

# 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: ARIFIN MD. RAKIBUL

Sex: M

Serial No: \_\_\_\_\_

Date of Birth: 02/12/1994

PP/CDC: C1018108

Rank: 2/0

Vessel: BM SPLENDOR

Type: FGN

Route: WORLDWIDE

Home Address: SALIM KHAN SHADAK, PATHAN BARI ROAD, FENI SADAR, FENI

Company Name: EQUATORIAL MARITIME SERVICES PTE LTD.

## 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)                       |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Hernia / Hydrocoele / Appendicitis             |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Head Injury / Concussion / Loss of Memory                   |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | High / Low blood pressure / Heart disease      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Fits / Epilepsy / Dizziness / Fainting                      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Asthma / Bronchitis / Tuberculosis             |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Eye / Vision Problems (Glasses, etc)                        |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Allergy / Skin disease                         |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Hearing Impairment                                          |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Infection / Contagious Disease                 |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Ear / Nose / Throat problems                                |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Addiction to alcohol / drugs / tobacco         |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Stomach / Bowel disorders                                   |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Fracture / Dislocation / Injury / Amputation   |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Gall stones / Kidney disorders                              |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Major / Minor Operation                        |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Jaundice / Liver Disease                                    |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Diabetes                                       |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Piles / Varicose veins                                      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Nervous / Mental disease / Sleep disorder      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Blood Disorder                                              |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Malignant disease (Cancer)                     |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Female Disorder                                             |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Signed off on medical grounds / Declared Unfit |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |

Notes

## Medical Examination

| Height         | Weight in Kgs | Chest Insp-Exp | Blood Pressure in mm of Hg | Pulse-Beats / min | Resp. Rate / min | General Condition |           |           |           |
|----------------|---------------|----------------|----------------------------|-------------------|------------------|-------------------|-----------|-----------|-----------|
| <u>275cm</u>   | <u>75kg</u>   | <u>43-41</u>   | <u>120/80 mmHg</u>         | <u>78 / min</u>   | <u>19 / min</u>  | <u>Good</u>       |           |           |           |
| Distant Vision | Uncorrected   | Corrected      | Field of Vision            | Audiometry        | Hz               | 500               | 1000      | 2000      | 3000      |
| Right Eye      | <u>6/6</u>    |                | Normal                     | Right Ear         | dB               | <u>20</u>         | <u>20</u> | <u>20</u> | <u>20</u> |
| Left Eye       | <u>6/6</u>    |                | Abnormal                   | Left Ear          | dB               | <u>20</u>         | <u>20</u> | <u>20</u> | <u>20</u> |
| Colour Vision  | Ishihara      | Normal         | Abnormal                   | Hearing           | Right Ear        |                   | Left ear  |           |           |
|                | Other         | Normal         | Abnormal                   |                   | <u>4</u>         |                   | <u>4</u>  |           |           |

## Systemic Examination

|                         | Normal                              | Abnormal | Notes                                                                                                           |  |                       | Normal                              | Abnormal |
|-------------------------|-------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------|--|-----------------------|-------------------------------------|----------|
| Head & Neck             | <input checked="" type="checkbox"/> |          | <b>FIT FOR SEA SERVICE</b><br><b>AS 2ND OFF</b><br><b>AS PER MLC 2006</b><br><b>Enhanced GARD Medicals done</b> |  | Respiratory system    | <input checked="" type="checkbox"/> |          |
| Eyes                    | <input checked="" type="checkbox"/> |          |                                                                                                                 |  | Cardiovascular system | <input checked="" type="checkbox"/> |          |
| Ears / Nose / Throat    | <input checked="" type="checkbox"/> |          |                                                                                                                 |  | Per Abdomen           | <input checked="" type="checkbox"/> |          |
| Teeth / Oral Cavity     | <input checked="" type="checkbox"/> |          |                                                                                                                 |  | Genito-urinary system | <input checked="" type="checkbox"/> |          |
| Musculo-Skeletal system | <input checked="" type="checkbox"/> |          |                                                                                                                 |  | Others                | <input checked="" type="checkbox"/> |          |
| Nervous system          | <input checked="" type="checkbox"/> |          |                                                                                                                 |  | Hernia / Hydrocoele   | <input checked="" type="checkbox"/> |          |
| Reflexes                | <input checked="" type="checkbox"/> |          |                                                                                                                 |  | Varicose Veins        | <input checked="" type="checkbox"/> |          |
| Skin                    | <input checked="" type="checkbox"/> |          |                                                                                                                 |  | Fissure/Fistula/Piles | <input checked="" type="checkbox"/> |          |

## Investigations

| Blood                 | Result                                                  | Normal             | Urine            |
|-----------------------|---------------------------------------------------------|--------------------|------------------|
| Hemoglobin            | <u>15.7</u> gm%                                         | 14-16 gm %         | Colour           |
| Total WBC count       | <u>2.100</u> cu.mm                                      | 4000-11000 / cu.mm | Specific Gravity |
| Neu <u>60</u> % Lymph | <u>26</u> % Eos <u>02</u> Ba <u>00</u> % Mo <u>03</u> % |                    | pH               |
| Malarial parasite     | <u>NOT FOUND</u>                                        |                    | Albumin          |
| ESR                   | <u>05</u> mm / 1st hour                                 | 1- 15 mm / hr      | Sugar            |
| SGPT                  | <u>30</u> U/L                                           | 9-43 U / L         | Bile pigment     |
| S.Cholesterol         | <u>N/A</u> mg/dl                                        | 145-260 mg / dl    | Bile salts       |
| S.Triglycerides       | <u>N/A</u> mg/dl                                        | upto 200 mg /dl    | Occult blood     |
| Blood Sugar           | RBS <u>9.8</u> PPBS                                     | upto 125 mg %      | RBC cells        |
| HbsAg                 | <u>NEGATIVE</u>                                         |                    | Leucocytes       |
| HIV I & II            | <u>NEGATIVE</u>                                         |                    | Others           |
| VDRL                  | <u>NOT DONE</u>                                         |                    |                  |
| Others                |                                                         | GGTP U/L           |                  |
| Blood Group           |                                                         |                    |                  |

## ECG :

Normal

## TMT:

N/D

## X-Ray

Chest:

Normal

## 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: 09 JAN 2025

Candidate's Signature

Md. Rakibul Arifin

Date: 10.01.2023

Official Stamp



Doctor's signature:

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

10 JAN 2023

04.2023.3111

# MEDICAL EXAMINATION REPORT/CERTIFICATE

## MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

### REPUBLIC OF THE MARSHALL ISLANDS

|                                                                                                                                                                                                                                              |                                                                                                 |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| SURNAME <b>ARIFIN</b>                                                                                                                                                                                                                        | GIVEN NAME(S) <b>MD. RAKIBUL</b>                                                                |                                                                              |
| DATE OF BIRTH <b>12 02 1994</b><br>MONTH DAY YEAR                                                                                                                                                                                            | PLACE OF BIRTH <b>BANGLADESH</b><br>CITY <b>FENI</b> COUNTRY                                    | SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| EXAMINATION FOR DUTY AS:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input checked="" type="checkbox"/><br>ENGINEERING OFFICER <input type="checkbox"/><br>RADIO OFFICER <input type="checkbox"/><br>RATING <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT:<br><b>BHUIYAN CASTLE, PATHAN BARI ROAD,<br/>FENI SADAR, FENI.</b> |                                                                              |

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

|                                                                                                                                                                                                                                                                                                                                                         |                     |                                                  |                                                                                                                         |                             |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------|
| HEIGHT <b>175 cm</b>                                                                                                                                                                                                                                                                                                                                    | WEIGHT <b>75 KG</b> | BLOOD PRESSURE <b>120/80 mmHg</b>                | PULSE <b>78 1/min</b>                                                                                                   | RESPIRATION <b>19 1/min</b> | GENERAL APPEARANCE <b>Good</b> |
| VISION:<br>WITHOUT GLASSES <b>6/6</b> / <b>6/6</b><br>WITH GLASSES                                                                                                                                                                                                                                                                                      |                     | HEARING:<br>RT. EAR <b>nm</b> LEFT EAR <b>nm</b> |                                                                                                                         |                             |                                |
| COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input checked="" type="checkbox"/> IS COLOR TEST NORMAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "NO" EXPLAIN ON PAGE 2)                                                                                                                             |                     |                                                  |                                                                                                                         |                             |                                |
| ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                                       |                     |                                                  |                                                                                                                         |                             |                                |
| HEAD AND NECK <b>Normal</b>                                                                                                                                                                                                                                                                                                                             |                     |                                                  | HEART (CARDIOVASCULAR) <b>Normal</b>                                                                                    |                             |                                |
| LUNGS <b>Normal</b>                                                                                                                                                                                                                                                                                                                                     |                     |                                                  | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>Yes</b> |                             |                                |
| EXTREMITIES:<br>UPPER <b>Normal</b> LOWER <b>Normal</b>                                                                                                                                                                                                                                                                                                 |                     |                                                  |                                                                                                                         |                             |                                |
| IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                     |                     |                                                  |                                                                                                                         |                             |                                |
| IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2 |                     |                                                  |                                                                                                                         |                             |                                |
| IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                                                                                               |                     |                                                  |                                                                                                                         |                             |                                |

**Md. Rakibul Arifin**

**10 JAN 2023**

**09 JAN 2025**

SIGNATURE OF APPLICANT

DATE OF EXAMINATION

EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

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

**FIT FOR DUTY ON BOARD SHIP**

**MD. RAKIBUL ARIFIN**

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐

SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☒ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD RAIHAN MBBS.(DU), DFM**

ADDRESS **RADICAL HOSPITALS LIMITED 35, SHAH MAKHMUM AVENUE SECTOR-12, UTTARA DHAKA-1230**

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

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

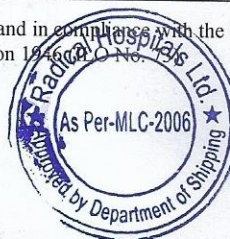
SIGNATURE OF PHYSICIAN

**10 JAN 2023**

DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1978.

**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.



MI-105M

## MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
  - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
  - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
  - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
  - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
  - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
  - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
  - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
  - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) Physical Requirements
  - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
  - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

### IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

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.

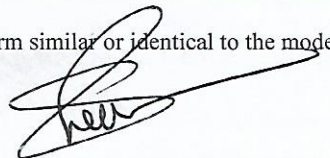
Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

### 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 Appendix 1 of RMI MG-7-47-1.)

10 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.

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



Form No: SMC

SL NO.

4.2023.3111

## 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 ARIFIN First MD RAKIBUL Middle \_\_\_\_\_  
Gender: (Male/Female) ☒ Male ☐ Female Nationality: BANGLADESHI Date: 10 JAN 2023  
Occupation: ☒ Deck ☐ Engine ☐ Catering ☐ Other (specify) 2ND OFFICER Rank: 2ND OFFICER  
Father's/ Husband's name: ABDUL MANNAN C.D.C No. C1018108  
Mother's Name: MOHOSANA AKTER Seaman ID No. 050008595  
Address: House No. \_\_\_\_\_ Street/ Road No. \_\_\_\_\_ Passport No. B00864601  
Locality/Village: PATHAN BARI ROAD NID No. 19943011447000060  
P.O.: FENI SADAR Date of Birth: 02/12/1994  
P.S.: FENI SADAR (DD/MM/YYYY)  
District: FENI

### 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:

- Confirmation that identification documents were checked at the point of examination ☒ YES/NO
- Hearing meets the standards in section A-I/9 ☒ YES/NO
- Unaided hearing satisfactory? ☒ YES/NO
- Visual acuity meets standards in section A-I/9? ☒ YES/NO
- Colour vision meets standards in section A-I/9? ☒ YES/NO  
Date of last colour vision test: 10 JAN 2023
- Fit for lookout duties? ☒ YES/NO
- 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
- 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) 10 JAN 2023

