

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: ISLAM MD ARIFUL Sex: M Serial No: _____

Date of Birth: 2010.7.1995 PP/GBC: BY0413738 Rank: AB

Vessel: RONG DA CHANG SHA Type: GENERAL CARGO Route: WORLD WIDE

Home Address: GUGRAKATE, GHUPRAKATHI, KOYRA, KHULNA.

Company Name: _____

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			
167cm	72kg	41	40	110/70mm	72b/min	16b/min	Good			
Distant Vision	Uncorrected	Corrected	Field of Vision		Audiometry	Hz	500	1000	2000	3000
Right Eye	6/6	6/6	Normal		Right Ear	dB	20	20	20	20
Left Eye	6/6	6/6	Normal		Left Ear	dB	20	20	20	20
Colour Vision	Ishihara	Other	Normal	Abnormal	Hearing	Right Ear		Left ear		
			Normal	Abnormal		4		4		

Systemic Examination

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck			FIT FOR SEA SERVICE AS <u>AB</u> 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	16.5 gm%	14-16 gm %	Colour
Total WBC count	10,100 / cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu % Lymph	38 %	20-40 %	pH
Malariar parasite	Not Found		Albumin
ESR	05 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	33 U/L	9-43 U/L	Bile pigment
S.Cholesterol	N/E mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	N/E mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS 5.2 PPBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HIV I & II	Negative		Others
VDRL	Not Found		
Others			
Blood Group		GGTP U/L	

ECG: Normal TMT: N/E

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

USG: N/E



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: 07 JAN 2025

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 08 JAN 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.

04.2023.3095



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

SURNAME: <u>ISLAM</u>	GIVEN NAME (S): <u>MD. ARIFUL</u>	
DATE OF BIRTH: DAY <u>20</u> MONTH <u>07</u> YEAR <u>1995</u>	PLACE OF BIRTH CITY <u>KHULNA</u> COUNTRY <u>BANGLADESH</u>	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☒	MAILING ADDRESS OF APPLICANT: <u>RONG, GUGRAKATE, GHORAKHATI</u> <u>KOYRA, KHULNA, BANGLADESH.</u>	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	<u>6/6</u>	<u>—</u>	☐ BOOK ☐ LANTERN YELLOW <u>MD</u> RED <u>MD</u> GREEN <u>MD</u> BLUE <u>MD</u>	RIGHT EAR <u>MD</u>
LEFT EYE	<u>6/6</u>	<u>—</u>		LEFT EAR <u>MD</u>
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) <u>08 JAN, 2023</u>				
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.

MD. ARIFUL

Signature of Applicant

MD. ARIFUL ISLAM

Name of Applicant

08 JAN 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: [Signature]

STAMP OF PHYSICIAN: [Stamp]

DATE: 08 JAN 2023

EXPIRY DATE OF CERTIFICATE: 07 JAN 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.

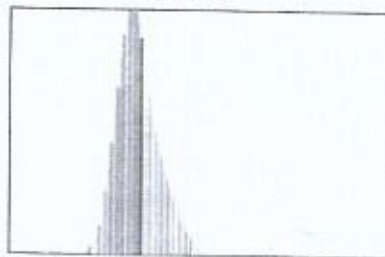
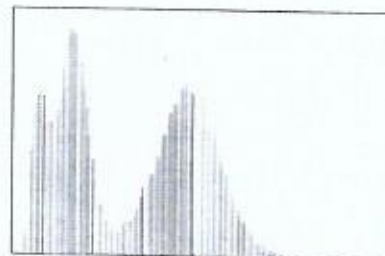
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Biom), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0134 **Date** : 08-Jan-2023 **D.Date** : 08-Jan-2023
Patient's Name : MD ARIFUL ISLAM **Age** : 27Y 5M 19D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:**C/O PO567770

