

HAQUE & SONS LTD.

MEDICAL EXAMINATION CERTIFICATE



Accreditation No.A-55144

PATIENT CONTROL NUMBER HS4669FF

Tel: +880-2-333316214-6, Fax: +880-2-333310530

| NATO | RAHMAN | FIRST NAME AND | HELIOLIB | MIDDLE NAM | E | | |
|---|---|--|---|--|---|--|--|
| NATO | D DATE OF BIRTH | PASSPORT NUMBE | USFIQUR | SEAMANIC D | SEAMAN'S BOOK NUMBER CO4669 | | |
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| | NAGAOR, PO-PANKA, PS-BAGA | TIPARA, DIST-NATOR | E. | | | | |
| IGLADE | | | 0.50 | RANK : | CHIEF OFFICER | | |
| | | uros - e | | | | | |
| Have you | u ever had any of the following cor | nditions? | | | | | |
| | Condition | YES NO | Cond | ition | YES NO | | |
| 1 | Eye/vision problem | | 18 Sleep | problems | | | |
| 2 | High blood pressure | | 19 Do yo | u smoke? | | | |
| 3 | Heart/vascular disease | | 20 Opera | ation/surgery | | | |
| 4 | Heart surgery | - 7/ | | sy/seizures | | | |
| 5 | Varicose veins | | | ess/fainting | | | |
| 6 | Asthma/bronchitis | 0 7 | 23 Loss | of consciousness | | | |
| 7 | Blood disorder | | | niatric problems | - X | | |
| 8 | Diabetes | | 1000000 00000000 | ession | 2 2 | | |
| 9 | Thyroid problem | | | pted suicide | - 2/A | | |
| 10 | Digestive disorder | | | of memory | | | |
| 11 | Kidney problem | | 25000 | ce problem | 2 7/2 | | |
| 12 | Skin problem | - 12 | 10.522 | re headaches | - PA | | |
| 13 | Allergies | | | ose/throat problems | | | |
| 14 | Infectious/contagious diseases | 2 | 1 1 100.000 100000000000000000000000000 | icted mobility | 3 | | |
| 15 | Hernia | | | problems | 3 21 | | |
| 16 | Genital disorders | - Kar | 33570 05507507 | itation | | | |
| 17 | Pregnancy the above questions were answer | | 1,14-61 | ures/dislocations | | | |
| 35 | Have you ever been signed off as | sick or repatriated from | a ship? | | YES NO | | |
| 36 | Have you ever been hospitalised' | | | | | | |
| 37 | Have you ever been declared unf | | | | | | |
| 38 | Has your medical certificate ever | been restricted or revok | (ed?/ | | | | |
| 39 | Are you aware that you have any | medical problems, dise | ases or illnesse | s? | | | |
| 40 | Do you feel healthy and fit to | | our designated | position/occupation? | | | |
| 41 Commer | Are you allergic to any medication | The state of the s | Contract to the second | | | | |
| Comme | FIT | FOR DUTY ON BO | DARD SHIP | | | | |
| | 2 | an as association modic | otions? | | | | |
| 40 | | on or prescription medic | allons: | and the second s | | | |
| 42 | Are you taking any non-prescripti | d the numbee(s) and do | | | | | |
| | Are you taking any non-prescripti lease list the medications taken ar | d the purpose(s) and do | | N. S. Contract | | | |
| | | d the purpose(s) and do | | Vasioner V | | | |
| lf yes, pl | lease list the medications taken an | | osage(s) | N. N. Carrier | | | |
| If yes, pl | lease list the medications taken an | evious medical records f | osage(s) from any health | professionals, health institu | utions and public authorities | | |
| If yes, pl | lease list the medications taken an arrange and the release of all my pre- | evious medical records f practioner) I also certify | osage(s) from any health | professionals, health institu contained above is true an | utions and public authorities d any false statement will | | |
| If yes, pl | lease list the medications taken an | evious medical records f practioner) I also certify | osage(s) from any health | professionals, health institu contained above is true an | utions and public authorities d any false statement will | | |
| If yes, pl | lease list the medications taken an authorize the release of all my pre- lir Md. Raihan (approved medical fy me from my employment, benefi | evious medical records f practioner) I also certify | osage(s) from any health | professionals, health institu contained above is true an | utions and public authorities d any false statement will | | |
| If yes, pl | r authorize the release of all my prolif for Md. Raihan (approved medical for me from my employment, benefit | evious medical records f practioner) I also certify | osage(s) from any health | professionals, health institu contained above is true an | utions and public authorities d any false statement will | | |
| If yes, pl I hereby to Dr. M disqualif | r authorize the release of all my prelim Md. Raihan (approved medical fy me from my employment, benefit signature of Seafarer | evious medical records f practioner) I also certify | osage(s) from any health | professionals, health institu contained above is true an | utions and public authorities d any false statement will | | |
| If yes, pl I hereby to Dr. M disqualif | r authorize the release of all my prelim Md. Raihan (approved medical fy me from my employment, benefit prelim Signature of Seafarer EXAMINATION | evious medical records f practioner) I also certify its and claims. | rom any health that my history | contained above is true an | d any false statement will | | |
| If yes, pl | r authorize the release of all my prelim Md. Raihan (approved medical fy me from my employment, benefit signature of Seafarer | evious medical records f practioner) I also certify its and claims. | osage(s) from any health | contained above is true an | ations and public authorities d any false statement will | | |
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| If yes, pl I hereby to Dr. M disqualif DICAL E Weight | r authorize the release of all my prelim Md. Raihan (approved medical fy me from my employment, benefit with the signature of Seafarer EXAMINATION Hearing by Audiometry | evious medical records f practioner) I also certify its and claims. | rom any health that my history ssure: Systolic | contained above is true an | d any false statement will | | |
| If yes, pl I hereby to Dr. M disqualif | r authorize the release of all my prelim Md. Raihan (approved medical fy me from my employment, benefit with the signature of Seafarer EXAMINATION | evious medical records f practioner) I also certify its and claims. | rom any health that my history essure: Systolic | Contained above is true an | of any false statement will PULSE: | | |

