REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER

As per **Merchant Shipping (Medical Examination) Amendment Rules, 2000** and **ILO IMO/JMS/2011/2012**
(In Compliance with MLC 2006 & ISM/STCW 2010, Code 1/9)

Name : RABBI, MD FAZLY (SURNAME, FIRST NAME, MIDDLE NAME) Sex : MALE Serial No. :

Date of Birth : 17/09/1990 PP/CDC No.: A10/7037 Nationality: BANGLADESHI

Rank: 2/OFF Vessel: NIAGRA HIGHWAY Type: PCTC Route : WORLDWIDE

Home Address : 200/8, WEST MANIKDI, DHAKA CANTT, DHAKA-1206.

Company Name & Address: WALLEM SHIPMANGEMENT 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	Is there any past/present history of any of the following?	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-side headaches (Migrane)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memory		✓		✓	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 alchohol / drugs / tobacco		✓		✓
Stomach / Bowel Disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall Stones / Kidney Disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Vericose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Malignant Disease (Cancer)		✓		✓
Female Disorders					Signed off on medical ground/Declared Unfit		✓		✓

Notes :

Candidate's Declaration :- My signature below acknowledges that all statements provided by me in this application are true & correct to the best of my knowledge and belief and I further authorise & consent to the release of any /all of my medical records from any source including Insurance offices, Doctors, Hospitals or other institutions and public authorities. This general medical release will also authorize the release of any /all of my psycological records. If I am being tested for HIV virus, I consent to have the result revealed to my employer. I declare the above statements to be correct.
I hereby certify that the above medical statements are true and will form the basis of my medical examination. I agree that any omission or mis-representation shall preclude me from employment and other medical benefits.

Date : 17 JUL 2023

Candidate's Signature

Medical Examination :

Height in cms	Weight in Kgs	Blood Pressure in mm of Hg	Pulse-beats/min	Resp. Rate/min	General Appearance
168 cm	75 Kg	110/70 mm/Hg	78/min	16/min	HEALTHY

Compliant with MLC2006, STCW 2010 STANDARD A-1/9

Distant Vision (Snellen's Chart)	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					

Not Indicated

*Hearing	Normal Voice	Whispered Voice
Right Ear	4 METER	2 METER
Left Ear	4 METER	2 METER

Compliant with MLC2006, STCW 2010 STANDARD A-1/9

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

Systemic Examination	Norm	Abnor
Head & Neck	✓	
Eyes	✓	
Ear / 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

	Norm	Abnor
Respiratory System	✓	
Cardiovascular System	✓	
Per Abdomen	✓	
Genito-urinary System	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure / Fistula / Piles	✓	

Investigations :

Blood	Result	Normal
Heamoglobin	13.2	M:13-17 F:12-15 gm%
Total WBC Count	7,200	4000 - 10000 / cu.m
Neu 63% Lym 26% Eos 4% Bas 0% Mo 0%	2	
ESR		1 - 10 mm/hr
SGOT		0 - 35 IU / L
SGPT		10 - 60 IU / L
S. Cholesterol		130 - 220 mg / dl
S. Triglycerides		upto 200 mg / dl
Blood Sugar		upto 140 mg %
Creatinine		upto 1.5 mg / dl
GGTP		upto 55 IU / L
HbsAg		
HIV 1 & II		
VDRL		
Others		
Blood Group		

Urine	Result
Colour	STRAW
Specific Gravity	N
pH	N
Albumin	N
Sugar	N
Bile Pigment	N
Bile Salt	N
Occult Blood	N
RBC Cells	N
Leucocytes	N
Spirometry	
Drug of Abuse	
TMT	
ECG	Normal
USG	Normal
XRay (Chest PA)	Normal

PHOTO

Result Of Medical Examination

On the basis of the history, clinical examination & diagnostic tests, I, hereby declare the above examinee has been found medically, **FIT**

Remarks / Recommendation : *Unaided Hearing : Satisfactory

I, , certify that all information required under Annexure E & F of M.S (Medical Examination) Rules 2000 are incorporated in this certificate.

Date of Medical Exam: 17 JUL 2023
Date of Medical fitness: 17 JUL 2023
Validity of Medical Certificate: 16 JUL 2025

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

DR. MIR. MD. RAIHAN
Medical Officer, PGT (Ophth)
MBBS (DU), DMMC, Signature
BMDC A-55144, MMC-BGD-016
General Physician
Radical Hospitals Limited.

IDENTITY of CANDIDATE CONFIRMED WITH
04.2023.4392

WALLEM	SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7

Pre-Sea Exam: ☑ Periodic Exam: ☐ Other: ☐

Examination for duty as: Master: Y/N: ____ Deck Officer: Y/N: ____ Eng Officer: Y/N: ____ Ratings: Y/N: ____ Cook: Y/N: ____ Other: Y/N: ____ Please specify _____		Fit to perform the duties he/she is to carry out.	Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	Temporarily unfit to perform the duties he/she is to carry out.	Permanently unfit to perform the duties he/she is to carry out.
		☐	☐	☐	☐

To be filled by Manning Centres

Name, Address with Contact details of Manning Centre:					
Vessel to be assigned:		Routine & Emergency Duties (if known):		Position Offered/ Applied for:	
Type of vessel (Container, Tanker, Passenger etc):					
Trade area (e.g. Coastal, Tropical, Worldwide):	Cosastal ☐	Tropical ☐	WorldWide ☐		

Part I - Examinee's Personal Declaration with Medical History

(Examinee is to be answer the following to the best of examinee's knowledge)

(Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details

Name of Examinee (Family/ last, first, middle):	RABBI, MD FAZLY						
Home/ Permanent Address:	ADARSAPARA MALGRAM, BOGURA SADAR, BOGURA SADAR, BOGURA						
Mailing Address:	200/8, WEST MANIKDI, DHAKA CANTT, DHAKA - 1206.						
Date of birth (day/month/year):	17 / 09 / 1990				Sex:	MALE	
Place of Birth:	City: CHATTOGRAM Country: BANGLADESH	Nationality:	BANGLADESHI	Rank:	2/OFF		
Civil Status:	MARRIED						
Identity Docs/ Passport /Discharge Book No:	C/01/70[illegible]						

Examinee's Medical History

Is there any past / present history of any of the following	Examinee	Examiner's	Is there any past / present history of any of the following	Examinee	Examiner's

Radiant Hospitals Ltd. Approved by Department of Shipping

04.2023.4392

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	Declaration		Record			Declaration		Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory					Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor				
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis					Stomach / Bowel Disorders/ Digestive Disorder				
Ear (Hearing, tinnitus) Problems / Impairment					Gall Stones/ Jaundice / Kidney Disorders				
Mental Diseases, Breakdown / Sleep Disorder					Severe/ Frequent/ One Sided Headaches (Migraine)				
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility					Back / Joint Problems/ Wrist Problems/ Slipped Disc				
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)					Hernia / Hydrocoele / Appendicitis				
Balance Problem					Piles / Varicose Veins				
Sinuses/ Nose/ Throat Problems					Allergies / Rash/ Skin Disease				
Thyroid Problem					Female Disorders				
High / Low Blood Pressure/ Blood Disorder					Major / Minor Operation/ Surgery				
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)					Contagious Diseases/ Gastrointestinal Infection / Other Infections				
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/					Sexually Transmitted Disease/ Infections				
Shortness of Breath					Addiction to Alcohol/Drugs/Cigarettes /Tobacco.				
Rheumatic Fever					Diabetes				

for Male Examinee	Yes	No	If "Yes", give details	for Female Examinee	Yes	No
Prostate Problems/ Testicular Lumps				Breast Lumps/ Menstrual Problems		
Penile Discharge				Pregnancy		
Multiple Partners				Multiple Partners		

If "Yes", to any of the above, please explain:

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		
Have you ever been hospitalized?		
Have you ever been declared unfit for sea duty?		
Has your medical certificate ever been restricted or revoked?		
Are you aware that you have any medical problems, disease or illness?		
Do you feel healthy and fit to perform the duties of your designated position/occupation?		
Are you currently under a doctor's care/ medication?		
Are you allergic to any medications?		
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox		
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		

Approved by Department of Shipping As Per MLC-2006

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Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		✓
In the last one week have you consumed any of these Drugs/ Medication		✓
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		✓
Pain Killers, If Yes, Please State name of Drug Crocin/ Asprin/ Fortwin etc.		✓
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		✓
Any Medicine/ Injections from your family Doctor		✓
To What Extent Do You Use: Alcohol: _____, Cigarettes: _____ Tobacco: _____, Drugs: _____		
Are you taking any non-prescription or prescription medications?		✓
If yes, please list the medications taken and the purpose(s) and dosage(s).		
Date and contact details for previous medical examination (if known):		
Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).		

Family History :	**Yes**	**No**
Diabetes		✓
Blood Pressure/ Heart Disease		✓
Mental Illness/ Epilepsy/ Seizure		✓
Cancer		✓
If "Yes", to any of the above, please explain:		

Any other major conditions? ✓

Would you say that your health is: **Excellent** * **Good** * **Fair** *

I _____ holding Passport/Seaman Book no._____ hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to

Dr. MARIO. ROMAN. (the approved medical practitioner carrying out the medical examinations).

Signature of Examinee:		Date(day/month/year):	17 JUL 2023

Height in cms: 168		**Weight in Kg:** 77	
BMI: 26.5		**Temperatures:** 98°.	
Chest:	**Insp:** 42	**Exp;** 40	

Blood Pressure	**Systolic** 130 (mmHg)	**Diastolic** 70 (mmHg)	
Pulse Rate: Rhythm:	78/min	**Respiratory rate**	18/min.
Oral Health	Normal	**General Condition**	Good

Part II – Medical Examination

The Company has set the following BMI limits:
A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.
For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia etc), then the seafarer in question MUST undergo a stress/ treadmill test.

Radiant Hospitals ★ Approved by Directorate General of Shipping ★ As Per MLC 2006

If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways/means to improve their health.

BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant				6/6	6/6	✓
Near				N5	N5	✓

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No

If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:	✓	Type: Book *		Lantern *		Ishihara *		CIE-43-2001 *	✓
Check if colour test is Normal:	Yellow	*	Red	*	Green	*	Blue	*	
Colour Vision:	Not tested	*	Normal	*	Doubtful	*	Defective	*	

Hearing:

Pure tone and audio metry (threshold values in dB)						
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and Whisper Test (Meters)		
	Normal	Whisper
Right ear	✓	
Left ear	✓	

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose Veins	✓	
Eyes	✓		Vascular (Inc. Pedal Pulses)	✓	
Eye Movement/Pupils	✓		Abdomen and Viscera	✓	
Ophthalmoscopy	✓		Hernia	✓	
Ears, Tympanic Membrane	✓		Anus (Not Rectal Exam.)	✓	
Sinuses, Nose, Throat	✓		G-U System	✓	
Mouth/Teeth/Gums	✓		Upper & Lower Extremities	✓	
Nervous System	✓		Spine (C/S, T/S and L/S)	✓	
Heart	✓		Neurologic (Full Brief)	✓	
Lung and Chest	✓		Psychiatric	✓	
Breast Examination	N/A		Pupils	✓	
Skin	✓		Musculoskeletal System	✓	

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	✓		Hypertension	✓	
Dysrhythmia/ Pacemaker	✓		Congenital Heart Disease	✓	
Valvular Heart Disease	✓		Peripheral Circulation	✓	
Cardiomyopathy	✓		Pulmonary Circulation/ TB	✓	
Aneurysms	✓				

Chest X-ray (PA)	Not performed *			
	Performed * on (day/month/year):	Normal	Abnormal	
Result :				

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

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Other diagnostic test(s) and result(s):

