

# REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical\_hospitals@yahoo.com

Name: BHUIYAN MOHAMMAD ABUTERUZZAMAN Sex: M Serial No: \_\_\_\_\_  
 Date of Birth: 30/10/1975 PP/CDC: CA/13585 Rank: MASTER  
 Vessel: PRATINODLE PACIFIC Type: OIL-CHEN Route: PG  
 Home Address: 14-16, BASIC SENATOR PALACE, ROAD NO. 01, BLOCK-B  
BANASREE, DHAKA-1219  
 Company Name: PACC TANKER

## Medical History

Please answer the following to the best of your knowledge.

| Is there any past / present history of any of the following | Candidate Declaration |    | Examiner Record |    |                                                | Candidate Declaration |    | Examiner Record |    |
|-------------------------------------------------------------|-----------------------|----|-----------------|----|------------------------------------------------|-----------------------|----|-----------------|----|
|                                                             | Yes                   | No | Yes             | No |                                                | Yes                   | No | Yes             | No |
| Severe one-sided headaches (Migraine)                       |                       | /  |                 | /  | Hernia / Hydrocoele / Appendicitis             |                       | /  |                 | /  |
| Head Injury / Concussion / Loss of Memory                   |                       | /  |                 | /  | High / Low blood pressure / Heart disease      |                       | /  |                 | /  |
| Fits / Epilepsy / Dizziness / Fainting                      |                       | /  |                 | /  | Asthma / Bronchitis / Tuberculosis             |                       | /  |                 | /  |
| Eye / Vision Problems (Glasses, etc)                        |                       | /  |                 | /  | Allergy / Skin disease                         |                       | /  |                 | /  |
| Hearing Impairment                                          |                       | /  |                 | /  | Infection / Contagious Disease                 |                       | /  |                 | /  |
| Ear / Nose / Throat problems                                |                       | /  |                 | /  | Addiction to alcohol / drugs / tobacco         |                       | /  |                 | /  |
| Stomach / Bowel disorders                                   |                       | /  |                 | /  | Fracture / Dislocation / Injury / Amputation   |                       | /  |                 | /  |
| Gall stones / Kidney disorders                              |                       | /  |                 | /  | Major / Minor Operation                        |                       | /  |                 | /  |
| Jaundice / Liver Disease                                    |                       | /  |                 | /  | Diabetes                                       |                       | /  |                 | /  |
| Piles / Varicose veins                                      |                       | /  |                 | /  | Nervous / Mental disease / Sleep disorder      |                       | /  |                 | /  |
| Blood Disorder                                              |                       | /  |                 | /  | Malignant disease (Cancer)                     |                       | /  |                 | /  |
| Female Disorder                                             |                       | /  |                 | /  | Signed off on medical grounds / Declared Unfit |                       | /  |                 | /  |
| Notes                                                       |                       |    |                 |    |                                                |                       |    |                 |    |

## Medical Examination

| Height               | Weight in Kgs | Chest Insp-Exp | Blood Pressure in mm of Hg | Pulse-Beats / min | Resp.Rate / min | General Condition |      |      |      |          |      |      |      |
|----------------------|---------------|----------------|----------------------------|-------------------|-----------------|-------------------|------|------|------|----------|------|------|------|
| 172cm                | 80kg          | 41-41          | 120/80mm                   | 78/min            | 16/min          | Good              |      |      |      |          |      |      |      |
| Distant Vision       | Uncorrected   | Corrected      | Field of Vision            | Audiometry        | Hz              | 500               | 1000 | 2000 | 3000 | 4000     | 5000 | 6000 | 8000 |
| Right Eye            | 6/6           |                | Normal                     | Right Ear         | dB              | 20                | 20   | 20   |      |          |      |      |      |
| Left Eye             | 6/6           |                | Abnormal                   | Left Ear          | dB              | 20                | 20   | 20   |      |          |      |      |      |
| Colour Vision        | Ishihara      | Normal         | Abnormal                   | Hearing           | Right Ear       |                   |      |      |      | Left ear |      |      |      |
|                      | Other         | Normal         | Abnormal                   |                   |                 |                   |      |      |      |          |      |      |      |
| Systemic Examination |               | Normal         | Abnormal                   | Notes             |                 |                   |      |      |      |          |      |      |      |
|                      |               |                |                            |                   |                 |                   |      |      |      |          |      |      |      |

## Systemic Examination

| Systemic Examination    | Normal | Abnormal | Notes                                                                                                          | Normal                | Abnormal |
|-------------------------|--------|----------|----------------------------------------------------------------------------------------------------------------|-----------------------|----------|
| Head & Neck             | /      |          | <b>FIT FOR SEA SERVICE</b><br><b>AS MASTER</b><br><b>AS PER MLC 2006</b><br><b>Enhanced GARD Medicals done</b> | Respiratory system    | /        |
| Eyes                    | /      |          |                                                                                                                | Cardiovascular system | /        |
| Ears / Nose / Throat    | /      |          |                                                                                                                | Per Abdomen           | /        |
| Teeth / Oral Cavity     | /      |          |                                                                                                                | Genito-urinary system | /        |
| Musculo-Skeletal system | /      |          |                                                                                                                | Others                | /        |
| Nervous system          | /      |          |                                                                                                                | Hernia / Hydrocoele   | /        |
| Reflexes                | /      |          |                                                                                                                | Varicose Veins        | /        |
| Skin                    | /      |          |                                                                                                                | Fissure/Fistula/Piles | /        |

## Investigations

| Blood                 | Result                                                       | Normal             | Urine                     |               |
|-----------------------|--------------------------------------------------------------|--------------------|---------------------------|---------------|
| Hemoglobin            | <u>14.5</u> gm%                                              | 14-16 gm %         | Colour                    | <u>Normal</u> |
| Total WBC count       | <u>4.900</u> cu.mm                                           | 4000-11000 / cu.mm | Specific Gravity          | <u>Nil</u>    |
| Neu <u>65</u> % Lymph | <u>31</u> % Eos <u>02</u> % Bas <u>00</u> % Mono <u>02</u> % |                    | pH                        | <u>Nil</u>    |
| Malarial parasite     | <u>NOT FOUND</u>                                             |                    | Albumin                   | <u>Nil</u>    |
| ESR                   | <u>10</u> mm / 1st hour                                      | 1-15 mm / hr       | Sugar                     | <u>Nil</u>    |
| SGPT                  | <u>NIE</u> U/L                                               | 9-43 U / L         | Bile pigment              | <u>Nil</u>    |
| S.Cholesterol         | <u>NIE</u> mg/dl                                             | 145-260 mg / dl    | Bile salts                | <u>Nil</u>    |
| S.Triglycerides       | <u>NIE</u> mg/dl                                             | upto 200 mg / dl   | Occult blood              | <u>Nil</u>    |
| Blood Sugar           | <u>Nil</u> PPBS                                              | upto 125 mg %      | RBC cells                 | <u>Nil</u>    |
| HbsAg                 | <u>NEGATIVE</u>                                              |                    | Leucocytes                | <u>Nil</u>    |
| HIV I & II            | <u>NEGATIVE</u>                                              |                    | Others                    | <u>Nil</u>    |
| VDRL                  | <u>NEGATIVE</u>                                              |                    |                           |               |
| Others                | <u>NOT PERFORMED</u>                                         |                    |                           |               |
| Blood Group           |                                                              | GGTP U/L           | Spirometry: <u>Normal</u> |               |

ECG: NORMAL TMT: NIE

X-Ray Chest: NORMAL

## Result of Medical Examination

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

Remarks / Recommendations

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

This certificate is valid till: 22 JAN 2025

Candidate's Signature: ABUTERUZZAMAN

Date: 23 JAN 2023



Doctor's signature: DR. MIR MD. RAIHAN

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.

04.2023.3205

## MEDICAL FITNESS CERTIFICATE

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| Name: <u>MOHAMMAD AKHTERUZZAMAN BHUIYAN</u> |                                  |
| Sex: Male / <del>Female</del>               | Date of Birth: <u>30/10/1975</u> |
| Nationality: <u>BANGLADESHI</u>             | Passport No: <u>EE 0383687</u>   |
| Occupation/Rank: <u>MASTER</u>              |                                  |
| Date of Issue: <u>27/10/2019</u>            | <b>23 JAN 2023</b>               |
| Date of Expiry: <u>26/10/2024</u>           | <b>22 JAN 2025</b>               |
| Signature of Holder: <u>Atiqur</u>          |                                  |



This is to certify that the lawful holder had been found duly qualified in accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation I/9 and ILO/WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers.

| Declaration of the recognized Medical Practitioner:                                  |                    |                                                                                                                                                                                                 |               |
|--------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Confirmation that identification documents were checked at the point of examination? | ✓<br>Yes / No      | Fit for look out duties                                                                                                                                                                         | ✓<br>Yes / No |
| Hearing meets the standards in section A-I/9 of STCW Code?                           | ✓<br>Yes / No      | Fit for service at sea                                                                                                                                                                          | ✓<br>Yes / No |
| Unaided hearing satisfactory?                                                        | ✓<br>Yes / No      | Is the seafarer free from any medical condition 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? | ✓<br>Yes / No |
| Visual acuity meets standards in section A-I/9 of STCW Code?                         | ✓<br>Yes / No      |                                                                                                                                                                                                 |               |
| Color Vision meets standards in section A-I/9 of STCW Code?                          | ✓<br>Yes / No      | Any limitations or restrictions on fitness? If Yes, Please specify                                                                                                                              | ✓<br>Yes / No |
| Date of last color vision test                                                       | <b>23 JAN 2023</b> |                                                                                                                                                                                                 |               |

**23 JAN 2023**

Date

Examining Physician Signature & Stamp

Validity of certificate: 2 years from the date of issue except for persons below 18 years on the date of medical examination where this certificate is valid for 1 year from the date of issue.



**DR. MIR. MD. RAIHAN**  
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  
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 DG Shipping Bangladesh Approved  
 General Physician  
 Radical Hospitals Limited.

**04.2023.3205**

## Clinical Findings

|                                   |     |                    |         |
|-----------------------------------|-----|--------------------|---------|
| Height: (cm)                      | 172 | Weight: (kg)       | 80      |
| Pulse rate: /(minute)             | 78  | Rhythm:            | Regular |
| Blood Pressure: Systolic: (mm Hg) | 120 | Diastolic: (mm Hg) | 80      |

| Visual acuity |           |          |           |           |          |           |
|---------------|-----------|----------|-----------|-----------|----------|-----------|
|               | Unaided   |          |           | Aided     |          |           |
|               | Right eye | Left eye | Binocular | Right Eye | Left Eye | Binocular |
| Distant       | 6/6       | 6/6      | ✓         |           |          |           |
| Near          | 6/6       | 6/6      | ✓         |           |          |           |

| Hearing   |        |                                   |                              |
|-----------|--------|-----------------------------------|------------------------------|
|           | Normal | Normal speech at a distance of 4m | Otoscopy (Tympanic Membrane) |
| Right ear | ✓      |                                   |                              |
| Left ear  | ✓      |                                   |                              |

| Visual fields |        |           |
|---------------|--------|-----------|
|               | Normal | Defective |
| Right eye     | ✓      |           |
| Left eye      | ✓      |           |

| Colour Vision |           |
|---------------|-----------|
| Normal        | Defective |
| ✓             |           |

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

## Other diagnostics Tests and results

| Test              | Result                               |
|-------------------|--------------------------------------|
| Chest X-ray       | Normal                               |
| HIV               | Negative                             |
| VDRL              | Non Reactive                         |
| Urinalysis:       | Glucose: Nil Protein: Nil Blood: Nil |
| ECG(if required): | Normal                               |

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

☒ Fit for look-out duty

☐ Not fit for look-out duty

Fit

Deck service

Engine service

Catering service

Other service

Unfit

Without restrictions

With Restrictions

Visual aid required

Yes

No

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

Medical certificate's date of expiration (day/month/year):

22 JAN 2025

Date Medical certificate issued (day/month/year):

23 JAN 2023

Medical practitioner information (name, license number, address):

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh



Signature of Medical Practitioner

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.

# Pre-Employment and Periodic Medical Fitness Certificate of Seafarers

Issued in accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation I/9 and ILO/WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers.

|                                                            |                                     |                                            |                                 |            |
|------------------------------------------------------------|-------------------------------------|--------------------------------------------|---------------------------------|------------|
| Name: (last,first,middle)                                  | BHUIYAN MOHAMMAD AKHTARUZZAMAN      |                                            | Date of birth (day/month/year): | 30-10-1975 |
| Gender: (male/female)                                      | MALE                                |                                            | Nationality:                    | BANGLADESH |
| Home Address:                                              | #14-16, BABIC SENATOR PLAZA ROAD 02 |                                            |                                 |            |
| Passport No.                                               | EE0383687                           | Discharge book No.:                        | C10/3585                        |            |
| Type of Ship: (e.g. container, tanker, passenger, fishing) | OIL/CHIEF                           | Trade Area: (coastal, tropical, worldwide) | WORLDWIDE                       |            |
| Department: (Deck, Engine, Catering, Other)                | MASTER                              |                                            |                                 |            |

| Condition                          | Yes | No  | Condition                                        | Yes | No |
|------------------------------------|-----|-----|--------------------------------------------------|-----|----|
| 1. Eye/vision problem              |     | /   | 18. Sleep problem                                |     | /  |
| 2. High blood pressure             |     | /   | 19. Do you smoke, use alcohol or drugs?          |     | /  |
| 3. Heart/vascular disease          |     | /   | 20. Operation/Surgery                            |     | /  |
| 4. Heart Surgery                   |     | /   | 21. Epilepsy/seizures                            |     | /  |
| 5. Varicose veins/piles            |     | /   | 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 (hearing, tinnitus) /nose/throat problem |     | /  |
| 14. Infectious/contagious diseases |     | /   | 31. Restricted mobility                          |     | /  |
| 15. Hernia                         |     | /   | 32. Back or joint problem                        |     | /  |
| 16. Genital disorder               |     | /   | 33. Amputation                                   |     | /  |
| 17. Pregnancy                      |     | N/A | 34. Fractures/dislocations                       |     | /  |

If you answered "yes" to any of the above questions, please give details:

Additional questions

- |                                                                                                |   |   |
|------------------------------------------------------------------------------------------------|---|---|
| 35. Have you ever been signed off as sick or repatriated from a ship?                          |   | / |
| 36. Have you ever been hospitalized?                                                           |   | / |
| 37. Have you ever been declared unfit for sea duty?                                            |   | / |
| 38. Has your medical certificate even 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 medication?                                                        |   | / |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

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

If you answered "yes" to any of the above questions, please give details:

I hereby certify that the personal declaration above is a true statement to the best of my knowledge. I am fully aware that if I withhold any information, this pre-employment examination will be considered null and void. I am aware that the information supplied by me forms the basis upon which I will be offered employment as seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and/or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and/or owners and/ or insurers of the vessel or their authorized representatives. I am aware of the results of this checkup and my rights to a review incase the result is unfit or fit with any limitations.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr.

*MIR. MD. RAIHAN* (Approved medical practitioner).

Signature of examinee: *ATZ*

Witnessed by: (Signature)

Date (day/month/year) **23 JAN 2023**



Name: (typed or printed)

**DR. MIR. MD. RAIHAN**  
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  
BMD A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.



MPA  
SINGAPORE

# MARITIME AND PORT AUTHORITY OF SINGAPORE

ANNEX C

## SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

|                                                                                  |                                    |                                   |
|----------------------------------------------------------------------------------|------------------------------------|-----------------------------------|
| Seafarer's Name : (Last, first, middle)<br><b>BAUIYAN MOHAMMAD AKHTERUZZAMAN</b> |                                    | Gender:<br>Male/Female*           |
| Date of Birth: (Day/month/year)<br><b>30/10/1976</b>                             | Nationality:<br><b>BANGLADESHI</b> | Place of Birth:<br><b>COMILLA</b> |

Declaration of the recognized medical practitioner:

|                                                                                                                                                                                      | Yes                                 | No                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 1 Identification documents were checked at the point of examination?                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Hearing meets the standards in STCW Code Section A-I/9?                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Unaided hearing satisfactory?                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 Visual acuity meets the standards in STCW Code Section A-I/9?                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 Colour vision meets the standards in STCW Code Section A-I/9?                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Date of last colour vision test: <b>23 JAN 2023</b>                                                                                                                                  |                                     |                          |
| 6 Fit for look-out duty?                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7 Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8 No limitations or restrictions on fitness?                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "no" specify limitations or restrictions                                                                                                                                          |                                     |                          |
| 9 Date of examination: (day/month/year)                                                                                                                                              | <b>23 JAN 2023</b>                  |                          |
| 10 Expiry of certificate: (day/month/year)<br>** Maximum two years from date of examination unless the seafarer is under the age of 18                                               | <b>22 JAN 2025</b>                  |                          |

23 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.

Date

Signature of Authorised  
Medical Practitioner

Medical Practitioner's Official stamp  
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

\* delete as appropriate



**MARITIME AND PORT AUTHORITY OF SINGAPORE  
SHIPPING DIVISION**



**RECORD OF MEDICAL EXAMINATIONS OF SEAFARER**

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

|                                                                                                          |                                                                |                                                       |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------|
| Seafarer's Name : (Last, first, middle) <b>BHUIYAN MOHAMMAD AKHTER UZZAMAN</b>                           |                                                                | Gender: Male/ <del>Female</del> *                     |
| Date of Birth: day/month/year<br><b>30/10/1975</b>                                                       | Place of Birth:<br><b>COMILLA</b>                              | Nationality:<br><b>BANGLADESHI</b>                    |
| *Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: | Dept: Deck / Engine / Catering / others<br>Rank: <b>MASTER</b> | Type of ship:<br><b>OIL-CAR</b>                       |
| Home Address:<br><b>#14-16, ROAD NO. 01, BLOCK B BANASREE, DHAKA</b>                                     | Routine and emergency duties:<br><b>F.G. O.A.L.</b>            | Trading area: e.g. coastal / worldwide<br><b>F.G.</b> |

\*For identity verification purpose

**Seafarer's Declarations (please tick)**

Have you ever had any of the following conditions?

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

If you answer "yes" to any of the above questions, please provide details:



| Additional questions                                                                          | Yes                                 | No                                  |
|-----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 35. Have you ever been signed off as sick or repatriated from a ship?                         |                                     | <input checked="" type="checkbox"/> |
| 36. Have you ever been hospitalized?                                                          |                                     | <input checked="" type="checkbox"/> |
| 37. Have you ever been declared unfit for sea duty?                                           |                                     | <input checked="" type="checkbox"/> |
| 38. Has your medical certificate even been restricted or revoked?                             |                                     | <input checked="" type="checkbox"/> |
| 39. Are you aware that you have any medical problems, diseases or illnesses?                  |                                     | <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 checked="" type="checkbox"/> |
| 41. Are you allergic to any medication?                                                       |                                     | <input checked="" type="checkbox"/> |
| 42. Are you using any non-prescription or prescription medication?                            |                                     | <input checked="" type="checkbox"/> |

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

23 JAN 2023

Date

*ATB*

Signature of Seafarer

*DR. MIR. MD. RAIHAN*  
MBBS (DU), DPM, CCD (Bldem), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipp.ng Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. MIR MD. RAIHAN.

23 JAN 2023

Date

*ATB*

Signature of Seafarer

*DR. MIR. MD. RAIHAN*  
MBBS (DU), DPM, CCD (Bldem), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipp.ng Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

Name and Signature of Witness



# Part B – Result of medical examinations

## Eyesight

Use of glasses or contact lenses

☒ No

☐ Yes Type ..... Purpose .....

## Visual Acuity

| Unaided   |          |           | Aided     |          |           |
|-----------|----------|-----------|-----------|----------|-----------|
| Right eye | Left eye | Binocular | Right eye | Left eye | Binocular |
| Distant   | 6/6      | 6/6       | Distant   |          |           |
| Near      | 6/6      | 6/6       | Near      |          |           |

## Visual fields

|           | Normal | Defective |
|-----------|--------|-----------|
| Right eye | /      |           |
| Left eye  | /      |           |

## Colour Vision (please tick)

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

## Hearing

| Pure tone and audiometry (threshold values in dB) |        |          |          |          |
|---------------------------------------------------|--------|----------|----------|----------|
|                                                   | 500 Hz | 1,000 Hz | 2,000 Hz | 3,000 Hz |
| Right ear                                         | 20     | 20       | 20       |          |
| Left ear                                          | 20     | 20       | 20       |          |

## Speech and whisper test (metres)

|           | Normal | Whisper |
|-----------|--------|---------|
| Right ear | 4      | 4       |
| Left ear  | 4      | 4       |

## Clinical Findings

|                                 |                 |                   |         |
|---------------------------------|-----------------|-------------------|---------|
| Height                          | 172 (cm)        | Weight            | 80 (kg) |
| Pulse rate                      | (per minute) 78 | Rhythm            | Regular |
| Blood Pressure Systolic (mm Hg) | 120             | Diastolic (mm Hg) | 80      |
| Urinalysis: Glucose             | nil             | Protein           | nil     |
| Blood                           | nil             |                   |         |

|                     | Normal | Abnormal |
|---------------------|--------|----------|
| Head                | /      |          |
| Sinus, nose, throat | /      |          |
| Mouth/teeth         | /      |          |



|                             |     |  |
|-----------------------------|-----|--|
| Ears (general)              | /   |  |
| Tympanic membrane           | /   |  |
| Eyes                        | /   |  |
| Ophthalmoscopy              | /   |  |
| Pupils                      | /   |  |
| Eye movement                | /   |  |
| Lungs and chest             | /   |  |
| Breast examination          | N/A |  |
| Heart                       | /   |  |
| Skin                        | /   |  |
| Varicose Vein               | /   |  |
| Vascular (inc. pedal pulse) | /   |  |
| Abdomen and viscera         | /   |  |
| Hernia                      | /   |  |
| Anus (not rectal exam)      | /   |  |
| G-U system                  | /   |  |
| Upper and lower extremities | /   |  |
| Spine (C/s, T/S, L/S)       | /   |  |
| Neurologic (full/brief)     | /   |  |
| Psychiatric                 | /   |  |
| General appearance          | /   |  |

#### Chest X-ray

☐ Not performed

☒ Performed on (day/month/year): 23 JAN 2023

Results: *Normal chest X-ray*

#### Other diagnostic test(s) and result(s):

Test: *Blood Hb* Results: *Normal*

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

**FIT FOR DUTY ON BOARD SHIP**

#### Assessment of fitness for service at sea (please tick)

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

☒ Fit for look out duty

☐ Unfit for lookout duty

☐ Visual aid required

☒ Visual aid not required

|       | Deck Service | Engine Service | Catering Service | Other Service |
|-------|--------------|----------------|------------------|---------------|
| Fit   | /            |                |                  |               |
| Unfit |              |                |                  |               |



☒ Without restrictions

☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

23 JAN 2023

Date



Signature of  
Medical Practitioner

DR. MIR. MD. RAIHAN  
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

Medical Practitioner's name, licence number, address

\*\*\*\*\*

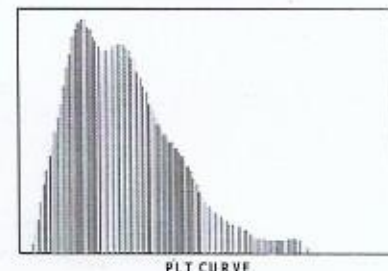
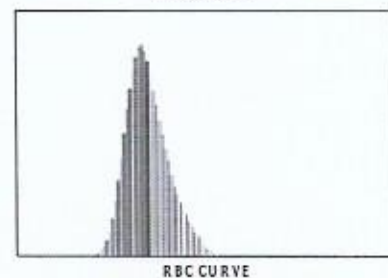
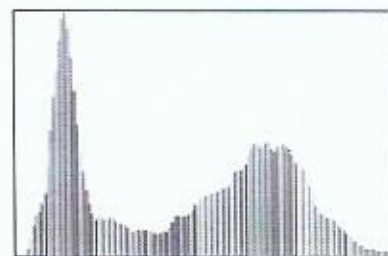


**Id No** : 0534 **Date** : 23-Jan-2023 **D.Date** : 23-Jan-2023  
**Patient's Name** : MOHAMMAD AKHTERUZZAMAN BHUIYAN **Age** : 47Y 2M 24D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3585

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>14.3 gm/dl</b>     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>10 mm/1st hr</b>   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>4,900 /cumm</b>    | 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                        | <b>65 %</b>           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>31 %</b>           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>02 %</b>           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02 %</b>           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00 %</b>           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>98 /cumm</b>       | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>4.99 m/ul</b>      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>40.9 %</b>         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>82.0 fL</b>        | 76 - 94 fL                                                                                         |
| MCH                                | <b>28.7 pg</b>        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>35.0 g/dL</b>      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>13.1 %</b>         | 11 - 16 %                                                                                          |
| PDW                                | <b>12.8 fL</b>        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>1,50,000 /cumm</b> | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>9.8 fL</b>         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.127 %</b>        | 0.1 - 0.6 %                                                                                        |
| Bleeding Time(BT)                  | <b>%</b>              | 10 - 18 %                                                                                          |
| Cloting Time(CT)                   | <b>%</b>              | 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        | DIA23010534                                           | Received Date | 23/01/2023      |
| Patient's Name | MOHAMMAD AKHTERUZZAMAN BHUIYAN                        |               |                 |
| Patient's Age  | 47Y 2M 24D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/3585 |
| Sample         | URINE                                                 |               |                 |

**SEROLOGICAL REPORT**Test NameResult

HIV 1 &amp; 2 (Method : (ICT)

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

|                |                                                       |               |                 |
|----------------|-------------------------------------------------------|---------------|-----------------|
| Bill No        | DIA23010534                                           | Received Date | 23/01/2023      |
| Patient's Name | MOHAMMAD AKHTERUZZAMAN BHUIYAN                        |               |                 |
| Patient's Age  | 47Y 2M 24D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/3585 |
| Sample         | URINE                                                 |               |                 |

**DRUG ABUSE TEST**

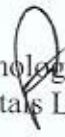
METHOD: Immunochromatographic Assay (Rapid one Step Test)

| 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.

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

|                |                                                                       |               |            |
|----------------|-----------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA23010534                                                           | Received Date | 23/01/2023 |
| Patient's Name | MOHAMMAD AKHTERUZZAMAN BHUIYAN                                        |               |            |
| Patient's Age  | 47Y 2M 24D                                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3585 |               |            |
| 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

  
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