



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No. A55144

PATIENT CONTROL NUMBER:
HS4416FF



MEDICAL EXAMINATION CERTIFICATE

SURNAME RAHMAN		FIRST NAME AND MD		MIDDLE NAME ERSHADUR	
PLACE AND DATE OF BIRTH CUMILLA 10-May-1983		PASSPORT NUMBER B00323203		SEAMAN'S BOOK NUMBER CO4416	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female		VESSEL TYPE : BULK CARRIER TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : KODAL KATA, PAKGAZIPUR, MURADNAGAR, COMILLA, BANGLADESH				CONTACT NUMBER : 8801719003793	
				RANK : CHIEF ENGINEER	

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	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/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

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

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever 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 medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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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 82 kg	Height (cm) 165	BM 30.1	Blood Pressure: Systolic 120 mm Diastolic 80 mm	PULSE 80 bpm																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th>Hearing by Audiometry</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>					Ear		Audiometry				Hearing by Whisper Test			Hearing by Audiometry	500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	
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Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate																														
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																																				

	Visual acuity				Right eye	Visual fields	
	Unaided		Aided			Normal	Defective
	Right eye	Left eye	Right eye	Left eye			
Distant	6/6	6/6			Left eye		
Near					YES / NO		

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

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

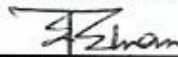
Date of last colour vision test: Date (day/month/year) 09 JUL 2023

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>N/A</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☐ Negative
ECG	<u>N/A</u>	BILIRUBIN	Alcohol Test	☐ Positive ☐ Negative
BLOOD R/E	<u>N/A</u>	SGPT	URINE R/E	<u>N/A</u>
DC (differential count)	<u>N/A</u>	SGOT	OTHERS	<u>N/A</u>
HAEMOGLOBIN (HGB)	<u>15.8</u>	DRUG AND ALCOHOL TEST		
ESR (WESTERGREN)	<u>9.6</u>	Morphine	☐ Positive ☐ Negative	HBsAg
WBC	<u>9.500</u>	Amphetamine	☐ Positive ☐ Negative	HIV / AIDS Test
BLOOD GLUCOSE LEVEL	<u>5.8</u>	Phencyclidine	☐ Positive ☐ Negative	VDRL
RANDOM	<u>6.71</u>	Barbiturates	☐ Positive ☐ Negative	Blood Type
HBA1C	<u>6.71</u>	Cocaine	☐ Positive ☐ Negative	Psychological Exam
				Others (KUB Ultraso)

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

 Signature of Seafarer	MD ERSHADUR RAHMAN Name of Seafarer	09 JUL 2023 Date
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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			
☒ Fit	☐ Deck service	☒ Engine service	☐ Catering service	☐ Other services
☐ Unfit	☐ 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
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Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date:	09 JUL 2023	 Valid until: 08 JUL 2025
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Name and Signature of Authorized Physician

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RAHMAN	GIVEN NAME (S): MD ERSHADUR	
DATE OF BIRTH: DAY 10 MONTH 5 YEAR 1983	PLACE OF BIRTH CITY CUMILLA COUNTRY BANGLADESH	SEX MALE FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	MAILING ADDRESS OF APPLICANT: HOUSE#08, ROAD #06, SECTOR #13, UTTARA WEST, UTTARA-1230, DHAKA, BANGALDESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR MB
LEFT EYE	6/6	—	LEFT EAR MB

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 it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **09 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.

MD ERSHADUR RAHMAN

09 JUL 2023

Signature of Applicant

Name of Applicant

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; M.B.B.S(D.U.)**

ADDRESS: **REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: REG NO.: **A-55144, BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)**

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

SIGNATURE OF PHYSICIAN

STAMP OF PHYSICIAN

09 JUL 2023
DATE:

EXPIRY DATE OF CERTIFICATE:

08 JUL 2025

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

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



Id No : 0199 **Date** : 09-Jul-2023 **D.Date** : 09-Jul-2023
Patient's Name : MD. ERSHADUR RAHMAN **Age** : 39Y 4M 14D **Gender**: Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4416

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.8 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)	9,500 /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	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	190 /cumm	50-450/cumm
Total RBC Count	4.89 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41.6 %	M: 40-54%, F:37-47%
MCV	85.1 fL	76 - 94 fL
MCH	32.3 pg	27 - 32 pg
MCHC	38.0 g/dL	29 - 34 g/dL
RDW	12.3 %	11 - 16 %
PDW	16.6 fL	35 - 56 fL
Total Platelete Count (PC)	250000 /cumm	150,000-450,000/cumm
MPV	11.4 fL	7.0 - 11.0 fL
PCT	0.117 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1 - 0.2 %

Checked By
Medical Technologist

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

Bill No	DIA23070199	Received Date	09/07/2023
Patient's Name	MD. ERSHADUR RAHMAN		
Patient's Age	39Y 4M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: C/O/4416		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	28 U/L	Up to 37 U/L
HbA1C	5.7 %	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	DIA23070199	Received Date	09/07/2023
Patient's Name	MD. ERSHADUR RAHMAN		
Patient's Age	39Y 4M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4416		
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	DIA23070199	Received Date	09/07/2023
Patient's Name	MD. ERSHADUR RAHMAN		
Patient's Age	39Y 4M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4416		
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	0-1/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 Technologists
Radical Hospitals Ltd.

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



REF: MV. TIGER LILY

DATE: 09/07/2023

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

EYE EXAMINATION REPORT

NAME: MD ERSHADUR RAHMAN

RANK: CH.ENG

CDC NO: C/O/4416

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

ID: 23070183

09-07-2023 18:38:47

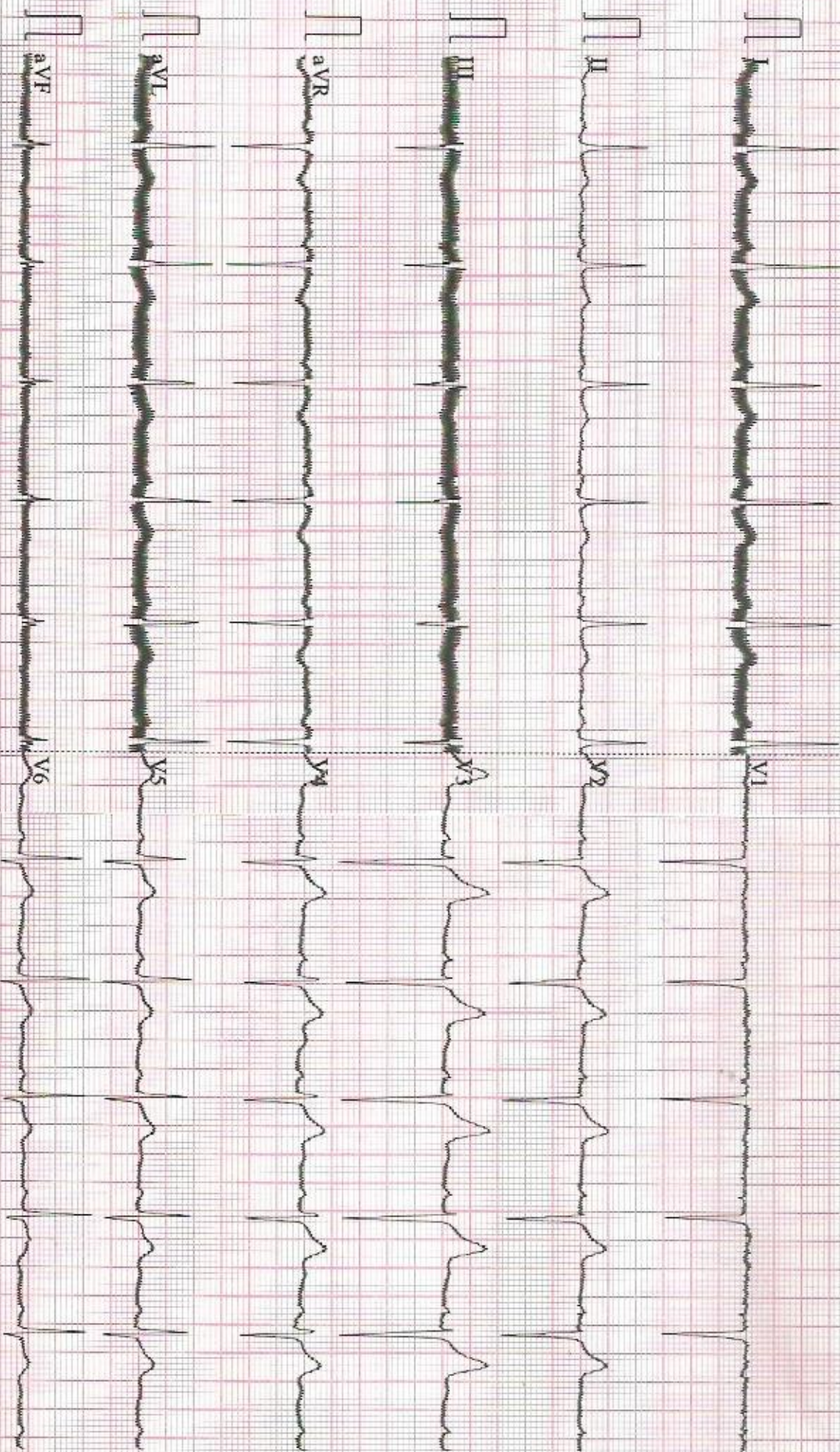
Mr. E. Macdonald
Male 40 Years

HR	: 70 bpm
P	: 116 ms
PR	: 172 ms
QRS	: 106 ms
QT/QTc	: 372/402 ms
P/QRS/T	: 4/14/11 °
RV5/SV1	: 0.916/1.455 mV

Diagnosis Information:

Sinus rhythm
Poor R wave progression
Borderline ECG

Report Confirmed by:



0.67-100Hz AC50

25mm/s

10mm/mV

2*5.0s

70

SE-1200Express-V2.21

Glasgow V28.6.0

Radical Hospital

China

AP

ECG/MS

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070199 Receive: 09/07/2023 Print: 09/07/2023
Patient's Name : MD ERSHADUR RAHMAN
Age : 40 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

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

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.

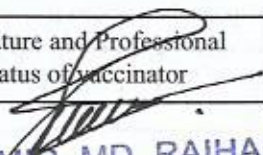
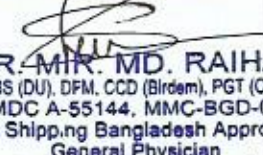
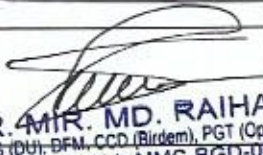
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 10.05.1983 Sex MALE

MD. ERSHADUR RAHMAN (C/O/4416)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
26 OCT 2021	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bldem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
17 OCT 2022	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bldem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
09 JUL 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bldem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
5		5
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