



INTERNATIONAL LABOUR ORGANIZATION

Sectoral Activities Programme

See text links
below.

ILO/WHO/D.2/1997

Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

Annex D

Minimum requirements for the medical examination of seafarers

HRIDOY, MD. MAHFUZUR, RAHMAN KHAN

Name (last, first, middle):

Date of birth (day/month/year): 12/12/1995 Sex: ☒ male • ☐ female

Home address:

VILL: GHUNIPARA, P.O: SALIMABAD, P.S: NAGARPUR,
DIST: TANGAIL, DIV: DHAKA

Passport No./Discharge Book No.: EGO351739/01019437

Type of ship (container, tanker, passenger, fishing): TANKER

Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

Examinee's personal declaration

(Assistance should be offered by medical staff)

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	☐	☒	Loss of consciousness	☐	☒

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- | | | | | | |
|------------------------------------|--------------------------|-------------------------------------|------------------------------|--------------------------|-------------------------------------|
| 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 | ☐ | N/A | 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 hospitalized? | ☐ | ☒ |
| 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? ☐ ☒



2052-2508-20

If yes, please list the medications taken and the purpose(s) and dosage(s).

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

03 JUL 2023

Signature of examinee: [Signature] Date (day/month/year): 03 / 07 / 2023

Witnessed by: (Signature) [Signature] Name: (Typed or printed) **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.

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 (the approved medical examiner).

03 JUL 2023

Signature of examinee: [Signature] Date (day/month/year): 03 / 07 / 2023

Witnessed by: (Signature) [Signature] Name: (Typed or printed) **DR. MIR. MD. RAIHAN**
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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General Physician
Radical Hospitals Limited.

Medical examination

☐ Pre-sea

☒ Periodic

☐ Other

Sight

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	6/6			
Near	N5	N5	N5			

	Visual fields	
	Normal	Defective
Right eye	/	
Left eye	/	

Colour vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

Speech and whisper test (metres)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz		Normal	Whisper
Right ear	20	20	20				Right ear	4	4
Left ear	20	20	20				Left ear	4	4



Height: 163 (cm) Weight: 60 (kg)
Pulse rate: 78 ((/minute) Rhythm: Regular
Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)
Urinalysis: Glucose: Nil Protein: Nil

	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	<u>N/A</u>	☐	General appearance	☒	☐
Heart	☒	☐			
Skin	☒	☐			

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 03 JUL 2023

Results: Normal chest X-ray

Other diagnostic test(s) and result(s):
Test Blood Urine Result Normal

Medical examiner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

Assessment of fitness for service at sea

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



☒ Fit for look-out duty

☐ Not fit for look-out duty

Deck service

Engine service

Catering service

Other services

Fit



Unfit



Without restrictions ☒ • With restrictions ☐ •

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

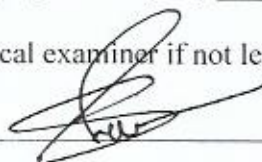
Action taken by medical examiner (e.g., referral):

Place of examination: **RADICAL HOSPITAL LIMITED**
Uttara, Dhaka, Bangladesh Date of examination (day/month/year): **03 JUL 2023**

Medical certificate's date of expiration (day/month/year): **02 JUL 2025**

Official stamp (also print name of medical examiner if not legible): **DR. MIR. MD. RAIHAN**

Signature of medical examiner:



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

Authorized by: **DG SHIPPING Bangladesh** (competent authority)



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For further information, please contact the Sectoral Activities Department (SECTOR)
at Tel: Fax: or email: sector@ilo.org

Disclaimer | webinfo@ilo.org

This page was created by BR/PL. It was approved by BW/BKN. It was last updated Tues, 17 Jun 1999.



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: HRIDOY		GIVEN NAME (S): MD MAHFUZUR RAHMAN KHAN	
DATE OF BIRTH: DAY 12 MONTH 12 YEAR 1995		PLACE OF BIRTH CITY TANGAIL COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: VILL: GHUNIPARA, P.O: SALIMABAD P.S: NAGARPUR, DIST: TANGAIL BANGLADESH.	
DECLARATION OF THE AUTHORIZED PHYSICIAN			
VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR MSD
LEFT EYE	6/6	—	LEFT EAR MSD
		☐ BOOK ☒ LANTERN YELLOW MSD RED MSD GREEN MSD BLUE MSD	
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) 03 JUL 2023			
Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒			
Able for watchkeeping? YES ☒ NO ☐			
Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒			
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☒			
Hereby I declare that I am in knowledge of the contents of the Physical Examination.			
MD MAHFUZUR RAHMAN KHAN HRIDOY Signature of Applicant		03 JUL 2023 Name of Applicant	
CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:			
FIT FOR DUTY ON BOARD SHIP			
NAME AND DEGREE OF PHYSICIAN: DR. MIR MD RAIHAN MBBS, (DU), DFM			
ADDRESS: RADICAL HOSPITAL LIMITED 35, SHAH MAKHDOM AVENUE SECTOR-12, UTTARA, DHAKA			
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: DG SHIPPING BANGLADESH			
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06 MAY 2014			
SIGNATURE OF PHYSICIAN: 		STAMP OF PHYSICIAN: 	DATE: 03 JUL 2023
EXPIRY DATE OF CERTIFICATE: 02 JUL 2025			

This certificate is issued in compliance with the requirements of the STCW Convention, 1978 as amended OR the MLC 2006.

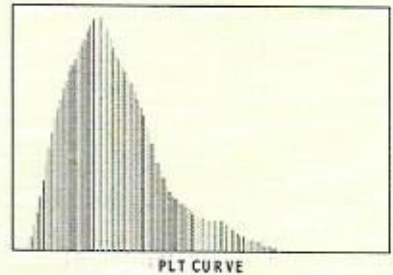
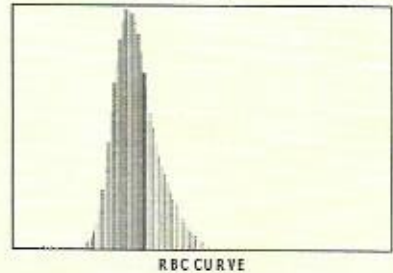
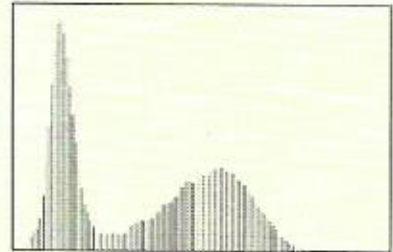
DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Bircem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

Id No : 0053 **Date** : 03-Jul-2023 **D.Date** : 03-Jul-2023
Patient's Name : MD MAHFUZUR RAHMAN KHAN HRIDOY **Age** : 27Y 6M 21D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9437

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	16.4 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)	7,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	61 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	33 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	148 /cumm	50-450/cumm
Total RBC Count	5.22 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.3 %	M: 40-54%, F:37-47%
MCV	77.2 fL	76 - 94 fL
MCH	31.4 pg	27 - 32 pg
MCHC	40.7 g/dL	29 - 34 g/dL
RDW	13.7 %	11 - 16 %
PDW	16.0 fL	35 - 56 fL
Total Platelete Count (PC)	2,48,000 /cumm	150,000-450,000/cumm
MPV	9.4 fL	7.0 - 11.0 fL
PCT	0.233 %	0.1 - 0.5 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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

Bill No	DIA23070053	Received Date	03/07/2023
Patient's Name	MD MAHFUZUR RAHMAN KHAN HRIDOY		
Patient's Age	27Y 6M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9437		
Sample	BLOOD		

SEROLOGICAL REPORT

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

Checked By

[Signature]

Medical Technologis
Radical Hospitals Ltd.

[Signature]

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



Bill No	DIA23070053	Received Date	03/07/2023
Patient's Name	MD MAHFUZUR RAHMAN KHAN HRIDOY		
Patient's Age	27Y 6M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9437		
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

Drug Level of Urine

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

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



Patient's Name	:	MD MAHFUZUR RAHMAN KHAN HRIDOY			
Age	:	27 Yrs	Date	:	03/07/2023
Sex	:	Male	CDC NO:C/O/9437		
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM			

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor / <u>Good</u> / very good / excellent
Verbal Reasoning test	Poor / <u>Good</u> / very good / excellent
Inductive reasoning test	Poor / <u>Good</u> / very good / excellent
Diagrammatic Reasoning test	Poor / <u>Good</u> / very good / excellent
Logical Reasoning test.	Poor / <u>Good</u> / very good / excellent
Error checking test	Poor / <u>Good</u> / very good / excellent
2.Skill Test	Poor / <u>Good</u> / very good / excellent
3.Personality Test	INFJ / ENFJ / <u>ISFJ</u> / ENTP / ESFJ / ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor / <u>Good</u> / very good / excellent
Assumptions	Poor / <u>Good</u> / very good / excellent
Deductions	Poor / <u>Good</u> / very good / excellent
Interpreting Information's	Poor / <u>Good</u> / very good / excellent
Inferences	Poor / <u>Good</u> / very good / excellent
5.Situational Judgment Test.	Poor / <u>Good</u> / very good / excellent

Poor: <6

Good: 6-7

very good: 7-8

excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

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

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

Patient's Name	:	MD MAHFUZUR RAHMAN KHAN HRIDOY	ID NO	:	23070053
Age	:	27 Yrs	Date	:	03/07/2023
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

Dental Examination Reports

On Examination

- | | | |
|-----------------------------|---|--------|
| 1. Dental Caries | : | Absent |
| 2. Calculus | : | Absent |
| 3. Missing | : | Absent |
| 4. Gum Condition | : | Normal |
| 5. Filling | : | No |
| 6. Root Canal Treatment | : | No |
| 7. Any Bridge/Denture/Crown | : | No |
| 8. Oral Hygiene | : | Normal |

Comments : Normal



Dr. Mir Md. Raihan

MBBS (DU), CCD (Birdem), PGT (ophth)
 Reg- A55144 BGD-016(MMC)
 DG Shipping Bangladesh Approved
 Malaysian Medical Council Approved
 General Physician
 Radical Hospitals Limited

AUDIOLOGICAL REPORT

Patient Name : MD MAHFUZUR RAHMAN KHAN HRIDOY

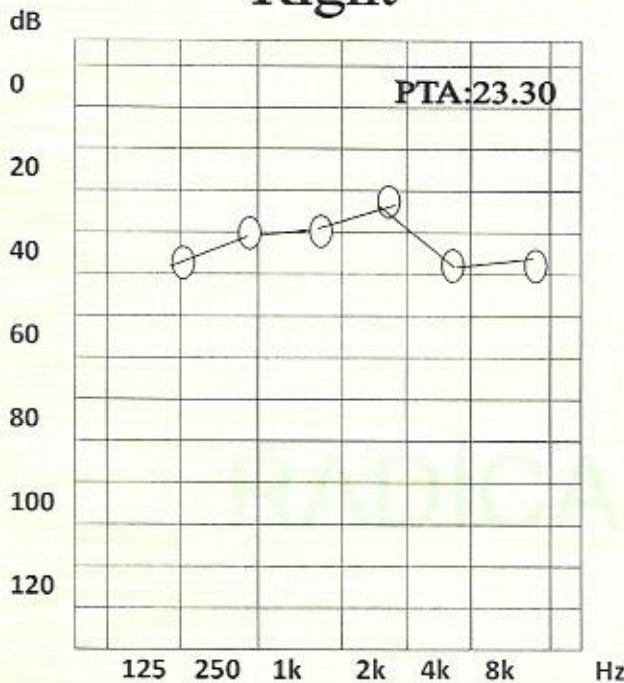
03/07/2023

Age : 27 Yrs

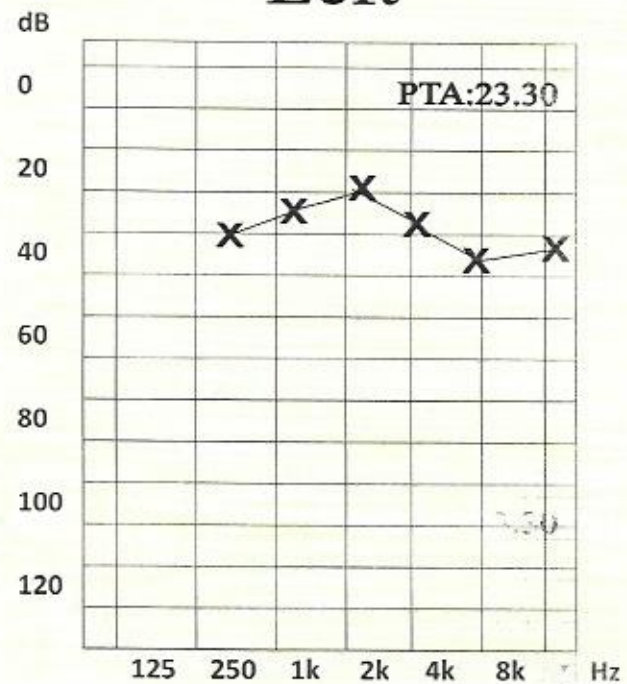
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan, MBBS,(DU), DFM

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

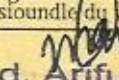
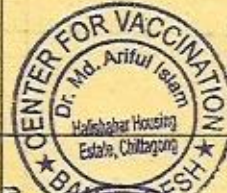
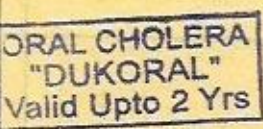
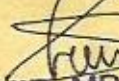
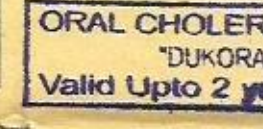
Signature
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to Certify that } 12.12.1995
 Je soussigné (e) certifie que } Date of Birth sex **M**
 whose signature follows } ne (e) le Sexe
 dont la signature suit }

 has on the date indicated been vaccinated or revaccinated against Cholera
 a etc. vaccination (e) contre la fièvre jaune la date indiquée.

Date	Signature and Professional Status of vaccinator Signature et Qualific. Prof. essougné du vaccinateur	Approved Stamp Cachet d'authentification
23 APR 2022	 Dr. Md. Arifur Islam MBBS (CMC) BCS (Health), FCPS (MEDICINE)-II, CCD BMDC Reg. No. 62563 DG Shipping Approved (BD) <i>General Medical Officer, Chittagong, Bangladesh</i>	 
03 JUL 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biomd), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Approved <i>General Physician, 1-1 Mirat.</i>	 
	Unsuccessful pass de prise)	
	Revaccination..	
3	Revaccination..	2 3
4	Revaccination..	4 5
5	Revaccination..	

The Validity of this certificate shall extend for a period of three years, beginning eight days after the date of a successful primary vaccination or, in the event of re vaccination on the date of that re vaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part of it, may render it invalid. Le validity de ce cc certificate couvre une période de trois ans à compter de huit jours après la date de la première vaccination effectuée avec succès (prix) ou, le cas d'une re vaccination le jour de cette re vaccination.

Le cachet 'd' authentification doit être conforme au module prescrit par l'administration sanitaire du territoire où la vaccination est effectuée. Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions au il comporter pour affecter sa validité.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW-FEVER
CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVER JANUE**

This is to Certifie that } 12.12.1995 Date of Brth sex M
je soussigne (e) certifie que } ne (e) le Sexe

whose signature follows }
dont la signature suit. } has on the date indicated been vaccinated or revaccinated against Yellow-Fever
a etc. vaccination (e) on contre la fiever jaune la date indique.

Date	Signature and Professional Status of vaccinator Signature el qualite Prof. essoudille du vaccinateur	Origin and batch no. of vaccine origine du vaccin Employe et u merco du lot	Official stamp of vaccination centre. cachet Official du Center de vaccination
16 APR 2022	Dr. Md. Ariful Islam MBBS (CMC) BCS (Health), FCPS (MEDICINE)-II, CCD BMDC Reg. No. 62563 DG Shipping Approved (BD) Senior Medical Officer, Chittagong, Bangladesh		

3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso