



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
H1550

MEDICAL EXAMINATION CERTIFICATE

SURNAME MAHMUD	FIRST NAME AND MD	MIDDLE NAME KHOKAN
PLACE AND DATE OF BIRTH RAJBARI 15-Jul-1990	PASSPORT NUMBER EH0587133	SEAMAN'S BOOK NUMBER T30740
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : BULK CARRIER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : KHALKULA, BOHORRUPUR, BALIAKANDI, RAJBARI, BANGLADESH	CONTACT NUMBER : 0088 01536009530	RANK : ABLE BODY SEAMAN

Have you ever had any of the following conditions?

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

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?	☐	☒
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)		

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.

Korndus

Signature of Seafarer

MEDICAL EXAMINATION

Weight 70 kg	Height (cm) 163	BM 26.3	Blood Pressure: Systolic 110 mm	Diastolic 80 mm	PULSE: 78 bpm																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th>Hearing by Audiometry</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>						Ear		Audiometry				Hearing by Whisper Test			Hearing by Audiometry	500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	
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Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																																					

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

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

Date of last colour vision test: Date (day/month/year) 20 FEB 2023

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

RESULTS OF ANCILLARY EXAMINATIONS			
Chest X-Ray	<u>NAD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana
ECG	<u>NAD</u>	BILIRUBIN	<u>0.6</u>
BLOOD R/E		SGPT	<u>NIE</u>
DC (differential count)	<u>NAD</u>	SGOT	<u>24</u>
HAEMOGLOBIN (HGB)	<u>15.1</u>	OTHERS	
ESR (WESTERGRÉN)	<u>07</u>	DRUG AND ALCOHOL TEST	
WBC	<u>7.700</u>	Morphine	☐ Positive ☐ Negative
BLOOD GLUCOSE LEVEL		Amphetamine	☐ Positive ☐ Negative
RANDOM	<u>0.7</u>	Phencyclidine	☐ Positive ☐ Negative
HBA1C	<u>5.4-1</u>	Barbiturates	☐ Positive ☐ Negative
		Cocaine	☐ Positive ☐ Negative
		HBsAg	☐ Reactive ☒ Nonreactive
		HIV / AIDS Test	☐ Reactive ☒ Nonreactive
		VDRL	☐ Reactive ☒ Nonreactive
		Blood Type	<u>B+ve</u>
		Psychological Exam	<u>NAD</u>
		Others (KUB Ultrasound)	<u>NIE</u>

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

<u>Korshid</u>	MD KHOKAN MAHMUD	20 FEB 2023
Signature of Seafarer	Name of Seafarer	Date

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:

☒ Fit for lookout duties	☐ Not fit for lookout duties			
Fit	Deck service	Engine service	Catering service	Other services
Unfit	☐	☐	☐	☐
☐ Without restrictions	☐ 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?

☒ Yes	☐ No
---	-----------------------------

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

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

Fitness Date: <u>20 FEB 2023</u>	Valid Until: <u>19 FEB 2025</u>
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Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1926 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: MAHMUD	GIVEN NAME (S): MD KHOKAN	
DATE OF BIRTH: DAY 15 MONTH 7 YEAR 1990	PLACE OF BIRTH CITY RAJBARI COUNTRY BANGLADES	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	MAILING ADDRESS OF APPLICANT: KHALKULA, BOHORRPUR, BALIAKANDI, RAJBARI, BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR mm
LEFT EYE	6/6	—	LEFT EAR mm

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

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

Unaided hearing satisfactory? YES ☒ NO ☐

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

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

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **20 FEB 2023**

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

Able for watchkeeping? YES ☒ NO ☐

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

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

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

MD KHOKAN MAHMUD

MD KHOKAN MAHMUD
Signature of Applicant

Name of Applicant

20 FEB 2023
Date

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

FIT FOR DUTY ON BOARD SHIP

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

ADDRESS: **REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-MAY-2014**

SIGNATURE OF PHYSICIAN:

DR. MIR MD. RAIHAN

STAMP OF PHYSICIAN:



20 FEB 2023
DATE:

EXPIRY DATE OF CERTIFICATE:

19 FEB 2025

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

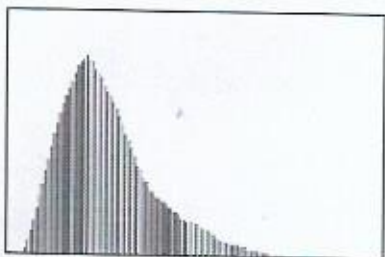
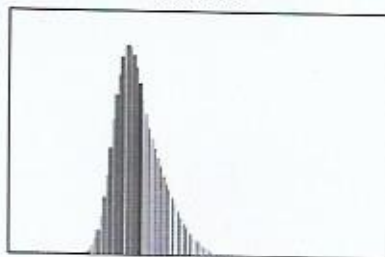
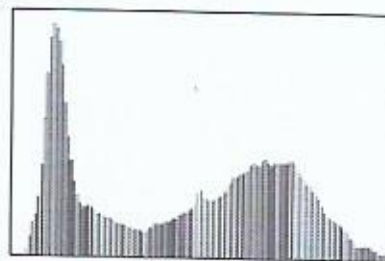
DR. MIR MD. RAIHAN
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
BMDCA-55144, MMC-PGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 0568 **Date** : 20-Feb-2023 **D.Date** : 20-Feb-2023
Patient's Name : MD KHOKAN MAHMUD **Age** : 32Y 7M 4D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T30740

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.1 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	36 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	154 /cumm	50-450/cumm
Total RBC Count	5.06 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.9 %	M: 40-54%, F:37-47%
MCV	80.8 fL	76 - 94 fL
MCH	29.8 pg	27 - 32 pg
MCHC	36.9 g/dL	29 - 34 g/dL
RDW	13.8 %	11 - 16 %
PDW	12.8 fL	35 - 56 fL
Total Platelete Count (PC)	2,44,000 /cumm	150,000-450,000/cumm
MPV	9.4 fL	7.0 - 11.0 fL
PCT	0.229 %	0.1 - 0.5 %
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	DIA23020568	Received Date	20/02/2023
Patient's Name	MD KHOKAN MAHMUD		
Patient's Age	32Y 7M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		
Sample	BLOOD	CDC NO: T30740	

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	24 U/L	Up to 37 U/L
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

Handwritten signature

Medical Technologist
Radical Hospitals Ltd.

Handwritten signature

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

Bill No	DIA23020568	Received Date	20/02/2023
Patient's Name	MD KHOKAN MAHMUD		
Patient's Age	32Y 7M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T30740		
Sample	blood		

SEROLOGICAL REPORT

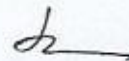
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
HBsAg (Method : (ICT)	Negative

BLOOD GROUPING Result	
ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By



Medical Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23020568	Received Date	20/02/2023
Patient's Name	MD KHOKAN MAHMUD		
Patient's Age	32Y 7M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T30740
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	0-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

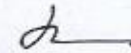
ON REQUESTCRYSTALS & OTHERS

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 Technologist
 Radical Hospitals Ltd.



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

REF: MV. AMARYLLIS

DATE: 20/02/2023

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

EYE EXAMINATION REPORT

NAME: MD KHOKAN MAHMUD

RANK: AB

CDC NO: T/30740

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6 -

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD


Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: 547

20-02-2023 12:47:50 PM

Mr. Graham McNamee
Male 32 Years

HR : 59 bpm

P : 114 ms

PR : 148 ms

QRS : 102 ms

QT/QTc : 392/389 ms

P/QRS/T : 53/72/48 °

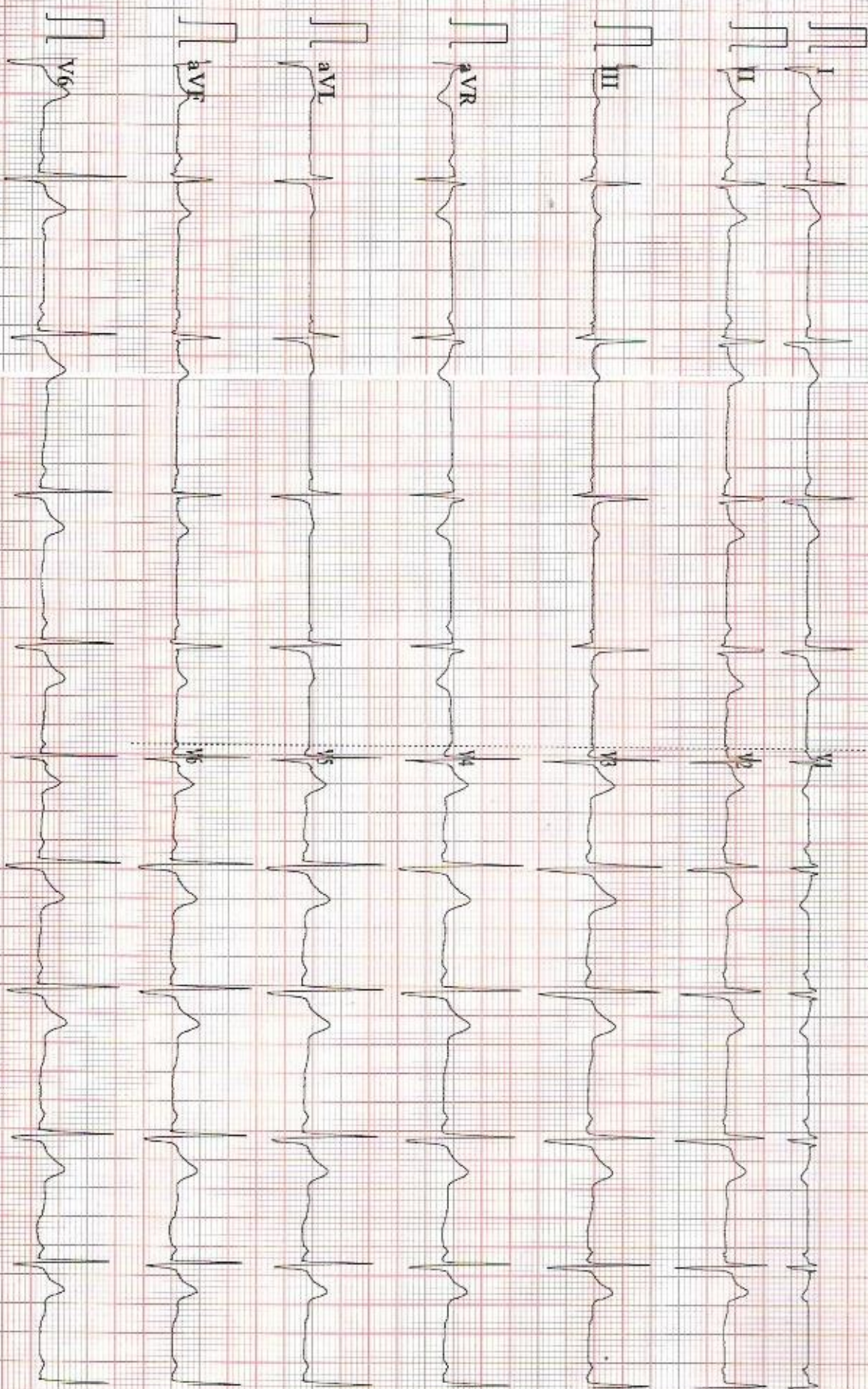
RV5/SV1 : 1.32/0.374 mV

Diagnosis Information:

Sinus bradycardia

Normal ECG except for rate

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23020568	Receive: 20/02/2023	Print: 20/02/2023
Patient's Name	: MD KHOKAN MAHMUD		
Age	: 32 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 : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

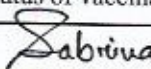
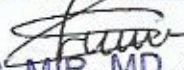
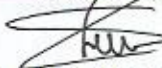


Prof. Dr. Md. Mojibor Rahman
 MBBS, DMRD (Radiology & Imaging)
 Head of the Department (Radiology & Imaging)
 Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that } Date of birth 15.07.1990 Sex MALE
whose signature follows } MD. KHOKAN MAHMUD

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
16 FEB 2020	 DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	
15 FEB 2021	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
17 FEB 2022	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
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