0

Sample rate: 0.06

HBsAg

Negative

Cut off rate: 1.0

Sample rate: < 0.10

HIV1&2Combo

Negative

Cut off rate: 1.0

Sample rate: 0.13

Rabiul Islam Talukder

Biochemist

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

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				

PARAMETERS

Blood Group(ABO)

Rh(D)

TEST RESULT

"B"

Positive

REFERENCE VALUE


Md. Shanul Islam

DMT(SMF), BSc(Hon's) Lab
Medical Technologist, Ibn sina D-Lab, Uttara.


Assoc. Prof. Dr. Sumaiya Khatun
MBBS, MD (BSMMU) (Gold medalist).
Laboratory Consultant.
Ibn Sina D.Lab, Uttara.

IBN SINA D. LAB & CONSULTATION CENTER, UTTARA

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 SHIPPING 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	Nil	Nil


M. Atiqur Rahman
DMT(SMF), Lab. Medicine
Medical Technologist, Ibn sina, 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

Parameter	Test Result	Reference Value
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

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Laboratory Consultant.

Ibn Sina D. Lab, Uttara.

IBN SINA D. LAB & CONSULTATION CENTER, UTTARA



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.

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)

COMMENT:

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

 15.09.2022

Dr. M. Baktyer Hossain
MBBS (CMC), PGT (P.G. Hospital)
Medical Director

