

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: **RAHMAN MD HABIBUR** Sex: **M** Serial No:
 Date of Birth: **01/05/1992** PP/CDC: **C1017210** Rank: **2nd OFF.**
 Vessel: **MV AMIS KALON** Type: **BULK-CARRIER** Route: **WORLDWIDE**
 Home Address: **H/NO-13/A, RAZABARI, MAZAR ROAD, UTTARKHAN**
 Company Name: **UTTARA, DHAKA-1230**

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

Physical Examination															
Height	Weight in Kgs	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition								
178cm	77kg	41	40	120/80mm	78b/min	14b/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	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS 2ND OFF AS PER MLC 2006	Respiratory system	/
Eyes	/			Cardiovascular system	/
Ears / Nose / Throat	/			Per Abdomen	/
Teeth / Oral Cavity	/			Genito-urinary system	/
Musculo-Skeletal system	/			Others	/
Nervous system	/		Enhanced GARD Medicals done	Hernia / Hydrocoele	/
Reflexes	/			Varicose Veins	/
Skin	/			Fissure/Fistula/Piles	/

Investigations

Blood	Result	Normal	Urine
Hemoglobin	12.3 gm%	14-16 gm %	Colour
Total WBC count	9.800 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 63 % Lymg	32 % Eos 02 % Ba 00 % Mo 02 %		pH
Malarial parasite	NOT FOUND		Albumin
ESR	06 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	U/L	9-43 U / L	Bile pigment
S.Cholesterol	mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS	upto 125 mg %	RBC cells
HbsAg			Leucocytes
HIV I & II			Others
VDRL			
Others			
Blood Group		GGTP U/L	Spirometry: Normal

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: **24 JUL 2025**

Candidate's Signature: **Rahman**

Date: **25/07/2023**

25 JUL 2023

04.2023.4459



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.



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA

SURNAME: RAHMAN	GIVEN NAME (S): MD HABIBUR	
DATE OF BIRTH: DAY 01 MONTH 05 YEAR 1992	PLACE OF BIRTH CITY DHAKA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: H/NO-13/A, RAZABARI, MAZAR ROAD, UTTARKHAN, UTTARA, DHAKA-1230 amikhali300@gmail.com	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	☐ BOOK ☒ LANTERN YELLOW ms RED ms GREEN ms BLUE ms	RIGHT EAR ms
LEFT EYE	6/6	—		LEFT EAR ms

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) **25 JUL 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.

Rahman

Signature of Applicant

MD HABIBUR RAHMAN

Name of Applicant

25-07-2023

Date

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. RAIHAN MBBS, (DU), DFM REG: A-55144**

ADDRESS: **RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-MAY-2014**

SIGNATURE OF PHYSICIAN

STAMP OF PHYSICIAN

DATE: **25 JUL 2023**

EXPIRY DATE OF CERTIFICATE:

24 JUL 2025

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

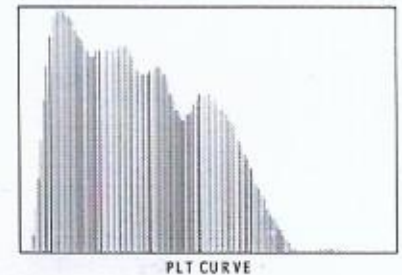
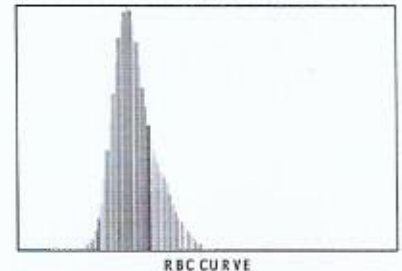
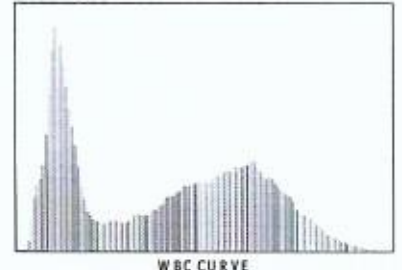
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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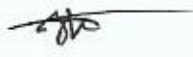
Id No : 0826 **Date** : 25-Jul-2023 **D.Date** : 25-Jul-2023
Patient's Name : MD HABIBUR RAHMAN **Age** : 31Y 2M 24D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7210

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.3 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)	9,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	186 /cumm	50-450/cumm
Total RBC Count	4.63 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	33.9 %	M: 40-54%, F:37-47%
MCV	73.2 fL	76 - 94 fL
MCH	26.6 pg	27 - 32 pg
MCHC	36.3 g/dL	29 - 34 g/dL
RDW	13.7 %	11 - 16 %
PDW	11.4 fL	35 - 56 fL
Total Platelete Count (PC)	250000 /cumm	150,000-450,000/cumm
MPV	10.9 fL	7.0 - 11.0 fL
PCT	0.084 %	0.1 - 0.0 %
Bledding 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	DIA23070826	Received Date	25/07/2023
Patient's Name	MD HABIBUR RAHMAN		
Patient's Age	31Y 2M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7210
Sample	Blood		

SEROLOGICAL REPORT

Test Name

Result

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

RADICAL

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	DIA23070826	Received Date	25/07/2023
Patient's Name	MD HABIBUR RAHMAN		
Patient's Age	31Y 2M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7210
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	1-3/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	DIA23070826	Received Date	25/07/2023
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7210
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.



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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23070826	Receive: 25/07/2023	Print: 25/07/2023
Patient's Name	: MD HABIBUR RAHMAN		
Age	: 31 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

25-07-2023 14:11:51

Male 37 Years

Diagnosis Information:

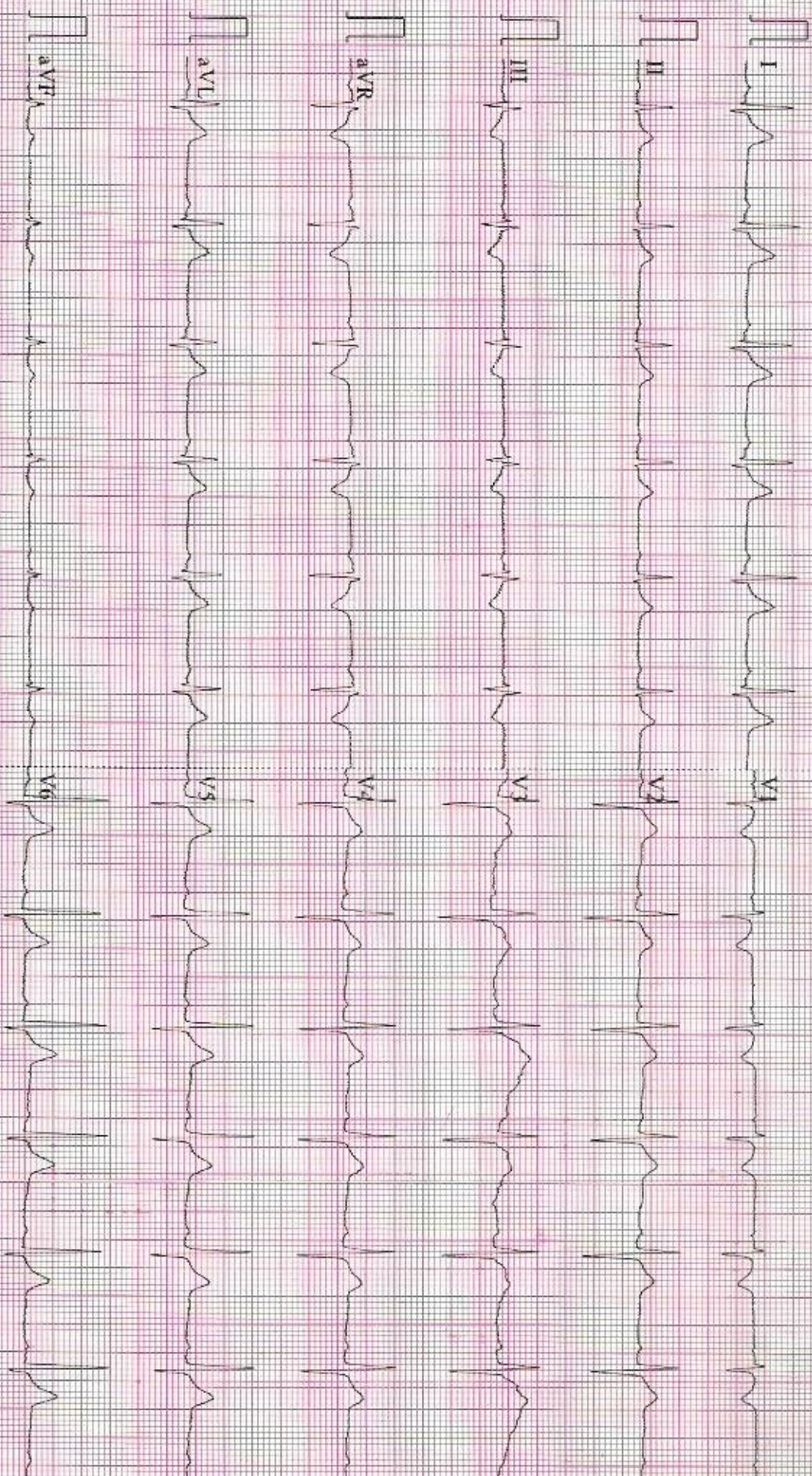
Sinus rhythm

Inferior T wave abnormality is nonspecific

Borderline ECG

P	104	ms
PR	148	ms
QRS	88	ms
QT/QTc	344/382	ms
PQRST	2/3/12	°
RV5/SVI	1.1/69.0/523	mV

Report Confirmed by:





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070826 Receive: Print: 25/07/2023
Patient's Name : MD HABIBUR RAHMAN
Age : 31 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

Page 1 of 1

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

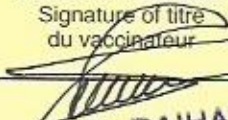
MD HABIBUR

This is to certify that JE Soussigne' (e) certifie que RAHMAN date of birth 01/05/1992 Sex MALE
ne' (e) le Sexe

Whose signature follows
don't la signature suit

Rahman

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

Date	Signature and professional Stahtus of Vaccinator Signature of titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numnc' ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
25 JUL 2023 1	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Infect), PGD (Ophth) BMD C A-55144, MMC-BGD-016 PG Shiping Bangladesh Approved General Physician Radical Hospitals Limited.		
3			
4			

This certificate is valid only if the vaccina used has been approved by the world l lcalih 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 day after the date of vaccination or in the event of a revaccination within sch 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 die signature.

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

Ce certificate n' est avaiable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa tion Mondiale de la santc" et sile centre a" uaiif,aiion ae" tc'tra6iiiiie pali-aminslralion sanitaire du (erriloire dans lcquel'ce centre est siture;

La valide' de ce certificat couvr une pe'riodc de dix ans comencant dix joursaorcs la date de,la vaccination ou, dans le cas dune reiaaccination.u .ou., a.-cittc lie,iio,i a" dix ans, lejour de centtc * revaccination.

Ca certificate do it ctrc signc' uq1 un me'decin de sa propre main, son cachet officiar nc pouvant cue conside' commc lcnanr lieu de signature.

Toute eorection ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa valide'.

**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

**MD HABIBUR
RAHMAN**

This is to certify that
JE Soussigne' (e) certifie que

date of birth
no' (e) le

01/05/1992

Sex
Sexe

Male

Whose signature follows
don't la signature suit

Rahman

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

Date	Signature and professional Status of Vaccinator Signature of qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
25 JUL 2022	<i>[Signature]</i> DR. MIR MD. RAIHAN MBBS (DU), DPM, CCD (Biderm), PGD (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

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 validité de ce certificat couvre une période 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 la seconde injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin, le présent certificat 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 présenté par l'administration sanitaire du territoire où la vaccination est effectuée.

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