

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: **ASZAD SYED SHAFI** Sex: **MALE** Serial No:
 Date of Birth: **29 / 11 / 1989** PP/CDC: **01015846** Rank: **THIRD ENGINEER**
 Vessel: **MT BMB CRYSTAL** Type: **OLL/CHEM TANKER** Route:
 Home Address: **HOUSE-723, VIL: CHAR SHOLAKIA, PO+PS- KISHOREGANJ SADAR DIST- KISHOREGANJ, DIV- DHAKA**
 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

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
172 cm	72 kg	42-41 cm	120/80 mmHg	78 bpm	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		Normal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal		4				4				

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	

Investigations

Blood	Result	Normal	Urine
Hemoglobin	13.8 g/dl	14-16 g/dl	Colour
Total WBC count	6200 / cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 63% Lymph 32% Eos 00% Ba 02% Mo 02%			pH
Malaria parasite	Not Found		Albumin
ESR	06 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	U/L	9-43 U/L	Bile pigment
S.Cholesterol	mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS PPBS	upto 125 mg %	RBC cells
HbsAg	Not Found		Leucocytes
HIV I & II			Others
VDRL			
Others		GGTP U/L	
Blood Group			



ECG: **Normal** TMT: **N/D**
 X-Ray Chest: **Normal**
 USG: **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**
 Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, 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: **25 JUN 2025**

Candidate's Signature

Date: **26-06-2023**

Official Stamp

Doctor's signature:



[Signature of Dr. MIR MD RAIHAN]

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

26 JUN 2023

04.2023.4283



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

SURNAME: ASZAD		GIVEN NAME (S): SYED SHAFI	
DATE OF BIRTH: DAY MONTH YEAR		PLACE OF BIRTH CITY KISHOREGANJ COUNTRY BANGLA DESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: HOUSE-723, ROAD NO- CHARSOLAKIA POST- KISHOREGANJ SADAR DISTRICT- KISHOREGANJ, DIV- DHAKA BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

COLOR TEST TYPE:
☒ BOOK
☒ LANTERN
YELLOW **MM** RED **MM**
GREEN **MM** BLUE **MM**

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) **26 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.

Shaf **SYED SHAFI ASZAD** **26 JUN 2023**
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: **DR. MIR MD. RAIHAN** STAMP OF PHYSICIAN: **Radical Hospitals Ltd. Approved Per-M.L.C-2006** DATE: **26 JUN 2023**

EXPIRY DATE OF CERTIFICATE: **25 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 (Biom), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

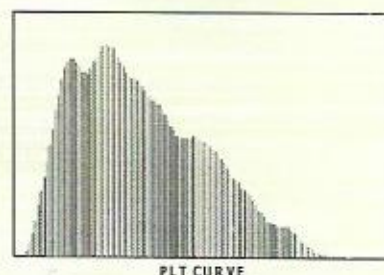
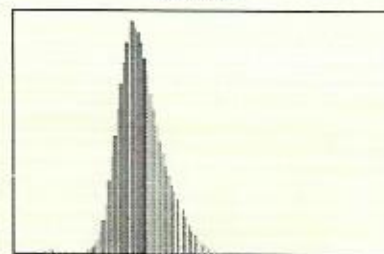
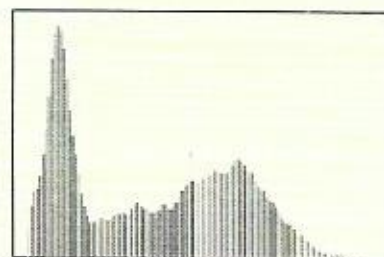


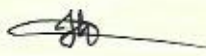
Id No : 0676 **Date** : 26-Jun-2023 **D.Date** : 26-Jun-2023
Patient's Name : SYED SHAFI ASZAD **Age** : 32Y 9M 2D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5846

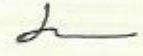
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6,200 /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	32 %	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	124 /cumm	50-450/cumm
Total RBC Count	4.23 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	33.9 %	M: 40-54%, F:37-47%
MCV	80.1 fL	76 - 94 fL
MCH	31.9 pg	27 - 32 pg
MCHC	39.8 g/dL	29 - 34 g/dL
RDW	12.9 %	11 - 16 %
PDW	18.0 fL	35 - 56 fL
Total Platelete Count (PC)	23000 /cumm	150,000-450,000/cumm
MPV	11.5 fL	7.0 - 11.0 fL
PCT	0.130 %	0.1 - 0.4 %
Bledding 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	DIA23060676	Received Date	26/06/2023
Patient's Name	SYED SHAFI ASZAD		
Patient's Age	32Y 9M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5846
Sample	BLOOD		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	Negative
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RADICAL

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	DIA23060676	Received Date	26/06/2023
Patient's Name	SYED SHAFI ASZAD		
Patient's Age	32Y 9M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5846		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	1-2/HPF

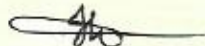
CHEMICAL EXAMINATIONCASTS / LPF

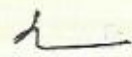
Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

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.


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

Bill No	DIA230676	Received Date	26/06/2023
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Patient's Age	32Y 9M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5846		
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

Date: 26/06/2023

EYE EXAMINATION REPORT

NAME:	SYED SHAFI ASZAD		
AGE:	33 YRS	RANK: 3 RD ENG	CDC NO: C/O/5846

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

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

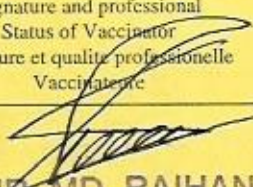
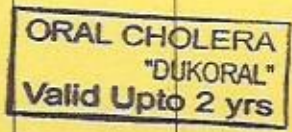
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

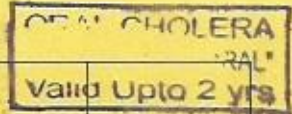
This is to certify that SYED SHAFI ASZAD date of birth 29-11-1989 Sex MALE
JE Soussigne (e) certifie que _____ no (e) le _____ sexe _____

Whose signature follows
dont la signature suit

Shaf.

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

Date	Signature and professional Status of Vaccinator Signature et qualité professionnelle Vaccinateur	Approved Stamp Cachet d'authentification
24 SEP 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdom), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 

Date	Signature and professional Status of Vaccinator Signature et qualité professionnelle Vaccinateur	Approved Stamp Cachet d'authentification
26 JUN 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdom), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 

The validity of this certificate shall extend for a period of six months, 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 the 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 validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination au cours de cette période de six mois, à partir de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

De cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

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

**CERTIFICATE INTERNATIONU AX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that } **SYED SHAFI AHMED** } date of birth } **29-11-1989** } Sex } **MALE**
JE soussigne' (e) certifie que } } no' (e) le } } sexe }

Whose signature follows } *Shub.*
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 fièvre jaune a la date indiquée.

Date 24 SEP 2020	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numéro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1	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.	YELLOW FEVER VACCINE L NO DAMAR	CENTER FOR VACCINATION 35, Shah Mubdhan Avenue Uttara, Dhaka BANGLADESH
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 the 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 erasure, or failure to complete any part of it, may render it invalid.

Ce certificate n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre de vaccination a été habilité par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de dix ans, le jour de cette revaccination. Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme tenant lieu de signature.

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