

**HAQUE & SONS LTD.**

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

Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No : A55144PATIENT CONTROL NUMBER
HSL-003938**MEDICAL EXAMINATION CERTIFICATE**

SURNAME RIZVIE		FIRST NAME AND KHALED		MIDDLE NAME MD	
PLACE AND DATE OF BIRTH JASHORE 7-Feb-1985		PASSPORT NUMBER EE0405001		SEAMAN'S BOOK NUMBER CO7381	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female		VESSEL TYPE : Container Ship TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS :				CONTACT NUMBER : 01716422037	
VILL : BALIADANGA, P.O: JASHORE SADOR, P.S: KOTWALI,, DIST: JASHORE, BANGLADESH.				RANK : ELECTRICAL 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 Hernia	☐	☒	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 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 78kg	Height (cm) 175	BM 25.4	Blood Pressure: Systolic 120	Diastolic 80	PULSE: 78/min																												
<table border="1"> <thead> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td colspan="4" rowspan="2">N/A</td> <td>☐ Adequate</td> <td>☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td>☐ Adequate</td> <td>☐ Inadequate</td> </tr> </tbody> </table>						Hearing by Audiometry		Audiometry				Hearing by Whisper Test				500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate	N/A				☐ Adequate	☐ Inadequate	Left	☐ Adequate ☐ Inadequate	☐ Adequate	☐ Inadequate
Hearing by Audiometry		Audiometry				Hearing by Whisper Test																											
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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			Right eye		
Near					Left eye		

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ☒ YES / NO

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 09 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	<i>NAD</i>	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive	☒ Negative
ECG	<i>NAD</i>	BILIRUBIN	<i>0.8</i>	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	<i>30</i>	URINE R/E	<i>NAD</i>	
DC(differential count)	<i>NAD</i>	SGOT	<i>28</i>	OTHERS		
HAEMOGLOBIN (HGB)	<i>15.9</i>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive	☒ Nonreactive
ESR (WESTERGREN)	<i>28</i>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive	☒ Nonreactive
WBC	<i>8000</i>	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive	☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	<i>A+ / NAD</i>	
RANDOM	<i>4.8</i>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	<i>NAD</i>	
HBA1C	<i>5.0%</i>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultraso	<i>NAD</i>	

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

09 JAN 2023

8-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	No
☐	☐

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

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

Fitness Date: 09 JAN 2023

Valid Until:

~~00 JAN 2025~~

Name: **DR MIR MD RAHAN**

In Accordance with Medical Examination (Seafarers Convention 1976, Art. 70) and STCW 1978/1996 as Amended, MLC 2006

DG Shipping Bangladesh Approved

General Physician
Radical Hospitals Limited

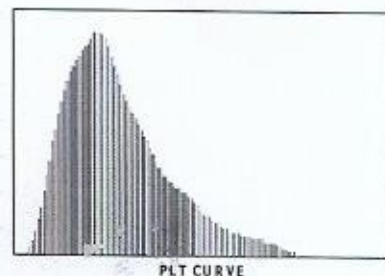
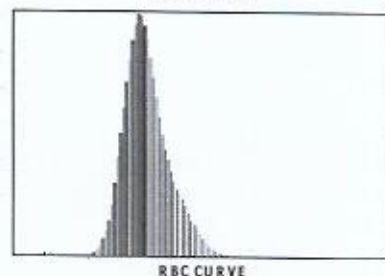
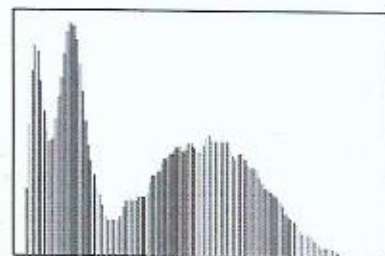
Revision Date : 24th July 2022

Id No : 0155 **Date** : 09-Jan-2023 **D.Date** : 09-Jan-2023
Patient's Name : KHALED MD RIZVIE **Age** : 37Y 2M 20D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/7381

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.9 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)	8,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	57 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	37 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	160 /cumm	50-450/cumm
Total RBC Count	4.98 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41.9 %	M: 40-54%, F:37-47%
MCV	84.1 fL	76 - 94 fL
MCH	31.9 pg	27 - 32 pg
MCHC	37.9 g/dL	29 - 34 g/dL
RDW	12.5 %	11 - 16 %
PDW	12.4 fL	35 - 56 fL
Total Platelete Count (PC)	1,70,000 /cumm	150,000-450,000/cumm
MPV	9.8 fL	7.0 - 11.0 fL
PCT	0.167 %	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	DIA23010155	Received Date	09/01/2023
Patient's Name	KHALED MD RIZVIE		
Patient's Age	37Y 2M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: C/O/7381		
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Serum ALT (SGPT)	30 U/L	Up to 40 U/L
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	28 U/L	Up to 37 U/L
Blood Sugar Random (RBS)	4.8 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. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

East West Medical College and Hospital

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Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

BLOOD GROUPING Result

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital



Bill No	DIA23010155	Received Date	09/01/2023
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Patient's Age	37Y 2M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		
Sample	URINE	CDC NO: C/O/7381	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23010155	Received Date	09/01/2023
Patient's Name	KHALED MD RIZVIE		
Patient's Age	37Y 2M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7381		
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

REF: MV. MSC MANZANILLO

DATE: 09/01/2023

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

EYE EXAMINATION REPORT

NAME: KHALED MD RIZVIE	RANK: ETO	CDC NO: C/O/7381
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VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

RADICAL

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23010155 Receive: 09/01/2023 Print: 09/01/2023
Patient's Name : KHALED MD RIZVIE
Age : 37 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: 0

khaled md rizvic
Male 38Years

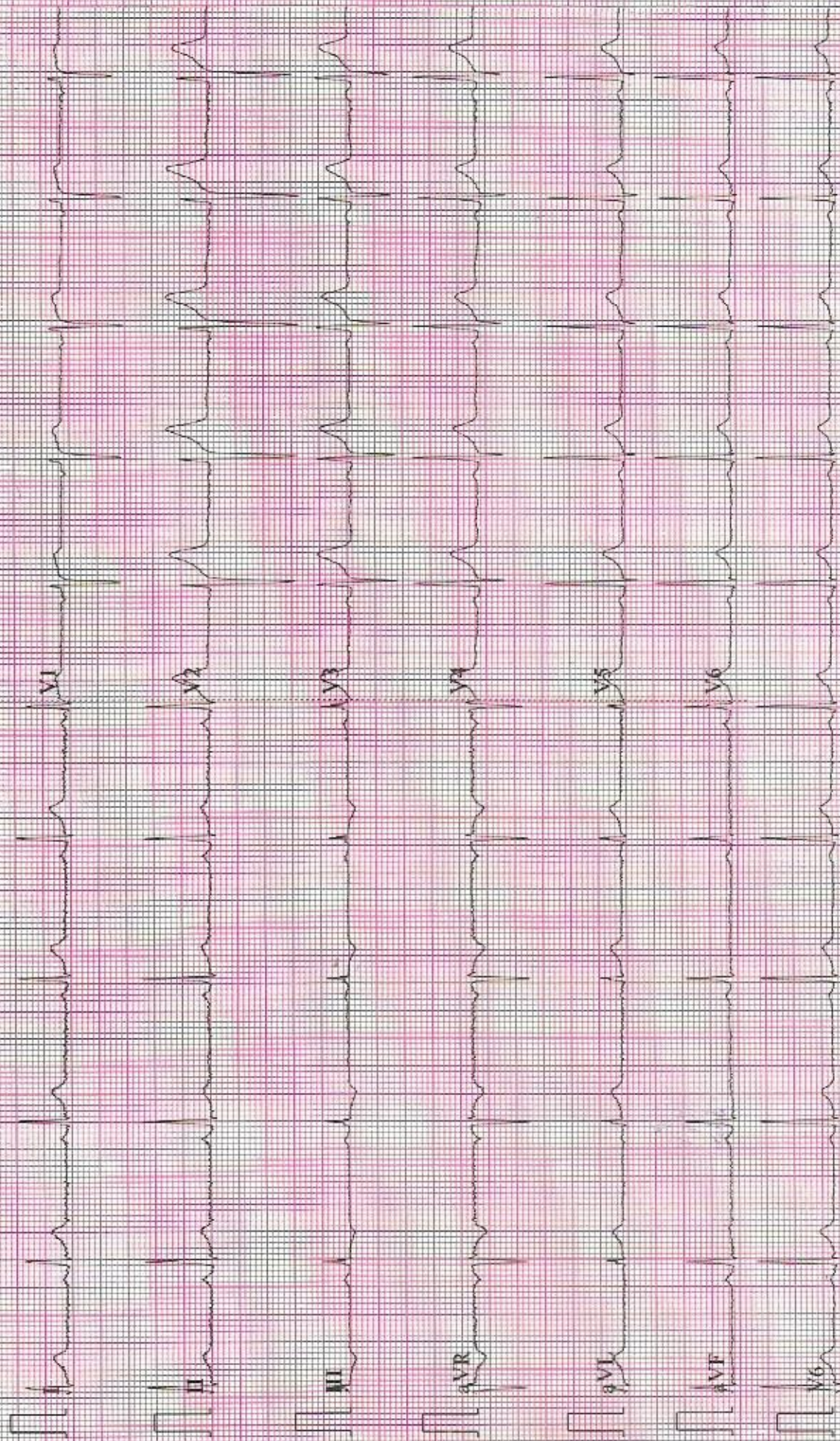
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HR : 63 bpm
P : 100 ms
PR : 138 ms
QRS : 80 ms
QT/QTc : 352/361 ms
P-QRST : 57/52/7 °
RV5SV1 : 1.368/1.049 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:

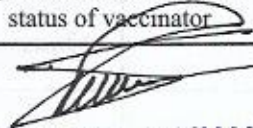


INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

KHALED MD RIZVIE

This is to certify that } Date of birth 07.02.1985 Sex M
whose signature follows }

Rizvi
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 09 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.		
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, of failure to complete any part of it may render it invalid.



HAQUE & SONS LIMITED
CHITTAGONG
BANGLADESH

INTERNATIONAL CERTIFICATES
OF
VACCINATION & INOCULATION

As Prescribed by the World Health Organisation
in the International Sanitary Regulations
Third Annotated Edition

Name KHALED MD. RIZVIE

Rank ELECTRICAL ENGINEER

C.D.C No. C/10/7381