



HAQUE & SONS LTD.



Accredited By BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER H1443

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

RNAM	E	FIRST NA	AME AND			MIDDLE NAM	1E	
	KHAN	15:		MD			ARAFAT	
CE A	ND DATE OF BIRTH	PASSPORT NUMBER			SEAMAN'S B	OOK NUMBER		
	IGAIL 6-Jul-1995	1	EFO	228450			CO9242	
	LITY: BANGLADESHI SEX:	Male	☐ Female	e VE	SSEL TYP	PE : BULK CARRIER TI		ORLD W
RMANE	ENT HOME ADDRESS :					CONTACT NUMBER :	0088 01744	41492
ARPA	RA, KURIPARA, GHATAIL, TANG	AIL, BANGL	ADESH			RANK :	2ND ASST E	NGINE
lave yo	ou ever had any of the following cor	nditions?						
							1	
	Condition	YES	NO		Conditio		YES	NO
1	Eye/vision problem		-	18	Sleep pro			
2	High blood pressure		4	19	Do you s			13
3	Heart/vascular disease			20	Operation		D	13
4	Heart surgery		1	21	Epilepsy/			D.
5	Varicose veins		9	22	Dizziness		D	86888888
6	Asthma/bronchitis	П	4666666666666	23	Loss of c	onsciousness		0
7	Blood disorder	D	U,	24	Psychiatr	ic problems		1
8	Diabetes		4	25	Depressi	on		1
9	Thyroid problem		20	26	Attempte			
10	Digestive disorder			27	Loss of n			0
11	Kidney problem			28	Balance	10.000 0.000	ō	
12	Skin problem		5	29		eadaches		D
13	Allergies			30		/throat problems		T
14	Infectious/contagious diseases	0	Ma	31		d mobility		466
15	Hernia			32	Back pro			-
16	Genital disorders		130	33				
17	Pregnancy	0	Sia	34	Amputati	on s/dislocations		9
uuitio	nal questions						YES	NO
35	Have you ever been signed off as	sick or repat	triated from	a ship?				
36	Have you ever been hospitalised?		410.00000000000000000000000000000000000					
37	Have you ever been declared unfi		n					5
38	Has your medical certificate ever			ed?				9
39	Are you aware that you have any			- A	Inecese?			J
40	Do you feel healthy and fit to p					tion/occupation?		
41	Are you allergic to any medication		autos or yo	ar acaig	nated pos	don roccupation:		
omme			D Parket					-
		11170	ROUTY	ON BO	DARD S	HIP		
42	Are you taking any non-prescription							4
_			ers) and dos					
_	lease list the medications taken an	a tric purposi	904	sage(s)			19 19	
_	rease ust the medications taken and	a trie parpoti		sage(s)			7 7	

Hearing meets the standards as laid down in STCW Code Section A-1/9?

YES

NO

	_	Vi Unaided	sual acuity	Aid	lad	_			Visual	tields	
	Right ey		e Right	30.30	ed Left eye			Norm	al ,	De	efective
Distant	6/			-,-	con cyc		nt eye	V	-		
Near		1-60				Left		1	-		
Visual acuity	meets the	standard laid do	wn in STCW				/NO				
Colour vision	as per ST	CW CODE Sec	ion A-I/9:	W	Normal	□ Dou	btful	□ De	fective		
			1	6 JAI	N 2023						
Date of last of	colour vision	i test: Date (day	//month/year)	/	1						
		2000	25.70	Shirt Ces							
			Normal_ A	Abnore	nal					S INTERPRETATION	Abnorma
Head			Normal			icose veins			N	ormal	Abnorma
Sinuses, nos	e throat			П	0.000	scular (inc. ped	(al nuleae)				
Mouth/teeth	*		9	П		domen and viso	20			G	
Ears (genera	d)			П		nia	5010				
Tympanic me			9		Anu	is (not rectal e	xam)			-	
Eyes						J system				1	
Opthalmosco	рру			IJ	Upp	per and lower e	extremities			1	
Pupils	15000		13	\Box	5999	ne (C/S, T/S ar				1	
Eye moveme	ent		के दिवदिष			urologic (full bri	ief)			5	
Lungs and cl			0			rchiatric				9	
Breast exam	ination		NA		Ger	neral appearan	ice			9	
Heart			6		Ski	n					
			25							de la comp	
			-								
		EXAMINATIO		ALC: AL	/ IVED ELI	ICTION TEST	I Ita	4.6	Lede	w. J =	N
Chest X-Ray ECG		11110	BILIRUBIN	MICAL	(LIVER FUI	NCTION TEST					Negative
ECG	BLOOD R	11111	SGPT	_	_	2	Alcohol		□ Pos	itive L	Negative
DC(differenti		M	SGOT		-/-	5	URINE		THERS	///	700
HAEMOGLO		1337		LIC AN	ID ALCOHO	I TEST	HBsAg	,			Nonreactiv
ESR (WEST		124	Morphine	UG AN	direction and the second	□ Negative		DS Test			Nonreactiv
WBC	EKOKEN)	11/00	Amphetamin	10		☐ Negative	VDRL	Do rest			Nonreactiv
THE RESERVE OF THE PARTY OF THE	D GLUCOS	ELEVEL	Phencyclidin		☐ Positive	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	Blood T	uno	□ Ives	O+(V	
RANDOM	000000	CC	Barbiturates			☐ Negative		ogical Exam		OG	
HBA1C		5.27	Cocaine			☐ Negative	- Committee and described	KUB Ultraso		70	970
ALCONO.				f the Di	hysical exar	minations:			- 3		10000
eby I declare	that I am in	knowledge of t	he contents o	t me Fi					7	C 141	1 2022
	that I am in	knowledge of t	he contents o	i ine ri	atservana Guro				1	6 JAI	2023
And	bot	knowledge of t	he contents o	i ine ri	MD ARA	FAT KHAN			_1	6 JAI	1 2023
Anos	bot	knowledge of t	he contents o	i ine ri	MD ARA			_	_		1 2023 ate
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Associature of Sea	farer fitness for	service at sea:			MD ARA Name o	FAT KHAN f Seafarer		_	_	Da	ate
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nature of Sea sessment of the basis of the minee medical	farer fitness for he examine ally: Withou	service at sea: e's personal de Fit Dec t restrictions	claration, my of for lookout du	clinical	MD ARA Name of examination Engine s	FAT KHAN f Seafarer n and the diagr service	Not	fit for lookering service	led abov	Da e, I decl	are the
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nature of Sea sessment of the basis of the minee medical	farer fitness for he examine ally: Withou	service at sea: e's personal de Fit Dec t restrictions	claration, my of for lookout du	clinical	MD ARA Name of examination Engine s	FAT KHAN f Seafarer n and the diagr service	Not	fit for lookering service	led abov	Da e, I decl	are the
