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: AZAM (Surname) MOHAMMAD (First Name) FAISAL (Middle Initial) Sex: M Serial No:

Date of Birth: 18 / 07 / 1994 PP/CDC: a1017534 Rank: 3rd ENG.

Vessel: GFS ATHENA Type: CONTAINER SHIP Route: WORLD WIDE

Home Address: NORTH DELPARA, KUTUBPUR, FATULLAH, NARAYANGONJ

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		✓		✓	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		✓		✓	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
168cm	85kg	41 cm / 42 cm	120/74mm	78 min	16/min	Good

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

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Field of Vision: 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 ✓

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 3RD ENGR
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	14.9 gm%	14-16 gm %
Total WBC count	7,500 cu.mm	4000-11000 / cu.mm
Neu 59 % Lymp 36 % Eos 02 Ba 00 % Mo 03 %		
Malarial parasite	Not Found	
ESR	07 mm / 1st hour	1- - 15 mm / hr
SGPT	U/L	9--43 U / L
S.Cholesterol	mg/dl	145--260 mg / dl
S.Triglycerides	mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others	GGTP U/L	
Blood Group		

Urine	
Colour	Straw
Specific Gravity	1.020
pH	6
Albumin	Nil
Sugar	Nil
Bile pigment	Nil
Bile salts	Nil
Occult blood	Nil
RBC cells	Nil
Leucocytes	
Others	

ECG : NIE **TMT:** NIE

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

USG: NIE

DR. MIR 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, 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: 10 JUL 2025

Candidate's Signature

Date: 11.07.2023

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

Doctor's Signature:

11 JUL 2023

04.2023.4357

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.

ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act, Cap. 7.05

PHYSICAL EXAMINATION REPORT / CERTIFICATE

PLEASE COMPLETE CLEARLY IN CAPITAL LETTERS IN BLACK INK OR BY USE OF A TYPEWRITER

Last Name of Seafarer:	First Name of Seafarer:	Middle Name:
AZAM	MOHAMMAD	FAISAL

Date of Birth:	Nationality:	Sex:
18-07-1994	BANGLADESHI	[ ] : Male ✓ [ ] : Female
Month 07 Day 18 Year 1994	City NARAYANGANJ Country BANGLADESH	

Examination for Duty As:	Identification documents checked at point of examination? (Y/N):
[ ] : Master [ ] : Radio Officer [ ] : Mate [ ] : Rating [ ] : Engineer ✓	

MEDICAL EXAMINATION (see Page 2 for medical requirements) **STATE FURTHER DETAILS** on Page 2

Vision:	Right Eye:	Left Eye:	Hearing meets the standards in section A-I/9 (Y/N): ✓ Unaided hearing satisfactory? (Y/N): ✓ Visual acuity meets standards in section A-I/9 (Y/N): ✓ Colour vision meets standards in section A-I/9 (Y/N): ✓
With Glasses			
Without Glasses	6/6	6/6	Right Ear ✓ Left Ear ✓

Colour Test Type: [ ] : Book ✓ [ ] : Lantern ✓	Check if Colour Test is Normal: Yellow ✓ Red ✓ Green ✓ Blue ✓ Date of last colour vision test:

Does applicant comply with the standards of physical and medical fitness criteria set out in STCW Code as amended, Section A-I/9.2? (Y/N) ✓

Fit for lookout duties? (Y/N): ✓

No limitations or restrictions on fitness? (Y/N) ✓
If "N", specify limitations or restrictions overleaf.

Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on-board? (Y/N): ✓
If "Y" specify overleaf.

Signature of Seafarer

The signature should be affixed in the presence of the examining Medical Doctor and signed without touching any of the box lines.

Date of Examination: 11 JUL 2023

Date of Expiry (Maximum 2 years): 10 JUL 2025

This is to certify that a physical examination was given to: Name of Seafarer MOHAMMAD FAISAL AZAM

Name and Degree of Medical Doctor: DR. MIR MD RAIHAN MBBS (DU, DFM REG NO: A-55144

Address: 35 SHAH MAKHDUM AVENBUE SECTOR-12 UTTARA, DHAKA-1230

Name of Medical Doctor's Certificating Authority: DG SHIPPING BANGLADESH

Date of Issue of Medical Doctor's Certificate: 06 MAY 2014

Signature of Medical Doctor

Date

Medical Doctor Stamp

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.

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

FORM CODE:	ISSUE No:	REVISED:
CT026	004	06/08/2013

St Kitts and Nevis International Ship Registry
Tel: +44 (0) 1708 380400 • Fax: +44 (0) 1708 380401
Email: mail@stkittsnevisregistry.net • Website: www.stkittsnevisregistry.net

MEDICAL REQUIREMENTS

All applicants for an STCW '95 Certificate of Endorsement, Certificate of Competence, Seafarer's identification document or certification of special qualification shall be required to have a physical examination reported on this Medical Form (CT 026))or one of a similar type used by a Medical Doctor that contains no less than the same information contained herein) and completed and signed by a certified Medical Doctor. The completed medical form must accompany the application for Certificate of Competence, application for Seafarer's identity document or application for certification of special qualifications. This physical examination must be carried out not more than 6 months prior to the date of making application for a Certificate of Competence, certification of special qualifications or a Seafarer's book. Such proof of examination must re-establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

1. Master & deck officer applicants must have (either with or without corrective lenses) at least 0.5 vision in one eye and at least 0.5 in the other. A value of at least 0.7 is in one eye is recommended to reduce the risk of undetected underlying eye disease.
2. Master & deck officer applicants must also have CIE colour vision standard 1 or 2 and be capable of distinguishing the colours red, green, blue and yellow.
3. Engineer and radio officer applicants must have (whether with or without corrective lenses) at least 0.4 vision in one eye and at least 0.4 in the other. Engine department personnel shall have a combined eyesight vision of at least 0.4.
4. Engineer and radio officer applicants must have CIE colour vision standard 1, 2 or 3 and must also be able to perceive the colours red, yellow and green.
5. The standards of physical and medical fitness shall ensure that seafarers satisfy the criteria set out in STCW Code as amended, Section A-I/9.2.

IMPORTANT NOTE

The original copy of the physical report must accompany the application. A duplicate copy clearly labelled 'certified copy' on its face and initialled by the examining Medical Doctor must be maintained by the applicant as evidence of physical qualification while serving on board a vessel.

Remarks to or further details of Medical Examination:

(to be completed by examining Medical Doctor)

01. COMPLETED PHYSICAL EXAMINATION

02. RADIOLOGICAL TEST

03. PATHOLOGICAL TEST

04. EYE EXAMINATION FOR CV & VR

11 JUL 2023

Radical Hospitals Ltd. ASIPer-MLC-2006 Approved by Department of Shipping

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.

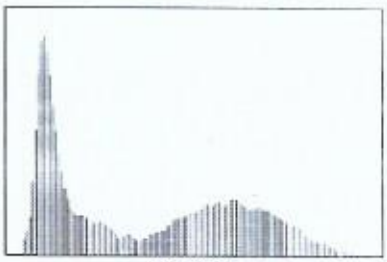
St Kitts and Nevis International Ship Registry
Tel: +44 (0) 1708 380400 • Fax: +44 (0) 1708 380401
Email: mail@stkittsnevisregistry.net • Website: www.stkittsnevisregistry.net

Id No : 0248	**Date :** 11-Jul-2023	**D.Date :** 11-Jul-2023
Patient's Name : MOHAMMAD FAISAL AZAM	**Age :** 28Y 11M 23	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7534		

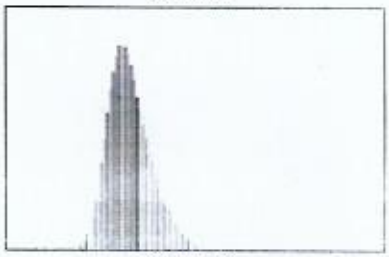
Haematology Report

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

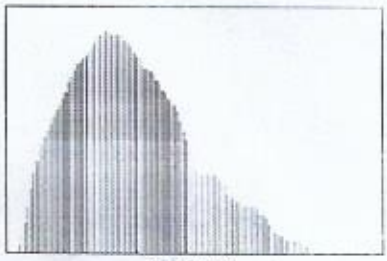
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.9** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**07** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**7,500** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**59** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**36** %	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	**150** /cumm	50-450/cumm
Total RBC Count	**5.41** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**41.5** %	M: 40-54%, F:37-47%
MCV	**76.7** fL	76 - 94 fL
MCH	**27.5** pg	27 - 32 pg
MCHC	**35.9** g/dL	29 - 34 g/dL
RDW	**14.2** %	11 - 16 %
PDW	**14.5** fL	35 - 56 fl
Total Platelete Count (PC)	**1,50,000** /cumm	150,000-450,000/cumm
MPV	**11.4** fL	7.0 - 11.0 fL
PCT	**0.171** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



WBC CURVE



RBC CURVE



PLT CURVE

Checked By
Medical Technologist

Dr. Sumaiya Khatun
MBBS,MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

Bill No	DIA23070248	Received Date	11/07/2023
Patient's Name	MOHAMMAD FAISAL AZAM		
Patient's Age	28Y 11M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7534
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23070248	Received Date	11/07/2023
Patient's Name	MOHAMMAD FAISAL AZAM		
Patient's Age	28Y 11M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7534
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	0-2/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	DIA23070248	Received Date	11/07/2023
Patient's Name	MOHAMMAD FAISAL AZAM		
Patient's Age	28Y 11M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7534
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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that / JE Soussigne (e) certifie que } MOHAMMAD FAISAL AZAM AZF date of birth / no (e) le } 18.07.1994 Sex / sexe } M

Whose signature follows / dont la signature suit }

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou 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 Fabricant du vaccin et nunnc' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1 11 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 Medical Hospitals Limited.	YELLOW FEVER VACCINE L. NO DAKAR 026	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated by the 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that l'evaccinatio.

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 crasure, or failure to complete any part of it, may render it invalid.

Ce certificate n' est valable que si le vaccin employe' a e' tc" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination e' te' habilite parl' adminstration sanitairc du territoire dans lequel ce cenite est siture'

La validite de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official ne pouvant ctre conside' rc' commc Icnant licu de signature.

Toute correction ou rature sur le certificate ou l'omission d'une quelconique des mentions qu' il comporle peut affecter sa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that MOHAMMAD FAISAL AZAM date of birth 18.07.1994 Sex M
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 ctc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateur	Approved Stamp Cechet d'authentification
1	11 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 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		

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 a revaccination within such period of six months, 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 from prescribed by the health adminstration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t effecter sa validite.