

HAQUE & SONS LTD.



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Accredited By : BMDC Accreditation No. A-55144

PATIENT CONTROL NUMBER: HSL-004266

MEDICAL EXAMINATION CERTIFICATE

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Have you ever had any of the following of	onditions?			
have you ever had any or the following o	onditions:			
Condition	YES NO	Conditi		YES NO
1 Eye/vision problem			roblems	
2 High blood pressure			smoke?	
3 Heart/vascular disease			on/surgery	
4 Heart surgery			//seizures	
5 Varicose veins			ss/fainting	
6 Asthma/bronchitis	- g	/	consciousness	
7 Blood disorder	0 2	Company of the Control of the Contro	tric problems	
8 Diabetes		/ 25 Depres		
9 Thyroid problem		(S) 100-00-00 (100-00-00-00-00-00-00-00-00-00-00-00-00-	ed suicide	<u> </u>
10 Digestive disorder		Z	memory	<u> </u>
11 Kidney problem	0 2		problem	
12 Skin problem	0 9		headaches	
13 Allergies	- P/		e/throat problems	
14 Infectious/contagious diseases		F2.C4 1355554355	ed mobility	<u> </u>
15 Hernia	- 12	32 Back pr		
16 Genital disorders		33 Amputa		
17 Pregnancy If any of the above questions were answ			es/dislocations	
 35 Have you ever been signed off 36 Have you ever been hospitalise 		from a ship?		0 8
37 Have you ever been declared u				0 2/
38 Has your medical certificate ev		evoked?		
39 Are you aware that you have a				0/6
40 Do you feel healthy and fit to				
41 Are you allergic to any medicat				
Comments:	FOR DUTY ON B	CAPO SHIP		
4				
42 Are you taking any non-prescri	ption or prescription m	The second secon		
	and the purpose(s) an	id dosage(s)		
If yes, please list the medications taken		**************************************		
If yes, please list the medications taken				
If yes, please list the medications taken I hereby authorize the release of all my		rds from any health pr		
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In Accordance with Medical Examination (Seaface Shipping Banglades) APPROVED

Revision: 5.1

Revision: 5.1

Revision STCW 1978/1996 as Amended, MLC 2006

Revision Date: 24th July 2022

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA LAST NAME OF APPLICANT FIRST NAME MIDDLE INITIAL RAHMAN ABDUR DATE OF BIRTH PLACE OF BIRTH SEX 3 23 1991 NOAKHALI BANGLADESH MONTH DAY YEAR CITY COUNTRY MALE 6 FEMALE EXAMINATION FOR DUTY AS: MAILING ADDRESS OF APPLICANT MASTER RATING VILL: FORAZI GRAM POST: AFAZIA BAZAR, THANA: HATIYA, MATE MOU DECK DIST: NOAKHALI, BANGLADESH. ENGINEER MOU ENGINE RADIO OFF SUPERNUMERARY BANGLADESH. MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2 HEIGHT WEIGHT BLOOD PRESSURE PULSE RESPIRATION GENERAL APPEARANCE VISION LEFT EYE WITHOUT GLASSES WITH GLASSES DATE OF LAST COLOR Testing Required every 6 years COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9? NO COLOR TEST TYPE: BOOK * LANTERN * CHECK IF COLOR TEST IS NORMAL YELLOW HEARING RT EAR LEFT YEAR HEAD AND NECK HEART (CARDIOVASCULAR LUNGS SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION EXTREMITIES UPPER LOWER 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 ON BOARD? JE YES EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2 7-Jun-2023 0 6 JUN 2025 SIGNATURE OF APPLICANT DATE OF EXAM EXPIRY DATE THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN. THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: ABDUR RAHMAN PR FOR DUTY ON BOARD SHIP (NAME OF APPLICANT) (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). NAME AND DEGREE OF PHYSICIAN DR, SABRINA MOSTAFA, M.B.B.S (D.U) 126, SK. MUJIB ROAD, CHOWMUHONI, CHITTAGONG, BANGLADESH. NAME OF PHYSICIAN'S CERTIFICATING ALL HORITY REGISTRATION NO.: A-68208, B.M.D.C, DHAKA, BANGLADESII. DATE OF ISSUE OF 8-Jun-14 n 7 JUN 2023 SIGNATURE OF PHYSICIA DATE OF EXAMINATION:

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of age and HOSPITAL REM. MD. RAIHAN

RLM-I05M (REV. 12/1 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 Shipping Bangladesh Approved General Physician Radical Hospitals Limited

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a dcck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HE	EARING TEST.
---	--------------

2. PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg).

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

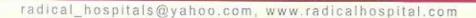
5. EYE EXAMINATION FOR V/A & C/V

0 7 JUN 2023

RLM-I05M (REV. 12/17)



MR. MD. RAIHAN
MB8\$ (DU), DFM. CCD (Briden), PGT (Gehth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.





Id No : 0185

Date: 07-Jun-2023

D.Date: 07-Jun-2023

Patient's Name: ABDUR RAHMAN

Age: 32Y 2M 15D

Gender: Male

Specimen : Blood

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

CDC NO;C/O/5759

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.1 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)	09 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	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	144 /cumm	50-450/cumm
Total RBC Count	4.51 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	32.0 %	M: 40-54%, F:37-47%
MCV	71.0 fL	76 - 94 fL
MCH	26.8 pg	27 - 32 pg
MCHC	37.8 g/dL	29 - 34 g/dL
RDW	14.7 %	11 - 16 %
PDW	15.8 fL	35 - 56 fl
Total Platelete Count (PC)	1,52,000 /cumm	150,000-450,000/cumm
MPV	10.3 fL	7.0 - 11.0 fL
PCT	0.157 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %
- USB 85 350		777.000

