

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER

As per Merchant Shipping (Medical Examination) Amendment Rules, 2000 and ILO IMO/JMS/2011/2012
(In Compliance with MLC 2006 & ISM/STCW 2010, Code 1/9)

Name : RAHMAN MOHAMMAD SHAHENUR Sex : MALE Serial No. :
Date of Birth : 31/12/1979 PP/CDC No. : B60053061 Nationality : BANGLADESHI
Rank : ETO Vessel : NYK DANIELLA Type : CONTAINER Route : WORDWIDE
Home Address : HOUSE NO# 9/10, FLAT NO # 6/D, GARDEN STREET, RING ROAD, SHYAMOLI, MOHAMMADPUR, DHAKA-1207
Company Name & Address : WALLEM SHIPMANAGEMENT LIMITED

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		Is there any past/present history of any of the following?	Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-side 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 Problem		/		/	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 Disorders		/		/	Signed off on medical ground/Declared Unfit		/		/

Candidate's Declaration :- My signature below acknowledges that all statements provided by me in this application are true & correct to the best of my knowledge and belief and I further authorise & consent to the release of any/all of my medical records from any source including Insurance offices, Doctors, Hospitals or other institutions and public authorities. This general medical release will also authorize the release of any/all of my psychological records. If I am being tested for HIV virus, I consent to have the result revealed to my employer. I declare the above statements to be correct.
I hereby certify that the above medical statements are true and will form the basis of my medical examination. I agree that any omission or misrepresentation shall preclude me from employment and other medical benefits.

Date :

Candidate's Signature

Medical Examination :

Height in cms	Weight in Kgs	Blood Pressure in mm of Hg	Pulse-beats/min	Resp. Rate/min	General Appearance
168	84	120/80/90	78/100/110	18/20/22	HEALTHY
Compliant with MLC 2006, STCW 2010 STANDARD A-1/9	Distant Vision (Snellen's Chart)	Uncorrected	Corrected	Field Of Vision	Audiometry Hz
	Right Eye	6/6		Normal	500 1000 2000 3000 4000 5000 6000 8000
	Left Eye	6/6		Abnormal	Not Indicated
	Colour Vision	Ishihara	Normal	Abnormal	Whispered Voice
		Others	Normal	Abnormal	2 METER

Systemic Examination	Norm	Abnor	Notes	Norm	Abnor
Head & Neck	/		FIT FOR SEA SERVICE AS ETO AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory System	/
Eyes	/			Cardiovascular System	/
Ear / 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	Result
Hemoglobin	13.3	M:13-17 F:12-15 gm%	Colour	SILVER
Total WBC Count	9300	4000 - 10000 / cu.m	Specific Gravity	1.01
Neu 55% Lymph 28% Eos 4% Bn 1% Mo 1% O 2			pH	5
ESR	25	1 - 10 mm/hr	Albumin	+
SGOT	35	0 - 35 IU / L	Sugar	+
SGPT	30	10 - 60 IU / L	Bile Pigment	+
S. Cholesterol	207	130 - 270 mg / dl	Bile Salt	+
S. Triglycerides	91.6	upto 200 mg / dl	Occult Blood	+
Blood Sugar	6.80	upto 140 mg %	RBC Cells	+
Creatinine	0.9	upto 1.5 mg / dl	Leucocytes	+
GGTP	38	upto 55 IU / L	Spirometry	NORMAL
HbA1c	NORMAL		Drug of Abuse	NORMAL
HIV I & II	NORMAL		TMT	NORMAL
VDRL	NORMAL		ECG	NORMAL
Others	NORMAL		USG	NORMAL
Blood Group	O+ve		XRay (Chest PA)	NORMAL

Result of Medical Examination

On the basis of the history, clinical examination & diagnostic tests, I,

hereby declare the above examinee has been

Remarks / Recommendation : *Unaided Hearing : Satisfactory

I, , certify that all information required under Annexure E & F of M.S (Merchant Shipping) Rules 2000 are incorporated in this certificate.

Date of Medical Exam : 12 JAN 2023
Date of Medical fitness : 12 JAN 2023
Validity of Medical Certificate : 11 JAN 2025



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CGD (Bitem), PGT (Ophth)
BMDC A-55144, MMC BGD-016

IDENTITY of CANDIDATE CONFIRMED WITH

04.2023, 3127

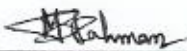


MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RAHMAN	GIVEN NAME (S): MOHAMMAD SHAHENUR	
DATE OF BIRTH: DAY 31 MONTH 12 YEAR 1979	PLACE OF BIRTH CITY RAJBARI COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: HOUSE NO 49/10, FLAT NO 6/D, GARDEN STREET, RING ROAD, SHYAMOLI, MOHAMMADPUR, DHAKA-1207	

DECLARATION OF THE AUTHORIZED PHYSICIAN								
VISION	COLOR TEST TYPE	HEARING						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">WITHOUT GLASSES</th> <th style="width: 33%;">WITH GLASSES</th> </tr> <tr> <td>RIGHT EYE 6/6</td> <td>RIGHT EYE 10/20</td> </tr> <tr> <td>LEFT EYE 6/6</td> <td>LEFT EYE 10/20</td> </tr> </table>	WITHOUT GLASSES	WITH GLASSES	RIGHT EYE 6/6	RIGHT EYE 10/20	LEFT EYE 6/6	LEFT EYE 10/20	☐ BOOK ☒ LANTERN YELLOW 10/20 RED 10/20 GREEN 10/20 BLUE 10/20	
WITHOUT GLASSES	WITH GLASSES							
RIGHT EYE 6/6	RIGHT EYE 10/20							
LEFT EYE 6/6	LEFT EYE 10/20							
Confirmation that identification documents were checked at the point of examination: YES ☐ NO ☐								
Hearing meets the standards in STCW Code, Section A-1/9? YES ☐ NO ☐ NOT APPLICABLE ☐								
Unaided hearing satisfactory? YES ☒ NO ☐								
Visual acuity meets standards in STCW Code, Section A-1/9? YES ☐ NO ☐								
Colour vision meets standards in STCW Code, Section A-1/9? YES ☐ NO ☐ (the visual test is required every six years)								
Date of the last colour vision test (Day/Month/Year) 1,2 JAN 2023								
Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒								
Able for watchkeeping? YES ☐ NO ☐								
Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒								
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☐								

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

 Signature of Applicant	MOHAMMAD SHAHENUR RAHMAN Name of Applicant	12 JAN 2023 Date
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CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

