

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: **MOLLA MD ABU RASEL** Sex: **Male** Serial No: **2nd Officer**
 Surname: **MOLLA** First Name: **MD ABU** Middle Initial: **RASEL**
 Date of Birth: **01/01/1992** PP/CDC: **C/O/8024** Rank: **2nd Officer**
 Vessel: **MT BRAVELY LOYALTY** Type: **oil/chem** Route: **World Wide**
 Home Address: **Village: Kumanikanda, post + P.S: Lohagara**
Dist: Narail
 Company Name:

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							
167cm		69kg	41/20	120/80mm	78/min	14/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		4					4			

Systemic Examination

Systemic Examination	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS 2ND OFF AS PER MLC 2006 Enhanced GARD Medicals done	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	15.3 gm%	14-16 gm %	Colour	Normal
Total WBC count	5.300 cu.mm	4000-11000 / cu.mm	Specific Gravity	1.01
Neu 60 % Lymph	5.5 % Eos 02 % Bas 00 % Mono 02 %		pH	7.0
Malaria parasite	NOT FOUND		Albumin	Normal
ESR	06 mm / 1st hour	1-15 mm / hr	Sugar	Normal
SGPT	33 U/L	9-43 U / L	Bile pigment	Normal
S.Cholesterol	175mg/dl	145-260 mg / dl	Bile salts	Normal
S.Triglycerides	175mg/dl	upto 200 mg / dl	Occult blood	Normal
Blood Sugar	85 PPBS	upto 125 mg %	RBC cells	Normal
HbsAg	NEGATIVE		Leucocytes	Normal
HIV I & II	NEGATIVE		Others	Normal
VDRL	NEGATIVE			
Others	NEGATIVE			
Blood Group		GGTP U/L		
ECG: NORMAL	TMT: NIE		Spirometry: NORMAL	
X-Ray Chest: NORMAL			Drugs of Abuse: NEGATIVE	
			USG: NIE	

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: **16 JAN 2025**

Candidate's Signature

Date: **17 JAN 2023**

Official Stamp

Doctor's signature:



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

04.2023, 3168

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) MOLLA MDABU RASEL		Gender: Male /Female*
Date of Birth: (Day/month/year) 01/01/1992	Nationality: BANGLADESHI	Place of Birth: NARAIL

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	☒	☐
2	Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3	Unaided hearing satisfactory?	☒	☐
4	Visual acuity meets the standards in STCW Code Section A-I/9?	☒	☐
5	Colour vision meets the standards in STCW Code Section A-I/9?	☒	☐
Date of last colour vision test: 17 JAN 2023			
6	Fit for look-out duty?	☒	☐
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?	☒	☐
8	No limitations or restrictions on fitness?	☒	☐
If "no" specify limitations or restrictions			
9	Date of examination: (day/month/year)	17 JAN 2023	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	16 JAN 2025	

17 JAN 2023

Date



Signature of Authorised
Medical Practitioner

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

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 DIVISIONMPA
SINGAPORE

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) MOLLA MD ABU RASEL (BLOCK CAPITALS)		Gender: Male/Female*
Date of Birth: day/month/year 01/01/1992	Place of Birth: NARAIL	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: A05724336	Dept: Deck / Engine / Catering / others Rank: 2nd officer	Type of ship: oil / chem tanker.
Home Address: vill: Kumananda, P.O + P.S: Lohagana, Dist: Narail	Routine and emergency duties:	Trading area: e.g. coastal / worldwide

*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		☒	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	☒		34. Fracture/dislocations		☒

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?		☒
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?		☒
42. Are you using any non-prescription or prescription medication?		☒

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.

17 JAN 2023

Date



Signature of Seafarer

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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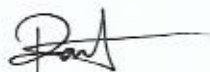
Name and Signature of Witness

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. DR. MIR. MD. RAIHAN.

17 JAN 2023

Date



Signature of Seafarer

DR. MIR. MD. RAIHAN
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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	167	(cm)	Weight	69	(kg)
Pulse rate		(per minute)	78	Rhythm	Regular
Blood Pressure Systolic	120	(mm Hg)	Diastolic	80	(mm Hg)
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): 17 JAN 2023

Results: Normal Chest X-Ray

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

Test: Blood Urea Nitrogen 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.)

17 JAN 2023

Date

Signature of
Medical Practitioner

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

Medical Practitioner's name, licence number, address

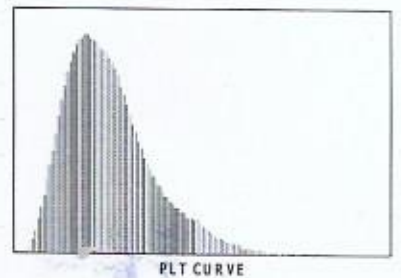
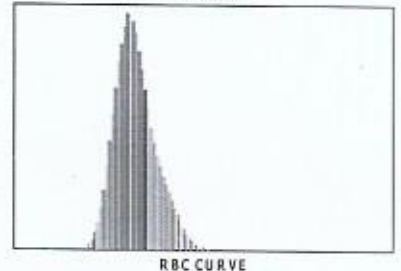
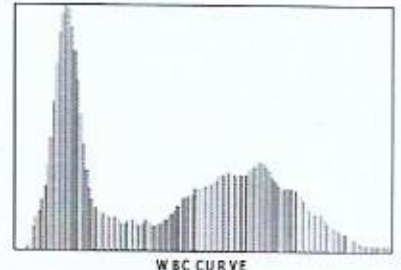


Id No : 0371 **Date** : 17-Jan-2023 **D.Date** : 17-Jan-2023
Patient's Name : MD ABU RASEL MOLLA **Age** : 30Y 4M 14D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:**C/O/8024

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	36 %	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	156 /cumm	50-450/cumm
Total RBC Count	5.70 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	43.1 %	M: 40-54%, F:37-47%
MCV	75.6 fL	76 - 94 fL
MCH	26.8 pg	27 - 32 pg
MCHC	35.5 g/dL	29 - 34 g/dL
RDW	13.0 %	11 - 16 %
PDW	14.8 fL	35 - 56 fL
Total Platelete Count (PC)	2,55,000 /cumm	150,000-450,000/cumm
MPV	9.0 fL	7.0 - 11.0 fL
PCT	0.230 %	0.1 - 0.6 %
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	DIA23010371	Received Date	17/01/2023
Patient's Name	MD ABU RASEL MOLLA		
Patient's Age	30Y 4M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: C/O/8024		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
-----------	--------	-----------------

Serum ALT (SGPT)	33 U/L	Up to 40 U/L
------------------	--------	--------------

Blood Sugar Random (RBS)	5.5 mmol/L	<7.8 mmol/L
--------------------------	------------	-------------

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By


 Medical Technologist
 Radical Hospitals Ltd.


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

Bill No	DIA23010371	Received Date	17/01/2023
Patient's Name	MD ABU RASEL MOLLA		
Patient's Age	30Y 4M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8024		
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)

Negative

Checked By



Medical Technologis
Radical Hospitals Ltd.

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

Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23010371	Received Date	17/01/2023
Patient's Name	MD ABU RASEL MOLLA		
Patient's Age	30Y4M14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8024		
Sample	URINRE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

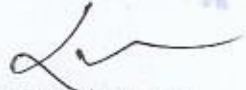
ON REQUESTCRYSTALS & OTHERS

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.


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

Bill No	DIA23010371	Received Date	17/01//2023
Patient's Name	MD ABU RASEL MOLLA		
Patient's Age	30Y 4M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8024		
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 Technologis
 Radical Hospitals Ltd.


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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23010371 Receive: Print: 17/01/2023
 Patient's Name : MD ABU RASEL MOLLA
 Age : 30 YRS Sex : M
 Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 74 b/min
 Rhythm : Regular
 P-Wave : Normal
 P-R Interval : Normal
 QRS Complex : Normal
 ST. Segment : Is electric
 T. Wave : Normal

Impression : Findings are within normal limit.


Dr. Debashish Paul
 MBBS, MD (Cardiology)
 Associate Professor
 Department of Cardiology
 Sylhet Women's Medical College Hospital

This report has been electronically signed

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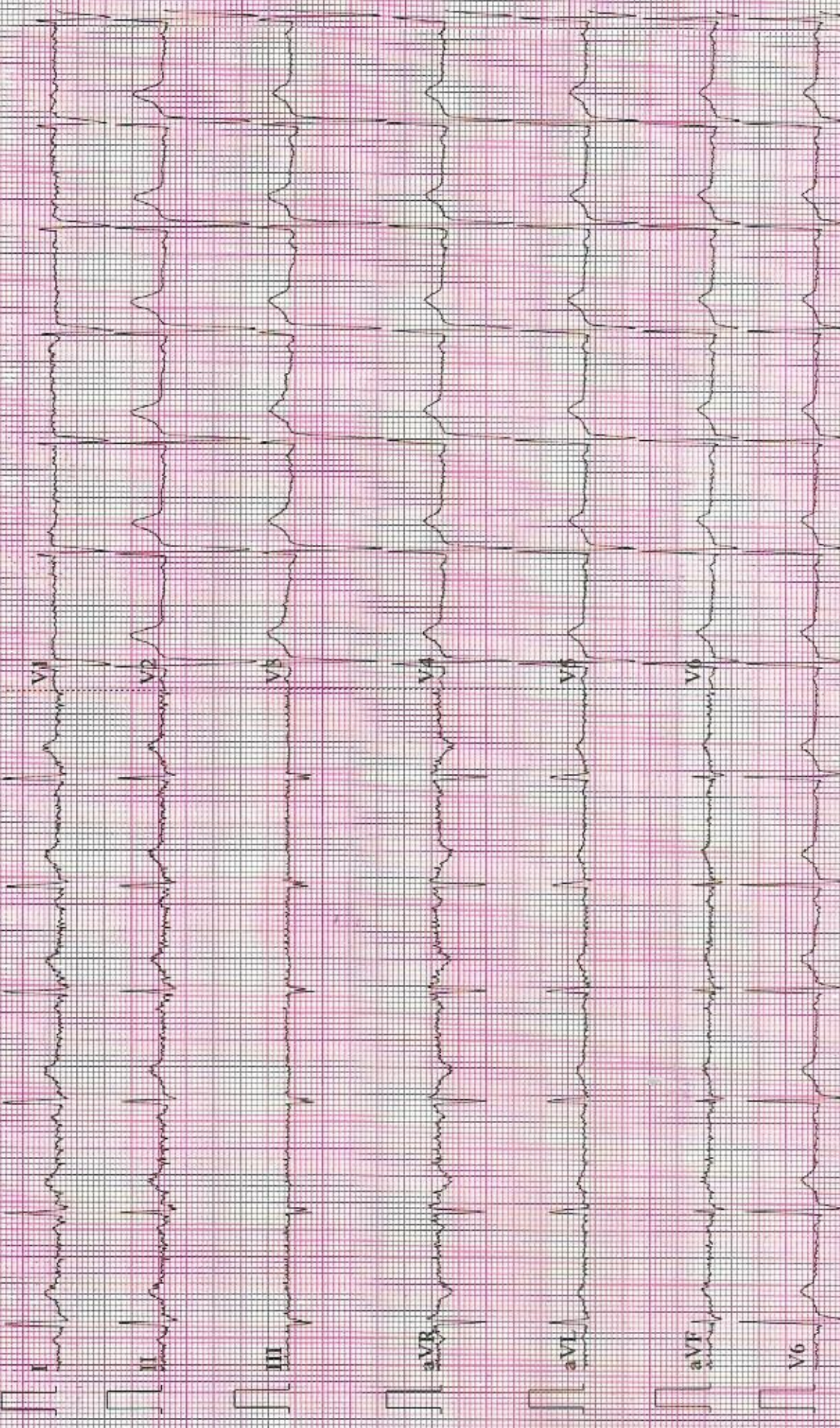
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MD Abt Rast Mollah
Male 30Years

HR : 74 bpm
P : 96 ms
PR : 132 ms
QRS : 94 ms
QT/QTc : 362/402 ms
PQRST : 39.8/31
RV5/SV1 : 1.302/0.978 mV

Diagnosis Information
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23010371 Receive: 17/01/2023 Print: 17/01/2023
Patient's Name : MD ABU RASEL MOLLA
Age : 30 Yrs Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS, (DU), CCD (BIRDEM), PGT (Eye), DFM

X-RAY OF CHEST (DIGITAL)

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

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.


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

This report has been electronically signed.

