



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaldanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMDC
Accreditation No. A55144

PATIENT CONTROL NUMBER
H781

MEDICAL EXAMINATION CERTIFICATE

SURNAME RAHMAN	FIRST NAME AND A B M	MIDDLE NAME MAMUNUR
PLACE AND DATE OF BIRTH KHULNA 8-Nov-1991	PASSPORT NUMBER A00043456	SEAMAN'S BOOK NUMBER CO6725
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : BULK CARRIER TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : KHULNA H-14 (OLD) 18 (NEW) SHAMSUR RAHMAN ROAD, KHULNA SADAR, KHULNA SADAR-9100, KHULNA, BANGLADESH		CONTACT NUMBER : 008801711331271
		RANK : 1AT ASST ENGINEER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hemia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Mir Md. Raihan
Signature of Seafarer

MEDICAL EXAMINATION

Weight **80kg** Height (cm) **170** BMI **27.6** Blood Pressure: Systolic **120** Diastolic **80** PULSE: **78**

Ear	Hearing by Audiometry
Right	☐ Adequate ☐ Inadequate
Left	☐ Adequate ☐ Inadequate

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
☒ Adequate	☐ Inadequate
☒ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6			☒	☐
Near					☒	☐

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) 24 JAN 2023

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>NAD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☐ Negative
ECG	<u>NAD</u>	BILIRUBIN	Alcohol Test	☐ Positive	☐ Negative
BLOOD R/E		SGPT	URINE R/E	<u>NAD</u>	
DC (differential count)	<u>NAD</u>	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	<u>14.6</u>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<u>06</u>	Morphine	☐ Positive ☐ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<u>11.000</u>	Amphetamine	☐ Positive ☐ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☐ Negative	Blood Type	<u>O-(VE)</u>
RANDOM	<u>5.3</u>	Barbiturates	☐ Positive ☐ Negative	Psychological Exam	<u>NAD</u>
HBA1C	<u>5.5%</u>	Cocaine	☐ Positive ☐ Negative	Others (KUB Ultraso	<u>N/E</u>

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer M. K. Rahman

A B M MAMUNUR RAHMAN

Name of Seafarer

24-Jan-2023

Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:



Fit for lookout duties



Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	☒
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No	☐
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Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date: 24 JAN 2023 Valid Until: 23 JAN 2025

DR. M. M. RAHMAN

Name and Signature of Authorized Physician

MBBS (D), D.M. CCB (D), D.M. CCB (D)

BMD-55144-MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

In Accordance with Medical Examination of Seafarers Convention 1996 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RAHMAN		GIVEN NAME (S): A.B.M MAMUNUR	
DATE OF BIRTH: DAY 8 MONTH 11 YEAR 1991		PLACE OF BIRTH CITY KHULNA COUNTRY BANGLADES	SEX MALE FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING		MAILING ADDRESS OF APPLICANT: KHULNA H-14 (OLD) 18 (NEW) SHAMSUR RAHMAN ROAD, KHULNA SADAR, KHULNA SADAR-9100, KHULNA, BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR W
LEFT EYE	6/6	—	LEFT EAR W

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) **24 JAN, 2023**

Are glasses or contact lenses necessary to meet the required vision standards? YES NO

Able for watchkeeping? YES NO

Is applicant taking any non-prescription or prescription medications? YES NO

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

A.B.M MAMUNUR RAHMAN

Mamunur Rahman
Signature of Applicant

Name of Applicant

24 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; M.B.B.S(D.U.), REG. NO. A-55144	
ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230.	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)	
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014	
SIGNATURE OF PHYSICIAN: <i>Mir Md. Raihan</i>	STAMP OF PHYSICIAN: 
EXPIRY DATE OF CERTIFICATE: 23 JAN 2025	DATE: 24 JAN 2023

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

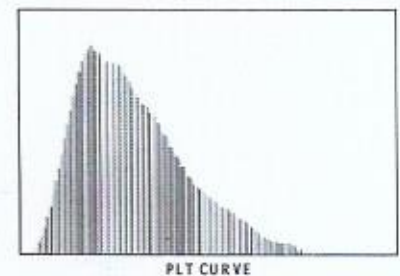
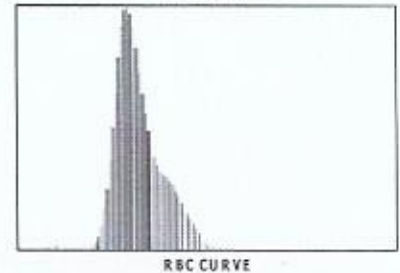
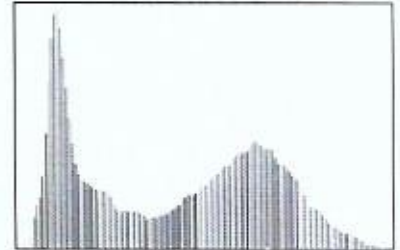
DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (Birm), PGT (Ophth)
BMD C A-55144, MMC BGD 010
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0563 **Date** : 24-Jan-2023 **D.Date** : 24-Jan-2023
Patient's Name : A B M MAMUNUR RAHMAN **Age** : 31Y 2M 16D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6725

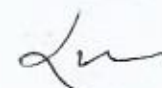
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.6 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	06 mm/1st hr	
Total WBC Count(TC)	11,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	30 %	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	220 /cumm	50-450/cumm
Total RBC Count	5.25 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.4 %	M: 40-54%, F:37-47%
MCV	77.0 fL	76 - 94 fL
MCH	27.8 pg	27 - 32 pg
MCHC	36.1 g/dL	29 - 34 g/dL
RDW	12.7 %	11 - 16 %
PDW	14.9 fL	35 - 56 fL
Total Platelete Count (PC)	2,21,000 /cumm	150,000-450,000/cumm
MPV	10.5 fL	7.0 - 11.0 fL
PCT	0.232 %	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	DIA23010563	Received Date	24/01/2023
Patient's Name	A B M MAMUNUR RAHMAN		
Patient's Age	31Y 2M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6725
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.3 mmol/l	4.2 – 6.4 mmol/l
Serum AST(SGOT)	28 U/L	Up to 37 U/L
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
HbA1C	5.5 %	4.2 - 6.7 %

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	DIA23010563	Received Date	24/01//2023
Patient's Name	A B M MAMUNUR RAHMAN		
Patient's Age	31Y 2M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/6725		
Sample	BLOOD		

SEROLOGYCAL REPORT

<u>Test Name</u>	<u>Result</u>
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL Test	Non-reactive

<u>BLOOD GROUPINGResult</u>	
ABO Blood Group	"O" (-ve)
Rh(D)Factor	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

Bill No	DIA23010563	Received Date	24/01/2023
Patient's Name	A B M MAMUNUR RAHMAN		
Patient's Age	31Y 2M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/Q/6725		
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By


Medical Technologist
Radical Hospitals Ltd.


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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23010563	Receive: 24/01/2023	Print: 24/01/2023
Patient's Name	: A B M MAMUNUR RAHMAN		
Age	: 31 Yrs	Sex	: M
Refd. by	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

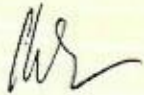
Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

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

This report has been electronically signed.

