

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: MAMUN MD MASUD AL Sex: MALE Serial No: _____Date of Birth: 03/04/1990 PP/CDC: C1017992 Rank: THIRD ENGINEERVessel: M.V. New Prestige Type: BULK CARRIER Route: World wideHome Address: Vill: Hafila, P/O: Babulerc Bazar
P/S: PHULBARIA, DIST: MYMENSINGH

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

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp.Rate / min	General Condition	
<u>167cm</u>	<u>72kg</u>	<u>43-41</u> cms	<u>120/80 mmHg</u>	<u>78b/min</u>	<u>19b/min</u>	<u>Good</u>	
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000
Right Eye		<u>6/6</u>	Normal	Right Ear	dB	<u>20</u>	<u>20</u>
Left Eye		<u>6/6</u>	Abnormal	Left Ear	dB	<u>20</u>	<u>20</u>
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	Left ear	
	Other	Normal	Abnormal		<u>4</u>	<u>4</u>	

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>14.7</u> gm%	14-16 gm %	Colour
Total WBC count	<u>9.900</u> cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu <u>56</u> % Lymph	<u>40</u> % Eos <u>02</u> % Bas <u>02</u> %		pH
Malarial parasite	<u>NOT FOUND</u>		Albumin
ESR	<u>05</u> mm / 1st hour	1-15 mm / hr	Sugar
SGPT	<u>16</u> U/L	9-43 U / L	Bile pigment
S.Cholesterol	<u>225</u> mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	<u>18</u> mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	<u>4.9</u> PPBS	upto 125 mg %	RBC cells
HbsAg	<u>negative</u>		Leucocytes
HIV 1 & 2	<u>negative</u>		Others
VDRL	<u>negative</u>		Spirometry: <u>N/D</u>
Others		GGTP U/L	
Blood Group			

ECG: Normal TMT: N/DX-Ray Chest: Normal USG: 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

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: _____

Doctor's signature: _____

Date: 23.07.2023

23 JUL 2023

04.2023.4431

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Opht)
BMDC 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: MAMUN		GIVEN NAME (S): MD MASUD AL	
DATE OF BIRTH: DAY 03 MONTH 04 YEAR 1990		PLACE OF BIRTH CITY MYMENSINGH COUNTRY BANGLADESH	SEX MALE ☐ FEMALE ☒
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: Vill: Hafilate, P/O: Babulx Bazar P/S: Phulbaria, Dist: Mymensingh.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	—	6/6	RIGHT EAR MM
LEFT EYE	—	6/6	LEFT EAR MM

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.

Mamun

MD. MASUD AL MAMUN

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), 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: <u>[Signature]</u>	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 (Bitem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 0744 **Date** : 23-Jul-2023 **D.Date** : 23-Jul-2023
Patient's Name : MD MASUD AL MAMUN **Age** : 33Y 0M 0D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/7991

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.7 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)	9,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	56 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	40 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	194 /cumm	50-450/cumm
Total RBC Count	4.15 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	24.6 %	M: 40-54%, F:37-47%
MCV	59.3 fL	76 - 94 fL
MCH	21.0 pg	27 - 32 pg
MCHC	35.4 g/dL	29 - 34 g/dL
RDW	16.3 %	11 - 16 %
PDW	17.5 fL	35 - 56 fL
Total Platelete Count (PC)	4,96,000 /cumm	150,000-450,000/cumm
MPV	7.9 fL	7.0 - 11.0 fL
PCT	0.392 %	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	DIA23070744	Received Date	23/07/2023
Patient's Name	MD MASUD AL MAMUN		
Patient's Age	33Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: C/O/7991		
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.9 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	16 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	DIA23070744	Received Date	23/07/2023
Patient's Name	MD MASUD AL MAMUN		
Patient's Age	33Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7991
Sample	Blood		

SEROLOGICAL REPORTTest NameResult

HBsAg (Method : (ICT)	Negative
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RADICAL
HOSPITAL
LIMITED

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	DIA23070744	Received Date	23/07/2023
Patient's Name	MD MASUD AL MAMUN		
Patient's Age	33Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7991
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	0-2/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 Technologis
Radical Hospitals Ltd.


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

Bill No	DIA23070744	Received Date	23/07/2023
Patient's Name	MD MASUD AL MAMUN		
Patient's Age	33Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7991		
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 Technologis
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. : 23070744 Receive: 23/07/2023 Print: 23/07/2023
Patient's Name : MD MASUD AL MAMUN
Age : 33 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

ID: 23070504

23-07-2023 14:28:30

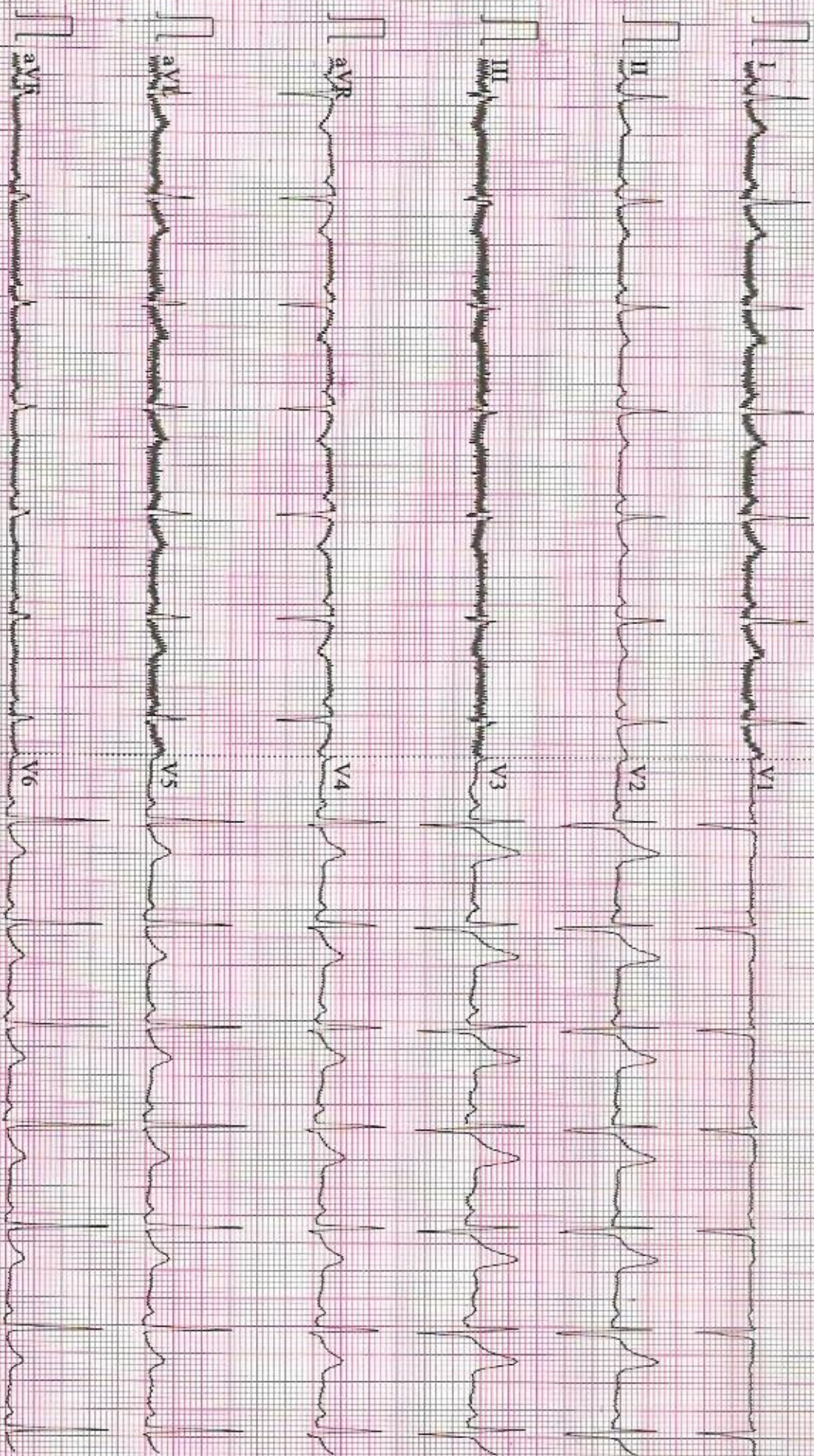
and masud al mamun
Male Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 81	bpm
P	: 106	ms
PR	: 144	ms
QRS	: 78	ms
QT/QTc	: 344/400	ms
P:QRS/T	: 24/28/8	°
RV5/SV1	: 1.65/2.0	984 mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070744 Receive: Print: 23/07/2023
Patient's Name : MD MASUD AL MAMUN
Age : 33 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 81 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

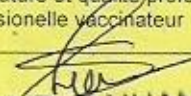
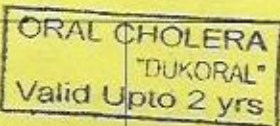
This report has been electronically signed

Page 1 of 1

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

This is to certify that MD MASUD AL MAMUN date of birth 03.04.1990 Sex MALE
JE Soussigne (e) certifie que no (e) le sexe
Whose signature follows _____
dont la signature suit _____

has on the Date indicated been vaccinated or revaccinated against cholera
a été vaccine (e) or revaccine (e) contre le fièvre jaune à la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualité profess- sionnelle vaccinateur	Approved Stamp Cachet d'authentification
23 JUL 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 
1		
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 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 partielles à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

De cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

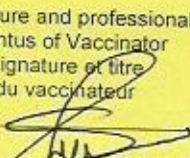
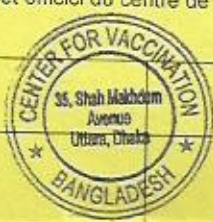
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui il comporte peut affecter sa validité.

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

This is to certify that JE Soussigne' (e) certifie que MD. NASUD AL MARJUN date of birth 03.04.1990 Sex MALE
no' (e) le 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 fievre jaune a la date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature of titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
23 JUL 2023	 DR. MIR. MD. RAIHAN MBBS (DU), BFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-015 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
1			
2			
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, ou, à 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 ci-dessus

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



Form No: SMC

SL NO.

04.2023.4431

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 MAMUN First MD MASUD Middle AL
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 23.07.2023
Occupation: Deck/Engine/Catering/Other (specify) THIRD ENGINEER Rank: THIRD ENGINEER
Father's/ Husband's name: MD. HANIF UDDIN C.D.C No. 41017991
Mother's Name: MOZIDA BEGUM Seaman ID No. 050006627
Address: House No. HATILATE Street/ Road No. BABULER BAZAR Passport No. B00238166
Locality/Village: HATILATE P.O. PHULBARIA NID No. 03/04/1990
P.S. PHULBARIA District: MYMENSINGH Date of Birth: 03/04/1990
(DD/MM/YYYY)

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

Mamun



DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping 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

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