

# HAQUE & SONS LTD.



Accredited By . BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER. HS2946FF

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

#### MEDICAL EXAMINATION CERTIFICATE

	URNAME NO. N		ME AND	TAN		MIDDLE NAME		
OF AN	SHAHIDULLAH	SULTAN PASSPORT NUMBER				MOHAMMAD SEAMAN'S BOOK NUMBER		
	ND DATE OF BIRTH NSINGH 10-Dec-1974	PASSPOR		798146		SEAMAN'S BOOK	CO2946	
	LITY: BANGLADESHI SEX:	☐ Male	□ Female		TVPF BU	LK CARRIER TRAD		RLD WIE
	ENT HOME ADDRESS :	ZIII Widio	Li Temaie	1.000		ACT NUMBER :	880179719	
	, FLAT: A/4, ROAD NO: 9, SECTO	R:4. UTTAR	A EAST, UT	TARA-1230			85.4 CONSESSED 800	88/Acc-28/04
	ANGLADESH	,			RANK	49	CHIEF ENG	INEER
lave yo	ou ever had any of the following con	nditions?			- 86			
	Condition	YES	NO	Co	ndition		YES	NO
1	Eye/vision problem			100.2	ep problems			
2	High blood pressure		8	The second second	you smoke?			3
3	Heart/vascular disease		4		eration/surger	v		9
4	Heart surgery		<b>3</b>		lepsy/seizure:			
5	Varicose veins			<ul> <li>960001 10.0001</li> </ul>	ziness/fainting			
6	Asthma/bronchitis	П	15		s of consciou			1
7	Blood disorder				chiatric probl			
8	Diabetes		0	2000 COST	pression	DOMEN.		0
9	Thyroid problem	C)	σ,	1000	empted suicid	e	Ω	विविविविष्
10	Digestive disorder		१९९२ ९१ ९९ ५९ ५५ ५५		s of memory	8		0
11	Kidney problem		o,	10000 SPACE	ance problem			
12	Skin problem		1	10,000 W1000	vere headach			0
13	Allergies		1	1000 ONE	/nose/throat			5
14	Infectious/contagious diseases			100000 000000	stricted mobili	A GOLD OF COMPANY OF THE PARTY		□.
15	Hernia			DOUGH TURNS	ck problems	550		
16	Genital disorders		0	2605.1 0.5000	putation			0
17	Pregnancy	υ,	-8H1	1000 O 200 Tu	ctures/disloca	ations		01
35	Have you ever been signed off as Have you ever been hospitalised?		triated from a	a ship?				3
36			y?					
36 37	Have you ever been declared unfi							
			ed or revoke	d?				2
37	Have you ever been declared unfi	been restrict			ses?			4
37 38	Have you ever been declared unfi Has your medical certificate ever	been restrict medical prob	olems, diseas	ses or illnes		cupation?		
37 38 39	Have you ever been declared unfi Has your medical certificate ever Are you aware that you have any	been restrict medical prob perform the	olems, diseas	ses or illnes		cupation?		4
37 38 39 40 41	Have you ever been declared unfi Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to p Are you allergic to any medication ents:	been restrict medical prob perform the objects?	olems, diseas duties of you	ses or illnes ur designate	d position/oc	cupation?		-2°
37 38 39 40 41 Comme	Have you ever been declared unfi Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to p Are you allergic to any medication ents:	been restrict medical prob perform the obs?	olems, diseas duties of you Y ON BO	ses or illnes ur designate	d position/oc	cupation?		<b>y</b> □ □ <b>1</b>
37 38 39 40 41 Comme	Have you ever been declared unfi- Has your medical certificate ever. Are you aware that you have any Do you feel healthy and fit to p Are you allergic to any medication ents:  Are you taking any non-prescription	been restrict medical prob perform the obs? FOR DUT on or prescrip	V CN BO	ses or illnes ur designate ARD SHM	d position/oc	cupation?	- \$-	
37 38 39 40 41 Comme	Have you ever been declared unfi Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to p Are you allergic to any medication ents:	been restrict medical prob perform the obs? FOR DUT on or prescrip	V CN BO	ses or illnes ur designate ARD SHM	d position/oc	cupation?	- \$-	Ŋ <b>\</b>
37 38 39 40 41 comme	Have you ever been declared unfi- Has your medical certificate ever. Are you aware that you have any Do you feel healthy and fit to p Are you allergic to any medication ents:  Are you taking any non-prescription	been restrict medical prob perform the obs? FOR DUT on or prescrip	V CN BO	ses or illnes ur designate ARD SHM	d position/oc	cupation?	- \$-	Ŋ <b>\</b>
37 38 39 40 41 omme	Have you ever been declared unfile Has your medical certificate ever. Are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication ents:  Are you taking any non-prescription of the prescription of the prescri	been restrict medical prob perform the is?  FOR DUT  on or prescript d the purpos	Y ON BO/ otion medica e(s) and dos	ses or illnes ur designate ARD SHII tions? sage(s)	d position/oc	atin reconstant	<u>\$</u>	y 3 F
37 38 39 40 41 comme 42 yes, p	Have you ever been declared unfill Has your medical certificate ever. Are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication ents:  Are you taking any non-prescription of the prescription of the prescri	FOR DUT  on or prescript of the purpose evious medical problem.	Y ON BO/ otion medica e(s) and dos	ARD SHIP  tions? age(s)	th profession	als, health institutions	s and public author	y y
37 38 39 40 41 comme 42 yes, p	Have you ever been declared unfill Has your medical certificate ever are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication ents:  Are you taking any non-prescription of the prescription of the prescrip	FOR DUT  on or prescript differences  evious medica  practioner) I	Y ON BO/ otion medica e(s) and dos	ARD SHIP  tions? age(s)	th profession	als, health institutions	s and public author	y y
37 38 39 40 41 comme 42 yes, p	Have you ever been declared unfill Has your medical certificate ever. Are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication ents:  Are you taking any non-prescription of the prescription of the prescri	FOR DUT  on or prescript differences  evious medica  practioner) I	Y ON BO/ otion medica e(s) and dos	ARD SHIP  tions? age(s)	th profession	als, health institutions	s and public author	y
37 38 39 40 41 comme 42 yes, p	Have you ever been declared unfill Has your medical certificate ever are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication ents:  Are you taking any non-prescription of the prescription of the prescrip	FOR DUT  on or prescript differences  evious medica  practioner) I	Y ON BO/ otion medica e(s) and dos	ARD SHIP  tions? age(s)	th profession	als, health institutions	s and public author	y
37 38 39 40 41 comme 42 yes, p	Have you ever been declared unfill Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication ents:  Are you taking any non-prescription please list the medications taken and you authorize the release of all my prefit Md. Raihan (approved medical lifty me from my employment, benefit with the property of the property authorize the release of all my prefit medical lifty me from my employment, benefit with the property authorize the release of all my prefit medical lifty me from my employment, benefit with the property authorize the release of all my prefit medical lifty me from my employment, benefit with the property and t	FOR DUT  on or prescript differences  evious medica  practioner) I	Y ON BO/ otion medica e(s) and dos	ARD SHIP  tions? age(s)	th profession	als, health institutions	s and public autho	y
37 38 39 40 41 comme 42 yes, p	Have you ever been declared unfill Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication ents:  Are you taking any non-prescription please list the medications taken and you authorize the release of all my prefit Mr. Raihan (approved medical lifty me from my employment, benefit with the property of Seafarer	FOR DUT  on or prescript differences  evious medica  practioner) I	Y ON BO/ otion medica e(s) and dos	ARD SHIP  tions? age(s)	th profession	als, health institutions	s and public autho	y
37 38 39 40 41 comme 42 yes, p	Have you ever been declared unfill Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication ents:  Are you taking any non-prescription please list the medications taken and you authorize the release of all my prefit Md. Raihan (approved medical lifty me from my employment, benefit with the property of the property authorize the release of all my prefit medical lifty me from my employment, benefit with the property authorize the release of all my prefit medical lifty me from my employment, benefit with the property authorize the release of all my prefit medical lifty me from my employment, benefit with the property and t	FOR DUT  on or prescript of the purpose evious medical processing and claims	Y CN BO/ otion medica e(s) and dos al records fro also certify the	ARD SHIII ar designate ARD SHIII tions? age(s)	th professionary contained	als, health institutions above is true and an	s and public authory false statement	y y
37 38 39 40 41 Comme 42 Tyes, p	Have you ever been declared unfill Has your medical certificate ever. Are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication ents:  Are you taking any non-prescription of the prescription of the prescri	FOR DUT  on or prescript of the purpose evious medical processing and claims	Y ON BO/ otion medica e(s) and dos	ARD SHIII ar designate ARD SHIII tions? age(s)	th professionary contained	als, health institutions	s and public authory false statement	y
37 38 39 40 41 Comme 42 Tyes, p	Have you ever been declared unfill Has your medical certificate ever. Are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication ents:  Are you taking any non-prescription of the prescription of the prescri	FOR DUT  on or prescript of the purpose evious medical processing and claims	Y ON BO/ ption medica e(s) and dos al records fro also certify to	ARD SMIII ARD SM	th professionary contained	als, health institutions above is true and an point of the control	s and public authory false statement	y
37 38 39 40 41 Comme 42 Tyes, p hereby o Dr. W lisquali	Have you ever been declared unfill Has your medical certificate ever. Are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication ents:  Are you taking any non-prescription of the prescription of the prescri	FOR DUT  on or prescript of the purpose evious medical problem.	Y ON BOA  otion medica e(s) and dos  al records fro also certify the	ARD SMIII  ARD SMIII  tions?  age(s)  om any heal hat my histor  sure: Systol	th professionary contained	als, health institutions above is true and an point of the control	s and public authory false statement	Ŋ □ □ Notices
37 38 39 40 41 comme 42 yes, p	Have you ever been declared unfill Has your medical certificate ever. Are you aware that you have any Do you feel healthy and fit to pare you allergic to any medication ents:  Are you taking any non-prescription of the prescription of the prescri	FOR DUT  on or prescript of the purpose evious medical processing and claims	Y ON BOA  otion medica e(s) and dos  al records fro also certify the	ARD SMIII ARD SM	th professionary contained	als, health institutions above is true and an point of the control	s and public authory false statement	Ŋ □ □ Notices

CW CODE Sec	own in STCW Co	ode Si	Left eye ection A-1/ Normal JUN 2023	Right Left-e /9 YES	eye ye / NO	Defective	Defective
standard laid do	own in STCW Co	ode Si	eetion A-1, Normal JUN 2023	Right Left of YES Doub	ye / NO		
standard laid do	y/month/year)	12	Normal JUN 2023	Lefter /9 YES □ Doub	ye / NO		
CW CODE Sec	y/month/year)	12	Normal JUN 2023	/9 YES □ Doub	/ NO		
CW CODE Sec	y/month/year)	12	Normal JUN 2023	Doub			
	y/month/year)	12	JUN 2023	]			
	1			dagaa yalka		Nor	mal Absons
	1			dense usine			
				icose veins		19	<b>-</b> -
	-		Vas	scular (inc. peda	l pulses)		<b>)</b>
				domen and visco			v 0
			Her	rnia			
				us (not rectal ex	am)	T.	7 0
				J system		Г	
	140			o system per and lower ex	dramities	Į-	
						r.	
	~		3,340,000		3.800 (CO. 40)		· -
	مت				.,	1.0	<i>y</i> 0
	O NE A		2000				
	( NA DE			4 4	æ	5.00	
	2	1.1	Ski	n		L	
VEYAMINATIO	NS						
1 NAME OF THE PARTY OF THE PART		CAL /	IVED EU	NCTION TESTS	Marijuana	T D Dear	ud PT Ningation
100		CAL (	LIVER FO	NOTION TEST)			
1117		-	- 0	-		☐ Positi	ve 🖾 Negative
(/E				15	URINE R/E		MY
MA	FURNISH 2000		2	8			
-							tiv & Nonreactiv
09	Morphine				HIV / AIDS Test	☐ Reac	tiv 🖵 Nonreactiv
2.200	Amphetamine		☐ Positive	Negative	VDRL	□ Reac	tiv D Nonreactiv
SE LEVEL	Phencyclidine		Positive	Negative	Blood Type		3HVE
5.7	Barbiturates	_				m	m
4.6%	Cocaine	1					VIE
n knowledge of	the contents of t	he Ph	vsical exar	minations:	100		
					LLAU	1	2 JUN 2023
<u></u>	SU	JLIAN			LLAH	1	
			Name o	i seatarer			Date
ee's personal de	eclaration, my cli	(2)	HE TO		Not fit for look	kout duties	
Dec							Other services
	162.00						
	П	1					
ut restrictions		п		h restrictions			
	SE LEVEL  To service at sea ee's personal de	BILIRUBIN R/E SGPT SGOT DRU Morphine Amphetamine SE LEVEL Phencyclidine Barbiturates Cocaine In knowledge of the contents of t	Y EXAMINATIONS  BIO CHEMICAL ( BILIRUBIN  RVE SGPT  SGOT  DRUG ANI  Morphine  Amphetamine  SE LEVEL Phencyclidine  Barbiturates  Cocaine  n knowledge of the contents of the Ph  SULTAN  Fit for lookout duties  Deck service	Y EXAMINATIONS  BIO CHEMICAL (LIVER FUI BILIRUBIN  SGOT  DRUG AND ALCOHO Morphine Positive SE LEVEL Phencyclidine Positive SE LEVEL Phencyclidine Positive Positive SE LEVEL Phencyclidine Positive SE LEVEL Phencyclidine Positive Positive SE LEVEL Phencyclidine Positive SE LEVEL Phencyclidine Positive Positive SULTAN MOHAM Name of SE SERVICE POSITIVE SULTAN MOHAM Name of SULTAN MOHAM Name of SE SERVICE SULTAN MOHAM Name of SULTAN M	Spine (C/S, T/S and Neurologic (full bried Psychiatric General appearance Skin)  Y EXAMINATIONS  BIO CHEMICAL (LIVER FUNCTION TEST)  BILIRUBIN  RVE SGPT  DRUG AND ALCOHOL TEST  Morphine  DRUG AND ALCOHOL TEST  Morphine  Positive  Negative  Negative  Negative  Phencyclidine  Positive  Negative  Negative	Spine (C/S, T/S and L/S) Neurologic (full brief) Psychiatric General appearance Skin  PEXAMINATIONS BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN BILIRUBIN Alcohol Test URINE R/E SGOT DRUG AND ALCOHOL TEST HBsAg Morphine Positive P Negative VDRL SE LEVEL Phencyclidine Positive P Negative Positive P Negative Psychological Examinations:  SULTAN MOHAMMAD SHAHIDULLAH Name of Seafarer  Positive P Residence Sultan Mohammad Shahidullah Name of Seafarer  Positive P Negative Others(KUB Ultra)  Not fit for look	Spine (C/S, T/S and L/S)  Neurologic (full brief)  Psychiatric  General appearance  Skin  Peskin  Pesk

In Accordance with Medical Examination (Senting & CD (Broom), PG (Comm)

In Accordance with Medical Examination (Senting & CD (Broom), PG (Comm)

DG Shipping Bangladesh Approved

Revision Date: 24

General Physician

Radical Hospitals Limited. Revision Date : 24th July 2022

# PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

LAST NAME OF	APPLICANT		FIRST NAME	BLIC OF LIBERIA	MIDDLE INITIAL
SHAHIDULL			SULTAN		MOHAMMAD
DATE OF BIRTH			PLACE OF BIRTH		SEX
12	10	1974	MYMENSINGH	BANGLADESH	22-0
MONTH	DAY	YEAR	CITY	COUNTRY	MALE FEMALE
EXAMINATION	420000000000000000000000000000000000000	767656000	CITT	MAILING ADDRESS OF APPLIC	700.0000
MASTER	POR DUTT	RATING		HOUSE-35, FLAT: A/4, ROAD I	
				The state of the s	C CONTROL MATERIAL CONTROL CONTROL CONTROL
MATE		MOU DECK		UTTARA EAST, UTTARA-1230	, DHAKA, BANGLADESH
ENGINEER		MOU ENGIN		(a)	
RADIO OFF	(f. 1.3.03 ) 1 mm	SUPERNUME		Unicii professore	
	1120-100-100-100-100-100-100-100-100-100	1			ATE DETAILS ON REVERSE SIDE
неібнт 172mm	WEIGHT	BLOOD PE	my 7	PULSE RESPIRATION.	GENERAL APPEARANCE
VISION:	R	IGHT EYE	LEFT EYE		
WITHOUT GLAS	SSES	46	61	_	
WITH GLASSES		-(	1	HIN 2022	
DATE OF LAST	COLOR VISI	ON TEST (Monti	h/Day/Year) 17	JUN 2023 Testing Require	d every 6 years
COLOR VISION	MEETS STA	NDARDS IN ST	CW CODE, TABLE A	1-1/9? YES □	NO 🗆
COLOR TEST TYP	E: BOOK - LA	ANTERN - CHECK	IF COLOR TEST IS N	ORMAL YELLOW MY F	RED MYGREEN MYBLUE
HEARING	RT. EAR	· M	)	LEFT YEAR M	M
HEAD AND NEO	CK.		, н	EART (CARDIOVASCULAR)	
-		No			Nonmy
LUNGS		youn		PEECH (DECK/NAVIGATIONAL OF SPEECH UNIMPAIRED FOR NORM	
EXTREMITIES:			unml		atamen I
UPPER		7		LOWER	Nonm
	ENDANGER			E AGGRAVATED BY, OR TO REND S ON BOARDS IF YES, EXPLAIN IN	DER HIM UNFIT FOR SERVICE AT SEA DETAILS OF MEDICAL
EXAMINATION	- Fulla			1 2 JUN 2023	1 1 JUN 2025
SIGN	ATURE OF A	APPLICANT	- 9	DATE OF EXAM	EXPIRY DATE
	THIS SIGNA	TURE SHOULD	BE AFFIXED IN TH	IE PRESENCE OF THE EXAMINING	PHYSICIAN.
THIS IS TO CER	TIFY THAT A	A PHOTOGRAD EN	AMINIATIONIWAS	CIMENTO SULTAN MO	DHAMMAD SHAHIDULLAH
		PIT POP	DUTY ON BO	ARD SHIP (NAME OF A	
(HE) (SHE) IS FO MOU ENGINE of			FOR DUTY AS A: (	MASTER, MATE, ENGINEER, RADI	
NAME AND D	EGREE OF	PHYSICIAN	DR. MIR MD	RAIHAN; M.B.B.S(D.U.), DFM ,	REG NO A-55144
ADDRESS I	REDICAL I	HOSPITALS I	AMITED 35,SHA	H MAKHDUM AVENUE SECT	OR -12 UTTARA, DHAKA-1230.
NAME OF PHY	YSICIAN'S	CERTIFICATI	NG AUTHORIT'D	G SHIPPING BANGLADESH	
DATE OF ISSU	E OF PHYS	SICIAN'S CER	TIFYCATE 6-	May-14	
SIGNATURE (	OF PHYSICI	AN S	1	DATE OF EXAMIN	12 JUN 2023
mi 1 .1.m .		1 . 6		400.72 740 - 0	
This certificate	is issued by	authority of the	Deputy Commission	oner of Maritime Affairs, R.L. and	in compliance with the requirements of

#### 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 (c) 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.
- (c) 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 deck/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)

AT POR CULVIN HOUSE SAME

#### 1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING 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

12 JUN 2023

RLM-I05M (REV. 06/16)



MBS (DU), DFM, CCD (Birdem), PGT (Ophth), BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.



# Medical Exam Form CONFIDENTIALFORM

			n 🎾 Per				
Nam	e (last,first,middle): SHAHIDULL	AHS	ULTAN N	MOH/	MMAD		
Date	of birth (day/month/year): 10/12/	<u>1974</u>	Sex:	ma	le female		
Hon	ne address: HOUSE-35, UNIT NO:	A/4, R	OAD NO	: 9, SI	ECTOR: 4, UTTARA, UTTAR	A, DH	AKA.
BAN	NGLADESH.						
Pass	port No./Discharge Book No.: A07	79814	6				
	• 0000000000000000000000000000000000000			ioni			
Depa	artment (deck/engine/radio/food har	idling/	other): E	NGIN	В		
Rou	tine and emergency duties (if knows	n):			***		
Туре	e of ship (eg. Bulkcarrier, chemica	l/oil/ga	s tanker,	conta	iner, other cargo ships): BUL	K CAR	RIER
Trad	le area (e.g., coastal, tropical, world	wide):	WORLD	WIDE	111111111111111111111111111111111111111		
Exa	minee's personal declaration						
(Ass	istanceshould beoffered bymedic		Market Control				
Ha	veyou ever had anyof thefollowing	ngcon	ditions:				
	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem			18.	Sleepingproblems		_
2.	High blood pressure			19.	Do you smoke?	Ц	
3.	Heart/vasculardisease		4	20.	Operation/surgery		-
4.	Heart surgery			21.	Epilepsy/seizures		-
5.	Varicose veins	Ц		22.	Dizziness/fainting		_
6.	Asthma/bronchitis		4	23.	Loss of consciousness		_
7.	Blood disorder		Ľ,	24.	Psychiatricproblems		_
8.	Diabetes			25.	Depression		_
9.	Thyroid problem			26.	Attempted suicide		
10.	Digestivedisorder			27.	Loss of memory		
11.	Kidneyproblem			28.	Balanceproblem		
12.	Skin problem			29.	Severeheadaches		
13.	Allergies		9	30.	Ear/nose/throat problems		
14.	Infectious/contagious diseases		0	31.	Restricted mobility		
15.	Hernia		J	32.	Back problems		
16.	Genital disorders		I,	33.	Amputation		
17.	Pregnancy	$\Box$	JAA	34.	Fractures/dislocations		
15	fatt	- 17	<u>t</u>	28	daada kala aa 1911 201955		
if an	yof theabovequestions wereanswe	Rosp	pleas	egive (	details below.		



<ul> <li>35. Haveyou ever been signed offas sick or repatriated from a ship?</li> <li>36. Haveyou ever been hospitalized?</li> <li>37. Haveyou ever been declared unfit forseaduty?</li> <li>38. Has your medical certificate ever been restricted or revoked?</li> <li>39. Areyou awarethat you have anymedical problems, diseases or illnesses?</li> <li>40. Do you feel healthyand fit to perform theduties of your designated position/occupation?</li> <li>41. Areyou allergic to anymedications?</li> </ul> Comments.	Yes No
42. Areyou takinganynon-prescription or prescription medications?	
If yes, pleaselist themedications taken and thepurpose(s) and dosage(s).  Iherebycertifythat the personal declaration above a truestatement to thebest of Signature of examinee:	of myknowledge.
12 IIIN 2023	MC-BGD-016 idesh Approved ysician als Limited.
Signature of examinee:  Date (day/month/year):  Witnessed by: (Signature)  Name: (Typed or printed)  DR. MIR. MC  MBBS (DU), DFM, CCD (8  BMDC A-55144, N  DG Shipping Bengle  General Ph  Radical Hospite	Birdem), PGT (Ophth) AMC-BGD-016 adesh Approved hysician
Date & Contact details for previous medical examination (if known): )  Rev. 03 Page 10 7	



## MEDICAL EXAMINATION

## Sight

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

	Visual Acuity								Visua	al fields
	Unaided			Aide	d				Normal	Defective
	Right e <b>y</b> e	Left	Binocularo	Righ eye	t Left eye	Binocu	ılar	Right eye	_	
Distant	6/4	eye	/_					Left eye		
Near	U					773				
Colo Hear	rvision:	□ No	ot tested	Ł	Normal		oubtfu	ıl [	Defection	ve
Trea.	2.01.0 <del>10</del> .7	e and audi	o metry (thre	shold	values in dB)			Speech and (metres)	l whisper t	est
2875	500 Hz	1,000 H	E/47 (18 State   19   19   19   19   19   19   19   1	37	3,000 Hz				Normal	Whisper
Right ear	200	20	20					Right ear	4	4
Left ear	nu	20	20					Left ear	4	4
Mou	ses, nose, to th/teeth (general)	hroat			Abdome	e veins r(inc. ped en and vis	10000	ses) [		
Eyes Opth	nalmoscopy				G-U sys	ot rectal of stem and lower				
	movement				Spine (	C/S, T/S a	and L/			
	gs and ches ast examina rt				Psychia	ogic (full) itric I appearar				
Che	st X-ray:	☐ Not j	performed	□ P	erformed on			r): <b>1</b>	2 JUN 20	23
F	Results:		yound	2 8	cher	× 1	7			4
				Radio	Hospital	,				8 =

Other diagnostic test(s) and result(s):  Test Result	
Medical Examiners comments:  FIT FOR DUTY ON BOARD SHIP	
Vaccination status recorded: Ves No	
Assessment of fitness forserviceat sea	
On thebasis of theexaminee's personal declaration, myclinical examination and the diagnos results recorded above, Ideclarethe examineemedically:	tic to
☐ Fit for lookout duty ☐ Not fit for look-out duty	
Deck service Engine service Cateringservice Other serv	/ices
Unfit	
Without restrictions With restrictions	
Visual aid required: Yes o	
Describe restrictions (eg. Specific positions, type of ship, trade area)	7
Action taken bymedical examiner (e.g., referral):	- 20
Medical certificate's dateof expiration (day/month/year):// 11 JUN 2025 /	
Date of examination (day/month/year): 12/JUN 2023	
Number of Medical Certificate: Official stamp,	
Signature of medical practitioner:	N
Name of medical examiner: (Typed or printed)  Name of medical examiner: (Typed or printed)  RADICAL HOSPITAL LIMITED  MBBS (DU), DFM, CCD (Birdom), PGT (Option Displayed)  BMDC A-55144, MMC-BGD-016  DG Shipp.ng Bangladesh Approve	h)
Address of medical practitioner:: RADICAL HOSPITAL LIMITED  Pos Shipp, ng Bangladesh Approve General Physician Radical Hospitals Limited.  Authorized by: Dh SMINAN BENGLADES (competent authority)	đ



SEAFARER'S MEDICAL	EXAMINATION REPORT/CERTIFICATE				
This	DENTIAL DOCUMENT  ompliancewiththerequirementsoftheMedicalExamination(Seafarers)Convention1946(1 theMaritimeLabourConvention.2006.				
SURNAME SHAHIDULLAH	GIVEN NAME(S) SULTAN MOHAMMAD				
NATIONALITY	ID DOCUMENT NO:				
BANGLADESHI	C/O/2946				
DATE OF BIRTH  12 10 1974  MONTH DAY YEAR	PLACE OF BIRTH  MYMENSINGH CITY  BANGLADESH COUNTRY  MALE  FEMAL				
EXAMINATION FOR DUTY AS:  MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APPLICANT: HOUSE-35, FLAT: A/4, ROAD NO: 9, SECTOR:4, UTTARA EAST, UTTARA-1230, DHAKA, BANGLADESH.				
DECLARATION OF APPROVED MEDICAL PRACTIONER: I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED	: YES / NO				
MEDICAL EXAMINATION (SEE LAST PAGE FO	R MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE				
HEIGHT WEIGHT BLOOD PRESSURE PULSE	8 1/mi RESPIRATION GENERAL APPEARANCE				
VISION: RIGHT EYE LEFT EYE WITHOUT GLASSES /	HEARING:  RT. EAR				
DATE OF LAST COLOR VISION TEST: 12 JUN  ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET					
HEAD AND NECK	HEART (CARDIOVASCULAR)				
LUNGS	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?				
EXTREMITIES: Vonm	-1 LOWER Norm				
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO	RECOMMENDATIONS?				
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO ENDAY HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDAY YES NO NO	BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER ANGER THE HEALTH OF OTHER PERSONS ON BOARD?				
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESC	CRIPTION MEDICATIONS? YES NO				
	1 2 JUN 2023				
SIGNATURE OF APPLICANT  THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAM	DATE DATE				
	3 / 5/				



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	SULTAN MOHAMMAD SHAHIDULLAH
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES	NO .
SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICE RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICT	CER / ENGINEERING OFFICER / RADIO OFFICER / IONS:
NAME AND DEGREE OF PHYSICIAN  DR. MIR. MD. RAIH.  M888 (DU). DFM. CCD (Birdom). PGT (O  BMDC A-55144, MMC-BGD-C  DG Shipping Bangladesh Approx	O16
Uttara, Dhaka, Bangladesh  General Physician Radical Hospitals Limited.	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	DING BD
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	may 207.
SIGNATURE OF PHYSICIAN :	
DATE OF EXAMINATION: 12 JUN 2023	
EXPIRY DATE OF CERTIFICATE : 11 JUN 2025	
SEAFARER ACKNOWLEDGMENT	
I, SULTAN MOHAMMAD SHAHIDULLAH (NAME OF SEAFARER). THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIE	, CONFIRM THAT I HAVE BEEN INFORMED OF EW.
I, SULTAN MOHAMMAD SHAHIDULLAH (NAME OF SEAFARER)	, CONFIRM THAT I HAVE BEEN INFORMED OF EW.



#### MEDICALREQUIREMENTS

Allapplicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical examinationreported onthis Medical Formcompleted bya certificated physician. completedmedical formmust accompany the application for office recrtificate, application for scafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 applicationsforanofficer immediately preceding certificate certification of special qualifications or a scafarer's book. The examination shall be conducted in accordance with the InternationalLaborOrganizationWorld HealthOrganization. Guidelines for Conducting Pre-sea and Periodic Medical Fitness ExaminationsforSeafarers(ILO/WHO/D).2/1997.Suchproofofexaminationmustestablishthatthe applicantisinsatisfactoryphysicaland mentalconditionforthespecificdutyassignmentundertakenandisgenerallyinpossessionofall body faculties necessary infulfilling the requirements of the seafaring profession.

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

- (a) Hearing
  - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) and in poorer ear at 5feet (1.52m).
- (b) Eyesight
  - Deckofficerapplicantsmusthave(eitherwithorwithorwithoutglasses)atleast20/20(1.00)visioninonecycandatleast20/40 (0.50)intheother. If the applicant wears glasses, hemust havevisionwithoutglasses of at least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsed, green, blueand yellow.
  - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother.Iftheapplicantwearsglasses, hemusthavevisionwithoutglassesofatleast20/200(0.10)in botheyes. Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen.
- (c) Dental
  - Seafarers must befreefrominfections ofthemouthcavityor gums.
- (d) BloodPressure
  - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.
- (e) Voice
  - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalvoice communication.
- (f) Vaccinations
  - AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication,InternationalTraveland
     Health,VaccinationRequirementsandHealthAdvice,andshallbegivenadvicebythecertifiedphysicianonimmunizations.
     Ifnewvaccinations are given, these shall be recorded
- (g) Diseases or Conditions
  - Applicantsafflictedwithanyofthefollowingdiseasesorconditionsshallbedisqualified:epilepsy,insanity,senility, alcoholism,tuberculosis, acute venereal disease or neurosyphilis, AIDS,and/ortheuse of narcotics.
- (h) Physical Requirements
  - Applicantsforableseaman,bosun,GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysicalrequirementsfor adeck/navigational officer's certificate.
  - Applicants for fireman/watertender,oiler/motor,pumpman,electrician,wiper,tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

#### IMPORTANTNOTE:

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 scafarers. 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 scafarer 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'.

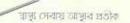
#### EXAMINATION:

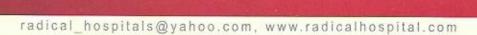
(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided — Medical Exam Form).

12 JUN 2023



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







Id No : 0309

Date: 12-Jun-2023

D.Date: 12-Jun-2023

Patient's Name: SULTAN MOHAMMAD SHAHIDULLAH

Age: 48Y 6M 2D Gender: Male

Specimen

: Blood

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

CDC NO;C/O/2946

## Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	<b>12.1</b> 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)	<b>7,200</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		WILLIAM BERGER AND CONTROL OF THE STREET
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	<b>26.8</b> 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 %

hecked By

Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU) Associate Professor

Dept. Of Microbiology

East West Medical College & Hospital.



radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23060309	Received Date	12/06/2023
Patient's Name	SULTAN MOHAMMAD SHAHI	DULLAH	
Patient's Age	48Y 6M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU	),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/2946
Sample	BLOOD		

# BIOCHEMISTRY REPORT

Result	Reference Range
5.7 mmol/l	4.2 – 6.4 mmol/l
0.9 mg/dl	0.2 - 1.1 mg/dl
28 U/L	Up to 37 U/L
4.6 %	4.2 - 6.7 %
	5.7 mmol/l 0.9 mg/dl 28 U/L

## 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. La

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	DIA23060309	Received Date	12/06/2023
Patient's Name	SULTAN MOHAMMAD SHAH	IDULLAH	1
Patient's Age	48Y 6M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/29		CDC NO:C/O/2946
Sample	BLOOD		8800 00 E 0 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T

# 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	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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23060309	Received Date	12/06/2023
Patient's Name	SULTAN MOHAMMAD SHAHI	DULLAH	
Patient's Age	48Y 6M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/2946
Sample	URINE	7.0 HE 15 TO	

#### URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/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

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	DIA23060309	Received Date	12/06/2023
Patient's Name	SULTAN MOHAMMAD SHAHIDULLAH		
Patient's Age	48Y 6M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDER	M),PGT(Eye),DFM	CDC NO:C/O/2946
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

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

REF: MV. AQUA BONANZA

DATE: 12/06/2023

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

# EYE EXAMINATION REPORT

NAME: SULTAN MOHAMMAD SHAHIDULLAH

RANK: CH.ENG

CDC NO: C/O/2946

VISUAL ACUITY:

RIGHT

LEFT

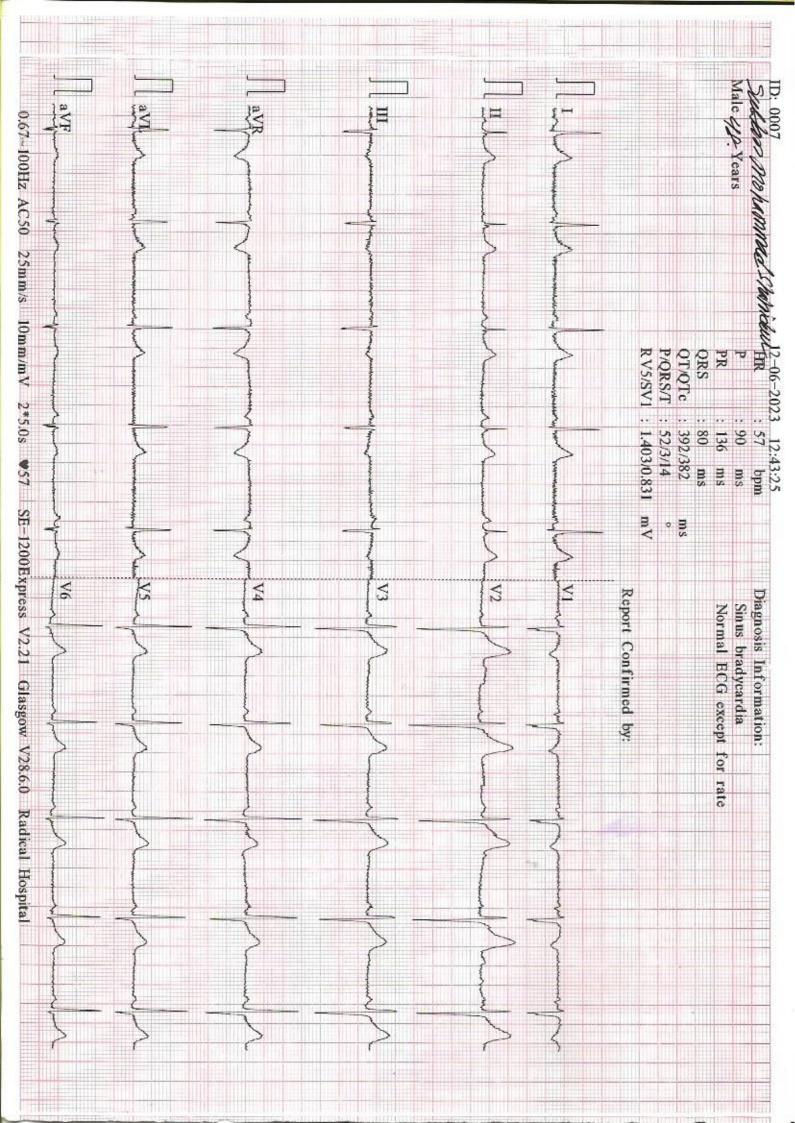
UNAIDED

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



RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

# **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23060309 Receive:12/06/2023 Print: 12/06/2023

Patient's Name : SULTAN MOHAMMAD SHAHIDULLAH

 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 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 CHOLERA

This is to certify that whose signature follows

Date of birth 16-DEC-1974 Sex MALE SULTAN MOHAMMAD SHAHIDULLAH (49/29/6)

has on the date indicated been vaccinated or revaccinated against Cholera

not In		
DR. MIR. MD. RAIHAN MBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp,ng Bangladesh Approved	35, Shah Makhdum Averius Uldero, Dhaka	
DR. MR. MD. RAIHAN MBS (DU) DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	* BANGLADEST	
DR. WIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)	St. Shah Makhdum O Avenus Haren Philata	4
BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	BANGLADEST	artina familia
PROCESSES OF COMMENTS	5	6
	4	
	7	8
		10
	BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hespitals Limited.  DR. MAR. 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.  DR. MTR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician	BMDC A-55144, MMC-BGD-018 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.  DR. MR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-018 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 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.

ontinued overleaf Suite our erso

#### ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC

Seafarer's Signature



SL NO.

04.2023.4189

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited
Name & Signature of the practitioner:

## SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

The second of th	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SEAFARER INFORMATION:	8
Name: Last SHAHIDULLAH. First SULTAN	Middle .MOHAMMAD
Gender: (Male/Female). MALENationality BANGLADESHI	Date:
Occupation: Deck/Engine/Gatering/Other (specify). ENGINE	Rank CHIEF ENGINEER
Father's/ Nusbad'sname: ABDUL HAI	C.D.C No. C/0/2946
Mother's Name: PNWARA BEGUM	Seaman ID No
Address: House No: 36 Street/ Road No: 314, 09	
Locality/Village: SECTOR-04	NID No. 1016251017
P.O. UTTARA	Date of Birth: 10-12-1974
P.S. <i>UTTYPRI</i>	,
	(DD/MM/YYYY)
District: DHAKA	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the	People's Republic of Bangladesh and confir
the followings:	
<ol> <li>Confirmation that identification documents were checked at the point of</li> </ol>	POST 2 200 M M M M M M M M M M M M M M M M M
2. Hearing meets the standards in section A-I/9	:YES/NO
3. Unaided hearing satisfactory?	:YES/NO
4. Visual acuity meets standards in section A-I/9?	:YES/NO
<ol><li>Colour vision meets standards in section A-I/9?</li></ol>	:YES/NO
Date of last colour vision test	12 JUN 2023
6. Fit for lookout duties?	:YES/NO
7. Is the seafarer free from any medical condition likely to be aggravated by	by service at sea or to
render the seafarer unfit for service or to render the health of any other pe	ersons on board? :YES/NO
8. Any limitations or restrictions on fitness?	:YES/NO
If YES, specify limitations or restrictions:	
Duties:  Location/Vessel: RABICAL HOSPITAL LIN	MITED
Medical/Other: Uttara, Dhaka, Banglada	
iviedical/other.	
9. Medical fitness category : Fit-No restriction Fit-Subject	et to restrictions Unfit
3. Wedical littless category.	
10. Date of examination/Issue (DD/MM/VVVV) 12 JUN 2023	
To, Date of examination in sade (DD/WWW) 1111)	
11. Date of expiry (DD/MM/YYYY)	years from the date of examination".
	THIN.
I have read the contents of the certificate and have been informed of the right to	DR. MIR. MD. RAIHAN
and have been informed of the right to	MBBS (DU), DFM, CCD (Blrdem), PGT (Ophth)
review.	MBBS (DU), DFM, CCD (British), 100 MBMDC A-55144, MMC-BGD-016

#### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 24 months prior to the date of making application 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.211997). Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarers 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 whis pered 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 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (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 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [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/Navigational 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 the useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

#### IMPORTANT NOTE:

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 fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

#### DETAILS OF MEDICAL EXAMINATION:

ullis (To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E

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

1 2 JUN 2023