

# HAQUE & SONS LTD.



Accredited By . BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER

Tel: +880-2-333316214-6, Fax: +880-2-333310530 HS4793FF MEDICAL EXAMINATION CERTIFICATE

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| 35<br>36<br>37<br>38<br>39                                                   | Have you ever been signed off as<br>Have you ever been hospitalised'<br>Have you ever been declared unf<br>Has your medical certificate ever<br>Are you aware that you have any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sick or repar<br>of<br>it for sea duty<br>been restrict<br>medical prot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | triated from a                                                                                                                                               | ils. ship? 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|                                | DE STATE DE  | XAMINATIONS  BIO CHEI  BILIRUBIN  SGPT  SGOT  DE  Morphine  Amphetamin  LEVEL Phencyclidin  Barbiturates  Cocaine  Towned a sea:  s personal declaration, my | XAMINATIONS  BIO CHEMICAL  BILIRUBIN  SGPT  SGOT  DRUG AN  Morphine  Amphetamine  LEVEL Phencyclidine  Barbiturates  Cocaine  MOH  MOH | XAMINATIONS  BIO CHEMICAL (LIVER FU BILIRUBIN SGPT SGOT SGOT DRUG AND ALCOHO BAMPhetamine Positiv LEVEL Phencyclidine Positiv LEVEL Phencyclidine Positiv LEVEL Phencyclidine Positiv DRUG AND ALCOHO DRUG AND | Varicose veins Vascular (inc. pedal Abdomen and viscer Hernia Anus (not rectal exal G-U system Upper and lower ext Spine (C/S, T/S and Neurologic (full brief Psychiatric General appearance Skin  XAMINATIONS  BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN SGPT SGOT DRUG AND ALCOHOL TEST OR Morphine Positive Negative | Varicose veins Vascular (inc. pedal pulses) Abdomen and viscera Hernia Anus (not rectal exam) G-U system Upper and lower extremities Spine (C/S, T/S and L/S) Neurologic (full brief) Psychiatric General appearance Skin  XAMINATIONS  BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN SGPT URINE R/E  SGOT DRUG AND ALCOHOL TEST HBSAg Morphine Positive Negative UPSITIVE Negative WDRL LEVEL Phencyclidine Positive Negative Psychological Examinations: MOHAMMAD NAZRUL ISLAM KHAN Name of Seafarer  Prvice at sea: s personal declaration, my clinical examination and the diagnostic test results reco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Varicose veins  Vascular (inc. pedal pulses)  Abdomen and viscera  Hernia  Anus (not rectal exam)  G-U system  Upper and lower extremities  Spine (C/S, T/S and L/S)  Neurologic (full brief)  Psychiatric  Psychiatric  General appearance  Skin   XAMINATIONS  BIO CHEMICAL (LIVER FUNCTION TEST)  BILIRUBIN  SGPT  URINE R/E  DRUG AND ALCOHOL TEST  HBSAG  Morphine  Positive  Positive  Negative  HIV / AIDS Test  Reactive  Amphetamine  Positive  Negative  Others(KUB Ultraso)  Nowledge of the contents of the Physical examinations:  MOHAMMAD NAZRUL ISLAM KHAN  Name of Seafarer  rvice at sea:  s personal declaration, my clinical examination and the diagnostic test results recorded above, I |

