



# HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

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Accredited By : BMD  
Accreditation No. A 55144

PATIENT CONTROL NUMBER:  
H1894

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                           |                                     |                                                 |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|
| SURNAME<br><b>KABIR</b>                                                                                                   | FIRST NAME<br><b>AHSANUL</b>        | MIDDLE NAME                                     |
| PLACE AND DATE OF BIRTH<br><b>KURIGRAM 7-Oct-1995</b>                                                                     | PASSPORT NUMBER<br><b>A00536179</b> | SEAMAN'S BOOK NUMBER<br><b>CO9790</b>           |
| NATIONALITY: <b>BANGLADESHI</b> SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female             | VESSEL TYPE: <b>CHEM. TANKER</b>    | TRADING AREA: <b>WORLD WIDE</b>                 |
| PERMANENT HOME ADDRESS:<br><b>VILL- CHAKIR POSHAR TALUK, PO- RAJARHAT 5610, PS- RAJARHAT, DIST- KURIGRAM, BANGLADESH.</b> |                                     | CONTACT NUMBER: <b>01780-584584 (SELF), 017</b> |
| RANK:                                                                                                                     |                                     | <b>3RD OFFICER</b>                              |

Have you ever had any of the following conditions?

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

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?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

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

☐ YES ☒ NO

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 practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

### MEDICAL EXAMINATION

Weight **72kg** Height (cm) **170** BM **24.9** Blood Pressure: Systolic **110 mm** Diastolic **80 mm** PULSE: **78 /min**

| Ear   | Hearing by Audiometry                                                 |
|-------|-----------------------------------------------------------------------|
| Right | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |
| Left  | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |

| Audiometry |      |      |      |
|------------|------|------|------|
| 500        | 1000 | 2000 | 3000 |
|            |      |      |      |

| Hearing by Whisper Test                      |                                     |
|----------------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |

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

|         | Visual acuity |          |           |          |
|---------|---------------|----------|-----------|----------|
|         | Unaided       |          | Aided     |          |
|         | 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) 19 JAN, 2023

|           | Visual fields                       |                                     |
|-----------|-------------------------------------|-------------------------------------|
|           | Normal                              | Defective                           |
|           | Right eye                           | Left eye                            |
| Right eye | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Left eye  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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

## RESULTS OF ANCILLARY EXAMINATIONS

|                        |       |                                    |                                                                                |                    |                                                                                   |
|------------------------|-------|------------------------------------|--------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------|
| Chest X-Ray            | NAD   | BIO CHEMICAL (LIVER FUNCTION TEST) |                                                                                | Marijuana          | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative    |
| ECG                    | NAD   | BILIRUBIN                          | 0.7                                                                            | Alcohol Test       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative    |
| BLOOD R/E              |       | SGPT                               | N/E                                                                            | URINE R/E          | NAD                                                                               |
| DC(differential count) | NAD   | SGOT                               | 27                                                                             | OTHERS             |                                                                                   |
| HAEMOGLOBIN (HGB)      | 14.8  | DRUG AND ALCOHOL TEST              |                                                                                | HBsAg              | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN)       | 06    | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test    | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| WBC                    | 9.800 | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL               | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL    |       | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type         | B+ve                                                                              |
| RANDOM                 | 4.0   | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam | NAD                                                                               |
| HBA1C                  | 5.0%  | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others(KUB Ultraso | N/E                                                                               |

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

Signature of Seafarer: [Signature] Name of Seafarer: AHSANUL KABIR Date: 19 JAN 2023

## 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   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unfit | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☒ 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                                 | No                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

Fitness Date: 19 JAN 2023 Valid Until: 18 JAN 2025

DR. MURAD RAHMAN  
Name and Signature of Authorizing Physician

In Accordance with Medical Examination (Seafarers Convention, 1958 and STCW 1978/1996 as Amended, MLC 2006)

