

## 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

	Fitness	Examir	iatio	ns f	or Seafarers			
			Part	6				
		I	Annex	D				
	nimum requirements for	_		amin	ation of seafarers	5		\$ v
	me (last, first, middle):	ZANIK						
Dat	e of birth (day/month/year):	1 101/19	66 S	ex:	I male .	☐ femal	e	
Но	me address: House #3	, ,			10, Block#	C, BA	SHUNDA	WRI
Pas	sport No./Discharge Book No.	EG 04	902	43	/c/0/1731			
Туј	pe of ship (container, tanker, pa	issenger, fisl	ning):		il Tanker	ı		
Tra	de area (e.g., coastal, tropical,	worldwide):	W	ORLI	OWIDE.			
(As	aminee's personal declaration sistance should be offered by no we you ever had any of the follo	nedical staff,						
	Condition	Yes	No		Condition		Yes No	
1.	Eye/vision problem	□•	N.	18.	Sleep problems		o. y	1
2,	High blood pressure	□•	V.	19.	Do you smoke?		o. 🗷	1
3.	Heart/vascular disease	□•	1º	20.	Operation/surgery		D. 74	1
4.	Heart surgery	11•	1.	21.	Epilepsy/seizures		□· Z·	1
5.	Varicose veins	ت بر	oco.	22.	Dizziness/fainting		D. 7	//

3. Loss of consciousness

04.2023.4385

6. Asthma/bronchitis

Allergies  Infectious/contagious diseases  Hernia  Genital disorders  Pregnancy  Additional questions  35. Have you ever been signed off as says  36. Have you ever been hospitalized?	24. Psychiatric prob 25. Depression 26. Attempted suicid 27. Loss of memory 28. Balance probler 29. Severe headach 30. Ear/nose/throat 31. Restricted mob 32. Back problems 33. Amputation 34. Fractures/dislo	de d
Thyroid problem  Digestive disorder  Kidney problem  Skin problem  Allergies  Infectious/contagious diseases  Hernia  Genital disorders  Pregnancy  Additional questions  35. Have you ever been signed off as says  36. Have you ever been hospitalized?	26. Attempted suicides 27. Loss of memory 28. Balance problem 29. Severe headach 30. Ear/nose/throat 31. Restricted mob 32. Back problems 33. Amputation 34. Fractures/dislocation 34.	de d
Thyroid problem  Digestive disorder  Kidney problem  Skin problem  Allergies  Infectious/contagious diseases  Hernia  Genital disorders  Pregnancy  Additional questions  35. Have you ever been signed off as says  36. Have you ever been hospitalized?	27. Loss of memory 28. Balance probler 29. Severe headach 30. Ear/nose/throat 31. Restricted mob 32. Back problems 33. Amputation 34. Fractures/dislo	m
Digestive disorder  Kidney problem  Skin problem  Allergies  Infectious/contagious diseases  Hernia  Genital disorders  Pregnancy  Additional questions  35. Have you ever been signed off as says  36. Have you ever been hospitalized?	28. Balance problem 29. Severe headach 30. Ear/nose/throat 31. Restricted mob 32. Back problems 33. Amputation 34. Fractures/dislo	nes
Skin problem  Skin problem  Allergies  Infectious/contagious diseases  Hernia  Genital disorders  Pregnancy  Additional questions  35. Have you ever been signed off as says  36. Have you ever been hospitalized?	29. Severe headach 30. Ear/nose/throat 31. Restricted mob 32. Back problems 33. Amputation 34. Fractures/dislo	problems
Additional questions  3. Allergies  4. Infectious/contagious diseases  5. Hernia  6. Genital disorders  7. Pregnancy  Additional questions were answered  35. Have you ever been signed off as s  36. Have you ever been hospitalized?	30. Ear/nose/throat 31. Restricted mob 32. Back problems 33. Amputation 34. Fractures/dislo	problems
Additional questions  3. Allergies  4. Infectious/contagious diseases  5. Hernia  6. Genital disorders  7. Pregnancy  f any of the above questions were answered  Additional questions  35. Have you ever been signed off as says  36. Have you ever been hospitalized?	31. Restricted mob 32. Back problems 33. Amputation 34. Fractures/dislo	ications
4. Infectious/contagious diseases 5. Hernia 6. Genital disorders 7. Pregnancy  f any of the above questions were answered  Additional questions  35. Have you ever been signed off as s  36. Have you ever been hospitalized?	32. Back problems 33. Amputation 34. Fractures/dislo	cations
6. Genital disorders 7. Pregnancy  f any of the above questions were answered  Additional questions  35. Have you ever been signed off as s  36. Have you ever been hospitalized?	33. Amputation 34. Fractures/dislo	cations
6. Genital disorders 7. Pregnancy  f any of the above questions were answered  Additional questions  35. Have you ever been signed off as s  36. Have you ever been hospitalized?	34. Fractures/dislo	cations
7. Pregnancy  f any of the above questions were answered  Additional questions  35. Have you ever been signed off as s  36. Have you ever been hospitalized?		
Additional questions  35. Have you ever been signed off as s  36. Have you ever been hospitalized?	yes", please give details.	Vas No
36. Have you ever been hospitalized?		Ves No
36. Have you ever been hospitalized?		Ves No
36. Have you ever been hospitalized?	- 2007	/ 1
36. Have you ever been hospitalized?	ck or repatriated from a ship?	
30. Flave you ever occir nospitalized		
37. Have you ever been declared unfit	or sea duty?	
38 Has your medical certificate ever	een restricted or revoked?	
39. Are you aware that you have any illnesses?	edical problems, diseases or	
40. Do you feel healthy and fit to perf designated position/occupation?	rm the duties of your	
41. Are you allergic to any medicatio	s?	
Comments:		
PIT FOR DUTY C	**	

42. Are you taking any non-prescripton or prescription medications?

			.0				true statem		best of my k	nowledge.
/itnesse			*					ed or p	R. MIR. MI 86'(00), DFM, CCD (6 MDC A-55144, N Shipping Bangl General Pl Radical Hospi	hvsician
	stitution								health profess the approved	
ignature	e of exa	minee:	Md. Fa	kis #	Sain	Date (da	ay/month/y	ear):/	1 6 JUL 2023	
Vitnesse						-			MBS (DU), DFM, C BMDC A-5514 DG Shipping B General	angiadesh Appro al Physician
Medical	examir	nation							Radical H	ospitáls Limited.
• Pre-	-sea		□•	Period	ic		□ • Ot	her		
				acuity					al fields	
	Unaide		Visual	acuity Aided				Visua	al fields	
Sight				acuity Aided		Binocu		Visua	al fields Defective	
Distant Near	Right	Left	Visual	acuity Aided Right	Left	Binocu	lar Right	Visua		
Sight Distant	Right eye	Left	Visual Binocular	Aided Right eye	Left eye		lar Right eye Left	Visua		
Distant Near Colour	Right eye vision:	Left eye	Visual Binocular	Aided Right eye 6/6 No	Left eye 616 NS	Doubt	lar Right eye Left eye	Visua Normal	Defective	r test (metres
Distant Near Colour	Right eye vision:	Left eye	Visual Binocular t tested	Aided Right eye 6/6 No	Left eye 616 NS rmal (thres	Doubt	lar Right eye Left eye	Visua Normal		r test (metres Whisper
Distant Near	Right eye vision:	Left eye  Note tone 4,000	Visual Binocular t tested  and audio 2,000	acuity Aided Right eye 6/6 No metry 3,00 Hz	Left eye 616 NS rmal (thres	Doubt hold value	lar Right eye Left eye tful Defe	Visua Normal	Defective 7 7 n and whispe Normal	

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

Height:	(cm)	\	Veight:	68	(kg)	
Pulse rate: 38	(/(minute)		Rhythm:	Reguli	2	
Blood pressure:	Systolic: _	120	(mm Hg)	Diastolic: _	80	(mm Hg)
Urinalysis:	Glucose:	N'		Protein:	Ni	
	Normal .	Abnormal			Normal	Abnormal
Head	1		Varicose veins		1	
Sinuses, nose, throat	Z'		Vascular (inc.	pedal pulses)	X,	П
Mouth/teeth	Za	D	Abdomen and	viscera	2/1	
Ears (general)	1		Hernia		1	
Tympanic membrane			Anus (not rect	al exam.)		
Eyes			G-U system	sasodoras (175 <b>6</b>	2	0
Opthalmoscopy	8		70	er extremities	1	D :
Pupils			Spine (C/S, T/		1	D
Eye movement			Neurologic (fu			
Lungs and chest	1		Psychiatric Psychiatric	(1.01)		
Breast examination	NOA	П	General appea	rance	1	
Heart	1/4/	0	General appea	rance	2	ш
Skin		0				
SKIII	دا	U			272	10507.055000
Chest X-ray:	☐ Not perf	ormed	Performed o	on (day/month/y	vear): 16 J	UL 2023
Results:	Non	ma				
Other diagnostic test	(s) and result	(s):				
Test Z	3/000	4cm	De Result	Nora	mel	?.
Medical examiner's	comments:					
		FIT FOR	DUTY ON BOAR	D SHIP		
Vaccinati	on status rec	orded:	Yes	**	• 🗆 No	
	Ass	sessment of	fitness for serv	rice at sea		
On the basis of the e	xaminee's pe	rsonal decla	aration, my clinic	cal examination	and the dia	gnostic test

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
Ŀit		D		
Unfit			П	
Without	restrictions 1.	) With restrictions	•	
Describe restric	etions (e.g., specific	position, type of	ship, trade area)	
Action taken by	medical examiner	(e.g., referral):		
Place of examir	nation: RADICAL HOSPIT	<b>FAL LIMITED</b> Bangladesh_Date of	examination (day/i	
Medical certific	cate's date of expirat	ion (day/month/y	ear):	//
Official stamp (	also print name of r	nedical examiner	if not levible): DR	MIR. MD. RAIHAN
	edical examiner:	- Au	MBBS BMD DG S	(DU), DFM, CCD (Birdem), PG1 (Opnth) IC A-55144, MMC-BGD-016 hipp.ng Bangladesh Approved General Physician
Authorized by:	DG SHIPPI	NO BAN	MIANTEH.	Radical Hospitáls Limited. etent authority)
		中圖		
ABO	OUT SECTOR   SEC	CTORS   MEETIN	GS   PUBLICATION	S   WHATS NEW
1				
For further informa at Tel: Fax: or ema	ation, please contact the iil: sector@ilo.org	Sectoral Activities I	Department (SECTOR)	
Disclaimer   web	oinfo@ilo.org		•	
This page was crec	ited by BR/PL. It was ap	oproved by BW/BKN	. It was last updated Tu	es, 17 Jun 1999.

• ☐ Fit for look-out duty

# PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBL	IC OF LIBERIA	
LAST NAME OF APPLICANT HOSSAIN FIRST	MD. ZAKIR	MIDDLE INITIAL
	E OF BIRTH	SEX
	DHAKA COUNTRY BA	NGLA MALE FEMALE
EXAMINATION FOR DUTY AS:  MASTER RATING	MAILING ADDRESS OF APPLICANT	2 to Block # 6
MASTER	House # 376/A, RORE	THEKA BANKLADESH
ENGINEER MOUENGINE	RSASHUNDHURA MA	, DHAKA, BANGLADESH
RADIO OFF SUPERNUMERARY	mob: 0192579130	resain & gonail. Com.
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAIL	S ON PAGE 2	esun to gonoux, Com.
HEIGHT WEIGHT BLOOD PRESSURE PULSE SUM	RESPIRATION GE	NERAL APPEARANCE
VISION: RIGHT EYE LEFT EYE	200///	07000
WITHOUT GLASSES WITH GLASSES		*
DATEOFLASTCOLOR VISIONTEST (Month/Day/Year) C 1111 2023	Testing Required every 6 years	1 1
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9?	YES NO	
COLOR TEST TYPE: BOOK: LANTERN CHECK IF COLOR TEST IS NO	RMAL YELLOW RED	GREEN BLUE
HEARING RT. EAR 2000	LEFT EAR	M
HEAD AND NECK	HEART (CARDIOVASCULAR)	Demon
LUNGS / Y OUSSILLE	SBEEGH (DEGIZALA USC EDIONAL O	Vollimee
Nonn	SPEECH (DECK/NAVIGATIONAL O IS SPEECH UNIMPAIRED FOR NOR	
EXTREMITIES: UPPER NOTIFICATION	LOWER O	annel.
7	VATED BY, OR TO RENDER HIM LINEIT	FOR SERVICE AT SEA OR LIKELY AMINATION ON PAGE 2.
MD. Dalito Hossain. SIGNATURE OF APPLICANT	16 JUL 2023 DATE OF EXAM	15 JUL 2025 EXPIRY DATE
THIS SIGNATURE SHOULD BE AFFIXED IN	THE PRESENCE OF THE EXAMINING PA	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO	20- 0 11	SSAINI
FIT FOR DUTY ON BOARD S		
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER,	MATE, ENGINEER, RADIO OFFICER, RA	ATING, MOU DECK, MOU ENGINE or
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIH		OR LOOKOUT DUTIES?
ADDRESS RADICAL HOSPITALS LIMITED. 35, SHAH	Charles and the control of the contr	R-12. UTTARA. DHAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY D		,,,,,
DATE OF ISSUE OF PHYSICIAN CERTIFICATE 06 MAY	and the state of t	Block
SIGNATURE OF PHYSICIAL	DATE OF EX	1 6 JUL 2023 Xamination:
This certificate is issued by authority of the Deputy Commissi requirements of the Maritime Labour Convention, 2	oner of Maritime Affairs, R.L. and	in compliance with the
The Medical Certificate shall be valid for no more than two (	2) years from the date of the Exami	nation for those over 18
years of age and for no more than one (1) year for the	ose under 18 years of age.	
RLM-105M (REV. 12/17) DR. MIR. MD. RAIHAN	diediriospi	16 J
BMDC A-55144 MMC-RGD-016		12/000
DG Shipping Bangladesh Approved General Physician	A CORPORATION OF THE PROPERTY	151
Radical Hospitals Limited	130	/ P 2 3 1 1 2 3 1 1 1 2 3 1 1 1 1 1 1 1 1 1

#### MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

#### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

01.	Completed	Physical	Examination

02. Pathological Test

03. Radiological Test

04. Ophthalmology Examination For VA & CV

16 JUL 2023

RLM-105M (REV. 12/17)



DR. MR. 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 EXAMINATION REPORT/CERTIFICATE MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

1	RE	PUBLIC	OFTH	E MA	RSHALI	L ISI	ANDS		
SURNAME HOSSAIN				GIVEN N MD ZA	IAME(S)		****		
DATE OF BIRTH					OF BIRTH	-		SEX	
01 MONTH	11 DAY	1966 YEAR		DHAK <i>A</i> CITY			BANGLADESH COUNTRY	MALE	□FEMALE
EXAMINATION FOR DUTY AS:  MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING				HOUSE	G ADDRESS OF NO: 376/A, R NDHARA R/A	ROAD N	CANT: O: 10, BLOCK#C KA, BANGLADES	БН	1.0x
MEDICAL EX	AMINATION (	SEE REVERS	E SIDE FOR M	EDICAL R	EQUIREMENT	S) STA	TE DETAILS ON	N REVERSE	ESIDE
HEIGHT WEIGHT			PULSE 786/m	in	RESPIRATION LAborn	N	GENERAL APPEAR		
VISION: WITHOUT GLASSES	RIGHT E	YE LI	EFT EYE		HEARING:		0100		- 1
WITH GLASSES	6/1	6	666		RT. EAR	180	LEFT EA	AR M	70
COLOR TEST TY	PE: BOOK	LANTERN	IS COL	OR TEST N	NORMAL?	DYES	 S □ No (If "No	o" EXPLAIN C	N PAGE 2) LF
ARE GLASSES OR CONTAC	T LENSES NECESS.	ARY TO MEET	THE REQUIRED	VISION ST	ANDARD?	YES			The second of the second
HEAD AND NECK					HEART (C.		VASCULAR)		1 = 2124
	No	OTTO	MC				Non	mal	
LUNGS	N	9121	nal		SPEECH (D	DECK/NA MPAIRED	VIGATIONAL OFFI	CER AND RA	DIO OFFICER)
EXTREMITIES:	n 1/	ann	201			1	n Com	1/	
UPP		UIUII.			LOWER		VOTILIU		
IS APPLICANT VACCINATI		7.102/09/09			YES	No [			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
IS APPLICANT SUFFERING SEA OR LIKELY TO ENDAN IF-YES, PLEASE ENTER EX	GER THE HEALTH	OF OTHER PER	SONS ON BOAR	D?	YES NO	A VESSEL	, OR TO RENDER HIM	n/HER UNFIT FO	OR SERVICE AT
IS APPLICANT TAKING AN	Y NON-PRESCRIPTI	ION OR PRESC	RIPTION MEDIC	'ATIONS?	YES 🗌	No	7		J. W. T.
4				у	16 JU	L 2023		15 JUL 21	025
THIS SIGNATURE SHOU	IGNATURE OF APP D BE AFFIXED IN		E OF THE EXAM	INING PHYS	DATE OF EXAM	MINATION	1	EXPIRY DAT	
THIS IS TO CERTIF							MD ZAKIR H	IOSS VINI	THE LEAST
THIS APPLICANT IS O		FIT FOR	DUTY ON	BOARD	SHIP -	NAME	OF APPLICANT (SUR)	NAME, GIVEN N	NAME(S))
SEAFARER IS FOUND RADIO OFFICER RESTRICTIONS:	TO BE FIT /	NOT FIT I	FOR DUTY AS	A MA	STER / DE	ECK OFF	ICER / TENGINE		
NAME AND DEGREE	OF PHYSICIAN	DR. MI	R MD RAIHA	N MBBS	, DFM	3			The Company of the Co
ADDRESS RADIC	AL HOSPITALS	LIMITED 3	5, SHAH MA	KHDUM .	AVENUE SEC	CTOR-1	2, UTTARA, DHA	KA-1230	2 × 2 × 2 × 3 × 3 × 3 × 4 × 4 × 4 × 4 × 4 × 4 × 4
NAME OF PHYSICIAN					G BANGLAD				The second second
DATE OF ISSUE OF P	HYSICIAN'S	RTIFICATE	→ 06 MAY	2014					was many
SIGNATURE OF PHY	ICIAN		•				TUT 3933	16 JU	L 2023
This certificate is issued by Certi Rev. Mar/2022	authority of the Ma ication and Watchk	ritime Administeeping for Sea	strator and in co	mpliance w amended, ar	ith the requirement and the Maritime	ents of the	e International Conver	DATE ntion on Standa mended.	rds of Training,

Rev. Mar/2022

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

MI-105M

### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer'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 Seafarer'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 Seafarer'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 seafaring 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 ear at 15 feet (4.57 m) and in poorer ear 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
  - Deck/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 seafarer for work and enhancing health care.

#### **DETAILS OF MEDICAL EXAMINATION**

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form. (See RMI MG 7-47-1, §3.3).

16 JUL 2023

ASIPER-MLC-2006 \*

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

- dicr

ani i

Rev. Mar/2022





Bill No	DIA23070457	Received Date	16/07/2023
Patient's Name	MD ZAKIR HOSSAIN		
Patient's Age	57Y 6M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CO	CDC NO:C/O/1731	
Sample	BLOOD		

## SEROLOGYCAL REPORT

Test Name

Result

HIV 1 & 2 (Method: (ICT)

Negative

RADICAL

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	DIA23070457	Received Date	16/07/2023
Patient's Name	MD ZAKIR HOSSAIN		
Patient's Age	57Y 6M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	M),PGT(Eye),DFM	CDC NO:C/O/1731
Sample	URINE		·

Result

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Checked By

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



Date: 16/07/2023

## EYE EXAMINATION REPORT

NAME:	MD ZAKIR HOSSAIN							
AGE:	57 YRS	RANK: MASTER	CDC NO:C/O/1731					

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

**CPINION** 

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



Sprita)

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

### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23070457

Receive: Print: 16/07/2023

Patient's Name

MD ZAKIR HOSSAIN

Age

57 YRS

Sex

: M

Refd. by

07 110

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate

: 89 b/min

Rhythm

: Regular

P-Wave

: Normal

P-R Interval

Normal

**QRS** Complex

Normal

ST. Segment

: Is electric

T. Wave

: Normal

Impression

Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology)

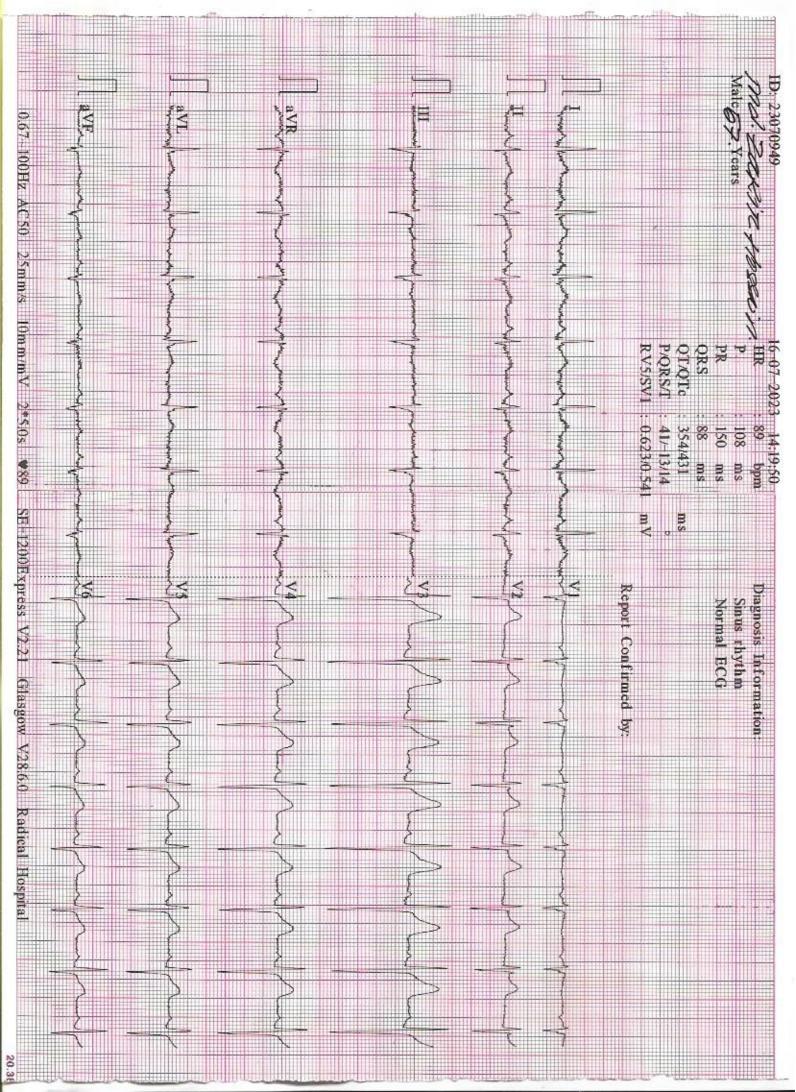
Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1





## TREADMILLSTRESS TEST

Patient ID	23070457	Test Date	16-07-202	23	
Patient Name	MD ZAKIR HOSSAIN	Age	57 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN	1000			

Total Exercise Time

: 09:00 Min

Max.HR attained

: 164 bpm.

% of max.pred. hR

: 97%

Max. Pred HR

: 165 bpm.

Maximum BP

: 160/90 mmHg.

Max. work load attained

:12.00METS.

. . 919

Indication

: Screening for IHD.

Risk Factors

+

Reason for Termina

: Attainment of THR.

Test Profile

: BRUCE

Symptoms

1

Summary Result ⇒

NEGATIVE

Comments

- MD ZAKIR HOSSAIN performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion : Stress test is NEGATIVE for ECG evidence of promotable myocardial ischemia.

Dr. POSEVAT DEDVE

MBBS, MD (Cardiology), NICVD, Dhaka Consultant, IBN SINA D-Lab, Uttara, Dhaka



Patient ID	23070457	Van I II	
Took Name		Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	16/07/2023
Patient Name	MD. ZAKIR HOSSAIN		10/07/2023
Age	57 YRS	Sex	14.1
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

# THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER: Normal in size 12.2 cm, regular in shape and normal position. The echogenicity of the parenchyma is increased. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: Normal size regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE: Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN: Is normal in size (9.4 x 3.0)cm and uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size RK-8.7 cm, LK-9.1 cm regular in shape. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

URINARY BLADDER: Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Is mildly enlarged in size and volume is 29.5 cc, regular in shape.

Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: 1.Fatty change in liver .Grade- 1

Jux 23

2.Mildly enlarged prostate gland.

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that	MD. ZAKIR HASSAIN date of birth 11-01-1966 Sex Male	
JE Soussigne' (e) certifie que	no' (e) le sexe	
Whose signature follows	M. Lodlit Hossain.	

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

1	Date (III)	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunno	Official sump of vaccinating centre Cachet official du centre de vaccination			
9,		MTR MD RAIHAN  (I), DFM. CCD (Birdem), PGT (Ophth)  A 55144 MMC-BGD-016  ipping Bangladesh Approve  General Physician	L NO CONTROL L NO	35, Shah Makhdam Sunan Averus Utsara, Dhaka			
	3						
	4						

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

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

Ce certificate n' est avalable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa\_tion Mondiale de la santc" et sile centre a" uaiiif, aiion ae" tc'tra6fiiiie pali-aminstralion sanitaire du (erriloire dans lcqucl'ce centre est siture;

La validite' de ce certilicat couvrc une pe'riodo de dix ans comencant dix joursapros la date de la vaccination ou, dans le cas dune relaccination.u.ou., a,-citto lie,iio,i, a" dix ans. lejour de cetto revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar no pouvant cue conside' commo Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d'une quelconque des mentions qu'il

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

This is to certify that

JE Soussigne' (e) certifie que

Whose signature follows

dont la signature suit

MD. Pak (2)

Hossain date of birth

no' (e) le

Sexe

Male.

Sexe

Male.

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la datc indiquee.

	Date 2023	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	- JOR	VAC	Approved Cec d'authent	het
0	2	DR. MIR. A.B. RAIHAN  MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  BMDC A-55144, MMC-BGD-016  DG Shipping Bangladesh Approved  General Physician  Radical Hospitals Limited.	35, Sheh Ave Ultara,	ADEST	TYPHOID	Upto 2 yrs  VACCINATION  "TYPHERIX"  PTO ONE YELL AS
	3				111	e de e
	4				2/10 //10 2/10 / 2/10 / 10 / 10 / 10 / 10 / 10 / 10 / 10	

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

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 pan of it. May render in invalid,

La validity dece certificate couvre une period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour, d; gtte period do six mois jour de cette revaccination.

Nonobstant les, despositions ci-dessue dans le cas d'un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d', intervaile et sa validite cofilmence lejour de la seconde, injection;

De cachet d' authentification doit etre c\_anforme au modele present per l, administration sanitaite du territoire ou la vaccination est effectuee; j

Toute correction ou rahfe sur le certificate ou I o, mission d'une quelconque des mantions qu il comporte pe ut effectersa validite.