Page 1 of 1

ID: 0
ABM Maminur Rahman
Male 31 Years

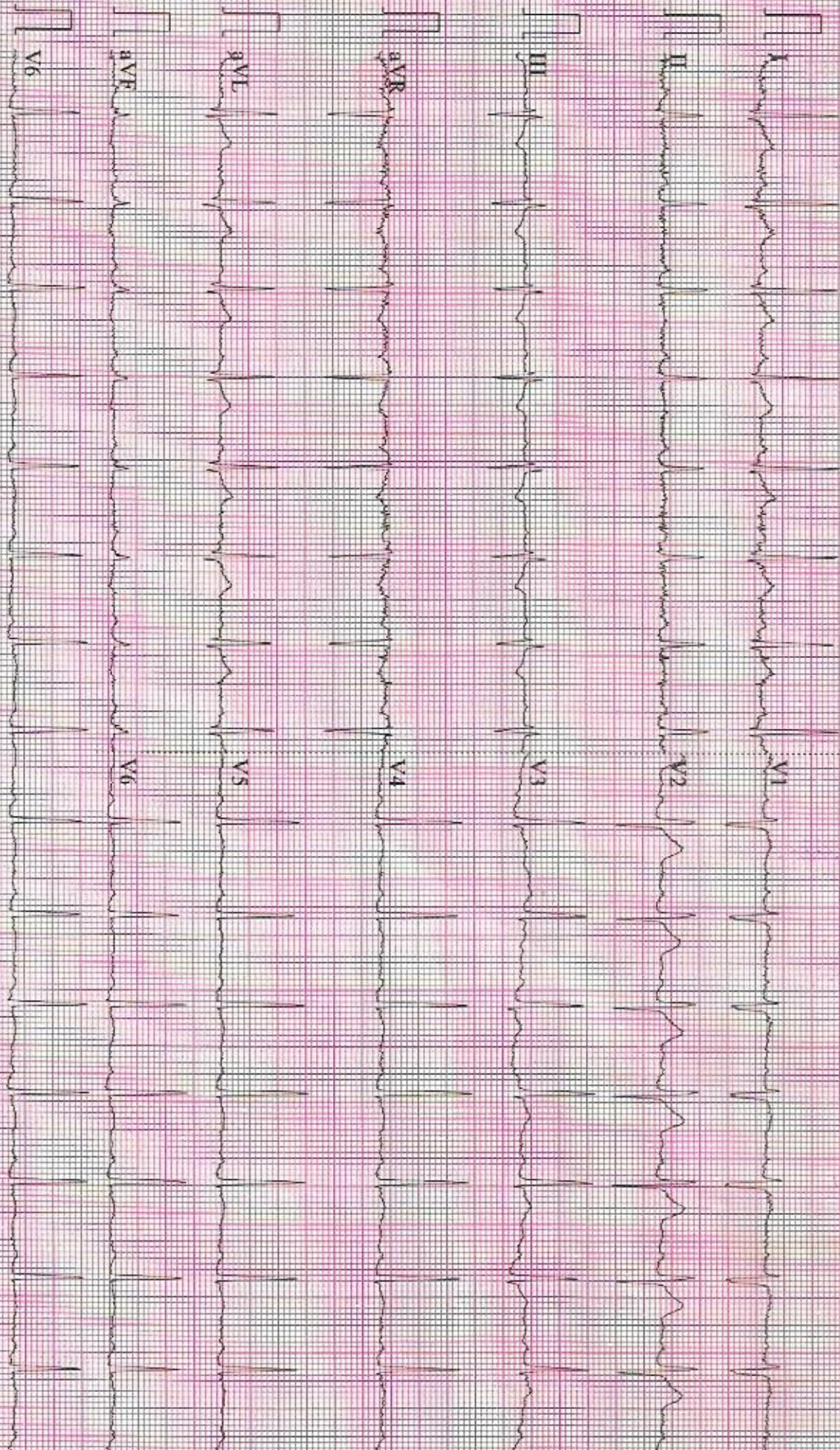
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HR : 93 bpm
P : 108 ms
PR : 156 ms
QRS : 82 ms
QT/QTc : 332/413 ms
P:QRS/T : 38/21/-6 °
RV5/SV1 : 1.48/5.0/6.42 mV

Diagnosis Information

Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by:



REF: MV. VIBEKE IRIS

DATE: 24/01/2023

M/S. HAQUE & SONS LTD.
 RUMMANA HAQUE TOWER
 1267/A, GOSHAIL DANGA
 AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: A B M MAMUNUR RAHMAN

RANK: 2ND ENG

CDC NO: C/O/6725

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

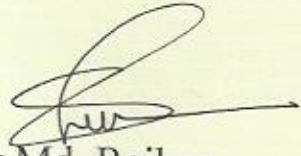
6/6

6/6

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD


 Dr. Mir Md. Raihan
 MBBS, PGT (Ophthalmology)
 Assistant Registrar (EX)
 East west Medical College & Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

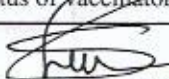
This is to certify that
whose signature follows

Date of birth 08.11.1991 Sex MALE

M. Rahman

ABM MAMUNUR RAHMAN (40/6725)

has on the date indicated been vaccinated or revaccinated against yellow-fever.

Date	Signature and Professional status of vaccinator	Origin and batch no. of vaccine	Official stamp of vaccination centre
1 24 JAN 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the 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 ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, or failure to complete any part of it may render it invalid.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 08-11-1991 Sex MALE

Handwritten signature

ABM MAMUNUR RAHMAN (406725)

has on the date indicated been vaccinated or revaccinated against Cholera

24 JAN 2023

Date	Signature and Professional status of vaccinator	Approved Stamp	
	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.		
2			
3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso