# 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: Karim (Surname) Md. Saidul (First Name) Sex: Male Serial No:
Date of Birth: 01/10/1981 PP/CDC: C/0/42106 (Middle Initial) Rank: Chief Engineer.
Vessel: FM Unity. Type: Product tanker Route: World Wide.
Home Address: House: 15, Road: 15, Sector - 12, Uttara.
Company Name: FM

## 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 |
|---|---|---|---|---|---|---|
| 5'7" | 60 | 40 cm | 120/80 mm/Hg | 78/min | 18/min | Good |

| Distant Vision | Uncorrected | Corrected | Field of Vision |
|---|---|---|---|
| Right Eye | 6/6 | | Normal |
| Left Eye | 6/6 | | Abnormal |

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

| 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 |
|---|---|---|
| | Normal | Normal |

## 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 CH. ENG
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 | 14.6 gm% | 14-16 gm % |
| Total WBC count | 6.180 cu.mm | 4000-11000 / cu.mm |
| Neu 63 % Lymp 32 % Eos 02 Ba 00 % Mo 02 % | | |
| Malarial parasite | NOT FOUND | |
| ESR | 07 mm / 1st hour | 1- - 15 mm / hr |
| SGPT | 32 U/L | 9--43 U / L |
| S.Cholesterol | NIE mg/dl | 145--260 mg / dl |
| S.Triglycendes | NIE mg/dl | upto 200 mg /dl |
| Blood Sugar | RBS 7.0 PPBS . | upto 125 mg % |
| HbsAg | Negative | |
| HIV I & II | Negative | |
| VDRL | Non Reactive. | |
| Others | GGTP U/L | |
| Blood Group | | |

| Urine | |
|---|---|
| Colour | Straw |
| Specific Gravity | NIL |
| pH | 6 |
| 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

## 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:** 26 MAR 2025

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 27.03.23

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.

27 MAR 2023

04.2023.3657

RADICAL HOSPITAL LIMITED

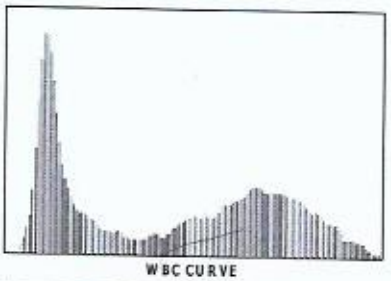
radical_hospitals@yahoo.com, www.radicalhospital.com

| | | | |
|---|---|---|---|
| **Id No** | : 0683 | **Date :** 27-Mar-2023 | **D.Date :** 27-Mar-2023 |
| **Patient's Name** | : MD SAIDUL KARIM | **Age :** 41Y 5M 25D | **Gender:** Male |
| **Specimen** | : Blood | | |
| **Doctor Name** | : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO:C/O/4206 | |

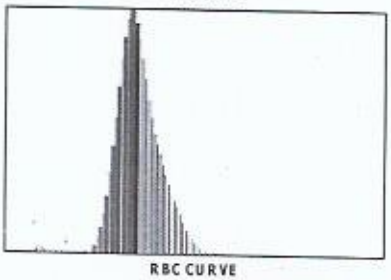
## Haematology Report

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

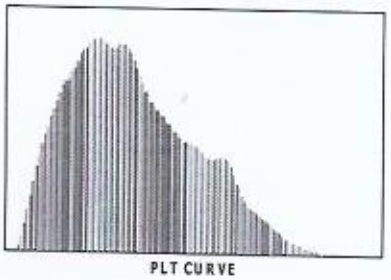
| Parameter Name | Results | Reference Range |
|---|---|---|
| **Hemoglobin (Hb)** | **14.6** gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. |
| **ESR(Westergreen)** | **07** mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| **Total WBC Count(TC)** | **6,100** /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm |
| **Differential WBC Count (DC)** | | |
| Neutrophils | **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 | **122** /cumm | 50-450/cumm |
| **Total RBC Count** | **4.89** m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | **40.5** % | M: 40-54%, F:37-47% |
| MCV | **82.8** fL | 76 - 94 fL |
| MCH | **29.9** pg | 27 - 32 pg |
| MCHC | **36.0** g/dL | 29 - 34 g/dL |
| RDW | **12.0** % | 11 - 16 % |
| PDW | **17.9** fL | 35 - 56 fl |
| **Total Platelete Count (PC)** | **1,55,000** /cumm | 150,000-450,000/cumm |
| MPV | **11.5** fL | 7.0 - 11.0 fL |
| PCT | **0.178** % | 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
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| | | | |
|---|---|---|---|
| Bill No | DIA23030683 | Received Date | 27/03/2023 |
| Patient's Name | MD SAIDUL KARIM | | |
| Patient's Age | 41Y 5M 25D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/4206 |
| Sample | BLOOD | | |

## BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|---|---|---|
| Random Blood Sugar (RBS) | 5.9 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total) | 0.7 mg/dl | 0.2 - 1.1 mg/dl |
| Serum ALT (SGPT) | 32 U/L | Up to 40 U/L |

**REMARKS (IF ANY)**

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

Checked By

Medical 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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| Patient's Age | 41Y 5M 25D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/4206 |
| Sample | BLOOD | | |

# SEROLOGYCAL REPORT

| Test Name | Result |
|---|---|
| HBsAg (Method : (ICT) | Negative |

Checked By

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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

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|---|---|---|---|
| Bill No | DIA23030683 | Received Date | 27/03/2023 |
| Patient's Name | MD SAIDUL KARIM | | |
| Patient's Age | 41Y 5M 25D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/4206 |
| 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 | 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 |

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| | | | |
|---|---|---|---|
| Bill No | DIA230306683 | Received Date | 27/03/2023 |
| Patient's Name | MD SAIDUL KARIM | | |
| Patient's Age | 41Y 5M 25D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/4206 |
| 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 Hospitals Ltd.

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RADICAL HOSPITAL LIMITED

## DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | |
|---|---|---|---|---|
| *ID. No.* | : | 23030683 Receive:27/03/2023 | Print: 27/03/2023 | |
| *Patient's Name* | : | **MD SAIDUL KARIM** | | |
| *Age* | : | 41 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.

ID: 00000002

Md. Saidul Karim

Male 21 Years

27-03-2023 12:15:15 PM

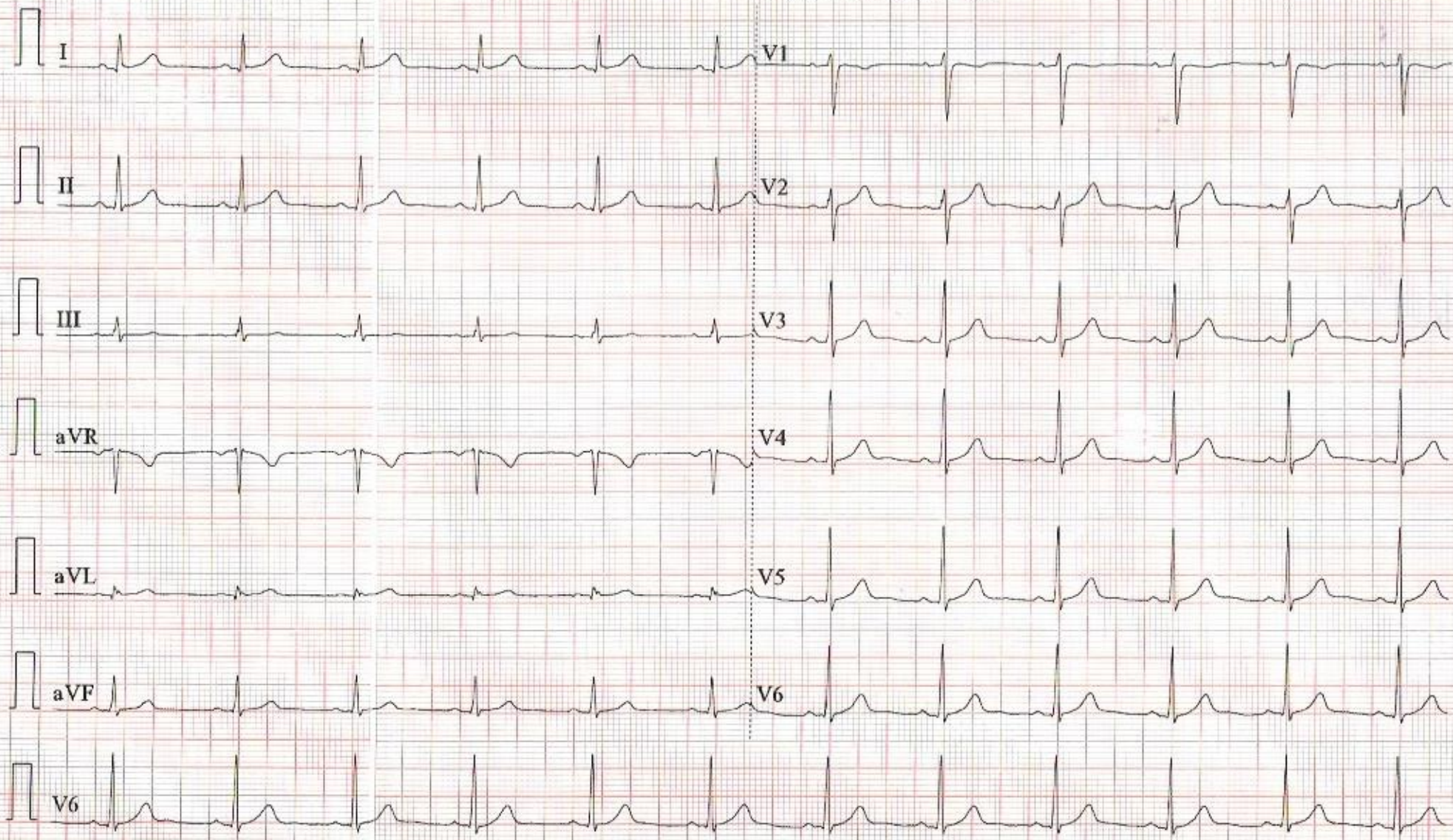
| | | | |
|---|---|---|---|
| HR | : 71 | bpm | |
| P | : 98 | ms | |
| PR | : 138 | ms | |
| QRS | : 88 | ms | |
| QT/QTc | : 376/409 | ms | |
| P/QRS/T | : 51/47/37 | ° | |
| RV5/SV1 | : 1.316/0.991 | mV | |

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:




0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥71 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

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## DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | | |
|---|---|---|---|---|---|
| *ID. No.* | : | 23030683 | Receive: Print: 27/03/2023 | | |
| *Patient's Name* | : | **MD SAIDUL KARIM** | | | |
| *Age* | : | 41 YRS | *Sex* | : | M |
| *Refd. by* | : | **Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM** | | | |

# ELECTROCARDIOGRAM (E.C.G) REPORT

| | | |
|---|---|---|
| **Rate** | : | 71 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

**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. Saidul Karim date of birth 01.10.1981 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 vaccinateiir | 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 27 MAR 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. | YELLOW FEVER VACCINE L NO DATE | CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH |
| 2 | | | |
| 3 | | | |
| 4 | | | |

This certificate is valid only if the vaccine used has been approved by the world I lcalih 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-aminslralion 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 comporte pent allectcr sa validite.

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

This is to certify that JE Soussigne' (e) certifie que | Md. Saidul Karim | date of birth no' (e) le | 01.10.1981 | Sex sexe | Male.

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 | 27 MAR 2023 | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH<br>ORAL CHOLERA "DUKORAL" Valid Upto 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 ev6nt 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-dessue 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 l, administration sanitaite du territoire ou la vaccination est effectuee. j

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