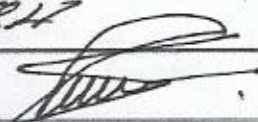
FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. FAHAN	ADDRESS: RADICAL HOSPITAL LIMITED UTTARA	NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: DA SHIPPING BANGLADESH
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06 MAR 2014		
SIGNATURE OF PHYSICIAN: 	STAMP OF PHYSICIAN: 	DATE: 12 JAN 2023
EXPIRY DATE OF CERTIFICATE: 11 JAN 2025		

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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

MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT RAHMAN		FIRST NAME MOHAMMAD		MIDDLE INITIAL SHAHENUR RAHMAN									
DATE OF BIRTH 31 MONTH 12 DAY 1979 YEAR		PLACE OF BIRTH CITY RAJBARI COUNTRY BANGLADESH											
EXAMINATION FOR DUTY AS : MASTER ☐ MATE ☐ ENGINEER ☒ RADIO OFF ☐ SEAMAN ☐		MAILING ADDRESS OF APPLICANT HOUSE NO # 9/10, FLAT NO # 6/D, GARDEN STREET, RING ROAD, SHYAMOLI, MOHAMMADPUR, DHAKA -1207											
MEDICAL EXAMINATION													
HEIGHT 168 CM	WEIGHT 84 KG	BLOOD PRESSURE	PULSE	RESPIRATION									
VISION:		HEARING:											
<table border="1"> <thead> <tr> <th></th> <th>RIGHT EYE</th> <th>LEFT EYE</th> </tr> </thead> <tbody> <tr> <td>WITHOUT GLASSES</td> <td>6/6</td> <td>6/6</td> </tr> <tr> <td>WITH GLASSES</td> <td></td> <td></td> </tr> </tbody> </table>			RIGHT EYE	LEFT EYE	WITHOUT GLASSES	6/6	6/6	WITH GLASSES			RIGHT EAR MBD LEFT EAR MBD		
	RIGHT EYE	LEFT EYE											
WITHOUT GLASSES	6/6	6/6											
WITH GLASSES													
COLOR TEST TYPE : BOOK ☐ LANTERN ☐ Check if color test is normal		YELLOW MBD RED MBD GREEN MBD BLUE MBD											
HEAD AND NECK Normal		HEART (CARDIOVASCULAR) Normal											
LUNGS Normal													
SPEECH : is speech unimpaired for normal voice communication ? Normal													
EXTREMITIES: UPPER Normal LOWER Normal													
is applicant suffering from any disease likely to be aggravated by, or to render him unfit for, service at sea or likely to endanger the health of other persons onboard? No.													
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO : MOHAMMAD SHAHENUR RAHMAN AND HE / SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM													
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN (PLEASE PRINT)													
ADDRESS RADIPAL HOSPITAL LIMITED UTTAR DHAKA, BANGLADESH.													
NAME OF PHYSICIAN'S LICENSING AUTHORITY DG SHIPPING BANGLADESH													
DATE OF ISSUE OF PHYSICIAN'S LICENSE 06 MAY 2014 SIGNATURE OF PHYSICIAN 													

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1945 (ILO No. 73)



DR. MIR. MD. RAIHAN
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.

REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION
(Confidential Document)

UNIVERSAL SHIPPING SERVICES
town Complex (15th Floor)
87, New Eskaton, Dhaka-1000
Phone-9347867

From :

(Please write Name, Address & Contact Details of Manning Centre)

RADICAL HOSPITAL LIMITED

To : Uttara, Dhaka, Bangladesh

(Please write Name, Address & Contact Details of the Doctor/ Clinic/Examiner)

Please carry out medical examination of the seafarer, the details and requirements for which are as stated below.

K.A. KABIR

Date : 12 JAN 2023

(Name & Signature of Responsible Person from Manning Centre)

Examinee's Details :

Full Name : MOHAMMAD SHAHENUR RAHMAN Address : HOUSE NO.9/10, FLAT NO-6/D, GARDEN STREET, SHYAMOLE, MOHAMMADPUR, DHAKA-1207

Date of Birth : 31/12/1979 Rank : ETO Name of vessel to be assigned : NYK DANIELLA

Type of vessel : CONTAINER Trade area : WORLD WIDE

(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide) :

CDC No. : C/014639 Passport No. : B00053061 Crew ID.(from Compas) : 25730

Position Offered/ Applied for : ETO Routine & Emergency Duties (if known) :

As per requirements of applicable P&I club :

- ☐ West of England P&I ☐ UK P&I ☐ Steamship Mutual Underwriting Association
☐ Britannia P&I ☐ Skuld P&I ☐ North of England Association P&I
☐ Standard P&I ☐ Gard P&I ☐ London Steamships P&I
☐ Japan P&I ☐ American Steamships P&I ☐ Others : _____

As per requirements of applicable Flag State :

- ☐ Liberian ☐ NIS ☐ Panamanian ☐ Marshall Islands ☐ Malta
☐ Danish ☐ ILO ☐ UK ☐ Others : _____

Medical Examination Module (as applicable): _____ (Please refer to "Annex 1" of WSM(I)'s Quality Manual)

FOR SEAFARERS : Please write any past medical history [Injury or Illness] in detail; any history of allergy to drugs should be mentioned in the box provided below :

Please read and sign the following statement :-

"I certify that my past medical history will be/has been fully declared to the Company Doctor and any false statement or undisclosed material and/or information in regard to past or present illness and/or medical condition(s) will disqualify me from any employment benefits and claims."

K.A. Kabir

Seafarer's Signature

Date : 12 JAN 2023

Doctor's Signature

Date : 12 JAN 2023

Original: Doctor & Copy : Manning Centre

Remark: The document to be uploaded into CMS until 11 Feb 2023

04.2023.3127



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

MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

FIT FOR DUTY ON BOARD SHIP



Last/Family Name

RAHMAN

First & Middle /Given Name

MOHAMMAD SHAHENUR

Position applied for

ETO

Date of Birth

31/12/1979

Sex

MALE

Nationality

BANGLADESHI

ID (Passport/Discharge book) No.

B00053061

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of MLC 2006 Reg 1.2; STCW 2010 and the guidance for the conduct of medical examination issued by the Directorate, as amended from time to time. On the basis of the seafarer's personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is -

(a) that the hearing meets the required standards for his rank:-
Unaided hearing is satisfactory

✓ Yes No
✓ Yes No

(b) Visual acuity meets the required standards for his rank
Colour Vision meets the the required standard
that he is fit for look out duty

✓ Yes No
✓ Yes No
✓ Yes No

(c) that he needs visual aids / informed to carry spares

Yes No

(d) that he is taking regular medication & seafarer does require to take same during his tenure on board vessel

Yes No

(e) that the seafarer is not suffering from any disease likely to be aggravated by, or render him unfit for, service at sea or likely to endanger the health of other persons on board ships

✓ Yes No

(f) this seafarer is **FIT FOR DUTY** without restrictions* as mentioned below

** This Medical Certificate is issued with following restrictions

** Reasons for being unfit

Physician Signature:

Physician Name Printed:

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.

Clinic Stamp



Date:

12 JAN 2023

Valid Till:

11 JAN 2025

Authorizing body of Medical Examiner: Directorate General of Shipping, Govt. of Bangladesh

I acknowledge, that I have been advised of the content of the medical certificate & of the rights for a review and my obligations.

12 JAN 2023

Seafarers signature with Date:-

[Signature]

Delete whatever is not applicable



MARITIME AND PORT AUTHORITY OF SINGAPORE

ANNEX C

M P A
SINGAPORE

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) RAHMAN MOHAMMAD SHAHENUR		Gender: Male/Female*
Date of Birth: (Day/month/year) 31/12/1979	Nationality: BANGLADESHI	Place of Birth: RAJBARI

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: 12 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)	12 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	11 JAN 2025	

12 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 PractitionerMedical 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**

ANNEX B

MPA
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) (BLOCK CAPITALS) RAHMAN MOHAMMAD SHAHENUR		Gender: Male/Female*
Date of Birth: day/month/year 31/12/1979	Place of Birth: RAJBARI	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: B00053061	Dept: Deck / Engine / Catering / others Rank: ETO	Type of ship: CONTAINER
Home Address: HOUSE NO # 9/10, FLAT NO # 6/D, GARDEN STREET, RING ROAD, SHYAMOLI, MOHAMMADPUR, DHAKA-1207	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.

12 JAN 2023

Date

M. Rahman

Signature of Seafarer

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.

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*

12 JAN 2023

Date

M. Rahman

Signature of Seafarer

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.

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 (cm)	168	Weight (kg)	84
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	MB	
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): 12 JAN 2023

Results: Normal chest X-ray

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

Test: Blood Test 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.)

12 JAN 2023

Date

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.

Medical Practitioner's name, licence number, address



WALLEM	SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 4R Version: 01 Date: 18 Aug 21 Page: 1 of 7
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Pre-Sea Exam: ☒	Periodic Exam: ☐	Other: ☐
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Examination for duty as: Master: Y/N: _____ Deck Officer: Y/N: _____ Eng Officer: ☒ Y/N: _____ Ratings: Y/N: _____ Cook: Y/N: _____ Other: Y/N: _____ Please specify _____		Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	Temporarily unfit to perform the duties he/she is to carry out.	Permanently unfit to perform the duties he/she is to carry out.
		☐	☐	☐



To be filled by Manning Centres

Name, Address with Contact details of Manning Centre:		UNIVERSAL SHIPPING SERVICES Town Complex (15th Floor) 87, New Emdan, Dhaka-1000 Phone-9347867	
Vessel to be assigned:	NYK DANIELLA	Routine & Emergency Duties (if known):	Position Offered/ Applied for: ETO
Type of vessel (Container, Tanker, Passenger etc):			
Trade area (e.g. Coastal, Tropical, Worldwide):	Cosatal ☐	Tropical ☐	WorldWide ☒

Part I - Examinee's Personal Declaration with Medical History
 (Examinee is to be answer the following to the best of examinee's knowledge)
 (Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details

Name of Examinee (Family/ last, first, middle):		RAHMAN MOHAMMAD SHAHENUR	
Home/ Permanent Address:		VILL: PACHURIA, P.O. CHANDRIPUR, P.S. KALUKHALI, DIST: RAJBARI	
Mailing Address:		HOUSE #9/10, FLAT NO#6/D, GARDEN STREET, RING ROAD, SHYAMOLI, MOHAMMADPUR, DHAKA-1207	
Date of birth (day/month/year):	31 / 12 / 1979	Sex:	MALE
Place of Birth:	City: RAJBARI Country: BANGLADESH	Nationality:	BANGLADESHI
Civil Status:		Rank:	ETO
Identity Docs/ Passport /Discharge Book No:	B0005306		



Is there any past / present history of any of the following	Examinee	Examiner's	Is there any past / present history of any of the following	Examinee	Examiner's
---	----------	------------	---	----------	------------

04.2023.3127

**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
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	Declaration		Record			Declaration		Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		✓		✓	Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor		✓		✓
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		✓		✓	Stomach / Bowel Disorders/ Digestive Disorder		✓		✓
Ear (Hearing, tinnitus) Problems / Impairment		✓		✓	Gall Stones/ Jaundice / Kidney Disorders		✓		✓
Mental Diseases, Breakdown / Sleep Disorder		✓		✓	Severe/ Frequent/ One Sided Headaches (Migraine)		✓		✓
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		✓		✓	Back / Joint Problems/ Wrist Problems/ Slipped Disc		✓		✓
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Balance Problem		✓		✓	Piles / Varicose Veins		✓		✓
Sinuses/ Nose/ Throat Problems		✓		✓	Allergies / Rash/ Skin Disease		✓		✓
Thyroid Problem		✓		✓	Female Disorders		✓		✓
High / Low Blood Pressure/ Blood Disorder		✓		✓	Major / Minor Operation/ Surgery		✓		✓
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		✓		✓	Contagious Diseases/ Gastrointestinal infection / Other Infections		✓		✓
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		✓		✓	Sexually Transmitted Disease/ Infections		✓		✓
Shortness of Breath		✓		✓	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		✓		✓
Rheumatic Fever		✓		✓	Diabetes		✓		✓
for Male Examinee	Yes	No	If "Yes", give details		for Female Examinee	Yes	No		
Prostate Problems/ Testicular Lumps		✓			Breast Lumps/ Menstrual Problems		✓		
Penile Discharge		✓			Pregnancy		✓		
Multiple Partners		✓			Multiple Partners		✓		
If "Yes", to any of the above, please explain:									

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		✓
Have you ever been hospitalized?		✓
Have you ever been declared unfit for sea duty?		✓
Has your medical certificate ever been restricted or revoked?		✓
Are you aware that you have any medical problems, diseases or illnesses?		✓
Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
Are you currently under a doctor's care/ medication?		✓
Are you allergic to any medications?		✓
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox		✓
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		✓



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Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout			☒
In the last one week have you consumed any of these Drugs/ Medication			☒
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.			☒
Pain Killers, If Yes, Please State name of Drug Crocin/ Aspirin/ Fortwin etc.			☒
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.			☒
Any Medicine/ Injections from your family Doctor			☒
To What Extent Do You Use: Alcohol: _____, Cigarettes: _____			
Tobacco: _____, Drugs: _____			
Are you taking any non-prescription or prescription medications?			☒
If yes, please list the medications taken and the purpose(s) and dosage(s).			
Date and contact details for previous medical examination (if known):			
Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).			
Family History :		Yes	No
Diabetes			☒
Blood Pressure/ Heart Disease			☒
Mental Illness/ Epilepsy/ Seizure			☒
Cancer			☒
If "Yes", to any of the above, please explain:			

Any other major conditions?			
Would you say that your health is: Excellent * Good * Fair *			
I _____ holding Passport/Seaman Book no. _____ hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a 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 the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to			
Dr. <u>DR. DR. PANJAN</u> (the approved medical practitioner carrying out the medical examinations).			
Signature of Examinee:	<u>[Signature]</u>	Date(day/month/year):	12 JAN 2023

Height in cms: 168	Weight in Kg: 84	Blood Pressure	Systolic 120 (mmHg)	Diastolic 80 (mmHg)
BMI: 29.7	Temperatures: 98.6	Pulse Rate:	78	Respiratory rate
		Rhythm:	Regular	24
Chest:	Insp: 42	Exp: 41	Oral Health	Normal
				General Condition
				Good

Part II - Medical Examination

The Company has set the following BMI limits:
A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.
For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia etc), then the seafarer in question MUST undergo a stress/ treadmill test.

If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways/means to improve their health.

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BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

Visual acuity							Visual fields		
	Unaided			Aided			Right eye	Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular			
Distant	6/6	6/6	/					/	
Near	NS	NS	/					/	

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No

If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:	Type:	Book *	Lantern *	Ishihara *	CIE-43-2001 *
Check if colour test is Normal:	Yellow	*	Red	*	Green
Colour Vision:	Not tested	*	Normal	*	Doubtful

Hearing:

Pure tone and audiometry (threshold values in dB)							Speech and Whisper Test (Meters)		
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz	Normal	Whisper	
Right ear	20	20	20	20			/		
Left ear	20	20	20	20			/		

Speech (Deck/Navigation Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head	/		Varicose Veins	/	
Eyes	/		Vascular (Inc. Pedal Pulses)	/	
Eye Movement/Pupils	/		Abdomen and Viscera	/	
Ophthalmoscopy	/		Hernia	/	
Ears, Tympanic Membrane	/		Anus (Not Rectal Exam.)	/	
Sinuses, Nose, Throat	/		G-U System	/	
Mouth/Teeth/Gums	/		Upper & Lower Extremities	/	
Nervous System	/		Spine (C/S, T/S and L/S)	/	
Heart	/		Neurologic (Full Brief)	/	
Lung and Chest	/		Psychiatric	/	
Breast Examination	NS		Pupils	/	
Skin	/		Musculoskeletal System	/	

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	/		Hypertension	/	
Dysrhythmia/ Pacemaker	/		Congenital Heart Disease	/	
Valvular Heart Disease	/		Peripheral Circulation	/	
Cardiomyopathy	/		Pulmonary Circulation/ TB	/	
Aneurysms	/				

Chest X-ray (PA) Not performed *

Performed * on (day/month/year):

Result :



12 JAN 2023

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

Test:

Result:

Investigation:

Blood	Result	Normal	Urine	Result	Additional Tests	Result	Normal
Haemoglobin "Hb"	13.2 g/dl	13 - 18 gm/dl	Colour	Nil	(HbA1c)	6.1	4.0 % - 6.5 %
Total WBC count	7.330	4,000 - 11,000 / cu.mm	Specific Gravity	Nil	RBS/ FBS (Blood test)	4.8	
Neu 55%, Lym 32%, Eos 02%, Bas 00%, Mo 04%			pH	Nil	Total Bilirubin	0.7	0.1 - 1.0 mg/dl
Blood Group & Rh factor (tested only once, need not be repeated)			Albumin	Nil	Direct Bilirubin	NAD	0.0 - 2.5 mg/dl
BI ESR	25	1 - 15 mm / hr	Sugar	Nil	Indirect Bilirubin	NAD	0.0 - 0.75 mg/dl
Platelets	1.93000	1.50-4.00 Lakh/ul	Bile Pigment	Nil	SGPT	39	9 - 43 U/L
Fasting Lipid Profile			Bile Salt		SGOT	25	0 - 40 IU/L
S. Triglycerides	410	25-200 mg/dl	Occult Blood	Nil	SGGT	38	0 - 49 IU/L
Cholesterol Serum	227	130-220 mg/dl	RBC Cells	Nil	Blood Urea	NAD	10 - 50 mg/dl
HDL Cholesterol Serum	192	35-65 mg/dl	Leucocytes	Nil	S. Creatinine	0.9	0.8 - 1.4 mg/dl
LDL Cholesterol Serum	155	85-150 mg/dl	Stool Test	Result	BUN	11	5-23mg/dl
VLDL Cholesterol Serum	NAD	07-35 mg/dl	Bacteriological	NAD	PSA	NAD	Less than 4.00 ng/ml
Total /HDL Cholesterol	212	3.0-5.0	Parasitical	NAD	Malarial Parasite	NAD	
LDL/HDL Cholesterol	1.2	2.5-3.5	Others		Uric Acid	8.6	2.4 - 7.5 mg/dl
Hepatitis B	Positive	Negative	HIV I & II	Negative			
Hepatitis C	Positive	Negative	VDRL	NM Reactive			

Drugs: Method:

Results: Negative

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	(1000 ng/ ml)	(200 ng/ ml)	50 ng/ ml	(300 ng/ ml)	
Not Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids / Urine *	Cocaine / Urine *	Opiates & Morphine *
Spirometry	Normal	TMT	Negative	Drugs of Abuse	Negative
ECG	Normal	ECHO	Normal	Ultrasound (USG) of the Abdomen & Pelvis	Normal.

