



# HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.  
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Accredited By : BMD  
Accreditation No. A55144

PATIENT CONTROL NUMBER:  
H1103

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                 |                                              |                                       |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------|
| SURNAME<br><b>AHMED</b>                                                                                         | FIRST NAME AND<br><b>MD</b>                  | MIDDLE NAME<br><b>ISTIAK</b>          |
| PLACE AND DATE OF BIRTH<br><b>DHAKA 7-Aug-1994</b>                                                              | PASSPORT NUMBER<br><b>EB0510087</b>          | SEAMAN'S BOOK NUMBER<br><b>CO8597</b> |
| NATIONALITY : <b>BANGLADESHI</b> SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | VESSEL TYPE : <b>BULK CARRIER</b>            | TRADING AREA : <b>WORLD WIDE</b>      |
| PERMANENT HOME ADDRESS :<br><b>48/20 VAGOLPUR LANE, NEW MARKET, HAZARIBAGH, DHAKA, BANGLADESH</b>               | CONTACT NUMBER :<br><b>0088 01894-792424</b> | RANK :<br><b>SECOND OFFICER</b>       |

Have you ever had any of the following conditions?

| Condition                         | YES                      | NO                                  | Condition                   | YES                      | NO                                  |
|-----------------------------------|--------------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|
| 1 Eye/vision problem              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18 Sleep problems           | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2 High blood pressure             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19 Do you smoke?            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Heart/vascular disease          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20 Operation/surgery        | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4 Heart surgery                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21 Epilepsy/seizures        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Varicose veins                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 Dizziness/fainting       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Asthma/bronchitis               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23 Loss of consciousness    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Blood disorder                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24 Psychiatric problems     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Diabetes                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25 Depression               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Thyroid problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26 Attempted suicide        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Digestive disorder             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27 Loss of memory           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Kidney problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28 Balance problem          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 Skin problem                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29 Severe headaches         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Allergies                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 Ear/nose/throat problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 Infectious/contagious diseases | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31 Restricted mobility      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Hernia                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32 Back problems            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Genital disorders              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33 Amputation               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Pregnancy                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34 Fractures/dislocations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If any of the above questions were answered "yes", please give details.

### Additional questions

| Question                                                                                     | YES                                 | NO                                  |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 35 Have you ever been signed off as sick or repatriated from a ship?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

42 Are you taking any non-prescription or prescription medications?

☐ YES ☒ NO

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 authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

