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

As per **Merchant Shipping (Medical Examination) Amendment Rules, 2000** and **ILO IMO/JMS/2011/2012**
**(In Compliance with MLC 2006 & ISM/STCW 2010, Code 1/9)**

Name : RAHMAN ATIQUR (SURNAME / FIRST NAME / MIDDLE NAME) Sex : MALE Serial No. :

Date of Birth : 22-OCT-1972 PP/CDC No.: C/0/2329 Nationality: BANGLADESHI

Rank: MASTER Vessel: MV CORAL LEADER Type: RO-RO Route : WORDWIDE

Home Address : FLAT 3B, HOUSE 15, ROAD 06, SECTOR 06, UTTARA, DHAKA, BANGLADESH

Company Name & Address: WALLEMSHIPMANAGEMENT LTD, HONGKONG

**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 | 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-side headaches (Migrane) | | ✓ | | | Hernia / Hydrocoele / Appendicitis | | ✓ | | |
| Head Injury / Concussion / Loss of Memory | | ✓ | | | 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 Problem | | ✓ | | | Addiction to alchohol / 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 Disorders | | ✓ | | | Signed off on medical ground/Declared Unfit | | ✓ | | |

Notes :

Candidate's Declaration :- My signature below acknowledges that all statements provided by me in this application are true & correct to the best of my knowledge and belief and I further authorise & consent to the release of any /all of my medical records from any source including Insurance offices, Doctors, Hospitals or other institutions and public authorities. This general medical release will also authorize the release of any /all of my psycological records. If I am being tested for HIV virus. I consent to have the result revealed to my employer. I declare the above statements to be correct.

I hereby certify that the above medical statements are true and will form the basis of my medical examination. I agree that any omission or mis-representation shall preclude me from employment and other medical benefits.

Date : 07 / JUN / 2023 A. Rahaman Candidate's Signature

**Medical Examination :**

| Height in cms | Weight in Kgs | Blood Pressure in mm of Hg | Pulse-beats/min | Resp. Rate/min | General Appearance |
|---|---|---|---|---|---|
| 163 | 72 | 120/80 mm/Hg | 76/min | 18/m | HEALTHY |

| Compliant with MLC2006, STCW 2010 STANDARD A-1/9 | Distant Vision (Snellen's Chart) | Uncorrected | Corrected | Field Of Vision | Audiometry | Hz | 500 | 1000 | 2000 | 3000 | 4000 | 5000 | 6000 | 8000 | Compliant with MLC2006, STCW 2010 STANDARD A-1/9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Right Eye | 6/6 | | Normal | Right Ear | dB | 20 | 20 | 20 | | Not Indicated | | | | |
| | Left Eye | 6/6 | | Abnormal | Left Ear | dB | 20 | 20 | 20 | | | | | | |
| | | | | | *Hearing | | Normal Voice | | | | Whispered Voice | | | | |
| Colour Vision | Ishihara | Normal | | Abnormal | Right Ear | | 4 METER | | | | 2 METER | | | | |
| | Others | Normal | | Abnormal | Left Ear | | 4 METER | | | | 2 METER | | | | |

| Systemic Examination | Norm | Abnor | Notes | | Norm | Abnor |
|---|---|---|---|---|---|---|
| Head & Neck | ✓ | | FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done | Respiratory System | ✓ | |
| Eyes | ✓ | | | Cardiovascular System | ✓ | |
| Ear / 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 | Result |
|---|---|---|---|---|
| Haemoglobin | 15.3 | M:13-17 F:12-15 gm% | Colour | STRAW |
| Total WBC Count | 7.8 | 4000 - 10000 / cu.m | Specific Gravity | N/I |
| Neu 55% Lym 36% Eos 2% Baso Mo 7% 02 | | | pH | N |
| ESR | 05 | 1 - 10 mm/hr | Albumin | N |
| SGOT | 24 | 0 - 35 IU / L | Sugar | N |
| SGPT | 16 | 10 - 60 IU / L | Bile Pigment | N |
| S. Cholesterol | 148 | 130 - 220 mg / dl | Bile Salt | N |
| S. Triglycerides | 125 | upto 200 mg / dl | Occult Blood | N |
| Blood Sugar | 4.90 | upto 140 mg % | RBC Cells | N |
| Creatinine | 0.74 | upto 1.5 mg / dl | Leucocytes | N |
| GGTP | 23 | upto 55 IU / L | **Spirometry** | Normal |
| HbeAg | Negative | | **Drug of Abuse** | Negative |
| HIV I & II | Negative | | **TMT** | Negative |
| VDRL | Non Reactive | | **ECG** | Normal |
| Others | | | **USG** | Normal |
| Blood Group | | | **XRay (Chest PA)** | Normal |

