# 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-S	iea Exam: 🚺	Perio	dic Exam:		Othe	r: 🗌
Examination for d Master: Deck Officer: Eng Officer: Ratings: Cook: Other: Please specify	Y/N: Y/N: Y/N: Y/N: Y/N:		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.	Temporaril unfit to perform the duties he/sh is to carry ou	unfit to e perform the ne duties he/sh
	2 LTD.	(3)				
	O. NO. A	To be filled	by Manning Centres		120	
	ith Contact details of N					VICE O karwan Osomoonket
Vessel to be assigned:	HIGHWAY	Routine & Emergency Duties (if known):	Position Offered/ Applied for:			
	ntainer, Tanker,	- may (ii mioran)	PC	TC		
	oastal, Tropical,	Cosastal	Tropical [	The state of the s	WorldWi	ide 🗓
	ngful Act or misrepre	(Assistance should sentation/ suppression able for the consequent	be offered by media on of material fact(s	cal staff) s) of informatio	n or infringem	
Name of Examine	e (Family/ last, first, n	227.0(20%)	TSLAM	MALIN	MAHA DID	SAIFUL
Home/ Permanent	1	DIST: NOAKH		SOMPONE OF	LPS! SU	DHARAM.
Mailing Address:		Howse no. 6, 1	COAD: Centraka-1205	al road,	dhan mo	nd1. Hlat
Date of birth (day/	/month/year):	01 / 0	1 197	7 4 sex		Male
Place of Birth:	City: NOAK Country: BA	HALI NALADESH Nation	ality: BANGLA	ADESHI R	ank:	2/E
Civil Status:			Marrie	d		
dentity Docs/ Pass No:	sport /Discharge Book	1.8	DE 8500	3 es 6	ZNO! G	10/3150
Is there any past history of any of the		ninee Experimens	s Medical History  -2008 Opere any pa history of any of	st / present the following	Examinee	Examiner's

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Page: 2 of 7

#### (Confidential Document)

		De	claration	Rec	ord		Dec	laration	Re	cord
		Ye	s No	Yes	No	1	Yes	No	Yes	No
Loss of Consciousnes: / Head Injury / Dizzine Loss of Memory	ess /		V		V	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 / Tumo				V
Neuropsychiatric dise or Depression/ Suicid Tendency/ Psychosis			~		V	Stomach / Bowel Disorders, Digestive Disorder		V	7 - 6 - 7	V
Ear (Hearing, tinnitus) Problems / Impairmer			V		V	Gall Stones/Jaundice / Kidr Disorders	ney	V	V3.240	V
Mental Diseases, Breakdown / Sleep Dis			~		~	Severe/ Frequent/ One Side Headaches (Migraine)	d	V		V
Fractures / Dislocation Injury / Amputation / Restricted Mobility	ns /		~		~	Back / Joint Problems/ Wrist Problems/ Slipped Disc		V		V
Eye/Vision Problems (Whether using Glass Contact lenses)	es/		~		~	Hernia / Hydrocoele / Appendicitis		V		V
Balance Problem			V		~	Piles / Varicose Veins		V		-
Sinuses/ Nose/ Throat Problems			~		/	Allergies / Rash/ Skin Disea	se	V	210	~
Thyroid Problem			~		~	Female Disorders		V		V
High / Low Blood Press Blood Disorder	sure/		V		V	Major / Minor Operation/ Surgery				~
Heart Disease, Surgery Chest Pain/ Vascular Disease (inc. Pedal Pu			V		V	Contagious Diseases/ Gastrointestinal infection / Other Infections				V
Chronic Cough/ Asthma Bronchitis / Tuberculo			V		V	Sexually Transmitted Disease/Infections		V	mos.	2
Shortness of Breath			~		V	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		V		V
Rheumatic Fever			~		V	Diabetes		V		
for Male Examinee	Yes	No	If "Yes", gi	ve detai	ls		for Female E	kaminee	Yes	No
Prostate Problems/ Testicular Lumps		/					Breast Lump Menstrual P			
Penile Discharge		V					Pregnancy			dist
Multiple Partners		V	-				Multiple Par	tners		