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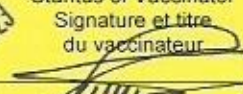
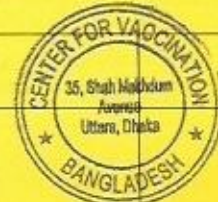
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

MD ABU RASEL MOLLA

This is to certify that JE Soussigne' (e) certifie que _____ date of birth 01/01/1992 Sex Male
no' (e) le _____ sexe _____

Whose signature follows don't la signature suit _____
Signature et titre du vaccinateur

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numc' ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
17 JAN 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-015 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within such period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificat n' est valable que si le vaccina employe' a e'te' approuve' par l' organisation Mondiale de la sante' et si le centre a e'te' approuve' par l' administration sanitaire du territoire dans lequel ce centre est situe'.

La validite' de ce certificat couvre une pe'riode de dix ans comencant dix jours apres la date de la vaccination ou, dans le cas d'une re vaccination, a compter de la date de cette revaccination.

Ce certificat doit e'tre signe' par un me'decin de sa propre main, son cachet officiel ne pouvant e'tre conside're comme remplaçant lieu de signature.

Toute e'rection ou rature sur le certificat ou l'omission d' une quelconque des mentions qu'il comporte pent affecter sa validite'.

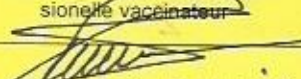
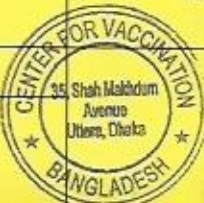
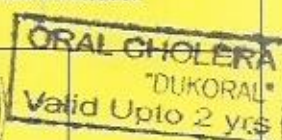
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

MD ABU RASEL MOLLA

This is to certify that
JE Soussigne' (e) certifie que _____ date of birth 01/01/1992 Sex Male
no' (e) le _____ sexe _____

Whose signature follows
dont la signature suit _____

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccineateur	Approved Stamp Cechet d'authentification
17 JAN 2023	 DR. MIR, MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	 
2		
3		
4		

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

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

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 invalid.

La validite de ce certificate couvre une periode de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificate doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validité.

DR.MIR MD. RAIHAN
Radical Hospitals Limited
UTTARA, DHAKA, BANGLADESH

**INTERNATIONAL CERTIFICATES
Of
VACCINATION & INOCULATION**

In accordance with
The International Sanitary Regulations
of The World Health Organisation

Name: MD ABU RASEL MOLLA

Rank: 2nd Officer

Passport No: A05724336

C.D.C No: C/018024

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2023.3160

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last MOLLA First MD ABU Middle RASEL
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 17 JAN 2023
Occupation: DECK OFFICER Rank: SECOND OFFICER
Father's/ Husband's name: MD ABDUL WADUD C.D.C No. C/01/8024
Mother's Name: ZAHANARA BEGUM Seaman ID No. 050007467
Address: House No: _____ Street/ Road No: _____
Locality/Village: ASTAIL Passport No. AD5724336
P.O.: ARIARA NID No. 1000741916
P.S.: LOHAGARA Date of Birth: 01/01/1992
District: NARAIL (DD/MM/YYYY)

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination: YES/NO
- Hearing meets the standards in section A-I/9: YES/NO
- Unaided hearing satisfactory? YES/NO
- Visual acuity meets standards in section A-I/9? YES/NO
- Colour vision meets standards in section A-I/9? YES/NO
Date of last colour vision test: 17 JAN 2023
- Fit for lookout duties? 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 service or to render the health of any other persons on board? YES/NO
- Any limitations or restrictions on fitness? YES/NO

If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

9. Medical fitness category:

☒ Fit-No restriction

☐ Fit-Subject to restrictions

☐ Unfit

10. Date of examination/Issue (DD/MM/YYYY): 17 JAN 2023

11. Date of expiry (DD/MM/YYYY): 16 JAN 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

[Signature]
Seafarer's Signature



[Signature]
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Biderm), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Name & Signature of the practitioner:

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 physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. 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 seafarers 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 (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. 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/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food-related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

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:

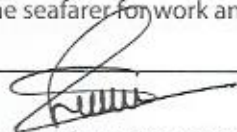
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

17 JAN 2023


DR. MIR. MD. RAIHAN
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DG Shipping Bangladesh Approved
General Physician
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