

## HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER:

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel: +880-2-333316214-6, Fax: +880-2-333310530

#### MEDICAL EXAMINATION CERTIFICATE

SURNAME G	NO. P	FIRST N	AME AND ME	)		MIDDLE N	SHARIFUL	
PLACE AND DATE SIRAJGANJ	OF BIRTH 16-Feb-1991	PASSPO	RT NUMBER A0784	4589		SEAMAN'S	S BOOK NUMBER CO6321	
NATIONALITY: I	BANGLADESHI SEX:	Male	☐ Female	VESSEL T	/PE:	CONTAINER	TRADING AREA	: WORLD WIDE
PERMANENT HOM	E ADDRESS :				CONT	FACT NUMBE	R: 880	1745371317
SHALBORISHA, BEI	LKUCHI, SOGUNA-6740	, SIRAJGAN	IJ, BANGLADE	ESHI	RANK	C :	1ST AS	ST ENGINEER

			_		RANK :	1ST ASST EN	
lave y	ou ever had any of the following condit	ions?			10		
	Condition	YES	NO.	Т	Condition	YES	NO
1	Eye/vision problem		NO	18	Sleep problems		
2	High blood pressure		1	19	Do you smoke?		
3	Heart/vascular disease		500	20	Operation/surgery		
4	Heart surgery		L	21	Epilepsy/seizures		
5	Varicose veins		080	22	Dizziness/fainting		
6	Asthma/bronchitis		13,	23	Loss of consciousness		B
7	Blood disorder		Ú,	24	Psychiatric problems		of.
8	Diabetes		T.	25	Depression		13
9	Thyroid problem	0	G-	26	Attempted suicide		
10	Digestive disorder		T	27	Loss of memory		3
11	Kidney problem		B	28	Balance problem		4
12	Skin problem		I	29	Severe headaches		
13	Allergies		ď.	30	Ear/nose/throat problems		9
14	Infectious/contagious diseases			31	Restricted mobility		1
15	Hernia		19	32	Back problems		
16	Genital disorders		U	33	Amputation		
17	Pregnancy		MAK	34	Fractures/dislocations		
35 36 37	Have you ever been signed off as si Have you ever been hospitalised? Have you ever been declared unfit f	or sea duty	n			0	1999
36 37 38 39 40	Have you ever been hospitalised? Have you ever been declared unfit f Has your medical certificate ever be Are you aware that you have any m Do you feel healthy and fit to pe	or sea duty en restrict edical prob rform the	/? ed or revok lems, disea	ed? ases or	illnesses?		04999
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36 37 38 39 40 41 Comm 42 If yes,	Have you ever been hospitalised? Have you ever been declared unfit f Has your medical certificate ever be Are you aware that you have any m Do you feel healthy and fit to pe Are you allergic to any medications? ents:  FIT  Are you taking any non-prescription please list the medications taken and by authorize the release of all my previ Mir Md. Raihan (approved medical pr lify me from my employment, benefits  Signature of Seafarer EXAMINATION	or sea duty en restrictedical prob form the or  FOR DU  or prescrip the purpos  ous medica actioner) I and claims	ed or revok elems, diser duties of you  TY ON B etion medic e(s) and do al records f also certify also certify  Elood Pre	ed? ases or our desi  OARL ations? sage(s)  rom any that my	gnated position/occupation?  SHIP  health professionals, health institution history contained above is true and a history contained above is true and a hearing by Whisper	ons and public authorany false statement	P P P P P P P P P P P P P P P P P P P