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		V
Have you ever been hospitalized?		V
Have you ever been declared unfit for sea duty?		V
Has your medical certificate ever been restricted or revoked?		V
Are you aware that you have any medical problems, diseases?		IV.
Do you feel healthy and fit to perform the duties of your design are position/occupation?	~	IV
Are you currently under a doctor's care/ medication 3		V
Are you allergic to any medications? * (As PR: M. G-2000) **		1
Malaria, Typhoid, Viral fever (Dengue, Chikungunya義文), Chicken [成]		V
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscass)		V
Departition		

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

Page: 3 of 7

#### (Confidential Document)

Arthritic Spandylasis (O	steoarthritis, Rheumatoid) & Gout				
Maria Maria Control Co	you consumed any of these Drugs/ Med	dication			
	blets, Cold, Action 500 etc.	arcocion.			1
	e State name of Drug Crocin/ Asprir	/ Fortuin atc			~
	leptic Drugs, Nasal Drops etc.	i) rottwill etc.			1
	from your family Doctor			1/	
To What Extent Do You U		, Cigar	attac: 1\tr		
Tobacco:	Drugs:	ND, cigar	enes. W	-	
	rescription or prescription medicat	ions?			
	dications taken and the purpose(s		La succe 2 C Prova B+	0-1 Pillin-0	1404
	for previous medical examination		worth Hroad	- trub	IVI
Are you coming from or h	ave travèlled through high risk area	as? If yes, please me	ention the names of co	untries that you ha	ve
	of call in your last vessel).				
Family History:				Yes	No
Diabetes					V
Blood Pressure/ Heart D	isease			~	
Mental Illness/ Epileps	y/ Seizure				V
Cancer					1
If "Yes", to any of the ab	ove, please explain:				
Any other major condition	ins?	2			
Would you say that your	health is: Excellent * Good ≯Fair	*			
	, le	2 1 01	otor O harabu dada	re that I have ma	de full
MX MD SUIPUL	151AM holding Passport/Se	aman Book no.	be aware that the info	ormation supplied	by me
disclosure of all of my	medical history to the doctors and	stait of this cillic.	rer I understand the	at in the event	of any
forms the basis upon	which I will be offered emplo er by statement or omission I will I	ore the right to her	efit from sick nav and	/ or compensation	which
misrepresentation eith	er by statement or omission i will i e to me under the Contract of Emplo	ose the right to ber	Collective Bargaining	Agreement, I also	hereby
would otherwise be du	e to me under the Contract of Emplo records being made available upon	s domand to my em	alovers and / or the ow	mers and / or Insu	rers of
consent to my medical	records being made available upor orized representatives. I hereby als	o certify that the ne	rsonal declaration abo	ve is a true stater	nent to
the vessel or their auth	orized representatives. Thereby ars ge and I hereby authorize the releas	se of all my previous	medical records from	any health profess	ionals,
health institutions and	ge and i nereby authorize the rereas	ie or arr my pressess			
health institutions and	public authornes to				
n. miemD.	The approved medica	al practitioner carryi	ng out the medical exa	minations).	
01./01/1-01	Tune street			n 9 AUG 2023	
Signature of Examinee:	- Sam-	Date(day/r	nonth/year):	6.4 1100 2021	
Height in cms: 173	em Weight in Kg: 90	Blood Pressure	Systolic/20 (mmHg)	Diastolic 0	(mmHg)
	Temperatures: 18'	Pulse Rate:	20	Respiratory rate	1
BMI: 30	remperatures. 08	Rhythm:	78		7
Chest: Insp: 47	Exp; 101	Oral Health	asso	General Condition	90
190	111	ledical Examination		-	
	rut n - M	Editor English			**
			Males and the second	SEE SEE SEE	
The Company has set the		omnorarily unfit			
A seafarer with a BMI: 18 a	or below; or 30 or above is considered to ern Europe, the Indian subcontiner	nt Russia, Ukraine 8	Romania with a BMI o	f between 30 and	35 and
For seafarers from North	em curope, the indian subcontine	and the same of the same of	and the section and the	to physique with	broad

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 deathospy and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslip garbia etc.) the seafarer in question MUST undergo a stress/ treadmill test.

