



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel.: +880-2-333316214-6, Fax: +880-2-333310530

Accredited By : BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER: HS5943FF

MEDICAL EXAMINATION CERTIFICATE

ALDEA AND DATE OF BIRTH PASSPORT NUMBER SEAMANS BOOK NUMBER COS943 ATIONALITY: BANGLADESH SEX:	JRNAME		RIF	FIRST NA		ULLAH			MIDDLE NAME	AL BAKI	
Additional questions TIONALTY: BANGLADESH! SEX:	ACE AN	D DATE O	F BIRTH	PASSPOR	RT NUMBER	R			SEAMAN'S BOOK		
RMANENT HOME ADDRESS: CONTROL AZIGANJ, BALA KHAL-3611, CHANDPUR, BANGLADESH	CHAN	DPUR	13-Sep-1989	,	B00	045919					
RMANENT HOME ADDRESS: CONTROL AZIGANJ, BALA KHAL-3611, CHANDPUR, BANGLADESH	TIONAL	ITY: BA	NGLADESHI SEX :	Male	☐ Female	e VE	SSEL TY	PE: BUL	K CARRIER TRAD	ING AREA: W	ORLD W
Have you ever had any of the following conditions? Condition	RMANE	NT HOME	ADDRESS:			-		CONTAC	CT NUMBER :	0088 01717	
Have you ever had any of the following conditions? Condition	SIDDIID	HAZICAN	1 DALA KHAL 2644 C	HANDBUR	DANCI AD	ECH		DANK .		407 4007 5	NOINEE
Condition VES NO Eyel/vision problem	SIDPUK,	, HAZIGAN	J, DALA KHAL-3011, C	HANDFUK,	BANGLAD	гоп		RAINK :		151 A551 E	NGINEE
Condition VES NO Eyel/vision problem								374			
Eyelvision problem	Have yo	u ever had	any of the following con	ditions?							
Eyelvision problem		Condition		VES	NO	_	Conditio	on		VEC	NO
High blood pressure	-1					18					
Heart vascular disease		3 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -				3.3					5
4 Heart surgery		3 2 3 T	CALC.	2500	1	11140000					19
5 Varicose veins 6 Asthma/bronchitis 7 Blood disorder 8 Diabetes 8 Diabetes 9 Thyroid problem 10 Digestive disorder 11 Kidney problem 12 Skin problem 12 Skin problem 13 Allergies 13 Allergies 14 Infectious/contagious diseases 15 Hernia 16 Genital disorders 17 Pregnancy 17 Pregnancy 18 Jav you ever been signed off as sick or repatriated from a ship? 18 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 10 Do you feel healthy and fit to perform the duties of your designated position/occupation? 10 Dr. kir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disquality me from my employment, benefits and claims. FIT FOR DUTY ON BOARD SHIP			The state of the s		4	73-125				100	3
6 Asthma/bronchitis			79.300			222200000					
7 Blood disorder 8 Diabetes						1000000000					190
8 Diabetes						12000000					
9 Thyroid problem			rder			333	- 1000 To 1000 A 1000	50 00 00 TO COME TO SEC.	ns		σ,
10 Digestive disorder		Diabetes		2000		25	Depress	sion			19
13 Allergies	915712	Thyroid pro	oblem		B	1000000					
13 Allergies	10	Digestive of	disorder		П,	27	Loss of r	memory			0
13 Allergies	11	Kidney pro	blem		ď,	28	Balance	problem			
13 Allergies	12					29			S		म्पत्तिवत्त्वत्वत्त
15 Hernia	13				8	30	Ear/nose	e/throat pr	roblems		4
15 Hernia	14		contagious diseases		B	31					Π.
16 Genital disorders	15		3			17733235					n.
If any of the above questions were answered "yes", please give details. Additional questions Tyes Have you ever been signed off as sick or repatriated from a ship? Have you ever been hospitalised? Have you ever been declared unfit for sea duty? Have you ever been declared unfit for sea duty? Have 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? To you allergic to any medications? TIFOR DUTY ON BOARD SHIP Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Weight Warfan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims. Signature of Seafarer DICAL EXAMINATION Weight A Hearing by Audiometry Sight Adequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate		100000	orders			10.55					4
Additional questions YES 35						100					1
