ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC

SL NO. 04.2023.3344

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last RAHMAN **First** MD. ZIAUR **Middle**

Gender: (Male/Female) Male Nationality: Bangladeshi

Occupation: Deck/Engine/Catering/Other (specify) Deck

Father's/ Husbad'sname: Md. Fazlur Rahman

Mother's Name: Rakiba Khatun

Address: House No: 313 Street/ Road No:

Locality/Village: West Brahmondi

P.O: Narsingdi -1602

P.S:

District: Narsingdi

Date: 12-Feb-2023

Rank: Master

C.D.C No. C/0/3417

Seaman ID No.

Passport No.

NID No. 9583192795

Date of Birth: 02 Jan 1976 (DD/MM/YYYY)

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

1. Confirmation that identification documents were checked at the point of examination :YES/~~NO~~
2. Hearing meets the standards in section A-I/9 :YES/~~NO~~
3. Unaided hearing satisfactory? :YES/~~NO~~
4. Visual acuity meets standards in section A-I/9? :YES/~~NO~~
5. Colour vision meets standards in section A-I/9? :YES/~~NO~~
   Date of last colour vision test : 12 FEB 2023
6. Fit for lookout duties? :YES/~~NO~~
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? :YES/~~NO~~
8. Any limitations or restrictions on fitness? :~~YES~~/NO

If YES, specify limitations or restrictions:

Duties:
Location/Vessel:
Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category : ✓ Fit-No restriction | Fit-Subject to restrictions | Unfit

10. Date of examination/Issue (DD/MM/YYYY) 12-Feb-2023
11. Date of expiry (DD/MM/YYYY) 11 FEB 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature

Radical Hospitals Ltd. Official Stamp As Per-MLC-2006 Approved by Department of Shipping

DR. MR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited
Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 24 months prior to the date of making applieation 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.211997)*. 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 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:

(a) Hearing:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whis pered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (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 infectiqns 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, Interna-tional 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 useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table 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 enineer 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:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

12 FEB 2023

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

FPS 410
Revised, Feb'13

MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
RAHMAN	MD. ZIAUR	

DATE OF BIRTH: 01 MONTH 02 DAY 1976 YEAR

PLACE OF BIRTH: CITY NARSINGDI COUNTRY BANGLADESH

EXAMINATION FOR DUTY AS :

- MASTER ☑
- MATE ☐
- ENGINEER ☐
- RADIO OFF ☐
- SEAMAN ☐

MAILING ADDRESS OF APPLICANT

313 West Brahmondi
Narsingdi -1602
Bangladesh

MEDICAL EXAMINATION

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
1.73m	77	130/80 mmHg	78 b/min	19 b/min	Good

VISION:

	RIGHT EYE	LEFT EYE
WITHOUT GLASSES	6/6	6/6
WITH GLASSES		

HEARING:

RIGHT EAR: NAD LEFT EAR: NAD

COLOR TEST TYPE : BOOK ☑ LANTERN ☐ Check if color test is normal

YELLOW NAD RED NAD GREEN NAD BLUE NAD

HEAD AND NECK: Normal

HEART (CARDIOVASCULAR): Normal

LUNGS: Normal

SPEECH :

Is speech unimpaired for normal voice communication ?

EXTREMITIES: UPPER Normal LOWER Normal

Is applicant suffering from any disease likely to be aggravated by, or to render him unfit for, service at sea or likely to endanger the health of other persons onboard?

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO :

AND HE / SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM

NAME AND DEGREE OF PHYSICIAN: DR. MIR. MD. RAIHAN, MBBS. DFM. CCD
(PLEASE PRINT)

ADDRESS: RADICAL HOSPITAL LIMITED. UTTARA.

NAME OF PHYSICIAN'S LICENSING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S LICENSE: 06 MAY 2014

SIGNATURE OF PHYSICIAN

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73)

04-2023-3344

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RAHMAN	GIVEN NAME (S): MD. ZIAUR
DATE OF BIRTH: DAY 02 MONTH 01 YEAR 1976	PLACE OF BIRTH CITY NARSINGDI COUNTRY BANGLADESH / SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☑ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: 313 West Brahmondi Narsingdi -1602 Bangladesh

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	—	—	☑ BOOK ☑ LANTERN YELLOW N/M RED N/M GREEN N/M BLUE N/M	RIGHT EAR N/M
LEFT EYE	—	—		LEFT EAR N/M

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 APLICABLE ☐

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) 12 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	Name of Applicant	Date
	Md. Ziaur Rahman	12 FEB 2023

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / *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, DFM, CCD

ADDRESS: RADICAL HOSPITAL LIMITED. UTTARA

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06 MAY 2014

SIGNATURE OF PHYSICIAN: STAMP OF PHYSICIAN: DATE: 12 FEB 2023

EXPIRY DATE OF CERTIFICATE: 11 FEB 2025

Radical Hospitals Ltd. As Per MLC-2006 Approved by Department of Shipping

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
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BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

FIT FOR DUTY ON BOARD SHIP

Last/Family Name	First & Middle /Given Name	Position applied for
RAHMAN	MD. ZIAUR	MASTER

Date of Birth	Sex	Nationality	ID (Passport/Discharge book) No.
02-Jan-1976	MALE	BANGLADESHI	C/0/3417

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of MLC 2006 Reg 1.2; STCW 2010&the guidance for the conduct of medical examination issued by the Directorate, as amended from time to time. On the basis of the seafarer's personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is -

(a)	that the hearing meets the required standards for his rank:-	✓Yes	No
	Unaided hearing is satisfactory	✓Yes	No
(b)	Visual acuity meets the required standards for his rank	✓Yes	No
	Colour Vision meets the the required standard	✓Yes	No
	that he is fit for look out duty	✓Yes	No
(c)	that he needs visual aids / informed to carry spares	Yes	✓No
(d)	that he is taking regular medication & seafarer does require to take same during his tenure on board vessel	Yes	✓No
(e)	that the seafarer is not suffering from any disease likely to be aggravated by, or render him unfit for, service at sea or likely to endanger the health of other persons on board ships	Yes	✓No

(f) this seafarer is **FIT FOR DUTY without restrictions* as mentioned below**

** This Medical Certificate is issued with following restrictions

** Reasons for being unfit

Physician Signature:

Physician Name Printed:

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.

Clinic Stamp

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

Date: 12 FEB 2023

Valid Till: 11 FEB 2025

Authorizing body of Medical Examiner: Directorate General of Shipping, Govt.of Bangladesh

I acknowledge, that I have been advised of the content of the medical certificate & of the rights for a review and my obligations.

Seafarers signature with Date:-

Delete whatever is not applicable

04.2023.3344

	WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.	Form : MHRS 08 Prepared by : MR Approved by : MD Issued : Feb '08 Revised : Mar '17

REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION

(Confidential Document)

From : _____

(Please write Name, Address & Contact Details of Manning Centre)

PHOTOGRAPH

2" x 2"

To : RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

(Please write Name, Address & Contact Details of the Doctor/ Clinic/Examiner)

Please carry out medical examination of the seafarer, the details and requirements for which are as stated below.

_____ Date : 12 FEB 2023

(Name & Signature of Responsible Person from Manning Centre)

Examinee's Details :

Full Name : Md. Ziaur Rahman Address : 313 West Brahmondi, Narsingdi-1602

Date of Birth : 02.01.1976 Rank : Master Name of vessel to be assigned : _____

Type of vessel : _____ Trade area : _____

(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide) :

CDC No. : C/0/3417 Passport No. : _____ Crew ID.(from Compas) : _____

Position Offered/ Applied for : _____ Routine & Emergency Duties (if known) : _____

As per requirements of applicable P&I club :

