



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 : BMD
Accreditation No A-55144

PATIENT CONTROL NUMBER
HS5514FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME HOWLADER	FIRST NAME AND MD SHAMIM	MIDDLE NAME HOSSAIN
PLACE AND DATE OF BIRTH JHALAKATI 15-Oct-1988	PASSPORT NUMBER EA0097633	SEAMAN'S BOOK NUMBER CO5514
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL-BANAI, PO-BANAI BAZAR PS-KATHALIA, DIST-JHALOKATI, BANGLADESH	CONTACT NUMBER : 01758120532 (SELF)	
RANK : CHIEF OFFICER		

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 practioner) 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 78 kg	Height (cm) 176	BMI 25.1	Blood Pressure: Systolic 120	Diastolic 80	PULSE 74/min
Ear	Hearing by Audiometry	Audiometry		Hearing by Whisper Test	
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000
Left	☐ Adequate ☐ Inadequate				
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐					

Visual acuity			
Unaided		Aided	
Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6	
Near			

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) 17 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

RESULTS OF ANCILLARY EXAMINATIONS									
Chest X-Ray	<i>MD</i>	BIO CHEMICAL (LIVER FUNCTION TEST)				Marijuana	☐ Positive	☒ Negative	<i>MD</i>
ECG	<i>MD</i>	BILIRUBIN	<i>0.7</i>		Alcohol Test	☐ Positive	☒ Negative		
BLOOD R/E		SGPT	<i>21</i>		URINE R/E	<i>MD</i>			
DC(differential count)	<i>MD</i>	SGOT	<i>27</i>		OTHERS				
HAEMOGLOBIN (HGB))	<i>15.1</i>	DRUG AND ALCOHOL TEST				HBsAg	☐ Reactive	☒ Nonreactive	
ESR (WESTERGREN)	<i>06</i>	Morphine	☐ Positive	☒ Negative	HIV / AIDS Test	☐ Reactive	☒ Nonreactive		
WBC	<i>6.000</i>	Amphetamine	☐ Positive	☒ Negative	VDRL	☐ Reactive	☒ Nonreactive		
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☒ Negative	Blood Type	<i>H (HVE)</i>			
RANDOM	<i>5.0</i>	Barbiturates	☐ Positive	☒ Negative	Psychological Exam	<i>MD</i>			
HBA1C	<i>5.5%</i>	Cocaine	☐ Positive	☒ Negative	Others(KUB Ultrasound)	<i>N/A</i>			

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

Signature of Seafarer

MD SHAMIM HOSSAIN HOWLADER

Name of Seafarer

17 JUL 2023

17-Jul-2023

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	☒	☐	☐	☐
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

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

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

Fitness Date: 17 JUL 2023

Valid Until

~~16 JUL 2025~~

Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1966 No. 170 and STCW 1978/1996 as Amended, MLC 2006

Revision : 5.1

DR. MIR. MD. RATHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician
Radical Hospitals Limited.

Revision Date : 24th July 2022

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: HOWLADER		GIVEN NAME (S): MD SHAMIM HOSSAIN	
DATE OF BIRTH: DAY 15 MONTH OCT YEAR 1988		PLACE OF BIRTH CITY JHALAKATI COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: VILL-BANAI, PO-BANAI BAZAR, PS-KATHALIA, DIST-JHALOKATI, BANGLADESH, BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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) 17 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 SHAMIM HOSSAIN HOWLADER

17 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.), REG. NO. A-55144	
ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230.	
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)	
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 12-05-2011	
SIGNATURE OF PHYSICIAN: 	STAMP OF PHYSICIAN: 
EXPIRY DATE OF CERTIFICATE: 16 JUL 2025	DATE: 17 JUL 2023

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), DFM, CCD (Birdem), PGT (Ophth)
BMDCLC A-55144, MMC-BGD-016
DG. Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Medical Information: (医療情報) * Please check the appropriate items.

