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 HASAN MUNIR Serial No: 1966 PP/CDC: Date of Birth: MASTER Rank-Vessel: Route: TANKER WOLLD WIDE Home Address: HOUSE NO. 2 9 POLLOBI. Company Name EM5 Medical History Please answer the following to the best of your knowledge. Is there any past / present history of any of Examiner Declaration Record Record the following Yes No Yes No Yes No Yes No severe one-sided headaches (Migraine) Hemia / Hydrocoele / Appendicitis Head Injury / Concussion / Loss of Memmory High / Low blood pressure / Heart disease Fits / Epilepsy / Dizziness / Fainting Asthama / Bronchitis / Tuberculosis Eye / Vision Problems (Glasses, etc.) Allergy / Skin disease Hearing Impairment Infection / Contagious Disease Ear / Nose / Throat problems Addicition to alcohol / drugs / tobacco Stomach / Bowel disorders Fracture / Dislocation / Injury / Amputation Gall stones / Kidney disorders Major / Minor Operation Jaundice / Liver Disease Diabetes Piles / Varicose veins Nervous / Mental disease / Sleep disorder Blood Disorder Mallignant disease (Cancer) Female Disorder Signed off on medical grounds / Declared Unfit Notes Medical Examination Blood Pressure in mm of Ha Distant Vision Field of Vision Audiometry | Hz | 500 | 1000 | 2000 6000 Right Eye Left Eye Abnormal Right Ear Ahnormal Colour Vision Hearing Normal Abnormal Systemic Examination Abnormal Notes Normal Normal Abnormal Head & Neck Respiratory system FIT FOR SEA SERVICE Ears / Nose / Throat Per Abdomen Teeth / Oral Cavity AS MASTER Genito-urinary system Musculo-Skeletal system Others AS PER MLC 2006 Nervous system Hemia / Hydrocoele Reflexes Enhanced GARD Medicals done Varicose Veins Fissure/Fistula/Piles Investigations Blood Urine Hemoglobin 14-16 gm % Colour Total WBC count a Cu,mm 4000-11000 / cu.mm Specific Gravity Neu 5 7 Malarial parasite 00 % MO 0: рH 1- - 15 mm / hr Albumin ESR Sugar SCAL U/L Bile pigment 43 U / L 145--260 mg / dl S.Cholestero mg/dl Bile salt S.Triglycendes upto 200 mg/dl Occult blood Blood Sugar RBC cells upto 125 mg % Leucocytes HIV I & II VDRI Spirometry: Others GGTP U/L Blood Group Drugs of ECG: romana Abuse: X-Ray USG: Chest: 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 Should be re-examined in Temporarily unfit Permanently unfit days / weeks / months. Remarks / 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: 1 4 MAR 2025 Candidate's Signature Official Stamp Doctor's signature: Hospitals Muni 15 MAR 2023 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 As Per-MLC-2006 DG Shipping Bangladesh Approved General Physician 04.2023.3573 Radical Hospitals Limited.

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC

home Have

Seafarer's Signature



SL NO._

04.2023.3573

DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited.
Name & Signature of the practitioner:

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:	
Name: Last HASAN First MUNIR Mic	ddla
Gender: (Male/Female)	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER: am duly authorized by the Department of Shipping, Government of the People's the followings: 1. Confirmation that identification documents were checked at the point of examinat 2. Hearing meets the standards in section A-I/9 3. Unaided hearing satisfactory? 4. Visual acuity meets standards in section A-I/9? 5. Colour vision meets standards in section A-I/9? Date of last colour vision test 6. Fit for lookout duties? 7. Is the seafarer free from any medical condition likely to be aggravated by service render the seafarer unfit for service or to render the health of any other persons on 8. Any limitations or restrictions on fitness? If YES, specify limitations or restrictions:	tion :YES/NO :YES/NO :YES/NO :YES/NO :YES/NO : 15 MAR 2023 :YES/NO
Duties: Location/Vessel: Medical/Other: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh	
9. Medical fitness category : Fit No restriction Fit-Subject to restrict	ctions Unfit
10. Date of examination/Issue (DD/MM/YYYY)	
11. Date of expiry (DD/MM/YYYY)1.4.MAR. 2025"No more than 2 years fro	om the date of examination".
(D-)	DR, MIR. MD. RAIHAN BBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997). Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

 All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whis pered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in
 one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without
 glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to
 perceive the colors red, yellow and green.

(c) Dental:

Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

• An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

 Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

 All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements. and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

 Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the useofnarcotics.
 Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafager for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

DR. MIR. MD. RAIHAN

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E 15 MAR 2023 DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.





Id No

: 0394

Date: 15-Mar-2023

D.Date: 15-Mar-2023

Patient's Name: MUNIR HASAN

Age: 57Y 2M 14D

Gender: Male

Specimen

: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

CDC NO:C/O/1567

Haematology Report

Parameter Name	Results	Reference Range	
Hemoglobin (Hb) ESR(Westergreen)	15.1 gm/dl 09 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	6,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)			
Neutrophils	67 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	28 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	03 %	Child: 03-07 %, Aduit: 02-10 %	W BC CURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	A .
Total Cir. Eosinophils	130 /cumm	50-450/cumm	
Total RBC Count	4.96 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	41.7 %	M: 40-54%, F:37-47%	
MCV	84.1 fL	76 - 94 fL	
MCH	30.4 pg	27 - 32 pg	
MCHC	36.2 g/dL	29 - 34 g/dL	RBC CURVE
RDW	13.4 %	11 - 16 %	di.
PDW	17.8 fL	35 - 56 fl	
Total Platelete Count (PC)	1,42,000 /cumm	150,000-450,000/cumm	
MPV	9.3 fL	7.0 - 11.0 fL	
PCT	0.132 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	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

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030394	Received Date	15/03/2023
Patient's Name	MUNIR HASAN		
Patient's Age	57Y 2M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M),PGT(Eye),DFM	CDC NO:C/O/1567
Sample	BLOOD	-	

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 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



Bill No	DIA23030394	Received Date	15/03/2023
Patient's Name	MUNIR HASAN		<u> </u>
Patient's Age	57Y 2M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/1567
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name

Result

HBsAg (Method : (ICT) Negative

RADICAL

Cheeked By

Medical Technologis Radical Hospitals Ltd. Le

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



Sample	URINE	1.7.	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/1567
Patient's Age	57Y 2M 14D	Patient's Sex	Male
Patient's Name	MUNIR HASAN		
Bill No	DIA23030394	Received Date	15/03/2023

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	8 RBC	Nil	
Albumin	NIL	WBC	Nil	
Sugar	NIL	Epithelial	Nil	
Ex.Phosphate	Nil	Granular	Nil	
		Hyaline	Nil	-0.755

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

Objected By

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



Test Name



Bill No	DIA23030394	Received Date	15/03/2023
Patient's Name	MUNIR HASAN		<u> </u>
Patient's Age	57Y 2M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),Co	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/1567
Sample	URINE	7/	

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030394 Receive: Print: 15/03/2023

Patient's Name : MUNIR HASAN

Age : 57 YRS Sex : M

Refd. by Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 79 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.

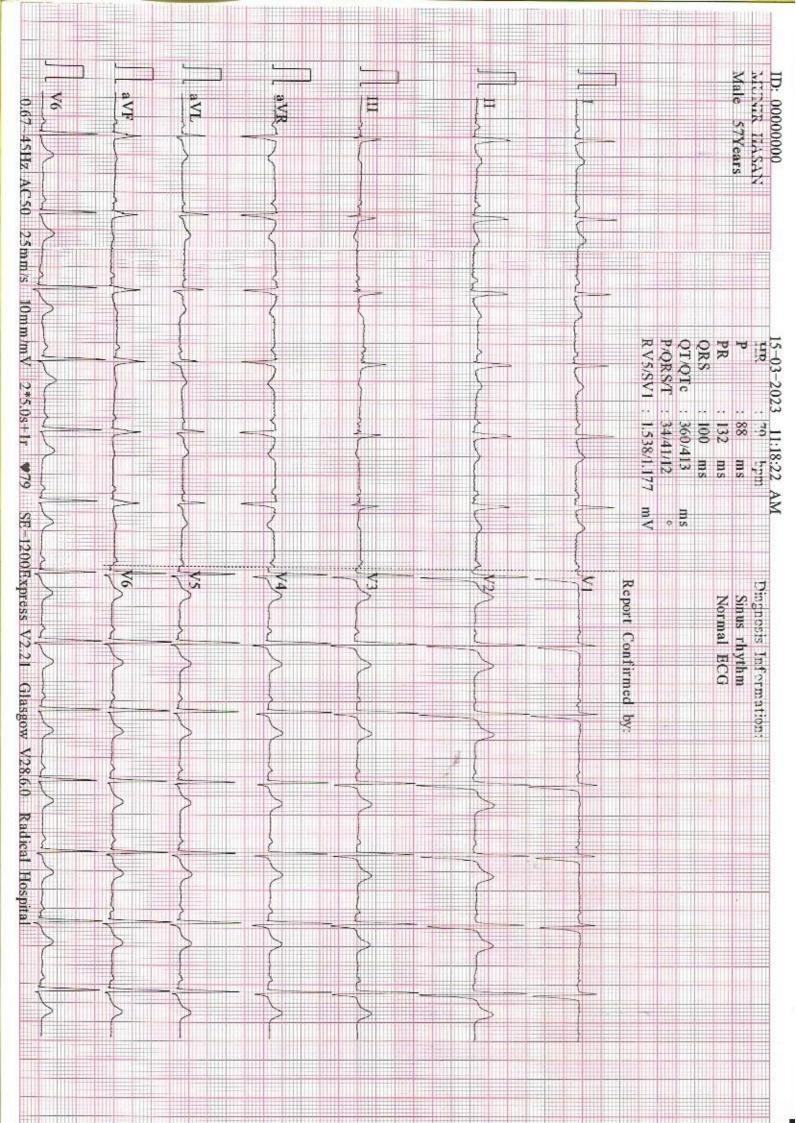
Dr. Debashish Paul

MBBS, MD (Cardiology) Associate Professor Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030394 Receive:15/03/2023 Print: 15/03/2023

Patient's Name : MUNIR HASAN

Age : 57 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 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR RECACCINTION AGAINST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION MUNIC HASAN CONTRE
This is to Certify that
je soussigne (e) certifie que

Pate of Birth

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MALE

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION

MUNIC HASAN 1	11 CONTRE LA FIEVER JANUE			
This is to Certify that	Mrini	Date of Birth_	01/01/66 Sex	MALE
je soussigne (e) certifie que / whose signature followsws)	CONTRACTOR OF THE PARTY OF THE	ne (e) le_	COMPANY OF THE PARK OF THE PAR	Sexe
dont la signature suit.	la sale	ne (c) ie z	STEEL STREET	JONE

has on the date indicated been vaccinated or revaccinated against Yellow-Fever a etc'vaccination (e) on contre la fiever jaune la date indique

Date	Signature and Professional Status of vaccinator Signature et qualite Prof. essioundlle du vaccinateur	Origin and batch no, of vaccine origine du vaccin Employe et u merco du lot	Official stamp of vaccination centre, cachet Official du centre de vaccination
O.S. AWAIN-	DR. MIR MD. RAIHAN MBS (DU), CCD (Birdem), PGT (Eye), DFM (Cours BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approve General Physician Radical Hospital Limited	A CONTRACTOR AND ASSAURANCE OF THE PART OF	TOR VACCES OF THE PARTY OF THE
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90 mg 3	DR. Mark MD. RAIHA INDESTRUCTOR GRANNERS AND THE BAND ASSISTAN AND THE BAND ASSISTAN AND THE SHAPPING BAND AND THE BAND A	ON CHARGO AS A PROCESS OF THE PROCES	Valid Upto 2 yrs
			CRAL CHOLERA

This certificate is valid on only if the vaccine used his been approved by the World Health Organization and if the vaccinating centre has been designated by 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 or failure to complete any part of it, may render it invalid.

Ce certificate n est valadble que si jevaccine employe a etc. approuve part organisation mondiate de la sant.

Et sit e de vaccination a etc habilite part administration du territorie de s lequel ce centre est situe.

Le validity de ce certificate conure une periode de six ans ommencent dix jours apres la date de la vaccination ou da s le casid une revaccination on cours de cettee periode de dix aus, e jour de cettee reaccination.

Toute correction ou rature sur le certificate au omission d'un quelonque desmentions nd il comporte peul affector su validite.