☐ West of England P&I ☐ UK P&I ☐ Steamship Mutual Underwriting Association

☐ Britannia P&I ☐ Skuld P&I ☐ North of England Association P&I

☐ Standard P&I ☐ Gard P&I ☐ London Steamships P&I

☐ Japan P&I ☐ American Steamships P&I ☐ Others : _____

As per requirements of applicable Flag State :

☐ Liberian ☐ NIS ☐ Panamanian ☐ Marshall Islands ☐ Malta

☐ Danish ☐ ILO ☐ UK ☐ Others : _____

Medical Examination Module (as applicable): _____ (Please refer to "Annex 1" of WSM(I)'s Quality Manual)

FOR SEAFARERS : Please write any past medical history [Injury or Illness] in detail; any history of allergy to drugs should be mentioned in the box provided below :

– None –

Please read and sign the following statement :-

"I certify that my past medical history will be/has been fully declared to the Company Doctor and any false statement or undisclosed material and/or information in regard to past or present illness and/or medical condition(s) will disqualify me from any employment benefits and claims."

_____ _____

Seafarer's Signature Doctor's Signature

Date : 12 FEB 2023 Date : 12 FEB 2023

Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

DR. MIR. MD. RAIHAN
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Original: Doctor & Copy : Manning Centre

Remark: The document to be uploaded into CMS under Medical Tab.

04.2023.3344

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER

As per **Merchant Shipping (Medical Examination) Amendment Rules, 2000** and **ILO IMO/JMS/2011/2012**
(In Compliance with MLC 2006 & ISM/STCW 2010, Code 1/9)

Name : MD. ZIAUR RAHMAN (SURNAME / FIRST NAME / MIDDLE NAME) Sex : MALE Serial No. :

Date of Birth : 02 JAN 1976 PP/CDC No.: C/0/3417 Nationality: BANGLADESHI

Rank: MASTER Vessel: Type: Route : WORLD WIDE

Home Address : 313 West Brahmondi, Narsingdi-1602, Bangladesh

Company Name & Address:

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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No	Is there any past/present history of any of the following?	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-side headaches (Migrane)		✓		✓	Hernia / Hydrocoele / Appendictis		✓		✓
Head Injury / Concussion / Loss of Memory		✓		✓	High/Low Blood Pressure / Heart Disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision / Problems (Glasses etc)		✓		✓	Allergy / Skin Disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat Problem		✓		✓	Addiction to alchohol / drugs / tobacco		✓		✓
Stomach / Bowel Disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall Stones / ~~Kidney Disorders~~	✓		✓		~~Major~~ / Minor Operation	✓		✓	
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Vericose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Malignant Disease (Cancer)		✓		✓
Female Disorders		✓		✓	Signed off on medical ground/Declared Unfit		✓		✓

Notes :

Candidate's Declaration :- My signature below acknowledges that all statements provided by me in this application are true & correct to the best of my knowledge and belief and I further authorise & consent to the release of any /all of my medical records from any source including Insurance offices, Doctors, Hospitals or other institutions and public authorities. This general medical release will also authorize the release of any /all of my psycological records. If I am being tested for HIV virus, I consent to have the result revealed to my employer. I declare the above statements to be correct.

I hereby certify that the above medical statements are true and will form the basis of my medical examination. I agree that any omission or mis-representation shall preclude me from employment and other medical benefits.

