



HAQUE & SONS LTD.



Accredited By BMDC Accreditation No. A-55144

PATIENT CONTROL NUMBER HS6115FF

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh, Tel: +880-2-333316214-6, Fax: +880-2-333310530

MEDICAL EXAMINATION CERTIFICATE

| AGURA ADDATE OF BIRTH AGURA S. May-1991 ATIONALITY: BANGLADESH SEX: Male Female VESSELTYPE BULK CARRIER[TRADING AREA: WORLD ERMANEN] HOME ADDRESS: SEX. Male Female VESSELTYPE BULK CARRIER[TRADING AREA: WORLD ERMANEN] HOME ADDRESS: STATISTICAL STA | JRNAME MARIE | FIRST NAME | | | MIDDLE NAME | | |
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| MAGURA BAN-1991 B00220957 MIONALITY BANCLADESH SEX Male Female VESSEL TYPE BULK CARRIER[TRADING AREA WORLD REMAINENT HOME ADDRESS Male Female VESSEL TYPE BULK CARRIER[TRADING AREA WORLD CONTACT NUMBER 9172114214, 9193271 Male Female VESSEL TYPE BULK CARRIER[TRADING AREA WORLD CONTACT NUMBER 9172114214, 9193271 Male Female VESSEL TYPE BULK CARRIER[TRADING AREA WORLD CONTACT NUMBER 9172114214, 9193271 Male | WARUF | DACCDORT | ABDULLAH | | OF ALLENO DO | HIL | |
| ATTOMACH TY BANGLADESH SEX. Male Pemale VESSEL TYPE BULK CARRIER TRADING AREA : WORLD | | PASSPORTI | | | SEAMAN'S BO | | |
| CONTACT NUMBER: 01721184214, 0191371 L. TILKHARI, PO. SINGRA, P.S. SHALIKHA, DIST. MAGURA, BANGLADESH. Condition Condition VES NO Condition VES NO L. Eyelvision problem Have you ever had any of the following conditions? Condition VES NO Condition VES NO L. Eyelvision problem Have you ever had any of the following conditions? Condition VES NO Condition VES NO L. Eyelpsysterures HeartVascolar disease HeartVascolar | | ☐ Male ☐ | | EL TYPE : BU | ILK CARRIER TRA | | I D Wil |
| L. TILKHARI, PO. SINGRA, P.S. SHALIKHA, DIST. MAGURA, BANGLADESH. RANK: 4TH ENGINEER ATH ENGINEER RANK: 4TH ENGINEER ATH ENGINEER RANK: 4TH | | , | 1.000 | | | | |
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| Condition Eyelvision problem | | | | | | | |
| Eyevision problem | Have you ever had any of the following co | inditions? | | | | | |
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| Heart surgery | 2 High blood pressure | | 19 D | o you smoke? | | | 0/ |
| 5 Varicose veins 6 Asthma/bronchitis 7 Blood disorder 8 Diabetes 9 Diabetes 9 Diabetes 9 Thyroid problem 9 26 Attempted suicide 10 Digestive disorder 11 Kidney problem 12 Skin problem 13 Allergies 13 Allergies 14 Infectious/contagious diseases 15 Hernia 16 Genital disorders 17 Pregnancy 18 Genital disorders 19 Ave you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 10 Diyou feel healthy and fit to perform the duties of your designated position/occupation? 19 Are you aware that you have any medical problems, diseases or illnesses? 10 Do you feel healthy and fit to perform the duties of your designated position/occupation? 10 Diyou feel healthy and fit to perform the duties of your designated position/occupation? 10 Do you feel healthy and fit to perform the duties of your designated position/occupation? 11 Are you allergic to any medications? 12 Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims. 10 Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims. 11 Description of Seafarer 12 DICAL EXAMINATION 13 Diaser in Judge and | 3 Heart/vascular disease | | 20 0 | peration/surger | y | | 1 |
| 6 Asthma/bronchitis | Training of | | 21 E | oilepsy/seizure: | 5 | | 0/ |
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| 8 Diabetes | 6 Asthma/bronchitis | | 23 L | ss of consciou | sness | | 1 |
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| 29 Severe headaches 30 Ear/mose/throat problems 31 Infectious/contagious diseases 32 Back problems 33 Back problems 34 Infectious/contagious diseases 34 Perince 35 Back problems 36 Back problems 37 Pregnancy 38 Pregnancy 39 Pregnancy 30 Pregnancy 30 Pregnancy 31 Pregnancy 32 Back problems 33 Pregnancy 34 Practures/dislocations 36 Pregnancy 36 Pregnancy 37 Pregnancy 38 Pregnancy 39 Pregnancy 39 Pregnancy 30 Pregna | 11 Kidney problem | | | | | | 61 |
| 13 Allergies | | | | | | | 1 |
| 14 Infectious/contagious diseases | 13 Allergies | 0 | 2/ 30 E | ar/nose/throat | problems | | 16 |
| 15 Hernia | 14 Infectious/contagious diseases | | | | | | 16/ |
| 16 Genital disorders | 15 Hemia | | Z 100 100 100 100 100 100 100 100 100 10 | | 7 | | Z |
| If any of the above questions were answered "yes", please give details. Additional questions 35 Have you ever been signed off as sick or repatriated from a ship? 36 Have you ever been hospitalised? 37 Have you ever been declared unfit for sea duty? 38 Has your medical certificate ever been restricted or revoked? 39 Are you aware that you have any medical problems, diseases or illnesses? 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? 41 Are you allergic to any medications? FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) If hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to bor. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims. ABBLE Signature of Seafarer DICAL EXAMINATION Weight Hearing by Audiometry Blood Pressure: Systolic Audiometry Hearing by Whisper Test Adequate Inadequate Left Adequate Inadequate Left Adequate Inadequate Inadequate Inadequate Adequate Inadequate | 16 Genital disorders | 0 , | 1 | Part of the state | | | |
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| Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims. March | 1.67 | | | | | | |
| Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims. March | | A SOME CONTRACTOR OF THE CONTR | compositions and a | | TO A STATE OF THE | | |
| MARJE Signature of Seafarer | I hereby authorize the release of all my pre | evious medical re- | cords from any hea | Ith professional | ls, health institution | ns and public authoriti | es to |
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| Signature of Seafarer DICAL EXAMINATION Weight | Trans | | | | | | |
| DICAL EXAMINATION Weight | The state of the s | | | | | | |
| Weight | | | | TAL IN | | | |
| Ear Hearing by Audiometry Right | DICAL EXAMINATION | | | | | 20 300 | |
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| rcw code Section test: Date (da) | Normal Abno | Ormal | Varico Vascul Abdom Hernia Anus (G-U sy Upper Spine Neurol Psychi | Left Left Left Left Left Left Left Left | NO ful □ I | 102 | |
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| rcw code Section test: Date (da) | Normal Abno | Ormal | Varico Vascul Abdom Hernia Anus (G-U sy Upper Spine Neurol Psychi | se veins lar (inc. pedal nen and visce not rectal exa vstem and lower ext | pulses) ra m) | 102 | |
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| | Normal Abno | ormal | Varico Vascul Abdom Hernia Anus (G-U sy Upper Spine Neurol Psychi | ar (inc. pedal nen and visce not rectal exa estem and lower ext | m) | No | |
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| 10.600 | Amphetamine | | | | 7. | □ Rea | ctiv 🖾 Nonreacti |
| SE LEVEL | Phencyclidine | | | | Blood Type | | ロケレモ |
| 5-7 | Barbiturates | | | | | | MA |
| 5.3% | Cocaine | | Positive 2 | Negative | Others(KUB Ultra | SOL | ME |
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| in knowledge of t | ne contents of the | rilysi | car examina | itions. | | | |
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| ee's personal de | claration, my clinic | | | | Not fit for loo | kout duties | |
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| | r service at sea: nee's personal de Fit | R/E SGPT SGOT SGOT SHOWN DRUG Morphine Amphetamine Phencyclidine Barbiturates Cocaine In knowledge of the contents of the Fit for lookout duties Deck service Deck service | R/E SGPT SGOT BY SGOT BY SGOT BY SGOT BY SGOT Amphetamine DSE LEVEL Phencyclidine Barbiturates Cocaine In knowledge of the contents of the Physical | R/E SGPT SGOT DRUG AND ALCOHOL Morphine Positive Amphetamine Positive DSE LEVEL Phencyclidine Positive Barbiturates Positive Cocaine Positive in knowledge of the contents of the Physical examination are service at sea: nee's personal declaration, my clinical examination are Fit for lookout duties Deck service Engine service Engine service Subtractions With restrictions | R/E SGPT SGOT DRUG AND ALCOHOL TEST Morphine Positive Negative Amphetamine Positive Negative DSE LEVEL Phencyclidine Positive Negative Barbiturates Positive Negative Cocaine Positive Negative In knowledge of the contents of the Physical examinations: ABDULLAH HIL MARUF Name of Seafarer The service at sea: The service at sea: The service at sea: The service at sea: The service Begine service Deck service Engine service | R/E SGPT URINE R/E SGOT DRUG AND ALCOHOL TEST HBsAg Morphine Positive Degative HIV / AIDS Test DRUG Amphetamine Positive Degative VDRL DSE LEVEL Phencyclidine Positive Negative Blood Type Barbiturates Positive Negative Psychological Examinations: Cocaine Positive Negative Others(KUB Ultra: In knowledge of the contents of the Physical examinations: ABDULLAH HIL MARUF Name of Seafarer Triservice at sea: There's personal declaration, my clinical examination and the diagnostic test results recommended in the properties of the service Properties of the service Catering service Deck service Engine service Catering service out restrictions With restrictions | R/E SGPT OTHERS SGOT OTHERS DRUG AND ALCOHOL TEST HBsAg Rea Morphine Positive Degative HIV / AIDS Test Rea Amphetamine Positive Degative VDRL Rea DSE LEVEL Phencyclidine Positive Degative Blood Type Barbiturates Positive Negative Psychological Exam Cocaine Positive Negative Others(KUB Ultrasol in knowledge of the contents of the Physical examinations: ABDULLAH HIL MARUF Name of Seafarer Testrice at sea: The service Blood Type Negative Psychological Exam Negative Others(KUB Ultrasol The service at sea: The service at sea: The service at sea: The service at sea: The service Brown of the diagnostic test results recorded above above and the diagnostic test results recorded above above above above and the diagnostic test results recorded above |

Revision Date: 24th July 2022

| 1 | MEDICAL CERTIF | ICATE F | OR PE | RSONNEL SERVICE C | N BOARD |
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| SURNAME: MARUF | | | GIVEN I | NAME (S): ABDULLAH HIL | |
| DATE OF BIRTH: | | | PLACE | OF BIRTH | SEX |
| DAY 08 MONTH N | MAY YEAR 1991 | | CITY M | AGURA COUNTRY BANGE | LADESH MALE FEMALE |
| POSITION ON BOARD: | | | MAILING | ADDRESS OF APPLICANT: | |
| MASTER DECK OFFICER ENGINEERING OFFICE RADIO OPERATOR RATING | R D | | | ILKHARI, PO. SINGRA,, P.S ADESH. | S. SHALIKHA, DIST. MAGURA., |
| DECLARATION OF THE | AUTHORIZED PHYSICIA | AN | | | |
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| LEFT EYE | 666 | _ | _ | GREEN BLUE | DEET EAR MAD |
| Confirmation that identifie | cation documents were ch | ecked at the | point of e | xamination: YES NO [| |
| Hearing meets the standa | ards in STCW Code, Secti | ion A-1/9? Y | ES | NO NOT APL | ICABLE [|
| Unaided hearing satisfact | tory? YES NO | | - | 1 | |
| Visual acuity meets stand | dards in STCW Code, Sec | tion A-1/9? | YES 🗹 | NO 🗆 | |
| (the visual test it is requir Date of the last colour vis Are glasses or contact let | sion test: (Day/Month/Year nses necessary to meet th | 29,1 | 1AR 202 | | 1 |
| Able for watchkeeping? Y | | 07 07 | N GWAIN | / | |
| | on-prescription or prescript | _ | CHARLES CONTROL | | |
| | any medical condition likel ther persons on board? YE | | avated by | service at sea or to render the s | seafarers unfit for such service or to |
| Hereby I declare that I an | m in knowledge of the cont | tents of the P | hysical E | xamination. | |
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| MARS | | AE | BDULLA | H HIL MARUF | 7 9 MAR 2023 |
| Signature of | Applicant | | Name of | Applicant | Date |
| CIRCLE APPROPIATE ENGINEERING OFFICEI | CHOICE: (ME / SHE) IS R / RADIO OPERATOR / I | S FOUND T RATING) (W | TO BE (F | NOT FIT) FOR DUTY ANY / WITH THE FOLLOWING) | AS A (MASTER / DECK OFFCIER / RESTRICTIONS: |
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| NAME AND DEGREE OF | | The second secon | | 3.B.S(D.U.), REG. NO. A-55 | 5144 |
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| DATE OF ISSUE PHYSIC | | 12-05-2011 | | Hosp | |
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| EXPIRY DATE OF CERT | TIFICATE: | 2 | 8 MAR | 2025 |) indial |
| <u> </u> | This ce of the STCW Conven | rtificate is issi tion, 1978, as | ued in com; amended a | pliance with the requirements and the Maritime Labour Contempts | ne Vice |
| MBBS (BMD DG-SI | MIR. MD. RAIL DU, DFM, CCD (Birdem), PGT CC A-55144, MMC-BGD hipping Bangladesh App General Physician | HAN (Ophth) 0-016 proved | | | |
| 91 | Radical Hospitals Limited | d. | | 4.0 | |



Id No : 0741

Date: 29-Mar-2023

D.Date: 29-Mar-2023

Patient's Name: ABDULLAH HIL MARUF

Age: 31Y 10M 20D Gender: Male

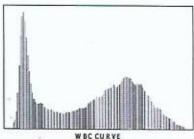
Specimen : Blood

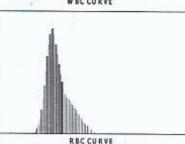
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6115

Haematology Report

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

| Parameter Name | Results | Reference Range |
|-----------------------------|---------------------|--|
| Hemoglobin (Hb) | 14.1 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) | 10,600 /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm |
| Differential WBC Count (DC) | | *************************************** |
| Neutrophils | 62 %. | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | 33 % | 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 | 212 /cumm | 50-450/cumm |
| Total RBC Count | 4.99 m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | 38.3 % | M: 40-54%, F:37-47% |
| MCV | 76.8 fL | 76 - 94 fL |
| MCH | 28.3 pg | 27 - 32 pg |
| MCHC | 36.8 g/dL | 29 - 34 g/dL |
| RDW | 12.3 % | 11 - 16 % |
| PDW | 13.9 fL | 35 - 56 fl |
| Total Platelete Count (PC) | 1,58,000 /cumm | 150,000-450,000/cumm |
| MPV | 10.8 fL | 7.0 - 11.0 fL |
| PCT | 0.171 % | 0.1 - 0.% |
| Bledding Time(BT) | % | 10 - 18 % |
| Cloting Time(CT) | % | 0.1- 0.2 % |





Checked By

Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology East West Medical College & Hospital.



| Bill No | DIA23030741 | Received Date | 29/03/2023 |
|----------------|--------------------------------------|-------------------|-----------------|
| Patient's Name | ABDULLAH HIL MARUF | Tioosivou Buic | 20/03/2023 |
| Patient's Age | 31Y 10M 20D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR | DEM),PGT(Eve),DFM | CDC NO:C/O/6115 |
| Sample | BLOOD | ,-,-,-,-, | 222.13.0/0/0113 |

BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.7 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total) | 0.6 mg/dl | 0.2 - 1.1 mg/dl |
| Serum AST (SGOT) | 22 U/L | Up to 37 U/L |
| HbA1C | 5.3 % | 4.2 - 6.7 % |

REMARKS (IF ANY)

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

Checked By

Medical Technologis

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 | DIA23030741 | Received Date | 29/03/2023 |
|----------------|------------------------------|---|------------------|
| Patient's Name | ABDULLAH HIL MARUF | 1.cocived Date | 29/03/2023 |
| Patient's Age | 31Y 10M 20D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU) | ,CCD(BIRDEM),PGT(Eye),DFM | CDC NO:C/O/ 6115 |
| Sample | BLOOD | . , , , , , , , , , , , , , , , , , , , | 050110.0/0/01113 |

SEROLOGYCAL REPORT

| HIV 1 & 2 (Method : (ICT) | Negative |
|---------------------------|--------------|
| HBsAg (Method: (ICT) | Negative |
| VDRL | Non-reactive |

| OD GROUPINGResult | TAIL N | |
|-------------------|-----------|--|
| ABO Blood Group | "O" (+ve) | |
| Rh(D)Factor | Positive | |

Checked By

Ho

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA23030741 | Received Date | 29/03/2023 |
|----------------|---------------------------------|-------------------------|---|
| Patient's Name | ABDULLAH HIL MARUF | Thousand Bato | 20/00/2020 |
| Patient's Age | 31Y 10M 20D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),Co | CD(BIRDEM),PGT(Eye),DFM | CDC NO:C/O/ 6115 |
| Sample | URINE | | 245040000000000000000000000000000000000 |

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

| Reaction | Acidic | RBC | Nil |
|--------------|--------|------------|-----|
| Albumin | NIL | WBC | 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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Test Name

| Bill No | DIA23030741 | Received Date | 29/03/2023 |
|----------------|---|---------------|------------------|
| Patient's Name | ABDULLAH HIL MARUF | | |
| Patient's Age | 31Y 10M 20D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC | | CDC NO:C/O/ 6115 |
| Sample | URINE | | |

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030741 Receive:29/03/2023 Print: 29/03/2023

Patient's Name : ABDULLAH HIL MARUF

Age : 31 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.

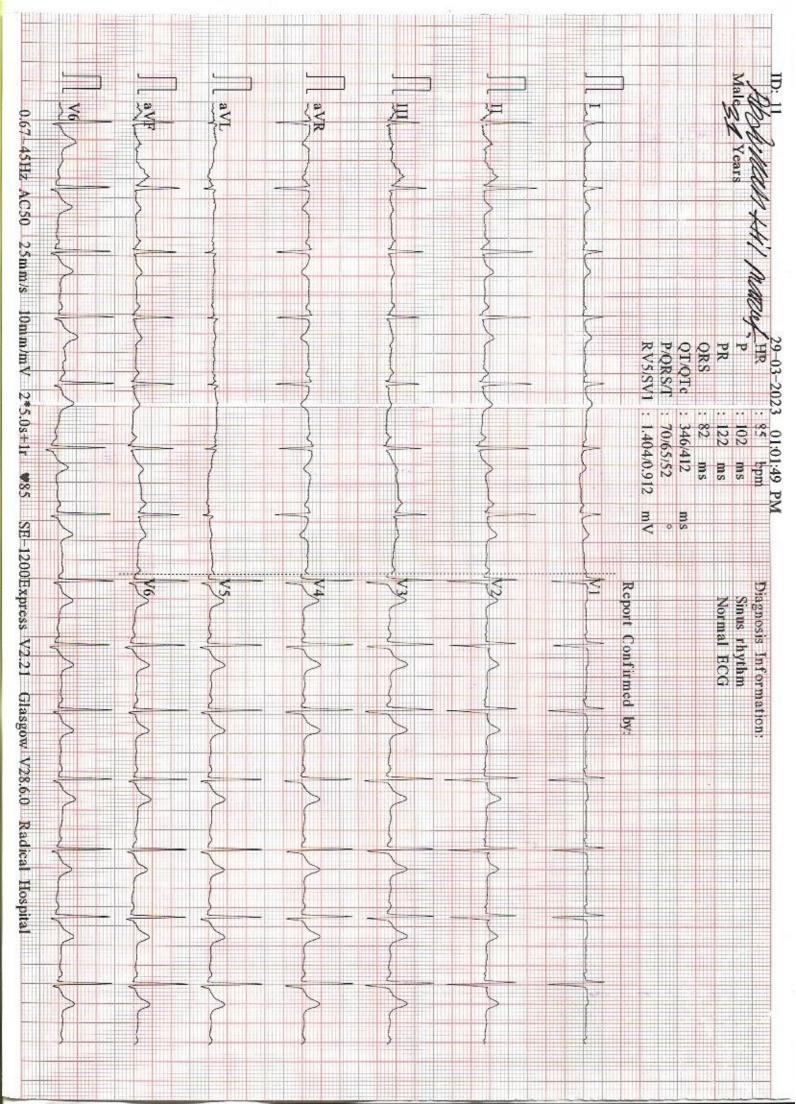
Lung fields are clear.