Revision Date : 24th July 2022

# MEDICAL EXAMINATION REPORT/CERTIFICATE

### MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

#### DEBUBLIC OF THE MADELLALL ICLANDS

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|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|
| SURNAME<br>KHAN                                                                     | GIVEN NAME(S)<br>MOHAMMAD NAZRUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | . ISLAM                                 |                          |
| DATE OF BIRTH                                                                       | PLACE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 100000000000000000000000000000000000000 | SEX                      |
| 12 16 1977<br>MONTH DAY YEAR                                                        | JAMALPUR<br>CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BANGLADESH<br>COUNTRY                   | ⊠male □female            |
| EXAMINATION FOR DUTY AS:                                                            | MAILING ADDRESS OF A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PPLICANT:                               |                          |
| MASTER  DECK OFFICIAL                                                               | MADER OF A DEDUCATE A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ODDOUGOOD DE ATECO                      | A CHILLONIA              |
| DECK OFFICER  ENGINEERING OFFICER                                                   | IMPULSE, ARUNIMA, E<br>PURBAPARA, DAKSHI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                          |
| RADIO OFFICER  RATING                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                          |
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| MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MI                                        | EDICAL REQUIREMENTS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STATE DETAILS O                         | N REVERSE SIDE           |
| 170am 78/9 BLOOD PRESSURE PULSE 8                                                   | mi RESPIRATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | GENERAL APPEA                           | RANCE                    |
| VISION: RIGHT EYE LEFT EYE                                                          | HEARING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                          |
| WITHOUT GLASSES 6/6 / 6/6                                                           | 1222200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 1                                     | . 0. 0                   |
| WITH GLASSES /                                                                      | RT. EAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | M M LEFT E.                             | AR                       |
| COLOR TEST TYPE: BOOK ☐ LANTERM ☐ IS COLO                                           | OR TEST NORMAL?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES No (If "No                          | O" EXPLAIN ON PAGE 2)    |
| ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED                        | VISION STANDARD?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes No                                  |                          |
| HEAD AND NECK                                                                       | HEART (CAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (DIOVASCULAR)                           |                          |
| Monmy                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Nonm                                    | Л                        |
| LINGS                                                                               | SPEECH (DEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | K/NAVIGATIONAL OFF                      |                          |
| Normal                                                                              | OFFICER)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | 4                        |
| EVTDEMITIES.                                                                        | IS SPEECH UNIMP/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | HRED FOR NORMAL VOICE                   | COMMUNICATION?           |
| EXTREMITIES: Normal                                                                 | LOWER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ^                                       | Jonny                    |
| IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDA                           | TIONS? YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No []                                   |                          |
| IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATI                      | ED BY WORKING ABOARD A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | /ESSEL, OR TO RENDER H                  | IM/HER UNFIT FOR SERVICE |
| AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BO                      | DARD? YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                          |
| IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM O                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                          |
| IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDIC                      | 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No []                                   | 0.0                      |
| - Nam                                                                               | U 4 JUL 202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1                                       | 0 3 JUL 2025             |
| SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAM | DATE OF EXAMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ATION                                   | EXPIRY DATE              |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                          |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION V                                    | PROPERTY IN SECTION OF THE PROPERTY OF THE PRO | MOHAMMAD NAZI                           |                          |
| THIS APPLICANT IS CERTIFIED FRITE OF COMMUNITY ON BO                                | ARD SHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME OF AF                              | PPLICANT                 |
| SEAFARER IS FOUND TO BIT FIT / NOT FIT FOR DUTY AS                                  | A MASTER / DEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OFFICER / DENGIN                        | J<br>JEEDING OFFICER /   |
| ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COO                                   | K WITHOUT ANY RES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RICTIONS / WITH                         | THE FOLLOWING            |
| RESTRICTIONS:                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | **                                      |                          |
| NAME AND DEGREE OF PHYSICIAN DR, MIR MD. RAIII/                                     | AN; M.B.B,S(D.U.), REG.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NO. A-55144                             |                          |
| ADDRESSREDICAL HOSPITALS LIMITED 35, SHAH MAR                                       | KHDUM AVENUE ,SECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OR-12 UTTARA, DHA                       | ΛΚΛ-1230.                |
| NAME OF PHYSICIAN'S CERTIFICATING DG                                                | SHIPPING BANGLADES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SH TYPE THE                             |                          |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06-05-201                                  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                          |
| 14                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 0.7                      |
| CICNIATUDE OF BUILDING (AND                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | U 4 JUL 2023             |
| SIGNATURE OF PHYSICIAN                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | 0.4 JUL 2023             |

Or Department

This certificate is issued by authority of the Maritime Administrator and the plane with the requirements of the Medical Examination (Seafarers) Convention (37) 73)

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.

MI-105M

### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Scafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical 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 Scafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Scafarer'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 scafaring 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 car at 15 feet (4.57 m) and in poorer car 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
  - Deek/Navigational 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-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational 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 scafarer 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).)

0 4 JUL 2023

AdlPer-Micu-2006 \*

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



# Medical Exam Form CONFIDENTIAL PORM

| Pre                                                                                                | CONFIDENTIALPORM  re-seaExam PeriodicExam                            |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Name (last, first, middle): KHAN M                                                                 |                                                                      |
| Date of birth (day/month/year): 16/                                                                | 12 / 1027 0                                                          |
| Home address: IMPULSE ARINIM                                                                       | MA. HOUSE#908, FLAT#C9, ASHKONA PURBAPARA.                           |
| DAKSHINKHAN, DHAKA, BANG                                                                           | TA, HOUSE#908, FLAT#C9, ASHKONA PURBAPARA.                           |
|                                                                                                    |                                                                      |
| Passport No./Discharge Book No.: _/                                                                | A00071672                                                            |
| Department (deck/engine/radio/food                                                                 | handling/other): DECK                                                |
| Routine and emergency duties (if kno                                                               |                                                                      |
|                                                                                                    |                                                                      |
| (e.g., coastal, tropical, worldwide): W                                                            | rical/oil/gas tanker, container, other cargo ships): BULK Trade area |
| Examinee's personal declaration (Assistanceshould beoffered bymed Haveyou ever had anyof thefollow | dical staff)                                                         |
| Condition  1. Eve/vision problem                                                                   | Ves No Condition Yes No                                              |
| , a coon problem                                                                                   | 18. Sleepingproblems                                                 |
| <ol> <li>High blood pressure</li> <li>Heart/vasculardisease</li> </ol>                             | 19. Do you smoke?                                                    |
| Heart surgery                                                                                      | 20. Operation/surgery                                                |
| 5. Varicose veins                                                                                  | 21. Epilepsy/scizures                                                |
| 6. Asthma/bronchitis                                                                               | 22. Dizziness/fainting                                               |
| Blood disorder                                                                                     | 23. Loss of consciousness                                            |
| 8. Diabetes                                                                                        | 24. Psychiatricproblems                                              |
| 9. Thyroid problem                                                                                 | 25. Depression                                                       |
| 10. Digestivedisorder                                                                              | 26. Attempted suicide                                                |
| 11. Kidneyproblem                                                                                  | 27. Loss of memory                                                   |
| 12. Skin problem                                                                                   | - Mananeeproblem                                                     |
| 13. Allergies                                                                                      |                                                                      |
| 14. Infectious/contagious diseases                                                                 | Sol Carrioscrinoat problems                                          |
| 15. Hernia                                                                                         | The street mobility                                                  |
| <ol><li>Genital disorders</li></ol>                                                                | 32. Back problems 33. Amputation                                     |
| 17. Pregnancy                                                                                      | 34. Fractures/dislocations                                           |
| If anyof theabovequestions wereanswe                                                               | - Securions                                                          |

Rev. 03

Rev. 03

| Add | litional questions                                                                                                                           | Van                      | Nie |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|
| 35. | Haveyou ever been signed offas sick or repatriated from a ship?                                                                              | Yes                      | 10  |
| 36. | Haveyou ever been hospitalized?                                                                                                              |                          | 5   |
| 37. | Haveyou ever been declared unfit forseaduty?                                                                                                 |                          | Ó   |
| 38. | Has your medical certificate ever been restricted or revoked?                                                                                |                          |     |
| 39. | Areyou awarethat you have anymedical problems, diseases or illnesses?                                                                        |                          |     |
| 40. | Do you feel healthyand fit to perform theduties of your designated position/occupation?                                                      | A                        |     |
| 41. | Areyou allergic to anymedications?                                                                                                           |                          | H   |
| Con | PRE FOR DUTY ON BOARD SHIP                                                                                                                   |                          |     |
| 42. | Areyou takinganynon-prescription or prescription medications?                                                                                |                          | 0   |
|     | rebycertifythat the personal declaration aboveis a truestatement to thebest of my                                                            | knowledg                 | ge. |
| S   | natureof examinee: DR. MIR. MD. RAIHAI                                                                                                       | N                        |     |
| Dat | te (day/month/year): 04 JUL/2023 DR. MIR. MD. RAIHAI MBBS (DU), DFM, CCD (Birdem), PGT (Opht) BMDC A-55144, MMC-BGD-016                      | h)                       |     |
| Wi  | tnessed by: (Signature) DG Shipp.ng Bangladesh Approve                                                                                       | d                        |     |
| Na  | me:(Typed or printed)  Radical Hospitals Limited.                                                                                            |                          |     |
| ins | rebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofession titutions and public authorities to Drdical examiner).           | nals,health<br>_(theappr |     |
| Sig | gnatureof examinee:                                                                                                                          |                          |     |
| Da  | te (day/month/year):  0 4 JUL 2023  DR. MIR. MD. RAIF  MBBS (DU), DFM, CCD (Birdem), PGT ( BMDC A-55144, MMC-BGD  DG Shipp.ng Bangladesh App | (Ophth)<br>-016          |     |
| Wi  | itnessed by: (Signature) BG Shipping Bangladesin Application General Physician Radical Hospitals Limited                                     | _                        |     |
| Na  | me:(Typed or printed)                                                                                                                        |                          |     |
| Da  | ate & Contact details for previous medical examination (if known): /                                                                         |                          |     |