Date :

Candidate's Signature

Medical Examination :

Height in cms	Weight in Kgs	Blood Pressure in mm of Hg	Pulse-beats/min	Resp. Rate/min	General Appearance
		130/80 mmHg	78 6/min	19 6/min	HEALTHY

Compliant with MLC2006, STCW 2010 STANDARD A-1/9	Distant Vision (Snellen's Chart)	Uncorrected	Corrected
	Right Eye	6/6	
	Left Eye	6/6	
Colour Vision	Ishihara	Normal	Abnormal
	Others	Normal	Abnormal

Field Of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Normal / Abnormal	Right Ear	dB	20	20	20					
	Left Ear	dB	20	20	20					
	*Hearing		Normal Voice				Whispered Voice			
	Right Ear		4 METER				2 METER			
	Left Ear		4 METER				2 METER			

Not Indicated

Compliant with MLC2006, STCW 2010 STANDARD A-1/9

Systemic Examination

Systemic Examination	Norm	Abnor
Head & Neck	✓	
Eyes	✓	
Ear / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal System	✓	
Nervous System	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS _____
AS PER MLC 2006
Enhanced GARD Medicals done

	Norm	Abnor
Respiratory System	✓	
Cardiovascular System	✓	
Per Abdomen	✓	
Genito-urinary System	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Vericose Veins	✓	
Fissure / Fistula / Piles	✓	

Investigations :

Blood	Result	Normal
Heamoglobin	14.3	M:13-17 F:12-15 gm%
Total WBC Count	8700	4000 - 10000 / cu.m
Neu 53% Lymp 42% Eos 04% Ba % Mo %		
ESR	04	1 - 10 mm/hr
SGOT	15	0 - 35 IU / L
SGPT	35	10 - 60 IU / L
S. Cholesterol	216	130 - 220 mg / dl
S. Triglycerides	226	upto 200 mg / dl
Blood Sugar	8.26	upto 140 mg %
Creatinine	0-92	upto 1.5 mg / dl
GGTP	24	upto 55 IU / L
HbsAg	Negative	
HIV 1 & II	Negative.	
VDRL	Non Reactive.	
Others		
Blood Group		

Urine	Result
Colour	Straw
Specific Gravity	
pH	
Albumin	Nil
Sugar	Nil
Bile Pigment	
Bile Salt	
Occult Blood	
RBC Cells	Nil
Leucocytes	
Spirometry	N/D
Drug of Abuse	Negative.
TMT	Normal
ECG	Normal
USG	Normal
XRay (Chest PA)	Normal

PHOTO

Result Of Medical Examination

On the basis of the history, clinical examination & diagnostic tests, I, hereby declare the above examinee has been found medically ~~Unfit~~ **FIT**

Remarks / Recommendation : *Unaided Hearing : Satisfactory

I, , certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 are incorporated in this certificate.

Date of Medical Exam: 12 FEB 2023

Date of Medical fitness: 12 FEB 2023

Validity of Medical Certificate: 11 FEB 2025

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

DR. MIR. MD. RAIHAN
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BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
Radical Hospitals Limited

IDENTITY of CANDIDATE CONFIRMED WITH

04 · 2023 · 3344

WALLEM	SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7

Pre-Sea Exam: ☐ Periodic Exam: ☐ Other: ☐

Examination for duty as: Master: Y/N: Y Deck Officer: Y/N: ____ Eng Officer: Y/N: ____ Ratings: Y/N: ____ Cook: Y/N: ____ Other: Y/N: ____ Please specify _____		Fit to perform the duties he/she is to carry out.	Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	Temporarily unfit to perform the duties he/she is to carry out.	Permanently unfit to perform the duties he/she is to carry out.
		☐	☐	☐	☐

To be filled by Manning Centres

Name, Address with Contact details of Manning Centre:					
Vessel to be assigned:		Routine & Emergency Duties (if known):		Position Offered/ Applied for:	
Type of vessel (Container, Tanker, Passenger etc):					
Trade area (e.g. Coastal, Tropical, Worldwide):	Cosastal ☐	Tropical ☐	WorldWide ☐		

Part I - Examinee's Personal Declaration with Medical History

(Examinee is to be answer the following to the best of examinee's knowledge)

(Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details

Name of Examinee (Family/ last, first, middle):	RAHMAN MD. ZIAUR							
Home/ Permanent Address:	313 West Brahmondi, Narsingdi-1602, Bangladesh							
Mailing Address:	- Same -							
Date of birth (day/month/year):	02	/	01	/	1976	Sex:	MALE	
Place of Birth:	City: Narsingdi Country: Bangladesh	Nationality:	Bangladeshi	Rank:	Master			
Civil Status:	Married							
Identity Docs/ Passport /Discharge Book No:	C/0/34							

Examinee's Medical History

Is there any past / present history of any of the following	Examinee	Examiner's	Is there any past / present history of any of the following	Examinee	Examiner's
04.2023.3344					

Radical Hospitals Ltd. Approved by Department of Shipping

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

	Declaration		Record			Declaration		Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		✓		✓	Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor		✓		✓
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		✓		✓	Stomach / Bowel Disorders/ Digestive Disorder		✓		✓
Ear (Hearing, tinnitus) Problems / Impairment		✓		✓	Gall Stones/ Jaundice / Kidney Disorders	✓		✓	
Mental Diseases, Breakdown / Sleep Disorder		✓		✓	Severe/ Frequent/ One Sided Headaches (Migraine)		✓		✓
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		✓		✓	Back / Joint Problems/ Wrist Problems/ Slipped Disc		✓		✓
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Balance Problem		✓		✓	Piles / Varicose Veins		✓		✓
Sinuses/ Nose/ Throat Problems		✓		✓	Allergies / Rash/ Skin Disease		✓		✓
Thyroid Problem		✓		✓	Female Disorders		✓		✓
High / Low Blood Pressure/ Blood Disorder		✓		✓	~~Major~~ / Minor Operation/ Surgery	✓		✓	
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		✓		✓	Contagious Diseases/ Gastrointestinal infection / Other Infections		✓		✓
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		✓		✓	Sexually Transmitted Disease/ Infections		✓		✓
Shortness of Breath		✓		✓	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		✓		✓
Rheumatic Fever					Diabetes		✓		✓

for Male Examinee	Yes	No	If "Yes", give details	for Female Examinee	Yes	No
Prostate Problems/ Testicular Lumps		✓		Breast Lumps/ Menstrual Problems		✓
Penile Discharge		✓		Pregnancy		✓
Multiple Partners		✓		Multiple Partners		✓

If "Yes", to any of the above, please explain:

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit 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?	✓	
Are you currently under a doctor's care/ medication?		✓
Are you allergic to any medications?		✓
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox		✓
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		✓

Approved Hospitals ★ As Per-MLC-2006 ★ Approved by Department of Shipping

Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		✓
In the last one week have you consumed any of these Drugs/ Medication		✓
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		✓
Pain Killers, If Yes, Please State name of Drug Crocin/ Asprin/ Fortwin etc.		✓
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		✓
Any Medicine/ Injections from your family Doctor		✓

To What Extent Do You Use: Alcohol: None, Cigarettes: None
Tobacco: None, Drugs: None

Are you taking any non-prescription or prescription medications?		✓

If yes, please list the medications taken and the purpose(s) and dosage(s).

Date and contact details for previous medical examination (if known):

Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).
No

Family History :	Yes	No
Diabetes	✓	
Blood Pressure/ Heart Disease	✓	
Mental Illness/ Epilepsy/ Seizure		✓
Cancer		✓

If "Yes", to any of the above, please explain: Mother has diabetes & High blood Pressure

Any other major conditions? No

Would you say that your health is: **Excellent * Good * Fair *** Good

I MD. ZIAUR RAHMAN holding Passport/Seaman Book no. C/0 3417 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to

Dr. _____ (the approved medical practitioner carrying out the medical examinations).

Signature of Examinee:		Date(day/month/year):	12 FEB 2023

Height in cms: 173		**Weight in Kg:** 77	
BMI:		**Temperatures:**	
Chest:	**Insp:** 43	**Exp;** 41	

Blood Pressure	**Systolic** 130 (mmHg)	**Diastolic** 80 (mmHg)	
Pulse Rate: 78 b/min **Rhythm:** Regular.		**Respiratory rate** 19 b/m.	
Oral Health	Good.	**General Condition** Good.	