**Result Of Medical Examination**

On the basis of the history, clinical examination & diagnostic tests, I, hereby declare the above examinee has been found medically, FIT

Remarks / Recommendation : *Unaided Hearing : Satisfactory

I, , certify that all information required under Annexure E & F of M.S (Medical Examination) Rules 2000 are incorporated in this certificate.

**Date of Medical Exam:** 07 JUN 2023

**Date of Medical fitness:** 07 JUN 2023

**Validity of Medical Certificate:** 06 JUN 2025

Doctor's Signature

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

IDENTITY of CANDIDATE CONFIRMED WITH

Radical Hospitals Ltd. As Per MLC-2006 Approved By Department of Shipping

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.

04.2023.4156

WALLEM

# SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

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Pre-Sea Exam: ☐ Periodic Exam: ☑ Other: ☐

| Examination for duty as: | | Fit to perform the duties he/she is to carry out. | Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard. | Temporarily unfit to perform the duties he/she is to carry out. | Permanently unfit to perform the duties he/she is to carry out. |
|---|---|---|---|---|---|
| Master: | Y/N: (Y) | | | | |
| Deck Officer: | Y/N: ____ | | | | |
| Eng Officer: | Y/N: ____ | | | | |
| Ratings: | Y/N: ____ | | | | |
| Cook: | Y/N: ____ | | | | |
| Other: | Y/N: ____ | | | | |
| Please specify ____ | | ☐ | ☐ | ☐ | ☐ |

DR. MIR MD RAIHAN RADICAL HOSPITALS LTD REG. NO. A-55...

**To be filled by Manning Centres**

| Name, Address with Contact details of Manning Centre: | | | | | |
|---|---|---|---|---|---|
| Vessel to be assigned: | | Routine & Emergency Duties (if known): | | Position Offered/ Applied for: | MASTER |
| Type of vessel (Container, Tanker, Passenger etc): | Ro-Ro | | | | |
| Trade area (e.g. Coastal, Tropical, Worldwide): | Cosastal ☐ | Tropical ☐ | WorldWide ☑ | | |

**Part I - Examinee's Personal Declaration with Medical History**
(Examinee is to be answer the following to the best of examinee's knowledge)
(Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

**Examinee's Personal Details**

| | | | | | | |
|---|---|---|---|---|---|---|
| Name of Examinee (Family/ last, first, middle): | ATIQUR RAHMAN | | | | | |
| Home/ Permanent Address: | FLAT 3B, HOUSE 15, ROAD 06, SECTOR 06, UTTARA, DHAKA, BANGLADESH | | | | | |
| Mailing Address: | — DO — | | | | | |
| Date of birth (day/month/year): | 22 / 10 / 1972 | | | Sex: | MALE | |
| Place of Birth: | City: BRAHMANBARIA Country: BANGLADESH | Nationality: | BANGLADESHI | Rank: | MASTER | |
| Civil Status: | MARRIED | | | | | |
| Identity Docs/ Passport /Discharge Book No: | C/0/2329 | | | | | |

**Examinee's Medical History**

| is there any past / present history of any of the following | Examinee | Examiner's | is there any past / present history of any of the following | Examinee | Examiner's |
|---|---|---|---|---|---|