Test:	Result:
Investigation: 13.2	

Blood	Result	Normal
Haemoglobin "Hb"	13.2 g/dl	13 – 18 gm/ dl
Total WBC count	7.200	4,000 - 11,000 / cu.mm
Neu 62 %, Lymp 26 %, Eos 3 %, Bos 0 %, Mo 07 %		
Blood Group & Rh factor (tested only once, need not be repeated)		
BI ESR	09	1 - 15 mm / hr
Platelets	2.41000	1.50-4.00 Lakh/ul
Fasting Lipid Profile		
S. Triglycerides		25-200 mg/dl
Cholesterol Serum		130-220 mg/dl
HDL Cholesterol Serum		35-65 mg/dl
LDL Cholesterol Serum		85-150 mg/dl
VLDL Cholesterol Serum		07-35 mg/ dl
Total / HDL Cholesterol		3.0-5.0
LDL/ HDL Cholesterol		2.5-3.5

Hepatitis B	Positive	Negative
Hepatitis C	Positive	Negative

Urine	Result
Colour	Nil
Specific Gravity	Nil
pH	Nil
Albumin	Nil
Sugar	Nil
Bile Pigment	Nil
Bile Salt	
Occult Blood	
RBC Cells	
Leucocytes	
Stool Test	**Result**
Bacterological	
Parasitical	
Others	

HIV I &II	
VDRL	

Additional Tests	Result	Normal
(HbA1c)		4.0 % - 6.5 %
RBS/ FBS (Blood test	5.4	
Total Bilirubin		0.1 - 1.0 mg/dl
Direct Bilirubin		0.0 - 2.5 mg/dl
Indirect Bilirubin		0.0 - 0.75 mg/dl
SGPT		9 - 43 U / L
SGOT		0 - 40 IU/L
SGGT		0 - 49 IU/L
Blood Urea		10 - 50 mg/dl
S. Creatinine		0.8 - 1.4 mg/dl
BUN		5-23mg/dl
PSA		Less than 4.00 ng/ml
Malarial Parasite		
Uric Acid		2.4 - 7.5 mg/dl

Drugs: Method:
Results:

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	**(1000 ng/ ml)**	**(200 ng/ ml)**	**50 ng/ ml**	**(300 ng/ ml)**	
Not Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids / Urine *	Cocaine / Urine *	Opiates & Morphine *

Spirometry		TMT		Drugs of Abuse	
ECG	Normal	ECHO		Ultrasound (USG) of the Abdomen & Pelvis	Normal

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes / No As Per MLC-2006

Vaccination status recorded: Yes / No Satisfactory * to be renewed *

Rajsal Hospitals Ltd. Approved by Department of Shipping

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Details:

Describe restrictions (e.g. specific positions, type of ship, trade area):

Action taken by medical examiner (e.g. referral):

Examination	Results of the examination		Examination	Results of the examination	
	Pass	Fail		Pass	Fail
Medical History	✓		Fecalysis (food service/ handlers only)	✓	
Physical Examination	✓		Hep B Antigen	✓	
Dental Examination	✓		Hep C Antibodies	✓	
Psychological Test	✓		Stress Test	✓	
Visual Test	✓		Diabetes	✓	
Colour Vision	✓		Ultrasound Examination (Presence of gall & Kidney Stones)	✓	
Audiometry	✓		Alcohol/ Drug Test	✓	
EKG	✓		2D echo Doppler study (for heart patient) Psychometric evaluation	✓	

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is –

(a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory

(b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she if fit / unfit for look out duty

(c) that he / she needs / does not need visual aids / informed to carry spares

(d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?

