

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: **KHAN MD ABDULLAH** Sex: **M** Serial No: _____

Date of Birth: **21 / 02 / 1993** PP/CDC: **C/0/10543** Rank: _____

Vessel: **MV NEW PRESTIGE E** Type: _____ Route: _____

Home Address: **VILL: MOTORA, P.O: KOROTIA, P.S: BASAIL DIST: TANGRAIL**

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
Severe one sided headaches (Migraine)		/	/	/		/	/
Head Injury / Concussion / Loss of Memory		/	/	/		/	/
Fits / Epilepsy / Dizziness / Fainting		/	/	/		/	/
Eye / Vision Problems (Glasses, etc.)		/	/	/		/	/
Hearing Impairment		/	/	/		/	/
Ear / Nose / Throat problems		/	/	/		/	/
Stomach / Bowel disorders		/	/	/		/	/
Gall stones / Kidney disorders		/	/	/		/	/
Jaundice / Liver Disease		/	/	/		/	/
Piles / Varicose veins		/	/	/		/	/
Blood Disorder		/	/	/		/	/
Female Disorder		/	/	/		/	/
Notes							

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition
171cm	80kg	112-111	120/80 mmHg	78bpm	19bpm	Good
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry		
Right Eye	6/6	6/6	Normal	Hz 500 1000 2000 3000 4000 5000 6000 8000		
Left Eye	6/6	6/6	Normal	dB 20 20 20 20 20 20 20 20		
Colour Vision	Ishihara	Other	Normal	Hearing	Right Ear	Left ear
			Normal		4	4

Systemic Examination

Systemic Examination	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck	/	/	<div style="border: 1px solid black; padding: 5px; text-align: center;"> FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done </div>	Respiratory system	/
Eyes	/	/		Cardiovascular system	/
Ears / Nose / Throat	/	/		Per Abdomen	/
Teeth / Oral Cavity	/	/		Genito-urinary system	/
Musculo-Skeletal system	/	/		Others	/
Nervous system	/	/		Hernia / Hydrocoele	/
Reflexes	/	/		Varicose Veins	/
Skin	/	/		Fissure/Fistula/Piles	/

Investigations

Blood	Result	Normal	Urine
Hemoglobin	14.1 gm%	14-16 gm %	Colour
Total WBC count	7,100 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 75 % Lymph	18 %	Loe 02 Ba 00 % Mp 02 %	pH
Malarial parasite	NOT FOUND		Albumin
ESR	05 mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	21 U/L	9-43 U/L	Bile pigment
S.Cholesterol	176 mg/dl	145-260 mg / dl	Bile salts
S. Triglycerides	176 mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	85 mg/dl	upto 125 mg %	RBC cells
HbsAg	NEGATIVE		Leucocytes
HIV 1 & II	NEGATIVE		Others
VDRL	NEGATIVE		
Others	NOT FOUND		
Blood Group		GGTP U/L	Spirometry: N/D



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**.

Remarks / Recommendations

I, Dr. MIR MD RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate.

This certificate is valid till: **22 JUL 2025**

Candidate's Signature: *[Signature]*

Doctor's Signature: *[Signature]*

Date: **23 JUL 2023**



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

04.2023.4440

Id No : 0736	Date : 23-Jul-2023	D.Date : 23-Jul-2023
Patient's Name : MD ABDULLAH KHAN	Age : 30Y 5M 2D	Gender : Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O/10543		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.1 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	75 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	18 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	213 /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)	2,17,000 /cumm	150,000-450,000/cumm
MPV	8.2 fL	7.0 - 11.0 fL
PCT	0.170 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By
 Medical Technologist

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

Bill No	DIA23070736	Received Date	23/07/2023
Patient's Name	MD ABDULLAH KHAN		
Patient's Age	30Y 5M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10543
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	21 U/L	Up to 40 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist
 Radical Hospitals Ltd.



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

Bill No	DIA23070736	Received Date	23/07/2023
Patient's Name	MD ABDULLAH KHAN		
Patient's Age	30Y 5M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10543
Sample	BLOOD		

SEROLOGICAL REPORT

<u>Test Name</u>	<u>Result</u>
HBsAg (Method : (ICT))	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

Bill No	DIA23070736	Received Date	23/07/2023	
Patient's Name	MD ABDULLAH KHAN			
Patient's Age	30Y 5M 2D	Patient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10543	
Sample	Urine			

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-2/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.


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 Associate Professor
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 East West Medical College and Hospital

Bill No	DIA23070736	Received Date	23/07/2023
Patient's Name	MD ABDULLAH KHAN		
Patient's Age	30Y 5M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10543
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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070736 Receive: Print: 23/07/2023
 Patient's Name : MD ABDULLAH KHAN
 Age : 30 YRS Sex : M
 Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 73 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: 23070501

23-07-2023 12:31:36

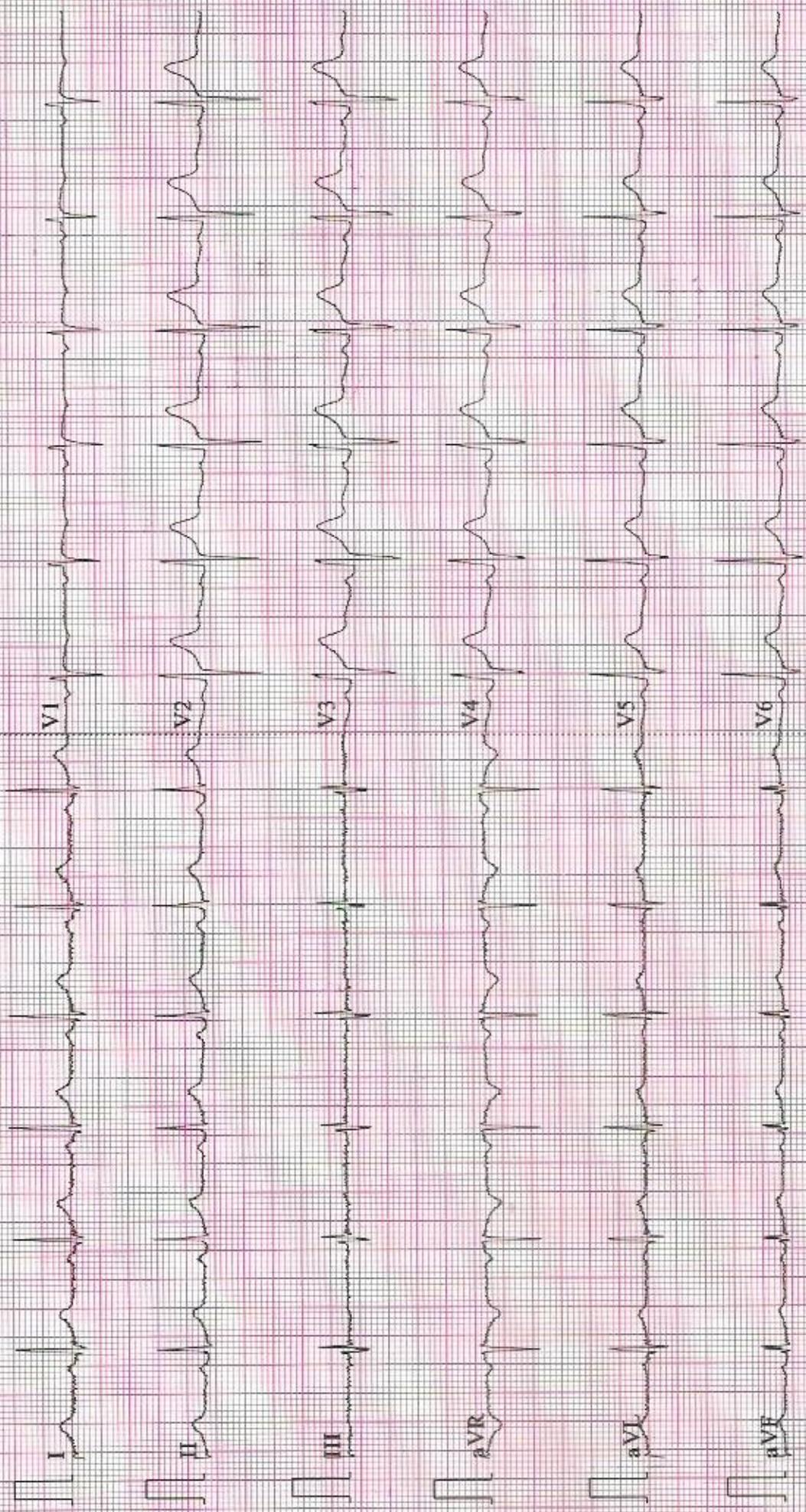
Dr. Abdul Wahab
Male 50 Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 76	bpm
P	: 106	ms
PR	: 150	ms
QRS	: 82	ms
QT/QTc	: 376/423	ms
P/QRS/T	: 36/39/28	°
RV5SV1	: 1.026/0.641	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23070736	Receive: 23/07/2023	Print: 23/07/2023
Patient's Name	: MD ABDULLAH KHAN		
Age	: 30 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 CHOLERA
 CERTIFICAT INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
 CONTRE LE CHOLERA

MD ABDULLAH KHAN

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

date of birth
 no' (e) le

21.02.1993

Sex
 sexe

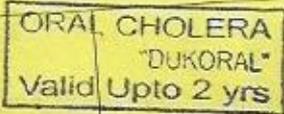
MALE

Whose signature follows
 dont la signature suit

[Signature]

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.

23 JUL 2023

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle vaccinateur	Approved Stamp Cechet d'authentification
1	<i>[Signature]</i> 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	 
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 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 validite de ce certificate couvre une periode de six mois commençant six jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination, au cours de cette periode de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partiques a sept jours d'interval et sa validite commence le jour de la seconde injection.

De cachet d'authentification doit etre conforme au modele present par l'administration sanitaire du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui le composent peut affecter sa validite.

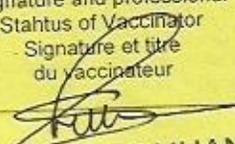
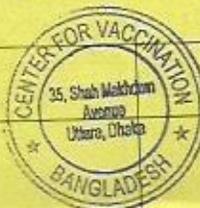
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

MD ABDULLAH KHAN

This is to certify that / JE Soussigne' (e) certifie que _____ date of birth / 21.02.1993 Sex / MALE
no' (e) le / sexe

Whose signature follows / don't la signature suit _____
Signature

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 Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
23 JUL 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMD/C A-55144, MMC-BGD-016 2G Shipping Bangladesh Approved General Physician		
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 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 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 die signature.

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

Ce certificate n' est avalable que si le vaccina employe' a c' t'c, 'a approve' par l' organisa_ tion Mondiale de la santc' et site centre a' uaiiif, ailion ae' t'c'tra6iiiiie pali-aminstralion sanitaire du (erriloire dans l'cqucl'ce centre est siture;.

La validite' de ce certilicat couvrz une pe'riode de dix ans comencant dix joursaprcs la date de la vaccination ou, dans le cas d'une reiaaccinaion 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 officiar nc pouvant cue conside' commc l'cnant lieu de signature.

Toute eorecion ou rahire sur le certificate ou l'omission d' une quelconque des mentions au'il

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO. 04.2023.4440

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last KHAN First MD ABDULLAH Middle

Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 23 JUL 2023

Occupation: Deck/Engine/Catering/Other (specify)..... Rank:.....

Father's/ Husband's name: MD RAMZAN ALI KHAN C.D.C No. C/O/10593

Mother's Name: RASHEDA AKTER Seaman ID No. 050012976

Address: House No:..... Street/ Road No:..... Passport No. EH 0186755

Locality/Village: MOTORA NID No. 8246052685

P.O.: KOROTIA Date of Birth: 21/02/1993

P.S.: BASAIL (DD/MM/YYYY)

District: TANGAIL

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination YES/NO
 - Hearing meets the standards in section A-I/9 YES/NO
 - Unaided hearing satisfactory? YES/NO
 - Visual acuity meets standards in section A-I/9? YES/NO
 - Colour vision meets standards in section A-I/9? YES/NO
Date of last colour vision test: 23 JUL 2023
 - Fit for lookout duties? YES/NO
 - Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? YES/NO
 - Any limitations or restrictions on fitness? YES/NO
- If YES, specify limitations or restrictions:

Duties:.....
Location/Vessel:.....
Medical/Other:.....

RADICAL HOSPITAL LIMITED
Gaura, Dhaka, Bangladesh

9. Medical fitness category : Fit-No restriction Fit-Subject to restrictions Unfit

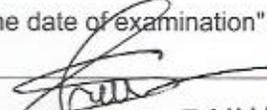
10. Date of examination/Issue (DD/MM/YYYY) 23 JUL 2023

11. Date of expiry (DD/MM/YYYY) 22 JUL 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.


Seafarer's 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
Name & Signature of the practitioner:

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 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 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. 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 seafarers 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 (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. 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/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements, and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

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 a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

DR. MIR. MD. RAIHAN
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