



HAQUE & SONS LTD.

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



Accredited By : BMD
Accreditation No A-55144

PATIENT CONTROL NUMBER:
HS4132FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME BARI	FIRST NAME AND REZWANUL	MIDDLE NAME
PLACE AND DATE OF BIRTH CHITTAGONG 7-Nov-1975	PASSPORT NUMBER A07247129	SEAMAN'S BOOK NUMBER CO4132
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : GENERAL CARGO	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : JAN. B. SONS, 1103 / AMANATH KHAN ROAD, PATHANTOOLY, CHOWMO, HONY, CHITTAGONG, BANGLADESH.		CONTACT NUMBER : 01634-762906
		RANK : MASTER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

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

Additional questions

	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 75kg	Height (cm) 175	BMI 24.2	Blood Pressure: Systolic 120mm Diastolic 80mm	PULSE: 78/min
Ear	Hearing by Audiometry	Audiometry	Hearing by Whisper Test	
Right	☐ Adequate ☐ Inadequate	500 1000 2000 3000	☒ Adequate ☐ Inadequate	
Left	☐ Adequate ☐ Inadequate		☒ Adequate ☐ Inadequate	
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐				

Visual acuity				Visual fields	
Unaided		Aided		Normal	Defective
Right eye	Left eye	Right eye	Left eye	Right eye	Left eye
Distant					
Near					

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

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

Date of last colour vision test: Date (day/month/year) 26 JUL 2023

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>MD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>MD</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	<u>MD</u>	SGPT	URINE R/E	<u>MD</u>
DC (differential count)	<u>MD</u>	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	<u>14.8</u>	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	<u>66</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	<u>7.600</u>	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	<u>5.6</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	<u>5.81</u>	Cocaine	☐ Positive ☒ Negative	Others (KUB Ultrasound)

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

Rezwanul Bari
Signature of Seafarer

REZWANUL BARI
Name of Seafarer

26-Jul-2023
Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

	Deck service	Engine service	Catering service	Other services
Fit	☒	☐	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes ☒	No ☐
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Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date: 26 JUL 2023

25 JUL 2025

Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarer's Convention 1978 and STCW 1978/1996 as Amended, MLC 2006)

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: BARI		GIVEN NAME (S): REZWANUL	
DATE OF BIRTH: DAY 7 MONTH 11 YEAR 1975		PLACE OF BIRTH CITY CHITTAGONG COUNTRY BANGLADESH	SEX MALE FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING		MAILING ADDRESS OF APPLICANT: JAN. B. SONS, 1103 / AMANATH KHAN ROAD, PATHANTOOLY, CHOWMO, HONY, CHITTAGONG, BANGLADESH. BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	—	<i>6/6</i>	BOOK LANTERN YELLOW <i>mm</i> RED <i>mm</i> GREEN <i>mm</i> BLUE <i>mm</i>	RIGHT EAR <i>mm</i>
LEFT EYE	—	<i>6/6</i>		LEFT EAR <i>mm</i>

Confirmation that identification documents were checked at the point of examination: YES NO

Hearing meets the standards in STCW Code, Section A-1/9? YES NO NOT APPLICABLE

Unaided hearing satisfactory? YES NO

Visual acuity meets standards in STCW Code, Section A-1/9? YES NO

Colour vision meets standards in STCW Code, Section A-1/9? YES NO

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **26 JUL 2023**

Are glasses or contact lenses necessary to meet the required vision standards? YES NO

Able for watchkeeping? YES NO

Is applicant taking any non-prescription or prescription medications? YES NO

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

<i>[Signature]</i>	REZWANUL BARI	26 JUL 2023 26-Jul-2023
Signature of Applicant	Name of Applicant	Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. SABRINA MOSTAFA, M.B.B.S (D.U)		
ADDRESS: 126, SK. MUJIB ROAD, CHOWMUHONI, CHATTOGRAM, BANGLADESH.		
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: REGISTRATION NO.: A-68208, B.M.D.C, DHAKA, BANGLADESH.		
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 08-JUN-2014		
SIGNATURE OF PHYSICIAN:	STAMP OF PHYSICIAN:	DATE: 26 JUL 2023
EXPIRY DATE OF CERTIFICATE: 25 JUL 2025		