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





REF: MV. DAIWAN ELEGANCE

DATE: 29/03/2023

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: ABDULLAH HIL MARUF RANK: 4TH ENG CDC NO: C/O/6115

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

666

616

AIDED

COLOUR VISION:

NORMAL /BLIND

OPINION

UNITIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX)

East west Medical College & Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION ABOULLAH-HIL-MANDAGAINST YELLOW-FEVER

| This is to certify that | Date of birth | 08.05.1991 | Sex_ | MALE | |
|-------------------------|---------------|------------|----------|------|--|
| whose signature follows | | | 0.000000 | 100 | |

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

| Date | Signature and Professional status of vaccinator | Origin and batch no, of vaccine | Official stamp of vaccination centre |
|------------|--|---|--|
| SAM ADS | 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. | DAMAR OF | To R VACCHAR Avenue Ave |
| 2 | | | |
| 3 | mathematic from the analysis of | 10.70.38 | 3 4 |
| 1.4 -Hy | DIS PAR INCOMES TO COME | () () () () () () () () () () | |

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 erasure, of failure to complete any part of it may render it invalid.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

ABDULLAH-HIL-MAENF This is to certify that

whose signature follows

Date of birth 08.05.1991

MALE

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

| Date | Signature and Professional status of vaccinator | OR VAC | Stamp |
|------|--|--|-----------------------|
| SAR | 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. | S5, Sheh Mekhdum Avesillo Uttera, Uhaka | |
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| 5 | harce of the subsequently assumed to a complete to a consider to a constant to a const | The same of the sa | 111 = 1 20 20 6 |
| 6 | | | |
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| 8 | | | 10 |
| | the American American | | verleaf Suite our ers |

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

Form No: SMC

I have read the contents of the certificate and have been informed of the right to

Seafarer's Signature MARUE

review.



SL NO.__

04.2023.3672

DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved General Physician

Name & signatuse tale plactitioner:

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: | | 0.11 | **** |
|---|------------------------------|-----------------------------------|----------------------------------|
| Name: Last MARUF Gender: (Male/Female) | FirstABDULL/ | 4H Middle | eHIL |
| Gender: (Male/Female) | Nationality: BANG | LADESHI Date: | 2 9 MAR 2023 |
| Occupation: Deck/Engine/Catering | Other (specify) | Rank: 41 | H ENGINEER |
| Father's/ Husbad'sname: MD St | HARIFUL ISLAM | C D C No | 40/6/15 |
| Mother's Name: LUTFUN N | AHAR | Seaman II | DNO. 060002492 |
| Address: House No: | | | No. B00020097 |
| | tari | | 5516403432 |
| PO SINGRA | | Data of Di | rth: 08/05/1991 |
| PS: SHALIKHA | | Date of Di | (DD/MM/YYYY) |
| | | | (88/11/17) |
| | | | |
| DECLARATION OF THE RECOGNIZ | | | public of Bangladesh and confirm |
| the followings: | ar timent of Shipping, Gov | erinnent of the People's Rej | public of Bangladesh and confirm |
| Confirmation that identification | on documents were checke | ed at the point of examination | :YES/NO |
| 2. Hearing meets the standards | | | :XES/NO |
| 3. Unaided hearing satisfactory | ? | | :YES/NO |
| 4. Visual acuity meets standard | ds in section A-I/9? | | :VES/NO |
| 5. Colour vision meets standard | ds in section A-I/9? | 7 | YESINO |
| Date of last colour | vision test | | 2 9 MAR 2023 |
| 6. Fit for lookout duties? | | | :XES/NO |
| 7. Is the seafarer free from any | medical condition likely to | be aggravated by service at | sea or to |
| render the seafarer unfit for ser | vice or to render the health | n of any other persons on boa | ard? :YES/NO |
| 8. Any limitations or restrictions | on fitness? | | :YES/NO |
| If YES, specify limitations or re- | strictions: | | , . |
| Duties: Location/Vessel: Medical/Other: | | HOSPITAL LIMITED haka, Bangladesh | |
| 9. Medical fitness category : | Fit-No restriction | Fit-Subject to restriction | ns Unfit |
| Date of examination/Issue (DI Date of expiry (DD/MM/YYYY) | 7 D MAD 7076 | No more than 2 years from t | he date of examination". |
| The say | | Hospital | Tall > |

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, Interna-tional 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 seafarer 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):

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E 7 9 MAR 2023

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