nature of Sea sessment of the basis of the minee medical	farer fitness for he examine ally: Withou	service at sea: e's personal de Fit Dec t restrictions	claration, my of for lookout duck service	clinical	MD ARA Name of examination Engine s With ravated by s	FAT KHAN f Seafarer n and the diagr service	Not	fit for lookering service	led abov	Da e, I decl	are the
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nature of Sea	farer fitness for he examine ally: Withou ee from any alth of other ons (e.g., s	service at sea: e's personal de Fit Dec t restrictions y medical condir persons on bo pecific position, miner (e.g., refe	claration, my of for lookout duck service tions likely to bard? Yes type of ship, the erral):	clinical uties	MD ARA Name of examinatio Engine s Wit ravated by s No	FAT KHAN f Seafarer n and the diagr service h restrictions service at sea of	Not	fit for lookering service	led abov	Da e, I decl	are the
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	MEDICAL CER	TIFICATE FO	OR PE	RSONNEL SERVICE	ON BOAR	D
SURNAME: KHAN			GIVEN	NAME (S): MD ARAFAT		
DATE OF BIRTH:	=======================================	PI A	ACE OF	BIRTH	- 5	SEX
	MONTH 7 YEAR			ANGAIL COUNTRY	BANGLADES	District Co.
POSITION ON BOARD):	MA	AILING	ADDRESS OF APPLICAN	Charles were consistent to	
MASTER DECK OFFICER ENGINEERING OFFIC RADIO OPERATOR	EER	4 (0.00)		ARA, KURIPARA, GHATA , BANGLADESH	AIL,	
RATING						
DECLARATION OF TH	HE AUTHORIZED PHYSIC	CIAN			1	
	VISION			COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GLASSE	ES	₩OOK		
RIGHT EYE	970			LANTERN	RIGHT EAR	TWAN.
LEFT EYE	616.		1000	ELLOW MY BLUEMY	LEFT EAR	w
Confirmation that ident	ification documents were	checked at the poi	int of ex	amination: YES NO		
Hearing meets the star	ndards in STCW Code, Se	ection A-1492-YES	5	NO NOT APLICAB	LE	
Unaided hearing satisfa	actory2 YES NO					
Visual acuity meets sta	indards in STCW Code, S	ection A-1/9?, YES	5	NO		
Able for watchkeepings	non-prescription or prescr	iption medications	s? YES	40		
endanger the health of	n any medical condition like other persons on board? am in knowledge of the co	YES NO		ervice at sea or to render the arbination.	seafarers unfit fo	or such service or to
Anus	- \$	MD ARAFA	T KHAI	N		16 JAN 2023
Signature of A	pplicant	Name of Ap	pplicant	7	Dat	
CIRCLE APPROPIA ENGINEERING OFF	TE CHOICE: (HE / SHE ICER / RADIO OPERA	E) IS FOUND TO ATOR / RATING)	O BE (P	TI / NOT FIT) FOR DUTY LOUT ANY / WITH THE FO	AS A (MASTE OLLOWING) R	R / DECK OFFCIER / ESTRICTIONS:
	F	FIT FOR DUTY	YONE	BOARD SHIP		
NAME AND DEGREE	OF PHYSICIAN: DR. MIR	MD. RAIHAN; M.E	B.B.S(D	.U.),REG NO.: A-55144		
ADDRESS: REDICAL	HOSPITALS LIMITED, U	TTARA, DHAKA-1	1230			
NAME OF PHYSICIAN	'S CERTIFICATING AUTH	HORITY: BANGLA	ADESH	MEDICAL AND DENTAL CO	UNCIL (B.M.D.C	.),BANGLADESH.
DATE OF ISSUE PHYS	SICIAN'S CERTIFICATE	06 MAY-2014		aical Hospi		
SIGNATURE OF PHYS	SICIAN:	STA		PHYSICIAN:	006	DATE: 16 JAN 2023
EXPIRY DATE OF CER		15 JAN 2025		Opportment)	85/	ja
MBB		ention, 1978, as an HAN T (Ophth)		npliance with the requ irence and the Maritime Labour Co		

DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.

SURNAME: KHAN		GIVEN NAME (S): MD ARAFAT				
DATE OF BIRTH:	PI	LACE OF BIRTH		2	SEX	
DAY 6 MONTH 7 YEAR	1995 CI	TY TANGAIL	COUNTRY	BANGLADES	MALE	FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	K	AILING ADDRESS UMARPARA, KURI ANGAIL, BANGLAI	PARA, GHAT	NT:		
DECLARATION OF THE AUTHORIZED PHYSIC	CIAN					
VISION		COLOR	TEST TYPE	I	HEARING	
WITHOUT GLASSES	WITH GLASS	SES BOOK			1202 1010 10100	
RIGHT EYE SELS		YELLOW N	TERN PRED MY	RIGHT EAR	W	
LEFT EYE 646.		GREEN M	D BLUENNY	LEFT EAR A	LVD)	
Confirmation that identification documents were	checked at the po	oint of examination Y	ES NO			
Hearing meets the standards in STCW Code, Se	ection A-1/92	S NO	NOT APLICA	BLE		
Unaided hearing satisfactory?			The second secon			
Visual acuity meets standards in STCW Code, S	Section A 1/02 VA	S NO				
The plant from the second of the second seco	Second description of the second	_			-	
Colour vision meets standards in STCW Code, 5	Section A-1/9? Y	ES NO				
(the visual test it is required every six years)	11	6 JAN, 2023				
Date of the last colour vision test: (Day/Month/Ye	ear) / _					
Are glasses or contact lenses necessary to meet	t the required vision	on standards? YES	40			
Able for watchkeeping YES NO		100				
Is applicant taking any non-prescription or prescri	ription medication	ns? YES 440				
Is the seafarer free from any medical condition li endanger the health of other persons on board?		ated by service at sea	or to render the	e seafarers unfit for	such servi	ce or to
Hereby I declare that I am in knowledge of the co	ontents of the Phy	ysical Examination.				
Anosot	MD ARAFA	AT KHAN		1	6 JAN 2	023
Signature of Applicant	Name of A	Applicant		Date	2011	-2
CIRCLE APPROPIATE CHOICE: (HE / SH ENGINEERING OFFICER / RADIO OPERA	ATOR / RATING		/ WITH THE F			
NAME AND DEGREE OF PHYSICIAN: DR. MIR	MD. RAIHAN; M	I.B.B.S(D.U.),REG NO).: A-55144			
ADDRESS: REDICAL HOSPITALS LIMITED, U	JTTARA, DHAKA	-1230				
NAME OF PHYSICIAN'S CERTIFICATING AUTI	HORITY: BANGL	ADESH MEDICAL A	ND DENTAL CO	DUNCIL (B.M.D.C.)	,BANGLAI	DESH.
DATE OF ISSUE PHYSICIAN'S CERTIFICATE	06-MAY-2014					
SIGNATURE OF PHYSICIAN:	sı	TAMP OF PHYSICIAN	1:/4/	iologo La	DATE:	6 JAN 202
EXPIRY DATE OF CERTIFICATE:	15	JAN 2025	S W. LOL WITC	-2006		
This i	certificate is issue	ed in compliance with	h the requireme	w/2//		
DRy/MIRC/MD(v) MBBS (DU), DFM, CCD (Birde	RAHANas	amended and the Mar	itime Labernon	non, 2006.		
BMDC A-55144, MMC	C-BGD-016		-	-/- /- /- \/ i-		
DG Shipping Banglade General Physi Radical Hospitals	cian	AND THE PERSON NAMED IN COLUMN TO PERSON NAM				





Id No : 0335

Date: 16-Jan-2023

D.Date: 16-Jan-2023

Patient's Name: MD ARAFAT KHAN

Age: 27Y 6M 9D

Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/9242

Haematology Report

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

Parameter Name	Results	Reference Range	
Hemoglobin (Hb) ESR(Westergreen)	14.4 gm/dl 10 mm/1st hr	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.)
Total WBC Count(TC)	11,100 /cumm	Adult: 4000 - 11000/cumm, Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)	1000000000		
Neutrophils	73 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	24 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	01 %	Child: 03-07 %, Adult: 02-10 %	W BC CURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	- III
Total Cir. Eosinophils	222 /cumm	50-450/cumm	JII.
Total RBC Count	5.02 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	All.
HCT/PCV	41.0 %	M: 40-54%, F:37-47%	AND A
MCV	81.7 fL	76 - 94 fL	
MCH	28.7 pg	27 - 32 pg	
MCHC	35.1 g/dL	29 - 34 g/dL	RBC CURVE
RDW	13.1 %	11 - 16 %	A
PDW	16.7 fL	35 - 56 fl	Allin
Total Platelete Count (PC)	2,19,000 /cumm	150,000-450,000/cumm	
MPV	9.8 fL	7.0 - 11.0 fL	
PCT	0.215 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	PLT CURVE

Checked By Medical Technologist Dr. Sumaiya Khatun MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology East West Medical College & Hospital.



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23010335	Received Date	16/01/2023
Patient's Name	MD ARAFAT KHAN		200000000000000000000000000000000000000
Patient's Age	27Y 6M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C0	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/9242
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	Result	ReferenceRange
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	20 U/L	Up to 37 U/L
Blood Sugar Random (RBS)	5.5 mmol/L	<7.8 mmol/L
HbA1C	5.2 %	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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital



Test Name



Sample	BLOOD		181
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/9242
Patient's Age	27Y 6M 9D	Patient's Sex	Male
Patient's Name	MD ARAFAT KHAN		
Bill No	DIA23010335	Received Date	16/01/2023

SEROLOGYCAL REPORT

	1	
HIV 1 & 2 (Method : (ICT)	Negative	
HRsAg (Method: (ICT)	Negativo	

Result

1.09-11.0
Negative
Non-reactive

OOD GROUPINGResult	-Ai -
ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23010335	Received Date	16/01/2023
Patient's Name	MD ARAFAT KHAN		
Patient's Age	27Y 6M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/9242
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF		
Colo Straw		RBC	Nil	
Appearance	Clear	Pus Cells	1-2/HPF	
Sediment Nil		Epithelial	1-2/HPF	

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil	
Albumin	NIL	WBC	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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23010335 Receive:16/01/2023 Print: 16/01/2023

Patient's Name : MD ARAFAT KHAN

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 fields are clear.

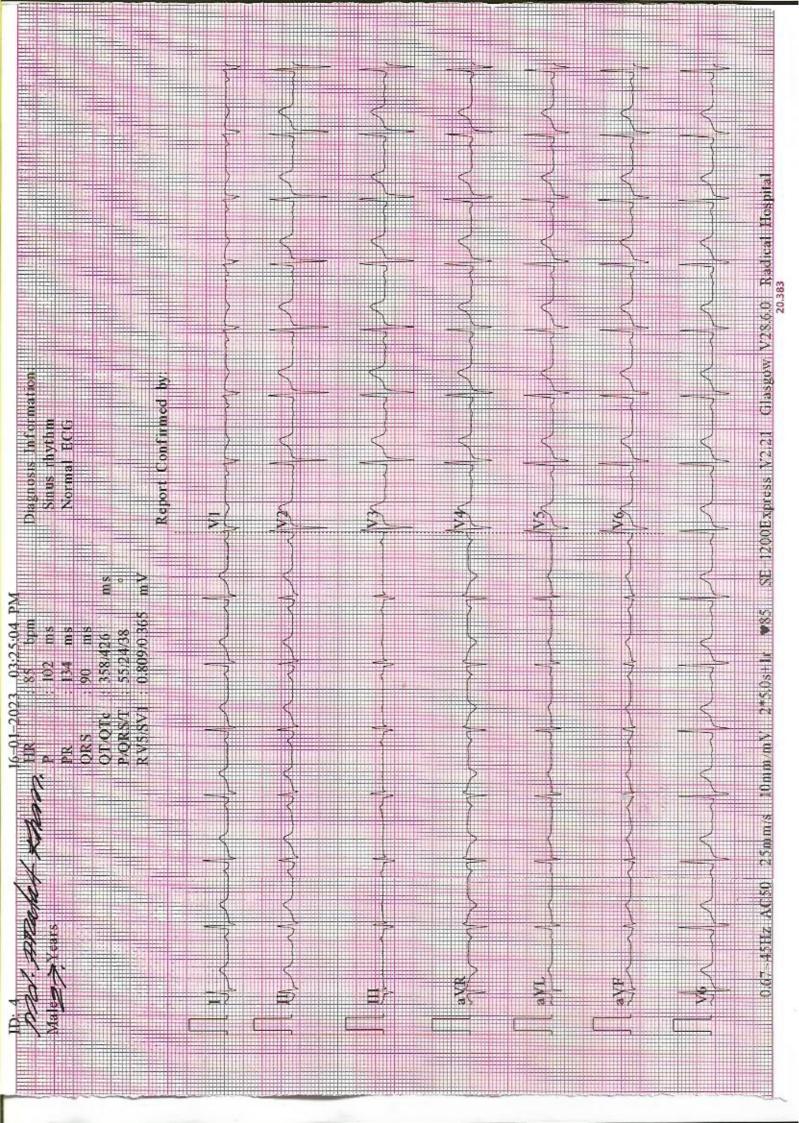
Bony thorax : Reveals no abnormality.

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.



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. RED LILY

DATE: 16/01/2023

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

EYE EXAMINATION REPORT

NAME: MD ARAFAT KHAN

RANK:2A/ENG

CDC NO: C/O/9242

VISUAL ACUITY:

RIGHT

LEFT

CLA
UNAIDED

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

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Certificate (co	OF NAL S	43 - 60	10 D

first injection or the vaccine or in event of a revaccination within such period of two years on the The Validity of this certificate shall extend for a period of two years beginning six days after the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it



HAQUE & SONS LIMITED CHITTAGONG BANGLADESH

OF VACCINATION & INOCULATION

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

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