

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: SHAHEEN ITHAHADUL ISLAM Sex: M

Serial No: _____

Date of Birth: 07.01.1992

PP/CDC: 1/24222

Rank: AB

Vessel: MY NEW HONOR

Type: _____

Route: _____

Home Address: KHAYASHAR, BRAHMANBARI SADAY, BRAHMANBARI

Company Name: _____

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		☒		☒	Hernia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High / Low blood pressure / Heart disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / Bronchitis / Tuberculosis		☒		☒
Eye / Vision Problems (Glasses, etc)		☒		☒	Allergy / Skin disease		☒		☒
Hearing Impairment		☒		☒	Infection / Contagious Disease		☒		☒
Ear / Nose / Throat problems		☒		☒	Addiction to alcohol / drugs / tobacco		☒		☒
Stomach / Bowel disorders		☒		☒	Fracture / Dislocation / Injury / Amputation		☒		☒
Gall stones / Kidney disorders		☒		☒	Major / Minor Operation		☒		☒
Jaundice / Liver Disease		☒		☒	Diabetes		☒		☒
Piles / Varicose veins		☒		☒	Nervous / Mental disease / Sleep disorder		☒		☒
Blood Disorder		☒		☒	Malignant disease (Cancer)		☒		☒
Female Disorder		☒		☒	Signed off on medical grounds / Declared Unfit		☒		☒
Notes									

Medical Examination

Physical Examination													
Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp. Rate / min	General Condition							
164 cm	65 kg	43-41 CNS	120/80 mmHg	78 bpm	19 b/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye			Normal	Right Ear	dB	20	20	20					
Left Eye			Abnormal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal										

Systemic Examination

Head & Neck	Normal	Abnormal	Notes		Normal	Abnormal
Eyes	☒		FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done		Respiratory System	☒
Ears / Nose / Throat	☒				Cardiovascular system	☒
Teeth / Oral Cavity	☒				Per Abdomen	☒
Musculo-Skeletal system	☒				Genito-urinary system	☒
Nervous system	☒				Others	☒
Reflexes	☒				Hernia / Hydrocoele	☒
Skin	☒				Varicose Veins	☒
					Fissure/Fistula/Piles	☒

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>15.6 gm%</u>	14-16 gm %	Colour
Total WBC count	<u>7.200 cu.mm</u>	4000-11000 / cu.mm	Specific Gravity
% Neu <u>76</u> % Lym <u>18</u> % Eos <u>07</u> % Mo <u>02</u> %			pH
Malarial parasite	<u>NOT FOUND</u>		Albumin
ESR	<u>05 mm / 1st hour</u>	1-15 mm / hr	Sugar
SGPT	<u>19 U/L</u>	9-43 U/L	Bile pigment
S.Cholesterol	<u>ME mg/dl</u>	145-260 mg / dl	Bile salts
S.Triglycerides	<u>ME mg/dl</u>	upto 200 mg / dl	Occult blood
Blood Sugar	<u>4.5 FPGS</u>	upto 125 mg %	RBC cells
HbA1c	<u>NEGATIVE</u>		Leucocytes
HIV T & II	<u>NEGATIVE</u>		Others
VDRL	<u>NEGATIVE</u>		Spirometry: <u>N/D</u>
Others	<u>NOT DONE</u>		Drugs of Abuse: <u>NEGATIVE</u>
Blood Group		GGTP U/L	USG: <u>Normal</u>

ECG: Normal TMT: N/D

X-Ray Chest: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically fit. ☒ Unfit ☒ Temporarily unfit ☐ Permanently unfit ☐ Should be re-examined in _____ days / weeks / months.

Remarks / Recommendations

This certificate is valid till: 22 JUL 2025

Candidate's Signature

Date: 23.07.2023

Doctor's Signature:

23 JUL 2023

04.2023.4441



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



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA

SURNAME: SHAHREEN	GIVEN NAME (S): ITTAHADUL ISLAM	
DATE OF BIRTH: DAY 07 MONTH 01 YEAR 1998	PLACE OF BIRTH CITY Brahmanbaria COUNTRY Bangladesh	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☒	MAILING ADDRESS OF APPLICANT: Ittihadulislam2@gmail.com	

VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	☒ BOOK ☐ LANTERN YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	RIGHT EAR ☒ LEFT EAR ☒
RIGHT EYE	6/6	—		
LEFT EYE	6/8	—		

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) **23 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 ☒

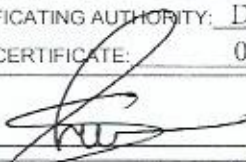
Hereby I declare that I am in knowledge of the contents of the Physical Examination.

 **Ittihadul Islam Shahreen** **23.07.2023**

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. MIR MD. RAIHAN MBBS (DU), DPM REG: A-55144
ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230
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: 23 JUL 2023
EXPIRY DATE OF CERTIFICATE: 22 JUL 2025

This certificate is issued by the Panama Maritime Authority in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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

Id No : 0753	Date : 23-Jul-2023	D.Date : 23-Jul-2023
Patient's Name : ITTAHADUL ISLAM SHAHEEN	Age : 25Y 6M 16D	Gender : Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T/34322

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.6 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	76 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	18 %	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	154 /cumm	50-450/cumm
Total RBC Count	2.87 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	21.5 %	M: 40-54%, F:37-47%
MCV	74.9 fL	76 - 94 fL
MCH	26.5 pg	27 - 32 pg
MCHC	35.3 g/dL	29 - 34 g/dL
RDW	14.2 %	11 - 16 %
PDW	14.1 fL	35 - 56 fL
Total Platelete Count (PC)	2,07,000 /cumm	150,000-450,000/cumm
MPV	8.2 fL	7.0 - 11.0 fL
PCT	0.170 %	0.1 - 0.4 %
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	DIA23070753	Received Date	23/07/2023
Patient's Name	ITTAHADUL ISLAM SHAHEEN		
Patient's Age	25Y 6M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/34322		
Sample	Blood		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	4.8 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	19 U/L	Up to 40 U/L

RADICAL
HOSPITAL
LIMITED

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

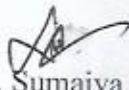
Bill No	DIA23070753	Received Date	23/07/2023
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/34322		
Sample	Blood		

SEROLOGICAL REPORTTest NameResult

HBsAg (Method : (ICT)	Negative
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RADICAL
HOSPITAL
LIMITED

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

Bill No	DIA23070753	Received Date	23/07/2023
Patient's Name	ITTAHADUL ISLAM SHAHEEN		
Patient's Age	25Y 6M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/34322		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

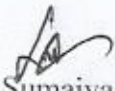
Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

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


Medical Technologist
Radical Hospitals Ltd.


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

Bill No	DIA23070753	Received Date	23/07/2023
Patient's Name	ITTAHADUL ISLAM SHAHEEN		
Patient's Age	25Y 6M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/34322		
Sample	URINE		

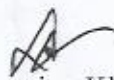
DRUG ABUSE TEST

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 |  BarbituratesMedical Technologist
Radical Hospitals Ltd.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070753 Receive: Print: 23/07/2023
Patient's Name : ITTAHADUL ISLAM SHAHEEN
Age : 25 YRS Sex : M
Refd. by : 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

ID: 23070513

23-07-2023 15:04:31

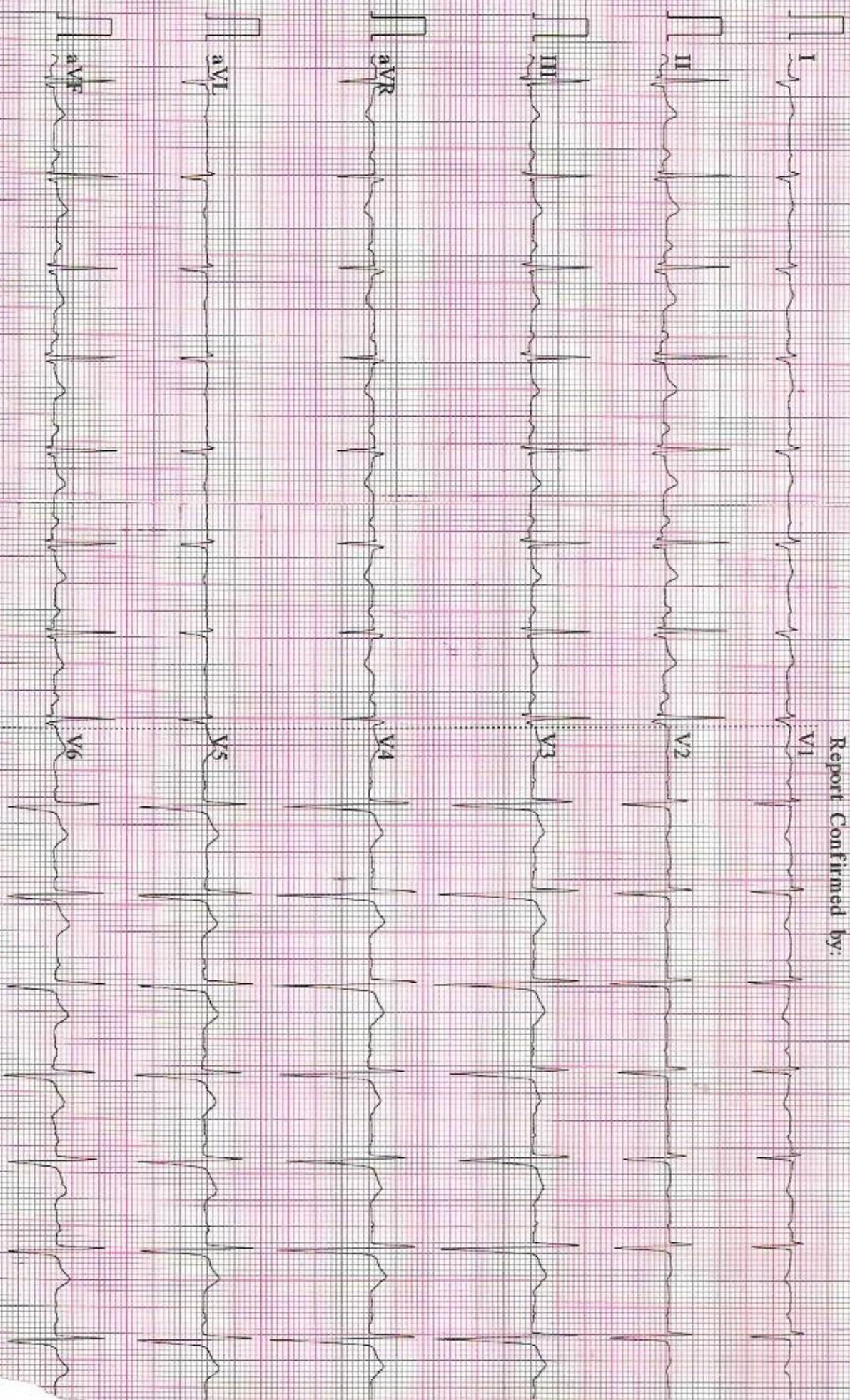
Ittihadul Islam shahcen
Male Years

HR	89	bpm
P	98	ms
PR	160	ms
QRS	98	ms
QT/QTc	374/456	ms
P/QRS/T	70/93/71	°
RV5/SV1	0.786/0.701	mV

Diagnosis Information:

Sinus rhythm
Possible left posterior fascicular block
Septal T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s

10mm/mV 2*5.0s

89

SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070753 Receive: 23/07/2023 Print: 23/07/2023
Patient's Name : ITTAHADUL ISLAM SHAHEEN
Age : 25 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

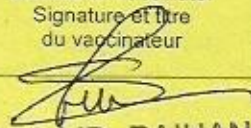
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

ITTAHANUZZAMAN SHAHEEN

This is to certify that
JE Soussigne (e) certifie que | date of birth | 07-02-1998 Sex | MALE
no (e) le | | sexe |

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 fièvre jaune a la date indiquée.

Date	Signature and professional Statut of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numéro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
23 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		
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by 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 in days after the date of vaccination or in the event of a revaccination within such 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 the signature.

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'organisation Mondiale de la santé et si le centre où il est administré a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une ré vaccination, ou, à dix ans, le jour de cette ré vaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute addition ou retranchement sur le certificat ou l'omission d'une quelconque des mentions qu'il

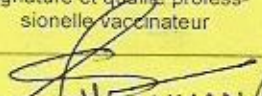
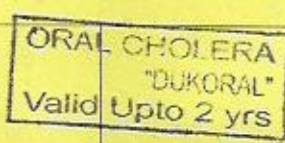
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CON TRE LE CHOLERA**

ITTAHADUL ISLAM SHAHEEN

This is to certify that JE Soussigne (e) certifie que | date of birth / no' (e) le 07-01-1998 Sex / sexe MALE

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 fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle vaccinateur	Approved Stamp Cachet d'authentification
23 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	 
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 event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 part of it. May render it invalid.

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent 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 qu'il comporte peut entraîner l'invalidité.