This certificate is issued in compliance with the

of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bldem), PGT (Ophth)
BMDC A-55144, MMC BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

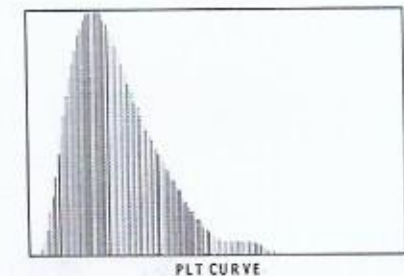
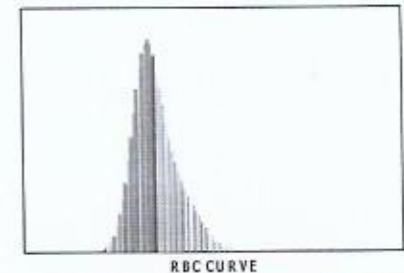
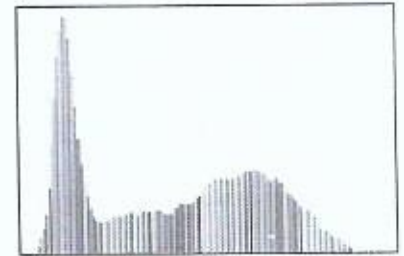


Id No : 0887 **Date** : 26-Jul-2023 **D.Date** : 26-Jul-2023
Patient's Name : REZWANUL BARI **Age** : 47Y 8M 19D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4132

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.8 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7600 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	30 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	152 /cumm	50-450/cumm
Total RBC Count	4.73 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.3 %	M: 40-54%, F:37-47%
MCV	83.1 fL	76 - 94 fL
MCH	31.3 pg	27 - 32 pg
MCHC	37.7 g/dL	29 - 34 g/dL
RDW	12.7 %	11 - 16 %
PDW	17.6 fL	35 - 56 fL
Total Platelete Count (PC)	2,14,000 /cumm	150,000-450,000/cumm
MPV	8.3 fL	7.0 - 11.0 fL
PCT	0.178 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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

Bill No	DIA23070887	Received Date	26/07/2023
Patient's Name	REZWANUL BARI		
Patient's Age	47Y 8M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4132
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	32 U/L	Up to 37 U/L
HbA1C	5.6 %	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

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Medical Technologists
Radical Hospitals Ltd.

d

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

Bill No	DIA23070887	Received Date	26/07/2023
Patient's Name	REZWANUL BARI		
Patient's Age	47Y 8M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4132		
Sample	Blood		

SEROLOGICAL REPORT

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

BLOOD GROUPING Result	
ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By



 Medical Technologist
 Radical Hospitals Ltd.


 Dr. Sumaiya Khatun
 MBBS, MD (Microbiology)
 Associate Professor

 Dept. of Microbiology
 East West Medical College and Hospital

Bill No	DIA23070887	Received Date	26/07/2023
Patient's Name	REZWANUL BARI		
Patient's Age	47Y 8M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4132		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

AB

Medical Technologis
Radical Hospitals Ltd.

L
Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

East West Medical College and Hospital

Bill No	DIA23070887	Received Date	26/07/2023
Patient's Name	REZWANUL BARI		
Patient's Age	47Y 8M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4132
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By



 Medical Technologist
Radical Hospitals Ltd.


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

REF: MV. GENIUS ACE

DATE: 26/07/2023

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

EYE EXAMINATION REPORT

NAME: REZWANUL BARI

RANK: MASTER

CDC NO: C/O/4132

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED


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


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

ID: 23070535

Reem Bar
Male 49 years

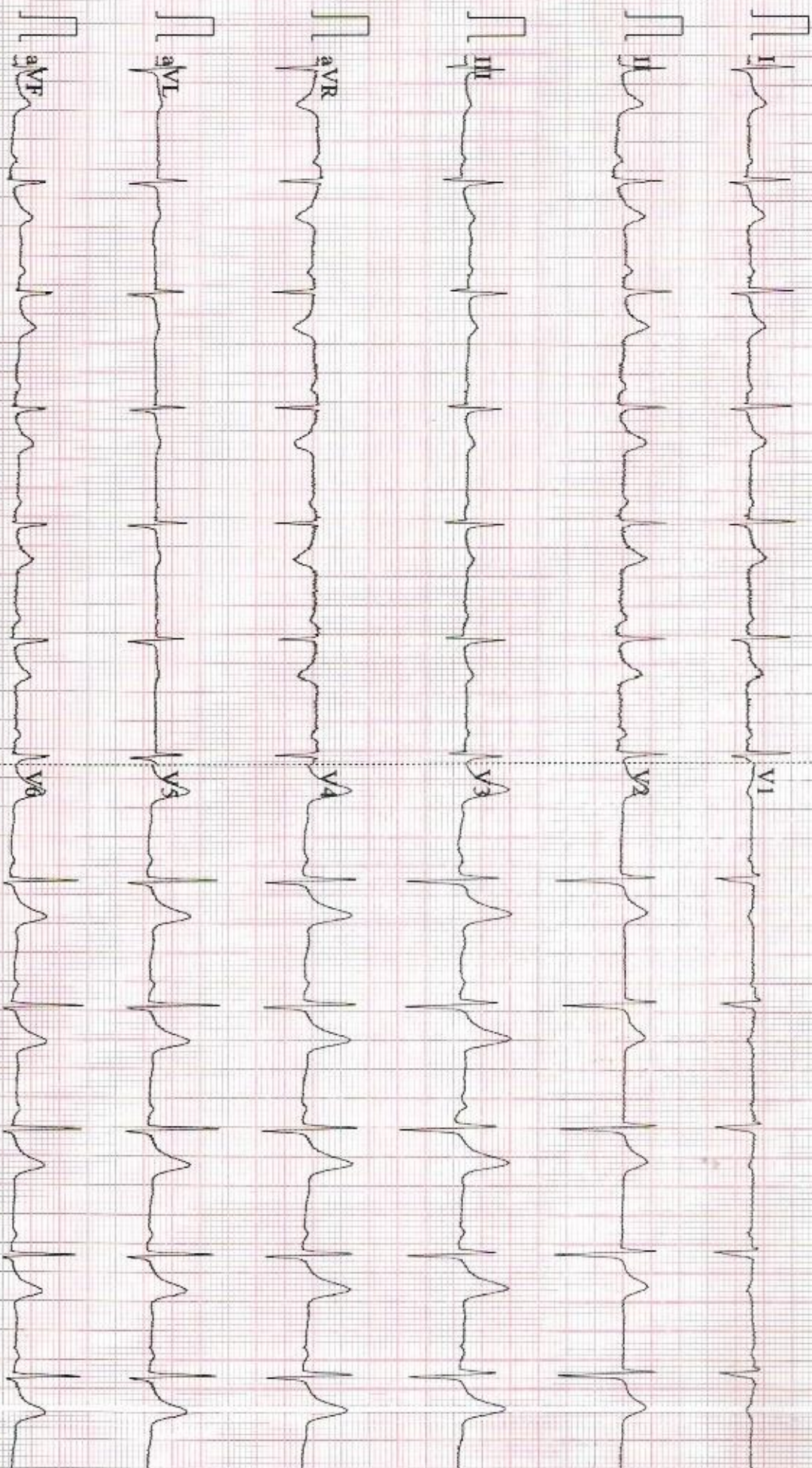
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Diagnosis Information:

Sinus rhythm
Normal ECG

HR	71	bpm
P	102	ms
PR	154	ms
QRS	86	ms
QT/QTc	388/422	ms
P/QRS/T	57/56/51	°
RV5/SV1	1.18/0.651	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070887 Receive: 26/07/2023 Print: 26/07/2023
Patient's Name : REZWANUL BARI
Age : 47 Yrs Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

This report has been electronically signed.

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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

REZWANUL BARI

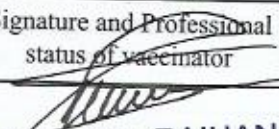
AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 27-11-1975 Sex M

[Signature]

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
26 JUL 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	
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5		5	6
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7		7	8
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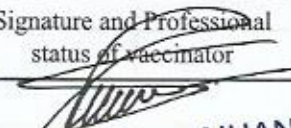
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

REZWANUL BARI AGAINST YELLOW-FEVER

This is to certify that
whose signature followsDate of birth 07-11-1975 Sex M

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no. of vaccine	Official stamp of vaccination centre
26 JUL 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.