



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No. A55144

PATIENT CONTROL NUMBER:
HS5416FF



MEDICAL EXAMINATION CERTIFICATE

SURNAME BISWAS	FIRST NAME AND AMIT	MIDDLE NAME KUMAR
PLACE AND DATE OF BIRTH JESSORE 18-Oct-1990	PASSPORT NUMBER EF0458380	SEAMAN'S BOOK NUMBER CO5416
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : OIL/CHEM TANKER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : BOSUNTIA, MONGOLKOT BAZAR, KESHABPUR, JASHORE, BANGLADESH	CONTACT NUMBER : 008801721-589411	RANK : 2ND ENGINEER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever 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?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 98 kg	Height (cm) 180	BM 30.2	Blood Pressure: Systolic 110 mm	Diastolic 80 mm	PULSE: 78 /min
Ear	Hearing by Audiometry	Audiometry		Hearing by Whisper Test	
Right	☐ Adequate ☐ Inadequate	500	1000	☒ Adequate	☐ Inadequate
Left	☐ Adequate ☐ Inadequate			☒ Adequate	☐ Inadequate
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐					

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6			☒	☐
Near					☒	☐

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) **04 JUN 2023**

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	NAD	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	NAD
DC(differential count)	NAD	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	14.2	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	0.6	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	7.900	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	5.0	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	4.5%	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer: **AMIT KUMAR BISWAS** Date: **04 JUN 2023**

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

☒ Yes ☐ No

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

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

Fitness Date: **04 JUN 2023** Valid Until: **03 JUN 2025**

Signature of Authorized Physician

MBBS (DU), DFM, CCD (Biom), PGT (Opth),
 BMDC A-55144, MMC-BGD-616
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

Medical Exam Form
CONFIDENTIAL FORM
Pre-sea Exam ☒ Periodic Exam ☐

Name (last,first,middle): BISWAS AMIT KUMAR

Date of birth (day/month/year): 18/10/1990 Sex: male female ☒ ☐

Home address: BOSUNTIA, MONGOLKOT BAZAR, KESHABPUR, JASHORE, BANGLADESH

Passport No./Discharge Book No.: EF0458380

Department (deck/engine/radio/food handling/other): ENGINE

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OIL/CHEMICAL

TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	☐	☒	18. Sleeping problems	☐	☒
2. High blood pressure	☐	☒	19. Do you smoke?	☐	☒
3. Heart/vascular disease	☐	☒	20. Operation/surgery	☐	☒
4. Heart surgery	☐	☒	21. Epilepsy/seizures	☐	☒
5. Varicose veins	☐	☒	22. Dizziness/fainting	☐	☒
6. Asthma/bronchitis	☐	☒	23. Loss of consciousness	☐	☒
7. Blood disorder	☐	☒	24. Psychiatric problems	☐	☒
8. Diabetes	☐	☒	25. Depression	☐	☒
9. Thyroid problem	☐	☒	26. Attempted suicide	☐	☒
10. Digestive disorder	☐	☒	27. Loss of memory	☐	☒
11. Kidney problem	☐	☒	28. Balance problem	☐	☒
12. Skin problem	☐	☒	29. Severe headaches	☐	☒
13. Allergies	☐	☒	30. Ear/nose/throat problems	☐	☒
14. Infectious/contagious diseases	☐	☒	31. Restricted mobility	☐	☒
15. Hernia	☐	☒	32. Back problems	☐	☒
16. Genital disorders	☐	☒	33. Amputation	☐	☒
17. Pregnancy	☐	☒	34. Fractures/dislocations	☐	☒

If any of the above questions were answered "yes," please give details below.



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? | ☐ | ☒ |
| 38. Has your medical certificate ever 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? | ☒ | ☐ |
| 41. Are you allergic to any medications? | ☐ | ☒ |

Comments.

FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription or prescription medications? ☐ ☒

If yes, please list the medications taken and the purpose(s) and dosage(s).

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

Signature of examinee: 

Date (day/month/year): 04 JUN 2023

Witnessed by: (Signature) _____

Name: (Typed or printed) _____

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.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. DR. MIR. MD. RAIHAN (the approved medical examiner).

