

# 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: MD ABTAHE MD

Sex: Male Serial No: \_\_\_\_\_

Date of Birth: 01/01/1999

PP/CDC: 01011233

Rank: \_\_\_\_\_

Vessel: MV. NEW HONOR

Type: BULK

Route: WORLDWIDE

Home Address: WEST RAJARAMPUR, NOAKHALI SADAR - 3800,

Company Name: SINDHYA Co. Ltd

## 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)                       |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Hernia / Hydrocoele / Appendicitis             |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Head Injury / Concussion / Loss of Memory                   |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | High / Low blood pressure / Heart disease      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Fits / Epilepsy / Dizziness / Fainting                      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Asthma / Bronchitis / Tuberculosis             |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Eye / Vision Problems (Glasses, etc)                        |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Allergy / Skin disease                         |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Hearing Impairment                                          |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Infection / Contagious Disease                 |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Ear / Nose / Throat problems                                |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Addiction to alcohol / drugs / tobacco         |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Stomach / Bowel disorders                                   |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Fracture / Dislocation / Injury / Amputation   |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Gall stones / Kidney disorders                              |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Major / Minor Operation                        |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Jaundice / Liver Disease                                    |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Diabetes                                       |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Piles / Varicose veins                                      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Nervous / Mental disease / Sleep disorder      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Blood Disorder                                              |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Malignant disease (Cancer)                     |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |
| Female Disorder                                             |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> | Signed off on medical grounds / Declared Unfit |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |

## Medical Examination

|                |               |                |                            |                   |                  |                   |           |
|----------------|---------------|----------------|----------------------------|-------------------|------------------|-------------------|-----------|
| Height         | Weight in Kgs | Chest Insp-Exp | Blood Pressure in mm of Hg | Pulse-Beats / min | Resp. Rate / min | General Condition |           |
| <u>172cm</u>   | <u>65kg</u>   | <u>42-40</u>   | <u>120/80/70</u>           | <u>78/min</u>     | <u>19/min</u>    | <u>Good</u>       |           |
| Distant Vision | Uncorrected   | Corrected      | Field of Vision            | Audiometry        | Hz               | 500               | 1000      |
| Right Eye      | <u>6/6</u>    | <u>6/6</u>     | Normal                     | Right Ear         | dB               | <u>20</u>         | <u>20</u> |
| Left Eye       | <u>6/6</u>    | <u>6/6</u>     | Abnormal                   | Left Ear          | dB               | <u>20</u>         | <u>20</u> |
| Colour Vision  | Ishihara      | Other          | Abnormal                   | Hearing           | Right Ear        | Left ear          |           |

## Systemic Examination

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

## Investigations

| Blood            | Result                  | Normal                      | Urine            |
|------------------|-------------------------|-----------------------------|------------------|
| Hemoglobin       | <u>15.2 gm%</u>         | 14-16 gm %                  | Colour           |
| Total WBC count  | <u>8.300 cu.mm</u>      | 4000-11000 / cu.mm          | Specific Gravity |
| New 60 % Lymph   | <u>35 %</u>             | Eos 02 % Bas 00 % Mono 02 % | pH               |
| Malaria parasite | <u>Not Found</u>        |                             | Albumin          |
| ESR              | <u>02 mm / 1st hour</u> | 1-15 mm / hr                | Sugar            |
| SGPT             | <u>28 U/L</u>           | 9-43 U / L                  | Bile pigment     |
| S.Cholesterol    | <u>178 mg/dl</u>        | 145-260 mg / dl             | Bile salts       |
| S.Triglycerides  | <u>178 mg/dl</u>        | upto 200 mg / dl            | Occult blood     |
| Blood Sugar      | <u>9.5 PPBS</u>         | upto 125 mg %               | RBC cells        |
| HbsAg            | <u>Negative</u>         |                             | Leucocytes       |
| HIV 1 & 2        | <u>Negative</u>         |                             | Others           |
| VDRL             | <u>Negative</u>         |                             |                  |
| Others           |                         |                             |                  |
| Blood Group      |                         | GGTP U/L                    |                  |

|                            |                    |                                 |
|----------------------------|--------------------|---------------------------------|
| ECG: <u>Normal</u>         | TMT: <u>N/D</u>    | Drugs of Abuse: <u>Negative</u> |
| X-Ray Chest: <u>Normal</u> | USG: <u>Normal</u> |                                 |

## 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

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: 27 JUL 2025

Candidate's Signature

Date: 23 JUL 2023

Official Stamp



Doctor's signature:

**DR. MIR MD. RAIHAN**  
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  
 BMDC A-55144, MMC-868-816  
 DG Shipping Bangladesh Approved  
 General Physician  
 Radical Hospitals Limited.