(e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	*	*	*	*
Unfit:	*	*	*	*

this seafarer is **UNFIT FOR DUTY**/ FIT FOR DUTY with/ without restrictions*** as mentioned below,

* This Medical Certificate is issued with following restrictions (specific position, type of ship, trade area & other as applicable) :

** Reasons for being unfit

Radicare Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

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This is to certify _____ was physically examined and he/she is found to be FIT for sea service/ look-out duty for the period from _____ To _____ Place of medical examination 17 JUL 2023 Date of medical examination: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh Medical certificate validity date (day/month/year): 16 JUL 2025 Name of Examiner (Please Print):

(Validity should not be more than 2 years)

_____ Degree: _____ Address: _____

Tel./Fax/Email: RADICAL HOSPITAL LIMITED

Name of Medical Examiner/ Physician Certificate /License Issuing Authority: Uttara, Dhaka, Bangladesh

Date of issue of Medical Examiner/Physician Certificate/ License: _____ Registration No.:

_____ Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner (print name of medical examiner if not legible) and I acknowledge, that I have been advised of the content of the medical certificate & of the right to a review in accordance with paragraph (6) of section A-I/9 of STCW Code and my obligations.)

Date: 17 JUL 2023

_____ Official Stamp & Signature with Govt. (DGS) Approval/ No.....of Medical Examiner

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

Original: Master & Crewing Dept
cc: Seafarer

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RABBI	GIVEN NAME (S): MD FAZLY
DATE OF BIRTH: DAY 17 MONTH 09 YEAR 1990	PLACE OF BIRTH CITY CHATTOGRAM COUNTRY BANGLADESH / SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT:

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	—	6/6	☑ BOOK ☑ LANTERN YELLOW RED GREEN BLUE	RIGHT EAR
LEFT EYE	—	6/6		LEFT EAR

Confirmation that identification documents were checked at the point of examination: YES ☑ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☑ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐
(the visual test it is required every six years)
Date of the last colour vision test: (Day/Month/Year) 17 JUL 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☑

Able for watchkeeping? YES ☑ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☑

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☑ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

Signature of Applicant | MD FAZLY RABBI — Name of Applicant | 17 JUL 2023 — Date

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN

ADDRESS: RADICAL HOSPITAL LIMITED CHITTAGONG

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH.

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 08 MAY 2014.

SIGNATURE OF PHYSICIAN | STAMP OF PHYSICIAN: Radical Hospitals Ltd. As Per MLC 2006 | DATE: 17 JUL 2023

EXPIRY DATE OF CERTIFICATE: 16 JUL 2025

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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.

FPS 41D
Revised : Feb'10

MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
RABBI	MD FAZLY	

DATE OF BIRTH	PLACE OF BIRTH
09 MONTH 17 DAY 1990 YEAR	CITY CHATTOGRAM COUNTRY BANGLADESH

EXAMINATION FOR DUTY AS :

- MASTER ☐
- MATE ☑
- ENGINEER ☐
- RADIO OFF ☐
- SEAMAN ☐

MAILING ADDRESS OF APPLICANT

MEDICAL EXAMINATION

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
166cm	70kg	110/80	72/min	18/min	Good

VISION:

	RIGHT EYE	LEFT EYE
WITHOUT GLASSES		
WITH GLASSES	6/6	6/6

HEARING:

RIGHT EAR: N.D. LEFT EAR: N.D.

COLOR TEST TYPE : BOOK ☐ LANTERN ☐ Check if color test is normal

YELLOW: N.D. RED: N.D. GREEN: N.D. BLUE: N.D.

HEAD AND NECK: Normal

HEART (CARDIOVASCULAR): Normal

LUNGS: Normal

SPEECH :

Is speech unimpaired for normal voice communication ? Normal

EXTREMITIES: UPPER: Normal LOWER: Normal

Is applicant suffering from any disease likely to be aggravated by, or to render him unfit for, service at sea or likely to endanger the health of other persons onboard?

NO.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO :

AND HE / SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN
(PLEASE PRINT)

ADDRESS: RADICAL HOSPITALS LIMITED DHAKA
DHAKA-1229, BANGLADESH.

NAME OF PHYSICIAN'S LICENSING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S LICENSE: 06 MAY 2014.

SIGNATURE OF PHYSICIAN

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73)

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

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

MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

FIT FOR DUTY ON BOARD SHIP

Last/Family Name	First & Middle /Given Name	Position applied for
RABBI	MD FAZLY	2/OFF

Date of Birth	Sex	Nationality	ID (Passport/Discharge book) No.
17/05/1990	MALE	BANGLADESHI	C/017037

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of MLC 2006 Reg 1.2; STCW 2010&the guidance for the conduct of medical examination issued by the Directorate, as amended from time to time. On the basis of the seafarer's personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is -

(a) that the hearing meets the required standards for his rank:- — ~~Yes~~ No

Unaided hearing is satisfactory — ~~Yes~~ No

(b) Visual acuity meets the required standards for his rank — ~~Yes~~ No

Colour Vision meets the the required standard — ~~Yes~~ No

that he is fit for look out duty — ~~Yes~~ No

(c) that he needs visual aids / informed to carry spares — ~~Yes~~ No

(d) that he is taking regular medication & seafarer does require to take same during his tenure on board vessel — Yes ~~No~~

(e) that the seafarer is not suffering from any disease likely to be aggravated by, or render him unfit for, service at sea or likely to endanger the health of other persons on board ships — Yes ~~No~~

(f) this seafarer is **FIT FOR DUTY without restrictions* as mentioned below**

** This Medical Certificate is issued with following restrictions

** Reasons for being unfit

Physician Signature:

Physician Name Printed:

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.

Clinic Stamp

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

Date: 17 JUL 2023

Valid Till: 16 JUL 2025

Authorizing body of Medical Examiner: Directorate General of Shipping, Govt.of Bangladesh

I acknowledge, that I have been advised of the content of the medical certificate & of the rights for a review and my obligations.

Seafarers signature with Date:- 17 JUL 2023

Delete whatever is not applicable

	WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD. REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION (Confidential Document)	Form : MHRS 08 Prepared by : MR Approved by : MD Issued : Feb '08 Revised : Mar '17

From : _____

(Please write Name, Address & Contact Details of Manning Centre)

PHOTOGRAPH
2" x 2"

To : RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh
(Please write Name, Address & Contact Details of the Doctor/ Clinic/Examiner)

Please carry out medical examination of the seafarer, the details and requirements for which are as stated below.

_____ Date : 17/JUL/2023
(Name & Signature of Responsible Person from Manning Centre)

Examinee's Details :

Full Name : MD FAZLY RABBI Address : 200/8, WEST MANIKDI, DHAKA CANT, DHAKA.

Date of Birth : 17/09/1990 Rank : 2/OFF Name of vessel to be assigned : NIAGRA HIGHWAY

Type of vessel : PCTC Trade area : WORLD WIDE

(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide) :

CDC No. : C/0/70037 Passport No. : B00032987 Crew ID.(from Compas) : 36892

Position Offered/ Applied for : 2/OFF Routine & Emergency Duties (if known) : _____

As per requirements of applicable P&I club :

☐ West of England P&I ☐ UK P&I ☐ Steamship Mutual Underwriting Association

☐ Britannia P&I ☐ Skuld P&I ☐ North of England Association P&I

☐ Standard P&I ☐ Gard P&I ☐ London Steamships P&I

☐ Japan P&I ☐ American Steamships P&I ☐ Others : _____

As per requirements of applicable Flag State :

☐ Liberian ☐ NIS ☐ Panamanian ☐ Marshall Islands ☐ Malta

☐ Danish ☐ ILO ☐ UK ☐ Others : _____

Medical Examination Module (as applicable): _____ (Please refer to "Annex 1" of WSM(I)'s Quality Manual)

FOR SEAFARERS : Please write any past medical history [Injury or Illness] in detail; any history of allergy to drugs should be mentioned in the box provided below :

Please read and sign the following statement :-

"I certify that my past medical history will be/has been fully declared to the Company Doctor and any false statement or undisclosed material and/or information in regard to past or present illness and/or medical condition(s) will disqualify me from any employment benefits and claims."

Seafarer's Signature
Date : 17 JUL 2023

Radical Hospitals Ltd. ★ Approved by Medical Department ★ Shipping ASMP&I-MLC-2006

Doctor's Signature
Date : 17 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.

Original: Doctor & Copy : Manning Centre
Remark: The document to be uploaded into CMS under Medical