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 MAKDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: MD. ARAFAT IBN HOSSAIN (Surname / First Name / Middle Initial) Sex: M Serial No:

Date of Birth: 11/10/1984 PP/CDC: C/0/51171 Rank: ETO

Vessel: Type: Route:

Home Address: 133/4 EAST RAMPURA, DHAKA

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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addicition 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		✓		✓	Mallignant 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
162cm	78kg.	43-41 cms	120/80 mm.	78/mi	19 /mi	Gw

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	N	N	N					
Left Ear	dB	N	N	N					

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Hearing	Right Ear	Left ear
	4	4

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS _____
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	14.6 gm%	14-16 gm %	Colour	Sw
Total WBC count	12.000 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu 70 % Lymp 20 % Eos 02 Ba 00 % Mo 02 %			pH	
Malarial parasite	Not Found		Albumin	Nil
ESR	08 mm / 1st hour	1- - 15 mm / hr	Sugar	Nil
SGPT	21 U/L	9--43 U / L	Bile pigment	
S.Cholesterol	134 mg/dl	145--260 mg / dl	Bile salts	
S.Triglycerides	114 mg/dl	upto 200 mg /dl	Occult blood	
Blood Sugar	RBS 6.6 PPBS	upto 125 mg %	RBC cells	Nil
HbsAg	Negative		Leucocytes	
HIV I & II	Negative		Others	
VDRL	Non Reactive			
Others		GGTP U/L	Spirometry:	N/D
Blood Group	O Rh +ve		Drugs of Abuse:	Negative
ECG :	Normal	TMT: N/D	USG:	Normal
X-Ray Chest:	Normal			

DR. MIR MD. RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-55144

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, [illegible] 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: 21 JUL 2025

Candidate's Signature

Date: 22 JUL 2023

Official Stamp: Radical Hospitals Ltd. ★ Approved MLC-2006 ★ Approved by Department of Shipping

Doctor'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
Radical Hospitals Limited.

04.2023.4427

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA

SURNAME: HOSSAIN	GIVEN NAME (S): MD. ARAFAT IBN
DATE OF BIRTH: DAY 11 MONTH 11 YEAR 1984	PLACE OF BIRTH CITY COMILLA COUNTRY / SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: 133/4 EAST RAMPURA, DHAKA

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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 APLICABLE ☐

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) 22, 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	Name of Applicant	Date
	MD. ARAFAT IBN HOSSAIN	22 JUL 2023

CIRCLE APPROPIATE CHOICE: ~~HE / SHE~~ IS FOUND TO BE ~~(FIT / NOT FIT)~~ FOR DUTY AS A (MASTER / DECK OFFCIER / 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 CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014

SIGNATURE OF PHYSICIAN: | STAMP OF PHYSICIAN: Radical Hospitals Ltd. DGSCer-MLC-2006 | DATE 22 JUL 2023

EXPIRY DATE OF CERTIFICATE: 21 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 : 0699	**Date :** 22-Jul-2023	**D.Date :** 22-Jul-2023
Patient's Name : MD. ARAFAT IBN HOSSAIN	**Age :** 39Y 0M 0D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5171

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.6** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**08** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**13,000** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**70** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**20** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**08** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**260** /cumm	50-450/cumm
Total RBC Count	**4.61** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**38.3** %	M: 40-54%, F:37-47%
MCV	**83.1** fL	76 - 94 fL
MCH	**31.7** pg	27 - 32 pg
MCHC	**38.1** g/dL	29 - 34 g/dL
RDW	**12.5** %	11 - 16 %
PDW	**11.7** fL	35 - 56 fl
Total Platelete Count (PC)	**1,81,000** /cumm	150,000-450,000/cumm
MPV	**8.2** fL	7.0 - 11.0 fL
PCT	**0.116** %	0.1 - 0.%
Bledding 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.

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23070699	Received Date	22/07/2023
Patient's Name	MD. ARAFAT IBN HOSSAIN		
Patient's Age	39Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5171
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	5.6 mmol/l	4.2 – 6.4 mmol/l
Post Prandial Blood Sugar (PPBS)	6.3 mmol/l	<7.8 mmol/l
Serum Creatinine	1.0 mg/dl	0.3 - 1.3 mg/dl
HbA1C	4.8 %	4.0- 6.0 %
Serum (BUN)	29 mg/dl	7-23 mg/dl
Total Protein	7.1 g/dl	6.3-7.9 g/dl
Liver Function Test		
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	21 U/L	Up to 40 U/L
Serum AST (SGOT)	29 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	128 U/L	98 - 279 U/L
Lipid profile		
Serum Cholesterol	134 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	44 mg/dl	>35 mg/dl
Serum Triglyceride	114 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	87 mg/dl	<130 mg/dl

Checked By

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Radical Hospitals Ltd.

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

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Bill No	DIA23070699	Received Date	22/07/2023
Patient's Name	MD. ARAFAT IBN HOSSAIN		
Patient's Age	39Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5171
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPINGResult	
ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

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Patient's Age	39Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5171
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/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

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Patient's Name	MD. ARAFAT IBN HOSSAIN		
Patient's Age	39Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5171
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

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Bill No	DIA23070699	Received Date	22/07/2023
Patient's Name	MD. ARAFAT IBN HOSSAIN		
Patient's Age	39Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5171
Sample	STOOL		

STOOL ANALYSIS

Physical Examination:

Color	: Brown
Consistency	: Soft
Worm	: Nil
Mucus	: Nil
Blood	: Nil

Chemical Examination:

Reaction	: Acid
Occult Blood Test (OBT)	: Not done
Reducing Substance (RS)	: Not done

Microscopic Examination:

Ova	: Not found	Mucus flakes	: Nil
Cyst	: Not found	Cyst of Giardia	: Not found
Protozoa (Trophozoite)	: Not found	Macrophage	: Not found
Larva	: Not found	Fat Globules	: (+)
Epithelial Cell	: Nil	Vegetable Cell	:Nil
Pus Cell	: Nil	Starch	: Nil
RBC	: Nil	Muscle fibre	: Nil

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

Patient ID	23070699	Test Date	22/07/2023		
Patient Name	MD ARAFAT IBN HOSSAIN	Age	39 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MBBS (DU),DFM				

BMI REPORT

$$\text{Body Mass Index} = \frac{\text{Weight in kg}}{(\text{Height in Meter})^2}$$

$$= \frac{78 \text{ kg}}{(1.62)^2}$$

$$= 29.7$$

BMI Categories

- Under Weight in = <18.5
- Normal Weight= 18.5 - 24.9
- Over Weight=25 - 29.9
- Obeshyz = BMI of 30 or greater.

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Malaysian Medical Council Approved
General Physician
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Patient's Name	:	**MD ARAFAT IBN HOSSAIN**	ID NO	:	**23070699**
Age	:	**39 Yrs**	Date	:	**22/07/2023**
Sex	:	**Male**			
Referred by	:	**Dr. Mir Md. Raihan - MBBS (DU), DFM**			
Nature of Specimen	:				

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygine : Normal

Comments : Normal

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23070699	Receive: Print: 22/07/2023		
Patient's Name	:	**MD ARAFAT IBN HOSSAIN**			
Age	:	39 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	69 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

ID: 23070495 22-07-2023 15:21:58

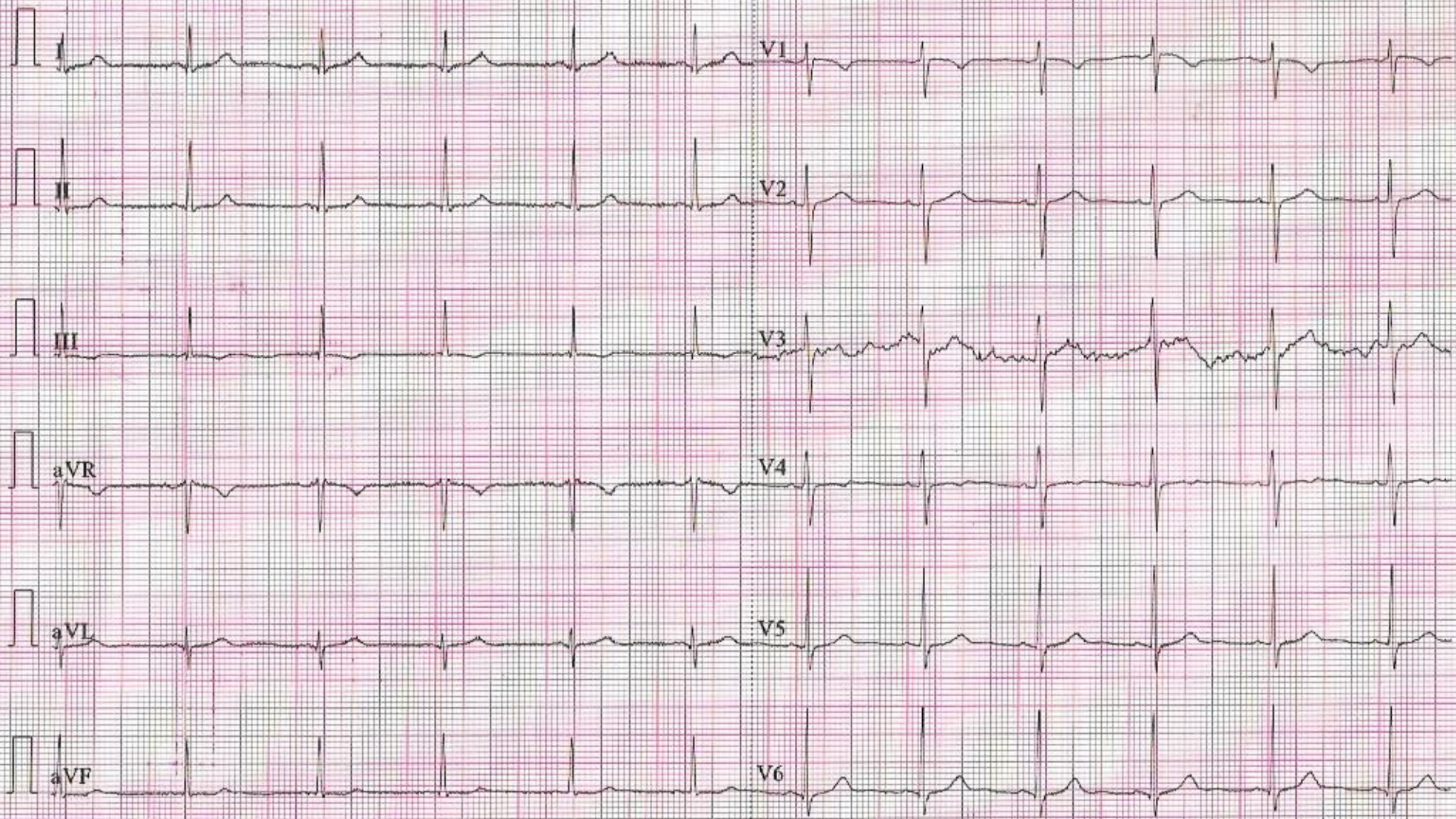
md. Mosharof Hossain

Male 39. Years

HR	: 69	bpm	
P	: 100	ms	
PR	: 114	ms	
QRS	: 88	ms	
QT/QTc	: 390/418	ms	
P/QRS/T	: 12/68/15	°	
RV5/SV1	: 1.410/0.668	mV	

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67-100Hz AC 50 25mm/s 10mm/mV 2*5.0s ♥69 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

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RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23070699	Receive:22/07/2023	Print: 22/07/2023
Patient's Name	:	**MD ARAFAT IBN HOSSAIN**		
Age	:	39 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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Date: 22/07/2023

EYE EXAMINATION REPORT

NAME:	MD ARAFAT IBN HOSSAIN		
AGE:	39 YRS	RANK: ETO	CDC NO:C/O/5171

VISUAL ACUITY:	RIGHT	LEFT
UNAIDED	6/6	6/6
AIDED		

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

Patient's Name	:	**MD ARAFAT IBN HOSSAIN**	ID NO	:	23070699
Age	:	**39 Yrs**	Date	:	22/07/2023
Sex	:	Male			
Referred by	:	**Dr. Mir Md. Raihan MBBS,(DU), DFM**			
Nature of Specimen	:				

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6
FEV = 5
FEV/FVC = 80%

Comments: Normal Lung Function

Checked By

Dr. Mir Md. Raihan
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RADICAL HOSPITAL LIMITED

AUDIOLOGICAL REPORT

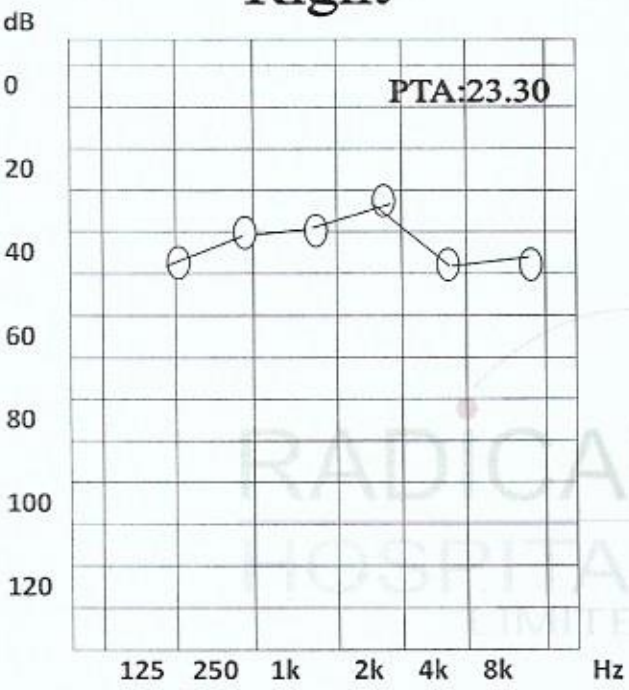
Patient Name : **MD ARAFAT IBN HOSSAIN** **22/07/2023**

Age : **39 Yrs**

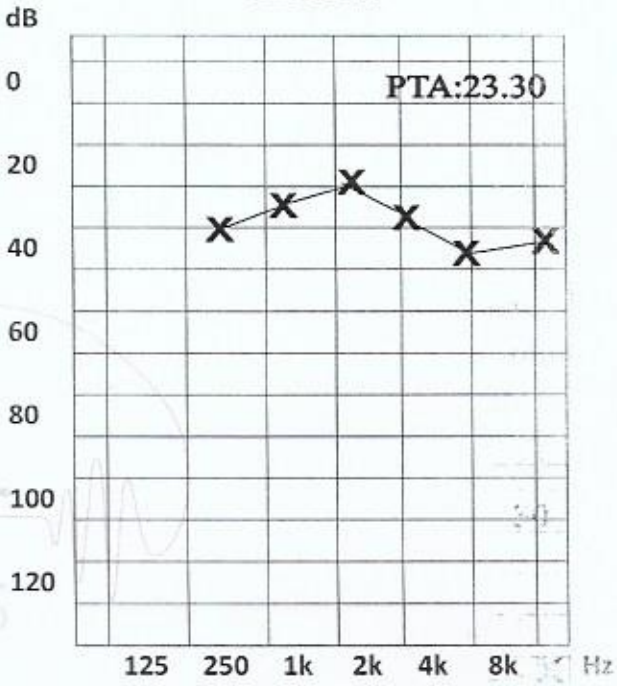
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
	Right Ear	**Left Ear**
Air MaskingOX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DR. MD RAIHAN
MBBS (Bntem), PGT (Ophth)
BMR... 55144 MMC-BGD-016
DC ...ong Panglardesh Approved
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Patient's Name	:	MD ARAFAT IBN HOSSAIN			
Age	:	39 Yrs	Date	:	22/07/2023
Sex	:	Male	CDC NO:C/O/5171		
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM			

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor /Good /very good /excellent
Verbal Reasoning test	Poor /Good /very good /excellent
Inductive reasoning test	Poor /Good /very good /excellent
Diagrammatic Reasoning test	Poor /Good /very good /excellent
Logical Reasoning test.	Poor /Good /very good /excellent
Error checking test	Poor /Good /very good /excellent
2.Skill Test	Poor /Good /very good /excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor /Good /very good /excellent
Assumptions	Poor /Good /very good /excellent
Deductions	Poor /Good /very good /excellent
Interpreting Information's	Poor /Good /very good /excellent
Inferences	Poor /Good /very good /excellent
5.Situational Judgment Test.	Poor /Good /very good /excellent

Poor: <6 Good: 6-7 very good: 7-8 excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan
MBBS (DU), DFM, CCD (Birdem), PGT (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

This is to certify that MD ARAFAT IBN HOSSAIN
JE Soussigne (e) certifie que

date of birth 11/10/1984 sex Male
no (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a ete vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle Vaccinateur	Approved Stamp Cechet d'authentiftcation
04 AUG 2022	Dr. Mohammad Saifuddin (Sabuj) MBBS (CU), PGT (Medicine), CCD (BIRDEM) BMDC Reg No. A-41434 Approved Medical Physician DG Shipping Bangladesh New Popular Medical Services Ltd.	New Popular Medical Services Ltd. Health Licence No. 3024
2		ORAL CHOLERA "DUKORAL" Valid Upto 2 Years
3		
22 JUL 2023	DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
4		ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

The validity of this certificate shall extend for a period of six months, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of six months, on Ihe date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins certificate shall indicate thai two injections have been given at an interval of seven days and its vclidity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health admin-stration of the territory in which the vaccination is perfomed.

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

La validity dece certificate couvre une period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cas a" une revaccination au cours de cette period do six mois jour de cettc revaccination.

Nonobstant les despositions ci-dessue dans le cas d' un pelerin lc present certificate doitlaire mention de deux injections partiquees a sept jours d' intervalle et sa validite commence le jour dc la seconde. injection:

De cachet d' authentificalion doit etre canforme au modele present per I' administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou I o. mission d' une quclconquc des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER

CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that MD ARAFAT IBN HOSSAIN date of birth 11/10/1984 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 e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination	
1				
04 AUG 2022 2	Dr. Md. Ahmed Saifuddin (Sabuj) MBBS (CP, PGT (Medicine) CCD (BIDEM) BMDC Reg. No. A-41439 Approved Medical Physician DG Shipping Bangladesh New Popular Medical Service, Dhaka		YELLOW FEVER VACCINE L3404 DAKAR	
3			3	4
4				

This certificate is valid only if the vaccine used has been approved bythe world I Icalih Organization and vaccinating centre has been disignated by (he health administration for the territory in which that centre is situated.

The vaidity of (his certificate shall extend for a period often years, beginning en days after Ihe dale of vaccination or. in the event of a revaccinalion within sch period often years, from Ihe date of Ihe revaccinalion.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signalure.

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

Ce certificate n' est valable que si Ic vaccina employe" a c' tc" a approve" par I' Organisation Mondiale de la Santc" et sile centre de vaccination ae" tc' hablilite pari' aminslralion sanitaire du (crriloire dans Icquel'ce centre est siture'.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de la vaccination ou, dans le cas dune revaccinalion au cours de cettc pe' riodc de dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'par un me'decin de sa propre main, son cachet offiicial nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou I'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.