Gender:



Seafarer's Name :(Last, first, middle)

#### MARITIME AND PORT AUTHORITY OF SINGAPORE

#### SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

K	EZA MOHAMME	ED MOHO	05HIN		Male	Fema	ale"
Date	e of Birth: (Day/month/yea			Place of Bi	rth:		
3	0/12/1967	BANG	LADESHI	NARSI	NGD1		
ocla	ration of the recognized	l medical prac	titioner:				
CCIa	tration of the recognized	i iliedicai piac	autorier.			Yes	No
1	Identification documents	were checked	at the point of examir	nation?			= t
2	Hearing meets the stand	ards in STCW	Code Section A-I/9?				r in
3	Unaided hearing satisfac	ctory?				/	
4	Visual acuity meets the s	standards in S	CW Code Section A-	1/9?		/	J
5	Colour vision meets the	standards in S	TCW Code Section A-	-1/9?			ele*
	Date of last col	our vision test:		30 JUL 2	023		
6	Fit for look-out duty?					0	7
7	Is the seafarer free from to render the seafarer un					_	- 1/3
8	No limitations or restricti	ons on fitness'	?		lee-III	/	
	If "no" specify limitations	or restrictions					- Cal
				Local Control			t
9	Date of examination: (da	ay/month/year)			3 0 JUL 2023	-11	itle*
10	Expiry of certificate: (da ** Maximum two years from of	y/month/year) late of examinatio	n unless the seafarer is un	der the age of 18	29 JUL 2025		4 5 6
31	0 JUL 2023	CUA	DR. MIR.  MBBS (DU), DFM, C  BMDC A-5514  DG Shipp.ng Ba  Genera	MD. RAIHAN CD (Birdenf), PGT (Ophth) 44, MMC-BGD-016 angladesh Approved al Physician ospitals Limited.			
		e of Authorised Practitioner	Medical Practitioner's (name, licence number				1.00

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

\* delete as appropriate

SEAFARER MEDICAL CERTIFICATE - March 2020



04.2023.4495

... No



## MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

# MPA

### RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS) REZA MOHAT	NMED MOHOSHI	W	Gender: Male/Female*
Date of Birth: day/month/year	Place of Birth:	Nationality: BANG L	ADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: A 00193041	Dept: Deck) Engine / C Rank: MASTER	Catering / others	Type of ship:
Home Address: H # 02, FLAT - 7B, ROAD-20, SECTOR-7, UTTARA,	Routine and emergence	y duties:	Trading area: e.g. coastal / worldwide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No	-	Yes	No
Eye/vision problem			18. Sleep problem		_
2. High blood pressure			. 19. Do you smoke, use alcohol or drugs?		
3. Heart/vascular disease		1	20. Operation/surgery	1	//de
Heart Surgery			21. Epilesy/seizures		in ty
5. Varicose veins/piles			22. Dizziness/fainting		
6. Asthma/bronchitis			23. Loss of consciousness		Ľ
7. Blood disorder			24. Psychiatric problems		
8. Diabetes		-	25. Depression		
Thyroid problem			26. Attempted suicide		
10. Digestive disorder			27. Loss of memory	5	No
11. Kidney problem			28. Balance problem		
12. Skin Problem		-	29. Severe headaches		44
13, Allergies		-	30. Ear(hearing, tinnitus/nose/throat problem		1 1
14. Infectious / contagious diseases		-	31. Restricted mobility	0.15	
15. Hernia		_	32. Back or joint problem		
16. Genital disorder		1	33. Amputation		1
17. Pregnancy	7	113	34. Fracture/dislocations		

If you answer "yes" to any of the above questions, please provide details:

HEAD INJURY WITH OPERATION IN 1997

<sup>\*</sup>For identity verification purpose

Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		-
36. Have you ever been hospitalized?		-
37. Have you ever been declared unfit for sea duty?	e la sud	-
38. Has your medical certificate even been restricted or revoked?		-
39. Are you aware that you have any medical problems, diseases or illnesses?		/
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	1	1
41. Are you allergic to any medication?		-
42. Are you using any non-prescription or prescription medication?		~

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

3 0 JUL 2023

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN

Name and Sognatione of MA/TEGESS 6 DG Shipping Bangladesh A General Physician Radical Hospitals Limited.

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to

Dr. MEMD. PANHAN.

3 0 JUL 2023

Date

Signature of Seafarer

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.

Name and Signature of Witness



Page 2 of 5

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No No	s or contact le	nses			
Yes T	Гуре		Purpose	***************************************	********
isual Acuity					- ×
	Unaided			Aided	
Right eye	Left eye	Binocular	Right eye	Left eye	Bingcular
Distant			Distant	6/6	616
Near			Near	NG	NS
isual fields					
	Norm	al _	Defective		
Right eye	_				
Left eye					
		Vormal	Doubtful	3 300	ective
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- 1

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Eyes						
The state of the s	noscopy					
Pupils		-/.				
Eye mov	rement	-/-				
Lungs ar						
	xamination	MA				
Heart						
Skin						
Varicose	Vein				- 2	
Vascular	(inc. pedal pulse)					
	n and viscera					
Hernia						
	ot rectal exam)					
G-U sys	THE PARTY OF THE P					
THE RESIDENCE AND ADDRESS OF THE PARTY OF TH	nd lower extremities					
	/s, T/S, L/S)					
The second secon	gic (full/brief)					
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est .	gnostic test(s) and res	sult(s):	Results: No	annue	ny limitations.	
Medical  Assessme On the basesults rec	practitioner's comments ent of fitness for servi sis of the seafarer's per orded above, I declare r look out duty	sult(s): s and assessment for DUTY 0 ce at sea (ple sonal declarate the seafarer not be considered to the se	Results: Nonent of fitness, with BOARD SHIP ase tick) ion, my clinical emedically:	th reasons for ar		
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Departmention

Without rest	rictions With	ı res	trictions	
Description of re	estrictions (e.g. specific p	posi	tion, type of ship, trading area etc.)	
- A				
3 0 JUL 2023	Final Property of the Property	1	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	
Date	Signature of Medical Practitioner		Medical Practitioner's name, licence numb	per, address

E # 5





D.Date: 30-Jul-2023

Gender: Male

radical hospitals@yahoo.com, www.radicalhospital.com

Id No : 1071

Patient's Name: REZA MOHAMMED MOHOSHIN

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/1647

#### Haematology Report

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

Date: 30-Jul-2023

Age: 55Y 7M 0D

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)	<b>16.2</b> 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)	06 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	<b>10,200</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)		10 * 0 ; 100 to 20 * 0 to 2 to 3 to 2 to 3 to 3 to 3 to 3 to 3	
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	29 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %	
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	
Total Cir. Eosinophils	306 /cumm	50-450/cumm	
Total RBC Count	6.06 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	48.6 %	M: 40-54%, F:37-47%	
MCV	80.2 fL	76 - 94 fL	
MCH	<b>30.0</b> pg	27 - 32 pg	
MCHC	37.4 g/dL	29 - 34 g/dL	
RDW	12.9 %	11 - 16 %	
PDW	15.4 fL	35 - 56 fl	
Total Platelete Count (PC)	1,86,000 /cumm	150,000-450,000/cumm	
MPV	9.1 fL	7.0 - 11.0 fL	
PCT	0.169 %	0.1 - 0.%	

Sto

Checked By

Medical Technologist

Dr. Sumaiya Khatun

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



radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23071071	Received Date	30/07/2023
Patient's Name	REZA MOHAMMED MOHOSHIN	received Date	30/07/2023
Patient's Age	55Y 7M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	EM),PGT(Eve),DFM	CDC NO:C/O/1647
Sample	Blood	,, - (-)-/ <sub>1</sub> -,	000 110.0/0/104/

### BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
Serum Creatinine	1.1 mg/dl	0.3 - 1.3 mg/dl



Checked By

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Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun M BBS, MD (Microbiology) Associate Professor

Dept. of Microbiology East West Medical College and Hospital

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23071071		
Patient's Name		Received Date	30/07/2023
i alient's Name	REZA MOHAMMED MOHOSHIN		
Patient's Age	55Y 7M 0D		
	SOT TIM OD	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(B		3.0.2 G37 SANS 3.3
Sample	BI :	IRDEM),PGT(Eye),DFM	CDC NO:C/O/1647
Cample	Blood		

### SEROLOGYCAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative



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Medical Technologis Radical Hospitals Ltd. 2

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



radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA230701071	Received Date 30/		30/07/2	0/07/2023	
Patient's Name	REZA MOHAMMED MOHOSHIN					
Patient's Age	55Y 7M 0D		Patient's Sex		Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		С	DC NO	C/O/1647	
Sample	Urine					

#### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	2-4/HPF

#### CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	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

A0\_

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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

### **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 230701071 Receive:30/07/2023 Print: 30/07/2023

Patient's Name : REZA MOHAMMED MOHOSHIN

Age : 56 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 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

radical\_hospitals@yahoo.com, www.radicalhospital.com

#### **DEPARTMENT OF RADIOLOGY & IMAGING**

Sex

: M

ID. No. : 23071071 Receive: Print: 30/07/2023

Patient's Name : REZA MOHAMMED MOHOSHIN

Age : 56 YRS

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

### **ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate : 82 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

Page 1 of 1