# MEDICAL EXAMINATION REPORT/CERTIFICATE

## MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

## REPUBLIC OF THE MARSHALL ISLANDS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                    |                                                                                                                                                      |                            |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| SURNAME<br>KABIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                    | GIVEN NAME(S)<br>AHSANUL                                                                                                                             |                            |                            |
| DATE OF BIRTH<br>10 7 1995<br>MONTH DAY YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                    | PLACE OF BIRTH<br>KURIGRAM CITY                                                                                                                      |                            | BANGLADESH<br>COUNTRY      |
| SEX<br><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>VILL-CHAKIR POSHAR TALUK<br>PO-RAJARHAT, PS-RAJARHAT<br>DIST-KURIGRAM<br>KURIGRAM<br>BANGLADESH                     |                            |                            |
| MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                    |                                                                                                                                                      |                            |                            |
| HEIGHT<br>170cm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WEIGHT<br>72kg | BLOOD PRESSURE<br>110/80 mmHg      | PULSE<br>78b/min                                                                                                                                     | RESPIRATION<br>19 b/m      | GENERAL APPEARANCE<br>Good |
| VISION:<br>WITHOUT GLASSES<br>WITH GLASSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                    | HEARING:<br>RT. EAR<br>LEFT EAR                                                                                                                      |                            |                            |
| RIGHT EYE<br>6/6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                    | LEFT EYE<br>6/6                                                                                                                                      |                            |                            |
| COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                            |                |                                    |                                                                                                                                                      |                            |                            |
| HEAD AND NECK<br>Normal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                |                                    | HEART (CARDIOVASCULAR)<br>Normal                                                                                                                     |                            |                            |
| LUNGS<br>Normal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                    | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <input checked="" type="checkbox"/> YES |                            |                            |
| EXTREMITIES:<br>UPPER <input checked="" type="checkbox"/> Normal LOWER <input checked="" type="checkbox"/> Normal                                                                                                                                                                                                                                                                                                                                                                                                            |                |                                    |                                                                                                                                                      |                            |                            |
| IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                          |                |                                    |                                                                                                                                                      |                            |                            |
| 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                    |                |                                    |                                                                                                                                                      |                            |                            |
| IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                    |                                                                                                                                                      |                            |                            |
| IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                    |                |                                    |                                                                                                                                                      |                            |                            |
| SIGNATURE OF APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | DATE OF EXAMINATION<br>19 JAN 2023 |                                                                                                                                                      | EXPIRY DATE<br>18 JAN 2025 |                            |
| THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                |                                    |                                                                                                                                                      |                            |                            |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: AHSANUL KABIR                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                |                                    |                                                                                                                                                      |                            |                            |
| NAME OF APPLICANT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                |                                    |                                                                                                                                                      |                            |                            |
| THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                         |                |                                    |                                                                                                                                                      |                            |                            |
| SEAFARER IS FOUND TO BE <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> NOT FIT FOR DUTY AS A <input type="checkbox"/> MASTER / <input checked="" type="checkbox"/> DECK OFFICER / <input type="checkbox"/> ENGINEERING OFFICER / <input type="checkbox"/> RADIO OFFICER / <input type="checkbox"/> RATING / <input type="checkbox"/> CHIEF COOK / <input type="checkbox"/> COOK <input checked="" type="checkbox"/> WITHOUT ANY RESTRICTIONS / <input type="checkbox"/> WITH THE FOLLOWING RESTRICTIONS: |                |                                    |                                                                                                                                                      |                            |                            |
| NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN; M.B.B.S(D.U.), DFM, REG. NO. A-55144                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                    |                                                                                                                                                      |                            |                            |
| ADDRESS REDICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR -12 UTTARA, DHAKA-1230.                                                                                                                                                                                                                                                                                                                                                                                                                                     |                |                                    |                                                                                                                                                      |                            |                            |
| NAME OF PHYSICIAN'S CERTIFYING DG SHIPPING BANGLADESH                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                |                                    |                                                                                                                                                      |                            |                            |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 08-05-2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                |                                    |                                                                                                                                                      |                            |                            |
| SIGNATURE OF PHYSICIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |                                    |                                                                                                                                                      |                            |                            |
| DATE 19 JAN 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |                                    |                                                                                                                                                      |                            |                            |

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (No. 73)

DR. MIR. MD. RAIHAN  
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  
BMD A-55144, MMC-BGD-016  
DG Shipp.ng 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.)

19 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** : 0451 **Date** : 19-Jan-2023 **D.Date** : 19-Jan-2023  
**Patient's Name** : AHSANUL KABIR **Age** : 27Y 3M 11D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/9790

### Haematology Report

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

| Parameter Name                     | Results        | Reference Range                                                                                    |
|------------------------------------|----------------|----------------------------------------------------------------------------------------------------|
| Hemoglobin (Hb)                    | 14.8 gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| ESR(Westergreen)                   | 06 mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| Total WBC Count(TC)                | 9,000 /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                        | 61 %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | 35 %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | 02 %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | 02 %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | 00 %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | 180 /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | 5.34 m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | 41.7 %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | 78.1 fL        | 76 - 94 fL                                                                                         |
| MCH                                | 27.7 pg        | 27 - 32 pg                                                                                         |
| MCHC                               | 35.5 g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | 12.5 %         | 11 - 16 %                                                                                          |
| PDW                                | 18.9 fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | 1,78,000 /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | 9.8 fL         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | 0.174 %        | 0.1 - 0.2 %                                                                                        |
| 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        | DIA23010451                                           | Received Date | 19/01/2023      |
| Patient's Name | AHSANUL KABIR                                         |               |                 |
| Patient's Age  | 27Y 3M 11D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/9790 |
| Sample         | BLOOD                                                 |               |                 |

### BIOCHEMISTRY REPORT

| <u>Test Name</u>         | <u>Result</u> | <u>ReferenceRange</u> |
|--------------------------|---------------|-----------------------|
| Serum Bilirubin (Total)  | 0.7 mg/dl     | 0.2 - 1.1 mg/dl       |
| Serum AST (SGOT)         | 27 U/L        | Up to 37 U/L          |
| Blood Sugar Random (RBS) | 4.9 mmol/L    | <7.8 mmol/L           |
| HbA1C                    | 5.0 %         | 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. Sumaira Khatun  
MBBS, MD (Microbiology)  
Associate Professor  
Dept. of Microbiology  
East West Medical College and Hospital

|                |                                                           |               |                  |
|----------------|-----------------------------------------------------------|---------------|------------------|
| Bill No        | DIA23010451                                               | Received Date | 19/01/2023       |
| Patient's Name | AHSANUL KABIR                                             |               |                  |
| Patient's Age  | 27Y 3M 11D                                                | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM |               | CDC NO: C/O/9790 |
| Sample         | BLOOD                                                     |               |                  |

## SEROLOGICAL REPORT

### Test Name

### Result

|                           |              |
|---------------------------|--------------|
| HIV 1 & 2 (Method : (ICT) | Negative     |
| HBsAg (Method : (ICT)     | Negative     |
| VDRL Test                 | Non-reactive |

### BLOOD GROUPING Result

|                 |           |
|-----------------|-----------|
| ABO Blood Group | "A" (+ve) |
| Rh(D)Factor     | Positive  |

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        | DIA23010451                                               | Received Date | 19/01/2023       |
| Patient's Name | AHSANUL KABIR                                             |               |                  |
| Patient's Age  | 27Y 3M 11D                                                | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM |               | CDC NO: C/O/9790 |
| 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  | 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

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

|                |                                                       |               |                 |
|----------------|-------------------------------------------------------|---------------|-----------------|
| Bill No        | DIA23010451                                           | Received Date | 19/01/2023      |
| Patient's Name | AHSANUL KABIR                                         |               |                 |
| Patient's Age  | 27Y 3M 11D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/9790 |
| 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

Medical Technologist  
Radical Hospitals Ltd.

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

REF: MT. FUJI GALAXY

DATE: 19/01/2023

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

**EYE EXAMINATION REPORT**

NAME: AHSANUL KABIR

RANK: 3<sup>RD</sup> OFF

CDC NO: C/O/9790

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/2

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

D.1  
PHARMACEUTICAL  
Male 27 Years

19-01-2023 08:51:48 PM  
HR 72 bpm

Diagnosis Information:

Sinus rhythm  
Normal ECG

P : 120 ms  
PR : 154 ms  
QRS : 96 ms  
QT/QTc : 358/392 ms  
P-QRS-T : 4823/24 °  
RV5/SV1 : 1610/0.660 mV

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23010451 Receive: 19/01/2023 Print: 19/01/2023  
Patient's Name : AHSANUL KABIR  
Age : 27 Yrs Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

**X-RAY OF CHEST (DIGITAL)**

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

**Heart** : Normal in T.D.

**Lung** : Lung fields are clear.

**Bony thorax** : Reveals no abnormality.

**Comments** : Normal chest skiagram.

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

|              |                                                       |               |            |
|--------------|-------------------------------------------------------|---------------|------------|
| Patient ID   | 23010451                                              | Voucher No    |            |
| Test Name    | USG OF KUB                                            | Delivery Date | 19/01/2023 |
| Patient Name | AHSANUL KABIR                                         |               |            |
| Age          | 27 Yrs                                                | Sex           | Male       |
| Refd. By     | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               |            |

**THANK YOU FOR THE COURTESY OF THIS REFERRAL**

**RT KIDNEY:** - Is normal in size regular in shape and position. Bipolar length -8.6cm. The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.  
*P-C systems are not dilated.*

**LT KIDNEY:** - Is normal in size regular in shape and position. Bipolar length -9.4cm. The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.  
*P-C systems are not dilated.*

**URETER:** There is no dilatation in both ureter.

**URINARY BLADDER:** Is well filled. Wall thickness is regular and within normal limit.  
 No intravesicle lesion is seen

**PROSTATE:** Normal in size and volume is 20.3cc, regular in shape. Echogenicity is homogenous.  
 No area of calcification is seen.

**COMMENT:** Normal Study.

Dr. Asma Ahmed  
 MBBS,CMU,DMU  
 PGT(Gynae & obs)  
 Advanced Training on TVS  
 Consultant Sonologist

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that *Shamul Kabir* } Date of birth 07-10-1975 Sex Male  
whose signature follows }

*Shamul Kabir* has on the date indicated been vaccinated or revaccinated against Cholera

| Date        | Signature and Professional status of vaccinator                                                                                                                                                           | Approved Stamp                                                                      |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 31 MAR 2018 | <i>[Signature]</i><br>DR. M. AYUBUR RAHMAN<br>M.B.B.S; P.G.T (Medicine)<br>Taher Chamber<br>10, Agrabad C/A, Chittagong.<br>Regn. No. A-11820                                                             |    |
| 30 JUL 2021 | <i>[Signature]</i><br>DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |    |
| 28 APR 2022 | <i>[Signature]</i><br>DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |    |
| 04 DEC 2022 | <i>[Signature]</i><br>DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |   |
| 19 JAN 2023 | <i>[Signature]</i><br>DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |

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