

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

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

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.

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

Name: **RAHAMAT ALI**

Sex: **M**

Serial No:

Sumame

16 / 03

First Name

1 / 1994

Middle Initial

PP/CDC: **T133476**

Rank:

oil cr

Date of Birth:

Vessel:

POSEIDON BAY

Type:

MELODIA TANKER

Route:

WORLD WIDE

Home Address:

GARAMARA, DHAWATALA, SAMALPUR SADAR, SAMALPUR

Company Name:

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following

Candidate Declaration

Examiner Record

Candidate Declaration

Examiner Record

	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthma / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc.)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addiction to alcohol / drugs / tobacco		✓		✓
Stomach / Bowel disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall stones / Kidney disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Varicose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Malignant disease (Cancer)		✓		✓
Female Disorder		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓
Notes									

Medical Examination

General Examination																
Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition										
165	65	43-41 ins	110/80 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	6/6	Normal		Right Ear		dB	20	20	20					
Left Eye				Abnormal		Left Ear		dB	20	20	20					
Colour Vision		Ishihara	Normal	Abnormal		Hearing		Right Ear				Left ear				
Other		Normal	Abnormal		4				0							

Systemic Examination

Head & Neck		FIT FOR SEA SERVICE AS AS PER MLC 2006	Respiratory system		FIT FOR SEA SERVICE AS AS PER MLC 2006
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		

Investigations

Blood	Result	Normal	Urine
Hemoglobin	12.0 gm%	14-16 gm %	Colour
Total WBC count	6.200 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 64 % Lymph 31 % Eos 02 % Ba 00 % Mo 02 %			pH
Malarial parasite	Not Found		Albumin
ESR	65 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	29 U/L	9-43 U / L	Bile pigment
S.Cholesterol	NR mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	NR mg/dl	upto 200 mg / dl	Occult blood
Blood sugar	RBS PPBS	upto 125 mg %	RBC cells
HbsAg	Not Found		Leucocytes
HIV I & II	Not Found		Others
VDRL	Not Found		
Others			
Blood Group		GGTP U/L	

ECG: **Normal**

TMT: **N/D**

X-Ray Chest:

Normal

Spirometry:

N/D

Drugs of Abuse:

Negative

USG:

Result of Medical Examination

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

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

Candidate's Signature **RAHAMAT ALI**

Official Stamp

Doctor's signature:

Date: **18 JUN 2023**



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.

04.2023.4233



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA

SURNAME: ALI	GIVEN NAME (S): RAHAMAT
DATE OF BIRTH: DAY 16 MONTH 03 YEAR 1994	PLACE OF BIRTH JAMALPUR CITY COUNTRY BANGLADESH SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☒	MAILING ADDRESS OF APPLICANT: GARAMARA, DHAWATALA, JAMALPUR SADAR JAMALPUR, BANGLADESH.

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	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 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

Signature of Applicant

RAHAMAT ALI

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.

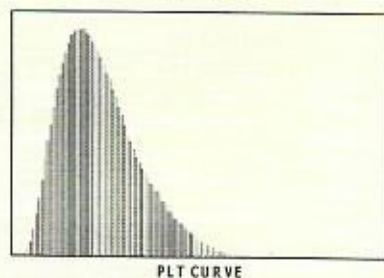
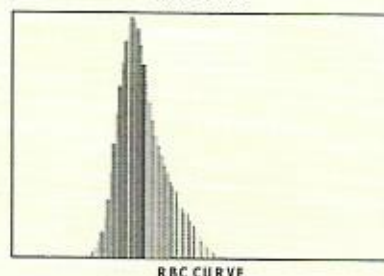
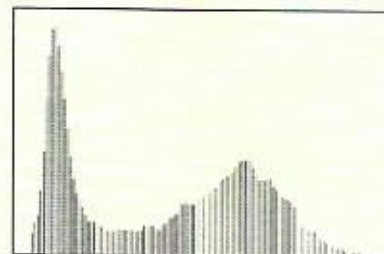
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0480 **Date** : 18-Jun-2023 **D.Date** : 18-Jun-2023
Patient's Name : RAHAMAT ALI **Age** : 29Y 3M 2D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/33476

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.0 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6,900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	138 /cumm	50-450/cumm
Total RBC Count	3.83 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	31.7 %	M: 40-54%, F:37-47%
MCV	82.8 fL	76 - 94 fL
MCH	31.3 pg	27 - 32 pg
MCHC	37.9 g/dL	29 - 34 g/dL
RDW	12.6 %	11 - 16 %
PDW	15.6 fL	35 - 56 fL
Total Platelete Count (PC)	2,74,000 /cumm	150,000-450,000/cumm
MPV	8.3 fL	7.0 - 11.0 fL
PCT	0.227 %	0.1 - 0.2 %
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	DIA23060480	Received Date	18/06/2023
Patient's Name	RAHAMAT ALI		
Patient's Age	29Y 3M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/33476		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name

Result

Reference Range

Liver Function Test

Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	21 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

radical_hospitals@yahoo.com, www.radicalhospital.com

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/33476
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	DIA23060480	Received Date	18/06/2023
Patient's Name	RAHAMAT ALI		
Patient's Age	29Y 3M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T/33476
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	0-2/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

Checked By



Medical Technologist
Radical Hospitals Ltd.



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Patient's Age	29Y 3M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T/33476
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

[Signature]

Medical Technologist
Radical Hospitals Ltd.

[Signature]

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060480 Receive: Print: 18/06/2023
Patient's Name : RAHAMAT ALI
Age : 29 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 67 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

This report has been electronically signed

Page 1 of 1

ID: 0038

18-06-2023 14:59:00

Radical
Male 29 Years

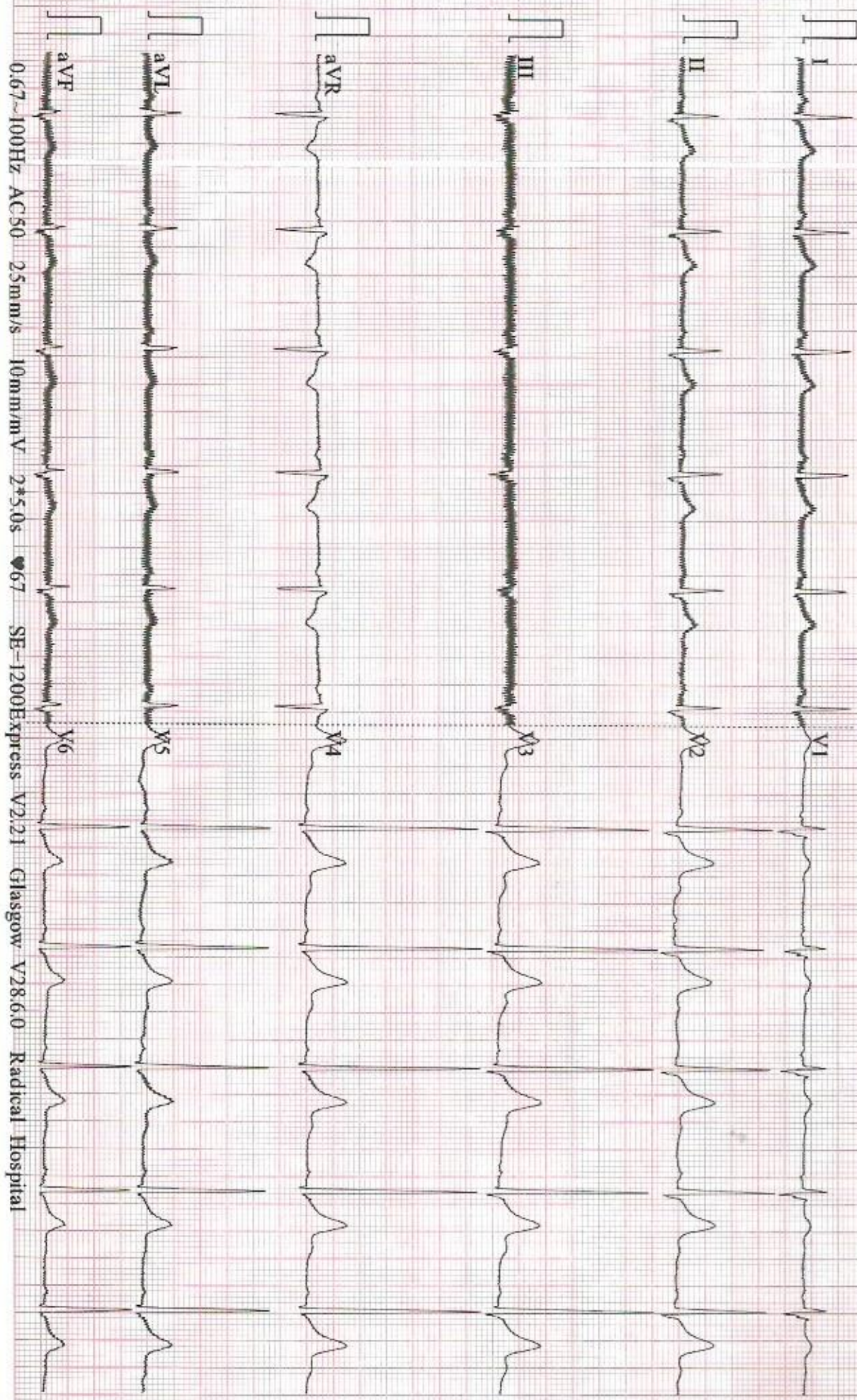
RAC

Diagnosis Information:

Sinus rhythm
Normal ECG

HR : 67 bpm
P : 80 ms
PR : 126 ms
QRS : 100 ms
QT/QTc : 392/414 ms
P/QRS/T : 13/17/33 °
RV5/SV1 : 2.345/0.391 mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060480 Receive: 18/06/2023 Print: 18/06/2023
Patient's Name : RAHAMAT ALI
Age : 29 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.



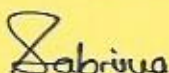
Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

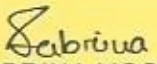
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to certify that RAHAMAT ALI date of birth 16.03.94 sex M
JE Soussigne (e) certifie que | no (e) le | sexe |

Whose signature follows ☒ RAHAMAT ALI
dont la signature suit |

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 27 JUN 2021	 DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs. 

2 30 MAY 2023	 DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs. 
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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 form 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 it 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 apres la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partielles 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 JE soussigné (e) certifie que } RAHAMAT ALI date of birth } 16.03.94 Sex } M
no' (e) le } sexe }

Whose signature follows } RAHAMAT ALI
dont la signature suit }

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' 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 nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
20 JUN 2021 1	<u>Sabrina</u> 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' tc' a approve' par l' Organisation Mondiale de la Sante' et si le centre de vaccination ae' tc' habilite par l' administration sanitaire du territoire dans lequel 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 d'une revaccination au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificat doit etre signe' par un me' decin de sa propre main, son cachet officiel ne pouvant etre considere' re' comme tenant lieu de signature.

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