

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: SABA SANTANU Sex: M Serial No: _____
 Date of Birth: 10/11/1974 PP/CDC: 010/29/37 Rank: MASTER
 Vessel: _____ Type: _____ Route: WORLDWIDE
 Home Address: SATBARIA, SATBARIA, SUJANAGAR, PABNA
 Company Name: V-SHIP, SYNERGY

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one sided headaches (Migraine)		/		/	Hernia / Hydrocoele / Appendicitis		/		/
Head Injury / Concussion / Loss of Memory		/		/	High / Low blood pressure / Heart disease		/		/
Fits / Epilepsy / Dizziness / Fainting		/		/	Asthma / Bronchitis / Tuberculosis		/		/
Eye / Vision Problems (Glasses, etc.)		/		/	Allergy / Skin disease		/		/
Hearing Impairment		/		/	Infection / Contagious Disease		/		/
Ear / Nose / Throat problems		/		/	Addiction to alcohol / drugs / tobacco		/		/
Stomach / Bowel disorders		/		/	Fracture / Dislocation / Injury / Amputation		/		/
Gall stones / Kidney disorders		/		/	Major / Minor Operation		/		/
Jaundice / Liver Disease		/		/	Diabetes		/		/
Piles / Varicose veins		/		/	Nervous / Mental disease / Sleep disorder		/		/
Blood Disorder		/		/	Malignant disease (Cancer)		/		/
Female Disorder		/		/	Signed off on medical grounds / Declared Unfit		/		/

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
168cm	83kg	41 cm	120/80mm	78b/min	14b/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	30	20					
Left Eye	6/6		Normal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing		Right Ear				Left ear			
	Other	Normal	Abnormal			4				4			

Systemic Examination

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	/	/	FIT FOR SEA SERVICE AS MASTER AS PER MLC 2006 Enhanced GARD Medicals done		Respiratory system	/
Eyes	/	/			Cardiovascular system	/
Ears / Nose / Throat	/	/			Per Abdomen	/
Teeth / Oral Cavity	/	/			Genito-urinary system	/
Musculo-Skeletal system	/	/			Others	/
Nervous system	/	/			Hernia / Hydrocoele	/
Reflexes	/	/			Varicose Veins	/
Skin	/	/			Fissure/Fistula/Piles	/

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	13.5 gm%	14-16 gm %	Colour	
Total WBC count	10,400 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu 75 % Lymph	21 % Eos 02 % Bas 00 % Mono 02 %		pH	
Molal parasite	Not Found		Albumin	
ESR	07 mm / Est hour	1-15 mm / hr	Sugar	
SGPT	25 U/L	9-43 U/L	Bile pigment	
S.Cholesterol	NIE mg/dl	145-260 mg / dl	Bile salts	
S.Triglycerides	NIE mg/dl	upto 200 mg /dl	Occult blood	
Blood Sugar	RBS 101 PPBS	upto 125 mg %	RBC cells	
HbsAg	Negative		Leucocytes	
HIV I & II	Negative		Others	
VDRL	Not Recd.		Spirometry: Normal	
Others		GGTP U/L	Drugs of Abuse: Negative	
Blood Group			USG: NIE	
ECG: Normal	TMT: NIE			
X-Ray Chest: Normal				

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically
 Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in _____ days / weeks / months.

Remarks / Recommendations

This certificate is valid till: 03 FEB 2025

Candidate's Signature

Date: 04 FEB 2023



Doctor's signature:

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.

04.2023.3183



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA

SURNAME: SAHA	GIVEN NAME (S): SANTANU
DATE OF BIRTH DAY 19 MONTH 11 YEAR 1974	PLACE OF BIRTH CITY PABNA COUNTRY BANGLADESH
POSITION ON BOARD MASTER ☒ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	SEX MALE ☒ FEMALE ☐ MAILING ADDRESS OF APPLICANT: SATBARIA, SATBARIA SUJANAGAR, PABNA BANGLADESH.

