

HAQUE & SONS LTD.

(BNV)

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel:+880 31 716214-6, Fex:+880 31 710530 Accredited By . BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER H6

Revision Date: 24th July 2022

MEDICAL EXAMINATION CERTIFICATE

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ACE ANI CHANI	D DATE OF BIRTH DPUR 1-Mar-1973	PASSPOR	RT NUMBER	R 100322			SEAMAN'S BOOK	K NUMBER CO3076	
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HRASTI	, DIST. CHANDPUR.	9208-905-10-200-300-3	B0303276524 453	30.34.00	SCORESSO.	KANK	*	CHIEF EN	GINEER
Nove con	averbad one of the following one	ditions?							
Have you	ever had any of the following con	ditions?							
	Condition	YES	NO.		Conditi	on		YES	NO
	Eye/vision problem		8			roblems			P
	High blood pressure		Z	19	Do you	smoke?			4
	Heart/vascular disease		8	The Prof. of the Co.		on/surger			
	Heart surgery		R	21		y/seizures			9
	Varicose veins		B,	22	Dizzine:	ss/fainting	l.		19
100000	Asthma/bronchitis			23	Loss of	consciou	sness		
	Blood disorder			24	Psychia	tric proble	ems		
	Diabetes			25	Depress				4
	Thyroid problem			175.577.5	Attempt	ed suicide	e		3
10	Digestive disorder		8	27	Loss of	memory			A
11	Kidney problem		9	28	Balance	problem			4
12	Skin problem		6	29	Severe	headache	es		e e
	Allergies	[]	8	30	Ear/nos	e/throat	problems		8
14	Infectious/contagious diseases		197	31	Restrict	ed mobilit	ty		1900
	Hernia		W	32	Back pr	oblems			
16	Genital disorders			33	Amputa				
	Pregnancy		NTA	34	Fracture	es/disloca	tions		
36 37 38 39 40	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfi Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to p	t for sea duty been restricte medical prob perform the	/? ed or revoke lems, disea	ed? ses or ill			supation?	0000	106999
41 Commen	Are you allergic to any medication			4	444				1
Jonnen	FIT	OR DUT	ON 80	ARD S	HIP				-
		AVOID SERVE		TUSERUM				-	
	Are you taking any non-prescription					-			-0
r yes, pie	ease list the medications taken and	a the purpose	e(s) and dos	sage(s)					
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hereby :	authorize the release of all my pre	vious medica	al records fro	om anv h	ealth po	ofessiona	ls. health institution	s and public auth	orities
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BIONS BIO CHEMICAL BILIRUBIN SGPT SGOT DRUG A Morphine Amphetamine Phencyclidine Barbiturates Cocaine	Psychiat General Skin AL (LIVER FUNCTI AND ALCOHOL TE Positive Positive	ric appearance ON TEST)	Marijuana Alcohol Test		
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	Name of Sea	larer			Date
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MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
In Accordance with Medical Examination (Seafarms) Corporation (MAC He CB) and STCW 1978/1996 as Amended, MLC 2006
DG Shipping Bangladesh Approved Revision Date : 24
General Physician
Radical Hospitals Limited

Revision: 5.1

Revision Date : 24th July 2022

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME AHAMMED	GIVEN NAME(S) YUSUF		
DATE OF BIRTH	PLACE OF BIRTH		SEX
03 1 1973 MONTH DAY YEAR	CHANDPUR CITY	BANGLADESH COUNTRY	MALE □FEMALE
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APP SOMERSET ZAMAN, FLA 200/B, KIHLGAON, DHAK DHAKA BANGLADESH	T-Z5	
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR M	EDICAL REQUIREMENTS) ST	ATE DETAILS O	N REVERSE SIDE
120gm 70kg 12080 mmvry 78	b/min 19 b/mi	GENERAL APPEA	RANCE
VISION: RIGHT EYE LEFT EYE WITH GLASSES	HEARING:	MS LEFT E.	
-066 -060	OR TEST NORMAL?		O" EXPLAIN ON PAGE 2)
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED			FEATERIN ON PAGE 2)
HEAD AND NECK		IOVASCULAR)	
Nonmel		Nonmy	
LUNGS	OFFICER)	NAVIGATIONAL OFF	1.
EXTREMITIES: UPPER	LOWER	/	Vonmy
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDA	ATIONS? YES NO		
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVAT AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON B IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF	oard? Yes No	SEL, OR TO RENDER H	IM/HER UNFIT FOR SERVICE
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDIC	ATIONS? YES NO	0	
(Iranarah	0 6 FEB 202		0 5 FEB 2025
THIS SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAM	DATE OF EXAMINATI IINING PHYSICIAN.	ON	EXPIRY DATE
THIS IS TO CERTIFY THAT A PHYSICAL FOR DUTY ON	BOARDISHIP	YUSUF AH	
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISE	ASE (OR VIRUSES FOR COOK	NAME OF AP	
SEAFARER IS FOUND TO BE ☐ FIT / ☐ NOT FIT FOR DUTY AS ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COORESTRICTIONS:	A MASTER / DECK O	OFFICER / TENGIN	EERING OFFICER /
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHA	AN; M.B.B.S(D.U.), DFM , R	EG. NO. A-55144	E _{AP}
ADDRESS RADICAL HOSPITALS LIMITED 35,SHAH MAR	CHDUM AVENUE SECTOR	-12 UTTARA, DHA	AKA-1230.
NAME OF PHYSICIAN'S CERTIFICATING DG	SHIPPING BANGLADESH		
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06-05-201	14	1003	833.20
SIGNATURE OF PHYSICIAN		Angnia	0.6 FEB 2023
This certificate is issued by authority of the Ma	ritime Administrator and moore	liance with the requirem	