### MEDICAL EXAMINATION

# Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

|          |               |                         | Visual Acuit   | ty        |          |               |                         | Visua       | al fields  |
|----------|---------------|-------------------------|----------------|-----------|----------|---------------|-------------------------|-------------|------------|
|          | Unaided       |                         |                | Aided     |          |               |                         | Normal      | Defective  |
|          | Right         | Left                    |                | Right     | Left     |               | Right                   | _           |            |
|          | eve           | eye                     | Binocular      | eye       | eye      | Binocula      |                         |             |            |
| Distant  | 6/6           | 666                     | //             |           |          |               | Left eye                |             | 1-1-5-0110 |
| Near     | as            | NS.                     |                |           |          |               |                         |             |            |
|          |               |                         |                |           | _        | 200           | 59/59888 <del>248</del> | _           |            |
| Colo     | rvision:      | $\square$ N             | ot tested      | No        | rmal     | Dou           | ibtful [                | Defectiv    | ve         |
| Hear     | ring          |                         |                |           |          |               |                         |             |            |
|          |               | wa kathuru yaki u Limba |                |           |          |               | Speech and              | l whisper t | est        |
|          |               | 1                       | io metry (thre |           |          |               | (metres)                | Normal      | Whisper    |
| Right    | 500 Hz        | 1,000 H                 |                |           | 00 Hz    |               |                         | Normal      | whisper    |
| ear      | كد            | 20                      | 20             |           |          |               | Right ear               | 9           | 4          |
| Left ear | . 20          | 20                      | 2              | )         |          |               | Left ear                | 9           | 4          |
| Uniaht.  | 170 (cm)      | Wolah                   | nt:(kg) 73     | ka) Dulce | rate     | (/minute)     | Rhythm: _ R             | equi        | ^          |
| 245.00   | 2.00          |                         | 4.7            |           |          |               | 80                      | -           | •          |
| Bloc     | od pressure:  | Systo                   | olic:_ 13      | ·(mn      | Hg) Dia  | stolic:       |                         |             | n Hg)      |
|          |               | No                      | ormal Abnor    | rmal      |          |               | No                      | rmal Ab     | normal     |
| Head     | d             |                         |                |           | Skin     |               |                         |             |            |
| Sinu     | ises, nose, t | hroat                   |                | ]         | Varicose | veins         | 4                       |             |            |
| Μοι      | ith/teeth     |                         | J [            |           | Vascular | (inc. pedal   | pulses) [               |             |            |
| Ears     | (general)     |                         | or c           |           | Abdome   | n and visce   | era [                   | <b>]</b>    |            |
| Tym      | npaniemem     | brane                   | P E            | 7         | Hernia   |               | E                       | 7           |            |
| Eyes     | s             |                         |                | Ē         | Anus (no | ot rectal ex- | am.)                    | 7           | Ħ          |
| Opti     | halmoscopy    | y                       | F E            |           | G-U syst | em            |                         | 2           |            |
| Pup      | ils           |                         |                |           | Upper ar | nd lower ex   | tremities [             | 2           |            |
| 51698    | movement      |                         | P I            | 750 111   | Spine (C | /S, T/S and   | d L/S)                  | V           |            |
|          | gs and ches   | st                      | P 1            | 7         |          | gic (full bg  |                         | 7           |            |
|          | ast examina   |                         | TA I           |           | Psychiat |               |                         | 7           |            |
| Hea      |               |                         |                | i         |          | appearance    | · I                     | 7           |            |
| 1100     |               | 0.10                    |                |           | -        |               | 04 10                   | L 2023      | _          |
| Che      | st X-ray:     | Not                     | performed      | Perfor    | med on ( | day/month     | /year):/                | /           |            |
| 1        | Results:      | ^                       | lumel 1        | d         | rent     | X V           | W                       |             |            |
|          | 110           |                         |                |           |          | 1116-11       | / 200                   |             |            |
|          |               |                         | 9              | Sal Hospi | TEIS )   | /             |                         | 100         |            |
|          |               |                         | (4             | ANDERNI C | 2006 *   |               |                         |             |            |

| BERNHARD SCHULTE | 6 |
|------------------|---|
| SHIPMANAGEMENT   |   |

| Urinalys   | sis: Glucose          | 1.1               | Protein:                       | 111                           |                          |                                                                                      |
|------------|-----------------------|-------------------|--------------------------------|-------------------------------|--------------------------|--------------------------------------------------------------------------------------|
| Blood A    |                       |                   | Vegahe.<br>Virus Anti bodi     | , V.D.R.L<br>es               | nm Re                    | ielų.                                                                                |
|            | er diagnostic te      |                   |                                | Norma                         | el.                      |                                                                                      |
| Medical E  | xaminers comm         | ents:             | FOR DUTY ON                    | BOARD SHIP                    |                          |                                                                                      |
| Vaco       | cination status       | recorded:         | Yes No                         |                               |                          |                                                                                      |
| 80-3       |                       | Asse              | ssment of fitne                | ss forserviceat se            | a                        | (O                                                                                   |
|            |                       |                   | sonal declaratione examineemed | n, myclinical exa<br>lically: | mination and t           | he diagnostic te                                                                     |
| ÷          | E                     | Fit for look      | out duty 🔲 i                   | Not fit for look-ou           | it duty                  |                                                                                      |
| Vit        | Deck servi            | Sey Engi          | ne service                     | Cateringservice               |                          | Other services                                                                       |
| Unfi       | it 🗌                  |                   |                                |                               |                          |                                                                                      |
|            |                       | Without res       | trictions-                     | With res                      | strictions               | ]                                                                                    |
|            | V                     | isual aid requi   | red: Yes                       | ]0 =                          |                          |                                                                                      |
| Describe r | restrictions (eg.     | Specific position | ns, type of ship, t            | rade area)                    |                          |                                                                                      |
|            |                       |                   |                                |                               |                          |                                                                                      |
| Acti       | on taken byme         | dical examine     | r (e.g., referral):            |                               | JUL 2025                 |                                                                                      |
| Med        | dical certificate     | 's dateof expir   | ration (day/mon                |                               | JOE 2023                 | 456-                                                                                 |
| Date       | e ofexaminatio        | n (day/month/     | year): 0/4 JU                  | <b>2023</b>                   |                          |                                                                                      |
| Nun        | nber of Medica        | d Certificate:    | Officia                        | I stamp:                      | 2                        |                                                                                      |
| Sigr       | nature of medi        | cal practition    | er:                            | Frus                          | DR. MIR                  | R. MD. RAIHA                                                                         |
| Nan        | ne of medical         | examiner:         | (Typed or pr                   |                               | BMDC A-55<br>DG Shipping | M. CCD (Birdem), PGT (Op<br>5144, MMC-BGD-01<br>Bangladesh Approv<br>neral Physician |
| Add        | lress of medica       | l practitioner.:  | RADICAL HOS                    |                               | Radical                  | Hospitals Limited.                                                                   |
| Aut        | horized by: <i>Do</i> | GSHIPF            | PINA BA                        | NGS/ADES                      | Competent a              | uthority)                                                                            |