### MEDICAL EXAMINATION

| Weight <b>70 kg</b>                                                                                                                                                                                                                                                                        | Height (cm) <b>167</b>                                                | BMI <b>25.0</b>       | Blood Pressure: Systolic <b>110 mmHg</b> Diastolic <b>80 mmHg</b> | PULSE: <b>78 bpm</b> |                                                                       |      |                                                                       |                                                                                                                                                            |  |            |  |     |                |            |  |                                                                                                                                                                                                                                                                                                         |                         |  |                                              |                                     |                                              |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------|------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--|-----|----------------|------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|----------------------------------------------|-------------------------------------|----------------------------------------------|-------------------------------------|
| <table border="1"> <tr><th colspan="2">Hearing by Audiometry</th></tr> <tr><td>Right</td><td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td></tr> <tr><td>Left</td><td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td></tr> </table> |                                                                       | Hearing by Audiometry |                                                                   | Right                | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | Left | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <table border="1"> <tr><th colspan="2">Audiometry</th></tr> <tr><td>500</td><td>1000 2000 3000</td></tr> <tr><td colspan="2"><b>N/A</b></td></tr> </table> |  | Audiometry |  | 500 | 1000 2000 3000 | <b>N/A</b> |  | <table border="1"> <tr><th colspan="2">Hearing by Whisper Test</th></tr> <tr><td><input checked="" type="checkbox"/> Adequate</td><td><input type="checkbox"/> Inadequate</td></tr> <tr><td><input checked="" type="checkbox"/> Adequate</td><td><input type="checkbox"/> Inadequate</td></tr> </table> | Hearing by Whisper Test |  | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| Hearing by Audiometry                                                                                                                                                                                                                                                                      |                                                                       |                       |                                                                   |                      |                                                                       |      |                                                                       |                                                                                                                                                            |  |            |  |     |                |            |  |                                                                                                                                                                                                                                                                                                         |                         |  |                                              |                                     |                                              |                                     |
| Right                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |                                                                   |                      |                                                                       |      |                                                                       |                                                                                                                                                            |  |            |  |     |                |            |  |                                                                                                                                                                                                                                                                                                         |                         |  |                                              |                                     |                                              |                                     |
| Left                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |                                                                   |                      |                                                                       |      |                                                                       |                                                                                                                                                            |  |            |  |     |                |            |  |                                                                                                                                                                                                                                                                                                         |                         |  |                                              |                                     |                                              |                                     |
| Audiometry                                                                                                                                                                                                                                                                                 |                                                                       |                       |                                                                   |                      |                                                                       |      |                                                                       |                                                                                                                                                            |  |            |  |     |                |            |  |                                                                                                                                                                                                                                                                                                         |                         |  |                                              |                                     |                                              |                                     |
| 500                                                                                                                                                                                                                                                                                        | 1000 2000 3000                                                        |                       |                                                                   |                      |                                                                       |      |                                                                       |                                                                                                                                                            |  |            |  |     |                |            |  |                                                                                                                                                                                                                                                                                                         |                         |  |                                              |                                     |                                              |                                     |
| <b>N/A</b>                                                                                                                                                                                                                                                                                 |                                                                       |                       |                                                                   |                      |                                                                       |      |                                                                       |                                                                                                                                                            |  |            |  |     |                |            |  |                                                                                                                                                                                                                                                                                                         |                         |  |                                              |                                     |                                              |                                     |
| Hearing by Whisper Test                                                                                                                                                                                                                                                                    |                                                                       |                       |                                                                   |                      |                                                                       |      |                                                                       |                                                                                                                                                            |  |            |  |     |                |            |  |                                                                                                                                                                                                                                                                                                         |                         |  |                                              |                                     |                                              |                                     |
| <input checked="" type="checkbox"/> Adequate                                                                                                                                                                                                                                               | <input type="checkbox"/> Inadequate                                   |                       |                                                                   |                      |                                                                       |      |                                                                       |                                                                                                                                                            |  |            |  |     |                |            |  |                                                                                                                                                                                                                                                                                                         |                         |  |                                              |                                     |                                              |                                     |
| <input checked="" type="checkbox"/> Adequate                                                                                                                                                                                                                                               | <input type="checkbox"/> Inadequate                                   |                       |                                                                   |                      |                                                                       |      |                                                                       |                                                                                                                                                            |  |            |  |     |                |            |  |                                                                                                                                                                                                                                                                                                         |                         |  |                                              |                                     |                                              |                                     |
| Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                  |                                                                       |                       |                                                                   |                      |                                                                       |      |                                                                       |                                                                                                                                                            |  |            |  |     |                |            |  |                                                                                                                                                                                                                                                                                                         |                         |  |                                              |                                     |                                              |                                     |

|         | Visual acuity |          |           |          | Visual fields                       |                          |
|---------|---------------|----------|-----------|----------|-------------------------------------|--------------------------|
|         | Unaided       |          | Aided     |          | Normal                              | Defective                |
|         | Right eye     | Left eye | Right eye | Left eye |                                     |                          |
| Distant | 6/6           | 6/6      |           |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Near    |               |          |           |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Visual acuity meets the standard laid down in STCW Code Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☐ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) **13 FEB 2023**

|                       | Normal                              | Abnormal                 |                              | Normal                              | Abnormal                 |
|-----------------------|-------------------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|
| Head                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Varicose veins               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sinuses, nose, throat | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vascular (inc. pedal pulses) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mouth/teeth           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Abdomen and viscera          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ears (general)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hernia                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tympanic membrane     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Anus (not rectal exam)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eyes                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G-U system                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ophthalmoscopy        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upper and lower extremities  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pupils                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spine (C/S, T/S and L/S)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eye movement          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Neurologic (full brief)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lungs and chest       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Psychiatric                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Breast examination    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | General appearance           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heart                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Skin                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## RESULTS OF ANCILLARY EXAMINATIONS

|                         |              |                                    |                                                                                |                                                                                |
|-------------------------|--------------|------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Chest X-Ray             | <b>NAD</b>   | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana                                                                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| ECG                     | <b>NAD</b>   | BILIRUBIN                          | Alcohol Test                                                                   | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| BLOOD R/E               |              | SGPT                               | URINE R/E                                                                      | <b>NAD</b>                                                                     |
| DC (differential count) | <b>NAD</b>   | SGOT                               | OTHERS                                                                         |                                                                                |
| HAEMOGLOBIN (HGB)       | <b>16.5</b>  | DRUG AND ALCOHOL TEST              |                                                                                | HBsAg                                                                          |
| ESR (WESTERGREN)        | <b>0.5</b>   | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test                                                                |
| WBC                     | <b>8.700</b> | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL                                                                           |
| BLOOD GLUCOSE LEVEL     |              | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type                                                                     |
| RANDOM                  | <b>5.2</b>   | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam                                                             |
| HBA1C                   | <b>5.7%</b>  | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others (KUB Ultraso)                                                           |

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

|                              |                         |                    |
|------------------------------|-------------------------|--------------------|
| <b>Signature of Seafarer</b> | <b>MD ISTIAK AHMED</b>  | <b>13-Feb-2023</b> |
|                              | <b>Name of Seafarer</b> | <b>Date</b>        |

## Assessment of fitness for service at sea:

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

|                                     |                        |                          |                            |
|-------------------------------------|------------------------|--------------------------|----------------------------|
| <input checked="" type="checkbox"/> | Fit for lookout duties | <input type="checkbox"/> | Not fit for lookout duties |
| <input checked="" type="checkbox"/> | Deck service           | <input type="checkbox"/> | Engine service             |
| <input type="checkbox"/>            | Unfit                  | <input type="checkbox"/> | Catering service           |
| <input type="checkbox"/>            |                        | <input type="checkbox"/> | Other services             |
| <input checked="" type="checkbox"/> | Without restrictions   | <input type="checkbox"/> | With restrictions          |

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

|                                         |                             |
|-----------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------------------------------|-----------------------------|

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

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

|                      |                    |                     |                    |
|----------------------|--------------------|---------------------|--------------------|
| <b>Fitness Date:</b> | <b>13 FEB 2023</b> | <b>Valid Until:</b> | <b>12 FEB 2025</b> |
|----------------------|--------------------|---------------------|--------------------|

Name and Signature of Authorised Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

# PHYSICAL EXAMINATION REPORT/CERTIFICATE

## DEPUTY COMMISSIONER OF MARITIME AFFAIRS

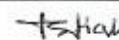
ANNEX 2

### THE REPUBLIC OF LIBERIA

|                                                                 |  |                                        |                                                                    |                                                          |  |                                                                                 |  |  |
|-----------------------------------------------------------------|--|----------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------|--|---------------------------------------------------------------------------------|--|--|
| LAST NAME OF APPLICANT <b>AHMED</b>                             |  |                                        | FIRST NAME <b>MD</b>                                               |                                                          |  | MIDDLE INITIAL <b>ISTIAK</b>                                                    |  |  |
| DATE OF BIRTH<br>MONTH <b>08</b> DAY <b>07</b> YEAR <b>1994</b> |  |                                        | PLACE OF BIRTH<br>CITY: <b>DHAKA</b><br>COUNTRY: <b>BANGLADESH</b> |                                                          |  | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |  |  |
| EXAMINATION FOR DUTY AS:                                        |  |                                        |                                                                    |                                                          |  | MAILING ADDRESS OF APPLICANT:                                                   |  |  |
| MASTER <input type="checkbox"/>                                 |  | RATING <input type="checkbox"/>        |                                                                    | HOUSE-22, FLAT-E1, ROAD-05, DHANMONDI, DHAKA, BANGLADESH |  |                                                                                 |  |  |
| MATE <input checked="" type="checkbox"/>                        |  | MOU DECK <input type="checkbox"/>      |                                                                    |                                                          |  |                                                                                 |  |  |
| ENGINEER <input type="checkbox"/>                               |  | MOU ENGINE <input type="checkbox"/>    |                                                                    |                                                          |  |                                                                                 |  |  |
| RADIO OFF <input type="checkbox"/>                              |  | SUPERNUMERARY <input type="checkbox"/> |                                                                    |                                                          |  |                                                                                 |  |  |