If the results of the stress/ treadmill test are average or above MUST always be counselled on weight loss and was a Department

or above farer can be considered "fit to work", however, the seafarer



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Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 4 of 7

(Confidential Document)

BMI MUST also be taken into consideration during the seafarer's pre-employment m

responsibili medical exa	ty of eac	h manning , the Com	g centre pany sta	to instr	uct the	eir accre	dited	clin	irls) to	ensure	thatae	antar	de DE	Al in tales	in die	ut 41
then seek fu	irther gui	dance from	n the Cre	wing D	ept.			-	ne min	is, the	manning	centre	must	ре попп	iea, v	who will
							A I SHOW									
-				Visual a	cuity				1 00				Visua	al fields		
	D: 1.	Unaide		100 7	alest and	-	ded			1			Norma	ol l	Defe	ective
	Right eye	Left eye	Binoci	32370 1176	Right	Left		Bino	cular		Right ey	e		1		
Distant	6/6	616	-	-	ye	eye	+	-	-	1	Left eye			-		
Near	15	N	-	7			1		HC 111		cere eye				-	
Are glasses of	or contact	lenses nece	ssam to	meet the	rooui	red vision	ctone	da ed 2	Vac / 5		)					
If yes, specif	y which ty	pe and for	what pur	pose:	requi	rea vision	stant	aiu:	res / r	40						
Colour vision:				X-000												
Date of last of vision test:	colour		_	Typ	ok *	lan	torn i		leb	ibaca s		15.42	2001 +	0.000.000		
Check if color	ur test is	Yellow		*		ed	tern «		1511	ihara +		JE-43-		$\overline{}$	_	T
Normal:		10.10			1 "		-		1.	Green	1.5	*	Blu	ie		
Colour Vision	:	Not tes	ted	*	N	ormal			*	Doub	tful	*	Def	fective		*
Hearing:									100-20-							
Pure tone and	d audio me	otny (throch	ald value	e in dD1				-			Curr	ala a sad	1411-1	T /s		
Audiometry	a dddio iii						4,00	00	6,000		Speech and		d Whisper Test (M Normal			whisper
27.22		Hz	Hz	Hz	1	-lz	Hz		Hz					.vormai		ee maper
Right ear		20	20	2	0 0	20					Righ	tear				
Left ear		20	ZX	12	0	70					Left	ear			-	
Hee d			Not	प्रताती <u></u>	Ab	norma!	-						Norma	راه	Abno	ormal
Head Eyes			-				-	-	e Vein	100	.11		-	1		
Eye Moveme	nt/Dunile		1	/	_		1			Pedal P Viscera			/	1		
Ophthalmos			/	/			-	rnia	en and	viscera		-	/	1		
Ears, Tympar		rane	-	1					lot Rec	tal Exam	n )	-	-/			
Sinuses, Nos			-				1	J Sys					-			
Mouth/Teeth			_	/_			-	_		Extrem	ities		-			
Nervous Syst	em		100	/			Spi	ne (	C/S, T/S	and L/	S)		/	3-304 2		
Heart			-	7			Ne	urol	ogic (Fu	II Brief	)_		-	7		
Lung and Che	the street was a second		-	7			Psy	/chia	tric				/	1		
Breast Exami	ination		N	m			Pup	oils		0.55			/			10
Skin			/ :				Mu	scul	oskele	tal Syst	em		/		mi/=	- 44
Cardiovascular	System:															
				Normal	2	Abnorm	nal	-					No	ormal	Abn	ormal
Ischaemic He				_	1	-		1	perten		. Di			-/-		-
Dysrhythmia, Valvular Hea			-	//	1	-				al Hear	t Disease	10	-	-	-	
Cardiomyopa	-	e	_	_/	1	-		Pu	Imona		ation/TE	2	-	//		
Aneurysms	шу	-	-	1/	/	S.Ho	Spile	- ru	monal	y GITCUI	edon/ 1E	***	-	-		700
		Not perfo	rmed *	//		ShaliHo	200	18			-	1		/		
Chest X-ray (P	A)	Performe		ay/mont	h/year	Fapor	MLL-M	061	[]		Normal			Abnorr	nal	
Result:						3/		1:5	1							