Radical Hospitals Ltd. As Per MLC 2006 Approved by Department of Shipping

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WALLEM

## SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

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| | Declaration | | Record | | | Declaration | | Record | |
|---|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | | Yes | No | Yes | No |
| Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory | | ✓ | | ✓ | Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor | | ✓ | | ✓ |
| Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis | | ✓ | | ✓ | Stomach / Bowel Disorders/ Digestive Disorder | | ✓ | | ✓ |
| Ear (Hearing, tinnitus) Problems / Impairment | | ✓ | | ✓ | Gall Stones/ Jaundice / Kidney Disorders | | ✓ | | ✓ |
| Mental Diseases, Breakdown / Sleep Disorder | | ✓ | | ✓ | Severe/ Frequent/ One Sided Headaches (Migraine) | | ✓ | | ✓ |
| Fractures / Dislocations / Injury / Amputation/ Restricted Mobility | | ✓ | | ✓ | Back / Joint Problems/ wrist Problems/ Slipped Disc | | ✓ | | ✓ |
| Eye/ Vision Problems (Whether using Glasses/ Contact lenses) | | ✓ | | ✓ | Hernia / Hydrocoele / Appendicitis | | ✓ | | ✓ |
| Balance Problem | | ✓ | | ✓ | Piles / Varicose Veins | | ✓ | | ✓ |
| Sinuses/ Nose/ Throat Problems | | ✓ | | ✓ | Allergies / Rash/ Skin Disease | | ✓ | | ✓ |
| Thyroid Problem | | ✓ | | ✓ | Female Disorders | | ✓ | | ✓ |
| High / Low Blood Pressure/ Blood Disorder | | ✓ | | ✓ | Major / Minor Operation/ Surgery | | ✓ | | ✓ |
| Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses) | | ✓ | | ✓ | Contagious Diseases/ Gastrointestinal infection / Other Infections | | ✓ | | ✓ |
| Chronic Cough/ Asthma / Bronchitis / Tuberculosis/ | | ✓ | | ✓ | Sexually Transmitted Disease/ Infections | | ✓ | | ✓ |
| Shortness of Breath | | ✓ | | ✓ | Addiction to Alcohol/Drugs/Cigarettes /Tobacco. | | ✓ | | ✓ |
| Rheumatic Fever | | | | ✓ | Diabetes | | ✓ | | ✓ |

| for Male Examinee | Yes | No | If "Yes", give details | for Female Examinee | Yes | No |
|---|---|---|---|---|---|---|
| Prostate Problems/ Testicular Lumps | | ✓ | | Breast Lumps/ Menstruai Problems | | ✓ |
| Penile Discharge | | ✓ | | Pregnancy | | ✓ |
| Multiple Partners | | ✓ | | Multiple Partners | | ✓ |

If "Yes", to any of the above, please explain.

| Additional questions : | Yes | No |
|---|---|---|
| Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship? | | ✓ |
| Have you ever been hospitalized? | | ✓ |
| Have you ever been declared unfit for sea duty? | | ✓ |
| Has your medical certificate ever been restricted or revoked? | | ✓ |
| Are you aware that you have any medical problems, diseases or illnesses? | | ✓ |
| Do you feel healthy and fit to perform the duties of your designated position/occupation? | ✓ | |
| Are you currently under a doctor's care/ medication? | | ✓ |
| Are you allergic to any medications? | | ✓ |
| Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox | | ✓ |
| Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess) | | ✓ |

Radical Hospitals Ltd. As Per MLC-2006 Approved by Department of Shipping

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| | | |
|---|---|---|
| Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout | | ✓ |
| **In the last one week have you consumed any of these Drugs/ Medication** | | ✓ |
| Cough Syrup, Sleeping Tablets, Cold, Action 500 etc. | | ✓ |
| Pain Killers, If Yes, Please State name of Drug Crocin/ Asprin/ Fortwin etc. | | ✓ |
| Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc. | | ✓ |
| Any Medicine/ Injections from your family Doctor | | |

To What Extent Do You Use: Alcohol: _____, Cigarettes: 5 STICKS
Tobacco: _____, Drugs: _____

| | | |
|---|---|---|
| Are you taking any non-prescription or prescription medications? | | ✓ |

If yes, please list the medications taken and the purpose(s) and dosage(s).

Date and contact details for previous medical examination (if known):

Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).

| **Family History :** | Yes | No |
|---|---|---|
| Diabetes | ✓ | |
| Blood Pressure/ Heart Disease | | ✓ |
| Mental Illness/ Epilepsy/ Seizure | | ✓ |
| Cancer | | ✓ |

If "Yes", to any of the above, please explain: FARETS ARE DIABETIC

Any other major conditions?
NO

Would you say that your health is: ~~Excellent~~ ~~Good~~ ✓ ~~Fair~~

I ATIQUR RAHMAN holding Passport/Seaman Book no C10/2329 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to

Dr. MR MD. RAHMAN. (the approved medical practitioner carrying out the medical examinations).

| Signature of Examinee: | A. Rahaman | Date(day/month/year): | 07/JUN/2023 |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Height in cms: 163 | Weight in Kg: 72 | | |
| BMI: 27.0 | Temperatures: 98°. | | |
| Chest: Insp: 42 | Exp: 41 | | |

| | | | |
|---|---|---|---|
| Blood Pressure | Systolic 120 (mmHg) | Diastolic 80 (mmHg) | |
| Pulse Rate: Rhythm: | 78 | Respiratory rate | 19 |
| Oral Health | NORMAL | General Condition | Good |

***Part II – Medical Examination***

The Company has set the following BMI limits:
***A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.***
For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia etc), then the seafarer in question MUST undergo a stress/ treadmill test.

If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways & means to improve their health.

Regional Hospitals (I) Pvt. Ltd. ★ As Per MLC 2006 ★ Approved by Department of Shipping

BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

| | Visual acuity | | | | | |
|---|---|---|---|---|---|---|
| | Unaided | | | Aided | | |
| | Right eye | Left eye | Binocular | Right eye | Left eye | Binocular |
| Distant | 6/6 | 6/6 | | | | |
| Near | N5 | N5 | | | | |

| Visual fields | | |
|---|---|---|
| | Normal | Defective |
| Right eye | | |
| Left eye | | |

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No

If yes, specify which type and for what purpose:

Colour vision:

| Date of last colour vision test: | | Type: Book * | Lantern * | Ishihara * | CIE-43-2001 * | | | |
|---|---|---|---|---|---|---|---|---|
| Check if colour test is Normal: | Yellow | * | Red | * | Green | * | Blue | * |
| Colour Vision: | Not tested | * | Normal | * | Doubtful | * | Defective | * |

Hearing:

| Pure tone and audio metry (threshold values in dB) | | | | | | |
|---|---|---|---|---|---|---|
| Audiometry | 500 Hz | 1,000 Hz | 2,000 Hz | 3,000 Hz | 4,000 Hz | 6,000 Hz |
| Right ear | 20 | 20 | 20 | | | |
| Left ear | 20 | 20 | 25 | | | |

| Speech and Whisper Test (Meters) | | |
|---|---|---|
| | Normal | Whisper |
| Right ear | | |
| Left ear | | |

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

| | Normal | Abnormal | | Normal | Abnormal |
|---|---|---|---|---|---|
| Head | | | Varicose Veins | | |
| Eyes | | | Vascular (Inc. Pedal Pulses) | | |
| Eye Movement/Pupils | | | Abdomen and Viscera | | |
| Ophthalmoscopy | | | Hernia | | |
| Ears, Tympanic Membrane | | | Anus (Not Rectal Exam.) | | |
| Sinuses, Nose, Throat | | | G-U System | | |
| Mouth/Teeth/Gums | | | Upper & Lower Extremities | | |
| Nervous System | | | Spine (C/S, T/S and L/S) | | |
| Heart | | | Neurologic (Full Brief) | | |
| Lung and Chest | | | Psychiatric | | |
| Breast Examination | N/A | | Pupils | | |
| Skin | | | Musculoskeletal System | | |

