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Accredited By BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER. HSL-003580

MEDICAL EXAMINATION CERTIFICATE

ACE AND DATE OF BIRTH DHAKA 25-De-2001 PASSPORT NUMBER B00013489 C011446 TIONALITY BANGLADESHI SEX: Male Female VESSELTYPE CONTAINER TRADING AREA: WORLD WITCH STORM SHURUSHUNA, PO-SHURUSHUNA, PS-SHALIKHA, DIST-MAGURA, CONTACT NUMBER: 01765227926 RANK: CADET-ENG RANK: CONTACT NUMBER: 01765227926 RANK: CADET-ENG RANK: CONTACT NUMBER: 01765227926 RANK: CONTACT NUMBER: 01765227926 RANK: CADET-ENG RANK: CONTACT NUMBER: 01765227926 RANK: CONTACT NUMBER	IRNAM		FIRST N/	AME AND			MIDDLE NAM	E -		
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5 Varicose veins	4	Heart surgery		1						
Asthma/bronchitis 23 Loss of consciousness 3	5	Varicose veins		1						1
7 Blood disorder	6	Asthma/bronchitis		14						61
8 Diabetes	7	Blood disorder		the						1/1
9 Thyroid problem	8	Diabetes		1						/
10 Digestive disorder	9			1			2			
11 Kidney problem	10	P (C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		61			74			81
12 Skin problem				1/						41
14 Infectious/contagious diseases	12	13 DECEMBER - 2015 CO.		1	M15654 R18668-04-064		es.			61
Infectious/contagious diseases	13		D	N	30 Ear/nos	e/throat	problems			1
15 Hemia	14	Infectious/contagious diseases		16/					0	10
16 Genital disorders 17 Pregnancy 18 any of the above questions were answered "yes", please give details. Additional questions Secondary 19 and 19	15	Hemia	D	11			*			1
17 Pregnancy	16	Genital disorders		60	10 10 10 10 10 10 10 10 10 10 10 10 10 1					60
Additional questions YES NO 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	17	Draganacy	ET.	2104	1970 December 6					1
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?	Additio	of the above questions were answere onal questions Have you ever been signed off as	sick or repat		ils.	es/disloca	tions	5	YES	NO
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If yes, please list the medications taken and the purpose(s) and dosage(s)	35 36 37 38 39 40 41	of the above questions were answere conal questions Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your endical certificate ever b Are you aware that you have any r Do you feel healthy and fit to p Are you allergic to any medications ents:	sick or repat t for sea duty peen restricte medical prob perform the of s?	riated from a r? ed or revoker lems, diseas duties of you	ils. a ship? d? es or illnesses? or designated po	- k-			YES	NO NAME OF THE PARTY OF
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Revision: 5.1

Revision Date: 24th July 2022

	MEDICAL CERTIF	ICATE FOR	PEF	RSONNEL SERVICE ON E	OARD		
					25		
SURNAME: RABBI		GIV	GIVEN NAME (S): MD KHALID HASSAN				
DATE OF BIRTH:		PL	ACE (OF BIRTH	SEX		
DAY 25 MONTH	DEC YEAR 2001	СП	CITY DHAKA COUNTRY BANGLADESH MALE FEMALE				
POSITION ON BOARD MASTER DECK OFFICER ENGINEERING OFFIC RADIO OPERATOR RATING		VII	L-SO	ADDRESS OF APPLICANT: UTH SHURUSHUNA,PO-SHURI ALIKHA,DIST-MAGURA, BANGL			
DECLARATION OF T	HE AUTHORIZED PHYSICIA	AN					
	VISION		- 4	COLOR TEST TYPE	HEARING		
	WITHOUT GLASSES	WITH GLASS	ES	ВООК	120		
RIGHT EYE	666			YELLOW RED STUDENTS	Reft ear MO		
Confirmation that ident	tification documents were ch	ecked at the poin	t of ex	camination: YES NO	133		
	ndards in STCW Code, Secti		-/	NO NOT APLICABI	EΠ		
Unaided hearing satisf				1			
	andards in STCW Code, Sec	tion A-1/9? YES	X	2 NO □			
(the visual test it is req Date of the last colour	vision test: (Day/Month/Year	28 MA	R 20				
3-1-50	lenses necessary to meet the	e required vision	stand	lards? YES NO			
Able for watchkeeping			- ANDE				
	non-prescription or prescript		V				
	m any medical condition likel other persons on board? YE			service at sea or to render the seafar	ers unfit for such service or to		
Hereby I declare that I	am in knowledge of the cont	ents of the Physi	cal Ex	amination.			
			,				
Khali	6	MD KHAI	LID H	IASSAN RABBI	2 8 MAR 2023		
	of Applicant	Nar	me of	Applipant	Date		
CIRCLE APPROPIATE	ER / RADIO OPERATOR / I	RATING) (WITH	A TUE	N / NOT FIT) FOR DUTY AS A	(MASTER / DECK OFFCIER / IRICTIONS:		
	[11110	R DUTY ON	DU/	AKD SHIP			
NAME AND DEGREE	OF PHYSICIAN: DR. MIF	R MD. RAIHAN	; M.E	B.B.S(D.U.), REG. NO. A-55144			
ADDRESS: REDICAL	HOSPITALS LIMITED, UT	TARA, DHAKA-	1230.				
NAME OF PHYSICIAN	'S CERTIFICATING AUTHO	BTY: BANGLA	DESH	MEDICAL AND DENTAL COUNCIL	. (B,M,D,C,)		
DATE OF ISSUE PHYS	SICIAN'S CEATIFICATE	12-05-2011		cal Hospitals			
SIGNATURE OF PHYS	SICIAN:	st/	AMP (OF PHYSICIAN Per-MIC-2006	DATE: 2 8 MAR 2023		
EXPIRY DATE OF CER	RTIFICATE:	27 MAR 202	5				
	This cer	rtificate is issued in	comp	pliance with the requirements	16.		
	DR. MIR. MD. MBBS (DU), DFM, CCD (Bird BMDC A-55144, MM	em), PGT (Onhth)	X				

MSBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
-DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

□ Sometimes take sleeping pills, etc. (四十)强制 斯德男) 二 Purfing on weight てってきな □ Have Sloeplessness (現れない) | 東明 元正 | □ Drink every evening :專品! 朝はいいか I Constipated Capacites a day at 1 a 1133 | Moderate drinker (中国河) □ Sometimes (時中) | Sweet (#1.1) I Nest (別班) L Do not drink : 改善ない。 Tirregular ... (記載に こ Constant (文わらず) こ Losing weight (やせてきた) I Neversmoke Maintin 二 Steep well · 臭く眠る! □ Drink 2-3 times a week (國江 2 ~ 3回) _ 9) ni şməking in 19_ 二 Offen (ネ(十多) Cally Martin 4. D.NILY LIFE HABITS: (日常生活) [] Heavy Jrinker '猫': 14: Dietary preferences: 大利の中に Z Regulas - Simoke I Have insomnia,下班但? (1) Alcebol intake, (內部) (3) Bowel movements. (2) Smeking: (減価) (5) Evereise: (運動) (無於) Dydien (公) (6) Sleep. (睡眠) (特別) Age 中断) Name ist of medicine is) used for the above disease (s). (上記神名に資用した一般報品名) _ Other When? Medical information: (医療情報) * Please check the appropriate items. 該当する口橋にど呼を記入して下すこ 3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (特別/甘葉) - Food altergies (name). (ボステく) T Asthora (1) Past serious illness: , 国公民任任 (年點) ☐ Unicaria thives) (いいないい)

2. PAST HISTORY: (新疆)

「 Surgery: 一年年)

Drug altergres roanset:

I. ALLERGIES: (レンドルー) Name of illness: (本語名)

110年 第 1111

で記() 著名 口

- Light drinker 35: 11

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) DG Shipp.ng Bangladesh Approved BMDC A-55144, MMC-BGD-016

Radical Hospitals Limited.

General Physician



Notation: F = father, M = mother, B = brother, S = sister

5. FAMILY HISTORY: (累核型)

(H)

以 回來財団 禁助



		Honelin BANK
MEDICAL RECORDS	(Write in block Letters)	2
		ame of Company

死魔仙社)

Z

Briefly enter any special comments to the Attending Physician in English

Other: Name of disease (概名) Cerebral Apoplexy (版] 在中) 二 Liver disease (所職疾患)

Cancer 'part (略/能位) Hypericusion (時時用語)

□ Heart disease (心質化) Diabetes (特別報) (仮数別語く並に伝えない)に、東部に監論に

Date of Bigg 25-22-02 (E(E)) family name (姓)

(D . M . V.)

在年 年 日 !

kg/at age 20: (20 75ệ) Normal temperature.

JUNE .

Name of Position. FICHDEN given name (名) Name M.D.

Height: (#15) 180

Com Weight: (FFE) XX Pulse Kamin Normal breathing rate. (日本年記載/ボ)

Single Married (35.87 / ECE) R. | Blood type: |(由液型) Blood pressure: 9001

mmol/() _mg/dl × 0.05625= mg/dl>: 0.05914= Blood sugar. (直辖庫) Unit seid: (原政位)

mmol/?

(Card holder) (本人)

Signature (#4) Heal 4

Acal Hospita

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

DG Shipping Bangladesh Approved

Spartment of

Radical Hospitals Limited General Physician



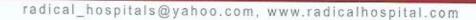
HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME	OF CREW:	MD KHALID HA	SSAN RABBI	RANK:	CADET-ENG	
CDC N	0:	C/O/11446		DOB:	25-Dec-2001	
HEAL	TH QUEST	TIONNAIRE				
PLEAS	E ANSWER	FOLLOWING BY	TICKING (✓) YES	OR NO	YES	NO
1	Have you	ever had coronary	y thrombosis or certair	types of heart surge	ery?	
2	Are you su	iffering from any h	neart-related cotnplica	tions?		
3	Are you a	diabetic ?				
4	If you are	diabetic, do you n	eed injectio.ns of insu	lin for diabetes?		
5	Have you	ever had a stroke	, or unexplained loss of	of consciousness?		
6	Have you	ever been treated	for a mental or nervo	us problem?		
7	Are you ar	alcoholic, or hav	e you had alcohol or c	drug addiction proble	ms?	
8	Do you ha	ve any hearing dif	fficulties or are you us	ing any hearing aid?		
9	Have you	ever suffered from	n any STD (Sexually T	ransmitted Disease)	?	
10		vare of any other employment *	health condition that c	ould affect your fitne	ess for	
knowle conseq	de. true and uences in cas	complete. lalso se of detection of	e and answered by tic declare that lam a any chronic disease o as may incur as a dire	healthy man and r its past history whi	will be fully respo ch Imay have concer	nsible for all the
Date :	28	MAR 2023	<u> </u>	Signed ;	Khalid	
* If yes,	mention deta	ils below:-	DR. MIR. MD MBBS (DU), DFM, CCD (BI BMDC A-55144, M DG Shipping Bangla General Ph Radical Hospit	desh Approved	The Crew	Member

Revision : 5.1 Revision Date : 24th July 2022





Id No : 0719

Patient's Name: MD KHALID HASSAN RABBI

Specimen : Blood

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

Date: 28-Mar-2023 Age: 21Y 3M 3D

D.Date: 28-Mar-2023

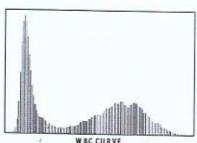
Gender: Male

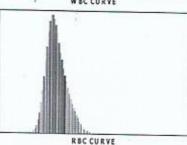
CDC NO: C/O/ 11446

Haematology Report

(Relevant estimations were carried out by Myth) & checked manually)

Parameter Name	Results	thic-One Auto Haematology Analyzer Reference Range
Hemoglobin (Hb) ESR(Westergreen)	13.8 gm/dl 10 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.
Total WBC Count(TC)	6,600 /cumm	Male:0-10, F:0-20 mm/1st hr. Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infanco (One Year):
Differential WBC Count (DC)		6,000-18,000/cumm
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	36 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	132 /cumm	50-450/cumm
Total RBC Count	5.49 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.8 %	M: 40-54%, F:37-47%
MCV	70.7 fl	76 - 94 fL
MCH	25.1 pg	27 - 32 pg
MCHC	35.6 g/dL	29 - 34 g/dL
RDW	13.7 %	11 - 16 %
PDW	16.3 fL	35 - 56 fl
Total Platelete Count (PC)	2,36,000 /cumm	150,000-450,000/cumm
MPV	8.5 fL	7.0 - 11.0 fL
PCT	0.201 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %
	CM.	0.1- 0.2 70





PLT CURVE

Checked By/ Medical 7 schipologist

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



Bill No	DIA23030719	Received Date	28/03/2023
Patient's Name	MD KHALID HASSAN RABBI	risosited Bate	20/03/2023
Patient's Age	21Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eve),DFM	CDC NO:C/O/11446
Sample	BLOOD	7-7-7-	353 113.0.0711440

BIOCHEMISTRY REPORT

Liver Function Test

Random Blood Sugar (RBS)	5.9 mmol/l	4.2 - 6.4 mmol/l
HbA1C	5.0 %	4.0- 6.0 %
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	20 U/L	Up to 37 U/L
Serum ALT (SGPT)	27 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	DIA23030719	Received Date	28/03/2023
Patient's Name	MD KHALID HASSAN RABBI		20/00/2020
Patient's Age	21Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11446
Sample	BLOOD		

SEROLOGYCAL REPORT

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

OD GROUPINGResult	> A 1
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By

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



Bill No	DIA23030719	Received Date	28/03/2023
Patient's Name	MD KHALID HASSAN RABBI		
Patient's Age	21Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11446
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	2-4/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



Bill No	DIA23030719	Received Date	28/03/2023
Patient's Name	MD KHALID HASSAN RABBI		
Patient's Age	21Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11446
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

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

REF: MV. ONE HANOI DATE: 28/03/2023

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

EYE EXAMINATION REPORT

NAME: MD KHALID HASSAN RABBI RANK: E/CDT CDC NO: C/O/11446

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

616

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

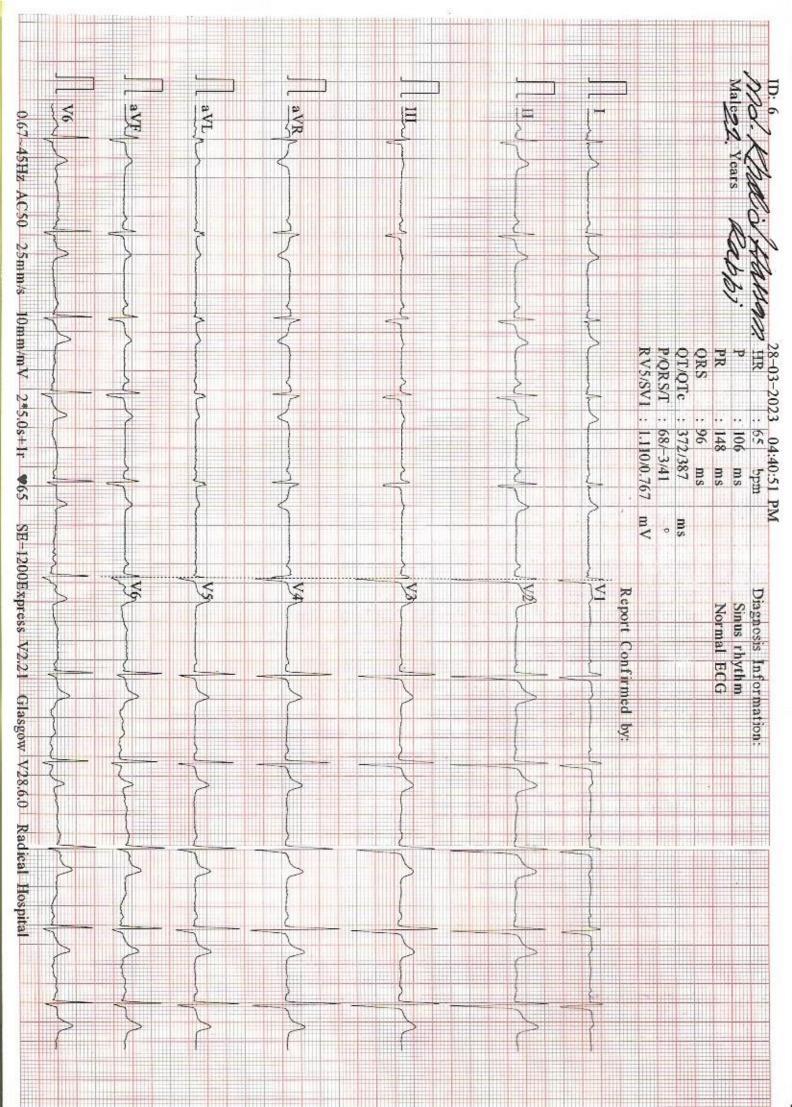
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital







DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23030719

Receive: 28/03/2023

Print: 28/03/2023

Patient's Name

MD KHALID HASSAN RABBI

Age

21 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

Pre-Joining Medical Report to be

Date of Exam

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28 MAR 2023

Completed by Company's M.O.

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			DR, MIR MD. RAIHAN MBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	R. MD. AYUBU M.B.B.S; P.G. T Taher Ch), Agrabad CM Regn. Ye.	Fit / Unfit & Remarks	
			RAIHAN M, PGT (Ophth) -BGD-016 sh Approved	R RAHMAN (Medicine) mber commosors	Doctor's Sign.	

Md Khalid Hasson Pabbi

This is to certi	ify that
whose signatu	re follows

Date of birth 25-12- 2001 Sex

Kh		100	
Ken	$A\Lambda$	1 0	_

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator			
1 025 P	DR. MD. AYUBUR RAHMAN M.B.S.S. P.G.T (Medicine) Taher Chamber 10, Agraba C/A, Chittagong. Refn. No. 4-1820	SEOR VACCE SE SERVICE ADDRESS SERVICE ADDESS SERVICE ADDESS		
1 8 8 8 5 COLD AND 1820 1	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.	S. Shah Makhdum Aventis Uttern, Ohoka **EANGLADES**		
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K LINE SHIP MANAGEMENT GROUP



Continued overleaf Suite our erso