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes / No

Vaccination status recorded: Yes / No Satisfactory * to be renewed *



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Details:

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

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

Examination	Results of the examination		Examination	Results of the examination	
	Pass	Fail		Pass	Fail
Medical History	✓		Fecalysis (food service/ handlers only)	✓	
Physical Examination	✓		Hep B Antigen	✓	
Dental Examination	✓		Hep C Antibodies	✓	
Psychological Test	✓		Stress Test	✓	
Visual Test	✓		Diabetes	✓	
Colour Vision	✓		Ultrasound Examination (Presence of gall & Kidney Stones)	✓	
Audiometry	✓		Alcohol/ Drug Test	✓	
EKG	✓		2D echo Doppler study (for heart patient) Psychometric evaluation	✓	

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is

- (a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory
- (b) Visual acuity meets the required standards for his/her² rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she is fit / unfit for look out duty
- (c) that he / she needs / does not need visual aids / informed to carry spares
- (d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?
- (e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	*	✓	*	*
Unfit:	*	*	*	*

this seafarer is UNFIT FOR DUTY**/ FIT FOR DUTY with/ without restrictions* as mentioned below,

* This Medical Certificate is issued with following restrictions (e.g. specific position, type of ship, trade area & other as applicable):

** Reasons for being unfit



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This is to certify MOHAMMAD SHAHENUR RAHMAN was physically examined and he/she is found to be FIT for sea service/ look-out duty for the period from 12 JAN 2023 to 11 JAN 2025 Date of medical examination: 12 JAN 2023 Place of medical examination: Radical Hospital Limited, Uttara, Dhaka, Bangladesh Medical certificate validity date (day/month/year): 11 JAN 2025 Name of Examiner (Please Print):

(Validity should not be more than 2 years)

Degree: _____

Address: _____

Tel./Fax/Email: _____

Name of Medical Examiner/ Physician Certificate /License Issuing Authority: _____

Date of issue of Medical Examiner/Physician Certificate/ License: _____ Registration No.: _____

Shahman
Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner (print name of medical examiner if not legible) and I acknowledge, that I have been advised of the content of the medical certificate & of the right to a review in accordance with paragraph (6) of section A-1/9 of STCW Code and my obligations.)

Date: 12 JAN 2023

Original: Master & Crewing Dept
cc: Seafarer

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.

Official Stamp & Signature with Govt. (DGS) Approval/

No. of Medical Examiner

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



January 08, 2023

TOXI-LAB
FULLY COMPUTERISED DRUG DETECTION LABORATORY
TO WHOM IT MAY CONCERN

This is to certify that **Mohammad Shahenur Rahman** was present in this Centre on 08.01.2023, at 02.30 PM and was examined for Drug and Alcohol testing according to the guiding principal on drug and Alcohol testing procedures for world wide application in the maritime industry as advised by joint ILO/WHO and U.S. coast guard guidelines by OCIMF. This is also according to the Norwegian Seaman's article 26 and rules and regulation issued by the Maritime Directorate.

His Urine Sample was collected with all precautions for the detection of presence of Drugs of abuse and its metabolites in the Urine sample namely: OPIATE (Morphine, Pethidine, Codeine Phosphate), AMPHETAMINE, COCAINE, BARBITURATE, CANNABINOIDS (Marijuana) and PHENCYCLINDINE.

Homogeneous Enzyme Immune-assay method and technique was adopted by "SOLARIS DRUG ANALYZER" of Syva, USA.

Alcohol assay of the Urine Sample was also performed using the same method and technique.

The analytical test result was found to be: - VE (NEGATIVE)

COMMENT:

Mohammad Shahenur Rahman was found to be Drug and Alcohol free on 08.01.2023.

M. Baktyer Hossain 08.01.2023
Dr. M. Baktyer Hossain
MBBS (CMC), PGT (P.G. Hospital)
Medical Director



LABORATORY FORM

TOXI-LAB

MUKTI

Rajdhani Complex, 237/2,
New Elephant Road, Dhaka, Bangladesh.

PERSONAL PARTICULARS

DONORS NAME MOHAMMAD SHAHENUR RAHMAN DATE OF BIRTH 31/12/1979 SEX: MALE / FEMALE ☒
OCCUPATION MARINER POSITION / RANK ETO HEIGHT (M) 5'6" WEIGHT (KG) 84
FATHERS NAME MOHAMMAD JAMAL UDDIN PASSPORT NO. B00053061 CDC NO. (IF ANY) C/014639
ADDRESS HOUSE #9/10, FLAT NO#6/D, GARDEN STREET, RING ROAD, SHYAMOLI, MOHAMMADPUR MOBILE NO. 01754967690
IMPORTANT: ALL DRUGS (PRESCRIBED AND NON PRESCRIBED) BEING USED DURING LAST 30 DAYS

NAME OF THE MEDICINE	ON PRESCRIPTION YES / NO	DAILY DOSAGE	TREATMENT
			STARTED ENDED

THE FOLLOWING DRUGS OF ABUSE AND THERAPEUTIC DRUG CAN BE TESTED IN THE SAMPLE BY FULLY COMPUTERIZED POLARIZED ANALYZER (FROM SYVA USA) BY HOMOGENEOUS ENZYME IMMUNO ASSAY METHOD (PLEASE CHECK THE APPROPRIATE)

DRUGS OF ABUSE	THERAPEUTIC DRUGS
287/300 ☒ OPIATE -ve	AMACACIN
229/300 ☒ COCAINE -ve	CAFFEINE
33/50 ☒ CANNABINOIDS -ve	CARBAMEZAPINE
84/100 ☒ ALCOHOL -ve	CHLORAMPHENICOL
241/100 ☒ AMPHETAMINE -ve	DISOPYRAMIDE
255/300 ☒ BARBITURATE -ve	DIGOXIN
267/300 ☒ METHAQUALONE	ETHOSUXIMIDE
264/300 ☒ PHENCYCLIDINE -ve	GENTAMYCIN
☒ PROPOXYPHENE -ve	LIDCAINE
☒ BENZODIAZEPINE -ve	METHOTREXATE
☐ ACETAMINOPHEN	NEULMUCIN
	PHENOBARBITAL
	PHENYTION
	PRIMODONE
	PROCAINAMIDE
	QUINIDINE
	THEOPHYLINE
	TOBRAMYCINE
	VALPROIC ACID
	VANCOMYCIN
	N.ACTVPROCAINAMIDE

TOXICOLOGY
☐ BARBITURATE ☐ BENZODIAZEPINE ☐ TRICYCLIC ANTIDEPRESSANTS (ACA)

TO BE FILLED BY LABORATORY INCHARGE
URINE / SERUM
SAMPLE NO.
SIGNATURE OF DONOR

ANALYTICAL RESULT & COMMENTS:

The qualitative analysis of above checked 8 drugs of abuse were performed in the urine sample of the donor using a cut off level of 300 ng / ml for Opiate, Cocaine, Amphetamine, Barbiturate, Phencyclidine and Benzodiazepine, while for Alcohol & Cannabinoids a cut off level of 100 ng / ml and 50 ng / ml, respectively were used to distinguish Positive Sample.

