

HAQUE & SONS LTD.



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PATIENT CONTROL NUMBER: H2203

MEDICAL EXAMINATION CERTIFICATE

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- 1		(P.2016-000-000)					7			
43	Condition	YES	NO.	1923	Conditio				YES	NO
1 2	Eye/vision problem			18	Sleep pr					
3	High blood pressure		E.	19	Do you s					
4	Heart/vascular disease			20	Operatio		. r.			9
5	Heart surgery			21	Epilepsy					
6	Varicose veins		G•	22	Dizzines					₽,
7	Asthma/bronchitis			23	Loss of					9
	Blood disorder			24	Psychiat	Of Carlo server	lems			
8	Diabetes		G*	25	Depress					
57.50	Thyroid problem		G'	26	Attempte					
10	Digestive disorder			27	Loss of r					<u> </u>
11	Kidney problem			28	Balance	3 000 000				
12	Skin problem			29	Severe h					B
13	Allergies		D*	30			problems			5
14	Infectious/contagious diseases			31	Restricte		ity			8
15	Hernia		2	32	Back pro					5
16	Genital disorders			33	Amputat					9
17	Pregnancy		AHA	34	Fracture	s/disloca	ations			12
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speaker Name of Seafarer Date is sessment of fitness for service at sea: In the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Pit for lookout duties Not fit for lookout duties	gnature of Seafarer Name of Seafarer Date	Int of fitness for service at sea: Is of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the nedically: Deck service Engine service Catering service Other services	essment of fitness for service at sea: he basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically: Pit for lookout duties	Institute of Seafarer Name of Seafarer Name of Seafarer Date Seessment of fitness for service at sea: In the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically:	sessment of fitness for service at sea: In the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Pit for lookout duties	sessment of fitness for service at sea: In the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Deck septice Engine service Catering service Other services	A D	MUST	MILETI MAN	MAHAMID			46 lun 2022
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Without restrictions	Without restrictions		Without restrictions			Without restrictions	iii	<u> </u>	s Engine servic	service	Catering service	ce	a
- Anth (Cathonolia Anth (Cathonolia	- AMULTESTICADIS	With restrictions	- ANTH COUNTRY	Without restrictions \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ Without restrictions ☐ With restrictions	- Authorities Authorities		e Engin	s Engine servic	service	Catering service	ce	a
the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service	The state of the s	Without restrictions With restrictions		Without restrictions With restrictions	□ Without restrictions □ With restrictions			e Engin	s Engine servic	service	Catering service	ce	0

MEDICAL	CERTIF	ICATE FO	R PE	RSONNEL SE	RVICE ON	BOARD	
SLIDNAME: MALIANALIS				0.11.0.22.0.348 VVV-9970			
SURNAME: MAHAMUD			GIVEN I	NAME (S): MUFTI			
DATE OF BIRTH:				OF BIRTH		SEX	
DAY 12 MONTH OCT YEAR	1998		CITY K	HULNA COUNT	TRY BANGLAD	ESH MALE	FEMALE [
POSITION ON BOARD: MASTER			MAILING	ADDRESS OF API	PLICANT:		
DEGU DEGUA			VILL-AF DIST-B	RPARA, PO-ROYI AGERHAT, BANG	PARA, PS-BA SLADESH.	GERHAT SADA	R,
DECLARATION OF THE AUTHORIZED	PHYSICIA	AN					
VISION	1			COLOR TES	ST TYPE	HEA	RING
wітнойт с	LASSES	WITH GLA	SSES -	Воок			
RIGHT EYE 6	ہ	-	-07	LANTERN YELLOW M	REDWH)	RIGHT EAR	<u>w</u> y
LEFT EYE S	6.		-	GREEN MY	BLUE	LEFT EAR	M
Confirmation that identification document	nts were che	ecked at the p	oint of ex	camination: YES-E	NO		
Hearing meets the standards in STCW (Code, Gecti	on A-1/9? YE	SE	NO 🗆	NOT APLICAE	BLE []	
Unaided hearing satisfactory? YES	NO						
Visual acuity meets standards in STCW	Code, Sect	tion A-1/9? YE	ES_FI	NO []			
Colour vision meets standards in STCW (the visual test it is required every six ye Date of the last colour vision test: (Day/M Are glasses or contact lenses necessary	ars) Month/Year;	<u> 16,JU</u>	N 2,023		NO FI		
	NO 🗆						
Is applicant taking any non-prescription	or prescripti	ion medication	ns? YES	O NO D	-		
Is the seafarer free from any medical cor endanger the health of other persons on	ndition likely board? YE	y to be an grav.	ated by	service at sea or to r	ender the seafa	rers unfit for such	service or to
Hereby I declare that I am in knowledge	of the conto	ents of the Phy	ysical Ex	amination.			
(Da)						4.0 11111 00	
Agr -		M	UFTI M.	AHAMUD		16 JUN 20	Z 3
Signature of Applicant	4	1	Vame of	Applicant	_	Date	
CIRCLE APPROPIATE CHOICE: (HE ENGINEERING OFFICER / RADIO OPE	/ SHE) IS ERATOR / F	S FOUND TO RATING) (WIT	BE (F	IT / NOT FIT) FOI NY/WITH THE FOL	R DUTY AS A		CK OFFCIER
	FIT	FOR DUT	Y ON E	BOARD SHIP			
NAME AND DEGREE OF PHYSICIAN:	DR. MIR	MD. RAIHA	N; M.B	.B.S(D.U.), REG.	NO. A-55144		
ADDRESS: REDICAL HOSPITALS LIN	MITED, UTI	TARA, DHAKA	A-1230.				
NAME OF PHYSICIAN'S CERTIFICATIN	NG AUTHO	RITY: BANGL	ADESH	MEDICAL AND DE	NTAL COUNCI	L (B.M.D.C.)	
DATE OF ISSUE PHYSICIAN'S CERTIF		2-05-2011			· Uoo		
<	1			/8	Sal Linophilas	1	
SIGNATURE OF PHYSICIAN:	Jus			- 2	ASPECMLE-2006	DATE:	6 JUN 2023
EXPIRY DATE OF CERTIFICATE:	This com		UN 20				
of the STC	CW Conventi	inneaue is issued ion, 1978, as am	ı ın conipi ıended an	liance with the require ad the Maritime Labora	Department 201	06.	
DR. MIR. M MBBS (DU), DFM, CCD BMDC A-55144, DG Shipp, ng Banc General F Radical Hosp	(Birdem), PG MMC-BG pladesh Ap Physician	T (Ophth) D-016 oproved					



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME C	OF CREW:	MUFTI MAHA	MUD	RANK:	3RD OFFICER	
CDC NC):	C/O/10249		DOB :	12-Oct-1998	
HEALT	TH QUEST	TIONNAIRE				
PLEASE	ANSWER	FOLLOWING B	BY TICKING (✓) YES	OR NO	YES	NO
1	Have you	ever had corona	ary thrombosis or certa	in types of heart surg	ery?	
2	Are you su	iffering from any	y heart-related cotnplica	ations?		
3	Are you a	diabetic?				
4	If you are	diabetic, do you	need injectio.ns of inst	ulin for diabetes?		200
5	Have you	ever had a strok	ke, or unexplained loss	of consciousness?		
6	Have you	ever been treate	ed for a mental.or nervo	ous problem?		7
7	Are you ar	alcoholic, or ha	ave you had alcohol or	drug addiction proble	ems?	7
8	Do you ha	ve any hearing	difficulties or are you us	sing any hearing aid?		~
9	Have you	ever suffered fro	om any STD (Sexually	Transmitted Disease)?	
10		vare of any othe employment *	er health condition that	could affect your fitne	ess for	
knowled consequ	e. true and ences in cas	complete. Ial	so declare that lam	a healthy man and or its past history wh	and the answers are, to the will be fully responsible ich Imay have concealed be ncealment.	for all the
	1	6 JUN 2023			A	
Date :	-		-//	Signed :	- War	
* If yes,	mention deta	ails below:-	DR. MIR. MD. MBBS (DU). DFM. CCD (Birk BMDC A-55144. MN DG Shipp.ng Benglad General Phy Radical Hospita	AC-BGD-016 lesh Approved	The Crew Membe	er

Revision: 5.1

Revision Date: 24th July 2022

- Light drinker 381 ... 十二日の様に近の日 1120 992 日 □ Sometimes take sleeping pills, etc. (3年 + 議議 集団用) 一 Purting on weight エスカスを 2: □ Have Sleeplessness (組むない) 「野班」 45日 口 □ Drink every evening (中日) 題はに出 Constipated _ Digarettes a day . 1 a Tab □ Heavy Jrinker 選: □ Moderate Jrinker (中国家) □ Sometimes (時中) | Sweet (#: 1) 2 'Just smoking in 19 □ Do not drink : 数集禁: → (新世) Near (別提) T. irregular Pagina Hospital Losing weight (やせいまた) - Never smoke 1945-721 □ Drink 3-3 times a week (國江立一3回) □ Sleep well ・異く眠る: 1 Often : 2(+5) 4. D.VILY LIFE HABITS: (日本生活) 14: Dietary preferences: 本等の年記 __ smoke __ Z Regular - Have insomnia 、下語(国) (1) Alcehol intake: 、東面) (3) Bowel movements, C) Smoking: (海南) (3) Exercise: (調整) (2) Weight, (本量) (f) Sleep: /類說) DR.-MTR. MD. RAIHAN MBS (DV), DPM. CCD (Bridem), PGT (Ophb) BMDC A-55144, MMC-BGD-016 Name (s) of medicine (s) used (or the above disease (s). (上拉萨名に使用した一般範围名) I Other (計量) When? 製造する口棚に7部を加入して下500 3. PRESENT ILLNESS (CHRONIC DISEASE)......(YesNo): (海衛/本盤) - Food altergies (name); Medical information: (医条件型) * Please check the appropriate items. (五三五) (アルケザ) ☐ Asthata (1) Past serious illness; 田本県住垣) 'Age (年幣) Cricaria chives) (ろいれかい! 2. P.NST HISTORY: (類間) Name of illness (173 40) ☐ Drug allergres (name); 是中 Lingens ? I. ALLERGIES: (アンドイー)

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

S.FAMILY HISTORY: (素質語)		CONTROL TO
Notation: F = father, M = mother, B = brother, S = sister (父) (用) (兄母) (記書)		MEDICAL RECORDS (Write in block Letters)
C Hean disease (心臓化)	v	John South Charles
	S	pany.
Diabetes (特別名)	s	(於馬松竹) Tel. Eav. (国時)
I Hypertension (調費用品)	v	" ducasuoca
(d)	S	WILLIAM SECTION SECTION
Liverdicease (野龍西龍)	S	(民名) given name (名) (amily name (姓) · (男/少)
#45. F M	S	300000
Brief) enter any special comments to the Attending Poystano in English. (支持国籍人特に信えたいこと、興奮力闘闘に)		tring rate: (片重) 名名 kgrai aga tring rate: 何 /mir Nom (七/光)
		Blood pressure: 110/80 Blood type: A. Rhi Single Married (自因)
Date: 16 JUN 2023 Signature (署名) (本人)	(#7)	Blood sugar; (立 街道)
	A	

DR, MIR, MD, RAIHAN MBS (DI), DFM, CCD (Birden), PGT (Opith) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.





Id No : 0435

Patient's Name: MUFTI MAHAMUD

Specimen : Blood

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

D.Date: 16-Jun-2023

Gender: Male

CDC NO:C/O/10249

Haematology Report

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

Date: 16-Jun-2023

Age: 24Y 8M 4D

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.1 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)	05 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	50 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	44 %	Child: 52-62 %, Adult: 20-50 %
Monocytes -	04 %	Child: 03-07 %, Aduit: 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)	1,69,000 /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 %
	8/5/	

Checked By Medical Technologist

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



Bill No	DIA23060435	Received Date	16/06/2023
Patient's Name	MUFTI MAHAMUD		
Patient's Age	24Y 8M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/10249
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22 U/L	Up to 37 U/L
Serum ALT (SGPT)	17 U/L	Up to 40 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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital



Bill No	DIA23060435	Received Date	16/06/2023
Patient's Name	MUFTI MAHAMUD		
Patient's Age	24Y 8M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/10249
Sample	BLOOD		H

SEROLOGYCAL REPORT

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

OOD GROUPINGResult	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By

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



Bill No	DIA23060435	Received Date	16/06/2023
Patient's Name	MUFTI MAHAMUD		
Patient's Age	24Y 8M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRE	DEM),PGT(Eye),DFM	CDC NO:C/O/10249
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Gbecked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital



Test Name

Bill No	DIA23060435	T-	
Patient's Name	MUFTI MAHAMUD	Received Date	16/06/2023
Patient's Age	24Y 8M 4D		
Ref. by		Patient's Sex	Male
Sample	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM) URINE	,PGT(Eye),DFM	CDC NO:C/O/10249

DRUG ABUSE TEST

Result

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Cocaine	
Cocume	Negative
Morphine	Negative
Marijuana	
	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	
Alcohol	Negative
	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	regative
- Powyphone	Negative

ecked By

Medical Technologis Radical Hospitals Ltd.

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



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060435 Receive:16/06/2023 Print: 16/06/2023

Patient's Name : MUFTI MAHAMUD

Age : 24 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.

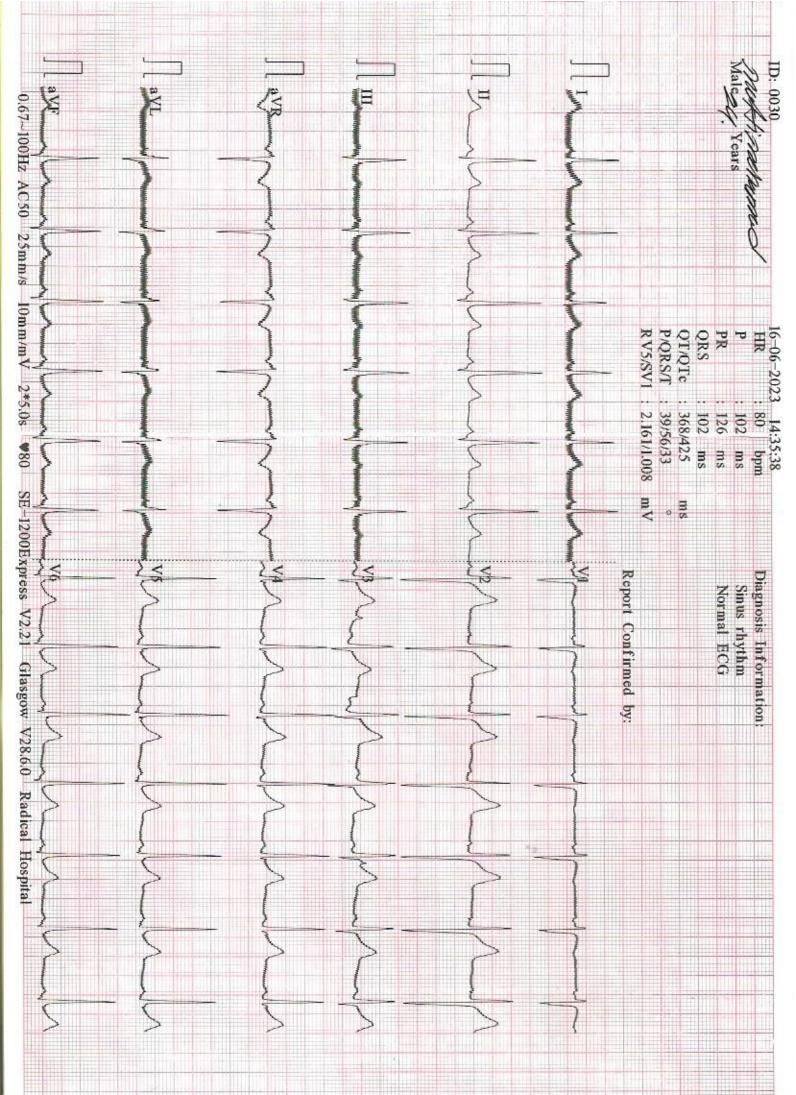
Comments : Normal chest skiagram.

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



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. ONE HUMBER

DATE: 16/06/2023

19

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

EYE EXAMINATION REPORT

NAME: MUFTI MAHAMUD

RANK: 3RD OFF

CDC NO: C/O/10249

VISUAL ACUITY:

RIGHT

LEFT

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

Pre-Joining Medical Report to be

Date of Exam

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	Stamp	Approved	Signature and Professional status of vaccinator	Date
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