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

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Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 5 of 7

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Test:					Resu	lt:	-		
nvestigation:									
Blood		Result	Normal	U	Irine	Result	Additional Tes	ts Result	Normal
Haemoglo		24.5 g/dl	13 – 18 gm/ dl	Co	lour	Nil	(HbA1c)	6.8	4.0 % - 6.5 %
Total WE		10.060	4,000 - 11,000 / cu.mm	5,000,000	ecific avity	Nil	RBS/ FBS (Blo	8.6	
Neu 4.5 %	کر <b>ک</b> Lymp	%, Eos <b>3</b> % 0 <b>2</b> %	, Bos <u>0</u> %, Mo		рН	ari	Total Bilirub		0.1 - 1.0 mg/dl
Blood Group (	& Rin factor (	tested only once,	need not be	Alb	umin	mo	Direct Bilirub	and in	0.0 - 2.5 mg/dl
BLE	SR	0.5	1 - 15 mm / hr	Si	ugar	Nil	Indirect Bilirut	in m	0.0 - 0.75 mg/dl
Plate	lets	281000	1.50-4.00 Lakh/ul	Bile P	Pigment	m	SGPT	70	9-43 U/L
Fasting Lip	id Profile			Bile	e Salt		SGOT		0 - 40 IU/L
S. Triglyo	erides	126	25-200 mg/al	Occui	it Blood	Cull	SGGT	36	0 - 49 IU/L
Cholester	ol Serum	183	130-220 mg/dl	RBC	Cells	mas		34	
HDL Chalest	erol Serum	138	35-65 mg/dl	Leuc	ocytes	mas	Blood Urea	an	10 - 50 mg/dl
LDL Choleste	erol Serum	113	85-150 mg/dl	Stoc	ol Test	Result	S. Creatinine	0.76	0.8 - 1.4 rng/dl
VLDL Cholest	eroi Serum	m	07-35 mg/di	Bacter	rological	non	BUN	15	5-23mg/dl
Total/HDLC	holesterol	m	3.0-5.0	Para	sitical	(OV)	PSA	m	Less than 4.00 ng/ml
LDL/HDL Ch	olesterol	m	2.5-3.5	Ot	hers	1	Malarial Paras		
Hepatitis B	Positive	Negative		HIVI	811	regio	Uric Acid	mas	2.4 - 7.5 mg/dl
Hepatitis C	Positive	Negative		VDF		me	c -	11.0	
Drugs: Meti	hod:	regell	ie -		-				
Detected	Amp	Amphetamines/ Barbiturate/		Jrine * Marijuana, THC, Cannabinoids Urine *		Cocaine/ Urine *	Opiates & Mo	rphine *	
Cut Off Limit	(100	0 ng/ ml)	{200 ng/ ml}		50 ng/ r	nl	(300 ng/ ml)	The Park	
Not Detecte	d Amp	hetamines/	Barbiturate/ U	Jrine *		uana, THC,	Cocaine /	Opiates & Mo	rphine *

Part !!! - Result of Medical Exam

Cannabinoids /

Pelvis

Crugs of Abuse

Ultrasound (USG) of the Abdomen &

HOSDIE

Urine \*

Urine \*

Is applicant vaccinated in accordance with WHO requirements? Yes 7

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

Urine \*

Spirometry

ECG

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6 of 7

Page:

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In	4	+	. :	Le	

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

Action taken by medical examiner less referrall:

Examination	Results of the ex	amination	Examination	Results of the examinatio		
EXOMINATION	Pass	Fail	Examination	Pass	Fail	
Medical History			Fecalysis (food service/ handlers only)			
Physical Examination		4110	Hep B Antigen			
Dental Examination	1/2		Hep C Antibodies	10		
Psychological Test	1/1		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

This examinee is certified free of communicable disease (or viruses for cooks) Mes / 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/IMC/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 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 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:	*	* ^	*	8	_

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

\* This Medical Certificate is issued with following restrictors (e.g., see fic position, type of ship, trade area & other as

\*\* Reasons for being unfit

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Date: 18 Aug 21 Page: 7 of 7

(Confidential Document)

This is to certify MOHAMMAD SAIFUL IS be FIT for sea service/ look-out duty for the period fro examination Date  D	The same of the sa
certificate validity date (day/month/year): 08 AU	Name of Examiner (Please Print):
(Validates the	perid not be more than 2 years)
Degree:	Address:Address:
	Tel./Fax/Email: Utara, Dhaka, Bangladash
Name of Medical Examiner/ Physician Certificate /Lice	ense Issuing Authority:
N S STUDIOS NOS	Second Brown Bureau County
Date of issue of Medical Examiner/Physician Certifical	Le/License:Registration No.:
	4
- Jan	1000
Examinee's Signature	Official Stamp & Signature with Govt. (DGS) Approval/
This signature is affixed in the presence of the Medical Examiner	Noof Medical Examiner
print name of medical examiner if not legible) and I acknowledge, that	

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

Radical Hospitals Limited

0 9 AUG 2023 Date: Original: Master & Crewing Dept

Code and my obligations.)

cc: Seafarer

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

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/3 of STCW



	MEDICAL CERTIF	ICATE FOR PE	RSONNEL SERVICE ON	BOARD				
SURNAME:	#SLAM	GIVEN I	GIVEN NAME (S): MOHAMMAD SAIATUL					
DATE OF BIRTH: DAY O MONTH	01 YEAR 197		OF BIRTH COUNTRY BANGL	SEX				
POSITION ON BOARD MASTER DECK OFFICER ENGINEERING OFFIC RADIO OPERATOR RATING		MAILING How	ka-1205, flat-	ad. dhanmandi				
DECLARATION OF TH	HE AUTHORIZED PHYSICIA	AN						
	VISION		COLOR TEST TYPE	HEARING				
RIGHT EYE	WITHOUT GLASSES	WITH GLASSES	BOOK LANTERN	RIGHT EAST TO				
LEFT EYE	6/9	616	GREEN BLUE	CEFT EAR/NO				
Confirmation that identi	fication documents were che	ecked at the point of e	xamination: YES NO					
Hearing meets the stan	dards in STCW Code, Secti	on A-1/9? YES	NO NOT APLICAL	BLE []				
Unaided hearing satisfa	actory? YES NO		2					
Visual acuity meets star	ndards in STCW Code, Sect	tion A-1/9? YEŞ 🔲	NO 🗆					
(the visual test it is requipment of the last colour visual test in the last colour visual te	rision test: (Day/Month/Year enses necessary to meet th	0 9 AUG 2023						
Is applicant taking any r	non-prescription or prescript	ion medications? YES	□ NO □					
	n any medical condition likely other persons on board? YE		service at sea or to render the seafa	arers unfit for such service or to				
	om in knowledge of the cont	ents of the Physical Ex	xamination.					
	San M	2 GAMMAHO	MADE ISLAM	0 9 AUG 2023				
Signature of	of Applicant		Applicant	Date				
CIRCLE APPROPIATE ENGINEERING QEFIC	CHOICE: (HE / SHE) IS ER / RADIO OPERATOR / F	S FOUND TO BE (FRATING) (WITHOUT)	IT / NOT FIT) FOR DUTY AS /	(MASTER / DECK OFFCIER / STRICTIONS:				
		FOR DUTY ON	BOARD SHIP					
	OF PHYSICIAN; DRO OF PHYSICIAN; DRO S CERTIFICATING AUTHO SICIAN'S CERTIFICATE:	06	MANUALIONES	AN POBBIDED BANGLANBIZI VI				
SIGNATURE OF PHYS	SICIAL	STAMP	OF PHYSICIAN: SEAL HOSDIES	DATE: 0 9 AUG 2023				
EXPIRY DATE OF CER	RTIFICATE: U8	TOO LULJ	-0 18					
	This cer of the STCW Convent	ujicate is issued in com tion, 1978, as amended a	pliance with the requirements and the Maritime Dates, Convents	No.				
	DR. MIR. MD. R MBBS (DU), DFM, CCD (Birdem)	, PGT (Ophth)	Department					

BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited

#### MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT	FIRST NAME	+ MIDOLE
ISLAM	MOHAMMAD	INITIAL
DATE OF BIRTH OI OI 1974 PLACE OF BIRTH MONTH   DAY   1974 PLACE OF BIRTH	NOAKHALI COUNTRY BAN	NGLADESH
EXAMINATION FOR DUTY AS:  MASTER MATE MATE PROJECT PRO	MAILING ADDRESS OF APPLICANT 6, Central road, Filat than mondi, thaka-1 BANGILADESH.	no-B8
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EXTREMITIES: UPPER NOUMAL	LOWER /VOSUMU	2.
le applicant suffering from any disease likely to be aggravated by, or to	o render him unfit for, service at sea or likely to endanger the health of	of other persons onboard?
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION		
AND HE / SHE IS FOUND TO BE FIT FOR SEA SERVI	ICE FROM	
NAME AND DEGREE OF PHYSICIAN DRINNING ADDRESS	MD. PHIHAV MBBS.	DFM B
NAME OF PHYSICIAN'S LICENSING AUTHORITY DESCRIPTION	EMPRINA BANGUH	TOESTS.
DATE OF ISSUE OF PHYSICIAN'S LICENSE	SICHATUR	RE 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), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

# MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

# FOR DUTY ON BOARD SHIP

Last/Family Name		First & Middle /Given Name	* R	LTD Position applied for	1	
ISLAM MOHAN	OMBO SUNUL	MOHAMMADSALAVL	ISLAM	NO. NO 2/E		
Date of Birth	Sex	Nationality		D (Passport/Discharge book)	No	
01.01.1974	M	BANGLADESH		32004/0		150
standards of MLC 2006 Reg 1.2	2; STCW 2010&the gu ersonal declaration, m	ablishing his identity as per the docum idance for the conduct of medical ex- by clinical examination, the diagnostic	amination issued by the	and in compliance with the medic Directorate, as amended from tin	cal ne to ti	me.
(a) that the hearing meets th	e required standards t	for his rank:-			Xes	No
Unaided hearing is satisfa	actory				Yes	No
(b) Visual acuity meets the re	equired standards for	his rank			Yes	No
Colour Vision meets the th	he required standard				yes	No
that he is fit for look out of	duty				Xes	No
(c) that he needs visual aids	/ informed to carry spa	ares			Xes	No
(d) that he is taking regular to take same during his te		r does require			Yes	,NG
unfit for, service at sea or	likely to endanger the	ise likely to be aggravated by, or rend health of other persons on board ship tions* as mentioned below ving restrictions	erhim os		Yes	No
** Reasons for being unfit					200	
Physician Signature:  Physician Name Printed:	M88 BM DG	R. MIR. MD. RAIHAN S (DU), DEM. CCD (Birdem), PGT (Ophth) DC A-55144, MMC-BGD-016 Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	Clini	C Stamp		
	9 AUG 2023 0 8 AUG 2025	Radical Hospitals E-		Department		
			0-4-60			
Authorizing body of Me	edical Examiner: [	Directorate General of Shipping	, Govt.of Banglade	şn	0.7	
I acknowledge, that I have	been advised of the	e content of the medical certificat	e & of the rights for a	review and my obligations.		44
Seafarers signature with D	Date:-	Sipolar.				

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# WALLEM SHIPMANAGEMENT (INDIA) PVT. LTD.

## REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION

(Confidential Document)

