

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: **HASAN SHAIKH MAHADI** Sex: **MALE** Serial No: _____
 Date of Birth: **18/05/1995** PP/CDC: **C1010079** Rank: **2ND OFFICER**
 Vessel: **ROSEIDON BAY** Type: **OIL TANKER** Route: **WORLDWIDE**
 Home Address: **HOUSE-606, TEROKHADIA, UTTAR PARA, RAJPARA, RAJSHAHI CANTONMENT, RAJSHAH**
 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)		✓		✓	Hemia / 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		✓		✓

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp.Rate / min	General Condition	
172cm	62kg	43-41	110/80 mmHg	78b/min	19b/min	Good	
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000
Right Eye	6/6		Normal	Right Ear	dB	20	20
Left Eye	6/6		Abnormal	Left Ear	dB	20	20
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	Left ear	
	Other	Normal	Abnormal		4	4	

Systemic Examination

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	✓				Hemia / Hydrocoele	✓
Reflexes	✓				Varicose Veins	✓
Skin	✓				Fissure/Fistula/Piles	✓

Investigations

Blood	Result	Normal	Urine
Hemoglobin	12.0 gm%	14-16 gm %	Colour
Total WBC count	5.600 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu % Lymph	23 %	20-40 %	pH
Malarial parasite	NOT FOUND		Albumin
ESR	10 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	10 U/L	9-43 U/L	Bile pigment
S.Cholesterol	192 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	192 mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	111 PPBS	upto 125 mg %	RBC cells
HbsAg	NEGATIVE		Leucocytes
HIV I & II	NEGATIVE		Others
VDRL	NEGATIVE		
Others		GGTP U/L	
Blood Group			

ECG: Normal TMT: N/D

X-Ray Chest: Normal

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

I, Doctor's Name: DR. MIR MD. RAIHAN 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: 18 JUN 2025

Candidate's Signature: **Mahadi Hasan**

Date: 19-06-2023



Doctor's signature:

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

19 JUN 2023

04.2023.4242



**MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA**

SURNAME: HASAN		GIVEN NAME (S): SHAIKH MAHADI	
DATE OF BIRTH: DAY 18 MONTH 05 YEAR 1995		PLACE OF BIRTH CITY RAJSHAHI COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: HOUSE-606, TEROKHADIA, UTTAR PARA RAJPARA, CANTO MENT, RAJSHAHI, BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR <i>ms</i>
LEFT EYE	6/6	—	LEFT EAR <i>ms</i>

COLOR TEST TYPE:
☐ BOOK
☐ LANTERN
YELLOW *ms* RED *ms*
GREEN *ms* BLUE *ms*

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) 19 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.

19 JUN 2023

SHAIKH MAHADI HASAN

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 CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

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

SIGNATURE OF PHYSICIAN: *[Signature]*

STAMP OF PHYSICIAN

DATE: **19 JUN 2023**

EXPIRY DATE OF CERTIFICATE:

18 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.

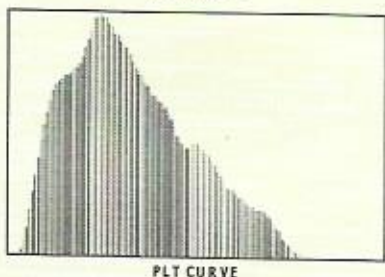
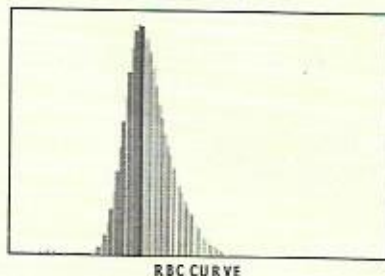
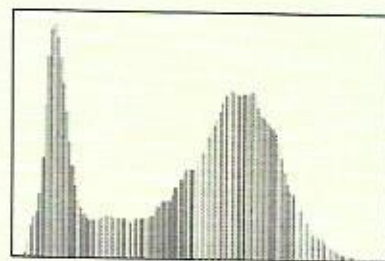
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0496 **Date** : 19-Jun-2023 **D.Date** : 19-Jun-2023
Patient's Name : SHAIKH MAHADI HASAN **Age** : 28Y 1M 1D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/9079

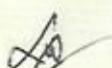
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.4 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	04 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,600 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	73 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	23 %	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	172 /cumm	50-450/cumm
Total RBC Count	3.98 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	34.9 %	M: 40-54%, F:37-47%
MCV	87.7 fL	76 - 94 fL
MCH	33.7 pg	27 - 32 pg
MCHC	38.4 g/dL	29 - 34 g/dL
RDW	12.0 %	11 - 16 %
PDW	15.2 fL	35 - 56 fL
Total Platelete Count (PC)	1,52,000 /cumm	150,000-450,000/cumm
MPV	11.4 fL	7.0 - 11.0 fL
PCT	0.116 %	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	DIA23060496	Received Date	19/06/2023
Patient's Name	SHAIKH MAHADI HASAN		
Patient's Age	28Y 1M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9079		
Sample	BLOOD		

BIOCHEMISTRY REPORT**Test Name****Result****Reference Range****Liver Function Test**

Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	19 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 Technologists
Radical Hospitals Ltd.Dr. Sumaiya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23060496	Received Date	19/06/2023
Patient's Name	SHAIKH MAHADI HASAN		
Patient's Age	28Y 1M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9079		
Sample	BLOOD		

SEROLOGICAL REPORT

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

RADICAL

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	DIA23060496	Received Date	19/06/2023
Patient's Name	SHAIKH MAHADI HASAN		
Patient's Age	28Y 1M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9079		
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	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

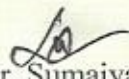
Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

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.


Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

East West Medical College and Hospital

Bill No	DIA23060496	Received Date	19/06/2023
Patient's Name	SHAIKH MAHADI HASAN		
Patient's Age	28Y 1M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9079		
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

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.	: 23060496	Receive: 19/06/2023	Print: 19/06/2023
Patient's Name	: SHAIKH MAHADI HASAN		
Age	: 28 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: 0043

19-06-2023 10:51:53

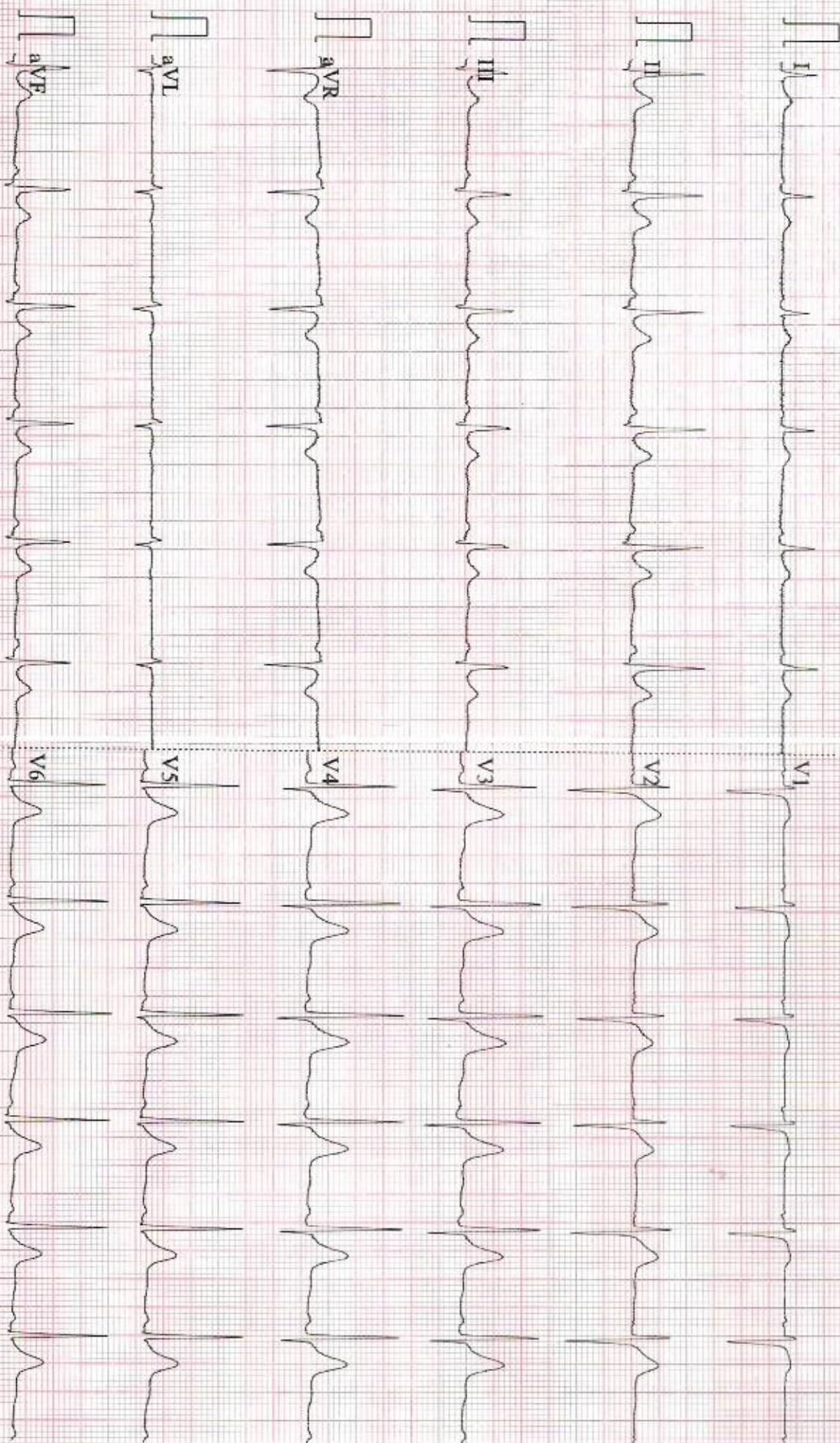
Specia Medical Ham,

Male 88 Years

HR	: 72	bpm
P	: 94	ms
PR	: 134	ms
QRS	: 84	ms
QT/QTc	: 338/370	ms
P:QRS/T	: 66/61/66	°
RV5/SV1	: 1.763/0.973	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060496 Receive: Print: 19/06/2023
Patient's Name : **SHAIKH MAHADI HASAN**
Age : 28 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 72 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 INTERNATIONNAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to certify that JE Soussigne (e) certifie que SHAIKH MAHADI HASAN date of birth 18/05/95 Sex M
no (e) le sexe

Whose signature follows dont la signature suit Mahadi Hasan

has on the Date indicated been vaccinated or revaccinated against Cholera
a été vaccine (e) et revaccine (e) contre le Cholera a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cachet d'authentification	
1 28 MAR 2022	 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.	

19 JUN 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Cephth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approver General Physician Radical Hospitals Limited	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs	
-------------	---	--	---

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 certificat 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 certificat 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 per l'administration sanitaire du territoire ou la vaccination est effectuee.

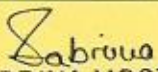
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validite.

**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 SHAIKH MAHADI HASAN date of birth 18/05/1995 Sex M
JE soussigne' (e) certifie que no' (e) le sexe

Whose signature follows } Markadi Hasan
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
13 MAR 2022	 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 sile centre de vaccination ae' tc' habilite parl' adminstration 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 vaccinatio ou, dans le cas dunce revaccinatio 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.