

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: **IMRAN MD HASIBUS SALEHEEN** Sex: **M** Serial No: _____

Summae **12 / 12 / 1971** First Name **IMRAN** Middle Initial **MD** PP/CDC: **B00013210**

Date of Birth: **12 / 12 / 1971** Rank: **C/E**

Vessel: **M.T. HAFIA LIBRA** Type: _____ Route: _____

Home Address: **House-62, Road-6, BAITUL AMAN Housing, ADABOR**

Company Name: **DHAKA-1207**

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							
163cm	60kg	43-41 cms	130/80 mmHg	78b/min	16b/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye		6/6	Normal	Right Ear	dB	20	20	20					
Left Eye		6/6	Abnormal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal		4				4				

Systemic Examination	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck	☒		FIT FOR SEA SERVICE AS CH. ENGR 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	19.3 gm%	14-16 gm %	Colour
Total WBC count	6.200 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu % Lymph	67 %		pH
Neu % Eos	02 %		Albumin
Neu % Bas	00 %		Sugar
Malari parasite	Not Found		Bile pigment
ESR	02 mm / 1st hour	1-15 mm / hr	Bile salts
SGPT	U/L	9-43 U/L	Occult blood
S.Cholesterol	mg/dl	145-260 mg / dl	RBC cells
S.Triglycerides	mg/dl	upto 200 mg / dl	Leucocytes
Blood Sugar	RBS PPBS	upto 125 mg %	Others
HbsAg	Not Found		
HIV I & II	Not Found		
VDRL	Not Found		
Others			
Blood Group	O(+ve)	GGTP U/L	

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

X-Ray Chest: **Normal**

Spirometry: **N/D**
Drugs of Abuse: **Negative**
USG: **Normal**

Result of Medical Examination

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

Remarks / Recommendations

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

This certificate is valid till: **09 JAN 2025**

Candidate's Signature: _____

Official Stamp

Doctor's Signature: _____

Date: **10-01-2023**

10 JAN 2023

04.2023.3116



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birm), PGT (Ophth)
BMDC A-66444, MMG BCD 016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

DANISH MARITIME AUTHORITY

Own Declaration and documentation record for
Medical certificate

Parts A and B to be completed by the seafarer

To be used only for persons of 16 years of age or older

A	Surname	IMRAN		First name(s)	MD HASIBUS SALEHEEN	Date of birth in format "day-month-year"	12-12-1971	Sex (M/F)	M
	Occupation	SEAMAN		Nationality	BANGLADESHI				
	Home address (street, house number)	House-522, R-6, BAITUL AMAN H/S, ADABOR		Postal code and town/city	DHAKA-1207		Country	BANGLADESH	
B	OWN DECLARATION			No	Yes	When (year)	OWN DECLARATION - cont		
	Have you previously served in Danish ships						Eye diseases	☒	
	Have you previously undergone a medical examination for seafarers		☒				Pain in the back including lumbago and sciatica	☒	
	Have you been declared unfit for sea service or fit subject to limitations at any previous medical examination	☒					Epilepsy or other convulsive fits	☒	
	Have you been admitted to hospital	☒					Mental disorders for which you have received medical treatment	☒	
	Have you within the last two years had unbroken periods of sick leave of more than 30 days	☒					Alcohol- and drug abuse for which you have been treated	☒	
	Do you have difficulties in orientating yourself under reduced lighting	☒					Hypersensitive reactions, including asthma	☒	
	Do you suffer or have you suffered from any of the following diseases						Eczema	☒	
	Lung diseases, including pulmonary tuberculosis (TB)	☒					Serious accidents causing permanent disability	☒	
	Stomach and intestinal diseases including gastric ulcer	☒					Do you use medicine regularly	☒	
	Heart and circulatory diseases	☒					I hereby give my consent that information about any previous diseases may be obtained from doctors, hospital, other treatment centres and public authorities		
	Kidney and bladder diseases	☒					Date:	10 JAN 2023	Seafarer's signature:
	Diabetes	☒							
	Ear diseases	☒							

Part C to be completed by the doctor

C Doctor's examination (see list of diseases and conditions)									
Is the person examined known to you and does he/she use you as a doctor?					☐ No ☒ Yes				
The person examined is unknown to me, but has satisfied me as to his identity by showing me					☐ Discharge book ☐ Driving licence ☒ Passport				
Height (cm)		163		BMI	23.6				
Weight (kg)		66		Examination of vision and hearing					
Urine		Alb	Nil	Heart	Normal				
		Sugar	Nil	Lungs	Normal				
Blood pressure		130/80		Abdomen	Normal				
Teeth		NM		Skin	Normal				
Eyes		NM		Extremities	Normal				
Oral cavity		NM		Hernia	Normal				
Reflexes		NM		Spinal column	Normal				
Special remarks (if any)					Fitting for				
					Unfit for				
					Unfit for look-out duty and engine-room duty				
Result:					Is the examined in your opinion fit for duty?				
☒					☐ No ☒ Yes				
If "no", please state the reason									
If fitness is conditional, state limitations in regard to									
a) Time		b) Field of work		c) Trading area					
Place and date, doctor's stamp and signature									
					DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited				

