



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.  
Tel : +880 31 716214-6, Fax : +880 31 710530

# HAQUE & SONS LTD.

Accredited By BMDC  
Accreditation No A 55144

PATIENT CONTROL NUMBER:  
200474

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                 |                                                                               |                                                |                                       |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|
| SURNAME<br><b>CHOWDHURY</b>                                                                                     |                                                                               | FIRST NAME<br><b>MD.</b>                       | MIDDLE NAME<br><b>ASIF-AL-RAZEE</b>   |
| PLACE AND DATE OF BIRTH<br><b>RAJSHAHI 29-Dec-1976</b>                                                          |                                                                               | PASSPORT NUMBER<br><b>A01423581</b>            | SEAMAN'S BOOK NUMBER<br><b>CO3178</b> |
| NATIONALITY: <b>BANGLADESHI</b>                                                                                 | SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | VL SSEL TYPE: <b>CHEM. TANKER</b>              | TRADING AREA: <b>WORLD WIDE</b>       |
| PERMANENT HOME ADDRESS:<br><b>C/O MD. AL-MAMUN CHOWDHURY, NOORJAD VILLA, E- 256, HATEM KHAN, RAJSHAHI-6000.</b> |                                                                               | CONTACT NUMBER: <b>01716697421 (WIFE)/0171</b> |                                       |
|                                                                                                                 |                                                                               | RANK: <b>MASTER</b>                            |                                       |

Have you ever had any of the following conditions?

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

If any of the above questions were answered "yes", please give details.

### Additional questions

|                                                                                              |                                     |                                     |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 35 I have you ever been signed off as sick or repatriated from a ship?                       | YES                                 | NO                                  |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                            |                          |                                     |
|----------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications?        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, please list the medications taken and the purpose(s) and dosage(s) |                          |                                     |

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

### MEDICAL EXAMINATION

| Weight <b>71kg</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Height (cm) <b>170</b>                                                | BMI <b>24.5</b> | Blood Pressure: Systolic <b>120mm</b> Diastolic <b>80mm</b> | PULSE: <b>78b/min</b>                                                            |                       |  |            |  |                         |  |  |  |     |      |      |      |       |                                                                       |            |  |                                                                                  |  |      |                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------|-------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------|--|------------|--|-------------------------|--|--|--|-----|------|------|------|-------|-----------------------------------------------------------------------|------------|--|----------------------------------------------------------------------------------|--|------|-----------------------------------------------------------------------|
| <table border="1"> <thead> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="2">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> </tr> </thead> <tbody> <tr> <td>Right</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td colspan="2" rowspan="2"><b>N/A</b></td> <td colspan="2" rowspan="2"><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> </tr> <tr> <td>Left</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> </tr> </tbody> </table> |                                                                       |                 |                                                             |                                                                                  | Hearing by Audiometry |  | Audiometry |  | Hearing by Whisper Test |  |  |  | 500 | 1000 | 2000 | 3000 | Right | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <b>N/A</b> |  | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  | Left | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |
| Hearing by Audiometry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       | Audiometry      |                                                             | Hearing by Whisper Test                                                          |                       |  |            |  |                         |  |  |  |     |      |      |      |       |                                                                       |            |  |                                                                                  |  |      |                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | 500             | 1000                                                        | 2000                                                                             | 3000                  |  |            |  |                         |  |  |  |     |      |      |      |       |                                                                       |            |  |                                                                                  |  |      |                                                                       |
| Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <b>N/A</b>      |                                                             | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |  |            |  |                         |  |  |  |     |      |      |      |       |                                                                       |            |  |                                                                                  |  |      |                                                                       |
| Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                 |                                                             |                                                                                  |                       |  |            |  |                         |  |  |  |     |      |      |      |       |                                                                       |            |  |                                                                                  |  |      |                                                                       |
| Hearing meets the standards as laid down in STCW Code Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                 |                                                             |                                                                                  |                       |  |            |  |                         |  |  |  |     |      |      |      |       |                                                                       |            |  |                                                                                  |  |      |                                                                       |



|         | Visual acuity |          |           |          | Visual fields                       |                          |
|---------|---------------|----------|-----------|----------|-------------------------------------|--------------------------|
|         | Unaided       |          | Aided     |          | Normal                              | Defective                |
|         | Right eye     | Left eye | Right eye | Left eye |                                     |                          |
| Distant | 6/6           | 6/6      |           |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Near    |               |          |           |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Visual acuity meets the standard laid down in STCW Code Section A-1/9  
 Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 07 JUL 2023

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

## RESULTS OF ANCILLARY EXAMINATIONS

|                         |              |                                    |                                                                                |                                                                                |
|-------------------------|--------------|------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Chest X Ray             | <u>ND</u>    | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana                                                                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| ECG                     | <u>ND</u>    | BILIRUBIN                          | Alcohol Test                                                                   | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| BLOOD R/E               | <u>ND</u>    | SGPT                               | URINE R/E                                                                      | <u>ND</u>                                                                      |
| DC (differential count) | <u>ND</u>    | SGOT                               | OTHERS                                                                         |                                                                                |
| HAEMOGLOBIN (HGB)       | <u>15.9</u>  | DRUG AND ALCOHOL TEST              |                                                                                | HBsAg                                                                          |
| ESR (WESTERGREN)        | <u>09</u>    | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test                                                                |
| WBC                     | <u>8.100</u> | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL                                                                           |
| BLOOD GLUCOSE LEVEL     | <u>5.2</u>   | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type                                                                     |
| RANDOM                  | <u>4.5%</u>  | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam                                                             |
| HBA1C                   | <u>4.5%</u>  | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others (KUB Ultraso)                                                           |

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

07 JUL 2023

Signature of Seafarer

MD. ASIF-AL-RAZEE CHOWDHURY  
 Name of Seafarer

Date

## Assessment of fitness for service at sea:

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

☒ Fit for lookout duties ☐ Not fit for lookout duties

|       | Deck service                        | Engine service           | Catering service         | Other services           |
|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Fit   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unfit | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☒ Without restrictions

☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

|                                     |                          |
|-------------------------------------|--------------------------|
| Yes                                 | No                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

Fitness Date:

07 JUL 2023

Valid Until:

06 JUL 2025

DR. MIR. MD. RAIHAN  
 MBBS (D), DPM (CC), D (Gen), DGO (Gen)  
 BMDC A-55144, MMC-BGD-016  
 DG Shipping, Bangladesh Approved  
 General Physician  
 Radical Hospitals Limited.

In Accordance with Medical Examination (S) and STCW 1978/1996 as Amended, MLC 2006

Revision Date : 24th July 2022



# PHYSICAL EXAMINATION REPORT/CERTIFICATE

## MARITIME ADMINISTRATOR

### CONFIDENTIAL DOCUMENT

## REPUBLIC OF THE MARSHALL ISLANDS

|                                                                                                                                                                                                                                              |  |  |                                                                                                                                                  |  |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------|
| SURNAME<br><b>CHOWDHURY</b>                                                                                                                                                                                                                  |  |  | GIVEN NAME(S)<br><b>MD. ASIF-AL-RAZEE</b>                                                                                                        |  |                                                                                 |
| DATE OF BIRTH<br><b>12</b> MONTH <b>29</b> DAY <b>1976</b> YEAR                                                                                                                                                                              |  |  | PLACE OF BIRTH<br><b>RAJSHAHI</b> CITY <b>BANGLADESH</b> COUNTRY                                                                                 |  | SEX<br><input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| EXAMINATION FOR DUTY AS:<br>MASTER <input checked="" type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input type="checkbox"/><br>RADIO OFFICER <input type="checkbox"/><br>RATING <input type="checkbox"/> |  |  | MAILING ADDRESS OF APPLICANT:<br><b>APT- 2A&amp;B, HOUSE NO. 292, ROAD NO. 12, PADMA R/A,</b><br><b>RAJSHAHI-6100.</b><br><br><b>BANGLADESH.</b> |  |                                                                                 |

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

|                                                                                                                                                                                            |                       |                                     |                                                                                                           |                               |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| HEIGHT<br><b>170cm</b>                                                                                                                                                                     | WEIGHT<br><b>71kg</b> | BLOOD PRESSURE<br><b>120/80mmHg</b> | PULSE<br><b>72b/min</b>                                                                                   | RESPIRATION<br><b>16b/min</b> | GENERAL APPEARANCE<br><b>Good</b> |
| VISION:<br>WITHOUT GLASSES<br>WITH GLASSES                                                                                                                                                 |                       | RIGHT EYE<br><b>6/6</b>             |                                                                                                           | LEFT EYE<br><b>6/6</b>        |                                   |
|                                                                                                                                                                                            |                       | HEARING:<br>RT. EAR <b>Normal</b>   |                                                                                                           | LEFT EAR <b>Normal</b>        |                                   |
| COLOR TEST TYPE: BOOK <input type="checkbox"/> LANTERN <input type="checkbox"/> IS COLOR TEST NORMAL? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF "NO" EXPLAIN ON PAGE 2) |                       |                                     |                                                                                                           |                               |                                   |
| ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                          |                       |                                     |                                                                                                           |                               |                                   |
| HEAD AND NECK<br><b>Normal</b>                                                                                                                                                             |                       |                                     | HEART (CARDIOVASCULAR)<br><b>Normal</b>                                                                   |                               |                                   |
| LUNGS<br><b>Normal</b>                                                                                                                                                                     |                       |                                     | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE? <b>Yes</b> |                               |                                   |
| EXTREMITIES:<br>UPPER <b>Normal</b>                                                                                                                                                        |                       |                                     | LOWER <b>Normal</b>                                                                                       |                               |                                   |

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☐ No ☒

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes ☐ No ☒

IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATION? Yes ☐ No ☒

SIGNATURE OF APPLICANT 07 JUL 2023 06 JUL 2025

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN. DATE OF EXAMINATION EXPIRY DATE

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **MD. ASIF-AL-RAZEE CHOWDHURY**

**FIT FOR DUTY ON BOARD SHIP** NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐

SEAFARER IS FOUND TO BE ☒ FIT/ ☐ NOT FIT FOR DUTY AS A ☐ MASTER/ ☐ DECK OFFICER/ ☐ ENGINEERING OFFICER/

☐ RADIO OFFICER/ ☐ RATING/ ☐ CHIEF COOK/ ☐ COOK ☒ WITHOUT ANY RESTRICTIONS/ ☐

☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144**

ADDRESS **RADICAL HOSPITALS LIMITED 35, SHAH MAKHUM AVENUE, SECTOR-12 UTTARA, DHAKA-1230, BANGLADESH**

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

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **6-May-2014**

SIGNATURE OF PHYSICIAN 07 JUL 2023

DATE

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





## 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's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This physical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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 seafarer's 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 (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
  - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
  - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. 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 should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should 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.
- (h) Physical Requirements
  - Applicants for able seafarer, bosun, GP-I, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
  - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

## IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

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 of RMI MG-7-47-1.)

1. COMPLETE PHYSICAL EXAMINATION, INCLUDING HEARING TEST.
2. PATHOLOGICAL EXAMINATION: A) Complete Blood Count, B) Blood Sugar Estimation C) Serological Test (VDRL)  
D) Hepatitis B Surface Antigen (HBsAg), E) Urinalysis F) Drug Test G) Alcohol Test
3. X - RAY EXR PA VIEW
4. E.C.G. TEST
5. EYE EXAMINATION FOR V/A & C/V

07 JUL 2023



**DR. MR. MD. RAIHAN**  
MBBS (DU), DFM, CCD (Siddem), PGD (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved MI-105M  
General Physician  
Radical Hospitals Limited.



# HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga,  
Agrabad C/A, Chattogram, Bangladesh.  
Tel: +88 02333316214-6



|             |                             |        |            |
|-------------|-----------------------------|--------|------------|
| Name        | MD. ASIF-AL-RAZEE CHOWDHURY | Date   | 7-Jul-2023 |
| Age         | 46                          | Sex    | MALE       |
| Passport No | A01423581                   | CDC No | CO3178     |
| Sample      | BLOOD                       | Rank   | MASTER     |

## BIOCHEMISTRY REPORT COMPARE

|                     |                |                |                 |
|---------------------|----------------|----------------|-----------------|
| Vessel Name:        | GINGA CHEETAH  | FUJI GALAXY    |                 |
|                     | After Sign-Off | Before Sign-On | Reference Range |
| Date of Report      | 12 JAN 2023    | 07 JUL 2023    | -               |
| Serum Bilirubin     | 0.7            | 0.8            | 0.2 - 1.1 mg/dl |
| Serum S.G.O.T/A.S.T | 22             | 27             | Up to 37 U/L    |
| Serum S.G.P.T.      | 31             | 19             | Up to 42 U/L    |

DOCTOR'S REMARKS:

No Restrictions



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

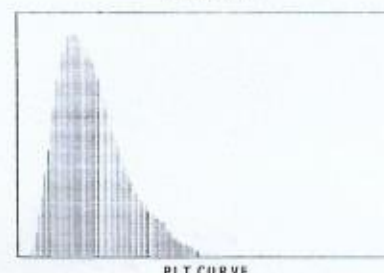
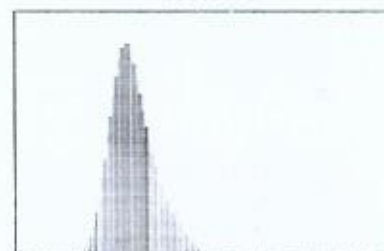
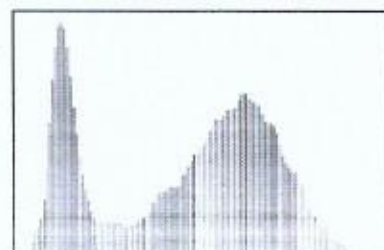


**Id No** : 0150 **Date** : 07-Jul-2023 **D.Date** : 07-Jul-2023  
**Patient's Name** : MD ASIF AL RAZEE CHOWDHURY **Age** : 46Y 6M 8D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:**C/O/3178

## Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>15.9 gm/dl</b>     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>09 mm/1st hr</b>   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>8,100 /cumm</b>    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | 73 %                  | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | 22 %                  | 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             | 162 /cumm             | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.65 m/ul</b>      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | 41.7 %                | M: 40-54%, F:37-47%                                                                                |
| MCV                                | 73.8 fL               | 76 - 94 fL                                                                                         |
| MCH                                | 28.1 pg               | 27 - 32 pg                                                                                         |
| MCHC                               | 38.1 g/dL             | 29 - 34 g/dL                                                                                       |
| RDW                                | 15.2 %                | 11 - 16 %                                                                                          |
| PDW                                | 15.0 fL               | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>3,55,000 /cumm</b> | 150,000-450,000/cumm                                                                               |
| MPV                                | 7.2 fL                | 7.0 - 11.0 fL                                                                                      |
| PCT                                | 0.256 %               | 0.1 - 0.5 %                                                                                        |



Checked By

Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU)  
Associate Professor  
Dept. Of Microbiology  
East West Medical College & Hospital.

|                |                                                       |               |                 |
|----------------|-------------------------------------------------------|---------------|-----------------|
| Bill No        | DIA23070150                                           | Received Date | 07/07/2023      |
| Patient's Name | MD ASIF AL RAZEE CHOWDHURY                            |               |                 |
| Patient's Age  | 46Y 6M 8D                                             | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/3178 |
| Sample         | BLOOD                                                 |               |                 |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.2 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total)  | 0.8 mg/dl  | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 27 U/L     | Up to 37 U/L     |
| Serum ALT (SGPT)         | 19 U/L     | Up to 40 U/L     |
| HbA1C                    | 4.5 %      | 4.2 - 6.7 %      |

### REMARKS (IF ANY)

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

Checked By

Medical Technologists  
Radical Hospitals Ltd.