該当する二欄に○印を記入して下さい。

1. ALLERGIES: (アレルギー)
○ Unicaia rhives (じんましん)
○ Other (その他)

○ Drug allergies (name): (薬品名)
○ Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

(1) Past serious illness: (三つ既往症) Age (年齢)

○ Surgery: (手術)

When? (時期)

Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)

Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用して一投薬品名)

4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake: (飲酒)
○ Do not drink (飲まない)
○ Drink 2-3 times a week (週に2~3回)
○ Drink every evening (毎晩)

○ Heavy drinker (強飲)
○ Moderate drinker (中程度)
○ Light drinker (軽い)

(2) Smoking: (喫煙)
○ Never smoke (吸わない)
○ Quit smoking in 19 (年) (平均)

○ Smoke cigarettes a day (1日平均) (支)

(3) Bowel movements: (排便)
○ Regular (規則的)
○ Irregular (不規則)
○ Constipated (便秘)

(4) Dietary preferences: (食事の好み)
○ Meat (肉類)
○ Fish (魚類)
○ Only (偏り)
○ Sweet (甘い)
○ Salty (塩辛い)

(5) Exercise: (運動)
○ Often (よくする)
○ Sometimes (時々)
○ Never (しない)

(6) Sleep: (睡眠)
○ Sleep well (よく眠る)
○ Have Sleeplessness (眠れない)
○ Have insomnia (不眠症)
○ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重)
○ Constant (変わらない)
○ Putting on weight (増えてきた)
○ Losing weight (減ってきた)

17 JUL 2023

DR. MR. MD. RAIHAN
MBBS (DU), DPM, CCD (Bridem), PGT (Opth)
BMDG A-55144, MMC-BGD-016
Approved by Bangladesh Approved
General Physician
Radical Hospitals Limited.



5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

- | | | | | |
|--|---|---|---|---|
| ☐ Heart disease (心臓病) | F | M | B | S |
| ☐ Cancer part (癌/部位) | F | M | B | S |
| ☐ Diabetes (糖尿病) | F | M | B | S |
| ☐ Hypertension (高血圧症) | F | M | B | S |
| ☐ Cerebral Apoplexy (脳卒中) | F | M | B | S |
| ☐ Liver disease (肝臓疾患) | F | M | B | S |
| ☐ Other, Name of disease (病名) | F | M | B | S |

Briefly enter any special comments to the Attending Physician in English.

(医師に述べる特記事項をここに記入すること、英語で記載すること)

Date: 17 JUL 2023 Signature (署名) _____
(Card holder) (本人)

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Nationality: BANGLADESH
(所属会社) (国籍)
Tel: _____ Fax: _____
Name: DR. SHAHIM HOSEN family name: HOSEN (姓) (氏)
(氏名) (姓) (氏)
Name of Position: CH. OFF Date of Birth: 15-10-1988
(職位) (生年月日) (D-M-Y)

Height: 176 cm Weight: 78 kg at age 20 (20 歳の時) _____ kg
Pulse: 74 /min Normal breathing rate: 14 /min Normal temperature: _____ °C
(脈拍/分) (正常呼吸数/分) (平熱)

Blood pressure: 120/80 Blood type: A+ Rh: _____ Single Married
(血圧) (血液型) (独身/既婚)

Blood sugar: (血糖値) _____ mg/dl $\times 0.05625 =$ _____ mmol/l
Uric acid: (尿酸値) _____ mg/dl $\times 0.05914 =$ _____ mmol/l



[Signature]

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



DECLARATION OF HEALTH BY CREW

 NAME OF CREW : MD SHAMIM HOSSAIN HOWLADER

 RANK : CHIEF OFFICER

 CDC NO : C/O/5514

 DOB : 15-Oct-1988

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel and will bear all the expenses as may incur as a direct result of such concealment.

 Date : 17 JUL 2023

Signed :

The Crew Member

* If yes, mention details below:-

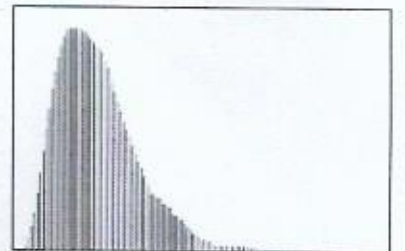
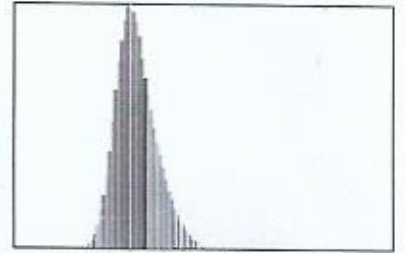
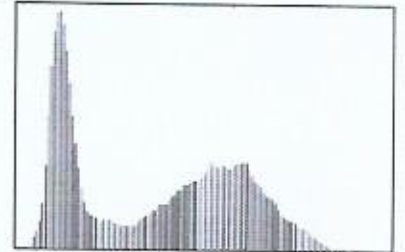
DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Bitem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited

Id No : 0491 **Date** : 17-Jul-2023 **D.Date** : 17-Jul-2023
Patient's Name : MD SHAMIM HOSSAIN HOWLADER **Age** : 34Y 9M 1D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5514

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.1 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)	6,900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	61 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	34 %	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	138 /cumm	50-450/cumm
Total RBC Count	5.24 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.8 %	M: 40-54%, F:37-47%
MCV	76.0 fL	76 - 94 fL
MCH	28.8 pg	27 - 32 pg
MCHC	37.9 g/dL	29 - 34 g/dL
RDW	13.3 %	11 - 16 %
PDW	16.4 fL	35 - 56 fL
Total Platelete Count (PC)	2,33,000 /cumm	150,000-450,000/cumm
MPV	8.0 fL	7.0 - 11.0 fL
PCT	0.186 %	0.1 - 0.5 %
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	DIA23070491	Received Date	17/07/2023
Patient's Name	MD SHAMIM HOSSAIN HOWLADER		
Patient's Age	34Y 9M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5514
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	27 U/L	Up to 37 U/L
Serum ALT (SGPT)	21 U/L	Up to 40 U/L
HbA1C	5.5 %	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 Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23070491	Received Date	17/07/2023
Patient's Name	MD SHAMIM HOSSAIN HOWLADER		
Patient's Age	34Y 9M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5514
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

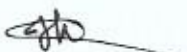
Result

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

BLOOD GROUPING Result

ABO Blood Group	"A" (+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	DIA23040491	Received Date	17/07/2023
Patient's Name	MD SHAMIM HOSSAIN HOWLADER		
Patient's Age	34Y 9M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5514
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	1-3/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

Bill No	DIA23040491	Received Date	17/07/2023
Patient's Name	MD SHAMIM HOSSAIN HOWLADER		
Patient's Age	34Y 9M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5514
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 Technologis
Radical Hospitals Ltd.

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

REF: MV. ONE HELSINKI

DATE: 17/07/2023

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

EYE EXAMINATION REPORT

NAME: MD SHAMIM HOSSAIN HOWLADER

RANK: CH.OFF

CDC NO: C/O/5514

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

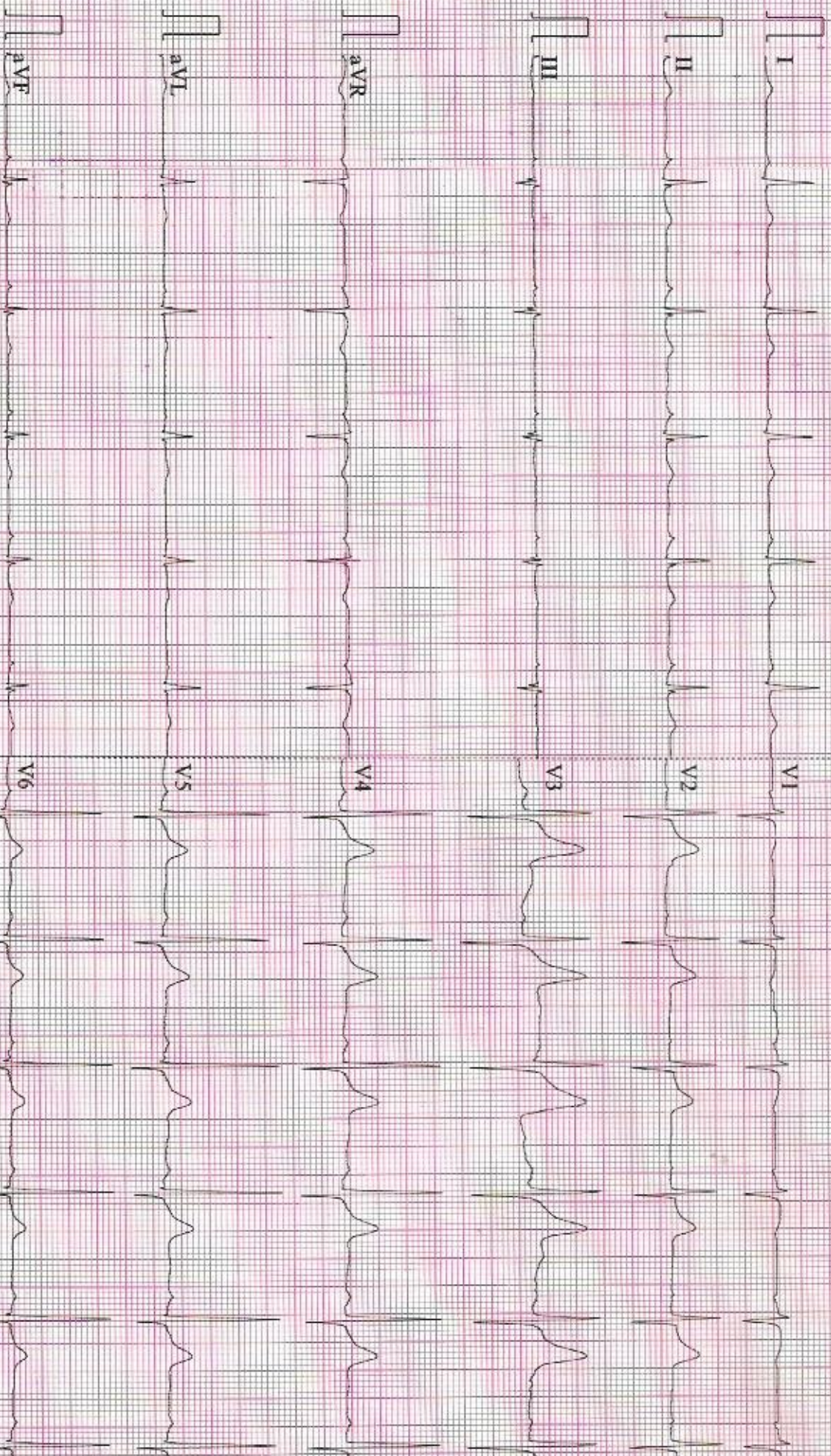

Dr. Mir Md. Raihan
 MBBS, PGT (Ophthalmology)
 Assistant Registrar (EX)
 East west Medical College & Hospital

ID: 23070471
No. Summary to be seen
Male 66 Years 160cm

17-07-2023 19:36:30
HR : 66 bpm
P : 120 ms
PR : 170 ms
QRS : 86 ms
QT/QTc : 398/417 ms
P/QRS/T : 52/21/29 °
RV5/SV1 : 1.99/0.607 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070491 Receive: 17/07/2023 Print: 17/07/2023
Patient's Name : MD SHAMIM HOSSAIN HOWLADER
Age : 34 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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
05 NOV 2020	MV ONE MACKINRAE	120/80 72 bpm	M3 P02	M3 P02	M3 P02	M3 P02	M3 P02
03 AUG 2021	MV PEARL RIDER BRIDGE	120/80 72 bpm	M3 P02	M3 P02	M3 P02	M3 P02	M3 P02
06 JUN 2022	MV DECKELIN	120/80 72 bpm	M3 P02	M3 P02	M3 P02	M3 P02	M3 P02
17 JUL 2023	MV ONE HILSON	120/80 72 bpm	M3 P02	M3 P02	M3 P02	M3 P02	M3 P02

Completed by Company's M.O.

Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Islam), PGT (Genl) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Islam), PGT (Genl) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Islam), PGT (Genl) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

AGAINST CHOLERA

Md Shamim Hossain Howlader

This is to certify that
whose signature follows

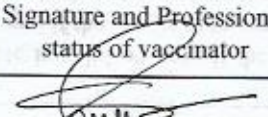
Date of birth

Sex

M

15-10-1988

has on the date indicated been vaccinated or revaccinated against Cholera

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

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