Part II – Medical Examination

The Company has set the following BMI limits:
A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.
For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia etc), then the seafarer in question MUST undergo a stress/ treadmill test.

Rahnuma Hospital ★ As Per MLC 2006 ★ Approved by Directorate General of Shipping Medical Department

If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways/means to improve their health.

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
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(Confidential Document)

BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6				
Near	N5	N5				

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No

If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:		Type: ~~Book~~ *	~~Lantern~~ *	Ishihara *	CIE-43-2001 *			
Check if colour test is Normal:	~~Yellow~~	*	~~Red~~	*	~~Green~~	*	~~Blue~~	*
Colour Vision:	Not tested	*	~~Normal~~	*	Doubtful	*	Defective	*

Hearing:

Pure tone and audio metry (threshold values in dB)						
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and Whisper Test (Meters)		
	Normal	Whisper
Right ear	4	4
Left ear	4	4

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose Veins	✓	
Eyes	✓		Vascular (Inc. Pedal Pulses)	✓	
Eye Movement/Pupils	✓		Abdomen and Viscera	✓	
Ophthalmoscopy	✓		Hernia	✓	
Ears, Tympanic Membrane	✓		Anus (Not Rectal Exam.)	✓	
Sinuses, Nose, Throat	✓		G-U System	✓	
Mouth/Teeth/Gums	✓		Upper & Lower Extremities	✓	
Nervous System	✓		Spine (C/S, T/S and L/S)	✓	
Heart	✓		Neurologic (Full Brief)	✓	
Lung and Chest	✓		Psychiatric	✓	
Breast Examination	✓		Pupils	✓	
Skin	✓		Musculoskeletal System	✓	

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	✓		Hypertension	✓	
Dysrhythmia/ Pacemaker	✓		Congenital Heart Disease	✓	
Valvular Heart Disease	✓		Peripheral Circulation	✓	
Cardiomyopathy	✓		Pulmonary Circulation/ TB	✓	
Aneurysms	✓			✓	

Chest X-ray (PA)	Not performed *			
	Performed * on (day/month/year)	As Per-MLC-2006	Normal	Abnormal
Result :	12 FEB 2023			

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WALLEM

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(Confidential Document)

Other diagnostic test(s) and result(s):

Test:	Result:

Investigation:

Blood	Result	Normal
Haemoglobin "Hb"	14.3 g/dl	13 – 18 gm/ dl
Total WBC count	8700	4,000 - 11,000 / cu.mm
Neu 53 %, Lymp 42 %, Eos 04 %, Bas 01 %, Mo __ %		
Blood Group & Rh factor (tested only once, need not be repeated)		
BI ESR	4	1 - 15 mm / hr
Platelets	317000	1.50-4.00 Lakh/ul
Fasting Lipid Profile		
S. Triglycerides	226	25-200 mg/dl
Cholesterol Serum	211	130-220 mg/dl
HDL Cholesterol Serum	5.4	35-65 mg/dl
LDL Cholesterol Serum	N/D	85-150 mg/dl
VLDL Cholesterol Serum	N/D	07-35 mg/ dl
Total / HDL Cholesterol	5.4	3.0-5.0
LDL/ HDL Cholesterol	N/D	2.5-3.5

Hepatitis B	Positive	Negative
Hepatitis C	Positive	Negative

Urine	Result
Colour	Straw
Specific Gravity	N/D
pH	N/D
Albumin	Nil
Sugar	Nil
Bile Pigment	N/D
Bile Salt	N/D
Occult Blood	N/D
RBC Cells	Nil
Leucocytes	N/D
Stool Test	**Result**
Bacterological	N.F
Parasitical	N.F
Others	
HIV I &II	Negative.
VDRL	Non Reactive.

Additional Tests	Result	Normal
(HbA1c)	5.4	4.0 % - 6.5 %
RBS/ FBS (Blood test	8.26	
Total Bilirubin	.32	0.1 - 1.0 mg/dl
Direct Bilirubin	N/D	0.0 - 2.5 mg/dl
Indirect Bilirubin	N/D	0.0 - 0.75 mg/dl
SGPT	35	9 - 43 U/L
SGOT	15	0 - 40 IU/L
SGGT	24	0 - 49 IU/L
Blood Urea		10 - 50 mg/dl
S. Creatinine	0.92	0.8 - 1.4 mg/dl
BUN	17.82	5-23mg/dl
PSA	N/D	Less than 4.00 ng/ml
Malarial Parasite	N.F	
Uric Acid	8.04.	2.4 - 7.5 mg/dl

Drugs: Method:
Results:

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	**(1000 ng/ ml)**	**(200 ng/ ml)**	**50 ng/ ml**	**(300 ng/ ml)**	
Not Detected	~~Amphetamines~~/ Urine *	~~Barbiturate~~/ Urine *	~~Marijuana, THC, Cannabinoids~~ / Urine *	~~Cocaine~~ / Urine *	~~Opiates~~ & Morphine *

Spirometry	N/D	TMT	Normal	Drugs of Abuse	Negative.
ECG	Normal.	ECHO	Normal	Ultrasound (USG) of the Abdomen & Pelvis	Normal.

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes / No | As Per-MLC-2006

Vaccination status recorded: Yes / No Satisfactory * to be renewed *

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WALLEM	SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 6 of 7

Details:

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

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

Examination	Results of the examination		Examination	Results of the examination	
	Pass	Fail		Pass	Fail
Medical History	✓		Fecalysis (food service/ handlers only)	✓	
Physical Examination	✓		Hep B Antigen	✓	
Dental Examination	✓		Hep C Antibodies	✓	
Psychological Test	✓		Stress Test	✓	
Visual Test	✓		Diabetes	✓	
Colour Vision	✓		Ultrasound Examination (Presence of gall & Kidney Stones)	✓	
Audiometry	✓		Alcohol/ Drug Test	✓	
EKG	✓		2D echo Doppler study (for heart patient) Psychometric evaluation	✓	

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is –

(a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory

(b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she if fit / unfit for look out duty

(c) that he / she needs / does not need visual aids / informed to carry spares

(d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?

(e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	*	*	*	*
Unfit:	*	*	*	*

this seafarer is **UNFIT FOR DUTY**/ FIT FOR DUTY with/ without restrictions* as mentioned below,**

* This Medical Certificate is issued with following restrictions (i.e.: specific position, type of ship, trade area & other as applicable) :

** Reasons for being unfit

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

WALLEM	**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER** **In accordance with:** **STCW Convention, 1978, as amended, MLC 2006,** **ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended** **(Confidential Document)**	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 7 of 7

This is to certify _____ was physically examined and he/she is found to be FIT for sea service/ look-out duty for the period from _____ Place of medical examination 12 FEB 2023 Date of medical examination RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh Medical certificate validity date (day/month/year): 11 FEB 2025 Name of Examiner (Please Print):

(Validity should not be more than 2 years)

_____ Degree: _____ Address: _____

_____ Tel./Fax/Email: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh

Name of Medical Examiner/ Physician Certificate /License Issuing Authority: _____

Date of issue of Medical Examiner/Physician Certificate/ License: _____ Registration No.: _____

_____ _____

Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner (print name of medical examiner if not legible) and I acknowledge, that I have been advised of the content of the medical certificate & of the right to a review in accordance with paragraph (6) of section A-I/9 of STCW Code and my obligations.)

Date: 12 FEB 2023

Official Stamp & Signature with Govt. (DGS) Approval/ No.....of Medical Examiner

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

Original: Master & Crewing Dept
cc: Seafarer

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.

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