11. Date of expiry (DD/MM/YYYY) 09 JAN 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.

MD. Rakibul Arifin  
Seafarer's Signature



**DR. MIR. MD. RAIHAN**  
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  
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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 qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.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 whispered 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 infections of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

### IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right 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:

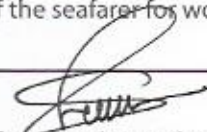
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

**1. Complete physical Examination.**

**2. Pathological Examination:**

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

10 JAN 2023

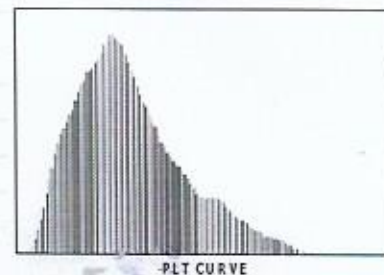
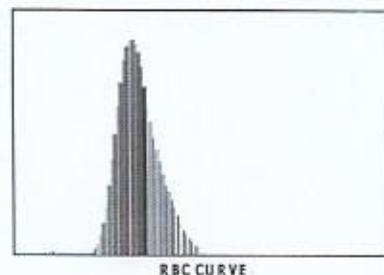
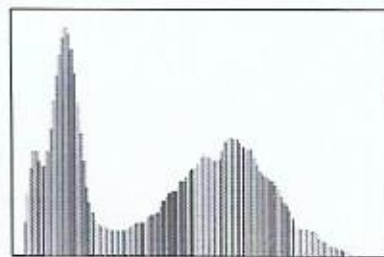
  
**DR. MIR. MD. RAIHAN**  
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited

**Id No** : 0173 **Date** : 10-Jan-2023 **D.Date** : 10-Jan-2023  
**Patient's Name** : MD RAKIBUL ARIFIN **Age** : 29Y 0M 0D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO** :C/O/8108

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>15.1</b> gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>Infant: (One year):8-10 gm/dl.          |
| <b>ESR(Westergreen)</b>            | <b>08</b> mm/1st hr   | Male:0-10, F:0-20 mm/1st hr.                                                                       |
| <b>Total WBC Count(TC)</b>         | <b>7,100</b> /cumm    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>60</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>36</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>02</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>142</b> /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.12</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>40.2</b> %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>78.5</b> fL        | 76 - 94 fL                                                                                         |
| MCH                                | <b>29.5</b> pg        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>37.6</b> g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>13.7</b> %         | 11 - 16 %                                                                                          |
| PDW                                | <b>15.2</b> fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>1,76,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>10.5</b> fL        | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.185</b> %        | 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        | DIA23010173                                           | Received Date | 10/01/2023       |
| Patient's Name | MD RAKIBUL ARIFIN                                     |               |                  |
| Patient's Age  | 29Y 0M 0D                                             | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/ 8108 |
| Sample         | BLOOD                                                 |               |                  |

### BIOCHEMISTRY REPORT

#### Test Name

#### Result

#### ReferenceRange

Blood Sugar Random (RBS)

4.8 mmol/L

&lt;7.8 mmol/LI

Serum Bilirubin (Total)

0.7 mg/dl

0.2 - 1.1 mg/dl

Serum ALT (SGPT)

30 U/L

Up to 40 U/L

RADICAL

Checked By

Medical Technologists  
 Radical Hospitals Ltd.

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

Dept. of Microbiology  
 East West Medical College and Hospital



|                |                                                       |               |                  |
|----------------|-------------------------------------------------------|---------------|------------------|
| Bill No        | DIA23010173                                           | Received Date | 10/01/2023       |
| Patient's Name | MD RAKIBUL ARIFIN                                     |               |                  |
| Patient's Age  | 29Y 0M 0D                                             | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/ 8108 |
| Sample         | BLOOD                                                 |               |                  |

**SEROLOGICAL REPORT**Test NameResult

|                       |          |
|-----------------------|----------|
| 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        | DIA23010173                                           | Received Date | 10/01/2023       |
| Patient's Name | MD RAKIBUL ARIFIN                                     |               |                  |
| Patient's Age  | 29Y 0M 0D                                             | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/ 8108 |
| Sample         | URINE                                                 |               |                  |