Signature of examinee: 

Date (day/month/year): 04 JUN 2023

Witnessed by: (Signature) _____

Name: (Typed or printed) _____

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 & Contact details for previous medical examination (if known):) _____

MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

Visual Acuity						
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	/			
Near	NS	NS	/			

	Visual fields	
	Normal	Defective
Right eye	/	
Left eye	/	

Colorvision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz		
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Height: 180 (cm) Weight: (kg) 95 (kg) Pulse rate: 78 (/minute) Rhythm: Regular
Blood pressure: Systolic: 110 (mm Hg) Diastolic: 80 (mm Hg)

Normal Abnormal

Head

Sinuses, nose, throat	☒	☐
Mouth/teeth	☒	☐
Ears (general)	☒	☐
Tympanic membrane	☒	☐
Eyes	☒	☐
Ophthalmoscopy	☒	☐
Pupils	☒	☐
Eyemovement	☒	☐
Lungs and chest	☒	☐
Breast examination	N/A	☐
Heart	☒	☐

Skin

Varicose veins	☒	☐
Vascular (inc. pedal pulses)	☒	☐
Abdomen and viscera	☒	☐
Hernia	☒	☐
Anus (not rectal exam.)	☒	☐
G-U system	☒	☐
Upper and lower extremities	☒	☐
Spine (C/S, T/S and L/S)	☒	☐
Neurologic (full brief)	☒	☐
Psychiatric	☒	☐
General appearance	☒	☐

Normal Abnormal

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 04 JUN/2023

Results: Normal chest X-ray



Urinalysis: Glucose: Nil Protein: Nil

Blood Analysis: Hepatitis B Test Negative, V.D.R.L. Non Reactive
Immunodeficiency Virus Anti bodies _____

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

Test Blood Urine Result Normal.

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☒ With restrictions ☐

Visual aid required: Yes ☐ No ☒

Describe restrictions (eg. Specific positions, type of ship, trade area)

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

Medical certificate's date of expiration (day/month/year): 03 JUN 2025

Date of examination (day/month/year): 04 JUN 2023

Number of Medical Certificate: _____ Official stamp: _____

Signature of medical practitioner: _____

Name of medical examiner: (Typed or printed) **RADICAL HOSPITAL LIMITED**

Address of medical practitioner: **Uttara, Dhaka, Bangladesh**

Authorized by: DR. SHIPING BANGLADESH (competent authority)

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDG-A-55144, MMG-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.



SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE
CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME BISWAS		GIVEN NAME(S) AMIT KUMAR	
NATIONALITY BANGLADESHI		ID DOCUMENT NO: C/O/5416	
DATE OF BIRTH 10 MONTH 18 DAY 1990 YEAR		PLACE OF BIRTH JASHORE CITY	SEX BANGLADESH COUNTRY ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: BOSUNTIA, MONGOLKOT BAZAR, KESHABPUR, JASHORE, BANGLADESH	

DECLARATION OF APPROVED MEDICAL PRACTITIONER:
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 190 cm	WEIGHT 98 kg	BLOOD PRESSURE 110/80 mmHg	PULSE 78 b/min	RESPIRATION 19 b/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR ☒ LEFT EAR ☒			

COLOR TEST TYPE: BOOK ☒ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☐ RED ☒ GREEN ☒ BLUE ☒

DATE OF LAST COLOR VISION TEST: 04 JUN 2023

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

HEAD AND NECK Normal	HEART (CARDIOVASCULAR) Normal
LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? ☒
EXTREMITIES: UPPER ☒ LOWER ☒	

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
Yes ☐ No ☒

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

SIGNATURE OF APPLICANT 	DATE 04 JUN 2023
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THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN



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

AMIT KUMAR BISWAS

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: Yes ☒

No ☐

SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER /
RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN _____

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.

ADDRESS _____ **RADICAL HOSPITAL LIMITED**
Uttara, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY DG SHIPPING BANGLADESH.

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 May 2024.

SIGNATURE OF PHYSICIAN :



DATE OF EXAMINATION: 04 JUN 2023

EXPIRY DATE OF CERTIFICATE : 03 JUN 2025

SEAFARER ACKNOWLEDGMENT

I, AMIT KUMAR BISWAS (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE
AND THE RIGHT TO GET A REVIEW.



MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's identification and Record Book or certification of special qualification shall be required to have a physical examination reported on this Medical Form completed by a certified 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 24 months immediately preceding applications for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997). Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specified duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) 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 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- (g) Diseases or Conditions
 - 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 use of narcotics.
- (h) Physical Requirements
 - Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fireman/water tender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers. Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided - Medical Exam Form).