The assay level for all eight drugs of abuse was found below the respective cut of value.

Comment: Analytical Result was -(VE) Negative for all eight drugs of abuse tested.

SIGNATURE OF LAB INCHARGE



[Handwritten Signature]
08/01/2023

IBN SINA DIAGNOSTIC & IMAGING CENTER

ISO 9001:2015 Certified



5200080

10

HAEMATOLOGY REPORT



ID No. : **D8089**

Delivery on: 8/1/2023 3:00PM

Printed on: 8/1/2023 11:40AM

Name : MOHAMMAD SHAHENUR RAHMAN

Sex: Male

Age: 43 y

Received on: 8/1/2023 9:57AM

Refd. by : UNIVERSAL SHIPPING SERVICES

Collected on: 8/1/2023 9:02AM

Relevant estimations were carried out by Automated Haematology Analyzer Sysmex XN1000 / XN2000 & checked manually

Parameter	Result	Reference Value	Method
Red Blood Cells			
Haemoglobin	13.2 g/dl	Adult: Men: 15.0±2.0, Women: 13.5±1.5 At birth: 13.5-19.5, 3 Days: 14.5-22.5 1 Month: 11-17, 2-6 Months: 9.5-13.5 2-6 Years: 11-14, 6-12 Years: 11.5-15.5	Sodium Lauryl Sulphate
Total RBC	4.80 million/Cmm.	Men: 5.0±0.5, Women: 4.3±0.5	Hydro Dynamic Focusing
ESR	25 mm (Westergren method)	Men: 0-10, Women: 0-20	
PCV/HCT	0.41 l/l	Men: 0.45±0.05, Women: 0.41±0.05	RBC cumulative pulse height
MCV	85 fl	92±9	Calculation with RBC HCT
MCH	28 pg	29.5±2.5	Calculation with RBC and HGB
MCHC	33 g/dl	33.0±1.5	
RDW	13 %	12.8±1.2	
NRBC	0.0 %		Flow Cytometry
White Blood Cells			
Total WBC	7,330 /Cmm.	Adult: 4,000-11,000 Child: 5,000-15,000 Infant: 6,000-18,000 At birth: 10,000-25,000	Flow Cytometry
Circulating Eosinophils	147 /Cmm.	50-500	Flow Cytometry
Differential Count			
Neutrophils	55 %	Adult: 40-75 Child: 20-50	Flow Cytometry
Lymphocytes	38 %	Adult: 20-50 Child: 40-75	Flow Cytometry
Monoocytes	04 %	2-10	Flow Cytometry
Eosinophils	02 %	2-6	Flow Cytometry
Basophils	01 %	0-1	Flow Cytometry
Others	00 %		
Platelets			
Total Platelet Count	1,93,000 /Cmm	1,50,000-4,50,000	Hydro Dynamic Focusing
MPV	11.1 fl	8.0-9.5	

Checked by



Md. Kamrul Islam
Medical Technologist (Lab.)
Ibn Sina Diagnostic & Imaging Center

DR. MAJ. MOHAMMAD HUMAYUN (RTD.)

MBBS, MCPS (Cl. Path), FCPS (Haematology)

Consultant Haematology

Ibn Sina Diagnostic & Imaging Center

IBN SINA DIAGNOSTIC & IMAGING CENTER

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5200101

10

BIOCHEMICAL REPORT



ID No. : **D8089**

Name : **MOHAMMAD SHAHENUR RAHMAN**

Refd. by : **UNIVERSAL SHIPPING SERVICES**

Specimen : **Blood,**

Age: 43 y

Sex: Male

Delivery on: 8/1/2023 3:00PM

Printed on: 8/1/2023 12:17PM

Collected on: 8/1/2023 9:02AM

Received on: 8/1/2023 10:34AM

Estimations are carried out by Atellica Solution/Vitros 5600/ADVIA 1800 Random Access Chemistry Analyzer

Parameter	Test Result	Reference Value	Method
Plasma Glucose (F)	4.88 mmol/L	Normal: <5.56 Prediabetes: 5.56-6.94 Diabetes: >7.00	Glucose Oxidase Trinder
Corr. Urine Sugar	Nil		
HbA1C	6.1 %	Normal: <5.7 Prediabetes: 5.7-6.4 Diabetes: >=6.5	
S. BUN	11 mg/dl	7-18	Urease with GLDH
S. Creatinine	0.90 mg/dl	Male: 0.70-1.30 Female: 0.50-1.10 Child: 0.30-0.70	Jaffe Alkaline picrate, Kinetic
S. Uric Acid	8.60 mg/dl	Male: 3.7 - 7.7 Female: 2.5 - 6.2	Uricase/Peroxidase
S. Bilirubin (Total)	0.79 mg/dl	Adult: 0.30-1.20 Neonatal: 1.50-12.00	Vanadate Oxidation
S. ALT (SGPT)	39 U/L	Male: <45 Female: <34	Modified IFCC
S. AST (SGOT)	25 U/L	15-37	
S. Gamma GT	38 U/L	Male: 15-85 Female: 5-55	
Lipid Profile			
S. Cholesterol (Total)	227 mg/dL	<200	Enzymatic method End point
S. Triglyceride	410 mg/dL	<150	GPO-trinder without serum blank
S. HDL Cholesterol	35 mg/dL	>40	Elimination/catalase
Non-HDL-Cholesterol	192 mg/dL	<130	
S. LDL Cholesterol	155 mg/dL	<100	Elimination/catalase
T. Cholesterol-HDL Ratio	6.49	Low risk: <4.0 High risk: >6.0	
S. Total Protein	7.30 g/dl	Adult: 6.40 - 8.20 Newborn: 4.40 - 7.50 Child: 6.00 - 8.00	

F
Checked by

MUHAMMAD FAISAL AZIM
(Hon.), M.Sc (Biochemistry & Molecular Biology)
Biochemist
Ibn Sina Diagnostic & Imaging Center

IBN SINA DIAGNOSTIC & IMAGING CENTER

ISO 9001:2015 Certified

I.D. Number	D8089	Date :	Jan 08, 2023
Name of the patient	MOHAMMAD SHAHENUR RAHMAN	Age :	43 year(s)
Referred by	UNIVERSAL SHIPPING SERVICES		

Thanks for your kind referral.

