

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

RADICAL HOSPITAL LIMITED.

35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: JANI MD Sex: M Serial No: _____
Surname First Name Middle Initial
 Date of Birth: 17 10 1976 PP/CDC: TI-33577 Rank: FITTER
 Vessel: POSEIDON BAY Type: CRUDE OIL TANKER Route: WORLDWIDE
 Home Address: SOUTH HAITSHAHAK - W-39, BANDAR, BANDAR MAIN POST OFFICE
CHATTOKRAIM, BANGLADESH
 Company Name: _____

Please answer the following to the best of your knowledge.

[illegible]

Height	Weight in Kgs	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
167cm	80kg	43	41	130/80 mmHg	78/min	19/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision		Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal		Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal		Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal		Hearing	Right Ear			Left ear					
	Other	Normal	Abnormal			G			G					

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system		
Eyes	/			Cardiovascular system	/	
Ears / Nose / Throat	/			Per Abdomen	/	
Teeth / Oral Cavity	/			Genito-urinary system	/	
Musculo-Skeletal system	/			Others	/	
Nervous system	/			Hernia / Hydrocoele	/	
Reflexes	/			Varicose Veins	/	
Skin	/			Fissure/Fistula/Piles	/	

Blood	Result	Normal	Urine
Hemoglobin	14.0 gm%	14-16 gm %	Colour
Total WBC count	16,500 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 65 % Lymph 33 % Eos 02 Ba 00 Mo 02 %			pH
Malarial parasite	NOT FOUND		Albumin
ESR	07 mm / 1st hour	1+ - 15 mm / hr	Sugar
SGPT	32 U/L	9--43 U / L	Bile pigment
S.Cholesterol	N/E mg/dl	145--260 mg / dl	Bile salts
S.Triglycerides	N/E mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	RBS N/ PPBS	upto 125 mg %	RBC cells
HbsAg	NEGATIVE		Leucocytes
HIV I & II	NEGATIVE		Others
VDRL	NOT REACTIVE		
Others		GGTP U/L	
Blood Group			

Spirometry: N/D

ECG: Normal TMT: N/A

X-Ray Chest: Normal

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, DANIEL S. RABIN, D.O., M.D., certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: **17 JUN 2025**

Candidate's Signature _____

Date:

Doctor's signature:

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

18 JUN 2023

04.2023.4232



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA

SURNAME: JANI		GIVEN NAME (S): MD	
DATE OF BIRTH: DAY 17 MONTH 08 YEAR 1975		PLACE OF BIRTH CHATTOGRAM CITY COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☒		MAILING ADDRESS OF APPLICANT: SOUTH HALISHAHAR, W-39, BANDAR BANDAR MAIN POST OFFICE CHATTOGRAM, BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

Confirmation that identification documents were checked at the point of examination: YES ☐ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 18 JUN 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☐ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☒

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

18 JUN 2023

MD JANI

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS, (DU), DFM REG: A-55144

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

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: DG SHIPPING BANGLADESH

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

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN

DATE:

18 JUN 2023

EXPIRY DATE OF CERTIFICATE:

17 JUN 2025

This certificate is issued by the Panama Maritime Authority in compliance with the requirements of the STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Biderm), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician
Radical Hospitals Limited.

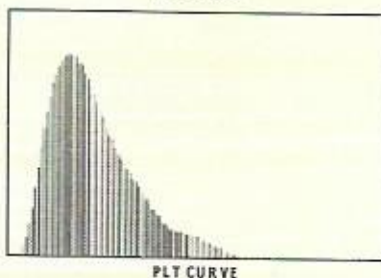
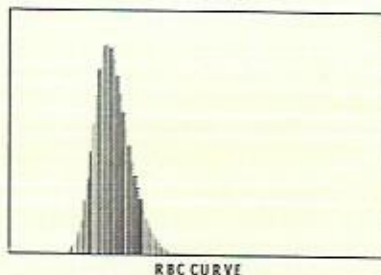
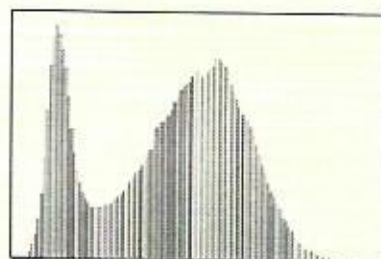


Id No : 0478 **Date** : 18-Jun-2023 **D.Date** : 18-Jun-2023
Patient's Name : MD JANI **Age** : 47Y 10M 1D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/33577

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.0 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	10,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	33 %	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	210 /cumm	50-450/cumm
Total RBC Count	6.13 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.8 %	M: 40-54%, F:37-47%
MCV	63.3 fL	76 - 94 fL
MCH	22.8 pg	27 - 32 pg
MCHC	36.1 g/dL	29 - 34 g/dL
RDW	15.0 %	11 - 16 %
PDW	13.8 fL	35 - 56 fL
Total Platelete Count (PC)	2,63,000 /cumm	150,000-450,000/cumm
MPV	8.3 fL	7.0 - 11.0 fL
PCT	0.218 %	0.1 - 0.4 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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

Bill No	DIA23060478	Received Date	18/06/2023
Patient's Name	MD JANI		
Patient's Age	47Y 10M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/33577		
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
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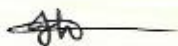
Liver Function Test

Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	32 U/L	Up to 40 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 Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23060478	Received Date	18/06/2023
Patient's Name	MD JANI		
Patient's Age	47Y 10M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/33577
Sample	BLOOD		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	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

Bill No	DIA23060478	Received Date	18/06/2023
Patient's Name	MD JANI		
Patient's Age	47Y 10M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/33577		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

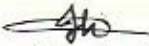
CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

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

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Radical Hospitals Ltd.


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Bill No	DIA23060478	Received Date	18/06/2023
Patient's Name	MD JANI		
Patient's Age	47Y 10M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T/33577
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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23060478	Receive: 18/06/2023	Print: 18/06/2023
Patient's Name	: MD JANI		
Age	: 47 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

ID: 0035

18-06-2023 13:38:55

HR : 89 bpm

P : 98 ms

PR : 134 ms

QRS : 84 ms

QT/QTc : 334/407 ms

P/QRS/T : 47/57/5 °

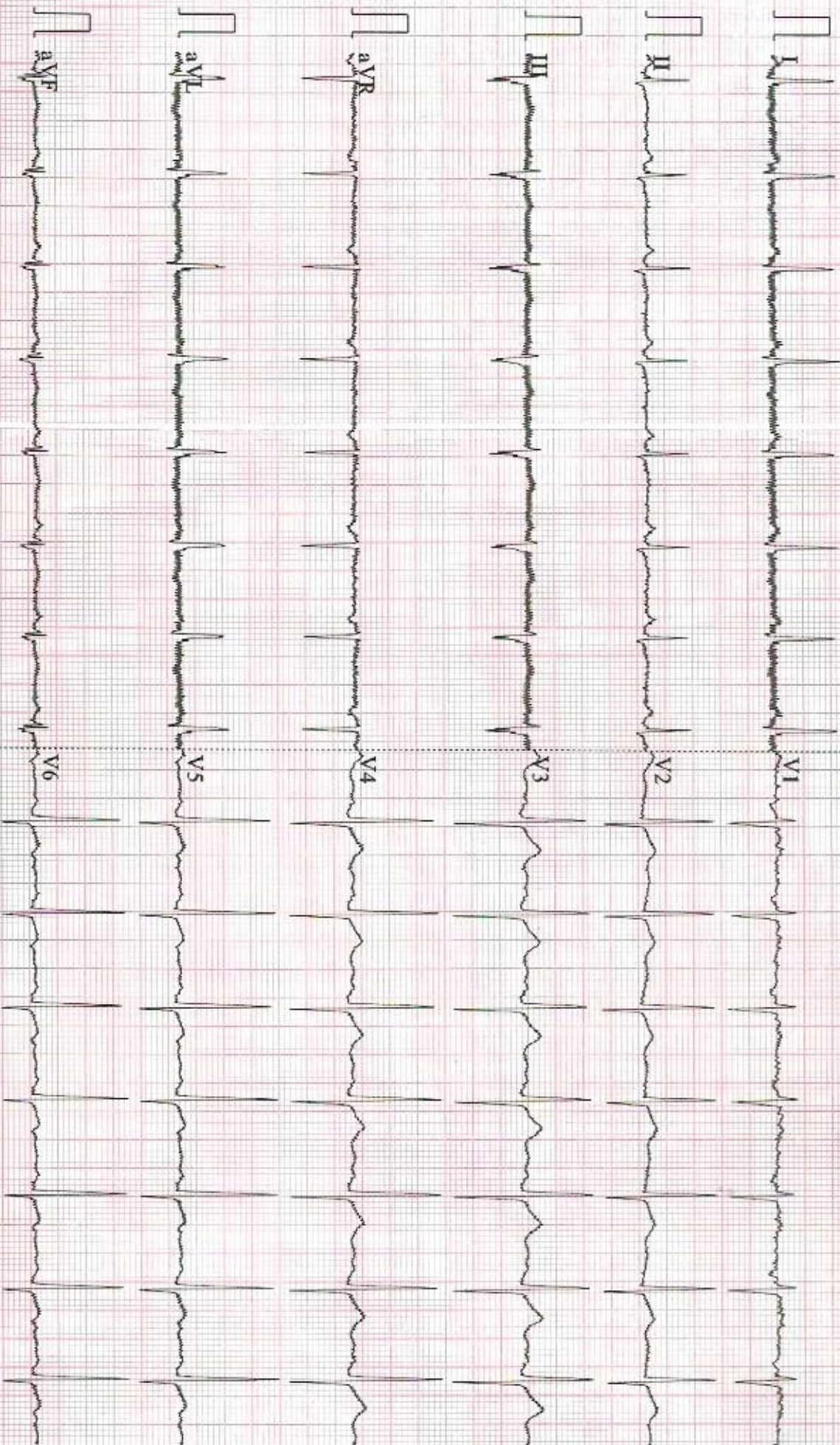
RV5/SV1 : 1.71/0.795 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060478 Receive: Print: 18/06/2023
Patient's Name : MD JANI
Age : 47 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 89 b/min
Rhythm : Regular
P-Wave : Normal
P-R Interval : Normal
QRS Complex : Normal
ST. Segment : Is electric
T. Wave : Normal

Impression : Findings are within normal limit.



Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to certify that
JE Soussigne (e) certifie que

MOHAMMED JANI

date of birth
no (e) le

17.08.75

Sex
sexe

M

Whose signature follows
dont la signature suit

M. Jani

has on the Date indicated been vaccinated or revaccinated against Cholera
a ete vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cachet d'authentification
1 13 SEP 2021	<i>Sabrina</i> DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC. Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Snipping, Dhaka.	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs. TYPHOID VACCINATION "TYPHERIX" VALID UPTO ONE YEAR CENTRE FOR VACCINATION AGRAHAB C/A CTG. BANGLADESH
2 18 JUN 2023	<i>Mir Md Raihan</i> 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.	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs CENTRE FOR VACCINATION 30, Shah Mubashir Avenue Uttara, Dhaka BANGLADESH

The validity of this certificate shall extend for a period of Two Years, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a from prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validite de ce certificate couvre une periode de six mois commençant six Jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette periode de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partiques a sept jours d'intervalle et sa validite commence le jour de la seconde injection.

De cachet d'authentification doit etre conforme au modele present par l'administration sanitaire du territoire ou la vaccination est effectuee.

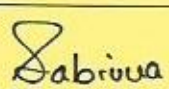
Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui il comporte peut affecter sa validite.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that } MOHAMMED JANI date of birth } 17.08.75 Sex } M
JE soussigne' (e) certifie que } no' (e) le } sexe }

Whose signature follows } M. JANI
dont la signature suit }

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' te' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
06 SEP 2021	 DR. SABRINA MOSTAFA MBBS (D.U.) Reg. No. BMDC. Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping. Dhaka.		
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificate n' est valable que si le vaccin employe' a e' te' a approve' par l' Organisation Mondiale de la Sante' et sile centre de vaccination ac' te' habilite parl' adminstration sanitaire du territoire dans lequcl' ce centre est situe'

La validite' de ce certificat couvre une pe' riode de dix ans commençant dix jours apres la date de la vaccination ou, dans le cas dunce revaccination au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signe' par un me' decin de sa propre main. son cachet officiel ne pouvant etre conside' re' comme l'enant lieu de signature.

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