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	16.6 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	10,100 /cumm	Adult: 4000 - 11000/cumm, Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	57 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	38 %	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	202 /cumm	50-450/cumm
Total RBC Count	5.17 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.2 %	M: 40-54%, F:37-47%
MCV	81.6 fL	76 - 94 fL
MCH	32.1 pg	27 - 32 pg
MCHC	39.3 g/dL	29 - 34 g/dL
RDW	13.2 %	11 - 16 %
PDW	12.7 fL	35 - 56 fL
Total Platelete Count (PC)	2,54,000 /cumm	150,000-450,000/cumm
MPV	7.4 fL	7.0 - 11.0 fL
PCT	0.188 %	0.1 - 0.4 %
Bleeding Time(BT)	%	10 - 18 %
Cloting 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	DIA23010134	Received Date	08/01/2023
Patient's Name	MD ARIFUL ISLAM		
Patient's Age	27Y 5M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO:PO567770		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
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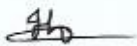
Blood Sugar Random (RBS)	5.2 mmol/L	<7.8 mmol/L
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Serum ALT (SGPT)	33 U/L	Up to 40 U/L
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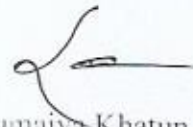
REMARKS (IF ANY)

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

Bill No	IDA23010134	Received Date	08/01/2023
Patient's Name	MD ARIFUL ISLAM		
Patient's Age	27Y 5M 19D	Patient's Sex	Male
Ref by	Dr. Mir Md. Raihan MBBS.(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:PO567770		
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative

Checked By



Medical Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23010134	Received Date	08/01/2023
Patient's Name	MD ARIFUL ISLAM		
Patient's Age	27Y 5M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO;PO56777O
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	0-2/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

JB

Medical Technologist
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

East West Medical College and Hospital

Bill No	DIA23010134	Received Date	08/01/2023
Patient's Name	MD ARIFUL ISLAM		
Patient's Age	27Y 5M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: PO567770		
Sample	URINE		

DRUG ABUSE TEST

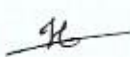
METHOD: Immunochromatographic Assay (Rapid one Step Test)

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.



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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23010134 Receive: 08/01/2023 Print: 08/01/2023
Patient's Name : MD ARIFUL ISLAM
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