Report:

Chest X-Ray – PA View

Diaphragm : Normal in position & outline.

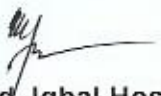
Heart : Normal in TD & contour.

Trachea : Normal in position.

Lungs : Both lung fields are clear.

Bony thorax : Apparently normal.

Δ Normal findings.



Prof. Dr. Md. Iqbal Hossain
MBBS, DMRD, FCPS.
Ex-Chairman
Department of Radiology & Imaging
Consultant Radiologist
B.S.M. Medical University

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5200081

10

IMMUNOLOGY REPORT



ID No. : **D8089**

Delivery on: 8/1/2023 3:00PM

Printed on : 8/1/2023 12:57PM

Name : MOHAMMAD SHAHENUR RAHMAN

Age: 43 y

Sex: Male

Refd. by : UNIVERSAL SHIPPING SERVICES

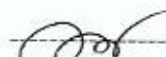
Specimen : Blood,

Collected on: 8/1/2023 9:02AM

Received on: 8/1/2023 10:01AM

Estimations are carried out by Atellica Solution/Vitros 5600/Advia Centaur XPT Random Access Immunoassay Analyzer

Parameter	Test Result	Reference Value	Method
Anti-HCV	Negative Cut off rate: 1.00 Sample rate: 0.03		
HBsAg	Negative Cut off rate: 1.00 Sample rate: < 0.10		
HIV Antibody I & II	Negative Cut off rate: 1.00 Sample rate: 0.05		


Checked by



MD. SOIB UDDIN
B.Sc (Hons), M.Sc (Biochemistry)
Biochemist
Ibn Sina Diagnostic & Imaging Center

IBN SINA DIAGNOSTIC & IMAGING CENTER

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5200077

10

BLOOD GROUP REPORT



ID No. : **D8089**

Name : **MOHAMMAD SHAHENUR RAHMAN**

Refd. by : **UNIVERSAL SHIPPING SERVICES**

Specimen : **Blood,**

Age: 43 y

Delivery on: 8/1/2023 3:08PM

Printed on: 8/1/2023 11:13AM

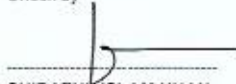
Sex: Male

Collected on: 8/1/2023 9:02AM

Received on: 8/1/2023 9:57AM

Parameter	Test Result	Reference Value	Method
BLOOD GROUP: (ABO)	"O" Rh(D) Positive		

Check by


SHIRAZUL ISLAM KHAN

Medical Technologist

Ibn Sina Diagnostic & Imaging Center


Dr. Md. Shahjahan Chowdhury
MBBS, MCPS, DCP(BSMMU)
Consultant, Pathologist
Ibn Sina Diagnostic & Imaging Center

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10

SEROLOGY REPORT



ID No. : **D8089**

Name : **MOHAMMAD SHAHENUR RAHMAN**

Refd. by : **UNIVERSAL SHIPPING SERVICES**

Specimen : **Blood,**

Age: **43 y**

Delivery on: 8/1/2023 3:00PM

Printed on: 8/1/2023 11:48AM

Sex: **Male**

Collected on: 8/1/2023 9:02AM

Received on: 8/1/2023 10:01AM

Estimations are carried out by Atellica NEPH 630/BN Prospec/Stago Compact Max3/Sysmex CS-1600

Parameter	Test Result	Reference Value	Method
VDRL	Non-Reactive		

Check by

SHIRAZUL ISLAM KHAN

Medical Technologist

Ibn Sina Diagnostic & Imaging Center

Dr. Md. Shahjahan Chowdhury

MBBS, MCPS, DCP(BSMMU)

Consultant, Pathologist

Ibn Sina Diagnostic & Imaging Center



Pioneer in Health Care



5200082

10

ROUTINE URINE EXAMINATION

ISO 9001:2015 Certified



ID No. : **D8089**

Received : 8/1/2023 9:02AM

Print Date : 8/1/2023 11:08AM

Name : MOHAMMAD SHAHENUR RAHMAN

Sex: Male

Age: 43 y

Refd. by : UNIVERSAL SHIPPING SERVICES

Relevant estimations were carried out by Automated Urine Analyzer(LabUMat 2 + Urised 3, Hungary)& checked manually

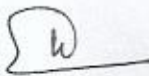
PHYSICAL EXAMINATION	Test Result	Reference value
Colour	Pale Yellow	Pale Yellow/Straw
Appearance	Clear	Clear
Specific gravity	1.006	1.010 - 1.022

CHEMICAL EXAMINATION	Test Result	Reference value
PH	5.5	4.5 - 8.0
Protein	Nil	Nil
Glucose	Nil	Nil
Acetone (Ketone body)	Nil	Nil
Bilirubin	Absent	0.02 mg/dL
Urobilinogen	Normal	0.1 - 1.8 mg/dL
Nitrite	Absent	Negative
Leukocyte	Nil	Nil
Others	Nil	Nil

MICROSCOPIC EXAMINATION	Test Result	Reference value
Epithelial cells	1-2	1-5/HPF
Pus cells/WBC	0-2	0-5/HPF
RBC	Nil	0-2/HPF
Dismorphic RBC	Nil	Nil
Hyaline Cast	Nil	0-2/LPF
Granular Cast	Nil	Nil
WBC Cast	Nil	Nil
RBC Cast	Nil	Nil
Calcium-Oxalate	Nil	Nil
Amorphous Phosphate	Nil	Nil
Uric acid	Nil	Nil
Urates	Nil	Nil
Triple-phosphate	Nil	Nil
Yeast/Candida	Nil	Nil
Trichomonas/Vaginalis	Nil	Nil
Spermatozoa	Nil	Nil
Others	Nil	Nil

Ref: Clinical diagnosis and managements by laboratory methods (John Bernard Henry)

Checked by


Dr. Md. Shahjahan Chowdhury
MBBS, MCPS, DCP(BSMMU)
Consultant, Pathologist
Ibn Sina Diagnostic & Imaging Center