04 JUN 2023



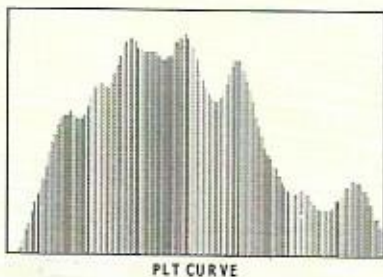
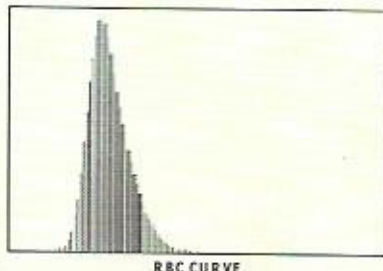
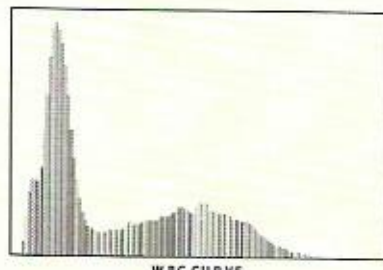
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birm), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 23060082 **Date** : 04-Jun-2023 **D.Date** : 04-Jun-2023
Patient's Name : AMIT KUMAR BISWAS **Age** : 32Y 7M 17D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:**C/O/5416

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.2 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	47 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	47 %	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	158 /cumm	50-450/cumm
Total RBC Count	6.11 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.9 %	M: 40-54%, F:37-47%
MCV	62.0 fL	76 - 94 fL
MCH	23.2 pg	27 - 32 pg
MCHC	37.5 g/dL	29 - 34 g/dL
RDW	15.3 %	11 - 16 %
PDW	14.5 fL	35 - 56 fL
Total Platelete Count (PC)	1,75,000 /cumm	150,000-450,000/cumm
MPV	14.1 fL	7.0 - 11.0 fL
PCT	0.106 %	0.1 - 0.5 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



(Signature)

Checked By
Medical Technologist

(Signature)

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

Bill No	DIA23060082	Received Date	04/06/2023
Patient's Name	AMIT KUMAR BISWAS		
Patient's Age	32Y 7M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5416		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.0 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21 U/L	Up to 37 U/L
HbA1C	4.5 %	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 Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23060082	Received Date	04/06/2023
Patient's Name	AMIT KUMAR BISWAS		
Patient's Age	32Y 7M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5416
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING Result	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologis
Radical Hospitals Ltd.



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Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/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


Medical Technologist
Radical Hospitals Ltd.


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Dept. of Microbiology
East West Medical College and Hospital



Bill No	DIA23060082	Received Date	04/06/2023
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Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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

Medical Technologist
Radical Hospitals Ltd.

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

Patient's Name	:	AMIT KUMAR BISWAS		
Age	:	32 Yrs	Date	: 04/06/2023
Sex	:	Male	CDC NO:	C/O/5416
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor / Good / very good / excellent
Verbal Reasoning test	Poor / Good / very good / excellent
Inductive reasoning test	Poor / Good / very good / excellent
Diagrammatic Reasoning test	Poor / Good / very good / excellent
Logical Reasoning test.	Poor / Good / very good / excellent
Error checking test	Poor / Good / very good / excellent
2.Skill Test	Poor / Good / very good / excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP / ESFJ / ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor / Good / very good / excellent
Assumptions	Poor / Good / very good / excellent
Deductions	Poor / Good / very good / excellent
Interpreting Information's	Poor / Good / very good / excellent
Inferences	Poor / Good / very good / excellent
5.Situational Judgment Test.	Poor / Good / very good / excellent

Poor: <6

~~Good~~: 6-7

very good: 7-8

excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB



Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

REF: MT. OAK EXPRESS

DATE: 04/06/2023

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

EYE EXAMINATION REPORT

NAME:	AMIT KUMAR BISWAS	RANK: 2 ND ENG	CDC NO: C/O/5416
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VISUAL ACUITY:

RIGHT

LEFT

6/6

6/6

UNAIDED

AIDED

COLOUR VISION: ~~NORMAL~~ / BLIND

OPINION : UNFIT / ~~FIT~~ FOR EMPLOYMENT ON BOARD



Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: 0081

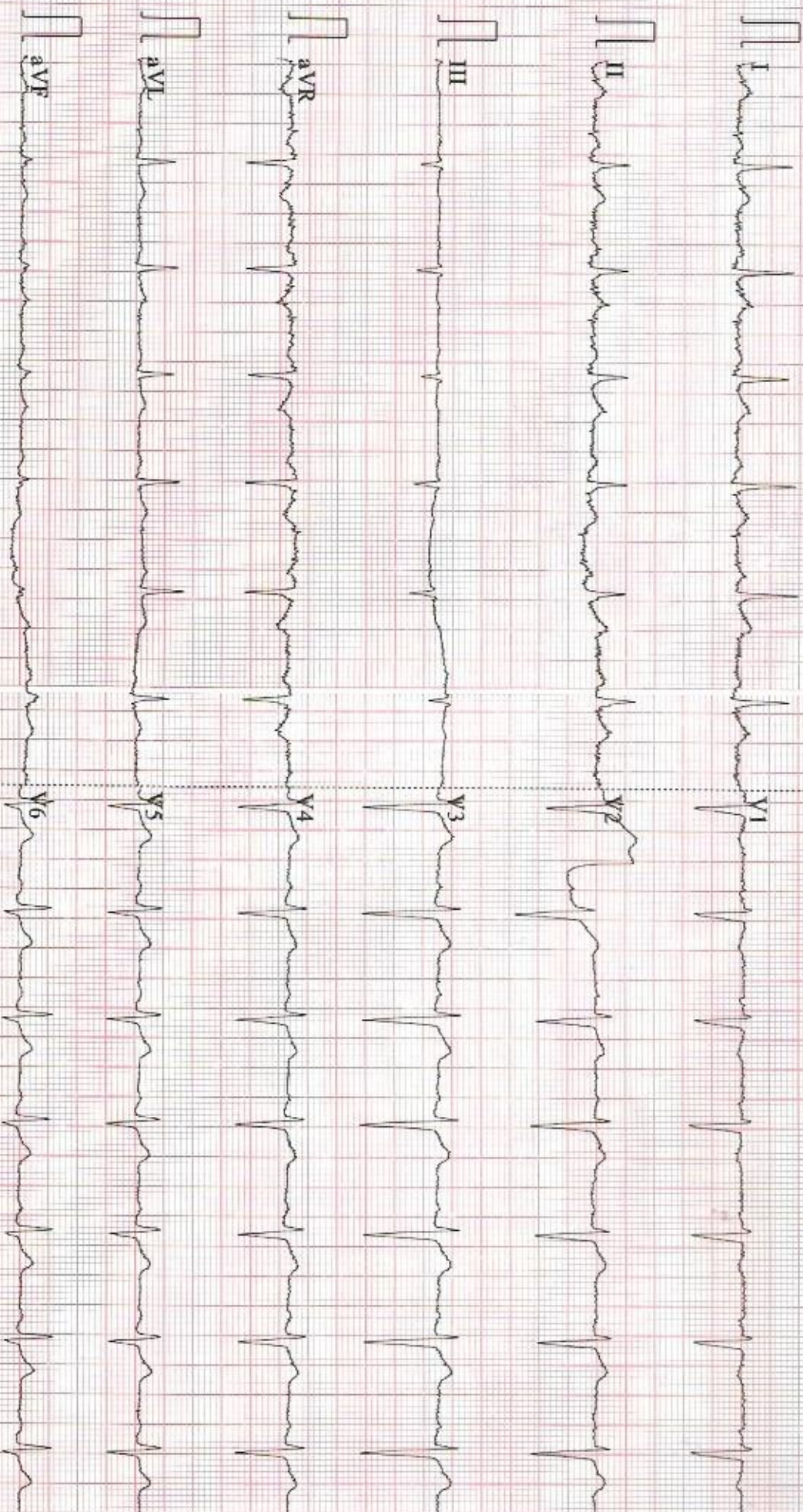
04-06-2023 13:55:17

David Kumar BSM
male 32 Years

HR	: 81	bpm
P	: 124	ms
PR	: 166	ms
QRS	: 100	ms
QT/QTc	: 356/414	ms
P/QRS/T	: 37/15/29	°
RV5/SV1	: 0.42/40.861	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060082 Receive: 04/06/2023 Print: 04/06/2023
Patient's Name : **AMIT KUMAR BISWAS**
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 : 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

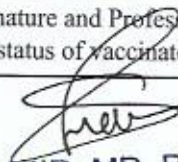
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 18-OCT-1990 Sex MALE

AMIT KUMAR BISWAS (C/0/54/16)

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
04 JUN 2023	 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.		
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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.

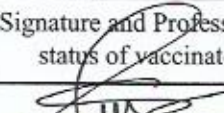
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 18-OCT-1990 Sex MALE

AMIT KUMAR BISWAS (4015416)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 04 JUN 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	
2		

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Continued overleaf Suite our erso