| SEAFARER'S MEDIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AL EXAMINATION REPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RT/CERTIFICATE                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| CON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NFIDENTIAL DOCUMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                                                                                 |
| This certificate is issued by authority of the Markitima Administratory of the Markitima Admin |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| certificatessssuedbyauthorityoftheMaritimeAdministratorand<br>LONo.73),asamended, STCW Convention, 1978 as amended a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ncompliancewiththerequirements<br>ndtheMaritimeLabourConvention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | offheMedicalExamination(Seafarers)Convention1946(I<br>.2006                       |
| SURNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | GIVEN NAME(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   |
| KHAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MOHAMMAD NAZR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | UL ISLAM                                                                          |
| NATIONALITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID DOCUMENT NO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| BANGLADESHI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C/O/4793                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                   |
| DATE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PLACE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SEX                                                                               |
| 12 16 1977<br>MONTH DAY YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | JAMALPUR<br>CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BANGLADESH MALE FEM                                                               |
| EXAMINATION FOR DUTY AS:  MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IMPULSE, ARUNIMA<br>PURBAPARA, DAKSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , HOUSE#908, FLAT#C9, ASHKONA<br>HINKHAN, DHAKA, BANGLADESH.                      |
| DECLARATION OF APPROVED MEDICAL PRACTIONER: I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ED: YES/NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |
| MEDICAL EXAMINATION (SEE LAST PAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FOR MEDICAL REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STATE DETAILS ON REVERSE SIDE                                                     |
| HEIGHT WEIGHT BLOOD PRESSURE PULS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GENERAL APPEARANCE                                                                |
| 17000 784 135/am 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8 5/1 19 5/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SENERAL APPEARANCE                                                                |
| VISION: RIGHT EYE LEFT EYE WITHOUT GLASSES 6 6 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | HEARING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ✓✓✓     LEFTEAR  ✓✓✓                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   |
| DATE OF LAST COLOR VISION TEST: JUL 202  ARE GLASSES OR CONTACT LENSES NECESSARY TO ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |
| HEAD AND NECK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RDIOVASCULAR)                                                                     |
| Nonner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HEART (CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RDIOVASCULAR)                                                                     |
| #102.25=179.6 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | A CONTRACTOR OF THE PARTY OF TH | Normel                                                                            |
| EXTREMITIES:  UPPER  VON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SPEECH (DEC<br>IS SPEECH UNIMP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CK/NAVIGATIONAL OFFICER AND RADIO OFFICER) PAIRED FOR NORMAL VOICE COMMUNICATION? |
| EXTREMITIES:  UPPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LOWER _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Nonmy                                                                             |
| IS APPLICANT VACCINATED IN ACCORDANCE WITH WH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | O RECOMMENDATIONS?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YES NO                                                                            |
| IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO<br>HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENE<br>YES NO NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | O BE AGGRAVATED BY WORK<br>DANGER THE HEALTH OF OTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ING ABOARD A VESSEL, OR TO RENDER<br>ER PERSONS ON BOARD?                         |
| IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES NO                                                                            |
| - Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | APPONILO 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0 4 JUL 2023                                                                      |
| SIGNATURE OF APPUCANT<br>THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MINING WHYSTCIAN, IE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE                                                                              |
| Page <b>5</b> of 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Department of De |                                                                                   |



| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MOHAMMAD NAZRUL ISLAM KHAN |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAME OF APPLICANT          |
| THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No 🔙                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |
| RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IONS:                      |
| DR. MIR. MD. RAIH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AN                         |
| IAME AND DEGREE OF PHYSICIAN MB88 (DU). DFM. CCD (Birdem), PGT (C<br>BMDC A-55144, MMC-BGD-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 016                        |
| RADICAL HOSPITAL LIMITED DG Shipping Bangladesh Appro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | oved                       |
| ADDRESS Uttare, Chaire, Bangladesh Radical Hospitals Limited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                            |
| 2 2 2 2 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Dince PROVIDEDED           |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MA BAILBARDER.             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MAY 2014                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| SIGNATURE OF PHYSICIAN :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |
| SIGNATURE OF PHYSICIAIN :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |
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| DATE OF EXAMINATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |
| AND A COMPANY OF A STATE OF A STA |                            |
| EXPIRY DATE OF CERTIFICATE : 0 3 JUL 2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| SEAFARER ACKNOWLEDGMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                            |
| , MOHAMMAD NAZRUL ISLAM KHAN (NAME OF SEAFARER),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |
| THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IEVV.                      |



