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: RAHMAN (Surname) MD TAIFUR (First Name) (Middle Initial) Sex: M Serial No:

Date of Birth: 10/07/1992 PP/CDC: A01/6668 Rank: 2/E

Vessel: MV. MEGHNA LIBERTY Type: BULK Route: W W

Home Address: ABUDANGA, AMTOLI, DAULATPUR, MANIKGONJ.

Company Name : V-Ships PVT 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 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
163	68	41 cms	120/80 mm	78/min	18/min	Good

Distant Vision	Uncorrected	Corrected	Field of Vision
Right Eye	6/9	6/6	Normal
Left Eye	6/9	6/6	Abnormal

Colour Vision		
Ishihara		✓ Normal / Abnormal
Other		✓ Normal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

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 2ND ENG
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
Hemoglobin	13.9 gm%	14-16 gm %
Total WBC count	9,300 cu.mm	4000-11000 / cu.mm
Neu 53 % Lymp 41 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	08 mm / 1st hour	1- - 15 mm / hr
SGPT	28 U/L	9--43 U / L
S.Cholesterol	NIE mg/dl	145--260 mg / dl
S.Triglycendes	NE mg/dl	upto 200 mg /dl
Blood Sugar	RBS NIL PPBS .	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Negative.	
Others	GGTP U/L	
Blood Group		

Urine	
Colour	Straw
Specific Gravity	Nil
pH	Nil
Albumin	Nil
Sugar	Nil
Bile pigment	Nil
Bile salts	Nil
Occult blood	Nil
RBC cells	
Leucocytes	
Others	

ECG : Normal **TMT:** NIE

X-Ray Chest: Normal.

Spirometry: Normal

Drugs of Abuse: Negative

USG: NIE

DR. MIR MD RAIHAN 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, 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: 25 JUL 2025

Candidate's Signature

Date: 26.07.2023

Officials Seal: Radical Hospitals Ltd. Approved by Department of Shipping MLC 2006

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.

26 JUL 2023

04.2023.4466

Id No : 0876	**Date :** 26-Jul-2023	**D.Date :** 26-Jul-2023
Patient's Name : MD TAIFUR RAHMAN	**Age :** 31Y 0M 16D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6668

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.9** 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)	**9,300** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**53** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**41** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**04** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**186** /cumm	50-450/cumm
Total RBC Count	**4.34** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**31.1** %	M: 40-54%, F:37-47%
MCV	**71.7** fL	76 - 94 fL
MCH	**27.4** pg	27 - 32 pg
MCHC	**38.3** g/dL	29 - 34 g/dL
RDW	**15.1** %	11 - 16 %
PDW	**14.1** fL	35 - 56 fl
Total Platelete Count (PC)	**1,86,000** /cumm	150,000-450,000/cumm
MPV	**9.0** fL	7.0 - 11.0 fL
PCT	**0.167** %	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	DIA23070876	Received Date	26/06/2023
Patient's Name	MD TAIFUR RAHMAN		
Patient's Age	31Y 0M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6668
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	28 U/L	Up to 40 U/L
Serum AST (SGOT)	19 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	122U/L	98 - 279 U/L

REMARKS (IF ANY)

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

Checked By

Medical Technologis
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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Sample	BLOOD		

SEROLOGYCAL REPORT

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

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6668
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/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

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Patient's Name	MD TAIFUR RAHMAN		
Patient's Age	31Y 0M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6668
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 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.	:	23070876	Receive:26/07/2023	Print: 26/07/2023
Patient's Name	:	**MD TAIFUR RAHMAN**		
Age	:	31 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

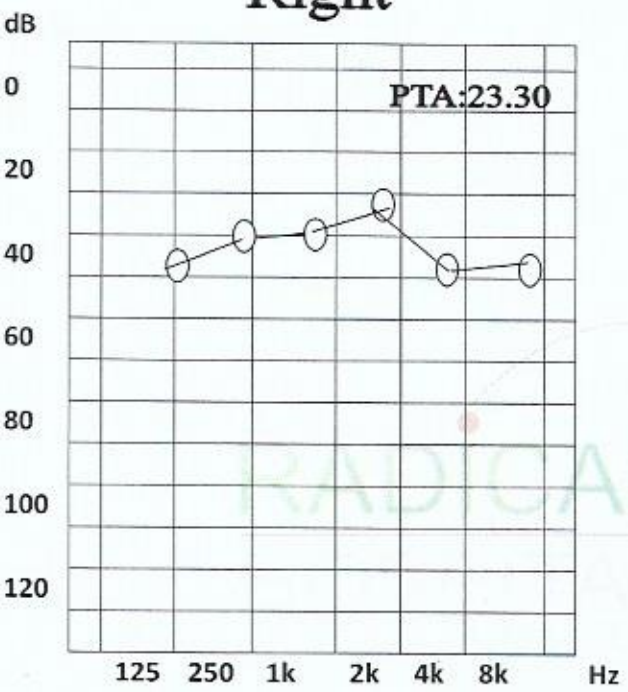
This report has been electronically signed.

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

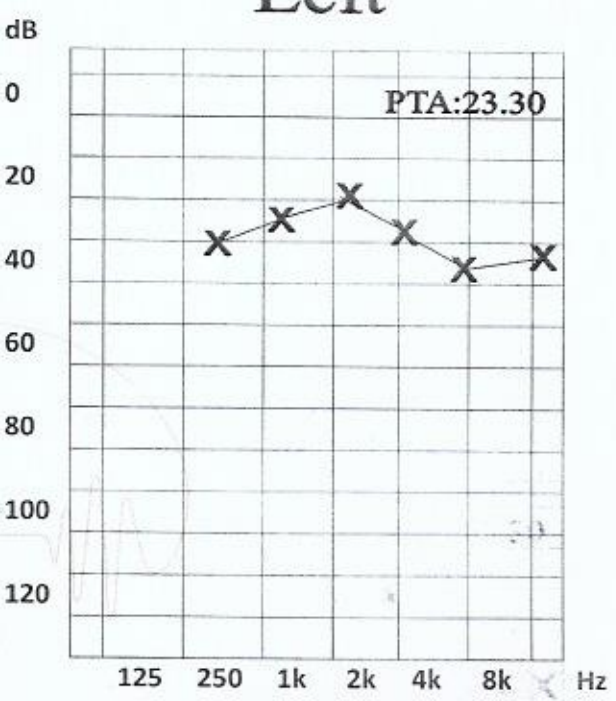
AUDIOLOGICAL REPORT

Patient Name : MD TAIFUR RAHMAN 26/07/2023
Age : 31 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.

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RADICAL HOSPITAL LIMITED

Date: 26/07/2023

EYE EXAMINATION REPORT

NAME:	MD TAIFUR RAHMAN		
AGE:	31 YRS	RANK: 2ND ENG	CDC NO:C/O/6668

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVER JANUE

This is to Certifie that MD. TAIFUR RAHMAN Date of Birth 10.07.1992 sex M

je soussigne (e) certifie que _____ ne (e) le _____ Sexe _____

whose signature follows dont la signature suit

has on the date indicated been vaccinated or revaccinated against Yellow-Fever a etc. vaccination (e) on contre la fiever jaune la date indique.

Date	Signature and Professional Status of vaccinator Signature el qualitc Prof. essioundlle du vaccinateur	Origin and batch no. of vaccine origine du vaccin Employe et u merco du lot	Official stamp of vaccination centre. cachet Official du Center de vaccination
1	Dr. Md. Ariful Islam MBBS (CMC) BCS (Health), FCPS (MEDICINE)-II, CCD BMDC Reg. No. 62563 DG Shipping Approved (BD)	YELLOW FEVER VACCINATION L NO DAKAR 1313	CENTER FOR VACCINATION Dr. Md. Ariful Islam Halishahar Housing Estate, Chittagong BANGLADESH
2			
3			3 4
4			

21 OCT 2021

This certificate is valid on only if the vaccine used hs been approved by the World Health Organization and if the 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 ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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

Ce certificate n est valadble que si jevaccine employe a etc. approve part organisation mondiate de la sant.

Et sit c de vaccination a etc habilite part administration du territorie de s lequcl ce centre est situe.

Le validity de ce certificate conure une periode de six ans ommencent dix Jours apres la date de la vaccination ou da s le casd une revaccination on cours de cettee periode de dix aus. e Jour de cette: revaccination.

Toute correction ou rature sur le certificate au omission d'un quelonque desmentions nd il comporte peul affector su validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

MD. TAIFUR RAHMAN

This is to Certify that / je soussigne (e) certifie que _____ Date of Birth 10.07.1992 sex M

whose signature follows / dont la signature suit. _____ ne (e) le _____ Sexe _____

has on the date indicated been vaccinated or revaccinated against Cholera / a etc. vaccination (e) contre la fiever jaune la date indique.

Date	Signature and Professional Status of vaccinator Signature et qualic Prof. essioundle du vaccinateur	Approved Stamp Cachet d' authentification	
1	Dr. Md. Ariful Islam MBBS (CMC) BCS (Health), FCPS (MEDICINE)-II, CCD BMDC Reg. No. 62563 DG Shipping Approved (BD) Seafarer's Medical Center, Chittagong, Bangladesh	CENTER FOR VACCINATION Dr. Md. Ariful Islam Halishahar Housing Estate, Chittagong BANGLADESH	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs
2			

28 OCT 2021

3	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 Mokhdum Avenue Uttara, Dhaka BANGLADESH	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
4			
5		5	6
6			
7		7	8
8			

26 JUL 2023

Continued overleaf Suite our erso