

COOK ISLANDS PHYSICAL EXAMINATION REPORT / CERTIFICATE

Ship Registration FORM. 31 v.3

Surname	+14	SQUE		Give	n Name(s)	MD S	AMSUL
Date of Birth	Day	08	Month	01		Year	1970
Place of bir	rth City	DHAV	A	Part of	County BAN	GLADESI	ı
Examination	for Duty As		Mailing	Address of	Applicant		
Master							
Deck Officer	r		DALA	7, UNIO1	V MOSTOF	^	-
Engineering	Officer				TAML A	553	4
Radio Office		120	DHA		E1 14.17.11	(4022)	0
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Rating						S RA	
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167am					Respirati	d/min	emeral appearance
Vision	Right Eye	Left Eye	е		Righ	nt Ear	Left Ear
With Glasses	27			Hearing	- Aug	AA A	Left Ear
Without Glasses	669	61	17			(12)	ww
				Dental			
The applican	t is free from	visual infe			avity or gum	s Yes	No □
	✓ Book	M		Colour Test		Lonton -S	
Red 🗆	-	llow 📮		Blue		Lantern Gre	en 🗆
Are glasses of	or contact lens	es required	to meet		vision stand	ard Yes	
	Head and	Neck				(Cardiova	
	r	m				m	
	Lung	gs		Speec	Deck/Navigation	Speech onal – Office	er/Radio Officer al voice communication
	W	2					Jr.
	Upper extr	emities			Lov	ver extrem	ities
	20	mml				Non	

Page 1 of 4



Is applicant vaccinated in accordance with WHO requirements ** Is the applicant suffering from any disease likely to be aggravated by we render him/ her unfit for service at sea or likely to endanger the health.	Yes No No vorking aboard a vessel, or to of other persons on board?
Is the applicant taking any non-prescription or prescription medications. If yes please describe below	s Yes 🗆 No 🗹
TANK SOME	2 6 FEB 2023
Signature of Applicant	Date
To be affixed in the presence of the examining physic	cian
MD. SMMSUL Hague who is / not* certified to be free of com	municable disease
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS ON TO SAME WHO IS / not* certified to be free of come Name of applicant She / he* is found to be fit / not fit* for duty as a Master / Deck Office Radio Officer / Rating * without / with the following restrictions:*	municable disease
MD. SMMSUL HOWE who is / not* certified to be free of com Name of applicant She / he* is found to be fit / not fit* for duty as a Master / Deck Office Radio Officer / Rating * without / with the following restrictions:* FIT FOR DUTY ON BOARD SHIP	municable disease
Who is / not* certified to be free of com Name of applicant She / he* is found to be fit / not fit* for duty as a Master / Deck Office Radio Officer / Rating * without / with the following restrictions:* FIT FOR DUTY ON BOARD SHIP *delete as appropriate	municable disease
Who is / not* certified to be free of com Name of applicant She / he* is found to be fit / not fit* for duty as a Master / Deck Office Radio Officer / Rating * without / with the following restrictions:* FIT FOR DUTY ON BOARD SHIP *delete as appropriate	municable disease
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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



INSTRUCTIONS

All applicants for an officer certificate, endorsement, seaman's book or certification of special qualifications shall be required to have a physical examination, by a certified physician.

The completed medical certificate must accompany the application for officer certificate, endorsement, seaman's book or certification of special qualifications.

The physical examination must be carried out not more than 12 months prior to the date of making an application for officer certificate, endorsement, and certification of special qualifications or seaman's book.

The examination shall be conducted in accordance with the International Labour Organization, World Health Organization *Guidelines for Conducting Pre-Sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken by the applicant, and that he/ she is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conduction the examinations, the certified physician should, where appropriated, examine the seafarers 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:

1) Hearing

 All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poor ear at 5 feet (1.52m)

Eyesight

- a) 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 eye. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes.
- Deck officer applicants must also have normal colour perception and be capable of distinguishing the colours red, green, blue and yellow
- c) 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. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colours red, yellow and green.

3) Dental

a) Seafarers must be free from infections of the mouth cavity or gums

4) Blood Pressure

a) An applicant's blood pressure must fall within an average range

2 6 FEB 2023

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> General Physician Radical Hospitals Limited

5) Voice

 a) Deck /Navigational officer applicants and radio officer applicants must have speech which is unimpaired for normal voice communications.