ID 9
Med artrial istam
Male 27Years

08-01-2023 11:22:35 AM

HR : 65 bpm

P : 100 ms

PR : 150 ms

QRS : 102 ms

QT/QTc : 366/381 ms

P/QRS/T : 50/76/45 °

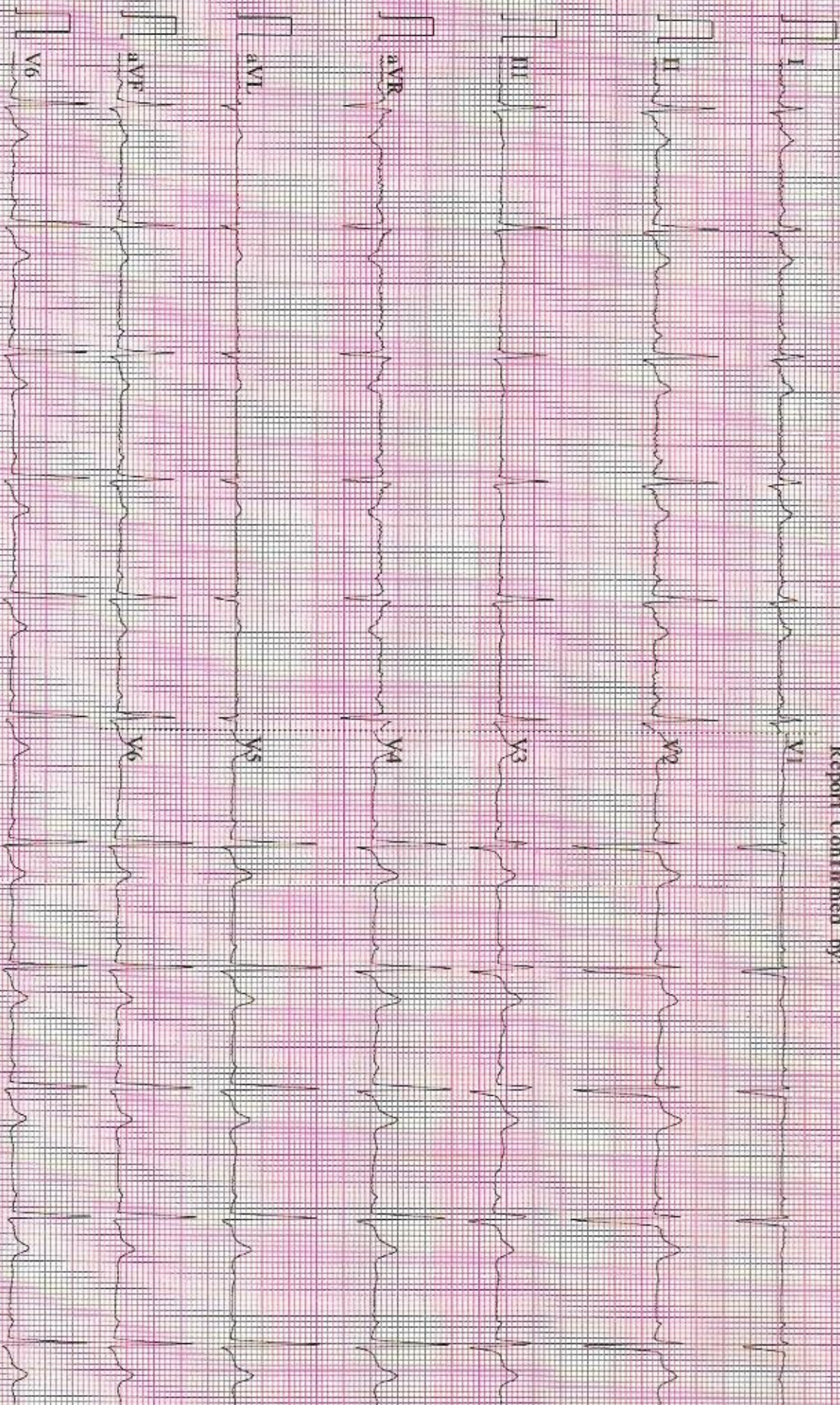
RV5/SV1 : 1.60/2.07/79 mV

Diagnosis Information

Sinus rhythm

Normal ECG

Report Confirmed by:



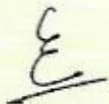
DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23010134 Receive: Print: 08/01/2023
Patient's Name : MD ARIFUL ISLAM
Age : 27 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 65 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

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

MD. ARIFUL ISLAM
This is to certify that JE Soussigne' (e) certifie que _____ date of birth 20-07-1995 Sex MALE
no' (e) le _____ sexe _____
Whose signature follows don't la signature suit *MD. RAIHAN*

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 Statut of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numerc' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
08 JAN 2023	<i>[Signature]</i> DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDG A-55144, MMC-BGD-016 2 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 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 employe a ete approuve par l'organisation Mondiale de la sante et si le centre a ete designe par l'administration sanitaire du territoire dans lequel ce centre est situe.

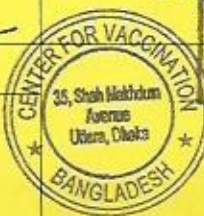
La validite de ce certificat couvre une periode de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à dix ans, le jour de cette revaccination.

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

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

MD. ARIFUL ISLAM
This is to certify that JE Soussigne' (e) certifie que _____ date of birth *20-07-1995* Sex *MALE*
no' (e) le _____ sexe _____
Whose signature follows *[Signature]*
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 la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionnelle vaccinateur	Approved Stamp Cachet d'authentification
<i>08 JAN 2023</i> 2	<i>DR. MUR MD. RAIHAN</i> MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
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 validite de ce certificate couvre une periode de six mois commençant six jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination, au cours de cette periode de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partiques a sept jours d'inter valle et sa validite commence le jour de la seconde injection.

De cachet d'authentification doit etre conforme au modele present per l'administration sanitaire du territoire ou la vaccination est effectuee.

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