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE		HEARING
WITHOUT GLASSES	WITH GLASSES	☐ BOOK		
RIGHT EYE 6/6	—	☐ LANTERN		RIGHT EAR MD
LEFT EYE 6/6	—	YELLOW MD RED MD		LEFT EAR MD
		GREEN MD BLUE MD		

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 is required every six years)

Date of the last colour vision test (Day/Month/Year) **04 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.

Signature of Applicant

SANTANU SAHA

Name of Applicant

04 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 MBBS.(DU), DFM REG: A-55144**

ADDRESS **RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230**

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

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

SIGNATURE OF PHYSICIAN

STAMP OF PHYSICIAN **As Per-MLC-2006**

DATE **04 FEB 2023**

EXPIRY DATE OF CERTIFICATE

03 FEB 2025

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

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

Id No : 0105	Date : 04-Feb-2023	D.Date : 04-Feb-2023
Patient's Name : SANTANU SAHA	Age : 49Y 2M 16D	Gender : Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/2937

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	07 mm/1st hr	
Total WBC Count(TC)	10,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	75 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	21 %	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	208 /cumm	50-450/cumm
Total RBC Count	4.18 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	32.5 %	M: 40-54%, F:37-47%
MCV	77.8 fL	76 - 94 fL
MCH	27.0 pg	27 - 32 pg
MCHC	34.8 g/dL	29 - 34 g/dL
RDW	13.2 %	11 - 16 %
PDW	15.2 fL	35 - 56 fL
Total Platelete Count (PC)	1,85,000 /cumm	150,000-450,000/cumm
MPV	11.3 fL	7.0 - 11.0 fL
PCT	0.209 %	0.1 - 0.5 %
Bleeding Time(BT)	%	10 - 18 %
Clotting 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	DIA23020105	Received Date	04/02/2023
Patient's Name	SANTANU SAHA		
Patient's Age	49Y 2M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2937		
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	21 U/L	Up to 40 U/L
Serum AST (SGOT)	25 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	120 U/L	98 - 279 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 Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23020105	Received Date	04/02/2023
Patient's Name	SANTANU SAHA		
Patient's Age	49Y 2M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2937		
Sample	Blood		

SEROLOGICAL REPORT

<u>Test Name</u>	<u>Result</u>
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

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Medical Technologist
Radical Hospitals Ltd.


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

Bill No	DIA23020105	Received Date	04/02/2023
Patient's Name	SANTANU SAHA		
Patient's Age	49Y 2M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2937		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPE

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 Technologis
Radical Hospitals Ltd.

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East West Medical College and Hospital

Bill No	DIA23020105	Received Date	04/02/2023
Patient's Name	SANTANU SAHA		
Patient's Age	49Y 2M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2937		
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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Drug Level of Urine

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

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East West Medical College and Hospital

Bill No	DIA23020105	Received Date	04/02/2023
Patient's Name	SANTANU SAHA		
Patient's Age	49Y 2M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2937		
Sample	BLOOD		

CHEMICAL TEST

TEST NAME

RESULTS

CARCINOGENIC	NORMAL
ISOCYANATE	NORMAL
VINYL ACETATE	NORMAL
EPICHLOROHYDRIN	NORMAL
PHENOLS CRESOLS	NORMAL

Checked By



Medical Technologist
Radical Hospitals Ltd.



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



Date: 04/02/2023

EYE EXAMINATION REPORT

NAME:	SANTANU SAHA		
AGE:	49 YRS	RANK: MASTER	CDC NO: C/O/2937

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

RADICAL

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

AUDIOLOGICAL REPORT

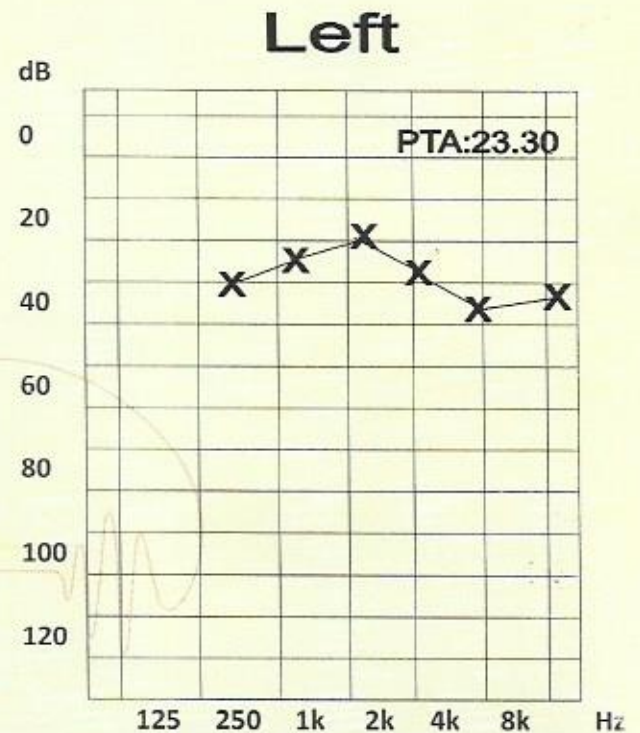
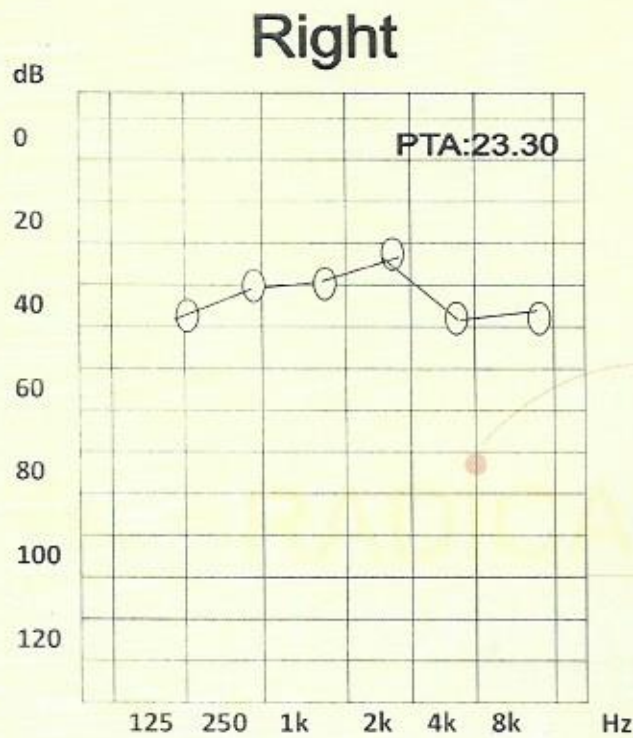
Patient Name : SANTANU SAHA

04/02/2023

Age : 49 Yrs

Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan, MBBS,(DU), DFM



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23020105 Receive: 04/02/2023 Print: 04/02/2023
Patient's Name : SANTANU SAHA
Age : 49 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

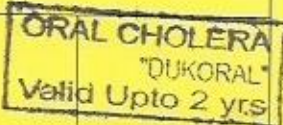
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

SANTANU SAHA

This is to certify that JE Soussigne' (e) certifie que _____ date of birth 19-11-1973 Sex MALE
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 fièvre jaune a ia date indiquée.

Date <i>04 FEB 2023</i>	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur <i>[Signature]</i>	Approved Stamp Cechet d'authentification
2	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.	 
4		

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 event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 part of it. May render it invalid.

La validite de ce certificate couvre une periode de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de cette période de six mois à partir de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificate doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commencera le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui il comporte peut affecter sa validité.

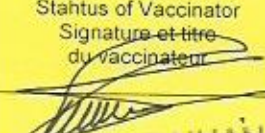
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

SANTANU SAHA

This is to certify that
JE Soussigne' (e) certifie que _____ date of birth / 12-11-1973 Sex / MALE
no' (e) le _____ sexe _____

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 date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
04 FEB 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birth), RGT (Ophth) BMDC A-55144, MMC-BGD-016 Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
1			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health 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 such 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 the signature.

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une ré vaccination, à compter de dix ans, le jour de cette ré vaccination.

Ce certificat doit être signé par le médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.