Rev. Jul/2017

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

MI-105M

As Per-MLC-2006

5 Department

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the scafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40
 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - · Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel
 and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on
 immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
 - 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.
- (h) Physical Requirements
 - Applicants for able scafarer, bosun, GP-1, ordinary scafarer and junior ordinary scafarer must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1 of RMI MG-7-47-1).)

0 6 FEB 2023

As Per-MLC-2006 *

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



Id No : 0138

Patient's Name: YUSUF AHAMMED

Specimen : Blood

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

Date: 06-Feb-2023 D.Date: 06-Feb-2023

Age: 49Y 11M 2D

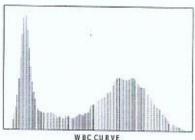
Gender: Male

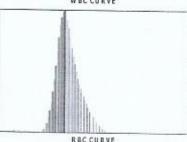
CDC NO:C/O/3076

Haematology Report

& checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb) ESR(Westergreen)	12.0 gm/dl 07 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		0,000-10,000/cumm
Neutrophils	67 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	29 %	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	164 /cumm	50-450/cumm
Total RBC Count	3.95 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	35.0 %	M: 40-54%, F:37-47%
MCV	88.6 fL	76 - 94 fL
MCH	30.4 pg	27 - 32 pg
MCHC	34.3 g/dL	29 - 34 g/dL
RDW	12.1 %	11 - 16 %
PDW	13.8 fL	35 - 56 fl
Total Platelete Count (PC)	1,81,000 /cumm	150,000-450,000/cumm
MPV	10.3 fL	7.0 - 11.0 fL
PCT	0.186 %	7.10 IL





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	DIA23020138	Received Date	06/02/2023
Patient's Name	YUSUF AHAMMED	Neceived Date	06/02/2023
Patient's Age	49Y 11M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM).PGT(Eve) DFM	CDC NO:C/O/3076
Sample	BLOOD	,, (-), (-), (-)	000 110.0/0/30/0

BIOCHEMISTRY REPORT

Result	Reference Range
5.7 mmol/l	4.2 – 6.4 mmol/l
0.5 mg/dl	0.2 - 1.1 mg/dl
26U/L	Up to 40 U/L
21 U/L	Up to 37 U/L
5.5 %	4.2 - 6.7 %
	5.7 mmol/l 0.5 mg/dl 26U/L 21 U/L

REMARKS (IF ANY)

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

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun BBS, MD (Microbiology)

Associate Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA23020138	Received Date	06/02/2023
Patient's Name	YUSUF AHAMMED	received Date	00/02/2023
Patient's Age	49Y 11M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C		CDC NO:C/O/3076
Sample	BLOOD	(CDC NO.C/O/3076

SEROLOGYCAL REPORT

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

DD GROUPINGResult	
ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologis Radical Hospitals Ltd. Las

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



Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFM	CDC NO:C/O/3076
Patient's Age	49Y 11M 2D	Patient's Sex	Male
Patient's Name	YUSUF AHAMMED		70.02.2020
Bill No	DIA23020138	Received Date	06/02/2023

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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



Test Name

Bill No	DIA23020138	Received Date	06/02/2023
Patient's Name	YUSUF AHAMMED	received Date	00/02/2023
Patient's Age	49Y 11M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM), PGT(Eve), DFM	CDC NO:C/O/3076
Sample	URINE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	000 110.0/0/30/0

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines /	Negative
Methadone	Negative
Propoxyphene	Negative

Chacked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23020138 Receive:06/02/2023 Print: 06/02/2023

Patient's Name : YUSUF AHAMMED

Age : 50 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.