### MEDICALREQUIREMENTS

Allapplicants for an officer certificate, Sea farer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical completedmedical formmust physician. bya + certificated The Formcompleted onthis Medical examinationreported accompany the application for office recruit icate application for scafarer's identity document, or application for certification of special accompany the application for office recruit is a scanner of the scannerapplicationsforanofficer preceding qualifications. Thisphysical examination must be carried out not more than 24 months certificate certification of special qualifications or a sealarer's book. The examination shall be conducted in accordance with the Health Organization, Guide lines for Conducting Pre-sea and Periodic Medical FitnessInternational Labor Organization World applicantisinsatisfactoryphysicaland ExaminationsforSeafarers(ILO/WHO/D,2/1997,Suchproofofexaminationmustestablishthatthe mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary infulfilling the requirements of the seafaring profession,

Inconductingtheexamination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, thefollowingminimumrequirements shall apply:

- Hearing.
  - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableothearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5 feet (1.52m).
- (b) Eyesight
  - Deck officer applicants must have (either without glasses at least 20/20(1.00) vision in one eye and at least 20/40 (0.50)intheother. hotheyes. 20/160(0.13) ofat least havevisionwithoutglasses hemust glasses, Deckofficerapplicantsmustalsohavenormalcolorperceptionandhecapableofdistinguishingthecolorsred, green, blueand yellow,
  - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother Iftheapplicantwearsglasses, hemusthavevision without glasses of at least 20/200(0.10) in both eyes. Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen,
- (c) Dental
  - Seafarers must be free from infections of the mouth cavity or gums.
- BloodPressure
  - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.
- (e) Voice
  - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalvoice communication.
- Vaccinations (f)
  - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Traveland Health, Vaccination Requirements and Itealth Advice, and shall be given advice by the certified physician on immunizations.Unewvaccinations aregiven, theseshall berecorded.
- Diseases or Conditions (2)
  - Applicantsafflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/ortheuse of narcotics.
- Physical Requirements
  - Applicants for ablescaman, boson, GP-1, or dinary seam an analymior or dinary seam annust meet the physical requirements for adeck/navigational officer's certificate.
  - Applicants for fireman/watertender.oiler/motor.pumpman,electrician,wiper,tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate

IMPORTANTNOTE:

The scafarer must retain the original of the 'Medical Examination Report/Certificate' 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 referce 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/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided - Medical Exam Form).

0 4 JUL 2023



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





Id No : 0074

Date: 04-Jul-2023

D.Date: 04-Jul-2023

Patient's Name: MOHAMMAD NAZRUL ISLAM KHAN

Age: 45Y 6M 18D Gender: Male

Specimen

: Blood

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

CDC NO:C/O/4793

# **Haematology Report**

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

| Parameter Name              | Results            | Reference Range                                                                                    |             |
|-----------------------------|--------------------|----------------------------------------------------------------------------------------------------|-------------|
| Hemoglobin (Hb)             | <b>13.8</b> gm/dl  | M:13-18 gm/dl. F:11,5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>Infant: (One year):8-10 gm/dl.          |             |
| ESR(Westergreen)            | 08 mm/1st hr       | Male:0-10, F:0-20 mm/1st hr.                                                                       | 1           |
| Total WBC Count(TC)         | <b>5,900</b> /cumm | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |             |
| Differential WBC Count (DC) | 20129              | 2546                                                                                               | after a few |
| Neutrophils                 | 59 %               | Child: 25-66 %, Adult: 40-75 %                                                                     |             |
| Lymphocytes                 | 35 %               | Child: 52-62 %, Adult: 20-50 %                                                                     |             |
| Monocytes                   | 04 %               | Child: 03-07 %, Adult: 02-10 %                                                                     | WBCCURVE    |
| Eosinophils                 | 02 %               | Child: 01-03 %, Adult: 01-06 %                                                                     | A           |
| Basophils                   | 00 %               | Adult: 00-01 %                                                                                     | A           |
| Total Cir. Eosinophils      | 118 /cumm          | 50-450/cumm                                                                                        | 111         |
| Total RBC Count             | 4.68 m/ul          | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |             |
| HCT/PCV                     | 36.6 %             | M: 40-54%, F:37-47%                                                                                |             |
| MCV                         | 78.2 fL            | 76 - 94 fL                                                                                         |             |
| MCH                         | <b>29.5</b> pg     | 27 - 32 pg                                                                                         |             |
| MCHC                        | 37.7 g/dL          | 29 - 34 g/dL                                                                                       | -RBC CURVE  |
| RDW                         | 13.6 %             | 11 - 16 %                                                                                          | .dh.        |
| PDW                         | 16.8 fL            | 35 - 56 fl                                                                                         | All In      |
| Total Platelete Count (PC)  | 1,53,000 /cumm     | 150,000-450,000/cumm                                                                               |             |
| MPV                         | 10.4 fL            | 7.0 - 11.0 fL                                                                                      |             |
| PCT                         | 0.128 %            | 0.1 - 0.%                                                                                          |             |
| Bledding Time(BT)           | %                  | 10 - 18 %                                                                                          |             |
| Cloting Time(CT)            | %                  | 0.1- 0.2 %                                                                                         | PLTCURVE    |

PLT CURVE

Checked By Medical Technologist

Dr. Sumaiya Khatun

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

Dept. Of Microbiology

East West Medical College & Hospital.



radical\_hospitals@yahoo.com, www.radicalhospital.com

| Bill No        | DIA23070074                    | Received Date            | 04/07/2023      |
|----------------|--------------------------------|--------------------------|-----------------|
| Patient's Name | MOHAMMAD NAZRUL ISLAM K        | CHAN                     |                 |
| Patient's Age  | 45Y 6M 18D                     | Patient's Sex            | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),0 | CCD(BIRDEM),PGT(Eye),DFM | CDC NO:C/O/4793 |
| Sample         | BLOOD                          |                          |                 |

# BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 4.8 mmol/l | 4.2 - 6.4 mmol/l |
| Serum Bilirubin (Total)  | 0.7 mg/dl  | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 30 U/L     | Up to 37 U/L     |
| Serum ALT (SGPT)         | 22 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 Technologis Radical Hospitals Ltd. 00

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        | DIA23070074                  | Received Date             | 04/07/2023      |
|----------------|------------------------------|---------------------------|-----------------|
| Patient's Name | MOHAMMAD NAZRUL ISLAM        | KHAN                      |                 |
| Patient's Age  | 45Y 6M 18D                   | Patient's Sex             | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU) | ,CCD(BIRDEM),PGT(Eye),DFM | CDC NO:C/O/4793 |
| Sample         | BLOOD                        |                           |                 |

# SEROLOGYCAL REPORT

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

| LOOD GROUPINGResult | The Art I was a second |  |
|---------------------|------------------------|--|
| 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\_hospitals@yahoo.com, www.radicalhospital.com

| Bill No        | DIA23070074                  | Received Date             | 04/07/2023      |
|----------------|------------------------------|---------------------------|-----------------|
| Patient's Name | MOHAMMAD NAZRUL ISLAM        | KHAN                      |                 |
| Patient's Age  | 45Y 6M 18D                   | Patient's Sex             | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU) | ,CCD(BIRDEM),PGT(Eye),DFM | CDC NO:C/O/4793 |
| Sample         | URINE                        |                           |                 |

### URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| Quantity   | Sufficient | CELLS / HPF |         |
|------------|------------|-------------|---------|
| Colo       | Straw      | RBC         | Nil     |
| Appearance | Clear      | Pus Cells   | 0-2/HPF |
| Sediment   | Nil        | Epithelial  | 0-2/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 **Test Name** 



| Bill No        | DIA23070074                     | Received Date          | 04/07/2023      |
|----------------|---------------------------------|------------------------|-----------------|
| Patient's Name | MOHAMMAD NAZRUL ISLAM KI        | IAN                    |                 |
| Patient's Age  | 45Y 6M 18D                      | Patient's Sex          | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CO | D(BIRDEM),PGT(Eye),DFM | CDC NO:C/O/4793 |
| Sample         | URINE                           |                        |                 |
|                |                                 |                        |                 |

Result

# DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

| 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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: LONDON COURAGE

DATE: 04/07/2023

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

# EYE EXAMINATION REPORT

NAME: MOHAMMAD NAZRUL ISLAM KHAN RANK: CH.OFF CDC NO: C/O/4793

VISUAL ACUITY:

RIGHT

LEFT

6/6

UNAIDED

6/6

AIDED

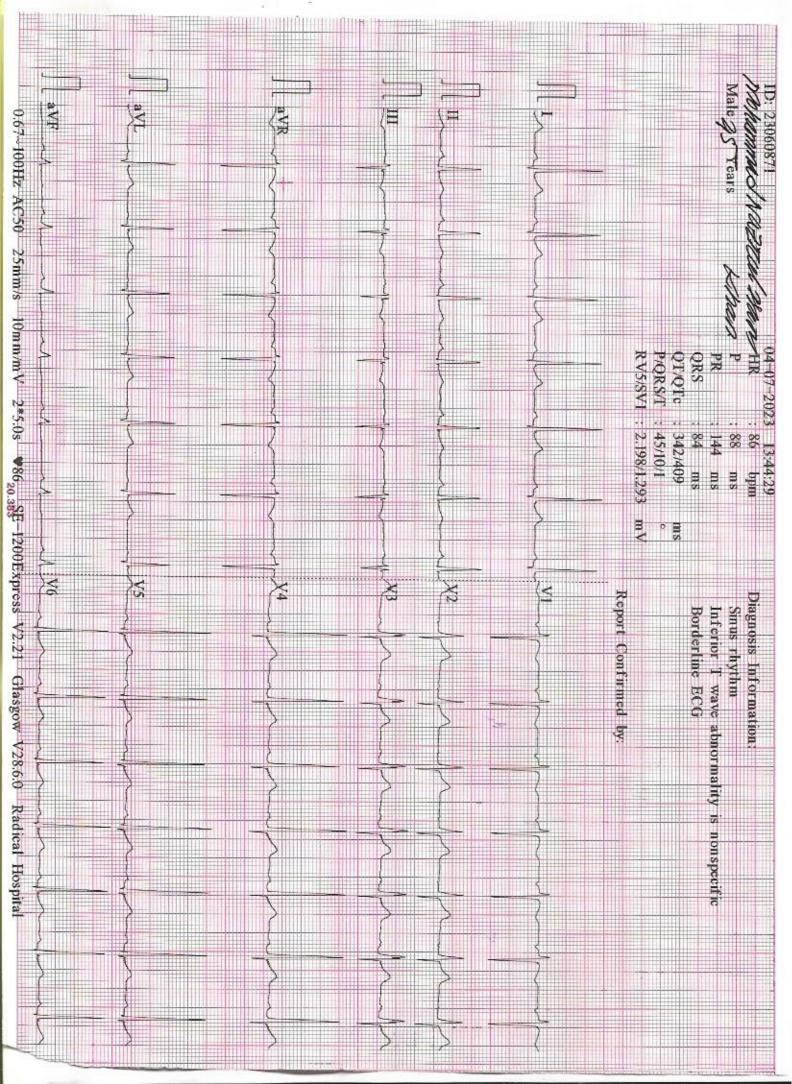
COLOUR VISION:

NORMAL / BLIND

**OPINION** 

UNFIT / FIT FOR EMPLOYMENT ON BOARD

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



RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

# DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23070074

Receive:04/07/2023

Print: 04/07/2023

Patient's Name

MOHAMMAD NAZRUL ISLAM KHAN

. 45 V

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

| 1011        | AGAINS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | T CHOLERA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
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| hie is to   | certify that Date of birth_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MALE               |
|             | mature follows                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 16/12/1971 Sex_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOAC               |
| nose C      | adiate follows )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1. 1. 1.7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
| 150         | has on the date indicated been vac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | cinated or revaccinated agains                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | t Cholera          |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL PROPERTY.    |
| Date        | Signature and Professional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Approved Stan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | np                 |
|             | status of vaccinator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a lacation and from sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
| CER I       | Anno                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FOR VACA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
| 160         | Trust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AS FORMACON.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |
| ×   [       | R. MR. MD. RAIHAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 35, Shah Mekhdun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | l)                 |
| N           | BBS (DU), DFM, CCD (BINGET), PGT - 016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Areaus Uttern, Oteke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | )                  |
| t           | BBS (DU), DFM, CCD (Birdem), PGT (Ophth) BBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 BG Shipping Bangledesk Approved General Physician Belled Hospitzle Limited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /                  |
|             | Radical Hospitals Limited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WGLADE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
| 2 0         | 19 Amer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | REOR VACCINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |
| 230         | Maria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 35, Stah Makhdum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| 9 DEC 7     | TAIHAN PGT (Ophth)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Avenue Uttera, Dhaka                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
|             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The County of th |                    |
|             | DG Shipping Bangladesh Approve                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BANGLADED!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |
| 1           | Radical Hospitals Limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|             | 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EOR VACO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
| 3           | Salta-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 137                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                  |
| 183         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 35, Sheh blank tim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
| 14          | R MIR. MD. RAIHAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Uttore, Dhekes / * //                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | To the standard of |
| 3<br>34 767 | JR. (VIII-CD) (Birdem), PGT (Ophth)<br>JBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>BMDC A-55144, MMC-BGD-016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Edward St.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |
| -           | Dendladesh Apploved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WGLADE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
|             | General Limited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OR VACO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |
| 6           | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . Secondary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |
| 5           | DR. MIR. MD. RAIHAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 35, Shoh Makhdum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6                  |
| 160         | DR. MIR. MD. RATHAN<br>MBBS (DII) DFM. CCD (Birdem), PGT (Ophth)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (G Avenue Utera, Dhaka                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
| BAR         | BMDC A-55144, MMC-BGD-016  BMDC A-55144, MMC-BGD-016  DG Shipping Bangladesh Approved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |
| 6           | CanarabehVSICIAII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MGLADES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                  |
|             | Radical Hospitals Limited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| - 6         | A CONTRACTOR OF THE PARTY OF TH | 2740                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |
| 7.3         | DR. MIR. MD. RAIHAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | REOK VACCING 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8                  |
| 120         | MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SS, Shah Makhdum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| 7.11        | BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | St. Shah Makhhum Shurnus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
|             | General Physician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |
| 8           | Radical Hospitals Limited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ANGLADES!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
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