Additional questions YES 35 Have you ever been signed off as sick or repatriated from a ship? 36 Have you ever been hospitalised? 37 Have you ever been declared unfit for sea duty? 38 Has your medical certificate ever been restricted or revoked? 39 Are you aware that you have any medical problems, diseases or illnesses? 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? 41 Are you allergic to any medications? Comments: FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) If hereby authorize the release of all my previous medical records from any health professionals, health institutions and public author to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims. 36 Have you avare that you have any medical records from any health professionals, health institutions and public author to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims. 37 DICAL EXAMINATION Weight Hearing by Audiometry 38 Have you avare that you have any medical practical problems, diseases or illnesses? 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? 41 Are you allergic to any medical problems, diseases or illnesses? 42 Dr you allergic to any medical problems, diseases or illnesses? 44 Do you designated position/occupation? 42 Are you taking any non-prescription medical position/occupation? 44 Are you allergic to any medical problems, diseases or illnesses? 45 Dr you allergic to any medical problems, diseases or illnesses? 46 Do you allergic to any medical position/occupation? 47 Dr you allergic to any medical problems, diseases or illnesses? 48 Dr you allergic to a		- U - E		- Color			Fracture	sruisiocati	UIIS	LJ	L.
Have you ever been declared unfit for sea duty? Has your medical certificate ever been restricted or revoked? 39 Are you aware that you have any medical problems, diseases or illnesses? 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? 41 Are you allergic to any medications? FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) If hereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. The professional is true and any false statement disqualify me from my employment, benefits and claims. But and a provided medical practioner of the purpose of the pu					triated from	a ship?					A P
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? FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public author for Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims. Signature of Seafarer DICAL EXAMINATION Weight Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Left Adequate Inadequate Left Adequate Inadequate Adequate Inadequate Adequate Inadequate	37	Have you e	ever been declared unfit	for sea duty	?						0
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? FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims. Signature of Seafarer DICAL EXAMINATION Weight Height (cm) Bid Blood Pressure: Systolic 20 Diastolic 80 PULSE: Ear Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Left Adequate Inadequate Left Adequate Inadequate Left Inadequate Inadequate	38	Has your n	nedical certificate ever b	een restricte	ed or revoke	ed?					V
Do you feel healthy and fit to perform the duties of your designated position/occupation? Are you allergic to any medications? FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public author to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims. Signature of Seafarer DICAL EXAMINATION Weight Height (cm) Description of pressure: Systolic Description medications? Audiometry Hearing by Whisper Test Adequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate Inadequate							Inesses?				V
Are you allergic to any medications? FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) If hereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims. Signature of Seafarer DICAL EXAMINATION Weight Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Left Adequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate									pation?		
FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims. Signature of Seafarer DICAL EXAMINATION Weight Height (cm) BMO Blood Pressure: Systolic- 20 Diastolic 80 DULSE: Ear Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Left Adequate Inadequate Adequate Inadequate							pos		panon		J
42 Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health professionals, health professionals, health professionals, health professionals, health professionals, health											
42 Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize the release of all my previous medical records from any health professionals, health institutions and public authorize to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims. Signature of Seafarer DICAL EXAMINATION Weight Hearing by Audiometry			FIT	FOR DU	YONBO	DARD	SHIP				
If yes, please list the medications taken and the purpose(s) and dosage(s) I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public author. Or. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, beriefits and claims. Signature of Seafarer DICAL EXAMINATION Weight Hearing by Audiometry Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Inadequate Inadequate Adequate Inadequate Adequate Inadequate	42	Are you tal								- 0	A
I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorize to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims. Signature of Seafarer DICAL EXAMINATION Weight Height (cm) BMD Blood Pressure: Systolic- 20 M Diastolic 80 M PULSE: Ear Hearing by Audiometry Audiometry Hearing by Whisper Test Right Adequate Inadequate Left Adequate Inadequate I hadequate Inadequate Adequate Inadequate	- In the second second							100	and the same		-
to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims. Signature of Seafarer DICAL EXAMINATION Weight Height (cm) BMD Blood Pressure: Systolic- 20 M Diastolic 80 M PULSE: Ear Hearing by Audiometry Audiometry Hearing by Whisper Test Right Adequate Inadequate Left Adequate Inadequate Inadequate Inadequate	ii yes, pi	ease list till	: inedications taken and	the purpose	c(s) and dos	sayc(s)					
to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.											
to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.							(4)				415
to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement disqualify me from my employment, benefits and claims.	hereby	authorize th	ne release of all my prev	vious medica	l records fro	om anv	health pro	ofessionals	health institution	s and nublic auth	orities
Signature of Seafarer DICAL EXAMINATION Weight Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Left Adequate Inadequate Inadequate Inadequate Adequate Inadequate Adequate Inadequate											
Signature of Seafarer DICAL EXAMINATION Weight											
Signature of Seafarer DICAL EXAMINATION Weight	-	2 .	,								
Signature of Seafarer DICAL EXAMINATION Weight	-	Domen.	200								
Weight Height (cm) BNO Blood Pressure: Systolic 20 M Diastolic 80 M PULSE: Ear Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Inadequate Inadequate Adequate Inadequate				•							
Weight Height (cm) BNO Blood Pressure: Systolic Dimy Diastolic 80 PULSE: Ear Hearing by Audiometry	DICAL F	-									
Ear Hearing by Audiometry Audiometry Hearing by Whisper Test Right Adequate Inadequate 500 1000 2000 3000 Adequate Inadequate Left Adequate Inadequate Inadequate				0.000	Diese De		estalia IN	20 ma	Single Of Man	A DUILOR	70
Right ☐ Adequate ☐ Inadequate 500 1000 2000 3000 ☐ Adequate ☐ Inadequate ☐ Inadequate ☐ Inadequate ☐ Inadequate	vveight	419	- Height (cm)/ X//	RINGO!	/Blood Pres	sure: S	stolic-	Comy 1	Diastolic & C	PULSE:	1 8
Right ☐ Adequate ☐ Inadequate 500 1000 2000 3000 ☐ Adequate ☐ Inadequate ☐ Inadequate ☐ Inadequate ☐ Inadequate	Ear	Hearin	a by Audiometry	10	Audiome	etry		Hear	ing by Whisner Te	st	
Left ☐ Adequate ☐ Inadequate				500	-	-	0000	_	The state of the s		
				500	1000 20		-000				
NVA	LCIL	- Auequ	Jato L madequate		NIC	7	AL PLANTED	Li ride	rquate Li made	quality	