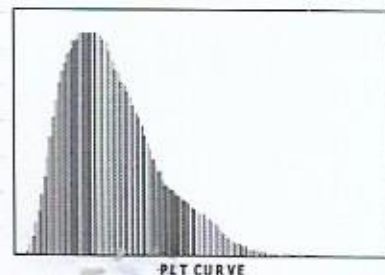
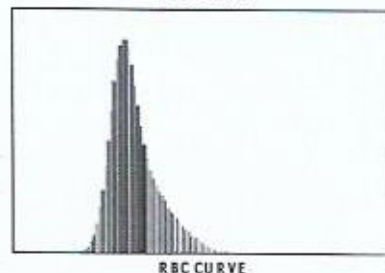
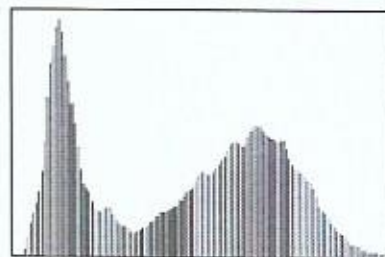
This document should be filed as part of the seafarer's medical record and must not be forwarded to the Danish Maritime Authority.

Id No : 0182 **Date** : 10-Jan-2023 **D.Date** : 10-Jan-2023
Patient's Name : MD HASIBUS SALEHEEN IMRAN **Age** : 52Y 0M 0D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO : C/O/2416

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
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)	6,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	67 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	28 %	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	124 /cumm	50-450/cumm
Total RBC Count	4.59 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	35.5 %	M: 40-54%, F:37-47%
MCV	77.3 fL	76 - 94 fL
MCH	29.0 pg	27 - 32 pg
MCHC	37.5 g/dL	29 - 34 g/dL
RDW	12.6 %	11 - 16 %
PDW	16.5 fL	35 - 56 fL
Total Platelete Count (PC)	1,70,000 /cumm	150,000-450,000/cumm
MPV	9.1 fL	7.0 - 11.0 fL
PCT	0.155 %	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	DIA23010182	Received Date	10/01/2023
Patient's Name	MD HASIBUS SALEHEEN IMRAN		
Patient's Age	52Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	BLOOD	CDC NO:C/O/2416	

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative

BLOOD GROUPING Result

ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist,
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)

Assistant Professor
Dept. of Microbiology

East West Medical College and Hospital

Bill No	DIA23010182	Received Date	10/01/2023
Patient's Name	MD HASIBUS SALEHEEN IMRAN		
Patient's Age	52Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/2416
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. : 23010182 Receive: 10/01/2023 Print: 10/01/2023
Patient's Name : MD HASIBUS SALEHEEN IMRAN
Age : 52 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.



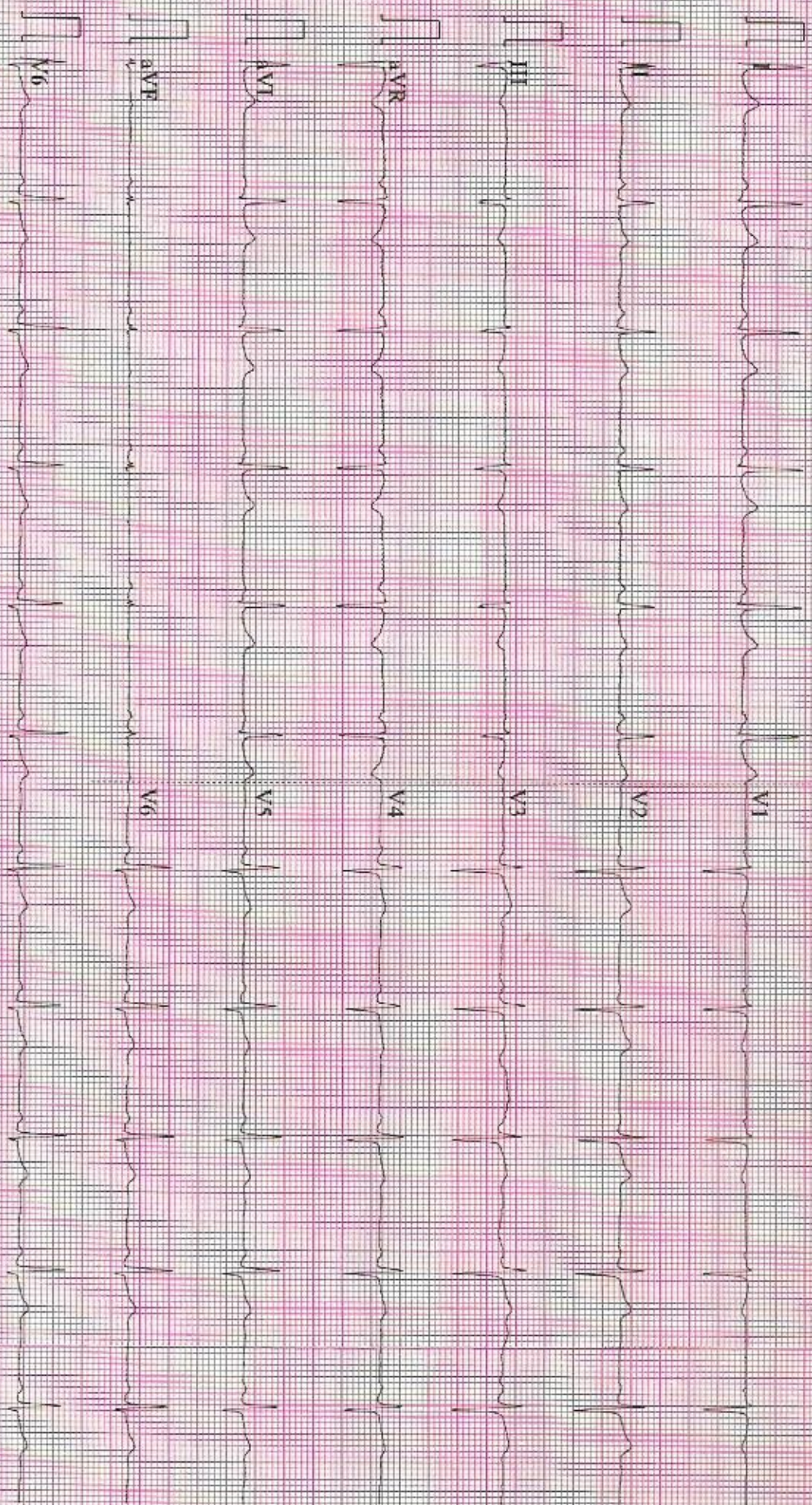
Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

ID: 1
Mr. Michael Jackson
Male 52 Years

10-01-2023 06:42:28 PM
HR 64 bpm
PR 130 ms
QRS 84 ms
QT/QTc 398/411 ms
P/QRS/T 29/9/5 °
RV5/SV1 0.66/0.730 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23010182 Receive: Print: 10/01/2023
Patient's Name : MD HASIBUS SALEHEEN IMRAN
Age : 52 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 64 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

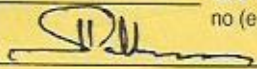
Page 1 of 1

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA**

**CERTIFICAT INTERNATIONAL VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

MD HASIBUS SALEHEEN IMRAN

This is to certify that
is Soussigne (e) certifie que
whose signature follows
dont la signature suit

Signature of the vaccinated person


date of birth **12.12** Sex **M**
no (e) le **1971** sexe

has on the Date indicated been vaccinated or revaccinated against Cholera
a ete vaccine (e) our revaccine (e) contre le cholera a la date indiquee.

Date	Signature and professional Status of vaccinator Signature et qualite professionnelle vaccinateur	Approved Stamp Cachet d'authentification
		
	DR. MD. MIZANUR RAHMAN M.B.B.S. 430 DIT Road, Malibagh, Dhaka Registration No. A-13550	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.
		
	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bldem), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Rajshahi Hospital, Dhaka	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

The validity of this certificate shall extend for a period of six months, beginning six days after the first injection of vaccine or in the event of a revaccination, within such period of six months, 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, le jour de cette revaccination.

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

Le 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 qui le compose peut affecter sa validite.

3. All Deputy Directors of Directorate of Health Services.
4. All Assistant Directors of Directorate of Health Services.
5. All civil Surgeons of Bangladesh.
6. Air port Health officer, Dhaka.
7. Port Health officer, Chittagong.
8. Port Health officer, Mongla, Khulna.
9. Medical officer, National Assembly for Officers And Staff of National Assembly only.
10. Civil Surgeon, Bangladesh Secretariat Clinic. For Officers and staff of Bangladesh Secretariat only.
11. Medical officers authorised by the Army Headquarter for Army Personnel only.
12. Medical officers Authorised by the Naval Headquarter for Naval officers and staff only.
13. Medical officer authorised by the Air Headquarter For Air Officers and staff only.
14. Divisional Medical officers/ Chief Medical Officer For Railway Personnel only.
15. Chief Medical officers of Bangladesh Biman for Bangladesh Biman Personnel Only.

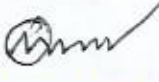
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER

CERTIFICAT INTERNATIONAL DEVACCINATION OU DEREVACCINATION
CENTRE LA FIBRE JANUE

MD. HASIBUS SALEHEEN date of birth 12.12.1974 sex M
This is certify that }
jesoussighe(e)certificque } IMRAN n(e)le sexe }

Whose signature follows
do not la signature snit

has on the date indicated been vaccinated or revaccinated against yellow-fever a etc.
vaccine(e') ou revaccine'(e) centre la fievre janua la date indequee

Date.	Signature of Professional status of vaccination. Signature et qualite professionnelle du vaccinateur.	Origin and batch No. of vaccine. Origine du vaccin employe et numero du lot.	Official stamp of vaccinating centre. Cachet officiel du bcentre de vaccination.
10/02-50-81		1313 DAKAR	

DR. MD. ABDUR RAZZAQUE MONDAL
Airport Health Officer
Hazrat Shahjalal International Airport
Dhaka, Bangladesh.