ID: D.8089

Name: M. Shahenur Rahman

Sex: Male Birth Date:

cm kg mmHg bpm
Vent rate 66
PR int 166 ms
QRS dur 96 ms
QT/QTc int 388/402 ms
P/QRS/T axis -5/35/0
RV5/SV1 amp 0.780/0.950 mV
RV5+SV1 amp 1.730 mV

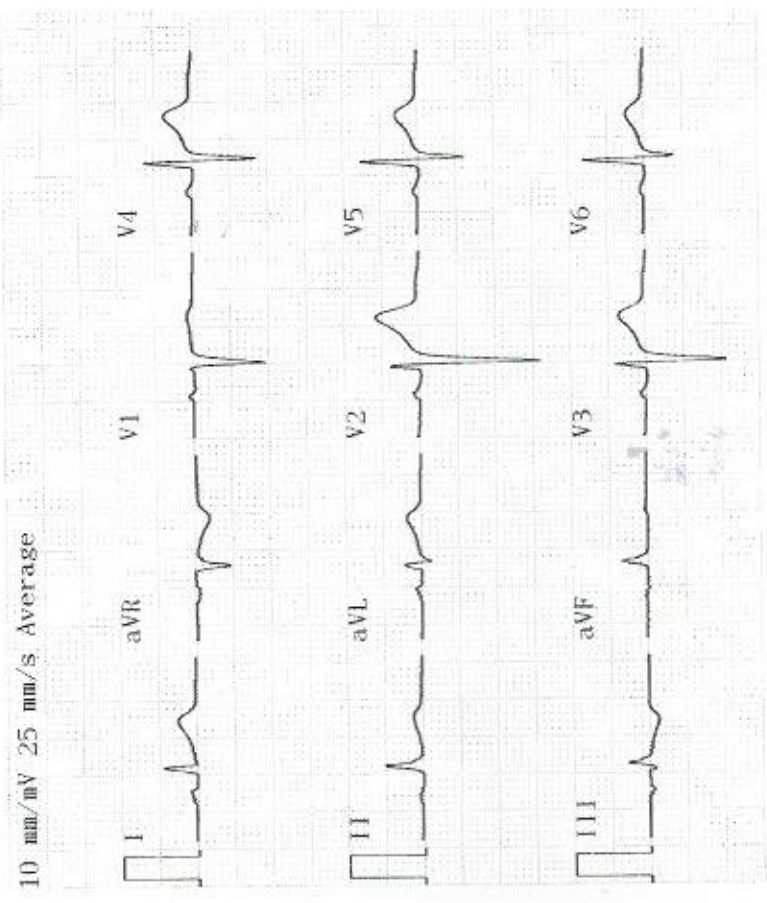
43 Years

PORT

1100 Sinus rhythm
9110 ** normal ECG **

- AXIS _____
- POSITION _____
- ST. SEGMENT _____
- T. WAVE _____
- OTHERS _____

at limits



Unconfirmed Report
Reviewed by:

11/29/23
CONSULTANT

Dr. Md. Mesbahul Islam
MBBS, D. Card. MD (Cardiology),
Fellow Intervention Cardiology-
Assistant Professor
Clinical and Interventional Cardiologist.

MOHAMMAD SHAHENUR
RAHMAN,



08-Jan-23 11:50:58 AM

Bruce

ID: D8089 Second ID: Admission ID:

Date of Birth:	Height: 65 in	Address:	City: DHAKA	State:
Age: 43 Years	Weight: 84 lb	Postal Code:	Country: BANGLADESH	Email Address:
Gender: Male	Race: Asian	Home Tel.:	Work Tel.:	Mobile Tel.:

Angina: None	History of MI: No	Indications IHD Screening	Medications No significant drugs
Prior CABG: No	Prior Cath: No		
Diabetic: No	Smoking: No		
Family History: No			

Referring Physician: U.S.S. Location: Procedure Type: TREADMIL

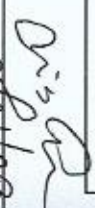
Technician:	Target HR: 177 bpm	Reasons for end: Target Heart rate obtained
		Symptoms: Fatigue

Diagnosis	Notes
ETT IS NEGATIVE for provokable ischaemia	

Conclusions

Exercise capacity is good.
Positive chronotropic and hemodynamic responses to exercise.
No significant ST depression was seen during exercise or recovery period.
Stress test is NEGATIVE for ECG evidence of provokable myocardial ischemia.

Reviewed by: DR.MD.Mesbahul Islam.D-

Signed by: 
Date: 08-Jan-23

I.D.No:	D8089	Scan : Jan 08, 2023
Name of Patient:	MOHAMMAD SHAHENUR	Age : 43 year(s)
	RAHMAN	Sex: Male
Ref. by:	UNIVERSAL SHIPPING SERVICES	

Thanks for your confident referral.

USG OF WHOLE ABDOMEN

HBS:

Liver

: Normal in size measuring about 150 mm along mid clavicular line. Parenchymal echotexture is homogeneously increased & brighter all over. No focal solid or cystic lesion is noted. Hepatic vasculatures are well delineated and diameter of portal vein is within normal limit.

Biliary channel

: Intrahepatic biliary trees are not dilated. CBD – not dilated. Internal diameter of CBD is within normal limit. No evidence of sludge or calculus is seen.

Portal vein

: Appears normal in caliber & shows no evidence of thrombus.

Porta-hepatis

: Appears normal having no evidence of porta-hepatis lymphadenopathy.

Gall bladder

: Is normal in size & contour. Wall thickness is normal. No evidence of calculus, biliary sludge or any soft tissue lesion seen within the lumen of gall bladder. No evidence of per-cholecystic collection is seen.

Pancreas

: Is normal in size. Parenchymal echogenicity is homogeneous. No focal or diffuse lesion is seen. No evidence of per-pancreatic collection is seen. MPD is not dilated.

Spleen

: Is normal in size. Parenchymal echogenicity is homogeneous having no focal or diffuse lesion. Spleno-Portal venous system is not dilated.

Kidneys

KUB:

: Normal in size, shape and position.

Bipolar length of the right kidney is 100 mm.

Bipolar length of the left kidney is 105 mm.

Cortical echogenicity: normal.

Cortico - medullary differentiation: Maintained.

Pelvic/renal system: is not dilated.

No evidence of calculus, focal or diffuse renal parenchymal lesion is seen.

No evidence of perinephric collection is seen.