		isual acuity	41.2				Visua	fields
Right	Unaided eye Left eye	p Dight o	Aided	Left eye			Normal	Defective
Distant	Len eye	e Right ey	5	Zen eye	Right	eve		
Near		010	- 6	0	Left e			
Visual acuity meets th	e standard laid do	own in STCW C	ode Sec	tion A-1/9	YES			
Colour vision as per S  Date of last colour visi	TCW CODE Sect	tion A-I/9:	No.		₽ Doub!		☐ Defective	
		Normal At	bnormal				74	
Head		Normal At			ose veins		I.	lormal Abnorma
Sinuses, nose, throat					ular (inc. peda	Louises		
Mouth/teeth		1	D		men and visce			
Ears (general)				Herni		iid		
Tympanic membrane		1	D		a (not rectal exa			
Eves						m)		51750.00m
775.55		-			ystem			
Opthalmoscopy					and lower ex			
Pupils		2	0		(C/S, T/S and			
Eye movement		अस्त्रिक्ष्य । जन्म			ologic (full brie	1)		
Lungs and chest			0	Psych				
Breast examination		NA			ral appearanc	e		7-19-19-19-19-19-19-19-19-19-19-19-19-19-
Heart		П		Skin				
ESULTS OF ANCILLA	DV EYAMINATIO	NS					100	
Chest X-Ray	1200		CAL /LD	VED ELINO	TION TEST)	Marijuana	Inlo-	eithed to Islamation
ECG	1100	The second second second	CAL (LI	VERFUNC	TION TEST)	- Contract C		sitive   Negative
A THE COLUMN TO SERVICE A SERVICE ASSESSMENT OF THE COLUMN TWO ASSESSMENT	INDE	BILIRUBIN	_	0.3	-	Alcohol Test	□ Po	sitive   Negative
BLOOD	R/E	SGPT		14	=	URINE R/E		NATE
DC(differential count)	MAN	SGOT		22			OTHERS	The second secon
HAEMOGLOBIN (HGI	1 -1 -1	DRU		ALCOHOL	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	HBsAg		activ Nonreactiv
ESR (WESTERGREN	07	Morphine			Negative	HIV / AIDS Te		activ 🗆 Norreactiv
WBC	10.100	Amphetamine		Positive [		VDRL		activ D Nonreactiv
BLOOD GLUCG		Phencyclidine			Negative	Blood Type		O+(VE)
RANDOM	5.5	Barbiturates			Negative	Psychological	Exam	IVAN
HBA1C	4.5%	Cocaine			1 Negative	Others(KUB L		NIE
	10 NO. 10 P.			100				1000
reby I declare that I am	in knowledge of t	he contents of t	he Phys	ical examir	nations:			
Dans -								0 3 JUL 202
/ VANIL		100	M		UL ISLAM		100	0 0 00 202
950		117		Name of S	eafarer.		_	Date
950					Cararer			
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nature of Seafarer sessment of fitness for the basis of the examin		~	nical exa	amination a		estic test results	recorded abov	
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nature of Seafarer sessment of fitness for the basis of the examin	nee's personal de	~		amination a			recorded abov	ve, I declare the
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xamination (September 2006) Convey in Convey i Revision: 5.1

SURNAME: ISLAM	GIVI	GIVEN NAME (S): MD SHARIFUL				
DATE OF BIRTH:	PLACE	OF BIRTH	SEX			
DAY 16 MONTH 2 YEAR 1	991 CITY	SIRAJGANJ COUNTRY	BANGLADES MALE FEMALE			
POSITION ON BOARD:  MASTER  DECK OFFICER  ENGINEERING OFFICER  RADIO OPERATOR  RATING	SHALE	NG ADDRESS OF APPLICAI BORISHA, BELKUCHI. SOG GANJ, BANGLADESHI				
DECLARATION OF THE AUTHORIZED PHYSICIA	N .					
VISION		COLOR TEST TYPE	HEARING			
RIGHT EYE	6/6	YELLOW REDMY	RIGHT EAR			
LEFT EYE	666	GREEN MY BLUEMY	LEFT EAR M			
Confirmation that identification documents were che	ecked at the point of	examination: YES NO				
Hearing meets the standards in STCW Code, Section 1.	on A-1/9? YES	NO NOT APLICA	BLE			
Unaided hearing satisfactory? YES NO	024					
Visual acuity meets standards in STCW Code, Sect	tion A-1/9? YES	NO				
(the visual test it is required every six years)  Date of the last colour vision test: (Day/Month/Year)	03_JU	L/2023				
Date of the last colour vision test: (Day/Month/Year) Are glasses or contact lenses necessary to meet the Able for watchkeeping? YE8 NO Is applicant taking any non-prescription or prescripti	e required vision sta	ndards YES NO				
Date of the last colour vision test: (Day/Month/Year) Are glasses or contact lenses necessary to meet the Able for watchkeeping? YE8 NO	on medications? YE o be aggravated to	endards YES NO  S NO  by service at sea or to render the	seafarers unfit for such service or to			
Date of the last colour vision test: (Day/Month/Year) Are glasses or contact lenses necessary to meet the Able for watchkeeping? YES NO  Is applicant taking any non-prescription or prescription is the seafarer free from any medical condition likely endanger the health of other persons on board? YES Hereby I declare that I am in knowledge of the context of Applicant  CIRCLE APPROPIATE CHOICE: (HE / SHE) I ENGINEERING OFFICER / RADIO OPERATOR	e required vision state on medications? YE of be aggravated to NO ents of the Physical  NAME of Application IS FOUND TO BE OR / RATING) (WI	endards YES NO  S NO  Examination.  SLAM  ant  (FIT / NOT FIT) FOR DUTY  ITHOUT ANY / WITH THE FOR	Ф JUL 2023 AS A (MASTER / DECK OFFCIER /			
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Date of the last colour vision test: (Day/Month/Year) Are glasses or contact lenses necessary to meet the Able for watchkeeping? YES NO  Is applicant taking any non-prescription or prescription is the seafarer free from any medical condition likely endanger the health of other persons on board? YES Hereby I declare that I am in knowledge of the context of Applicant  CIRCLE APPROPIATE CHOICE: (HE / SHE) I ENGINEERING OFFICER / RADIO OPERATOR	on medications? YE No be aggravated to NO ents of the Physical MD SHARIFUL I Name of Applica IS FOUND TO BE DR / RATING) (WI IT FOR DUTY C D. RAIHAN; M.B.B.S ARA, DHAKA-1230 RITY: REG NO.: A-5 -MAY-2014	endards PES NO  S NO  S NO  By service at sea or to render the Examination.  SLAM  SILAM  SIL	AS A (MASTER / DECK OFFCIER / OLLOWING) RESTRICTIONS:			

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



Id No : 0044 Date: 03-Jul-2023 D.Date: 03-Jul-2023

Patient's Name: MD SHARIFUL ISLAM Age: 32Y 4M 17D Gender: Male

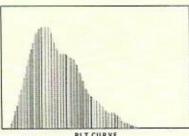
Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6321

### Haematology Report

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

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)  ESR(Westergreen)	14.4 gm/dl 07 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	10,100 /cumm	Adult: 4000 - 11000/cumm.	
Total was count(Te)	10,100 / Cullilli	Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)			
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %	All Lands III III
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %	W BC CURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	A
Total Cir. Eosinophils	202 /cumm	50-450/cumm	
Total RBC Count	5.20 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	37.1 %	M: 40-54%, F:37-47%	IIII.
MCV	71.3 fL	76 - 94 fL	illado.
MCH	<b>27.7</b> pg	27 - 32 pg	
MCHC	38.8 g/dL	29 - 34 g/dL	RBCCURVE
RDW	12.6 %	11 - 16 %	
PDW	14.6 fL	35 - 56 fl	411
Total Platelete Count (PC)	1,91,000 /cumm	150,000-450,000/cumm	
MPV	10.4 fL	7.0 - 11.0 fL	
PCT	0.199 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	



Checked By

Medical Technologist

Dr. Sumaiya Khatun

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

RADICAL M
HOSPITAL

Bill No ical_hospi	DIA23070044com, www.radicalhospital.c	Received Date	03/07/2023
Patient's Name	MD SHARIFUL ISLAM		
Patient's Age	32Y 4M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)	),PGT(Eye),DFM	CDC NO:C/O/6321
Sample	BLOOD		

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0,2 - 1.1 mg/dl
Serum AST (SGOT)	21 U/L	Up to 37 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

-44

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



Bill No	DIA23070044	Received Date	03/07/2023
Patient's Name	MD SHARIFUL ISLAM	1,000,100 Date	00/01/2020
Patient's Age	32Y 4M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CO	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/6321
Sample	BLOOD		

## SEROLOGYCAL REPORT

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

OOD GROUPINGResult	
ABO Blood Group	"O" (+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	DIA23070044	Received Date	03/07/2023
Patient's Name	MD SHARIFUL ISLAM		
Patient's Age	32Y 4M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/6321
Sample	URINE		

#### URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

#### CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	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



REF: MAERSK NARVIK

DATE: 03/07/2023

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

# EYE EXAMINATION REPORT

NAME: MD SHARIFUL ISLAM RANK: 1A/ENG CDC NO: C/O/6321

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

**CPINION** 

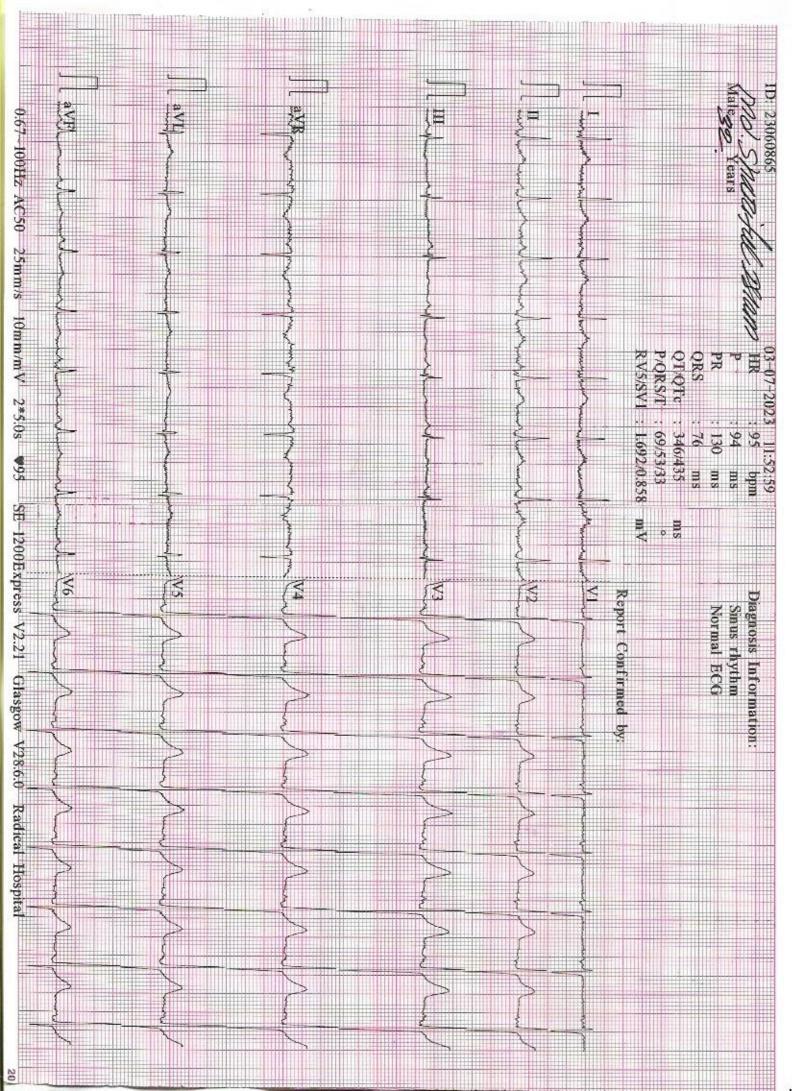
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





# **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23070044 Receive:02/07/2023 Print: 02/07/2023

Patient's Name : MD SHARIFUL ISLAM

Age : 32 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 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

This is to certify that whose signature follows

Date of birth 16-FEB-1991 Sex MALE

MD. SHARIFUL SSLAM (C/0/632)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
i i	BMDC A-55144, MMC-BApproved	S. Shah Mekhdum Autenub Uthera, Dhaha	
2 1/10	Radical Hospitals Limited.  DR. MIR. MD. RAIHAN  MBBS (DU). DFM. CCD (Birdem). PGT (Ophth)  BMDC A-55144, MMC-BGD-016  DG Shipp.ng Bengladesh Approved  General Physician	SANGLADES  So, Sheh Mikhdum Avenue  Wara, Oheka  # 84NGLADES	
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5		5	6
6 .			***
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#### ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC

review.

Seafarer's Signature



04.2073.4291

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

Name & Signature of the practitioner:

#### 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 (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:		
Name: Last ISLAM First MD SHARIFU L	Middle 03 JUL 2023	
Gender: (Male/Female) Nationality: BANGLADESH	Date:	
Occupation: Deck/Engine/Catering/Other (specify)	Rank: 184 ENGINEER	
Father's/ Husbad'sname: MD. ABDUL JALIL	C.D.C No. C/0/6321	
Mother's Name: MST. SHIRIN KKTAR	Seaman ID No. 05 000 78 62	
Address: House No:Street/ Road No:	Passport No. A07 844 589	
Locality/Village: SHALBORISHA	NID No. 7753631980	
P.O. BELKUCHI	Date of Birth: 16 - 02 - 1991	
PS SOGUNA - 6740	(DD/MM/YYYY)	
District: SIRAJGANJ	(DD/MIND 1111)	
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	
<ul><li>the followings:</li><li>1. Confirmation that identification documents were checked at the point of</li></ul>	examination :XES/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	0'3 JUL 2023	
6. Fit for lookout duties?	:YES/NO	
7. Is the seafarer free from any medical condition likely to be aggravated to		
render the seafarer unfit for service or to render the health of any other pe	ersons on board? :YES/NO	
8. Any limitations or restrictions on fitness?	:YES/NØ	
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	ct to restrictions Unfit	
0 3 JUL 2023		
10. Date of examination/Issue (DD/MM/YYYY)		
11. Date of expiry (DD/MM/YYYY)	2 years from the date of examination".	
, How	Tillies .	
I have read the contents of the certificate and have been informed of the right to	MBBS (DU), DFM, CCD (Birdem), PGT (Ophth-	
review . Auchtrigial F.	BMDC A-55144, MMC-BGD-016	

#### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 whis pered 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/Navigational 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 useofnarcotics.
 Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table 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/navigational 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 enineer 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 fight 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 Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

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

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

0 3 JUL 2023