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



|                |                                                                       |               |            |
|----------------|-----------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA23070150                                                           | Received Date | 07/07/2023 |
| Patient's Name | MD ASIF AL RAZEE CHOWDHURY                                            |               |            |
| Patient's Age  | 46Y 6M 8D                                                             | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3178 |               |            |
| Sample         | BLOOD                                                                 |               |            |

## SEROLOGICAL REPORT

| Test Name                 | Result       |
|---------------------------|--------------|
| HIV 1 & 2 (Method : (ICT) | Negative     |
| HBsAg (Method : (ICT)     | Negative     |
| VDRL                      | Non-reactive |

| BLOOD GROUPING Result |           |
|-----------------------|-----------|
| ABO Blood Group       | "O" (+ve) |
| Rh(D)Factor           | Positive  |

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        | DIA23070150                                           | Received Date | 07/07/2023      |
| Patient's Name | MD ASIF AL RAZEE CHOWDHURY                            |               |                 |
| Patient's Age  | 46Y 6M 8D                                             | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/3178 |
| 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  | 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 |

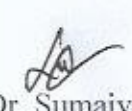
#### ON REQUESTCRYSTALS & OTHERS

|              |          |                   |     |
|--------------|----------|-------------------|-----|
| 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        | DIA23070150                                           | Received Date | 07/07/2023      |
| Patient's Name | MD ASIF AL RAZEE CHOWDHURY                            |               |                 |
| Patient's Age  | 46Y 6M 8D                                             | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/3178 |
| 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. : 23070150 Receive: 07/07/2023 Print: 07/07/2023  
Patient's Name : MD ASIF AL RAZEE CHOWDHURY  
Age : 46 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



