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: RAIHAN (Surname) MOHAMMED (First Name) SHOLAT (Middle Initial) Sex: M Serial No:

Date of Birth: 30/12/1975 PP/CDC: C0/3870 Rank: C/O

Vessel: M.T. KURION Type: OIL TANKER Route: WORLD WIDE

Home Address: H-37, R-06, S-12
UTTARA, DHAKA-1230, BANGLADESH

Company Name: WTM SINGAPORE

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
Severe one-sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat problems		✓		✓
Stomach / Bowel disorders		✓		✓
Gall stones / Kidney disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Varicose veins		✓		✓
Blood Disorder		✓		✓
Female Disorder		✓		✓
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High / Low blood pressure / Heart disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin disease		✓		✓
Infection / Contagious Disease		✓		✓
Addicition to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
Signed off on medical grounds / Declared Unfit		✓		✓

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
185cm	76kg.	43-41 ins	120/80 mmHg	78/min	19/min	Good

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

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: N; Left ear: N

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 CH. OFF
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	11.1 gm%	14-16 gm %
Total WBC count	8.200 cu.mm	4000-11000 / cu.mm
Neu 62 % Lymp 32 % Eos 04 Ba 00 % Mo 02 %		
Malarial parasite	Not found	
ESR	06 mm / 1st hour	1- - 15 mm / hr
SGPT	NIL U/L	9--43 U / L
S.Cholesterol	NIL mg/dl	145--260 mg / dl
S.Triglycerides	NIL mg/dl	upto 200 mg /dl
Blood Sugar	RBS 5.1 PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others		GGTP U/L
Blood Group		

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

ECG : Normal **TMT:** N/D

X-Ray Chest: Normal

Spirometry: N/D

Drugs of Abuse: Negative

USG: Normal

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: 09 JUN 2025

Candidate's Signature

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.

Date: 10 JUN 2023

04.2023.4179

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA

SURNAME: RAIHAN	GIVEN NAME (S): MOHAMMED SHOKAT
DATE OF BIRTH: DAY 30 MONTH 12 YEAR 1975	PLACE OF BIRTH: CITY CHOTTOGRAM COUNTRY BANGLAD / SEX: MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: H-37, R-06, S-12, UTTARA DHAKA-1230, BANGLADESH.

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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) 10 JUN 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	Name of Applicant	Date
	MOHAMMED SHOKAT RAIHAN	10 JUN 2023

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 MBBS,(DU), DFM REG: A-55144

ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014

SIGNATURE OF PHYSICIAN: STAMP OF PHYSICIAN: Radical Hospitals Ltd. As Per-ML-C-2006 Approved By Department of Shipping DATE: 10 JUN 2023

EXPIRY DATE OF CERTIFICATE: 09 JUN 2025

This certificate is issued by the Panama Maritime Authority in compliance with 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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23060272	Receive:10/06/2023	Print: 10/06/2023
Patient's Name	:	**MOHAMMED SHOKAT RAIHAN**		
Age	:	48 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.

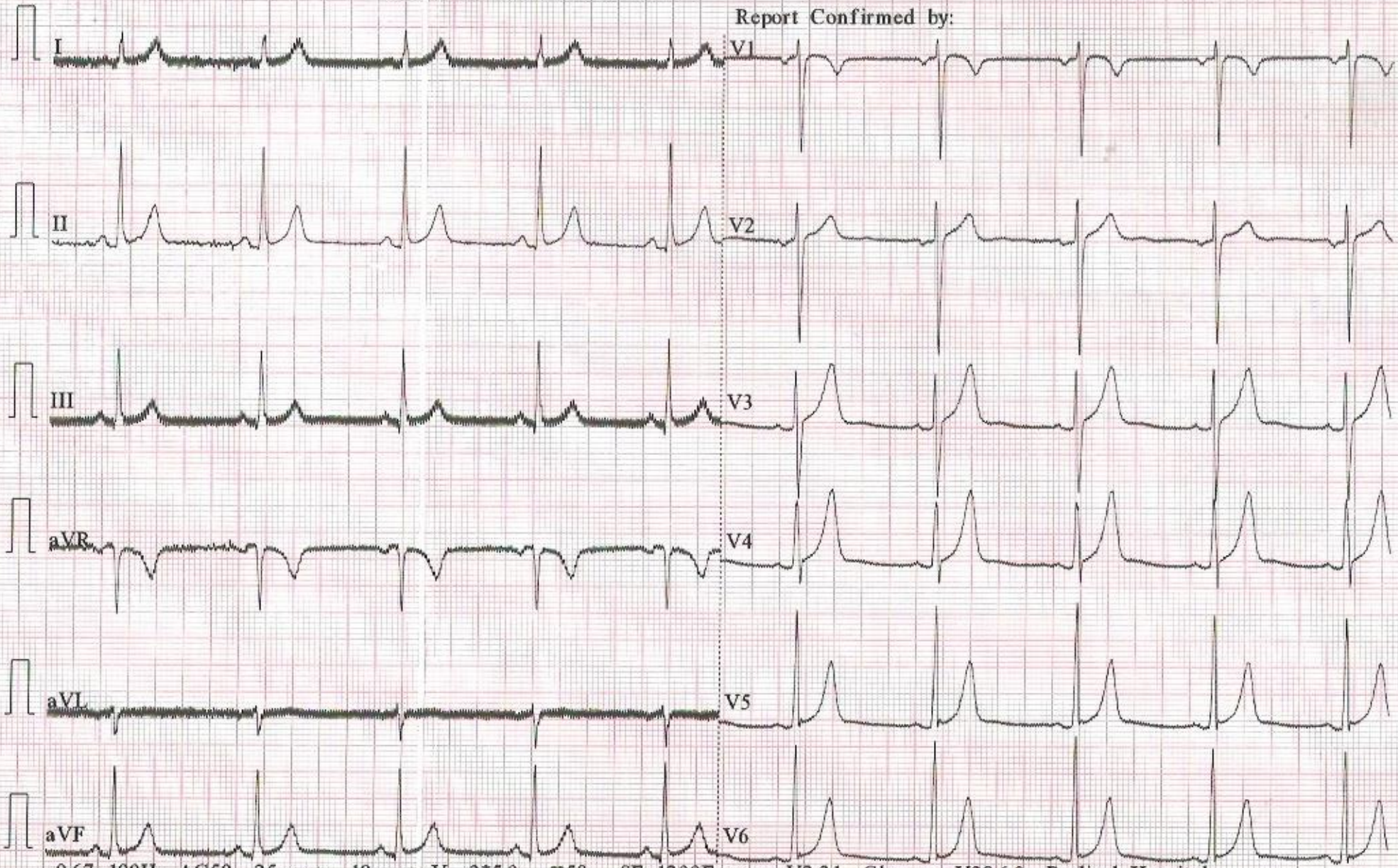
ID: 0000
md shokat raihan
Male 48Years

10-06-2023 21:25:01

HR	:	58	bpm
P	:	80	ms
PR	:	120	ms
QRS	:	88	ms
QT/QTc	:	396/389	ms
P/QRS/T	:	78/73/58	°
RV5/SV1	:	2.148/1.728	mV

Diagnosis Information:
Sinus bradycardia
Normal ECG except for rate

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥58 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	58 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

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

Id No : 0272	**Date :** 10-Jun-2023	**D.Date :** 10-Jun-2023
Patient's Name : MOHAMMED SHOKAT RAIHAN	**Age :** 47Y 5M 11D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3870		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**11.1** 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)	**8,200** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**62** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**32** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**04** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**164** /cumm	50-450/cumm
Total RBC Count	**3.94** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**29.8** %	M: 40-54%, F:37-47%
MCV	**75.6** fL	76 - 94 fL
MCH	**28.2** pg	27 - 32 pg
MCHC	**37.2** g/dL	29 - 34 g/dL
RDW	**15.1** %	11 - 16 %
PDW	**11.8** fL	35 - 56 fl
Total Platelete Count (PC)	**175000** /cumm	150,000-450,000/cumm
MPV	**11.3** fL	7.0 - 11.0 fL
PCT	**0.078** %	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.

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Patient's Name	MOHAMMED SHOKAT RAIHAN		
Patient's Age	47Y 5M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3870
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	6.1 mmol/l	4.2 – 6.4 mmol/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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Sample	BLOOD		

SEROLOGYCAL REPORT

VDRL	Non-reactive

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

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Patient's Age	47Y 5M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3870
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

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3870
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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Associate Professor
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East West Medical College and Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCNATION CONTRE LE CHOLERA

This is to certify that MOHAMMED SHOKAT RAIHAN
JE soussigne' (e) certifie que

date of brith 30 DEC 1975 Sex M
no' (e) le' sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a ete vaccine (e) ou 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		
2 10-Dec-2022	Dr. A.K.M. Younus Zamal MBBS, M.Phil (Pathology) Reg. No. 14081 (BMDC) Consultant Pathologist New Popular Medical Services	NEW POPULAR MEDICAL SERVICES
3 10 JUN 2023	DR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC R. 55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

The velidity of this certificte shall estend for a period of six months, beginning days after the first injection of vaccine or in the event of a revaccination within such period of six months, on the date of the revaccinatio.

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 velidity shall comencc from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health adminstation 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 couver une period de six mois commencent six jours a pres is premierc 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 dun pelerin le present certifiate doitlaire mention de deux injections partquees a sept jours d intervalle et sa validite comence le jour de la seconde injection.

De cachet d'authentification dolt etre canforme au models present per I administration sanitaite du territoire ou la vaccination est effectuee.

Toule correction ou rature sur le certificate ou I o mission d ure quelcomque des mentions qu il comporte pe ut effecter sa validite

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTER LA FIEVRE JAUNE

This is to certify that MOHAMMED SOKAT RAIHAN date of brith 30-12-1975 Sex MALE
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 yellow fever.
a e' tc' vaccine (e) ou revaccine' contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du Vaccinateur	Manu facturer and batch no of vaccine Fabricant du vaccin et nunne'or du lot	Official stamp of vaccinationg centre Cachet officiel du centre de vaccination
15/11/2015	Dr. A.K.M. Younus Zamal MBBS M.Phil (Pathology) Reg. No. 14081 (BMDC) Consultant Pathologist New Popular Medical Services	YELLOW FEVER VACCINE Lot 1102 DAKAR	NEW POPULAR MEDICAL SERVICES Gulshan-1, Dhaka
2			
3			

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 aftere the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted subsitute 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 ae'tc' habilite parl' adminstration sanitaire du territire dans lequel' ce center ext siture'

La validite' de ce certificate couvre une pe'riode de dix ans commencant dix joursapres la date de la vaccination ou. dans le cas duns le case dunc revaccination auours de cette pe' reode dc dix ans. je jour de cette revaccination

Ce certificate do it etre signe' par un me' decin dc sa propre main, son cachet official ne pouvant etre conside're' commc lenat lieu de signature.

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