# 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: ISLAM (Surname) MD. TAUHIDUL (First Name) (Middle Initial) Sex: MALE Serial No:

Date of Birth: 30 / 11 / 1995 PP/CDC: e1018806 Rank: 3/E

Vessel: M.V. LIGHT VENTURE Type: BULK CARRIER Route: WORLD WIDE

Home Address: HOUSE NO. 3, ROAD NO. 4/1, ANONDO NAGAR, MERUL BADDA, DHAKA-1212

Company Name: WAH KWONG SHIP MANAGEMENT (HONG KONG) 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 | | ✓ | | ✓ | 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 | 76kg | 41 cms / 40 cms | 110/70mmHg | 78/min | 20/min | Good |

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

| Colour Vision | | Normal | Abnormal |
|---|---|---|---|
| | Ishihara | ✓ | |
| | 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 |
|---|---|---|
| | ✓ | ✓ |

## 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 | 14.5 gm% | 14-16 gm % | Colour | Straw |
| Total WBC count | 8500 cu.mm | 4000-11000 / cu.mm | Specific Gravity | N/ |
| Neu 56 % Lymp 32 % Eos 02 Ba 00 % Mo 02 % | | | pH | N/ |
| Malarial parasite | Not Found | | Albumin | N/ |
| ESR | 07 mm / 1st hour | 1- - 15 mm / hr | Sugar | N/ |
| SGPT | 19 U/L | 9--43 U / L | Bile pigment | N/ |
| S.Cholesterol | mg/dl | 145--260 mg / dl | Bile salts | N/ |
| S.Triglycerides | mg/dl | upto 200 mg /dl | Occult blood | N/ |
| Blood Sugar | RBS 4.7 PPBS | upto 125 mg % | RBC cells | |
| HbsAg | Negative | | Leucocytes | |
| HIV I & II | Negative | | Others | |
| VDRL | No Reaction | | | |
| Others | | GGTP U/L | Spirometry: | Normal |
| Blood Group | | | Drugs of Abuse: | Negative |
| ECG : Normal TMT: NIE | | | | |
| X-Ray Chest: Normal | | | USG: | NIE |

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:** 25 JUL 2025

Candidate's Signature: মোঃ তাওহিদুল ইসলাম

Date: 26 JUL 2023

Official Stamp: Radical Hospitals Ltd. As Per 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.

04.2023.4468

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

| | | | | | |
|---|---|---|---|---|---|
| **Id No** | : 0881 | | **Date :** 26-Jul-2023 | **D.Date :** | 26-Jul-2023 |
| **Patient's Name :** | MD TAUHIDUL ISLAM | | **Age :** 27Y 7M 26D | **Gender:** | Male |
| **Specimen** | : Blood | | | | |
| **Doctor Name** | : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | | CDC NO:C/O/8806 | |

## Haematology Report

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

| Parameter Name | Results | Reference Range |
|---|---|---|
| **Hemoglobin (Hb)** | **14.8** gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>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)** | **8,500** /cumm | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| **Differential WBC Count (DC)** | | |
| Neutrophils | **85** % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | **12** % | Child: 52-62 %, Adult: 20-50 % |
| Monocytes | **01** % | Child: 03-07 %, Adult: 02-10 % |
| Eosinophils | **02** % | Child: 01-03 %, Adult: 01-06 % |
| Basophils | **00** % | Adult: 00-01 % |
| Total Cir. Eosinophils | **170** /cumm | 50-450/cumm |
| **Total RBC Count** | **4.68** m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | **39.7** % | M: 40-54%, F:37-47% |
| MCV | **84.8** fL | 76 - 94 fL |
| MCH | **31.6** pg | 27 - 32 pg |
| MCHC | **37.3** g/dL | 29 - 34 g/dL |
| RDW | **13.3** % | 11 - 16 % |
| PDW | **14.8** fL | 35 - 56 fl |
| **Total Platelete Count (PC)** | **2,16,000** /cumm | 150,000-450,000/cumm |
| MPV | **9.2** fL | 7.0 - 11.0 fL |
| PCT | **0.199** % | 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 | DIA23070881 | Received Date | 26/07/2023 |
| Patient's Name | MD TAUHIDUL ISLAM | | |
| Patient's Age | 27Y 7M 26D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/8806 |
| Sample | Blood | | |

## BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|---|---|---|
| Random Blood Sugar (RBS) | 4.7 mmol/l | 4.2 – 6.4 mmol/l |
| Serum ALT (SGPT) | 19 U/L | Up to 40 U/L |

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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| | | | |
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| Bill No | DIA23070881 | Received Date | 26/07/2023 |
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| Patient's Age | 27Y 7M 26D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/8806 |
| Sample | Blood | | |

# SEROLOGYCAL REPORT

| Test Name | Result |
|---|---|
| HBsAg (Method : (ICT) | Negative |

Checked By

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Radical Hospitals Ltd.

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

| Bill No | DIA23070881 | Received Date | 26/07/2023 |
|---|---|---|---|
| Patient's Name | MD TAUHIDUL ISLAM | | |
| Patient's Age | 27Y 7M 26D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/8806 |
| 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 |

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| Patient's Age | 27Y 7M 26D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/8806 |
| 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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## DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | | |
|---|---|---|---|---|---|
| *ID. No.* | : | 23070881 | Receive: Print: 26/07/2023 | | |
| *Patient's Name* | : | **MD TAUHIDUL ISLAM** | | | |
| *Age* | : | 27 YRS | *Sex* | : | M |
| *Refd. by* | : | **Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM** | | | |

# ELECTROCARDIOGRAM (E.C.G) REPORT

| | | |
|---|---|---|
| **Rate** | : | 71 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: 23070531 26-07-2023 12:47:08

md. Touchibal Islam

Male 27 Years

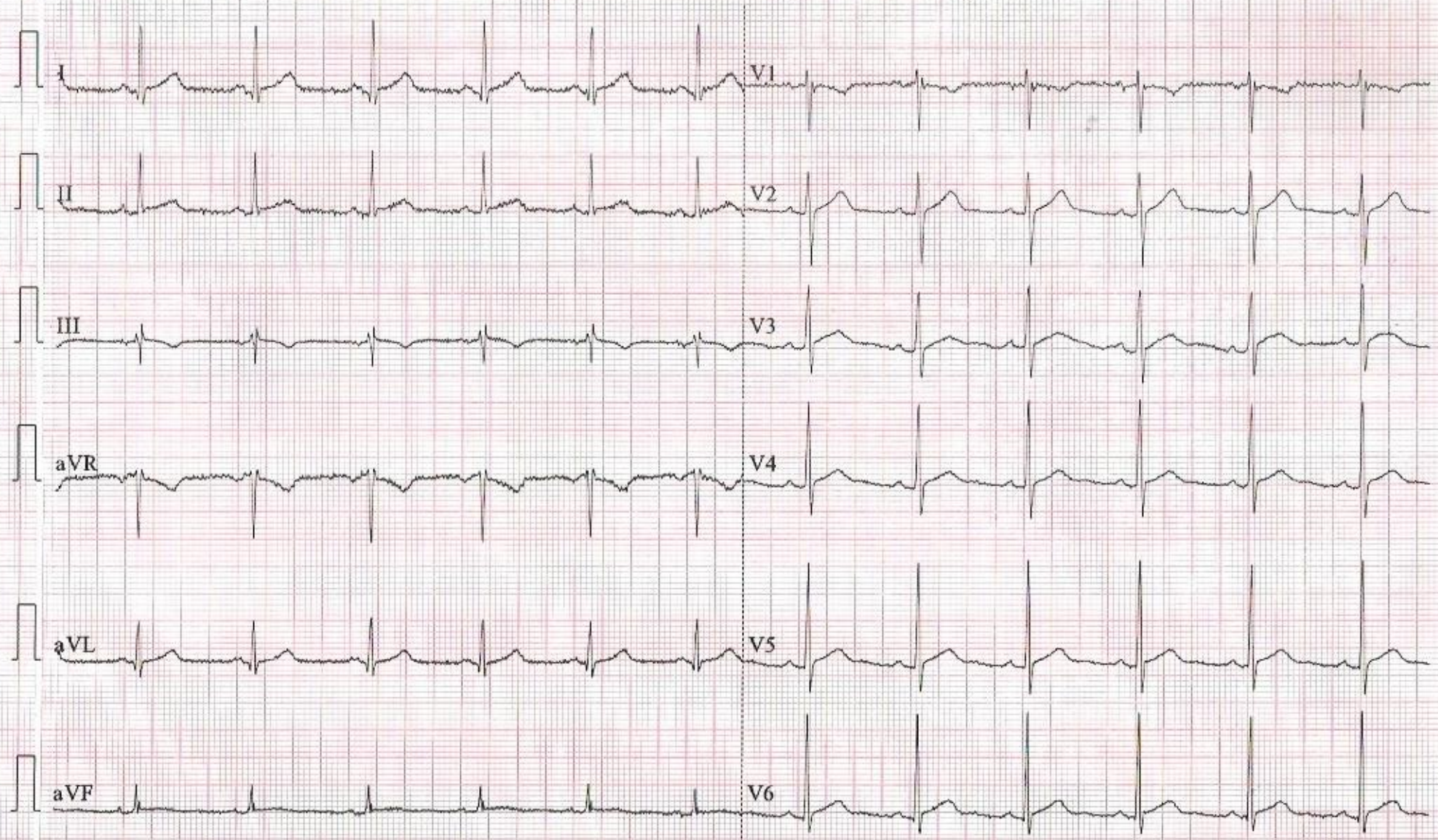
| | | | |
|---|---|---|---|
| P | : | 114 | ms |
| PR | : | 146 | ms |
| QRS | : | 76 | ms |
| QT/QTc | : | 376/418 | ms |
| P/QRS/T | : | 12/30/8 | ° |
| RV5/SV1 | : | 1.902/0.842 | mV |

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:




0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥74 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

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RADICAL HOSPITAL LIMITED

## DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | |
|---|---|---|---|---|
| *ID. No.* | : | 23070881 | Receive:26/07/2023 | Print: 26/07/2023 |
| *Patient's Name* | : | **MD TAUHIDUL ISLAM** | | |
| *Age* | : | 27 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.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA**
**CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA**

This is to certify that / JE Soussigne (e) certifie que | MD. TAUHIDUL ISLAM | date of brith / no (e) le | 30/11/1995 | Sex / sexe | M

Whose signature follows / dont la signature suit | মোঃ তাওহিদুল ইসলাম

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 professionelle Vaccinateure | Approved Stamp Cechet d'authentification | |
|---|---|---|---|
| 1 | Sabrina<br>DR. SABRINA MOSTAFA<br>MBBS (D.U)<br>Reg. No. BMDC, Bhaka A-68208<br>Seafarer's Medical Practitioner<br>Approved by, D.G. Shipping, Dhaka. | ORAL CHOLERA<br>"DUKORAL"<br>Valid Upto 2 Yrs. | CENTRE FOR VACCINATION<br>AGRABAD C/A.<br>CTG.<br>BANGLADESH |
| 2<br>26 JUL 2023 | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | CENTER FOR VACCINATION<br>35, Shah Makhdum Avenue<br>Uttara, Dhaka<br>BANGLADESH | ORAL CHOLERA<br>"DUKORAL"<br>Valid Upto 2 yrs |

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 cffecter sa validite.

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
# CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that / JE soussigne' (e) certifie que } MD TAUHIDUL ISLAM date of brith / no' (e) le } 30/11/1995 Sex / sexe } M

Whose signature follows / dont la signature suit } মোঃ তাওহিদুল ইসলাম

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 nunne' ro du lot | Official stamp of vaccinating centre Cachet officiel du centre de vaccination |
|---|---|---|---|
| 19 JUN 2022 | Sabrina DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka. | YELLOW FEVER VACCINATION L. NO DAKAR 1313 | CENTRE FOR VACCINATION AGRABAD C/A CTG. 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 revaccinatio.

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 I' Organisation Mondiale de la Sante" et sile centre de vaccination ae' tc' habilite parl' adminstration sanitaire du territoire dans lcqucl' ce centre est siture'

La validite' de ce certificat couvre une pe' riodc de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riodc dc 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' re' commc lcnant licu de signature.

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