r STCW Co	Left eye ard laid do ODE Secti	wn in STCW C	ode s	Nor FE		9	Right e	e NO	Norma Defi	/		efective
the standar STCW Covision test:	ard laid do ODE Secti	wn in STCW Coion A-I/9: //month/year) Normal At	ode §	Nor FE	ion A-1/9	9	Left ey	e NO	7	/		
r STCW Covision test:	ODE Secti	wn in STCW Coion A-I/9: //month/year)	ode \$	Nor FE	ion A-1/9	9	Left ey	e NO	□ Defe	ective	9	
r STCW Covision test:	ODE Secti	ion A-I/9. /month/year) Normal At	10,	Nor FE	mal		JES I	NO	□ Defe	ective	9.	
r STCW Covision test:	ODE Secti	ion A-I/9. /month/year) Normal At	10,	Nor FE	mal				□ Defe	ective	9	
vision test:		/month/year)	10	FE	3.50		Double -	ui	L. Den	ective		
at	Date (day	Normal - At	onorr		R Zuza							
				nal								
				nal								-
			ш		1.00000000		10000-000				Normal	Abnorma
		-	51.75				e veins				9	
							r (inc. pedal					
		4				5500	n and viscer	а			19	D
					Hen	nia						
ne		19				2000	ot rectal exar	n)			13	
		13			G-U						B	
		E,					nd lower extr				3	
											B	
		ď										
		N										
		NER	1000								100000	
		101	27.02				арреаганов					
		У.	List.		OKII	95						Ш
ARY EXA	MINATION									1 10	30	
12	MO	BIO CHEMI	CAL	(UV	ER FUN	VCTI	ON TEST)	Marijuana			ositive D	Negative
N	mo	BILIRUBIN			0	. >	>	Alcohol Test				Negative
DD R/E		SGPT			1	1	1	URINE R/E		-	1	Mar
	200		- 12		00	0			-	THE	RS	110
	1	PT-803-007-1703	GAN	ID A	LCOHO	N TO	EST	HRsAn	1			Nonreaction
	2:5		O AN			1	A3331011	-	net.			
EN)	7	The second secon		_	_	_			est	_	and the second second	
9	000	The state of the s	_			_		3372.337				
COSE LEV	/EL										A+(VE)
2	7	Barbiturates		-	77.7	_				4	1/1	40
15	.4%	Cocaine			Positive		Negative	Others(KUB	Ultraso		N	IE
am in know	ledge of ti	he contents of t	the P	hysi	cal exan	ninat	tions:				10 5	B 2023
				ARD	ШІАН	ΔΙ	BAKI ARIE				1071	TO TOTO
		_	,	_		_				-	-	oto
					name of	500	aiarer	-			- 1	Date
	ersonal de	claration, my cli					0	Not fit for	lookou		ies	
	Dec	k service		1	Engine s	servi	de		ervice		Oth	er services
						17						
						7.1					La T	
				_								
thous south	ictione		П		(AEH	h ro-	trictions			- 1/2		
ithout restri	ictions	4			With	h res	strictions		18.9			
	DD R/E DD R/E Nt) HGB) HGB) HCOSE LEV	ARY EXAMINATION DD R/E DD R/E HGB) JCOSE LEVEL STORY	ARY EXAMINATIONS BIO CHEMI BILIRUBIN DD R/E SGPT TO RU BILIRUBIN DD R/E SGOT HGB) Amphetamine ICOSE LEVEL Phencyclidine Barbiturates Cocaine am in knowledge of the contents of the conte	ARY EXAMINATIONS BIO CHEMICAL BILIRUBIN DO RIE SGPT THOSE T	ARY EXAMINATIONS BIO CHEMICAL (LIVE BILLIRUBIN DO R/E SGPT DRUG AND A SGPT DR	ARY EXAMINATIONS BIO CHEMICAL (LIVER FUND BILIRUBIN DO R/E SGPT DRUG AND ALCOHOLOGIEN) BIO CHEMICAL (LIVER FUND BILIRUBIN DO R/E SGPT DRUG AND ALCOHOLOGIEN) Morphine Positive Positive Positive December Decem	ARY EXAMINATIONS BIO CHEMICAL (LIVER FUNCT) BILIRUBIN DD R/E SGPT TO ROBER SGOT BOOK AND ALCOHOL TO Positive DO Amphetamine Positive DO Amphetam	Neurologic (full brief) Psychiatric General appearance Skin BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN DD R/E SGPT TO POSITIVE Negative Negative Negative Negative Negative Negative Negative Negative Negative Negati	Neurologic (full brief) Psychiatric General appearance Skin BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN BILIRUBIN Alcohol Test URINE R/E NOT BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN Alcohol Test URINE R/E NOT BILIRUBIN Alcohol Test URINE R/E Negative HIV / AIDS TO Regative HIV / AIDS TO Regative HIV / AIDS TO Regative Positive Negative Negative Psychologica Positive Negative Negative Others(KUB) ABDULLAH AL BAKI ARIF Name of Seafarer Service at sea: minee's personal declaration, my clinical examination and the diagnostic test results Fit for lookout duties Deck service Engine service Catering se	Neurologic (full brief) Psychiatric General appearance Skin BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN DO RIE SGPT URINE R/E Not philo SGOT Amphetamine Positive Negative	Neurologic (full brief) Psychiatric General appearance Skin ARY EXAMINATIONS BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN BILIRUBIN DO RIE SGPT URINE R/E 1) SGOT OTHE BIGB) DRUG AND ALCOHOL TEST HBsAg BIN DRUG AND ALCOHOL BIL DRUG AND ALC	Neurologic (full brief) Psychiatric General appearance Skin BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN BILIRUBIN BILIRUBIN BILIRUBIN Alcohol Test Positive SGPT URINE R/E DRUG AND ALCOHOL TEST HBsAg Reactive EN) Amphetamine Positive Negative Negative Negative VDRL Reactive Reactive Negative Psychological Exam Positive Negative Negative Positive Negative Negative Positive Negative Negative Psychological Exam Negative Neg

	MEDICAL CER	TIFICATE	FOR F	PERSONNEL	. SERVIC	E ON BOARE)	
SURNAME: ARIF			GIVE	N NAME (S):	ABDULLAH	AL BAKI		-
DATE OF BIRTH:			PLACE	OF BIRTH	-		SEX	
DAY 13	MONTH 9 YEAR	1989	CITY	CHANDPUR (COUNTRY	BANGLADES	Total Control	AI E
POSITION ON BOAR		100,000,00		G ADDRESS O	MANAGEMENT OF THE PARTY OF THE	Control of the Contro	MALL FEW	NLL.
MASTER		- 1		ALLABAGH, HA				
DECK OFFICER		1		LA-1209, DHA				
ENGINEERING OFFI	CER						-	
RADIO OPERATOR								
RATING		NAMES OF A	ä					
DECLARATION OF T	HE AUTHORIZED PHYSIC	CIAN						
	VISION			COLOR TE	ST TYPE		HEARING	
	WITHOUT GLASSES	WITH GLAS	SSES	ВООК	_			
RIGHT EYE	_	6/6	6	YELLOW YELLOW		RIGHT EAR	w.	
LEFT EYE		616	2	GREEN M	BLUE W	REFT EAR	m	
Confirmation that iden	tification documents were	checked at the	point of					
	ndards in STCW Code, Se	A STATE OF THE PARTY OF THE PAR	-		NOT APLICA	RI E		
	1	C0011 74-1134-1	LO	NO I	NOT AFLICA	DLE		
Unaided hearing satis								
	andards in STCW Code, S	THE STATE OF THE S		NO				
Colour vision meets st	andards in STCW Code, S	Section A-1/9?	YES	NO				
(the visual test it is rec	uired every six years)							
Date of the last colour	vision test: (Day/Month/Ye	ear)	FEB 2	023	7			
Are glasses or contact	lenses necessary to meet	the required vi	ision star	ndards? YES	NO			- 100
Able for watchkeeping	2-YES NO				2327			
Is applicant taking any	non-prescription or prescri	intion medication	ons? YE	s NO	zifa:			
Is the seafarer free fro	m any medical condition lik other persons on board?	kely to be aggra	201 287		r to render the	e seafarers unfit for	such service or to	
Hereby I declare that I	am in knowledge of the co	ontents of the P	hysical I	Examination.				
[ii]		ABDULLAH	AL BA	KI ARIF				
Znolom	Son The						1 0 FEB 2023	
Signature of	Applicant /	Name of	Applica	nt -		Date		
CIRCLE APPROPIA ENGINEERING OF	ATE CHOICE: (HE / SHE FICER / RADIO OPERA FIT	TOR / RATIN	IG) (WI	(FIT / NOT FIT) THOUT ANY / V SOARD SHIP	FOR DUTY VITH THE F	' AS A (MASTER OLLOWING) RE	R / DECK OFFCIE STRICTIONS:	R/
NAME AND DEGREE	OF PHYSICIAN: DR. MIR	MD. RAIHAN;	M.B.B.S	(D.U.), REG. NO.	A-55144			
ADDRESS: REDICAL	HOSPITALS LIMITED, U	TTARA, DHAK	A-1230.					
NAME OF PHYSICIAN	S CERTIFICATING AUTH	HORITY: BANG	SLADES	H MEDICAL AND	DENTAL CO	UNCIL (B.M.D.C.)		
DATE OF ISSUE PHY	SICIAN'S CERTIFICATE:	96-MAY-2014						
	- (2	_			Cal Hosp	tolo		
SIGNATURE OF PHY	SICIAN:		STAMP	OF PHYSICIAN:	SCON HOSE	2006	DATE: 10 FEB 2	023
EXPIRY DATE OF CE	RTIFICATE:	0 9 FE	3 2025		9		The House	
				compliance with th				
	of the STCW Conve	12/21/11/11/2	s amende	ed and the Maritin	ne Labour Co	Invention, 2006.		
	MBBS (DU), DFM, CCD (Birde	m), PG1 (Option)						
	DG Shipping Banglade General Physi Radical Hospitals	ician						





Id No Date: 10-Feb-2023 D.Date: 10-Feb-2023 : 0275

Age: 33Y 4M 28D Gender: Male Patient's Name: ABDULLAH AL BAKI ARIF

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5943

Haematology Report

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

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)	16.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.	
ESR(Westergreen)	07 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	9,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)			and Hall
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %	.41
Lymphocytes	36 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %	WBCCURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	
Total Cir. Eosinophils	180 /cumm	50-450/cumm	
Total RBC Count	6.35 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	44.1 %	M: 40-54%, F:37-47%	L
MCV	69.4 fL	76 - 94 fL	h,
MCH	25.7 pg	27 - 32 pg	III)
MCHC	37.0 g/dL	29 - 34 g/dL	RBC CURVE
RDW	14.4 %	11 - 16 %	
PDW	15.1 fL	35 - 56 fl	
Total Platelete Count (PC)	2,19,000 /cumm	150,000-450,000/cumm	
MPV	8.9 fL	7.0 - 11.0 fL	
PCT	0.195 %	0.1 - 0.%	l.
Bledding Time(BT)	%	10 - 18 %	lh.
Cloting Time(CT)	%	0.1- 0.2 %	PLT CURVE

Checked By

Medical Technologist

Dr. Sumaiya Khatun MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology East West Medical College & Hospital.



Bill No	DIA23020275	Received Date	10/02/2023
Patient's Name	ABDULLAH AL BAKI ARIF		
Patient's Age	33Y 4M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5943
Sample	BLOOD		-

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	28 U/L	Up to 37 U/L
Blood Sugar Random (RBS)	5.1 mmol/L	<7.8 mmol/L
Blood Odgar Kandolli (KBS)	5.1 IIIIIIOI/L	<7.6 mmonL
HbA1C	5.4 %	4.2 - 6.7 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

And in the state of

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun BBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA23020275	Received Date	10/02/2023
Patient's Name	ABDULLAH AL BAKI ARIF		
Patient's Age	33Y 4M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5943
Sample	BLOOD		

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative	
VDRL	Non-reactive	
HBsAg (Method: (ICT)	Negative	

BLOOD GROUPINGResult		
ABO Blood Group	"A" (+ve)	
Rh(D)Factor	Positive	

Checked By

Medical Technologis Radical Hospitals Ltd.

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





Bill No	DIA23020275	Received Date	10/02/2023
Patient's Name	ABDULLAH AL BAKI ARIF		1
Patient's Age	33Y 4M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5943
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun

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

RADICAL HOSPITAL

Print: 10/02/2023

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23020275 Receive:10/02/2023

Patient's Name : ABDULLAH AL BAKI ARIF

Age : 33 Yrs Sex : M

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart : Normal in T.D.