| Distant Near Visual acuity m | | | sual acuity | | de disconsiste | | | | | Visual | fields | |
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| Near | 15.017 | aided | The state of the s | 100,000 | ded | | | | Norm | aL_T | De | fective |
| Near | Right eye | Left eye | Right e | eye | Left ey | e | D: II | | | | | rective |
| | 000 | 000 | _ | | | | Right of | | _ | | | |
| | eets the stan | dard laid do | wn in STCW | Code : | Section A.1 | /9 . | | NO | | | | |
| Colour vision a | | | | | Normal | | 1 | 0.72 | LT De | fective | | |
| Date of last col | | | | - T | 7 MAR 2 | 023 | | | | | | |
| Was Di | | | Normaly A | bnor | mal | | | | | No | ormal | Abnorm |
| Head | | | KA | | Va | ricose ve | ins | | | SEASON 1555 | V, | |
| Sinuses, nose, | throat | | 11 | | Va: | scular (in | c. pedal | pulses) | | | 0/1 | |
| Mouth/teeth | | | 1 | | Ab | domen a | nd viscer | ra | | | 1 | |
| Ears (general) | | | 1/2 | | | rnia | | | | • | 1 | |
| Tympanic men | nbrane | | 1 | | An | us (not re | ctal exa | m) | | | 9/ | |
| Eyes | | | P | | | J system | | | | | 11 | |
| Opthalmoscopy | у | | 10/ | 0 | Up | per and I | ower ext | remities | | | 1 | |
| Pupils | | | 11 | | | ne (C/S, | | | | | 1/ | |
| Eye movement | | | 1 | | | urologic (| full brief |) | | 1 | 9/ | |
| Lungs and che | | | Fan | | | ychiatric | | | | - | 9 | |
| Breast examina | ation | | MIN | | | neral app | | 1/3 | | - | | |
| Heart | | | 12 | | Ski | n | | | | / | | |
| ESULTS OF AN | OILLADV EV | AMMIATION | 10 | | | | | | | | | |
| Chest X-Ray | CILLARTEX | AMINATION | The state of the s | IICAI. | (LIVER FUI | NCTION | TECT | 1 | | Lolo | | |
| ECG | | 200 | BILIRUBIN | IICAL | | | (ESI) | Marijuana | | □ Posi | uve 4 | Negative |
| | LOOD R/E | 100 | SGPT | | 0 | - | | Alcohol Test | | □ Posi | IIVE L | Negative |
| DC(differential | | ver | - | | - 3 | 20 | | URINE R/E | | 1 | 12 | 10 |
| HAEMOGLOBI | | 1 | SGOT | 10.41 | ID ALCOHO | 7 | 1 | UD-1 | (| OTHERS | | / |
| ESR (WESTER | | 3:6 | Morphine DRU | JG AN | ID ALCOHO | | OFF | HBsAg | | □ Read | and the second | Nomeacti |
| WBC | (OREN) | - | Morphine Amphetamine | | ☐ Positive | | | HIV / AIDS TO | est | □ Read | | Norreacti |
| | GLUCOSE LE | | | | ☐ Positive | | | VDRL | | □ Read | ally to | Nonreacti |
| RANDOM | OLUCUSE LI | | Phencyclidine Barbiturates | , | | □ Neg | | Blood Type | | 0 | 01 | |
| HBA1C | | 50-1 | Cocaine | | ☐ Positive | □ Neg | ative | Psychologica Othors/KUR I | | | CX | 70 |
| | 1/2 | 7. | OUGHI IC | | - I LOSIUVE | MINEG | auve | Others(KUB I | Unraso | | LY. | 12 |
| reby I declare the | at I am in kno | wledge of th | e contents of | the Pi | hysical exar | ninations | 0 | | | 0 | 7 141 | ากวา |
| Wahnan | | | | | ND MUSFIC | UR RA | HMAN | | | U | / MAI | 2023 |
| nature of Seafar | er | | | - | | f Seafare | | | | _ | Da | e |
| | et) | | | | .10116-0 | . oculai c | | | | | Da | (C |
| sessment of fita the basis of the aminee medically | examinee's p | personal deci | laration, my co | | examinatio | n and the | diagnos | stic test results | | | , I decla | ire the |
| 1 | - | Deck | seprice 7 | T | Engine s | ervice | | Catering se | rvice | | Other | services |
| / | | | ń | | | | | | | | | |
| | | / | 100 | _ | | | | 1.1 | | | | |
| fit | | | 0 | | | | | | | | | |

In Accordance with Medical Examination (SelfMRS) Canverse and STCW 1978/1996 as Amended, MLC 2006
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.
Revision Date: 24th July 2022

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

| THE RE | PUBLIC OF LIBERIA | |
|---|--|--------------------------------|
| LAST NAME OF APPLICANT RAHMAN | FIRST NAME MD MUSFIQUR | MIDDLE INITIAL |
| DATE OF BIRTH | PLACE OF BIRTH | SEX |
| MONTH JUNE DAY 30 YEAR 1985 | CITY: NATORE | wareful errore |
| EXAMINATION FOR DUTY AS: | COUNTRY: BANGLADESH MAILING ADDRESS OF APPLICANT: | MALE FEMALE |
| | | |
| 1 | ☐ VILL-SHALINAGAOR, PO-PANKA, PS-BA ☐ DIST-NATORE, , BANGLADESH. | AGATIPARA, |
| ENGINEER | | |
| RADIO OFF SUPERNUMERARY [| | |
| MEDICAL EXAMINATION (SEE REVERSE SIDE FO | OR MEDICAL REQUIREMENTS) STATE | DETAILS ON REVERSE SIDE |
| HEIGHT WEIGHT BLOOD PRESSURE PULSE | | NERAL APPEARANCE / |
| VISION RIGHT EVEN LETTEYE WITHOUT GLASSES WITH GLASSES | Summa sabymin | and |
| DATE OF LAST COLOR VISION TEST (Month/Day/Year) 17 M | AR 2023 Testing Required every 6 years | |
| COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A | -1/9? YES NO | |
| COLOR TEST TYPE: BOOK * LANTERN * CHECK IF COLOR TE | ST IS NORMAL. YELLOW RED A | GREEN BLIEF |
| HEARING: RT. EAR | LEFT EAR | nano |
| HEAD AND NECK | HEART (CARDIOVASCULAR) | |
| Nomm | Al Marin (CARDIO VADEOLEAN) | Nonnae |
| LUNGS | SPEECH (DECK/NAVIGATIONAL O IS SPEECH UNIMPAIRED FOR NOR | |
| I VOICIM | e | \sim |
| UPPER VOTATION | acc LOWER NO | ormal. |
| IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD! | AGGRAVATED BY, OR TO RENDER HIM UNFIT FIF YES, EXPLAIN IN DETAILS OF MEDICAL EX | AMINATION ON PAGE 2. |
| N 2 2 | 0 7 MAR 2023 | 0 6 MAR 2025 |
| Manner SIGNATURE OF APPLICANT | DATE OF EXAM | EXPIRY DATE |
| THE CONTROL COOL D DE LES | | |
| | IXED IN THE PRESENCE OF THE EXAMINING PR | HYSICIAN. |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS C | | (2) |
| FITI FOR DUTY ON | BOARD SHIP NAME OF APPLICANT |) |
| (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (N SUPERNUMERARY). | MASTER, MATE, ENGINEER, RADIO OFFICER, RA | ATING, MOU DECK, MOU ENGINE or |
| NAME AND DEGREE OF PHYSICIAN DR. MIR M | ID , RAIHAN ; M.B.B.S (D.U), REG.NO.A-5514 | 4 |
| ADDRESS REDICAL HOSPITALS LIMITED, 35, SHAH M | MAKHDUM AVENUE, SECTOR-12, UTTARA, | DHAKA-1230, BANGLADESH |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORI | TY DG SHIPPING BANGLADESH | 19 200 Ed. 17 |
| DATE OF ISSUE OF PHYSICIAN'S CURPIFICATE | 06-05-2014 | 199 |
| SIGNATURE OF PHYSICIAN | DATE OF EX | AMINATION: 0 7 MAR 2023 |
| This certificate is issued by authority of the Deputy Co requirements of the Maritime Labour Conver | ommissioner of Maritime Affairs, R.L. and | in compliance with the |
| The Medical Certificate shall be valid for no more than | n two (2) years from the date of the Exami | |
| years of age and for no more than one (1) year | nr for those under 18 years of age. | Negative Control |
| RLM-105M (REV. 06/16) DR. MIR. MD. RAI MBBS (DU), DFM, CCD (Birdem), PG BMDC A-55144, MMC-BGI | (Ophen) | OSDÍLAGO |
| US Snipping Bangladesh An | | 15.11 |
| General Physician Radical Hospitals Limite | 1 .0 01 1 | ALC-2006) |

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications 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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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 use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) 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.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician ,wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION (To be completed by examining physician)

I. COMPRED MISTRELL COMPRISON

Q. FALIDICATION

B. PARIDICATION

G. FALIDICATION

B. Per-Mil C. 2008

AS Per-Mil C. 2008

B. MIR. MD. RAIHAN

MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

General Physician

Radical Hospitals Limited.





Id No : 0172 Date: 07-Mar-2023 D.Date: 07-Mar-2023

Patient's Name: MD MUSFIQUR RAHMAN Age: 37Y 8M 7D Gender: Male

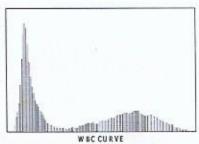
Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 4669

Haematology Report

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

| Parameter Name | Results | Reference Range | |
|-----------------------------|--------------------|--|--|
| Hemoglobin (Hb) | 13.6 gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/d Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. | |
| ESR(Westergreen) | 14 mm/1st hr | Male:0-10, F:0-20 mm/1st hr. | |
| Total WBC Count(TC) | 7,300 /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm | |
| Differential WBC Count (DC) | | | |
| Neutrophils | 52 % | Child: 25-66 %, Adult: 40-75 % | |
| Lymphocytes | 42 % | Child: 52-62 %, Adult: 20-50 % | |
| Monocytes | 04 % | Child: 03-07 %, Adult: 02-10 % | |
| Eosinophils | 02 % | Child: 01-03 %, Adult: 01-06 % | |
| Basophils | 00 % | Adult: 00-01 % | |
| Total Cir. Eosinophils | 146 /cumm | 50-450/cumm | |
| Total RBC Count | 4.74 m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul | |
| HCT/PCV | 38.0 % | M: 40-54%, F:37-47% | |
| MCV | 80.2 fL | 76 - 94 fL | |
| MCH | 28.7 pg | 27 - 32 pg | |
| MCHC | 35.8 g/dL - | 29 - 34 g/dL | |
| RDW | 12.3 % | 11 - 16 % | |
| PDW . | 18.4 fL | 35 - 56 fl | |
| Total Platelete Count (PC) | 97,000 /cumm | 150,000-450,000/cumm | |
| MPV | 13.3 fL | 7.0 - 11.0 fL | |
| PCT | 0.129 % | 0.1 - 0.% | |
| Bledding Time(BT) | % | 10 - 18 % | |



RBC CURVE

PLT CURVE

Checked By Medical Technologist

Cloting Time(CT)

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

0.1-0.2 %



radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA230172 | Received Date | 07/03/2023 |
|----------------|--------------------------------|---|-----------------|
| Patient's Name | MD MUSFIQUR RAHMAN | | |
| Patient's Age | 37Y 8M 7D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),0 | CCD(BIRDEM),PGT(Eye),DFM | CDC NO:C/O/4669 |
| Sample | BLOOD | See | |

BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.1 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total) | 0.7 mg/dl | 0.2 - 1.1 mg/dl |

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
BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital