



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



Accredited By BMDC Accreditation No. A-55144

PATIENT CONTROL NUMBER H1219

MEDICAL EXAMINATION CERTIFICATE

JRNAM		FIRST NA	AME AND			MIDDLE NAME		
ACE /	AND DATE OF BIRTH	MD SAMIUL						
	AZIPUR 7-Dec-1991	PASSPO	RT NUMBE			SEAMAN'S BO	OK NUMBER	Serie.
	ALITY: BANGLADESHI SEX:	Male		7598351			C/O/6395	
	NENT HOME ADDRESS :	Z Iviale	☐ Femal	e VESSEL IN	PE : BU	LK CARRIER TR.	ADING AREA: WO	ORLD WI
L-DEB	ORKATHI, PO-UDAYKATHI PS-PI	ROJPUR, DIS	ST-PIROJP	UR.		CT NUMBER :	+88016874701	30 (SELF
NGLA	DESH				RANK	:	CHIEF OF	FICER
Llave			8					
Have	you ever had any of the following con	ditions?						
	Condition	YES	NO	Conditi	0.00			
1	Eye/vision problem			18 Sleep p			YES	NO
2	High blood pressure		5	19 Do you				
3	Heart/vascular disease		L'		n/surger	,		
4	Heart surgery		0		/seizures			
5	Varicose veins				s/fainting			1
6	Asthma/bronchitis		13		conscious			3
7	Blood disorder		Į,		ric proble			~
8	Diabetes		न ात्त्र	25 Depress		1157		98998
9	Thyroid problem				ed suicide			
10	Digestive disorder		9	27 Loss of				7
11	Kidney problem		9	28 Balance				
12	Skin problem	0		22.01.00	neadache	8		3
13	Allergies		2.	0010101	throat p			2
14	Infectious/contagious diseases		0		d mobility			मिन्सि
15	Hernia			32 Back pro				
16	Genital disorders		1	33 Amputat				13
17	Pregnancy		MA		s/dislocat	10000		P.19
35 36	Have you ever been signed off as	sick or repatr	iated from a	ship?			YES	NO
37	Have you ever been hospitalised?							12
38	Have you ever been declared unfit	for sea duty?)					0
39	Has your medical certificate ever b	een restricted	d or revoked	1?				0
40	Are you aware that you have any m	edical proble	ems, diseas	es or illnesses?				P
41	Do you feel healthy and fit to pe	erform the di	uties of you	ır designated pos	ition/occu	pation?		Π.
omme	Are you allergic to any medications	?						1
		FOR DU	TY ON B	OARD SHIP				
40								
ves n	Are you taking any non-prescription	or prescripti	on medicati	ions?			ο.	A
yes, p	need not the medications taken and	tne purpose(s) and dosa	ige(s)				
				11000				
yes, p	please list the medications taken and	the purpose(s) and dosa	ige(s)		C+ 1		

Revision: 5.1

04.2023.4412 To be cont'd on page 2

Revision Date: 24th July 2022

		Unaided		Visual acuity		A					Visu	al fields	
19	Right e		Left ey	ye Right		Aide	Left eye	_		No	rmal -		ective
Distant	(5)		0/6	ragin	cyc	+	Len eye	TO:-	ht eye	- 110		Det	ective
Near						+			eye	_	_	- 0	
Visual acuity	meets the	e standard	laid d	own in STCW	Code	e Se	ction A-1/9		/NO	_	100		
Colour vision	as per ST	CW COD	E Sec	tion A-I/9:			lormal		ibtful	Пп	Defective		
Date of last o	olour visio	on test: Da	ite (da	y/month/year)	19	JU	L 2023	3000 3000		L.J. [perective		
new.				Normal /	Abno	rma	al .						
Head Sigurage	25			000		1	Vario	ose veins			,	Normal /	Abnorr
Sinuses, nose Mouth/teeth	e, throat				E		Vasc	ular (inc. peda	al pulses)				
Ears (general)							Abdo	men and visc	era			1	
				σ,	E		Herni					1	
Tympanic mer Eves	morane				E		Anus	(not rectal ex	cam)			-	D D
Opthalmoscop	200						G-U s	ystem	2000			TY	П
Pupils	Jy			4				and lower ex	xtremities			120	D
Eye movemen	vt.			4	C		Spine	(C/S, T/S an	d L/S)				П
Lungs and che							Neuro	logic (full brie	ef)			9	
Breast examin	ation			के व्यवस्तित्व			Psych	iatric				5	D
Heart	- LIVII			NEG				al appearanc	æ			2	
				130			Skin					13	
ESULTS OF AN	CILLARY	FXAMIN	ATION	ic .						-			
Chest X-Ray		M	20		UCAL	71.1	VED CHNO	TION TEST)				San Carlotte Control	-
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E	BLOOD R	Æ		SGPT		-	1.0.		Alcohol Test		☐ Pos	itive D Ne	gative
DC(differential	count)	m	0	SGOT	_	-	20		URINE R/E			111	20
HAEMOGLOBI	N (HGB))	1/2-	5		IC AL	10	23				OTHERS		-
ESR (WESTER	RGREN)	00	-	Morphine	JG AI	ND /	ALCOHOL	EST	HBsAg			ctiv [] No	nreact
WBC		23	_	Amphetamine		H	Positive P	Negative	HIV / AIDS T	est	□ Rea	The state of the s	nreact
BLOOD	GLUCOS	E LEVEL		Phencyclidine		П	Positive D	Negative	VDRL		□ Rea		
RANDOM		6.		Barbiturates			Positive D	Negative	Blood Type			2111	E
HBA1C		216		Cocaine	-		Positive D	Negative	Psychologica	al Exam		200	>
		100							Others(KUB	Ultraso	1	2791	0
eby I declare tha	at I am in	knowledge	e of the	e contents of t	he Pi	nysi	cal examina	tions:			- 2		
DL						-00							
ature of Seafare	er			_	_		MD SAMIU				12000	19-Jul-20	23
	-3-7				-		Name of Se	afarer				Date	
essment of fitn	ess for s	ervice at	sea:										
he basis of the e ninee medically:	examinee :	's persona	il decla	aration, my clir	nical	exar	mination an	d the diagnos	tic test results	recorde	ed above,	I declare t	he
		1	Fit fo	or lookout dutio	es			П	Not fit for	lookou	it duties		
7			Deck :	service		E	ngine servi	ce .T	Catering se	evier.	-		
			9				П	Jan L.	Catering se	VICE		Other ser	vices
			- (0				-
	Without r	estrictions	3	1			With res	trictions					
П	from -												_
	rom any r	nedical co	ndition	is likely to be	aggra	ivat	ed by service	e at sea or to	render the se	afarer i	infit for ex	ich consiso	ar to
Seafarer free f	of other -	ersons on	board	3	-		7900000000		action to the state of the		min for Sc	aci i sei vice	OI TO
Seafarer free f	of other p			Yes	L	1	No						
Seafarer free f	of other p			and the second s									
Seafarer free f	of other p			- 11									
e Seafarer free f nger the health		nific see	00.1			ALC: NO							
e Seafarer free finger the health	(e.g., spe				le are	a):							
e Seafarer free f nger the health	(e.g., spe				le are	ea);			- 199				
e Seafarer free finger the health	(e.g., spe	ner (e.g.,	referra	ıl):	e are	(a):	White I			10		¥a.	
e Seafarer free finger the health finder the health fribe restrictions in taken by media	(e.g., spe		referra	ıl):	le are	ia):	Walid Un	ر:اا		18.	JUL 20;	25	
Seafarer free finger the health in the healt	(e.g., spe	ner (e.g.,	referra	ıl):	le are	(a):	Walid Un	رزاآ		18.	JUL 70;	25	

0//01/2007-01-01/2007-01-01-01-01-01-01-01-01-01-01-01-01-01-					20
SURNAME: HUQ	GIVE	N NAME (S): N	ID SAMIUL		
DATE OF BIRTH:	PLACE	OF BIRTH			SEX
DAY 7 MONTH 12 YEAR 1991	CITY	GAZIPUR C	COUNTRY	BANGLADES	MALE FEMALE
POSITION ON BOARD:	MAILIN	IG ADDRESS OF	APPLICAN	T;	
MASTER		EBORKATHI, PO		HI, PS-PIROJE	PUR,
DECK OFFICER	DIST-P	IROJPUR, BANG	GLADESH.		
NGINEERING OFFICER ADIO OPERATOR	D.11101	105011			3.2
ATING	BANGI	ADESH.			
DECLARATION OF THE AUTHORIZED PHYSICIAN					
VISION	_	COLOR TES	ST TYPE		HEARING
WITHOUT GLASSES WITH	GLASSES	ВООК	Mt 3 Pol 2510		
HIGHT EYE		LANTER	2NI	DICHTEAD	
-V~				RIGHT EAR	AVY
b/L.		AETTOM VAN	/		w.
EFT EYE		GREEN MAY	BLUENT	LEFT EAR '	<u></u>
onfirmation that identification documents were checked at		examination	7 NO		
earing meets the standards in STCW Code, Section A-1/5	92-YES	NO N	OT APLICABI	LE	
naided hearing satisfactory? YES NO				000	
sual acuity meets standards in STCW Code, Section A-1.	/9? YES	NO			7
olour vision meets standards in STCW Code, Section A-1	1/9? YE8	NO			1000000
he visual test it is required every six years)		7,6079			
	19 JUI	_ ZUZ3			
ate of the last colour vision test: (Day/Month/Year)		/			
re glasses or contact lenses necessary to meet the require	ed vision sta	ndards? YES _	-HO"		
ble for watchkeeping? YES NO					
applicant taking any non-prescription or prescription med	fications? YE	S NO			
	NO		to render the	seafarers unfit for	r such service or to
fereby I declare that I am in knowledge of the contents of t	the Physical	Examination,			
MD	SAMIUL HI	JQ		19-Jul-2	0023
\$				15.554.6	
Signature of Applicant Nan	ne of Applica	int		Date	
CIRCLE APPROPIATE CHOICE: (HE 7 SHE) IS FOL ENGINEERING OFFICER / RADIO OPERATOR / RA	ATING) (WI	(FIT / NOT FIT) FHOUT ANY / W BOARD SHIP	VITH THE FO	AS A (MASTEF DLLOWING) RE	R / DECK OFFCIER ESTRICTIONS:
	ie za		1 10		
IAME AND DEGREE OF PHYSICIAN; DR. MD. AYUBUR					
DDRESS: SABA DIAGNOSTIC CENTER, TAHER CHAM					
IAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: B		H MEDICAL AND [DENTAL COU	NCIL (B.M.D.C.)	
ATE OF ISSUE PHYSICIAN'S CERTIFICATE: 23,82-19	84		112		
SIGNATURE OF PHYSICIAN:	STAMP	OF PHYSICIAN:	GEN HOS DI	3/8/E	19 JUL 2023
		J. T. T. GIOLAY.	ASPRI-MLUZ	006	DATE:
XPIRY DATE OF CERTIFICATE: 19	1111 /11/5		1500	1000	
	IUL 2025	compliance with the	Of Danish and	l'ale	
This certificate	is issued in	compliance with the			
	is issued in				

SURNAME: HUQ		GIV	EN NAME (S): MD SAMIUL	
DATE OF BIRTH:		PLACE	OF BIRTH	SEX
DAY 7 N	IONTH 12 YEAR	1991 CITY	A7	
POSITION ON BOARD	7	A-100 () () () ()	NG ADDRESS OF APPLICANT:	BANGLADES MALE FEMALE
MASTER			DEBORKATHI, PO-UDAYKATHI	
DECK OFFICER		DIST-I	PIROJPUR, BANGLADESH.	
ENGINEERING OFFIC RADIO OPERATOR	ER			
RATING		BANG	LADESH.	
DECLARATION OF TH	E AUTHORIZED PHYSIC	IAN		
	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	ВООК	HEARING
RIGHT EYE	6/6		LANTERN R	ICHT EAD MA
) S 	The state of the s	IGHT EAR TVV
LEFT EYE	6/6.		YELLOW RED MAN	m
COV. C.	Sealier decuments were at		1 -/	EFT EAR
	fication documents were cl			
	dards in STCW Code, Sec	tion A-1/9? YES	NO NOT APLICABLE	
Unaided hearing satisfa	The state of the s			
	ndards in STCW Code, Se		NO	
Colour vision meets sta	ndards in STCW Code, Se	ection A-1/9? YES	NO	
(the visual test it is requ	ired every six years)	27.20.000	- W	
Date of the last colour v	ision test: (Day/Month/Yea	_{r)} 1,9 JUL	ZUZ3	
Are glasses or contact le	enses necessary to meet to	he required vision sta	ndards? YES 40	
Able for watchkeeping?	YES NO			
s applicant taking any n	on-prescription or prescrip	tion medications? YE	S NO	
s the seafarer free from		ly le be aggravated b	y service at sea or to render the sea	farers unfit for such service or to
	m in knowledge of the con	15/10V	Evamination	
7		nems of the Frigorous	Examination.	
		MD CAME I		
AT I		MD SAMIUL H	JQ	19-Jul-2023
#	_			
Signature of Ap		Name of Applica	-	Date
CIRCLE APPROPIAT ENGINEERING OFFI	E CHOICE: (HE / SHE)	IS FOUND TO BE	(FIT (NOT FIT) FOR DUTY AS	A (MASTER / DECK OFFCIER /
	CERTRADIO OPERAT	FOR DUTY ON	THOUT ANY LWITH THE FOLL	OWING) RESTRICTIONS:
	FILE	FOR DUTT ON	BOARD OIL	
IAME AND DEGREE O	F PHYSICIAN: DR. MD. A	YUBUR RAHMAN. M	.B.B.S; P.G.T. (MEDICINE)	
DDRESS: SABA DIAG	SNOSTIC CENTER, TAHE	R CHAMBER(G/F), 1	0- AGRABAD C/A, CHITTAGONG, E	BANGLADESH.
NAME OF PHYSICIAN'S	CERTIFICATING AUTHO	ORITY: BANGLADES	H MEDICAL AND DENTAL COUNCI	IL (B.M.D.C.)
DATE OF ISSUE PHYSI	CIAN'S CERTIFICATE: 2	3-02-1984	,	
	15	-	inal Hospital	10 1111 0000
SIGNATURE OF PHYSIC	CIAN: hus	STAME	OF PHYSICIAN: 100 PHY	19 JUL 2023
			SiPer-MLC-2006	★ DATE:
EXPIRY DATE OF CERT	ex 5730,000 km	18 JUL 202	1200	
	This cer	tificate is issued in a	compliance with the	
DR	. MIR. MD. RAIH		ed and the Maritime Labour Conven	ttion, 2006.
		2 707		

BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited



radical_hospitals@yahoo.com, www.radicalhospital.com

Id No

: 0586

Date: 19-Jul-2023

D.Date: 19-Jul-2023

Patient's Name: MD SAMIUL HUQ

Age: 31Y 7M 12D

Gender: Male

Specimen

: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

CDC NO:C/O/6395

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)	SERVEN	
Neutrophils	54 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	40 %	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	154 /cumm	50-450/cumm
Total RBC Count	4.38 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	26.3 %	M: 40-54%, F:37-47%
MCV	60.0 fL	76 - 94 fL
MCH	21.9 pg	27 - 32 pg
MCHC	36.5 g/dL	29 - 34 g/dL
RDW	18.6 %	11 - 16 %
PDW# WBG Count(TC)	75.99L/cumm	35111561900 - 11000/cumm
Total Platelete Count (PC)	1,84,000 /cumm	150,000-450,000/cumm
MPV	11.8 fL	7.0 - 11.0 fL
PCT	0.217 %	0.1 - 0.%

Checked By

Medical Technologist

Dr. Sumaiya Khatun

MBBS, MD(Gold Medalist) (BSMMU) Associate Professor

Dept. Of Microbiology

East West Medical College & Hospital.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23070586	Received Date	19/07/2023
Patient's Name	MD SAMIUL HUQ	THE STATE OF THE S	10/01/2020
Patient's Age	31Y 7M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/6395
Sample	Blood		

BIOCHEMISTRY REPORT

<u>Test Name</u>	Result	Reference Range
Random Blood Sugar (RBS)	5.7mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	1.0 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	25 U/L	Up to 37 U/L
Serum ALT (SGPT)	19 U/L	Up to 40 U/L
HbA1C	4.8 %	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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun M BBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital radical_hospitals@yahoo.com, www.radicalhospital.com



Bill No	DIA23070586	Received Date	19/07/2023
Patient's Name	MD SAMIUL HUQ		
Patient's Age	31Y 7M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)),PGT(Eye),DFM	CDC NO:C/O/6395
Sample	Blood		

SEROLOGYCAL REPORT

Test Name Result

HIV 1 & 2 (Method : (ICT)	Negative	
HBsAg (Method: (ICT)	Negative	
VDRL	Non-reactive	

DD GROUPINGResult	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23070586	Received Date	19/07/2023
Patient's Name	MD SAMIUL HUQ	riodolied Bate	19/0//2023
Patient's Age	31Y 7M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),(CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/6395
Sample	URINE	, , , , , , , , , , , , , , , , , , ,	, - , - , - , - , - , - , - , - , - , -

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	2-3/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil	
Albumin	NIL	WBC	Nil	
Sugar	NIL	Epithelial	Nil	
Ex.Phosphate	Nil	Granular	Nil	
	4	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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23070586	Received Date	19/07/2023
Patient's Name	MD SAMIUL HUQ		
Pátient's Age	31Y 7M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF	RDEM),PGT(Eye),DFM	CDC NO:C/O/6395
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	

Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
7777	

Checked By

Medical Technologis Radical Hospitals Ltd.

Propoxyphene

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

Negative

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. KATAGALAN ACE

DATE: 19/07/2023

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

EYE EXAMINATION REPORT

NAME: MD SAMIUL HUQ RANK: CH.OFF CDC NO: C/O/6395

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

610

AIDED

COLOUR VISION:

NORMAL / BLIND

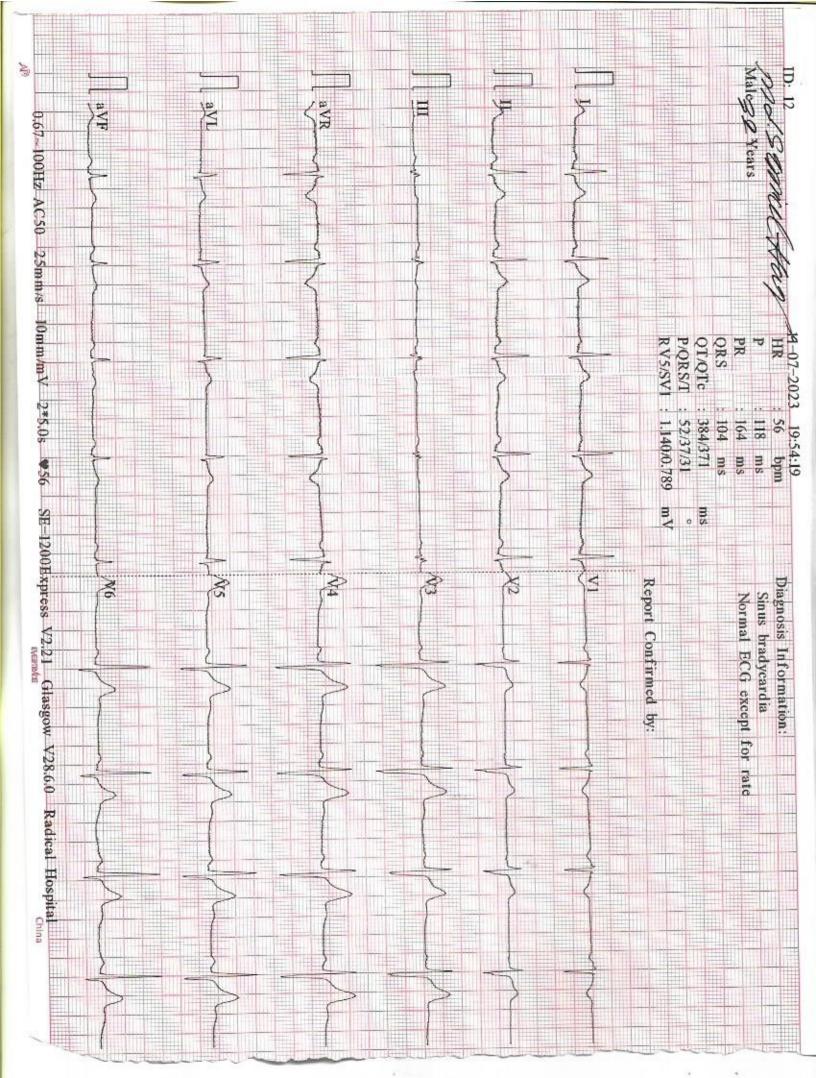
OPINION

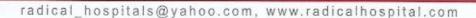
UNFIT / FIT-FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital







DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23070586

Receive: 19/07/2023

Print: 19/07/2023

Patient's Name

MD SAMIUL HUQ

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA MD SAMLUL HUR Date of birth 07.12.1991 Sex_ Male This is to certify that whose signature follows has on the date indicated been vaccinated or revaccinated against Cholera Signature and Professional Date Approved Stamp status of vaccinator DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited 3 3 4 4 5 5 6 7 8 8 Continued overleaf Suite our erso