# 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: ISLAM (Surname) MD JAHEDUL (First Name / Middle Initial) Sex: MALE Serial No:

Date of Birth: 20/10/1989 PP/CDC: C10/5840 Rank: MASTER

Vessel: M.V SAFINAH Type: BULK CARRIER Route: FGN

Home Address: HOUSE-12, ROAD-8A, SECTOR-10, UTTARA,

Company Name: CAPELLA SHIP MANAGEMENT

## 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 Yes | Candidate Declaration No | Examiner Record Yes | Examiner Record No | | Candidate Declaration Yes | Candidate Declaration No | Examiner Record Yes | Examiner Record No |
|---|---|---|---|---|---|---|---|---|---|
| Severe one-sided headaches (Migraine) | | ✓ | | ✓ | Hernia / Hydrocoele / Appendicitis | | ✓ | | ✓ |
| Head Injury / Concussion / Loss of Memmory | | ✓ | | ✓ | High / Low blood pressure / Heart disease | | ✓ | | ✓ |
| Fits / Epilepsy / Dizziness / Fainting | | ✓ | | ✓ | Asthama / 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 | | ✓ | | ✓ | Mallignant disease ( Cancer) | | ✓ | | ✓ |
| Female Disorder | | ✓ | | ✓ | Signed off on medical grounds / Declared Unfit | | ✓ | | ✓ |

Notes

## Medical Examination

| Height | Weight in Kgs | Chest Insp-Exp | Blood Pressure in mm of Hg | Pulse--Beats / min | Resp.Rate / min | General Condition |
|---|---|---|---|---|---|---|
| 176cm | 89kg | 41-42 | 120/75mmHg | 78b/min | 18b/min | Good |

| Distant Vision | Uncorrected | Corrected |
|---|---|---|
| Right Eye | 6/6 | |
| Left Eye | 6/6 | |

Field of Vision: Normal / Abnormal

| Audiometry | Hz | 500 | 1000 | 2000 | 3000 | 4000 | 5000 | 6000 | 8000 |
|---|---|---|---|---|---|---|---|---|---|
| Right Ear | dB | 20 | 20 | 20 | 20 | | | | |
| Left Ear | dB | 20 | 20 | 20 | 20 | | | | |

| Colour Vision | | Normal | Abnormal |
|---|---|---|---|
| | Ishihara | | |
| | Other | Normal | Abnormal |

Hearing: Right Ear: ✓ Left ear: ✓

## Systemic Examination

| | Normal | Abnormal |
|---|---|---|
| Head & Neck | ✓ | |
| Eyes | ✓ | |
| Ears / Nose / Throat | ✓ | |
| Teeth / Oral Cavity | ✓ | |
| Musculo-Skeletal system | ✓ | |
| Nervous system | ✓ | |
| Reflexes | ✓ | |
| Skin | ✓ | |

**Notes**

FIT FOR SEA SERVICE
AS _____
AS PER MLC 2006
Enhanced GARD Medicals done

| | Normal | Abnormal |
|---|---|---|
| Respiratory system | ✓ | |
| Cardiovascular system | ✓ | |
| Per Abdomen | ✓ | |
| Genito-urinary system | ✓ | |
| Others | ✓ | |
| Hernia / Hydrocoele | ✓ | |
| Varicose Veins | ✓ | |
| Fissure/Fistula/Piles | ✓ | |

## Investigations

| Blood | Result | Normal |
|---|---|---|
| Hemoglobin | 15.0 gm% | 14-16 gm % |
| Total WBC count | 6,100 cu.mm | 4000-11000 / cu.mm |
| Neu 61 % Lymp 33 % Eos 02 Ba 00 % Mo 02 % | | |
| Malarial parasite | Not Found | |
| ESR | 06 mm / 1st hour | 1- - 15 mm / hr |
| SGPT | 32 U/L | 9--43 U / L |
| S.Cholesterol | N/E mg/dl | 145--260 mg / dl |
| S.Triglycerides | N/E mg/dl | upto 200 mg /dl |
| Blood Sugar | RBS 6/1 PPBS | upto 125 mg % |
| HbsAg | Negative | |
| HIV 1 & II | Negative | |
| VDRL | Non Reactive | |
| Others | | GGTP U/L |
| Blood Group | | |

| Urine | |
|---|---|
| Colour | Straw |
| Specific Gravity | N/E |
| pH | N/E |
| Albumin | N |
| Sugar | N |
| Bile pigment | N |
| Bile salts | N |
| Occult blood | N |
| RBC cells | N |
| Leucocytes | N |
| Others | |