From: CONIVERSAL SHIPPING SERVICES	
DHAKA BANGLAUESH	
(Please write Name, Address & Contact Details of Manning Centre)	~ 1
RADICAL HOSPITAL LIMITED	7
10: Photo Poorledach	
(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 asystated below	
Daten q AIVG 2029 No. A.55	٧.
(Name & Signature of Responsible Person from Manning Centre)	
Examinee's Details: Full Name: MOHEMMAD SAILUL ISLAM Address: Supharam, dist: Noakhali, BANGLAD	ESH
Date of Birth: 01-01-1974 Rank: 2/E Name of vessel to be assigned Columbia High	HW A
Type of vessel: PCTC Trade area: WOKLD WIDE	ואנייים
(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide):	
CDC No.:	
Position Offered Applied for : 2/E 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&! ☐ American Steamships P&I ☐ Others :	_
As per requirements of applicable Flag State :	
□ Liberian □ NIS □ Panamanian □ Marshali Islands □ Malta	
□ Danish □ ILO □ UK □ Others:	
Medical Examination Module (as applicable):	
FOR SEAFARERS: Please write any past medical history [Injury or Illness] in detail; any history of allers	gy 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 pedical condition	on(s)
will disqualify me from any employment benefits and claims."	-
Seafarer's Signature  Doctor's Signature	1
Seafarer's Signature Date: 0 9 AUG 2023  Date: 1 9 AUG 2023	
Original: Doctor & Copy : Manning Centre	
Remark: The document to be uploaded into CMS under 3 North 1900 2	

04.2023.4542



PHONE: 48115270-2, 48114040-1

E-mail : idic@ibnsinatrust.com Web : www.ibnsinatrust.com

# **IBVSINA DIAGNOSTIC**



Specimen: Blood

10

#### BIOCHEMISTRY REPORT



ID No

: D101850

Bill on :08/08/23, 07:20 AM Print. on : 08/08/23, 11:41 AM Deliv. on : 08/08/23, 05:00 PM

Name

: MOHAMMAD SAIFUL ISLAM

Age:49Y0M0D Sex:M

Ref.by

: Universal Shipping Services.

Collected on: 08/08/23, 10:30 AM

Received on: 08/08/23, 10:40 AM

Estimations are carried out by Vitros 5600/Dimension EXL 200/ Dimension EXL with LM/D-10

Parameter	Test Result	Reference Value	
* Plasma Glucose Random	8.86 mmol/L	<11.11	
HbA1C	6.8 %	Normal :<5.7 Prediabetes :5.7 to 6.4 Diabetes :>=6.5	
BUN	15.51 mg/dl	718	
* S. Creatinine	0.79 mg/dl	Male: 0.70-1.30 Female: 0.50-1.10 Child: 0.30-0.70	
* S. Uric Acid	6.66 mg/dl	Male: 3.70 - 7.70 Female: 2.50 - 6.20	
* S. Bilirubin (Total)	0.49 mg/dl	Adult: 0.30-1.20 Neonatal: 1.50-12.00	
* S. ALT (SGPT)	70 U/L	Adult Male: <45 Adult Female: <34	
S.AST (SGOT)	36 U/L	15-37	
S.Gamma GT	34 U/L	Male:15-85 Female:5-55	
S. Total Protein	7.27 g/dl	Adult: 6.40 - 8.20 Newborn: 4.40 - 7.60 Child: 6.00 - 8.00	
* Lipid Profile (Fasting)			
S. Cholesterol (Total)	183 mg/dL	<200	
S. Triglyceride	126 mg/dL	<150	
S. HDL Cholesterol	45 mg/dL	>40*	
Non-HDL-Cholesterol	138 mg/dL	<130	
S. LDL Cholesterol	113 mg/dL	<100	**
T.Cholesterol-HDL Ratio	4.07	Low risk:<4.0 High risk:>6.0	

<sup>\*</sup> ISO 15189:2012 accredited parameter.

Checked by

MD. NASIR TODIN SARKER B.Sc (Hons), M.Sc (Biochemistry &



PHONE: 48115270-2, 48114040-1

E-mail : idic@ibnsinatrust.com

Web : www.ibnsinatrust.com

# IBN SINA DIAGNOSTIC & IMAGING CENTER

SO 9001-2015 Certified



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#### HAEMATOLOGY REPORT

ID No :D101850

Bill on: 08/08/2023, 07:20 AM Print. on: 08/08/2023, 11:09 AM

Deliv. on :08/08/2023, 05:00 PM

Name : MOHAMMAD SAIFUL ISLAM

Age: 49 Y 0 M 0 D

Sex: M

Ref.by :Universal Shipping Services.