Cardiovascular System:

| | Normal | Abnormal | | Normal | Abnormal |
|---|---|---|---|---|---|
| Ischaemic Heart Disease | | | Hypertension | | |
| Dysrhythmia / Pacemaker | | | Congenital Heart Disease | | |
| Valvular Heart Disease | | | Peripheral Circulation | | |
| Cardiomyopathy | | | Pulmonary Circulation / TB | | |
| Aneurysms | | | | | |

| Chest X-ray (PA) | Not performed * | | | |
|---|---|---|---|---|
| | Performed * on (day/month/year): | Normal | Abnormal | |
| Result: Chest X-ray | | | | |

Radical Hospitals Ltd. ★ As Per MLC-2006 ★ Approved by Department of Shipping

WALLEM

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**Other diagnostic test(s) and result(s):**

| Test: | Result: |
|---|---|

**Investigation:**

| Blood | Result | Normal |
|---|---|---|
| Haemoglobin "Hb" | 15.3 g/dl | 13 – 18 gm/ dl |
| Total WBC count | 7,870 | 4,000 - 11,000 / cu.mm |
| Neu 55 %, Lymp 37 %, Eos 02 %, Bos 03 %, Mo 03 % | | |
| Blood Group & Rh factor (tested only once, need not be repeated) | | |
| BI ESR | 5.26 | 1 - 15 mm / hr |
| Platelets | 2.34000 | 1.50-4.00 Lakh/ul |
| **Fasting Lipid Profile** | | |
| S. Triglycerides | 125 | 25-200 mg/dl |
| Cholesterol Serum | 149 | 130-220 mg/dl |
| HDL Cholesterol Serum | 32 | 35-65 mg/dl |
| LDL Cholesterol Serum | 106 | 85-150 mg/dl |
| VLDL Cholesterol Serum | NAD | 07-35 mg/dl |
| Total / HDL Cholesterol | NAD | 3.0-5.0 |
| LDL/ HDL Cholesterol | NAD | 1.5-3.5 |

| | | |
|---|---|---|
| Hepatitis B | Positive | Negative |
| Hepatitis C | Positive | Negative |

| Urine | Result |
|---|---|
| Colour | Nil |
| Specific Gravity | Nil |
| pH | Nil |
| Albumin | Nil |
| Sugar | Nil |
| Bile Pigment | Nil |
| Bile Salt | |
| Occult Blood | NAD |
| RBC Cells | NAD |
| Leucocytes | NAD |
| **Stool Test** | **Result** |
| Bacterological | NAD |
| Parasitical | NAD |
| Others | |
| HIV I &II | Negative |
| VDRL | Non Reactive |

| Additional Tests | Result | Normal |
|---|---|---|
| (HbA1c) | 5.4 | 4.0 % - 6.5 % |
| RBS/ FBS (Blood test | 4.40 | |
| Total Bilirubin | 0.57 | 0.1 - 1.0 mg/dl |
| Direct Bilirubin | NAD | 0.0 - 2.5 mg/dl |
| Indirect Bilirubin | NAD | 0.0 - 0.75 mg/dl |
| SGPT | 24 | 9 - 43 U / L |
| SGOT | 18 | 0 - 40 IU/L |
| SGGT | 23 | 0 - 49 IU/L |
| Blood Urea | NAD | 10 - 50 mg/dl |
| S. Creatinine | 0.74 | 0.8 - 1.4 mg/dl |
| BUN | 15 | 5-23mg/dl |
| PSA | NAD | Less than 4.00 ng/ml |
| Malarial Parasite | Not Found! | |
| Uric Acid | 4.12 | 2.4 - 7.5 mg/dl |

**Drugs: Method:**
**Results:**

| | | | | | |
|---|---|---|---|---|---|
| Detected | Amphetamines/ Urine * | Barbiturate/ Urine * | Marijuana, THC, Cannabinoids Urine * | Cocaine / Urine * | Opiates & Morphine * |
| **Cut Off Limit** | **(1000 ng/ ml)** | **(200 ng/ ml)** | **50 ng/ ml** | **(300 ng/ ml)** | |
| Not Detected | Amphetamines/ Urine * | Barbiturate/ Urine * | Marijuana, THC, Cannabinoids / Urine * | Cocaine / Urine * | Opiates & Morphine * |

| | | | | | |
|---|---|---|---|---|---|
| Spirometry | Normal | TMT | Negative | Drugs of Abuse | Negative |
| ECG | Normal | ECHO | Normal | Ultrasound (USG) of the Abdomen & Pelvis | Normal. |

**Part III - Result of Medical Examination**

Is applicant vaccinated in accordance with WHO requirements? Yes / No

Vaccination status recorded: Yes / No Satisfactory / To be revaccinated *

Radical Hospitals Ltd. AsPer-MLC-2006 Approved by Department of Shipping

| WALLEM | SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER<br>In accordance with:<br>STCW Convention, 1978, as amended, MLC 2006,<br>ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended<br>(Confidential Document) | Form: OHF 48<br>Version: 01<br>Date: 18 Aug 21<br>Page: 6 of 7 |
|---|---|---|

Details:

Describe restrictions (e.g. specific positions, type of ship, trade area):

Action taken by medical examiner (e.g. referral):

| Examination | Results of the examination | | Examination | Results of the examination | |
|---|---|---|---|---|---|
| | Pass | Fail | | Pass | Fail |
| Medical History | ✓ | | Fecalysis (food service/ handlers only) | ✓ | |
| Physical Examination | ✓ | | Hep B Antigen | ✓ | |
| Dental Examination | ✓ | | Hep C Antibodies | ✓ | |
| Psychological Test | ✓ | | Stress Test | ✓ | |
| Visual Test | ✓ | | Diabetes | ✓ | |
| Colour Vision | ✓ | | Ultrasound Examination (Presence of gall & Kidney Stones) | ✓ | |
| Audiometry | ✓ | | Alcohol/ Drug Test | ✓ | |
| EKG | ✓ | | 2D echo Doppler study (for heart patient) Psychometric evaluation | ✓ | |

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is

(a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory

(b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she if fit / unfit for look out duty

(c) that he / she needs / does not need visual aids / informed to carry spares

(d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?

(e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

| | Deck service | Engine service | Catering service | Other services (training/ examination) |
|---|---|---|---|---|
| Fit: | * | * | * | * |
| Unfit: | * | * | * | * |

this seafarer is **UNFIT FOR DUTY**/ FIT FOR DUTY with/ without restrictions* as mentioned below,**

* This Medical Certificate is issued with following restrictions (e.g., specific position, type of ship, trade area & other as applicable) :

** Reasons for being unfit

Radical Hospitals Ltd. ★ As Per MLC-2006 ★ Approved by Department of Shipping

WALLEM

**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER**

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21
Page: 7 of 7

This is to certify ATIQUR RAHMAN was physically examined and he/she is found to be FIT for sea service/ look-out duty for the period from _____ Place of medical examination RADICAL HOSPITAL LIMITED Date of medical examination: 07 JUN 2023 Uttara, Dhaka, Bangladesh Medical certificate validity date (day/month/year): 06 JUN 2025 Name of Examiner (Please Print):

(Validity should not be more than 2 years)

_____ Degree: _____ Address: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh

_____ Tel./Fax/Email: _____

Name of Medical Examiner/ Physician Certificate /License Issuing Authority: _____

Date of issue of Medical Examiner/Physician Certificate/ License: _____ Registration No.: _____

A. Rahaman

Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner (print name of medical examiner if not legible) and I acknowledge, that I have been advised of the content of the medical certificate & of the right to a review in accordance with paragraph (G) of section A-I/9 of STCW Code and my obligations.)

Date: 07 JUN 2023

Official Stamp & Signature with Govt. (DGS) Approval/ No.....of Medical Examiner

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.

Original: Master & Crewing Dept
cc: Seafarer

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.

Radical Hospitals Ltd. As per M.L.C-2006 Approved by Department of Shipping

| | | |
|---|---|---|
| | **WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.**<br><br>REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION<br>(Confidential Document) | Form : MHRS 08<br>Prepared by : MR<br>Approved by : MD<br>Issued : Feb '08<br>Revised : Mar '17 |

From : USS Dhaka

(Please write Name, Address & Contact Details of Manning Centre)

To : RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh
(Please write Name, Address & Contact Details of the Doctor/ Clinic/Examiner)

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

Please carry out medical examination of the seafarer, the details and requirements for which are as stated below.

(Name & Signature of Responsible Person from Manning Centre) Date 07 JUN 2023

**Examinee's Details :**

Full Name : Atiqur Rahman Address : Flat 3B, House 15, Rd 06, Sector 06, Uttara, Dhaka

Date of Birth : 22-10-72 Rank : MASTER Name of vessel to be assigned : CORAL LEADER

Type of vessel : Ro-Ro Trade area : W/W

(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide) :

CDC No. C601329 Passport No. : B000 67479 Crew ID.(from Compas) : 1501

Position Offered/ Applied for : MASTER Routine & Emergency Duties (if known) : _____

**As per requirements of applicable P&I club :**

☐ West of England P&I ☐ UK P&I ☐ Steamship Mutual Underwriting Association

☐ Britannia P&I ☐ Skuld P&I ☐ North of England Association P&I

☐ Standard P&I ☐ Gard P&I ☐ London Steamships P&I

☐ Japan P&I ☐ American Steamships P&I ☐ Others : _____

**As per requirements of applicable Flag State :**

☐ Liberian ☐ NIS ☐ Panamanian ☐ Marshall Islands ☐ Malta

☐ Danish ☐ ILO ☐ UK ☐ Others : _____

Medical Examination Module (as applicable): _____ (Please refer to "Annex 1" of WSM(I)'s Quality Manual)

FOR SEAFARERS : Please write any past medical history [Injury or Illness] in detail; any history of allergy to drugs should be mentioned in the box provided below :

Please read and sign the following statement :-

"I certify that my past medical history will be/has been fully declared to the Company Doctor and any false statement or undisclosed material and/or information in regard to past or present illness and/or medical condition(s) will disqualify me from any employment benefits and claims."

A. Rahman

Seafarer's Signature

Date : 07 JUN 2023

Doctor's Signature

Date : 07 JUN 2023

*Original: Doctor & Copy : Manning Centre*

*Remark: The document to be uploaded into CMS under "Medical" Tab.*

Radical Hospitals Ltd. ★ As Per-MLC 2006 ★ Approved by Department of Shipping

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.

# MEDICAL FITNESS CERTIFICATE

| LAST NAME OF APPLICANT | FIRST NAME | MIDDLE INITIAL |
|---|---|---|
| RAHMAN | ATIQUR | |

| DATE OF BIRTH (MONTH / DAY / YEAR) | PLACE OF BIRTH (CITY) | (COUNTRY) |
|---|---|---|
| 10 / 22 / 1972 | BRAHMANBARIA | BANGLADESH |

**EXAMINATION FOR DUTY AS :**

- MASTER ☑
- MATE ☐
- ENGINEER ☐
- RADIO OFF ☐
- SEAMAN ☐

**MAILING ADDRESS OF APPLICANT**

FLAT 3B, HOUSE 15, ROAD 06, SECTOR 06,
UTTARA, DHAKA-1230,
BANGLADESH

## MEDICAL EXAMINATION

| HEIGHT | WEIGHT | BLOOD PRESSURE | PULSE | RESPIRATION | GENERAL APPEARANCE |
|---|---|---|---|---|---|
| 163 | 72 | 120/80 mm Hg | 78 b/m | 18 b/m | Good |

**VISION:**

| | RIGHT EYE | LEFT EYE |
|---|---|---|
| WITHOUT GLASSES | 6/6 | 6/6 |
| WITH GLASSES | | |

**HEARING:**

RIGHT EAR: NAD LEFT EAR: NAD

COLOR TEST TYPE : BOOK ☑ LANTERN ☐ Check if color test is normal

YELLOW: NAD RED: NAD GREEN: NAD BLUE: NAD

**HEAD AND NECK:** Normal

**HEART (CARDIOVASCULAR):** Normal

**LUNGS:** Normal

**SPEECH :**

Is speech unimpaired for normal voice communication ? Normal

**EXTREMITIES:** UPPER: Normal LOWER: Normal.

Is applicant suffering from any disease likely to be aggravated by, or to render him unfit for, service at sea or likely to endanger the health of other persons onboard?

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO :

AND HE / SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN (PLEASE PRINT)

ADDRESS: RAIHAN HOSPITAL LIMITED
UTTARA, DHAKA, BANGLADESH.

NAME OF PHYSICIAN'S LICENSING AUTHORITY: BM & DC BANGLADESH.

DATE OF ISSUE OF PHYSICIAN'S LICENSE: 06 MAY 2014.

SIGNATURE OF PHYSICIAN

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73)

Radical Hospitals Ltd. ★ AsiPer-MLC-2006 ★ Approved by Department of Shipping

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.

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

| | |
|---|---|
| SURNAME: RAHMAN | GIVEN NAME (S): ATIQUR |
| DATE OF BIRTH: DAY 22 MONTH 10 YEAR 1972 | PLACE OF BIRTH CITY BRAHMANBARIA COUNTRY BANGLADESH; SEX MALE ☑ FEMALE ☐ |
| POSITION ON BOARD: MASTER ☑ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐ | MAILING ADDRESS OF APPLICANT: |

**DECLARATION OF THE AUTHORIZED PHYSICIAN**

| VISION | | | COLOR TEST TYPE | HEARING |
|---|---|---|---|---|
| | WITHOUT GLASSES | WITH GLASSES | ☑ BOOK | |
| RIGHT EYE | 6/6 | — | ☑ LANTERN | RIGHT EAR |
| | | | YELLOW RED | |
| LEFT EYE | 6/6 | — | GREEN BLUE | 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 APLICABLE ☐

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) 07 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.

A. Rahaman — Signature of Applicant

ATIQUR RAHMAN — Name of Applicant

07/Jun/2023 — Date

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / 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.

ADDRESS: RADICAL HOSPITAL LIMITED UTTAR

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: DG 06MP/2014.

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospitals Ltd. As Per ML C2006 Approved by Department of Shipping DATE: 07 JUN 2023

EXPIRY DATE OF CERTIFICATE: 06 JUN 2025

*This certificate is issued 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.

# MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

FIT FOR DUTY ON BOARD SHIP

| Last/Family Name | First & Middle /Given Name<br>Position applied for |
|---|---|
| RAHMAN | |
| ATIQUR | |

| Date of Birth | Sex | Nationality | ID (Passport/Discharge book) No. |
|---|---|---|---|
| 22-10-1972 | M | BANGLADESHI | C/0/2329 |

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of MLC 2006 Reg 1.2; STCW 2010&the guidance for the conduct of medical examination issued by the Directorate, as amended from time to time. On the basis of the seafarer's personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is -

(a) that the hearing meets the required standards for his rank:- Yes No

Unaided hearing is satisfactory Yes No

(b) Visual acuity meets the required standards for his rank Yes No

Colour Vision meets the the required standard Yes No

that he is fit for look out duty Yes No

(c) that he needs visual aids / informed to carry spares Yes No

(d) that he is taking regular medication & seafarer does require to take same during his tenure on board vessel Yes No

(e) that the seafarer is not suffering from any disease likely to be aggravated by, or render him unfit for, service at sea or likely to endanger the health of other persons on board ships Yes No

(f) this seafarer is **FIT FOR DUTY without restrictions* as mentioned below**

** This Medical Certificate is issued with following restrictions

** Reasons for being unfit

Physician Signature:

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.

Clinic Stamp

Physician Name Printed:

Radical Hospitals Ltd. ★ As Per MLC 2006 ★ Approved by Department of Shipping

Date: 07 | 06 | 2023

Valid Till: 06 JUN 2025

**Authorizing body of Medical Examiner: Directorate General of Shipping, Govt.of Bangladesh**

I acknowledge, that I have been advised of the content of the medical certificate & of the rights for a review and my obligations.

Seafarers signature with Date:- A. Rahaman

07 JUN 2023

Delete whatever is not applicable



Radical Hospitals Ltd. ★ As Per-ML-C-2006 ★ Approved by Department of Shipping