

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: **NURUL MOHAMMAD ASADUZZAMAN** Sex: **MALE** Serial No: _____

Date of Birth: **31/12/1995** PP/CDC: **C1018618**

Vessel: **MV TANR LAND** Type: **BULK CARRIER** Rank: **3rd Engineer**

Home Address: **Khezapur, Binodpur - Baran, Motihar**

Company Name: **Rajshahi, Bangladesh**

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		✓		✓
Notes									

Medical Examination

Height		Weight in Kgs		Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min		Resp. Rate / min		General Condition							
170cm		68kg		43-41 cms	120/80 mmHg	78b/min		18b/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	20	20						
Left Eye		6/6			Abnormal	Left Ear		dB	20	20	20						
Colour Vision		Ishihara			Normal	Abnormal		Hearing		Right Ear		Left ear					
		Other			Normal	Abnormal				4		4					

Systemic Examination

Head & Neck	Normal	Abnormal	Notes FIT FOR SEA SERVICE AS 3RD ENG AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	Normal	Abnormal
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	13.7 gm%	14-16 gm %	Colour	Normal
Total WBC count	9100 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu 73 % Lym 23 % Eos 02 % Ba 00 % Mo 02 %			pH	
Malarial parasite	Not found		Albumin	Nil
ESR	06 mm / 1st hour	1- 15 mm / hr	Sugar	Nil
SGPT	25 U/L	9-43 U/L	Bile pigment	Nil
S.Cholesterol	191mg/dl	145-260 mg / dl	Bile salts	1 MP
S.Triglycerides	171mg/dl	upto 200 mg /dl	Occult blood	
Blood Sugar	RBS 5.3 PPBS	upto 125 mg %	RBC cells	Nil
HbsAg	Not found		Leucocytes	
HIV I & II	Not found		Others	
VDRL	Not found			
Others	Not found			
Blood Group		GGTP U/L	Spirometry:	Nil

ECG: **Normal** TMT: **N/D**

X-Ray Chest: **Normal**

Spirometry: **N/D**

Drugs of Abuse: **Negative**

USG: **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

I, Doctor's Name: DR.MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: **06 FEB 2025**

Candidate's Signature: **Nurul**

Doctor's signature:

Date: **07-02-2023**



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.

07 FEB 2023

04.2023.3312



**MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA**

SURNAME: NURUL		GIVEN NAME (S): MOHAMMAD ASADUZZAMAN	
DATE OF BIRTH: DAY 31 MONTH 12 YEAR 1995		PLACE OF BIRTH CITY RAJSHAH COUNTRY Bangladesh	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: Khozapur, Binodpur - Bazar, Motihari Rajshahi	

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

COLOR TEST TYPE:
☒ BOOK
☒ LANTERN
YELLOW **mm** RED **mm**
GREEN **mm** BLUE **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) **07 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

Mohammad Asaduzzaman Nurcul

Name of Applicant

07 FEB 2023

07-02-2023

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:
EXPIRY DATE OF CERTIFICATE: 06 FEB 2025	DATE: 07 FEB 2023

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.

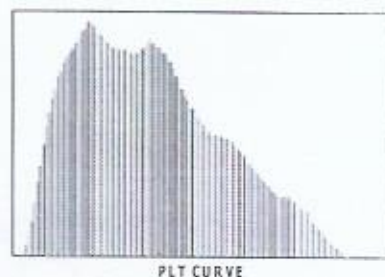
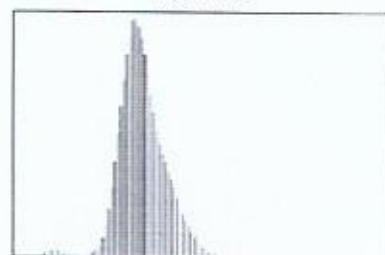
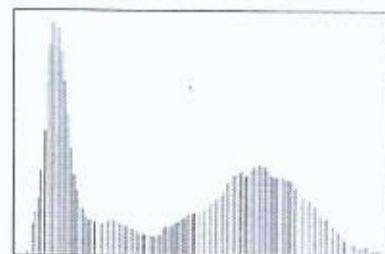
DR. MIR. MD. RAIHAN
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General Physician
Radical Hospitals Limited.

Id No : 0186 **Date** : 07-Feb-2023 **D.Date** : 07-Feb-2023
Patient's Name : MOHAMMAD ASADUZZAMAN NURUL **Age** : 27Y 1M 6D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/8618

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.7 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	73 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	23 %	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	182 /cumm	50-450/cumm
Total RBC Count	5.08 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.7 %	M: 40-54%, F:37-47%
MCV	78.1 fL	76 - 94 fL
MCH	27.0 pg	27 - 32 pg
MCHC	34.5 g/dL	29 - 34 g/dL
RDW	13.2 %	11 - 16 %
PDW	17.3 fL	35 - 56 fL
Total Platelete Count (PC)	2,69,000 /cumm	150,000-450,000/cumm
MPV	9.2 fL	7.0 - 11.0 fL
PCT	0.247 %	0.1 - 0.5 %
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



[Signature]

Checked By
Medical Technologist

[Signature]

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

Bill No	DIA23020186	Received Date	07/02/2023
Patient's Name	MOHAMMAD ASADUZZAMAN NURUL		
Patient's Age	27Y 1M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8618		
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Blood Sugar Random (RBS)	5.3 mmol/L	<7.8 mmol/L
Serum ALT (SGPT)	25U/L	Up to 40 U/L



Checked By


Medical Technologist
 Radical Hospitals Ltd.


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

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Patient's Age	27Y 1M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8618		
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	Negative
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RADICAL
HOSPITAL
LIMITED

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

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Patient's Age	27Y 1M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: C/O/8618		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	0-1/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.

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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

[Signature]

Medical Technologist
Radical Hospitals Ltd.

[Signature]

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23020186 Receive: Print: 07/02/2023
 Patient's Name : **MOHAMMAD ASADUZZAMAN NURUL**
 Age : 27 YRS Sex : M
 Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 75 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

ID: 1

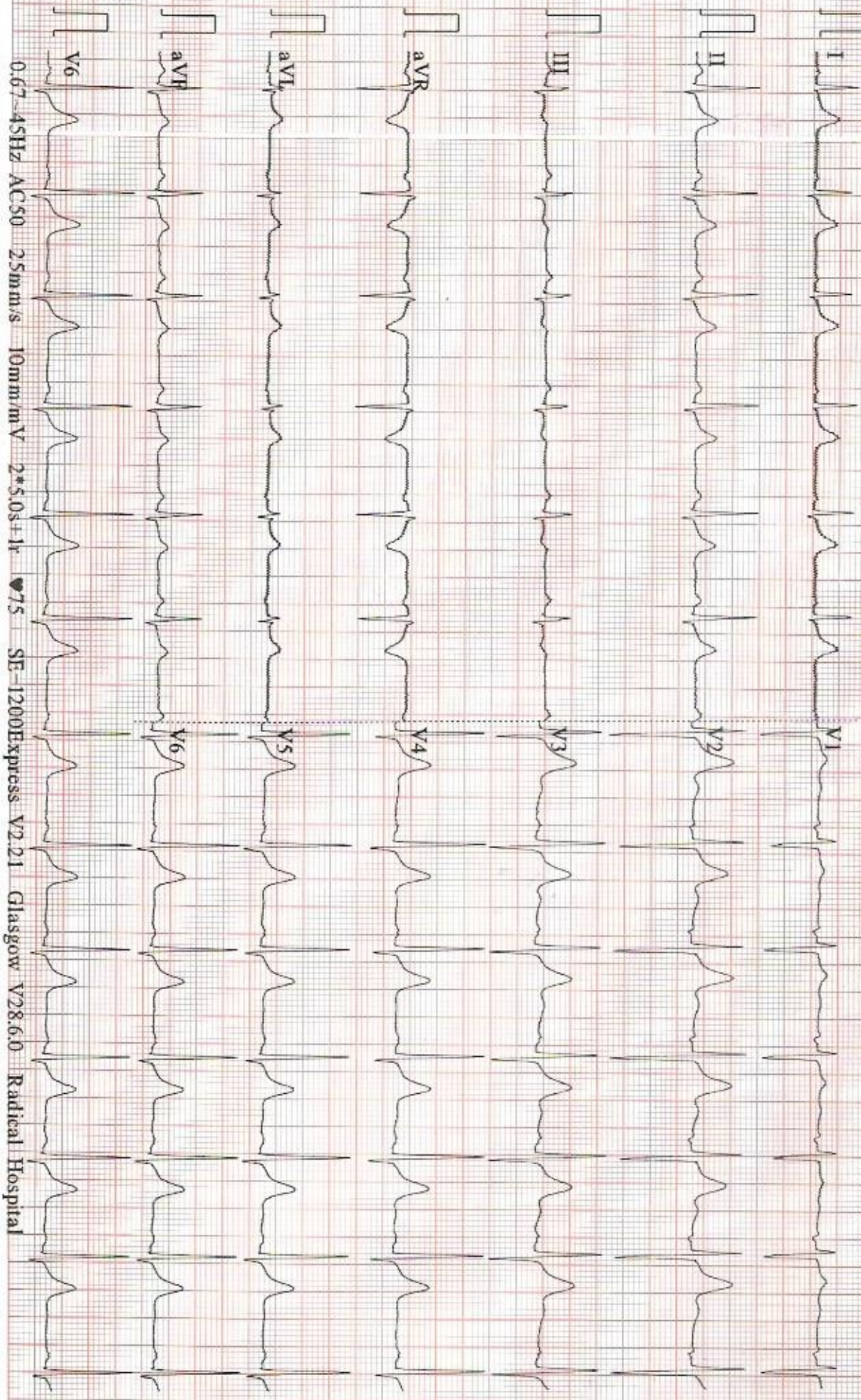
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Mr James Macdonald
Male 75 Years Nurse

HR	75	bpm
P	108	ms
PR	150	ms
QRS	98	ms
QT/QTc	370/414	ms
P/QRS/T	69/44/26	°
RV5/SV1	1.642/0.926	mV

Diagnosis Information:
Sinus arrhythmia
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23020186 Receive: 07/02/2023 Print: 07/02/2023
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Age : 27 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

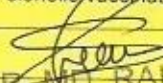
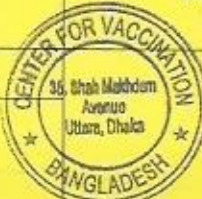
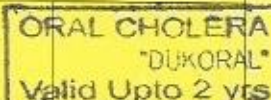
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA

Mohammad Asaduzzaman

This is to certify that
JE Soussigne' (e) certifie que Nurul date of birth 31-12-1995 Sex Male
no' (e) le sexe

Whose signature follows
dont la signature suit Nurul

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

Date	Signature and professional Status of Vaccinator Signature et qualité profes- sionnelle vaccinateur	Approved Stamp Cachet d'authentification
07 FEB 2023	 DR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Cshih) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 
2		
3		
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 validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence 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 certificat ou l'omission d'une quelconque des mentions qui le comporte peut en affecter la validité.

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

Mohammad Asaduzzaman

This is to certify that
JE Soussigne* (e) certifie que Nurul date of birth 31-12-1995 Sex Male
no' (e) le _____ sexe _____
Whose signature follows
don't la signature suit Nurul

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 Stahtus 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
07 FEB 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Biden), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
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 this 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 où il est administré 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 revaccination, ou, à compter de dix ans, le jour de cette revaccination.

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

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