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

|                                                                                                                                                                                                                                                      |                    |                                                                |                                                                                                                         |                             |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------|
| HEIGHT <b>167mm</b>                                                                                                                                                                                                                                  | WEIGHT <b>70kg</b> | BLOOD PRESSURE <b>110/80mmHg</b>                               | PULSE <b>78 5/min</b>                                                                                                   | RESPIRATION <b>19 6/min</b> | GENERAL APPEARANCE <b>Good</b> |
| VISION:<br>WITHOUT GLASSES<br>WITH GLASSES                                                                                                                                                                                                           |                    | RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b><br><b>13 FEB 2023</b> |                                                                                                                         |                             |                                |
| DATE OF LAST COLOR VISION TEST (Month/Day/Year) _____ Testing Required every 6 years                                                                                                                                                                 |                    |                                                                |                                                                                                                         |                             |                                |
| COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                          |                    |                                                                |                                                                                                                         |                             |                                |
| COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL<br>YELLOW <input checked="" type="checkbox"/> RED <input checked="" type="checkbox"/> GREEN <input checked="" type="checkbox"/> BLUE <input checked="" type="checkbox"/>             |                    |                                                                |                                                                                                                         |                             |                                |
| HEARING:<br>RT. EAR <input checked="" type="checkbox"/> LEFT EAR <input checked="" type="checkbox"/>                                                                                                                                                 |                    |                                                                |                                                                                                                         |                             |                                |
| HEAD AND NECK <b>Normal</b>                                                                                                                                                                                                                          |                    |                                                                | HEART (CARDIOVASCULAR) <b>Normal</b>                                                                                    |                             |                                |
| LUNGS <b>Normal</b>                                                                                                                                                                                                                                  |                    |                                                                | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>Yes</b> |                             |                                |
| EXTREMITIES:<br>UPPER <b>Normal</b> LOWER <b>Normal</b>                                                                                                                                                                                              |                    |                                                                |                                                                                                                         |                             |                                |
| 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 ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.<br><b>No.</b> |                    |                                                                |                                                                                                                         |                             |                                |

|                                                                                                               |                                    |                                   |
|---------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------|
| <br>SIGNATURE OF APPLICANT | <b>13 FEB 2023</b><br>DATE OF EXAM | <b>12 FEB 2025</b><br>EXPIRY DATE |
|---------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------|

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **MD ISTIAK AHMED**  
(NAME OF APPLICANT)

**FIT FOR DUTY ON BOARD SHIP**

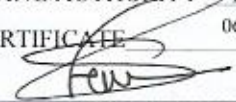
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY).

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD, RAIHAN; M.B.B.S (D.U), REG.NO.A-55144**

ADDRESS **REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY **DG SHIPPING BANGLADESH**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06-05-2014**

SIGNATURE OF PHYSICIAN 

DATE OF EXAMINATION: **13 FEB 2023**

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M (REV. 06/16)

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



## MEDICAL REQUIREMENT

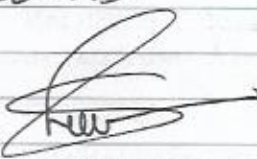
All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. completed physical examination  
2. Radiological Test  
3. Pathological Test  
4. Eye examination for eyes  
13 FEB 2023

  
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

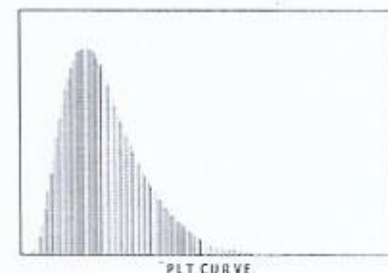
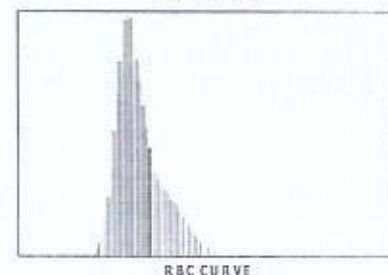


**Id No** : 0367 **Date** : 13-Feb-2023 **D.Date** : 13-Feb-2023  
**Patient's Name** : MD ISTIAK AHMED **Age** : 28Y 0M 0D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8597

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>16.5</b> gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>05</b> mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>8,700</b> /cumm    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>61</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>35</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>02</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>174</b> /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.70</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>43.1</b> %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>75.6</b> fL        | 76 - 94 fL                                                                                         |
| MCH                                | <b>28.9</b> pg        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>38.3</b> g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>11.7</b> %         | 11 - 16 %                                                                                          |
| PDW                                | <b>17.0</b> fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>3,66,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>8.0</b> fL         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.293</b> %        | 0.1 - 0.2 %                                                                                        |
| Bleeding Time(BT)                  | %                     | 10 - 18 %                                                                                          |
| Cloting Time(CT)                   | %                     | 0.1 - 0.2 %                                                                                        |



Checked By  
Medical Technologist

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

|                |                                                                       |               |            |
|----------------|-----------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA23020367                                                           | Received Date | 13/02/2023 |
| Patient's Name | MD ISTIAK AHMED                                                       |               |            |
| Patient's Age  | 28Y 0M 0D                                                             | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8597 |               |            |
| Sample         | BLOOD                                                                 |               |            |

### BIOCHEMISTRY REPORT

#### Test Name

#### Result

#### Reference Range

Serum Bilirubin (Total)

1.0 mg/dl

0.2 - 1.1 mg/dl

RADICAL

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Radical Hospitals Ltd.



Dr. Sumaiya Khatun  
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