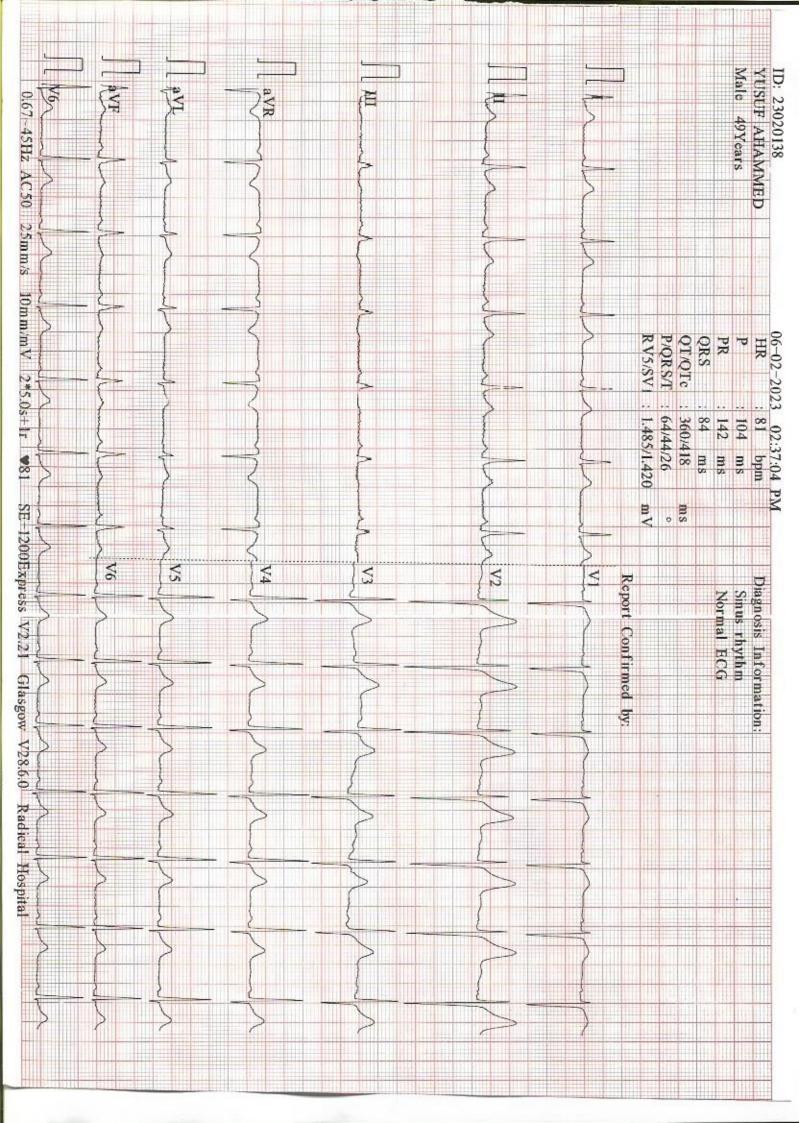
Lung fields are clear.

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





REF: MT. AMAGI GALAXY

DATE: 06/02/2023

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

EYE EXAMINATION REPORT

NAME: YUSUF AHAMMED

RANK: CH.ENG

CDC NO: C/O/3076

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

616

616

COLOUR VISION:

NORMAL / BLIND-

OPINION

LINFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



Patient ID	23020138	Voucher No	
Test Name	USG OF KUB	Delivery Date	06/02/2023
Patient Name	Yusuf Ahammed		
Age	50 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length - 10.3 cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length - 10.5 cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

URETER: There is no dilatation in both ureter .

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size, volume is 21.0 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Normal Study.

Dr. Asma Ahmed MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS

Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 01.03.1973 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved	l Stamp
30.00	DR. MHR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Redical Hospitals Limited	35, Shela Mehidum Saverus Uttern, Dholas SANGLADES	
2 3490	Radical .	N (AN) (AN	
3		3	4
4			
5		5	6
6			
		7	8
7			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows Date of birth O1. 03. 1973 Sex MALE

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
THE STATE OF THE S	DR. MR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp-ng Bangladesh Approved General Physician Fadical Hospitals Limited.	L NO DO	St. Steh Melthdom Avenue Uttern, Oheka
	The second second	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, wh	-
2	Dis per All Sylvania	AL DAY KANSON	

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.

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