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

| Test Name | Result |
|-----------|--------|
|-----------|--------|

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

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|                |                                                       |               |                  |
|----------------|-------------------------------------------------------|---------------|------------------|
| Bill No        | DIA23010173                                           | Received Date | 10/01/2023       |
| Patient's Name | MD RAKIBUL ARIFIN                                     |               |                  |
| Patient's Age  | 29Y 0M 0D                                             | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/ 8108 |
| Sample         | URINE                                                 |               |                  |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

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. : 23010173 Receive: Print: 10/01/2023  
Patient's Name : MD RAKIBUL ARIFIN  
Age : 29 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

## ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 61 b/min  
Rhythm : Regular  
P-Wave : Normal  
P-R Interval : Normal  
QRS Complex : Normal  
ST. Segment : Is electric  
T. Wave : Normal

Impression : Findings are within normal limit.

  
**Dr. Debashish Paul**  
MBBS, MD (Cardiology)  
Associate Professor  
Department of Cardiology  
Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

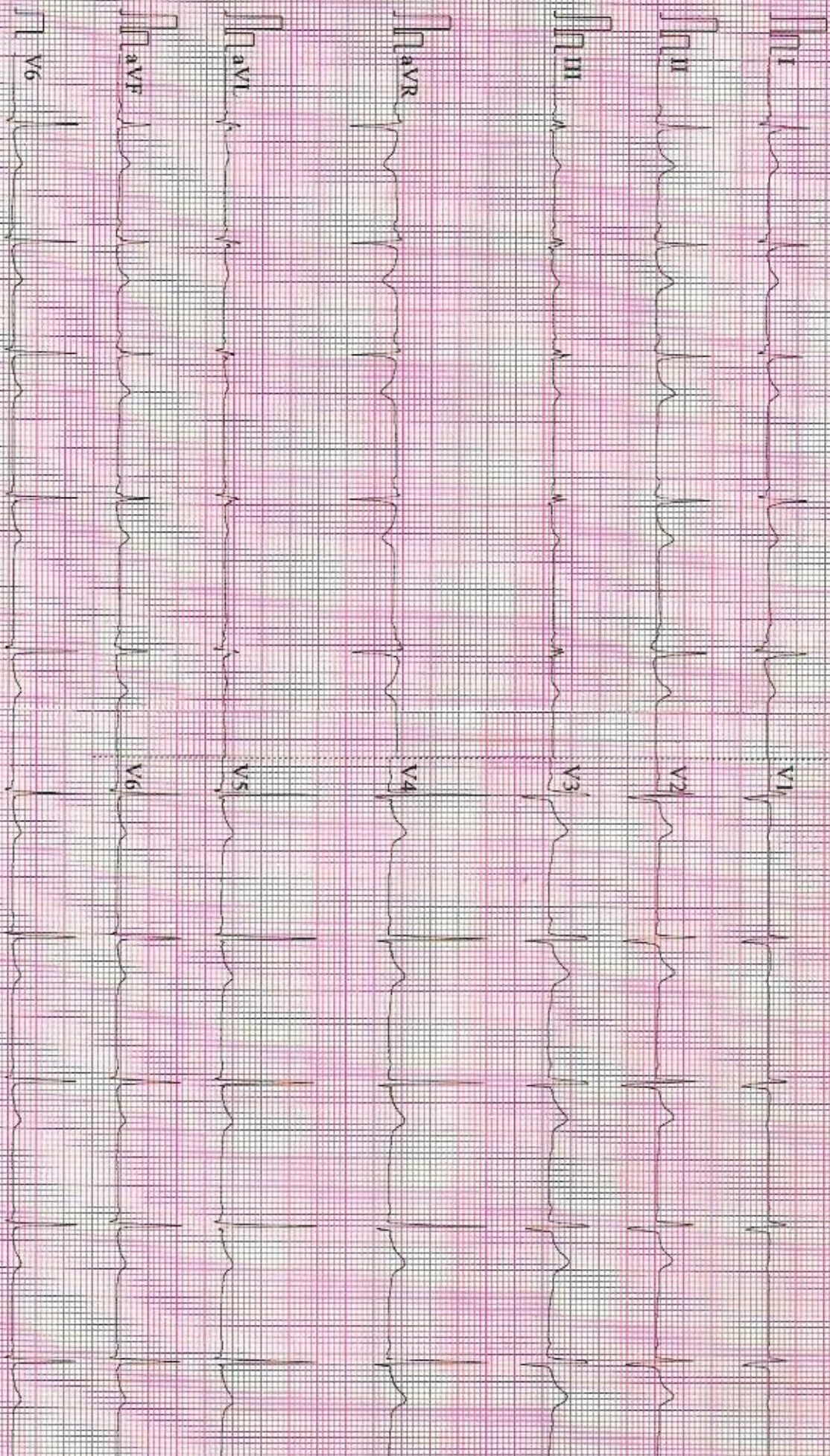
ID: 0  
Mid Radial Artery  
Male 29 Years

10-01-2023 02:44:01 PM

HR : 61 bpm  
P : 102 ms  
PR : 126 ms  
QRS : 96 ms  
QT/QTc : 412/415 ms  
P/QRS/T : 52/47/51  
RV5/SV1 : 3.3/9.0/9.34 mV

Diagnosis Information:  
Sinus arrhythmia  
Normal ECG

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

|                |                                                         |                     |                   |
|----------------|---------------------------------------------------------|---------------------|-------------------|
| ID. No.        | : 23010173                                              | Receive: 10/01/2023 | Print: 10/01/2023 |
| Patient's Name | : MD RAKIBUL ARIFIN                                     |                     |                   |
| Age            | : 29 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**

**MD. RAKIBUL**

This is to certify that JE Soussigne' (e) certifie que **ARIFIN** date of birth **02/12/1994** Sex **M**  
no' (e) le sexe

Whose signature follows  
dont la signature suit

**MD. RAKIBUL ANJIN**  
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<br>Status of Vaccinator<br>Signature et qualité profess-<br>sionnelle vaccinateur                                                                               | Approved Stamp<br>Cachet<br>d'authentification                                                                                                            |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 JAN 2023 | <b>DR. MIR MD. RAIHAN</b><br>MBBS (DU), DFKI, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | <b>CENTER FOR VACCINATION</b><br>35, Shah Makhdum<br>Avenue<br>Uttara, Dhaka<br><b>BANGLADESH</b><br><b>ORAL CHOLERA</b><br>"DUKORAL"<br>Valid Upto 2 yrs |
| 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 la seconde injection.

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 sur 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 il comporte peut affecter sa validité.

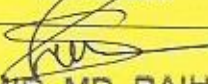
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST YELLOW FEVER  
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION  
CONTRE LA FIEVRE JAUNE**

**MD. RAKIBUL**

This is to certify that JE Soussigne' (e) certifie que ARFIN date of birth / no' (e) le 02/12/1994 Sex / sexe M

Whose signature follows / don't la signature suit Md. Rakibul Arifin

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<br>Statut of Vaccinator<br>Signature et titre<br>du vaccinateur                                                                                                                                                                                      | Manufacturer<br>and batch<br>no of vaccine<br>Fabricant du<br>vaccin et nume'ro<br>du lot | Official stamp of vaccinating centre<br>Cachet officiel du centre de vaccination  |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 10 JAN 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Biderm), PG1 (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>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 employe a e'te' approuve' par l'organisation Mondiale de la sante' et si le centre a e'te' designe' par l'administration sanitaire du territoire dans lequel ce centre est situe'.

La validite' de ce certificat couvre une pe'riode de dix ans commençant dix jours apres la date de la vaccination ou, dans le cas d'une revaccination, ou, a compter de dix ans, le jour de cette revaccination.

Ce certificat doit e'tre signe' par un me'decin de sa propre main, son cachet officiel ne pouvant e'tre considere' comme tenant lieu de signature.

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