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

Name (last, first, middle): AHMED MOIN

Date of birth (day/month/year): 25 / 12/ 1969 Sex: ☑ male • ☐ female

Home address: FAKIR BARI ROAD, FAKIR BARI, KOTWALI
BARISHAL, BANGLADESH.

Passport No./Discharge Book No.: EH0034654 / CDC NO: C/O/2480

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

Trade area (e.g., coastal, tropical, 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	☐•	☑•	23.	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? ☐ ☑

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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.

Signature of examinee: _____ Date (day/month/year): 30 JUL 2023

Witnessed by: *(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. DR. MD. RAIHAN (the approved medical examiner).

Signature of examinee: _____ Date (day/month/year): 30 JUL 2023

Witnessed by: *(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.

Medical examination

☑ Pre-sea ☐ Periodic ☐ Other

Sight

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

	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	20			Right ear	4	4
Left ear	20	20	20	20			Left ear	4	4

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Height: 160 (cm) Weight: 78 (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	☑	☐
Opthalmoscopy	☑	☐	Upper and lower extremities	☑	☐
Pupils	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Eye movement	☑	☐	Neurologic (full brief)	☑	☐
Lungs and chest	☑	☐	Psychiatric	☑	☐
Breast examination	N/A	☐	General appearance	☑	☐
Heart	☑	☐			
Skin	☑	☐			

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 30 JUL 2023

Results: Normal

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:

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• ☐ 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): 30 JUL 2023

Medical certificate's date of expiration (day/month/year): 29 JUL 2025

Official stamp (also print name of medical examiner if not legible): 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.

Signature of medical examiner: _____

Authorized by: DG SHIPPING BANGLADESH (competent authority)

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

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

Radical Hospitals Ltd. As Per MLC-2006 Approved by Department of Shipping

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: AHMED	GIVEN NAME (S): MOIN
DATE OF BIRTH: DAY 25 MONTH 12 YEAR 1969	PLACE OF BIRTH CITY BARISHAL COUNTRY BANGLADESH / SEX MALE ☐ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: FAKIR BARI ROAD, FAKIR BARI, KOTWALI BARISHAL, BANGLADESH.

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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 APLICABLE ☐

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) 30 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.

30 JUL 2023

Signature of Applicant	MOIN AHMED Name of Applicant	Date

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / 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 MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06 MAY 2014

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospitals Ltd. ★ As Per. MLC-2006 ★ Approved by DG Department of Shipping DATE: 30 JUL 2023

EXPIRY DATE OF CERTIFICATE: 29 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 (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23071040	Received Date	30/07/2023
Patient's Name	MOIN AHMED		
Patient's Age	53 Y 0M 0D	Patient's Sex	MALE
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/2480
Sample	Blood		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative

Checked By

Medical Technologist,
Radical Hospitals Ltd.
Uttara, Dhaka.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23071040	Received Date	30/07/2023
Patient's Name	MOIN AHMED		
Patient's Age	53Y 0M 0D	Patient's Sex	MALE
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	C/O/2480
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)
Assistant Professor
Dept. of Microbiology
East West Medical College and Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23071040	Receive: Print: 30/07/2023		
Patient's Name	:	**MOIN AHMED**			
Age	:	53 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	91 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

ID: 012

Moin Ahmed

Male 53 Years

30-07-2023 12:10:25

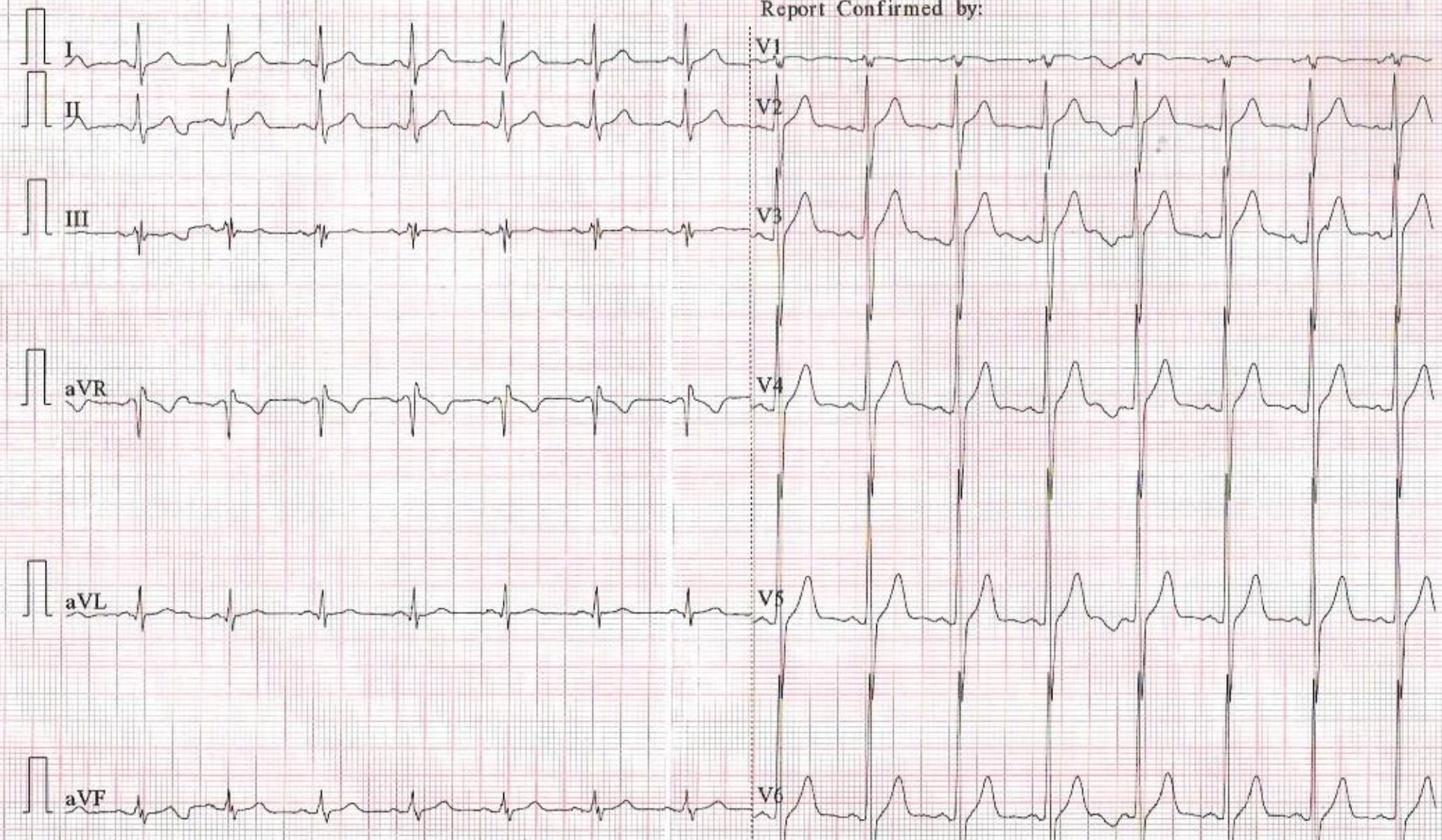
HR	: 91	bpm	
P	: 114	ms	
PR	: 136	ms	
QRS	: 94	ms	
QT/QTc	: 346/426	ms	
P/QRS/T	: 15/25/38	°	
RV5/SV1	: 2.764/0.151	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥91 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Date: 30/07/2023

EYE EXAMINATION REPORT

NAME:	**MOIN AHMED**		
AGE:	**53 YRS**	**RANK: CH.ENG**	**CDC NO:C/O/2480**

VISUAL ACUITY:	RIGHT	LEFT
UNAIDED	6/6	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 LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient ID	23071040	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	30/07/2023
Patient Name	**MOIN AHMED**		
Age	53 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.5cm shape and position. The echogenicity of the parenchyma is normal. 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.

CBD & Intrahepatic biliary trees are not dilated. Diameter of CBD is normal.

PANCREASE :- Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

SPLEEN :- Is normal in size and shape uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size. RK-8.9cm, LK-10.2cm 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 within normal limit. No intravesicle lesion is seen

Prostate: Normal size regular in shape. Echogenicity is homogenous.

COMMENT: Normal Study.

Sonologist

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training in TVS

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

TREADMILLSTRESS TEST

Patient ID	230701040	Test Date	30-07-2023		
Patient Name	MOIN AHMED	Age	53 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

Total Exercise Time : 08:01 Min

Max.HR attained : 176 bpm.

% of max.pred. hR : 102 %

Max. Pred HR : 167 bpm.

Maximum BP : 150/90 mmHg.

Max. work load attained :10.01METS.

Indication : Screening for IHD.

Risk Factors :

Reason for Termina : Attainment of THR.

Test Profile : BRUCE

Symptoms :

Summary Result ⇒ **NEGATIVE**

Comments :

- **MOIN AHMED** 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. ROSEYAT PERVEEN
MBBS, MD (Cardiology), NICVD, Dhaka
Consultant, IBN SINA D-Lab, Uttara, Dhaka

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 / JE Soussigne' (e) certifie que: MOIN AHMED | date of birth / no' (e) le: 28/12/1969 | Sex / sexe: MALE

Whose signature follows / don't la signature suit: ____________________

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	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination	
1 30 JUL 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician [illegible] Hospitals Limited	YELLOW FEVER VACCINE L NO DAKAR ★	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka ★ BANGLADESH ★	
2				
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 revaccinalion.

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-aminslralion sanitaire du (erriloire dans lcqucl'ce centre est siture;

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou.. a -cittc lie,iio,i a" dix ans lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc lcnant lieu de signature.

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

This is to certify that MOIN AHMED
JE Soussigne' (e) certifie que

date of birth 25/12/1969 Sex MALE
no' (e) le sexe

Whose signature follows
dont la signature suit

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

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentification
30 JUL 2023	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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs TYPHOID VACCINATION "TYPHERIX" VALID UPTO ONE YEARS
2		
3		
4		

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 thc health administration of the territory in which the vaccination is perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc 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 cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per l, administration sanitaite du territoire ou la vaccination est effectuec. j

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