ECG : Normal TMT: N/E

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

USG: N/E

## 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:** 01 JUN 2025

Candidate's Signature

Official Stamp: Radical Hospitals Ltd. ★ As Per-MLC2006 ★ Approved by Department of Shipping

Doctor's signature:

Date: 02 JUN 2023

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, DCP (Biidem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

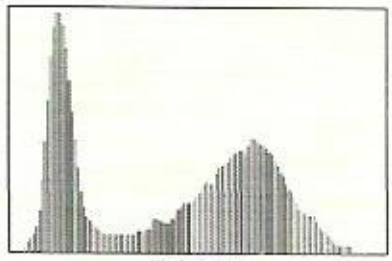
04.2023.4115

| | | | |
|---|---|---|---|
| **Id No** : 0026 | **Date :** 02-Jun-2023 | **D.Date :** 02-Jun-2023 |
| **Patient's Name :** MD JAHEDUL ISLAM | **Age :** 33Y 7M 13D | **Gender:** Male |
| **Specimen** : Blood | | |
| **Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5840 | | |

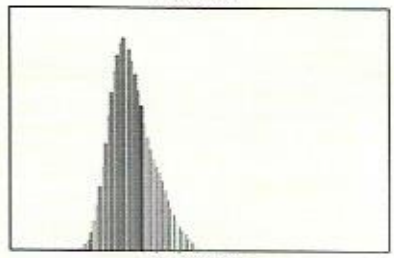
## Haematology Report

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

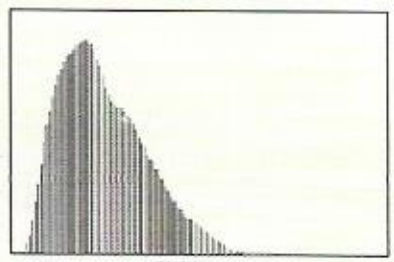
| Parameter Name | Results | Reference Range |
|---|---|---|
| **Hemoglobin (Hb)** | **15.0** gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. |
| **ESR(Westergreen)** | **06** mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| **Total WBC Count(TC)** | **6,100** /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm |
| **Differential WBC Count (DC)** | | |
| Neutrophils | **61** % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | **33** % | Child: 52-62 %, Adult: 20-50 % |
| Monocytes | **04** % | Child: 03-07 %, Adult: 02-10 % |
| Eosinophils | **02** % | Child: 01-03 %, Adult: 01-06 % |
| Basophils | **00** % | Adult: 00-01 % |
| Total Cir. Eosinophils | **122** /cumm | 50-450/cumm |
| **Total RBC Count** | **4.94** m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | **37.6** % | M: 40-54%, F:37-47% |
| MCV | **76.1** fL | 76 - 94 fL |
| MCH | **30.4** pg | 27 - 32 pg |
| MCHC | **39.9** g/dL | 29 - 34 g/dL |
| RDW | **14.4** % | 11 - 16 % |
| PDW | **15.8** fL | 35 - 56 fl |
| **Total Platelete Count (PC)** | **1,98,000** /cumm | 150,000-450,000/cumm |
| MPV | **8.7** fL | 7.0 - 11.0 fL |
| PCT | **0.172** % | 0.1 - 0.% |
| Bledding Time(BT) | % | 10 - 18 % |
| Cloting Time(CT) | % | 0.1- 0.2 % |



WBC CURVE



RBC CURVE



PLT CURVE

**Checked By**
Medical Technologist

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

RADICAL HOSPITAL LIMITED

radical hospitals@yahoo.com, www.radicalhospital.com

| | | | |
|---|---|---|---|
| Bill No | DIA23060026 | Received Date | 02/06/2023 |
| Patient's Name | MD JAHEDUL ISLAM | | |
| Patient's Age | 33Y 7M 13D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/5840 |
| Sample | BLOOD | | |

## BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|---|---|---|
| Random Blood Sugar (RBS) | 6.1 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total) | 0.8 mg/dl | 0.2 - 1.1 mg/dl |
| Serum AST (SGOT) | 32 U/L | Up to 37 U/L |
| Serum Creatinine | 1.0 mg/dl | 0.3 - 1.3 mg/dl |

**REMARKS (IF ANY)**

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

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| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/5840 |
| Sample | **BLOOD** | | |

# SEROLOGYCAL REPORT

| | |
|---|---|
| HBsAg (Method : (ICT) | Negative |

Checked By

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Radical Hospitals Ltd.

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Associate Professor
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East West Medical College and Hospital

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| | | | |
|---|---|---|---|
| Bill No | DIA23060026 | Received Date | 02/06/2023 |
| Patient's Name | MD JAHEDUL ISLAM | | |
| Patient's Age | 33Y 7M 13D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/5840 |
| Sample | **URINE** | | |

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| | | | |
|---|---|---|---|
| Quantity | Sufficient | CELLS / HPF | |
| Colo | 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

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| Bill No | DIA23060026 | Received Date | 02/06/2023 |
| Patient's Name | MD JAHEDUL ISLAM | | |
| Patient's Age | 33Y 7M 13D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/5840 |
| 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

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RADICAL HOSPITAL LIMITED

## DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | | |
|---|---|---|---|---|---|
| *ID. No.* | : | 23060026 | Receive: Print: 02/06/2023 | | |
| *Patient's Name* | : | **MD JAHEDUL ISLAM** | | | |
| *Age* | : | 34 YRS | *Sex* | : | M |
| *Refd. by* | : | **Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM** | | | |

# ELECTROCARDIOGRAM (E.C.G) REPORT

| | | |
|---|---|---|
| **Rate** | : | 65 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

ID: 23102

02-06-2023 11:58:16

Md. Sahedul Islam

Male 34 Years

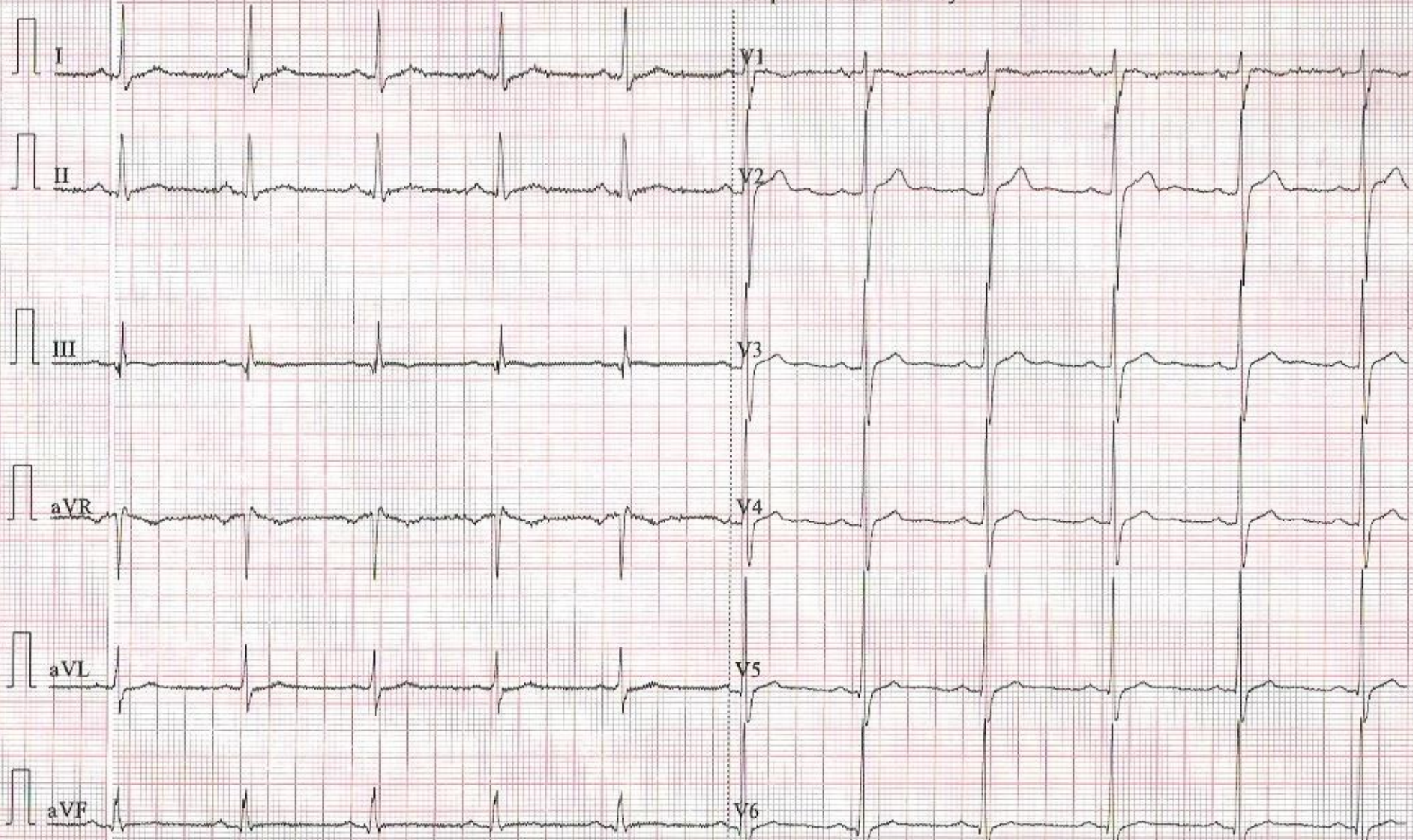
| | | | |
|---|---|---|---|
| HR | : 65 | bpm | |
| P | : 132 | ms | |
| PR | : 190 | ms | |
| QRS | : 122 | ms | |
| QT/QTc | : 402/418 | ms | |
| P/QRS/T | : 38/45/18 | ° | |
| RV5/SV1 | : 2.090/0.714 | mV | |

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:




0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥65 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

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RADICAL HOSPITAL LIMITED

## DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | |
|---|---|---|---|---|
| *ID. No.* | : | 23060026 | Receive:02/06/2023 | Print: 02/06/2023 |
| *Patient's Name* | : | **MD JAHEDUL ISLAM** | | |
| *Age* | : | 34 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.<br>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

This report has been electronically signed.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA**
**CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA**

This is to certify that MD. JAHEDUL ISLAM date of birth 20/10/1989 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

| Date | Signature and professional Status of Vaccinator Signature et qualite' profess- sionelle vaccinateur | Approved Stamp Cechet d'authentiftcation |
|---|---|---|
| 1 02 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 | CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs |
| 2 | | |
| 3 | | |
| 4 | | |

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 evont of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim,.tins 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 perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cettc revaccination.

Nonobstant les. despositions ci-dessuc dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou I o, mission d' une quelconquc des mantions qu il comporte pe ut effectersa validite.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION**
**AGAINEST YELLOW FEVER**
**CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION**
**CONTRE LA FIEVRE JAUNE**

This is to certify that MD. JAHEDUL ISLAM date of birth 20/10/80 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows
don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

| Date | Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur | Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot | Official sump of vaccinating centre Cachet officicl du centre de vaccination |
|---|---|---|---|
| 1 02 JUN 2023 | DR. MIR. 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. | YELLOW FEVER VACCINE L. NO DAKAR | CENTER FOR VACCINATION 35, Shah Makdum Avenue Uttara, Dhaka BANGLADESH |
| 2 | | | |
| 3 | | | |
| 4 | | | |

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

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

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

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il