Specimen:Blood

Collected on: 08/08/2023, 07:47 AM Received on: 08/08/2023, 08:30 AM

Estimations are carried out by Automated Haematology Analyzer Sysmex XN2000 / XN1000 & checked manually,

Parameter	Result	Referance Value		
Red Blood Cells				
* Haemoglobin	14.5 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		
* Total RBC	5.06 million/Cmm.	Men: 5.0±0.5, Women:4.3±0.5		
ESR	11 mm (Auto Analyzer)	Men: 0-10, Women:0-20		
* PCV/HCT	0.44 1/1	Men: $0.45 \pm 0.05$ , Women: $0.41 \pm 0.05$		
MCV	86 fl	92±9		
MCH	29 pg	29.5 ±2.5		
MCHC	33 g/dl	33.0±1.5		
RDW-CV	14 %	12.8±1.2		
NRBC	0.0 %	0.0		
White Blood Cells				
* Total WBC	10,060 /Cmm.	Child: 5,000-15,000 Adult: 4,000-11,000		
Circulating Eosinophils	402 /Cmm.	Infant:6000-18,000Atbirth:10,000-25,000 50-500		
Differential Count				
Neutrophils	55 %	Child: 20-50 Adult: 40-75		
Lymphocytes	38 %	Child: 40-75 Adult: 20-40		
Monocytes	03 %	2-10		
Eosinophils	04 %	2-6		
Basophils	00 %	0-1		
Others	00 %	20.02		
Platelet Count:				
* Total Platelet Count	2,81,000 /Cmm	1,50,000-4,50,000		
MPV		1,00,000		

<sup>\*</sup> ISO 15189:2012 accredited parameter.



Md. Kamrul Islam

Medical Technologist (Lab.) Ibn Sina Diagnostic & Imaging Center DR. MAJ. MOHAMMAD HUMAYUN (RTD. MBBS, MCPS (Cl. Path), FCPS (Haematology)

Consultant Haematology Ibn Sina Diagnostic & Imaging Center



HOUSE # 48, ROAD # 9/A, DHANMONDI, DHAKA-1209, BANGLADESH

PHONE: 48115270-2, 48114040-1

E-mail : idic@ibnsinatrust.com

Web : www.ibnsinatrust.com

# BN SINA DIAGNOSTIC & IMAGING CENTER

ISO 9001:2015 Certified

10

### BLOOD GROUP REPORT

ID No Name : D101850

: MOHAMMAD SAIFUL ISLAM

: Universal Shipping Services.

Voucher Time:

08/08/2023, 07:20 AM

Reporting Time:

08/08/2023, 12:12 PM

Age: 49 Y 0 M 0 D

Sex: M

Ref.by Specimen

: Blood

...

**Test Result** 

"B" Rh(D) Positive

#### Parameter

Blood Group (ABO)

MD. ELIAS HOSSAIN

Medical Technologist Ibn Sina Diagnostic & Imaging Center



Dr. Md. Shahjahan Chowdhury

MBBS, MCPS,DCP(BSMMU) Consultant, Pathologist Ibn Sina Diagnostic & Imaging Center



PHONE: 48115270-2, 48114040-1

E-mail:idic@ibnsinatrust.com

Web : www.ibnsinatrust.com

# IBA SINA DIAGNOSTIC & IMAGING CENTER





ID. No

D101850

Received date: 8 Aug 2023

Printed date: 8 Aug 2023

Patient Name:

MOHAMMAD SAIFUL ISLAM

10:07AM Age: 49 y(s)

Exam

XR CHEST P/A VIEW DIGITAL

Sex: Male

Ref. By

Universal Shipping Services.

Thanks for your kind referral.

### Report:

### Chest X-Ray - PA View

Diaphragm

: Normal in position & outline.

Heart

Normal in TD & contour.

Trachea

: Normal in position.

Lungs

: Both lung fields are clear.

Bony thorax

: Apparently normal.

Δ Normal findings.

Prof. Dr. Md. Igbal Hossain

MBBS. DMRD, FCPS. Ex-Chairman

Department of Radiology & Imaging B.S.M. Medical University Consultant Radiologist

Ibn Sina Diagnostic & Imaging Center