ID: 23060887

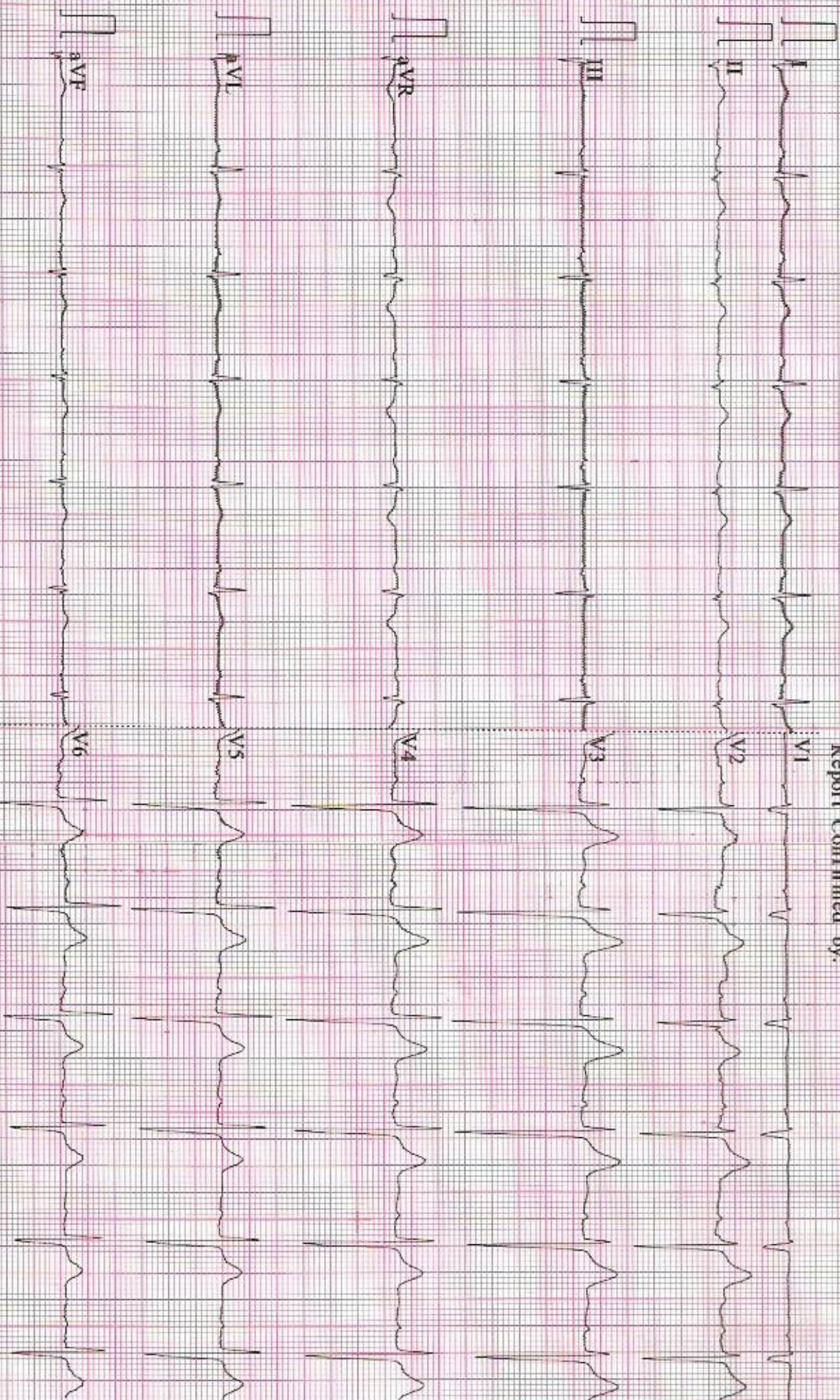
07-07-2023 13:18:35

Mr. M. J. McRae  
Male  
46 Years  
Chonoddy

HR : 75 bpm  
P : 110 ms  
PR : 190 ms  
QRS : 92 ms  
QT/QTc : 376/420 ms  
P/QRS/T : -7/-33/24  
RV5/SV1 : 0.84/0.422 mV

Diagnosis Information:  
Sinus rhythm  
Left axis deviation  
Borderline ECG

Report Confirmed by:



20.363

0.67-100Hz AC50 25mm/s 10mm/mV 2\*5.0s 75 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital



REF: MT. FUJI GALAXY

DATE: 07/07/2023

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

## EYE EXAMINATION REPORT

NAME: MD ASIF AL RAZEE CHOWDHURY

RANK: MASTER

CDC NO: C/O/3178

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~/ FIT FOR EMPLOYMENT ON BOARD



Dr. Mir Md. Raihan  
MBBS, PGT (Ophthalmology)  
Assistant Registrar (EX)  
East west Medical College & Hospital



|              |                                                       |               |            |
|--------------|-------------------------------------------------------|---------------|------------|
| Patient ID   | 230700150                                             | Voucher No    |            |
| Test Name    | USG OF KUB                                            | Delivery Date | 07/07/2023 |
| Patient Name | MD ASIF-AL-RAZEE CHOWDHURY                            |               |            |
| Age          | 46 Yrs                                                | Sex           | Male       |
| Refd. By     | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               |            |

**THANK YOU FOR THE COURTESY OF THIS REFERRAL**

**RT KIDNEY:** - Is normal in size regular in shape and position. Bipolar length 10.7cm. The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.  
*P-C systems are not dilated.*

**LT KIDNEY:** - Is normal in size regular in shape and position. Bipolar length 11.0cm. The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.  
*P-C systems are not dilated.*

**URINARY BLADDER:** Is well filled. Wall thickness is regular and within normal limit.  
No intravesicle lesion is seen

**PROSTATE:** Normal in size volume is 23.1cc regular in shape. Echogenicity is homogenous.  
No area of calcification is seen.

