

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: ASAMH

Sex: MALE Serial No:

Date of Birth: 22/03/1994

PP/CDC: 24/0358

Rank: 3RD OFF.

Vessel: MV NEW HONOR

Type: BULK

Route: WORLDWIDE

Home Address: House-16, Road-04, Block-4 BONGSREE, DHAKA.

Company Name: SINOSIN 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)		/		/	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		/		/

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>79kg</u>	<u>21-20</u>	<u>140/70mm</u>	<u>78/min</u>	<u>16/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				

Systemic Examination

Systemic Examination	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS 3RD OFF AS PER MLC 2006	Respiratory system	/
Eyes	/			Cardiovascular system	/
Ears / Nose / Throat	/			Per Abdomen	/
Teeth / Oral Cavity	/			Genito-urinary system	/
Musculo-Skeletal system	/			Others	/
Nervous system	/		Enhanced GARD Medicals done	Hernia / Hydrocoele	/
Reflexes	/			Varicose Veins	/
Skin	/			Fissure/Fistula/Piles	/

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>15.7</u> gm%	14-16 gm %	Colour
Total WBC count	<u>9300</u> cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu <u>66</u> % Lymph	<u>29</u> % Eos <u>02</u> % Ba <u>00</u> % Mo <u>02</u> %		pH
Malarial parasite	<u>NOT FOUND</u>		Albumin
ESR	<u>22</u> mm / 1st hour	1-15 mm / hr	Sugar
SGPT	<u>22</u> U/L	9-43 U / L	Bile pigment
S.Cholesterol	<u>N/A</u> mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	<u>N/A</u> mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	<u>5.7</u> PPBS	upto 125 mg %	RBC cells
HbsAg	<u>NOT FOUND</u>		Leucocytes
HIV I & II	<u>NOT FOUND</u>		Others
VDRL	<u>NOT FOUND</u>		
Others		GGTP U/L	
Blood Group			

ECG: NORMAL TMT: NIE

X-Ray Chest: NORMAL

Result of Medical Examination

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

Remarks / Recommendations

I, Doctor's Name: 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:

Candidate's Signature: ASAMH 24 JUL 2023

Date: 25-07-23

Doctor's Signature:

25 JUL 2023

04.2023.4458



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.



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA

SURNAME: MOLLIK		GIVEN NAME (S): ASAHI	
DATE OF BIRTH: DAY 22 MONTH 03 YEAR 1994		PLACE OF BIRTH CITY _____ COUNTRY _____	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: H-16, Road-04, Block-G BONDSREE, RAIPURA, DHAKA-1219.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE 6/6	—	☐ BOOK	RIGHT EAR no
LEFT EYE 6/6	—	☐ LANTERN	LEFT EAR no
		YELLOW no RED no	
		GREEN no BLUE no	

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) **25 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.

Signature of Applicant: **[Signature]** Name of Applicant: **MOLLIK ASAHI** Date: **25 JUL 2023**

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: [Signature]	STAMP OF PHYSICIAN: [Stamp: Radical Hospitals Ltd. 25 JUL 2023]
EXPIRY DATE OF CERTIFICATE: 24 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.

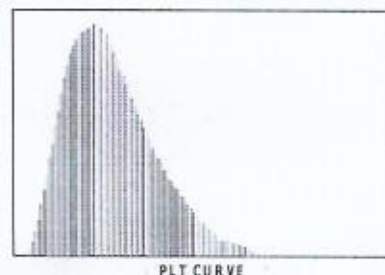
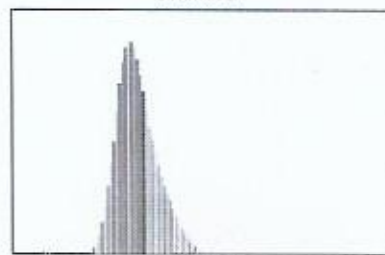
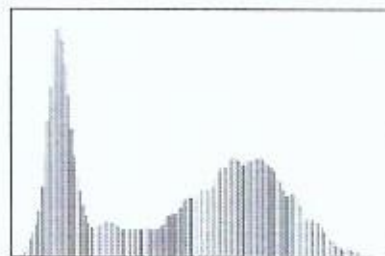
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Siderm), PGT (Ophth)
BMDG A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0825 **Date** : 25-Jul-2023 **D.Date** : 25-Jul-2023
Patient's Name : MOLLIK ASAHI **Age** : 29Y 4M 3D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9358

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.7 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)	8,900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	66 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	29 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	178 /cumm	50-450/cumm
Total RBC Count	5.51 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.7 %	M: 40-54%, F:37-47%
MCV	77.5 fL	76 - 94 fL
MCH	28.5 pg	27 - 32 pg
MCHC	36.8 g/dL	29 - 34 g/dL
RDW	13.2 %	11 - 16 %
PDW	16.4 fL	35 - 56 fL
Total Platelete Count (PC)	2,71,000 /cumm	150,000-450,000/cumm
MPV	9.2 fL	7.0 - 11.0 fL
PCT	0.249 %	0.1 - 0.5 %
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	DIA23070825	Received Date	25/07/2023
Patient's Name	MOLLIK ASAHI		
Patient's Age	29Y 4M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9358
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name

Result

Reference Range

Liver Function Test

Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	23 U/L	Up to 40 U/L

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



Bill No	DIA23070825	Received Date	25/07/2023
Patient's Name	MOLLIK ASAHI		
Patient's Age	29Y 4M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:	C/O/9358
Sample	Blood		

SEROLOGICAL REPORT

Test NameResult

HBsAg (Method : (ICT))	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

Bill No	DIA23070825	Received Date	25/07/2023
Patient's Name	MOLLIK ASAHI		
Patient's Age	29Y 4M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9358
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

2

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor

Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23070825	Received Date	25/07/2023
Patient's Name	MOLLIK ASAHI		
Patient's Age	29Y 4M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9358
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. : 23070825 Receive: 25/07/2023 Print: 25/07/2023
Patient's Name : **MOLLIK ASAHI**
Age : 29 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: 23070526

25-07-2023 14:06:49

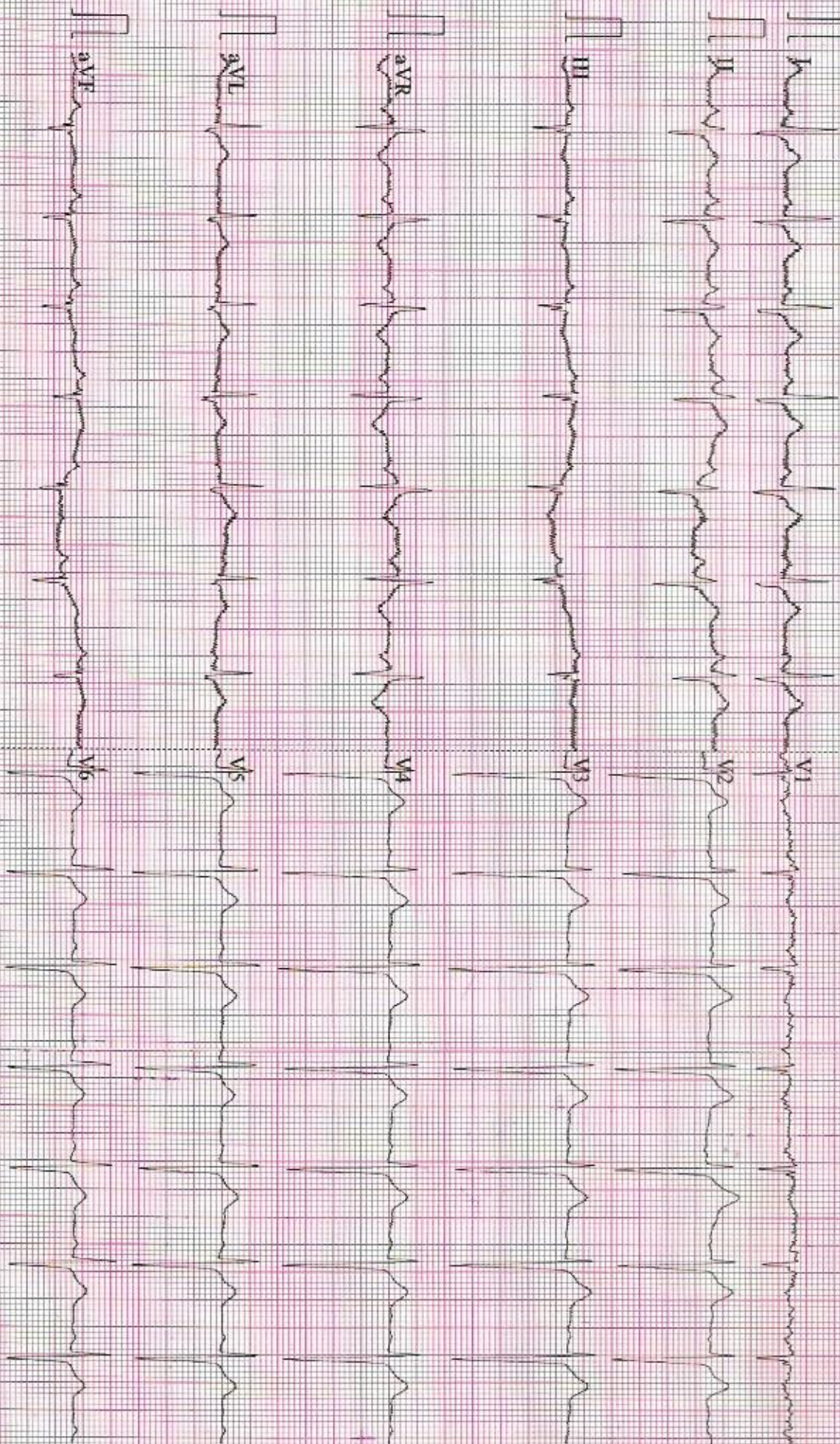
Male 29 Years

HR : 88 bpm
P : 104 ms
PR : 154 ms
QRS : 102 ms
QT/QTc : 348/421 ms
P/QRS/T : 57/-56/20 °
RV5/SV1 : 0.67/0.59 mV

Diagnosis Information:

Sinus rhythm
Marked left axis deviation
Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070825 Receive: Print: 25/07/2023
Patient's Name : **MOLLIK ASAHI**
Age : 29 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 88 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 INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

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

MOLIK ASAH

date of birth
no (e) le

22-03-1994

Sex
sexe

MALE

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 la date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et 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
25 JUL 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bridem), PG1 (Opht) BMDC A-55144 MMC-BGD-016 DG Shipping Bangladesh Approved General Physician [Signature]		
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 réinoculation, à compter de la date de la réinoculation.

Ce certificat doit être signé d'une main propre, son cachet officiel ne pouvant être considéré comme remplaçant la signature.

Il est interdit de modifier sur le certificat ou l'émission d'une quelconque des mentions qu'il

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

NOLK ASAH

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

date of birth
no' (e) le

22-03-1994

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 la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
1	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birm), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
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 a revaccination, on the date of the second injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificat doit faire mention de deux injections partiques a sept jours d'interval 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 certificat ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validite.