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: PARYAS RASHID (Surname / First Name) Middle Initial — Sex: MALE — Serial No:

Date of Birth: 24 / 10 / 1995 — PP/CDC: C1018762 — Rank: 3IE

Vessel: MV MEGHNA LIBERTY — Type: BULK — Route: WORLD WIDE

Home Address: 598, DONIA, SAFAR ALI SARAK, DONIA, DHAKA-1236

Company Name : V SHIP

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		✓		✓	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
170cm	75kg	41 cms 40	120/70mmHg	78b/min	18/min	Good

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	20	20	20					
Left Ear	dB	20	20	20					

Colour Vision: Ishihara — Normal / Abnormal; Other — Normal / Abnormal

Hearing: Right Ear 4 — Left ear 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 3RD 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	10.6 gm%	14-16 gm %
Total WBC count	7400 cu.mm	4000-11000 / cu.mm
Neu 66 % Lymp 30 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	00 mm / 1st hour	1--15 mm / hr
SGPT	N/E U/L	9--43 U / L
S.Cholesterol	N/E 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	Not Done	
VDRL	Not Done	
Others	GGTP U/L	
Blood Group		

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

ECG : Normal **TMT:** N/E

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

USG: N/E

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, 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: 24 JUL 2025

Candidate's Signature: PARYAS RASHID

Date: 25/07/2023

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

Doctor's signature:

25 JUL 2023

04.2023.4464

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 : 0819	**Date :** 25-Jul-2023	**D.Date :** 25-Jul-2023
Patient's Name : PARVAS RASHID	**Age :** 27Y 9M 0D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8962

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**10.6** 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)	**09** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**7,400** /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	**30** %	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	**148** /cumm	50-450/cumm
Total RBC Count	**3.53** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**28.7** %	M: 40-54%, F:37-47%
MCV	**81.3** fL	76 - 94 fL
MCH	**30.0** pg	27 - 32 pg
MCHC	**36.9** g/dL	29 - 34 g/dL
RDW	**13.9** %	11 - 16 %
PDW	**15.2** fL	35 - 56 fl
Total Platelete Count (PC)	**3,44,000** /cumm	150,000-450,000/cumm
MPV	**7.3** fL	7.0 - 11.0 fL
PCT	**0.251** %	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.

Bill No	DIA23070819	Received Date	25/06/2023
Patient's Name	PARVAS RASHID		
Patient's Age	27Y 9M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8962
Sample	BLOOD		

SEROLOGYCAL REPORT

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

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Radical Hospitals Ltd.

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

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RADICAL HOSPITAL LIMITED

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Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	21 U/L	Up to 40 U/L
Serum AST (SGOT)	17 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.

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Patient's Age	27Y 9M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8962
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

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Patient's Name	PARVAS RASHID		
Patient's Age	27Y 9M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8962
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-4/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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RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23070819	Receive:25/07/2023	Print: 25/07/2023
Patient's Name	:	**PARVAS RASHID**		
Age	:	28 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.

Date: 25/07/2023

EYE EXAMINATION REPORT

NAME:	PARVAS RASHID		
AGE:	28 YRS	RANK: 3RD ENG	CDC NO:C/O/8962

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

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

AUDIOLOGICAL REPORT

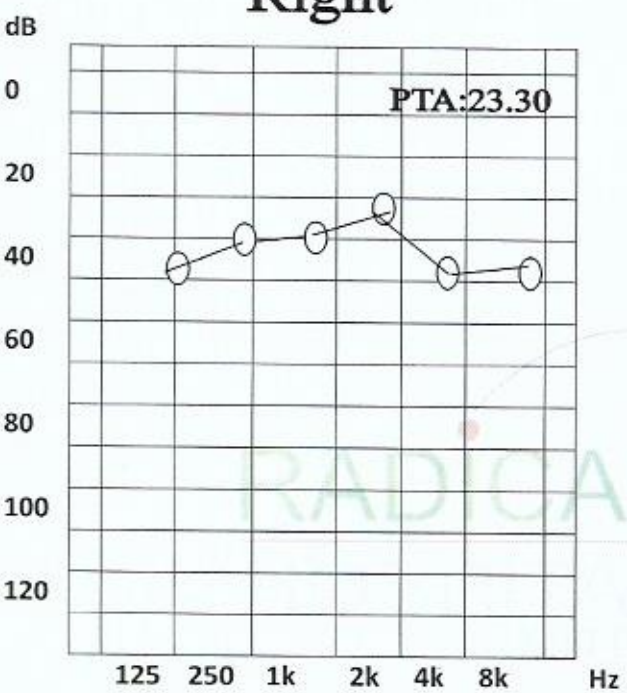
Patient Name : PARVAS RASHID 25/07/2023

Age : 28 Yrs

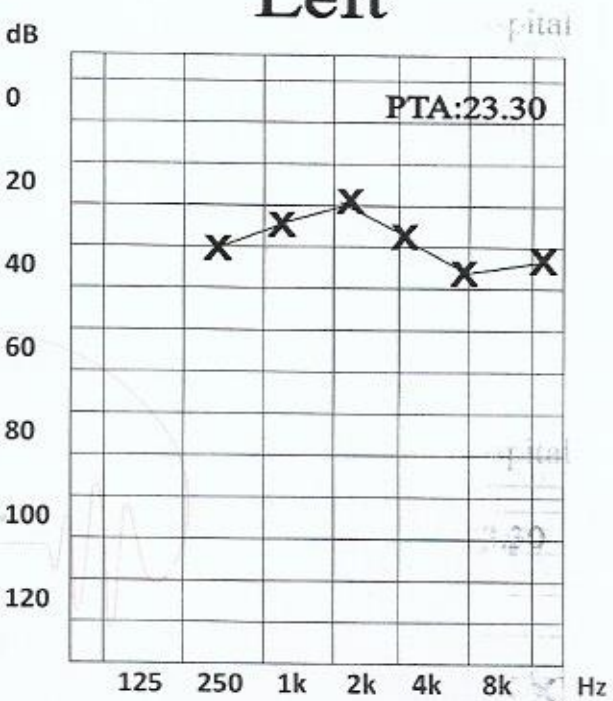
Address : RHL, UTTARA

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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE'LE CHOLERA

This is to certify that RASHID PARVAS D.O.B 24/10/95 sex MALE
Je soussigne (e) certifie que ne(e) le sexe

whose signature follows / dont la signature suit PARVAS RASHID

has on the date indicated been vaccinated or revaccinated against Cholera a etc vaccine (e) ou revaccine (e) contre la cholera a la date indiquee.

Date	Signature and Professional Status of vaccinator Signature et qualite Professionnelle du vaccinateur	Approved Stamp Cachet d' authentification	
1	1	1	2
10/7/23	Dr. Mesbah Uddin Ahmed MBBS, CCD Medical Corps R/N: 24912	CHOLERA FEVER VACCINATION LNo.-1102	CENTRE FOR VACCINATION AGRABAD C/A CTG. BANGLADESH
2	2	3	4
4/8/23	Dr. Mesbah Uddin Ahmed MBBS	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.	CENTRE FOR VACCINATION AGRABAD C/A CTG. BANGLADESH
3	3	5	6
25 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
4		7	8

The Validity of this Certificate for a period of six months.

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW-FEVER

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE'LA FIEVER JANUE

This is to certify that / Je soussigne (e) certifie que } RASHID PARVAS D.O.B / ne(e) le } 24/10/95 sex / sexe } MALE

whose signature follows / dont la signature suit } PARVAS RASHID

has on the date indicated been vaccinated or revaccinated against Cholera a etc vaccine (e) ou revaccine (e) contre la cholera a la date indiquee.

Date	Signature and Professional Status of vaccinator Signature et qualite Professionnelle du vaccinateur	Origin and batch No of vaccine Origin du vaccine employe et numero du lot	Official Stamp of vaccinating centre Cachet offical du centre de vaccination
1 10/7/14	Dr. Mesbah Uddin Ahmed Medical Consultant R.N: 24912 M.B.B.S, CCD	No Batch No: 482529-38 OCT-2018 / Manufact Oriqin: 20JULY-2012 FRANCE, / DU: 10YRS PASTUP COMPANY	CENTRE FOR VACCINATION AGRABAD C/A, CTG. BANGLADESH
2			
3			

There is no exemption for the requirement of a certificate of vaccination aganist yellow-fever on account of age.

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 revaccination.

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