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: HOSSAIN (Surname) MD (First Name) MILON (Middle Initial) Sex: M Serial No:

Date of Birth: 25/12/1994 PP/CDC: C10/8767 Rank: 4E

Vessel: MV HUAN HANG 17 Type: C10/8767 (BULK) Route:

Home Address: BORTABOLI, FATULLAH NARAYANGONJ

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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat problems		✓		✓
Stomach / Bowel disorders		✓		✓
Gall stones / Kidney disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Varicose veins		✓		✓
Blood Disorder		✓		✓
Female Disorder		✓		✓
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High / Low blood pressure / Heart disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin disease		✓		✓
Infection / Contagious Disease		✓		✓
Addiction to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
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
166cm	62kg	41 cm 40	100/70mmHg	78b/min	20b/min	Well

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

Field of Vision: Normal / Abnormal

Colour Vision		Normal	Abnormal
	Ishihara	✓	
	Other	✓	

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

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 ENGINEER
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	14.2 gm%	14-16 gm %
Total WBC count	10.5 cu.mm	4000-11000 / cu.mm
Neu 72 % Lymp 22 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	NOT FOUND	
ESR	08 mm / 1st hour	1- - 15 mm / hr
SGPT	18 U/L	9--43 U / L
S.Cholesterol	NIL mg/dl	145--260 mg / dl
S.Triglycerides	NIL mg/dl	upto 200 mg /dl
Blood Sugar	RBS 5.7 PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others	GGTP U/L	
Blood Group		

Urine	
Colour	STRAW
Specific Gravity	N/T
pH	N/T
Albumin	Nil
Sugar	Nil
Bile pigment	Nil
Bile salts	Nil
Occult blood	Nil
RBC cells	Nil
Leucocytes	Nil
Others	

ECG : Normal **TMT:** NIE

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

USG: NIE

DR. MIR MD. RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-55144

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: 07 JUN 2025

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 08-06-2023

Radical Hospitals Ltd ★ Approved by Department of Shipping ★ As Per MLC-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.

08 JUN 2023

04.2023.4166

PANAMA MARITIME AUTHORITY

República de Panamá

Republic of Panama

Autoridad Marítima de Panamá

Panama Maritime Authority

CERTIFICADO MÉDICO DE LA GENTE DE MAR

Medical Fitness Standards Certificate for Seafarers

No. Certificado: *Certificate No.* 04.2023.4165

Este certificado se emite en conformidad con las disposiciones de la regla I/9 del Convenio STCW, 1978, enmendado, y la norma A-I/2 del CTM, 2006, enmendado, y certifica que la gente de mar es apta para el servicio en el mar.

This certificate is issued in accordance with the provisions of the regulation I/9 of the 1978 STCW Convention, as amended and the standard A- I/2 of the MLC, 2006, as amended, and certifies that seafarers are fit for sea service.

Apellido: *Surname*	Nombre: *Given Name (s)*	Cédula / Pasaporte No. *Id. Number/ Passport No*
HOSSAIN	MD MILON	C/O/8767
Fecha de Nacimiento: *Date of Birth* — Día *Day* / Mes *Month* / Año *Year*: 25 / 12 / 1994	**Nacionalidad:** *Nationality*: BANGLADESHI	**Sexo:** *Gender*: ☑ Masculino *Male* ☐ Femenino *Female*

	Yes	No
¿Confirmación de que se examinaron los documentos de identidad en el lugar del examen? *Confirmation that identification documents were checked at the point of examination?*	☑	☐
¿La audición cumple con el estándar? *Hearing meets the standards?*	☑	☐
¿La audición es satisfactoria sin ayuda? *Unaided hearing satisfactory?*	☑	☐
¿La agudeza visual cumple con el estándar? *Visual acuity meets standards?*	☑	☐
¿La visión cromática cumple con el estándar? *Colour vision meets standards?*	☑	☐
Fecha de la ultima prueba de visión cromática (Día/Mes/Año) *Date of the last color vision test (Day/Month/Year)*: 08 JUN 2023		
¿Apto para cometidos de vigía? *Fit for look out duties?*	☑	☐
¿Existen limitaciones o restricciones respecto de la aptitud física? Si la respuesta es "sí", dar detalles de las limitaciones o restricciones: *Limitations or restrictions on fitness ? If "Yes", specify limitations or restrictions*	☐	☑
¿Está el marino libre de cualquier condición médica que pueda verse agravada por el servicio en el mar o discapacitarle para el desempeño de tal servicio o poner en peligro la salud de otras personas a bordo? *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 person on board?*	☑	☐

Confiemo que he sido informado sobre el contenido del presente certificado y sobre el derecho a solicitar una revisión del dictamen, con arreglo a lo dispuesto en el párrafo 6 de la Sección A -I/9.
I hereby, confirm that I have been informed about the content of this certificate and of the right to a review in accordance with the paragraph 6 of Section A-I/9.

Hussain

Firma de la Gente de Mar
Seafarer's Signature

Fecha de emisión: *Date of issue.*	08 JUN 2023
Fecha de expiración: *Date of expiry*	07 JUN 2025
Nombre del médico reconocido: *Name of the recognized medical practitioner*	DR. MIR MD. RAIHAN MBBS (DU)

Firma y sello del médico reconocido/Signature and stamp of the recognized medical practitioner

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.

1. El original de este certificado deberá estar disponible durante el servicio a bordo.
   The original of this certificate must be kept available while serving on board ship.
2. En caso de pérdida de este certificado, el titular deberá notificar a los puertos y a la Autoridad Marítima de Panamá.
   In case of loss of this certificate, the holder must notify ports and the Panama Maritime Authority.
3. La autenticidad de este certificado puede ser verificada contactando a la Autoridad Marítima de Panamá.
   The authenticity of this certificate can be verified contacting the Panama Maritime Authority.

Radical Hospitals Ltd. ★ Gulshan ★ Approved by Department of Shipping ★ AsPer:MLC2006

RADICAL HOSPITAL LIMITED

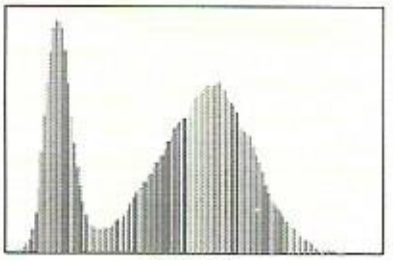
radical_hospitals@yahoo.com, www.radicalhospital.com

Id No : 0202	**Date :** 08-Jun-2023	**D.Date :** 08-Jun-2023
Patient's Name : MD MILON HOSSAIN	**Age :** 28Y 5M 14D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8767

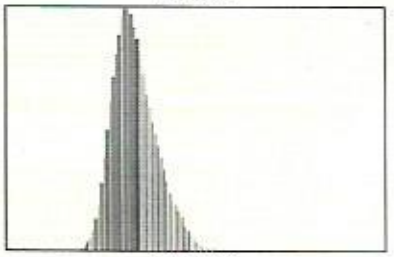
Haematology Report

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

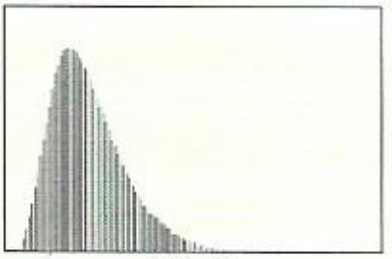
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.9** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**08** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**10,700** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**72** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**22** %	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	**214** /cumm	50-450/cumm
Total RBC Count	**4.76** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**38.6** %	M: 40-54%, F:37-47%
MCV	**81.1** fL	76 - 94 fL
MCH	**31.3** pg	27 - 32 pg
MCHC	**38.6** g/dL	29 - 34 g/dL
RDW	**13.5** %	11 - 16 %
PDW	**13.3** fL	35 - 56 fl
Total Platelete Count (PC)	**2,71,000** /cumm	150,000-450,000/cumm
MPV	**7.9** fL	7.0 - 11.0 fL
PCT	**0.214** %	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.

Bill No	DIA23060202	Received Date	08/06/2023
Patient's Name	MD MILON HOSSAIN		
Patient's Age	28Y 5M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8767
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	18 U/L	Up to 40 U/L

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

RADICAL HOSPITAL LIMITED

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Bill No	DIA23060202	Received Date	08/06/2023
Patient's Name	MD MILON HOSSAIN		
Patient's Age	28Y 5M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8767
Sample	BLOOD		

SEROLOGYCAL REPORT

HBsAg (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	DIA23060202	Received Date	08/06/2023
Patient's Name	MD MILON HOSSAIN		
Patient's Age	28Y 5M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8767
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

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RADICAL HOSPITAL LIMITED

Bill No	DIA23060202	Received Date	08/06/2023
Patient's Name	MD MILON HOSSAIN		
Patient's Age	28Y 5M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8767
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 Technologis
Radical Hospitals Ltd.

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

RADICAL HOSPITAL LIMITED

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23060202	Receive: Print: 08/06/2023		
Patient's Name	:	**MD MILON HOSSAIN**			
Age	:	28 YRS	*Sex*	:	M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	85 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: 0110

md. Milon Hossain

Male 28 Years

08-06-2023 11:18:23

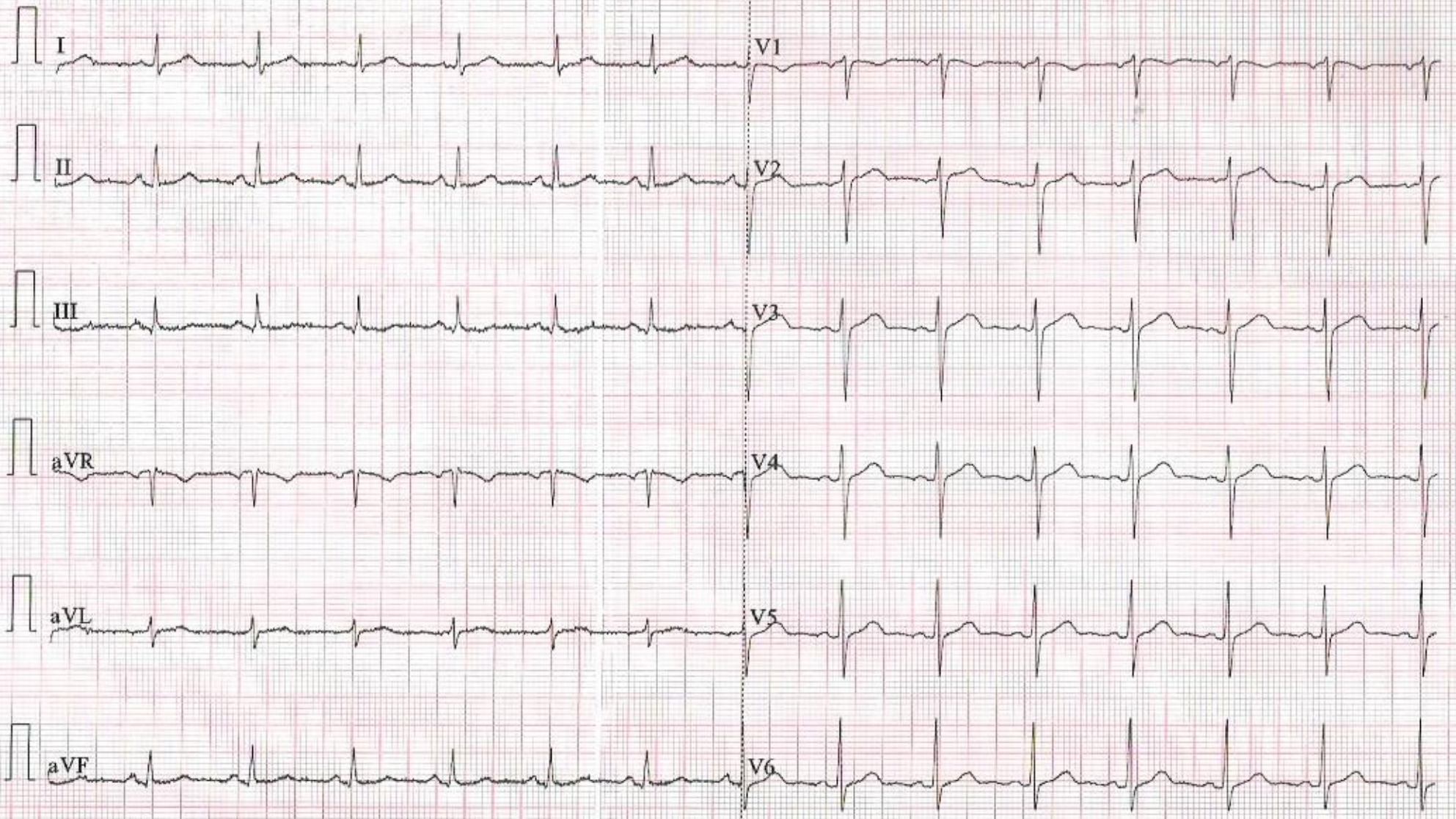
HR	:	85	bpm
P	:	84	ms
PR	:	124	ms
QRS	:	84	ms
QT/QTc	:	368/438	ms
P/QRS/T	:	68/61/29	°
RV5/SV1	:	0.984/0.685	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥85 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23060202	Receive:08/06/2023	Print: 08/06/2023
Patient's Name	:	**MD MILON HOSSAIN**		
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

This report has been electronically signed.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MD MILON HOSSAIN

This is to certify that whose signature follows } Date of birth 25-12-1994 Sex M

Hussain

✓ has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
01 AUG 2021	DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. no. A-11320	CENTER FOR VACCINATION 31, DILKUSHA ROAD AGRABAD,CTG. BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.
08 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 Mokhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

3				
4				3 4
5				
6				
7				
8				

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

MD MILON HOSSAIN

This is to certify that } *Date of birth* 25-12-1994 *Sex* M
whose signature follows }

Hussain

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	*Signature and Professional status of vaccinator*	*Signature and Professional status of vaccinator*	*Official stamp of vaccination centre*
1 21 JUL 2022	DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	YELLOW-FEVER VACCINE NO 1373 DAKAR	1 2 CENTER FOR VACCINATION 74, SHAHID ROAD AGRABAD,CTG BANGLADESH
3 08 JUN 2023	DR. MIR, MD. RAIHAN MBBS (DU), DFM, CCD (Bir-dem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	YELLOW FEVER VACCINE L NO DAKAR	CENTER FOR VACCINATION 95, Ghosh Mahbubia Avenue Uttara, Dhaka BANGLADESH
4			

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

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