6) Vaccinations

a) All applicants shall be vaccinates according to the requirements indicated in the WHO publication, International travel and Health, Vaccinations and Requirements and Health Advice (Available at http://www.who.int/ith/chapters/ith2012en_chap6.pdf) and shall be given advice by the certified physicians on immunizations. If new vaccinations are given these shall be recorded.

7) Disease or Conditions

a) Applicants afflicted with any of the following disease or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and / or the use of narcotics.

8) Physical Requirements

- a) Applicants for able seafarer, bosom, GP-1 ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
- b) Applicants for fire/water tender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officers certificate.





NMS/F-04

Date

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

Issue No

1 July 2012 00

REP	ORT/CERTIFICATE	Page No 1 of 6
	FIDENTIAL FORM	
SURNAME: HOQUE	GIVEN NAME(S) MD SAMSU	Le sai
DATE OF BIRTH	PLACE OF BIRTH	SEX
0 (MONTH 08 DAY 2024 YEAR 1970	CITY BHAKA COUNTRY	MALE □FEMAL
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RATING OTHERS (RANK:)	MAILING ADDRESS OF APPLICANT: CD-7, UNION MOSTOF LALMATIA, MOHAMMA	A PALACE, BLOCK-
MEDICAL EXAMINATION (SEE REVERSE SIDE I	OR MEDICAL REQUIREMENTS) STATE DETA	ILS ON REVERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE PULSE 72 May 74	4min 196/min GENER	AL APPEARANCE
VISION: RIGHT EYE LEFT EYE WITHOUT GLASSES	HEARING:	
WITH GLASSES /	RT. EAR ~~~	LEFT EAR MM
COLOR TEST TYPE: BOOK LANTERN CHEC	CK IF COLOR TEST IS NORMAL - YELLOW	
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET TH		RED PORCEN BEOE
HEAD AND NECK Norm	HEART (CARDIOVASCULA)	
Nonmy.	SPEECH (DECK/NAVIGATIONAL IS SPEECH UNIMPAIRED FOR NORMAL VO	OFFICER AND RADIO OFFICER)
EXTREMITIES: UPPER UPPE	LOWER ATED BY WORKING ABOARD A VESSEL, OR TO RENDE	Jonny FR HIM/HER LINEIT EOR SERVICE AT SEA
OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD	o? Yes □ No □	ON TON SOUTH EAT SEA
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION ME.		
SIGNATURE OF APPLICANT	2 6	FEB 2023
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMIN	ING PHYSICIAN	DATE
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION FIT FOR DUTY ON THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DESCRIPTIONS OF THE PROPERTY O	BOARD SHIP SEASE (OR VIRUSES FOR COOKS): YES NO SA MASTER / DECK OFFICER / DEXCE	ME OF APPLICANT
	RAIHAN MBBS,DFM	
ADDRESS RADICAL HOSPITALS LIMITED 35,SHAP	MAKHDUM AVENUE SECTOR-12 LITT	'ARA DHAKA-1220
	OG SHIPPING BANGLADESH	ARA DHARA-1230
DATES OF YOUR OF SHAPE	AY- 2014	-
SIGNATURE OF PHYSICIAN	-	2 6 FEB 2023
hum	100	DATE

This certificate is in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC BGD-016

DG Shipping Bangla CONTROLLED DOCUMENT)

General Physician TROLLED DOCUMENT)

Quality Manual: Naaf Marine Services, Chittagong, Bangladesh: July 2012

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NMS/F-04

Date 1 July 2012

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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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 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. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997). 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 seafarer'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. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes.
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 (0.10) in both eyes. 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 shall be vaccinated according to the requirements indicated in the WHO publication, International Travel
 and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on
 immunizations. If new vaccinations are given, these shall 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food—related areas until symptom-free for at least 48 hours.
- (h) Physical Requirements
 - 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.
 - 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.

IMPORTANT NOTE:

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 fight 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

(Please fill attached form)

2 6 FEB 2023

MIR. MD. RAIHAN
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DG Shipping Bangladesh Approved
General Physician

General Physician Radical Hospitals Limited

ittagong, Bangladesh: July 2012

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1 July 2012 Date

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

Naı	me (last, first, middle): +10&V	JE,	MD S	MA	SUL		
	e of birth (day/month/year): 05						
	ne address: CD-7, UNION i				A SAMOO TO THE REAL PROPERTY OF	Lock	-C, LAI
	sport No./Discharge Book No.:				,		
	partment (deck/engine/radio/foo	-		١.			
					//		
Tra	e of ship: Multi-Purpose cargo/ de area: Worldwide	Contair	ner/Bulk	Carri	er/Tanker (Oil/Product/Che	mical/C	rude)
Exa (Ass	ominee's personal declaration sistance should be offered by ma e you ever had any of the follow	edical s	taff) onditions:				
	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem		0	19.	Do you smoke, use		19
2.	High blood pressure				alcohol or drugs	Re-	_
3.	Heart/vascular disease		9	20.	Operation/surgery		
4.	Heart surgery			21.	Epilepsy/seizures		
5.	Varicose veins/piles		3	22.	Dizziness/fainting		
6.	Asthma/bronchitis		J.	23.	Loss of consciousness		
7.	Blood disorder		d	24.	Psychiatric problems		
8.	Diabetes			25.	Depression		P
9.	Thyroid problem		7	26.	Attempted suicide	П	
10.	Digestive disorder			27.	Loss of memory		
11.	Kidney problem		B.	28.	Balance problem		
12.	Skin problem		d'	29.	Severe headaches		7
13.	Allergies		B	30.	Ear (hearing/tinnitus)/	\Box	F
14.	Infectious/contagious diseases				nose/throat problems		
15.	Hernia			31.	Restricted mobility	П	P
16.	Genital disorders			32.	Back or joint problem	П	
17.	Pregnancy		ADA	33.	Amputation	П	
18.	Sleep problem		É	34.	Fractures/dislocations		
If ar	y of the above questions were a	answere	ed "yes,"	pleas	e give details.		PLANT HOLDINGS AND ADDRESS OF THE PARTY OF T

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TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix I Medical Exam Form CONFIDENTIAL FORM

Ado	litional questions		
35. 36. 37. 38. 39. 40.	Have you ever been signed off as sick or repatriated from a ship? Have you ever been hospitalized? Have you ever been declared unfit for sea duty? Has your medical certificate ever been restricted or revoked? 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?	Yes	≥विविविविविद्ध
41,	Are you allergic to any medications?		9
Con	nments.		
	FIT FOR DUTY ON BOARD SHIP		
42.	Are you taking any non-prescription or prescription medications?		
I her	eby cartify that the agree of the last of		
	eby certify that the personal declaration above is a true statement to the best of		ledge.
Date Witn	ature of examinee: (day/month/year): 26/FEB 2023 DR. MIR. MD. MABS IDUI, DFM. CCD (Birde BMDC A 55144, MM DG Shipp.ng Banglade General Physi test (Typed or printed)	em), PGT (Ophth) C-BGD-015 esh Approved	
nean	reby authorize the release of all my previous medical records from any he institutions and public authorities to Dr. Marion formation from the call examiner).	- comme	essional approve
Date Witn Name	day/month/year): 26 FEB 2023 / DR. MIR. MD. NABS (DU), DFM, CCD (Birder BMDC A-55144, MMC DG Shipping Baniplades Control BMDC A-55144, MMC DG Shipping Baniplades	m), PGT (Ophth) C-BGD-016	_
Nam	essed by: (Signature) BMDC A-55144, MMC	m), PGT (Ophth) C-BGD-016 in Approved	

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

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Use of glasses or contact lenses: Yes / No (if yes, specify which type a

1			Visual	acuity		1]	Visn	al fields
	Unaided			Aided				Normal	
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	Right eye	1	1
Distant	6/6	618		2			Left eye	0	-
Near	616	616		ĺ			Cyc		
Color vi	sion:	☐ No	tested	Pí	Vormal		l oubtful	☐ De	fective
Hearing						*			
	Pure to	ne and au	idio metry	(thresho	ld value	es in dB)	Speech and	l whisper	test (metres
	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz		Normal	Whisper
Right ea	150,200	20	20				Right ear	4	Ч
Left ear	2	20	20				Left ear	4	4
		CO. Commence						1 1	
Height:	1	67	(cm)		W	eight:	72_	(ko)
		1000				eight:芝 nythm:)
Pulse rat		1	(cm) /minute) c: 2	<u>∂</u> (r	RI	eight: nythm: Diast	Regu) (mm Hg)
Pulse rat	e: 7	Systoli	/minute)		Rl nm Hg)	nythm:	Regu	Men.	-
Pulse rate Blood pr Urinalys Head Sinuses, r Mouth/tea Ears (gen Tympanic Eyes Opthalmo Pupils Eye move Lungs and	e:	Systoli ucose:	/minute) c:[2		Skin Varice Vascu Abdor Hernia Anus G-U s Upper Spine Neuro Psych	Diast Protein: Diast Protein: Diast Protein: Diast Protein: Diast Dias	l pulses) era am.) tremities I L/S) ef)	Man. 80	-
Pulse rate Blood pr Urinalys Head Sinuses, r Mouth/ter Ears (gen Tympanic Eyes Opthalmo Pupils Eye move Lungs and Breast ex	e:	Systoli ucose:	/minute) c: 12 maj Abnor	rmal	Skin Varico Vascu Abdor Hernia Anus G-U s Upper Spine Neuro Psych Gener	Diast Protein: One veins I and visce a (not rectal example and lower example and lower example and lower example and logic (full british and l	l pulses) tremities I L/S) ef)	Man. 80	Abnorma

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TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

Other diagnostic test(s) and result(s):	
Test Blad Fretine Result Notal	mec.
Medical practitioner's comments and assessment of fitness, with reason	ons for any limitations:
 (a) the hearing and sight of the seafarer concerned, and the seafarer to be employed in capacities where fitness for the w be affected by defective colour vision, are all satisfactory; and (b) the seafarer concerned is not suffering from any medical coby service at sea or to render the seafarer unfit for such services on board. 	colour vision in the case of a ork to be performed is liable to
Signature of medical practitioner	
Vaccination status recorded (optional, but recommended by Administration	rator): Yes No
Assessment of fitness for service at sea	
On the basis of the examinee's personal declaration, my clinical exam results recorded above, I declare the examinee medically:	ination and the diagnostic test
Fit for look-out duty Not fit for look-out	t duty
Deck service Engine service Catering service Unfit	e Other services
Without restrictions With restrictions Visual aid required Ye	s No
Describe restrictions (e.g., specific positions, type of ship, trade area)	
Action taken by medical practitioner (e.g., referral):	
Medical certificate's date of expiration (day/month/year):/	2 5 FEB 2025
Date of medical certificate issued (day/month/year):/	2 6 FEB 2023 /
Number of medical certificate:	
Official stamp:	
Signature of medical practitioner:	DR. MIR. MD. RAIHAN
Name of medical practitioner: (Typed or printed) License number of medical practitioner:	BMDC A-55144, MMC-BGD 016
	General Physics Approved
Address of medical practitioner:	Radical Hospitals Limited
Authorized by: DG SHIPPING BRING GDF879.	(competent authority)

Quality Manual: Naaf Marine Ser Roes, Chittago (TV)

angladesh: July 2012

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Id No : 0723 Date : 25-Feb-2023 D.Date : 25-Feb-2023

Patient's Name: MD SAMSUL HOQUE Age: 53Y 1M 17D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3164

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	16.2 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)	08 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	55 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	40 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	148 /cumm	50-450/cumm
Total RBC Count	5.77 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	45.0 %	M: 40-54%, F:37-47%
MCV	78.0 fL	76 - 94 fL
MCH	28.1 pg	27 - 32 pg
MCHC	36.0 g/dL	29 - 34 g/dL
RDW	13.8 %	11 - 16 %
PDW	13.1 fL	35 - 56 fl
Total Platelete Count (PC)	1,65,000 /cumm	150,000-450,000/cumm
MPV	10.8 fL	7.0 - 11.0 fL
PCT	0.178 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By

Medical Technologist

de

Dr. Sumaiya Khatun

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23020723	Received	Date	25/02/2	0000
Patient's Name	MD SAMSUL HOQUE	received	Date	23/02/2	1023
Patient's Age	53Y 1M 17D	P	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(The second second second		OC NO	C/O/3164
Sample	BLOOD		0.	30.110	C/O/3104

SEROLOGYCAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)

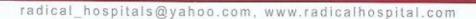
Negative



Sheeked By

Medical Technologis Radical Hospitals Ltd. da.

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



Test Name

Propoxyphene



Bill No	DIA23020723	Received Da	ate 25/02/2	2023
Patient's Name	MD SAMSUL HOQUE			
Patient's Age	53Y 1M 17D	Pati	ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFM	CDC NO	C/O/3164
Sample	URINE			

Result

Negative

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

Clecked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital radical_hospitals@yahoo.com, www.radicalhospital.com



日子 生活性の間にいいない。

でいる 製造機器 は上述 (1)

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23020723 Receive:25/02/2023 Print: 25/02/2023

Patient's Name : MD SAMSUL HOQUE

Age : 53 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.

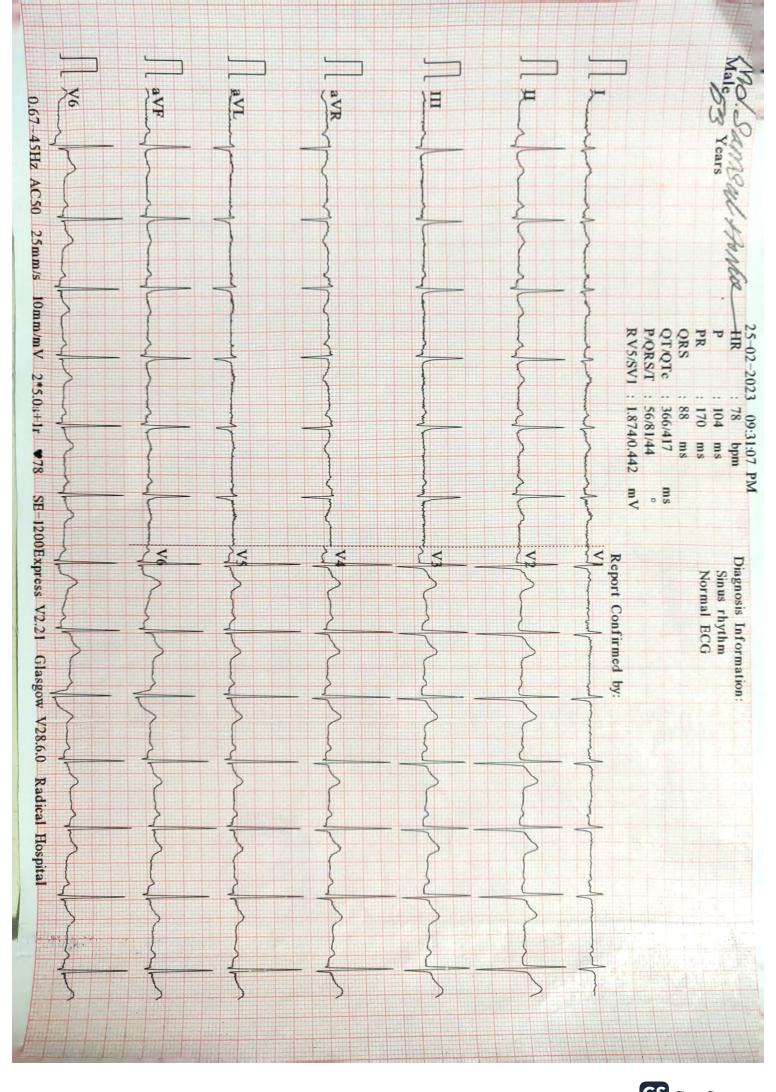
Bony thorax : Reveals no abnormality.

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

This report has been electronically signed.



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

Sex

: M

ID. No. : 23020723 Receive: Print: 25/02/2023

Patient's Name : MD SAMSUL HOQUE

Age : 53 YRS

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 79 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology) Associate Professor

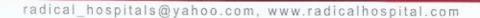
Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1







Patient ID 23020723 Test Name USG OF WHOLE ABDOMEN		Voucher No	25/02/2023		
		Delivery Date			
Patient Name	MD SAMSUL HAQUE				
Age	53 YRS	Sex	Male		
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM				

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Mildly enlarged in size 14.8cm, regular in shape and normal position. The echogenicity of the parenchyma is increased. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: Normal size regular in shape. Lumen is normal. Wall thickens is normal.

No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE: Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN: - Is normal in size (9.5X2.4)cm and uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size RK-10.5cm, LK-10.8cm regular in shape. 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.

URINARY BLADDER: Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Mildly enlarged in size and volume is 27.7cc, regular in shape. Echogenicity is

homogenous. No area of calcification is seen.

IMPRESSION: 1.Fatty change in liver.(Grade -1)
2.Mildly enlarged prostate.

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

Advanced Training on TVS Consultant Sonologist

IBN SINA DIAGNOSTIC & IMAGING CENTER

House-48, Road-9/A, Dhanmondi, Satmasjid Road, Dhaka-1209.

Test Date: 26/02/2023 19:50

Test Type: Treadmill (Bruce) Tel: 84115270-2, 48114040-1 Fax: idic@ibnsinatrust.com EXERCISE STRESS TEST REPORT

Patient: Md. Samsul Hoque

ID: D78379

Age: 53

Sex: Male

Height: 66in

Weight: 72kg

Physician: Prof Dr M Touhidul Haque MD FESC Referring: Redical Hospital Uttara

Bed No.:

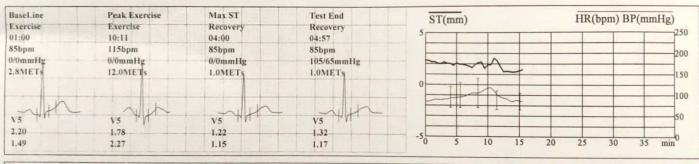
Indication: IHD Screening

Medication:

The reason for terminating Exercise was Fatigue

Exercise Test Summary

Phase	Stage		Total Time (min:sec)		Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (*100)	ST I(mm)	Commen
Standing		02:06		0.0	0.0	1.0	89	110/70	97	1.12	
Exercise	1	03:00	03:00	1.7	10.0	4.7	95			0.93	
	2	03:00	06:00	2.5	12.0	7.2	99	130/70	128	0.68	
_	3	03:00	09:00	3.4	14.0	10.2	111	140/70	155	0.78	
4 }	4	01:11	10:11	4.2	16.0	12.0	121			0.78	
Recovery 1	1	01:00		0.0	0.0	6.7	97			1.07	
		01:00		0.0	0.0	1.2	90	110/65	99	0.71	
		01:00		0.0	0.0	1.0	86			0.66	
		01:00		0.0	0.0	1.0	82			0.68	
		00:57		0.0	0.0	1.0	83	105/65	87	0.71	



CONCLUSION

Exercise capacity is good.

Positive chronotropic and hemodynamic responses to exercise.

No significant ST depression was seen during exercise or recovery period.

Stress test is NEGATIVE for ECG evidence of provocable myocardial ischemia.

Physician Confirmation:

Build:20210929 Copyright 1975-2021, All Rights Reserved. Physician Must Review Data

Printed: 26-02-2023 20:10:20

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

This is to certify that MD. SAMSUL HOQUE date of birth 08. ol. 1970 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la datc indiquee.

Approved Stamp Signature and professional Cechet Date Status of Vaceinator Signature et qualite professd'authentiftcation sionelle vaccinateur 6 MAR DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) 5. Shah Walihdim Avenue BMDC A-55144, MMC-BGD-018 Utters, Obaka Valid Upto 2 v DG Shipping Bangladesh Approved General Physician 2 Radical Hospitals Limited. OK VACO 3

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the evont of revaccination within such period of two years, on the date of that revaccination.

Shah Makhdur. Avenus Otare, Ohaka

Notwithstanding the above provision in the case of a pilgrim, tins certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre une period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cette revaccination.

Nonobstant les, despositions ci-dessue dans le cas d'un pelerin le present certificate dottlaire mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofilmence lejour de la seconde, injection:

De cachet d' authentification doit etre c_anforme au modele présent per l, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou I o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that MD . So JE Soussigne' (e) certifie que	AMSUL Hoops of birth no' (e) le	08.01.1970	Sex MALE
Whose signature follows don't la signature suit			

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' - ro du lot	Official sump of vaccinating centre Cachet official du centre de vaccination		
D ME BI 2 DO	R. MIR. MD. RAIH, BS (DU), DFM, CCD (Birdem), PGT (C MDC A-55144, MMC-BGD- S Shipping Bangladesh Appr General Physician Radical Hospitals Limited.	046	35, Shah Malhdum Avesur Littara, Dhaka		
3					
4					

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

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

Ce certificate n' est avalable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif, aiion ae" tc'tra6fiiiie pali-aminstralion sanitaire du (erriloire dans lcqucl'ce centre est siture:

La validite' de ce certilicat couvrc une pe'riodo de dix ans comencant dix joursapros la date de,la vaccination ou, dans le cas dune reiaccination.u .ou., a.-citto lie,iio,i. a" dix ans. lejour de cetto revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar no pouvant cue conside' commo Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allecter sa validite.