**COMMENT:** Normal study.

*AA 7-7-23*  
Dr. Asma Ahmed  
MBBS,CMU,DMU  
PGT(Gynae & obs)  
Advanced Training on TVS  
Consultant Sonologist



# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

## AGAINST CHOLERA

MD ASIF AL RAZEE CHOWDHURY

This is to certify that  
whose signature follows

Date of birth 29 DEC-1976 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

| Date        | Signature and Professional status of vaccinator                                                                                                                                     | Approved Stamp                                                                       |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 03 MAR 2019 | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | CENTER FOR VACCINATION<br>35, Shah Makhdoom<br>Avenue<br>Uttara, Dhaka<br>BANGLADESH |
| 19 MAR 2020 | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | CENTER FOR VACCINATION<br>35, Shah Makhdoom<br>Avenue<br>Uttara, Dhaka<br>BANGLADESH |
| 01 APR 2021 | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | CENTER FOR VACCINATION<br>35, Shah Makhdoom<br>Avenue<br>Uttara, Dhaka<br>BANGLADESH |
| 13 APR 2022 | Sabrina<br>DR. SABRINA MOSTAFA<br>MBBS (D.U)<br>Reg. No. BMDC, Dhaka A-68208<br>Seafarer's Medical Practitioner<br>Approved by, D.G. Shipping, Dhaka.                               | CENTER FOR VACCINATION<br>AGRAHAB CIA<br>CTG.<br>BANGLADESH                          |
| 07 JUL 2023 | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | CENTER FOR VACCINATION<br>35, Shah Makhdoom<br>Avenue<br>Uttara, Dhaka<br>BANGLADESH |

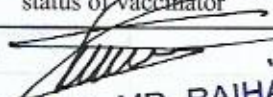


# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that  
whose signature follows

Date of birth 29/12/1976 Sex MALE  
MD. ASIF AL RAZEE CHOWDHURY

has on the date indicated been vaccinated or revaccinated against yellow-fever

| Date             | Signature and Professional status of vaccinator                                                                                                                                                                                                                                 | Origin and batch no, of vaccine                                                   | Official stamp of vaccination centre                                              |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1<br>07 JUL 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |  |
| 2                |                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                   |
| 3                |                                                                                                                                                                                                                                                                                 |                                                                                   | 3 4                                                                               |
| 4                |                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                   |

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

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

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



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



Form No: SMC

SL NO.

04.2023.4319

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 (STCW78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last CHOWDHURY First M.D. ASIF AL RAZEE Middle -  
Gender: (Male/Female) MALE Nationality: BANGLADESH Date: 07 JUL 2023  
Occupation: Deck/Engine/Catering/Other (specify) DECK OFFICER Rank: MASTER  
Father's/ Husband's name: LATE AL MAMUN CHOWDHURY D.C No. C/O/3178  
Mother's Name: ASIA CHOWDHURY Seaman ID No. 0050003365  
Address: House No. 33 Street/ Road No. 05 Passport No. A 01423581  
Locality/Village: UTTARA-13 NID No. 1024 294181  
P.O.: DHAKA-1230 Date of Birth: 29/12/1976  
P.S.: UTTARA (DD/MM/YYYY)  
District: DHAKA

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: 07 JUL 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: RADICAL HOSPITAL LIMITED  
Location/Vessel: Uttara, Dhaka, Bangladesh  
Medical/Other:

9. Medical fitness category:

☒ Fit-No restriction

☐ Fit-Subject to restrictions

☐ Unfit

10. Date of examination/Issue (DD/MM/YYYY): 07 JUL 2023

11. Date of expiry (DD/MM/YYYY): 06 JUL 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.

Seafarer's Signature



DR. MIR. MD. RAIHAN  
MBBS (DU), DFM, CCD (Birmen), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Name of the Medical 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:

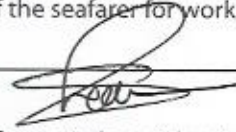
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

**1. Complete physical Examination.**

**2. Pathological Examination:**

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

07 JUL 2023

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