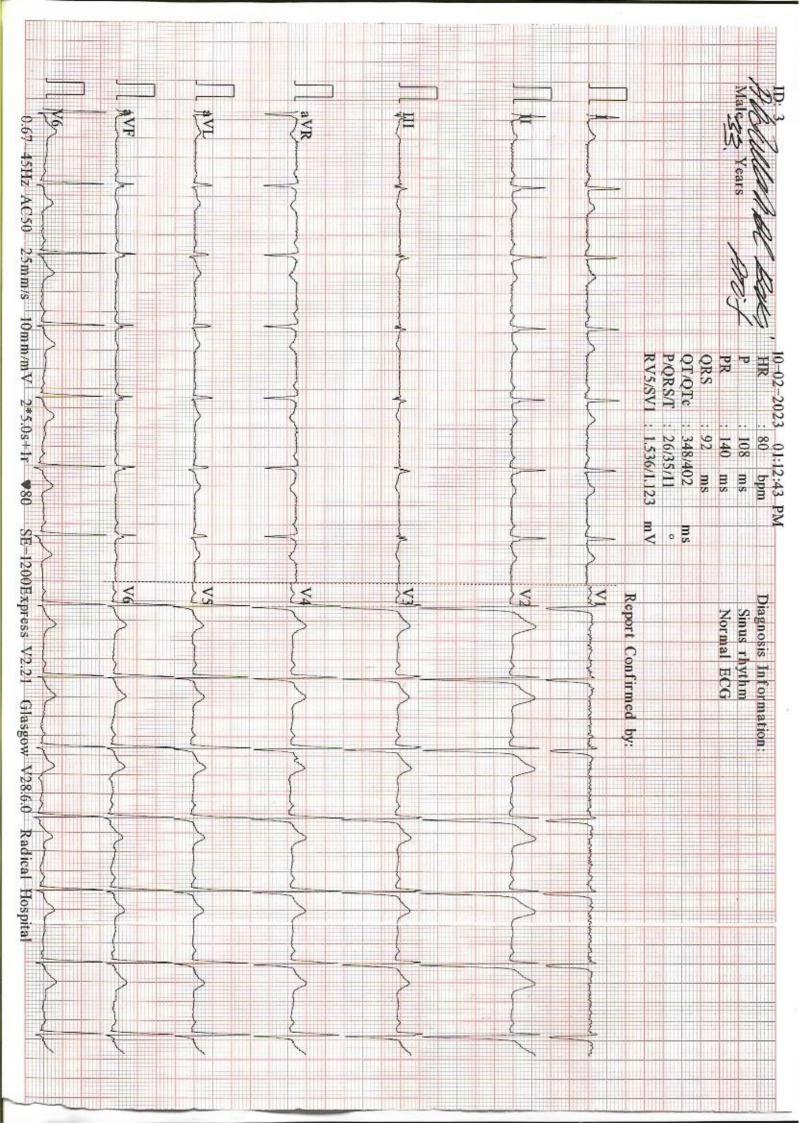
Lung ields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital





REF: MV. DAISY GLORY

DATE: 10/02/2023

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: ABDULLAH AL BAKI ARIF RANK: 1A/ENG CDC NO: C/O/5943

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

616

NORMAL / BLIND

OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows ABDULLAH ALBAKI ARUF (C/0/5943)

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of Vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
O STATE OF THE PARTY OF THE PAR	DR. MIR. MD. RAIHAN M68S (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals, Limited	TEVER LAND OF THE PROPERTY OF	S, Shah Meldridum Avenue Witsen, Otheka
2			
3			3 4
4	\$100 m 20 m 30 m 120 m 1	(Courteset)	

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination. 14W 650 125-6

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 13-56P-1989 Sex MALE
ABDULLAH AL BAKE ARSF (C/0/5943)

has on the date indicated been vaccinated or revaccinated against Cholera

Approved Stamp		Signature and Professional status of vaccinator	Date
	35, Sheh Melibdem Avenus Uttern, Oheka	DR. MHR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdam), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	Date 148
			2
4	3		3
mp z Lasusujoi			4
of of the property of the		Chicket the continues will as end to a result of a res	5
			6
. 8	7		7
			8

Continued overleaf Suite our erso