Checked By Medical Technologist La

Dr. Sumaiya KhatunMBBS,MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology

East West Medical College & Hospital.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23060185	Received Date	07/06/2023
Patient's Name	ABDUR RAHMAN		01700/2020
Patient's Age	32Y 2M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5759
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	6.1 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum ALT (SGPT)	15 U/L	Up to 40 U/L
HbA1C	4.8 %	4.2 - 6.7 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23060185	Received Date	07/06/2023	
Patient's Name	ABDUR RAHMAN	The section Date	0770072020	
Patient's Age	32Y 2M 15D	Patient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5759	
Sample	BLOOD	, , , , , , , , , , , , , , , , , , ,	2223.0/0/0/00	

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method: (ICT)	Negative
VDRL	Non-reactive

OD GROUPINGResult	
ABO Blood Group	"B" (-ve)
Rh(D)Factor	Negative

Cheeked By

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23060185	Received Date	07/06/2023
Patient's Name	ABDUR RAHMAN		
Patient's Age	32Y 2M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)),PGT(Eye),DFM	CDC NO:C/O/5759
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	2-3/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate Nil	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

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



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

Test Name

Bill No	DIA23060185	Received Date	07/06/2023
Patient's Name	ABDUR RAHMAN		
Patient's Age	32Y 2M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5759
Sample	URINE		

DRUG ABUSE TEST

Result

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

The ked By

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

REF: MV. MSC SINES R

DATE: 07/06/2023

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: ABDUR RAHMAN RANK: 3RD ENG CDC NO: C/O/5759

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED

OPINION

COLOUR VISION:

666

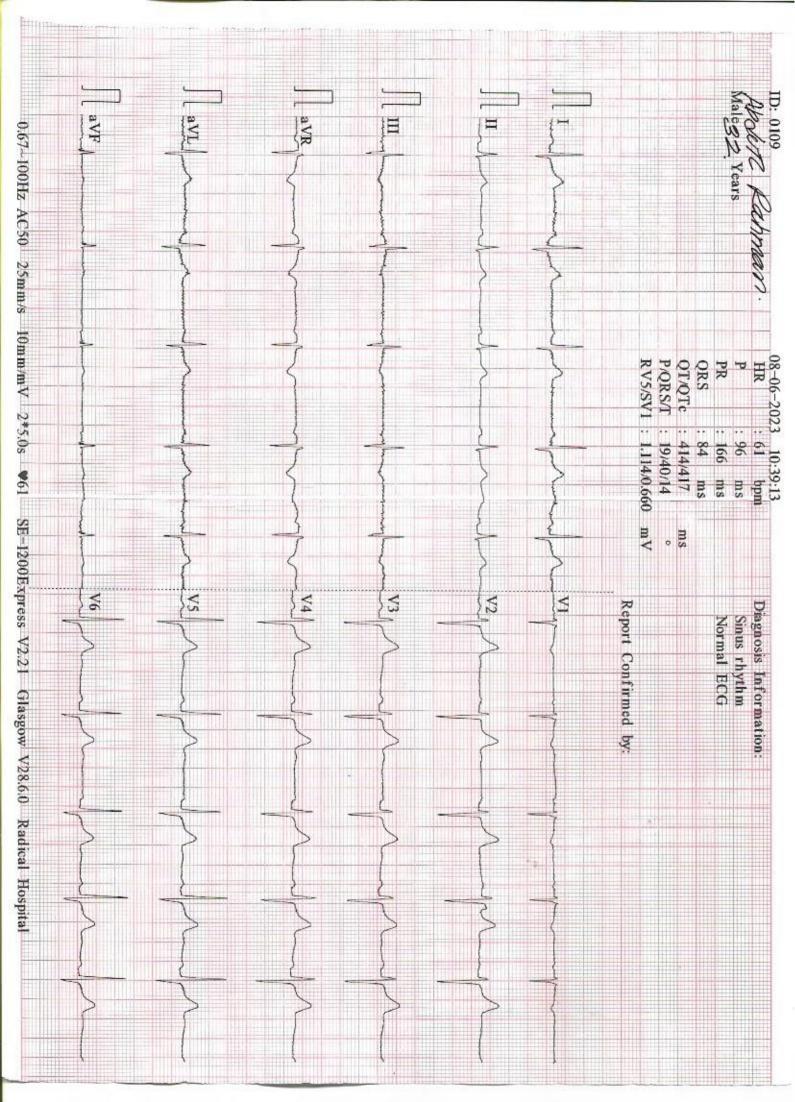
NORMAL / BLIND

UNFIT > FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX)

616

East west Medical College & Hospital



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060185 Receive:07/06/2023 Print: 07/06/2023

Patient's Name : ABDUR RAHMAN

Age : 32 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.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows Date of birth 29.03.09 | Sex MALE This is to certify that whose signature follows This is to certify that the sex MALE This is to certify the

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DR. MR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophir) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	25, Sheh Makhdum Auronus Uttern, Dhelin	
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	5	6
	7	8
	DR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophit) BMDC A-55144, MMC-BGD-016 DG Shipp,ng Bangladesh Approved General Physician Radical Hospitals Limited.	DR. MTR. MD. RAIHAN MBBS (DU, DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 General Physician Radical Hospitals Limited. 3 3 3 3

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION ABOUR RHHMAN AGAINST YELLOW-FEVER

This is to certify that whose signature, follows Date of birth 23.03.1991

23.03.1991 Sex MALE

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
07/11/1	DR, MR. MD. RAIHAN MBB\$ (DU). DFM. CCD (Birdem). PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	L NO PO	St. Sheh Methdam Avenus (Ithura, Dhalts &
2			
3	CACHON ST. S. (1785) 1 - INDEA.		3 4
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This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated 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 date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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