04.2023.4439



**MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD  
REPUBLIC OF PANAMA**

|                                                                                                                                                                                                                                         |                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| SURNAME: <b>ABTAHE</b>                                                                                                                                                                                                                  | GIVEN NAME (S): <b>MD</b>                                                                                                                     |
| DATE OF BIRTH:<br>DAY <b>01</b> MONTH <b>01</b> YEAR <b>1999</b>                                                                                                                                                                        | PLACE OF BIRTH<br>CITY <b>NOAKHALI</b> COUNTRY <b>Bangladesh</b> SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| POSITION ON BOARD:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OPERATOR <input type="checkbox"/><br>RATING <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT:<br><b>abtahe961@gmail.com</b>                                                                                   |

**DECLARATION OF THE AUTHORIZED PHYSICIAN**

| VISION    |                 | COLOR TEST TYPE | HEARING             |
|-----------|-----------------|-----------------|---------------------|
|           | WITHOUT GLASSES | WITH GLASSES    |                     |
| RIGHT EYE | <b>6/6</b>      | —               | RIGHT EAR <b>AM</b> |
| LEFT EYE  | <b>6/6</b>      | —               | LEFT EAR <b>AM</b>  |

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 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.

**Abtahe** **MD ABTAHE** **23.07.23**  
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), DFM 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: **DR. MIR MD. RAIHAN** 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), DFM, CCD (Birdem), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited

**Id No** : 0747 **Date** : 23-Jul-2023 **D.Date** : 23-Jul-2023  
**Patient's Name** : MD ABTAHE **Age** : 24Y 0M 0D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/11233

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>15.2</b> gm/dl     | M:13-18 gm/dl, F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>04</b> mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>8,300</b> /cumm    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>60</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>35</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>03</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>166</b> /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>4.25</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>33.4</b> %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>78.6</b> fL        | 76 - 94 fL                                                                                         |
| MCH                                | <b>28.7</b> pg        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>36.5</b> g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>13.1</b> %         | 11 - 16 %                                                                                          |
| PDW                                | <b>18.0</b> fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>3,73,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>8.1</b> fL         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.302</b> %        | 0.1 - 0.2 %                                                                                        |
| 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        | DIA23070747                                                                 | Received Date | 23/07/2023 |
| Patient's Name | MD ABTAHE                                                                   |               |            |
| Patient's Age  | 24Y 0M 0D                                                                   | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: C/O/11233 |               |            |
| Sample         | Blood                                                                       |               |            |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 4.5 mmol/l | 4.2 – 6.4 mmol/l |
| Serum ALT (SGPT)         | 26 U/L     | Up to 40 U/L     |

**RADICAL**  
HOSPITAL  
LIMITED

Checked By

Medical Technologist  
Radical Hospitals Ltd.

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

|                |                                                       |               |                  |
|----------------|-------------------------------------------------------|---------------|------------------|
| Bill No        | DIA23070747                                           | Received Date | 23/07/2023       |
| Patient's Name | MD ABTAHE                                             |               |                  |
| Patient's Age  | 24Y 0M 0D                                             | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/11233 |
| Sample         | Blood                                                 |               |                  |

**SEROLOGICAL REPORT**Test NameResult

|                       |          |
|-----------------------|----------|
| HBsAg (Method : (ICT) | Negative |
|-----------------------|----------|

**RADICAL**  
**HOSPITAL**  
LIMITED

Checked By

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

|                |                                                       |               |                  |
|----------------|-------------------------------------------------------|---------------|------------------|
| Bill No        | DIA23070747                                           | Received Date | 23/07/2023       |
| Patient's Name | MD ABTAHE                                             |               |                  |
| Patient's Age  | 24Y 0M 0D                                             | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/11233 |
| Sample         | URINE                                                 |               |                  |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | R B C       | Nil     |
| Appearance | Clear      | Pus Cells   | 0-1/HPF |
| Sediment   | Nil        | Epithelial  | 0-1/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  
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Dr. Sumaiya Khatun  
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|                |                                                       |               |                  |
|----------------|-------------------------------------------------------|---------------|------------------|
| Bill No        | DIA23070747                                           | Received Date | 23/07/2023       |
| Patient's Name | MD ABTAHE                                             |               |                  |
| Patient's Age  | 24Y 0M 0D                                             | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/11233 |
| Sample         | URINE                                                 |               |                  |

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Drug Level of Urine

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

Checked By

Medical Technologist  
Radical Hospitals Ltd.

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

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23070747 Receive: 23/07/2023 Print: 23/07/2023  
Patient's Name : MD ABTAHE  
Age : 24 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

This report has been electronically signed.

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ID: 23070501

23-07-2023 12:31:05

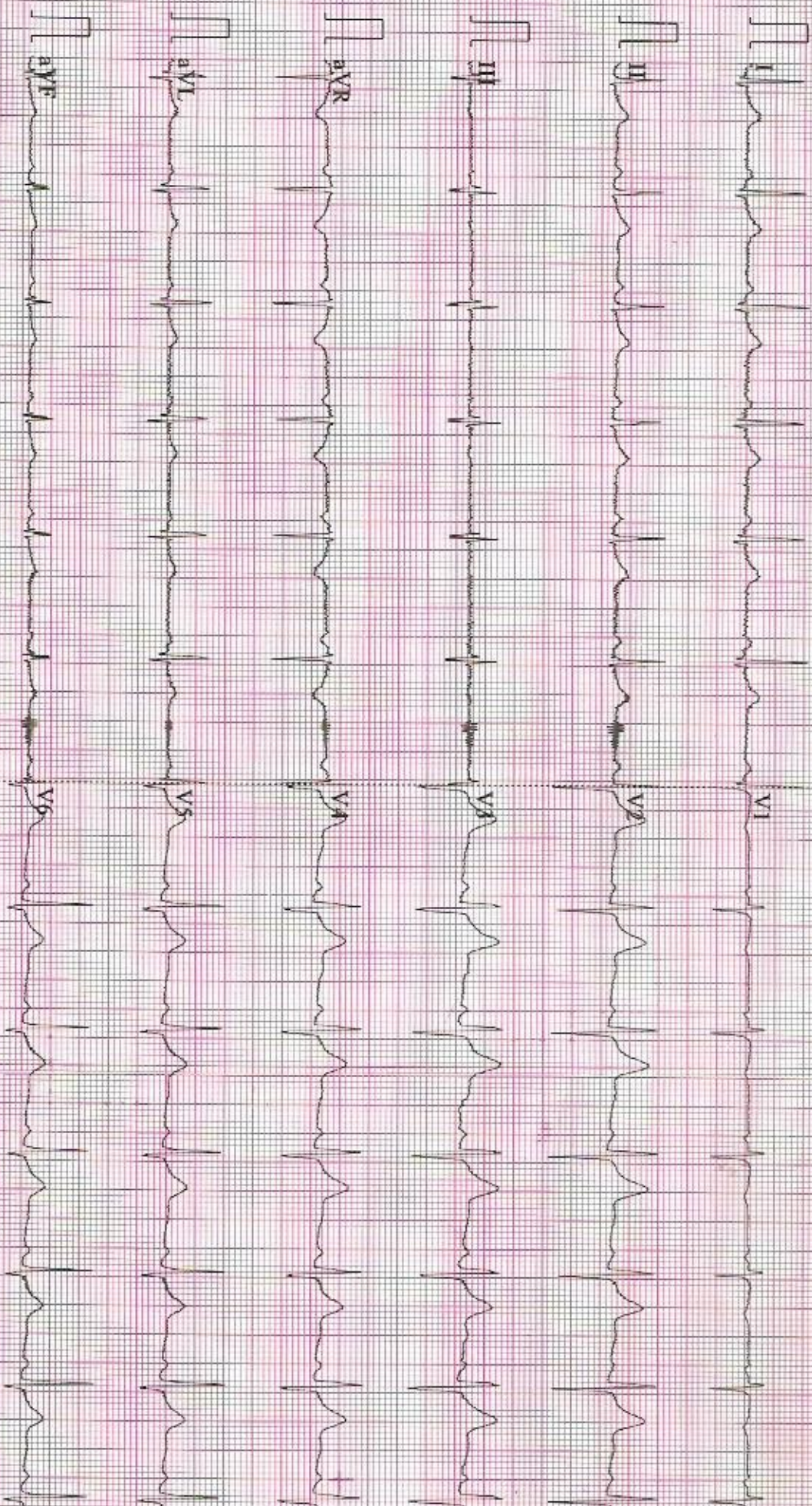
Male 44 Years

## Diagnosis Information:

Sinus rhythm  
Normal ECG

|         |              |     |
|---------|--------------|-----|
| HR      | 73           | bpm |
| P       | 104          | ms  |
| PR      | 144          | ms  |
| QRS     | 82           | ms  |
| QT/QTc  | 378/417      | ms  |
| P/QRS/T | 29/38/27     | °   |
| RV5/SV1 | 1.0/16/0.639 | mV  |

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23070747 Receive: Print: 23/07/2023  
Patient's Name : MD ABTAHE  
Age : 24 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

**ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate : 66 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

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

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

**MD. ABTAHE**

date of birth  
no' (e) le

**01-01-1999**

Sex  
sexe

**Male**

Whose signature follows  
don't la signature suit

**Dr. Mir. Md. Raihan**

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.

| Date        | Signature and professional<br>Status of Vaccinator<br>Signature et titre<br>du vaccinateur                                                                                            | Manufacturer<br>and batch<br>no of vaccine<br>Fabricant du<br>vaccin et numbre<br>du lot | Official stamp of vaccinating centre<br>Cachet officiel du centre de vaccination |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 23 JUL 2023 | <b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCB (Biom), PGT (Opth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospital 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 of ten 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 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 revaccination, à compter de dix ans, le jour de cette revaccination.

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 correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il

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

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

Md. Abtahe

date of birth  
no' (e) le

01.01.1999

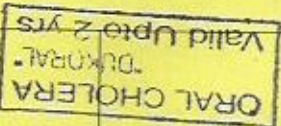
Sex  
sexe

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.

|                            |                                                                                                                                                                                                                 |                                                                                   |                                                                                    |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Date<br><b>23 JUL 2023</b> | Signature and professional<br>Status of Vaccinator<br>Signature et qualite profess-<br>sionnelle vaccinateur                                                                                                    |                                                                                   | Approved Stamp<br>Cechet<br>d'authentification                                     |
| 1                          | <u>[Signature]</u><br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved<br>General Physician<br>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.

The validity of this certificate covers a period of six months commencing six days after the first injection of vaccine or, in the case of revaccination, from the date of the second injection.

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' intervalle et sa validite commence le jour de la seconde injection.

Le cachet d' authentification doit etre conforme au modele present per 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 il comporte peut en affecter la validite.

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



Form No: SMC

SL NO.

04.2023.4439

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 **ABTAHE** First **MD** Middle  
Gender: (Male/Female) ☒ Male Nationality: **Bangladeshi** Date: **23 JUL 2023**  
Occupation: Deck/Engine/Catering/Other (specify) **E/C** Rank: **E/C**  
Father's/ Husband's name: **LIKAT ALI** C.D.C No. **01011233**  
Mother's Name: **KHALEDA AKTER** Seaman ID No.  
Address: House No. Street/ Road No. Passport No. **A02692002**  
Locality/Village: **WEST RAJARAMPUR** NID No. **9210792083**  
P.O.: **NOAKHALI SADAR-3800** Date of Birth: **01-01-1999**  
P.S.: **NOAKHALI SADAR** (DD/MM/YYYY)  
District: **NOAKHALI**

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**

Uttara, 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 Shipping Bangladesh Approved

General Physician

Name **Radical Hospitals Limited**

## 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

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