HAQUE & SONS LTD.

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

Accredited By BMDC
Accreditation No A55144

PATIENT CONTROL NUMBER
H1681

DR. MIR MD. RAIHAN * RADICAL HOSPITALS LTD * REG. NO. A-55144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
AKON	MD	PARVES
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
FARIDPUR 6-Mar-1995	EB0591449	CO9314

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : BULK CARRIER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
WEST HASAMDIA, BHANGA, BHANGA, FARIDPUR, BANGLADESH

CONTACT NUMBER : 0088 01793405512

RANK : OILER

Have you ever had any of the following conditions?

	Condition	YES	NO		Condition	YES	NO
1	Eye/vision problem	☐	☑	18	Sleep problems	☐	☑
2	High blood pressure	☐	☑	19	Do you smoke?	☐	☑
3	Heart/vascular disease	☐	☑	20	Operation/surgery	☐	☑
4	Heart surgery	☐	☑	21	Epilepsy/seizures	☐	☑
5	Varicose veins	☐	☑	22	Dizziness/fainting	☐	☑
6	Asthma/bronchitis	☐	☑	23	Loss of consciousness	☐	☑
7	Blood disorder	☐	☑	24	Psychiatric problems	☐	☑
8	Diabetes	☐	☑	25	Depression	☐	☑
9	Thyroid problem	☐	☑	26	Attempted suicide	☐	☑
10	Digestive disorder	☐	☑	27	Loss of memory	☐	☑
11	Kidney problem	☐	☑	28	Balance problem	☐	☑
12	Skin problem	☐	☑	29	Severe headaches	☐	☑
13	Allergies	☐	☑	30	Ear/nose/throat problems	☐	☑
14	Infectious/contagious diseases	☐	☑	31	Restricted mobility	☐	☑
15	Hernia	☐	☑	32	Back problems	☐	☑
16	Genital disorders	☐	☑	33	Amputation	☐	☑
17	Pregnancy	☐	N/A	34	Fractures/dislocations	☐	☑

If any of the above questions were answered "yes", please give details.

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?	☐	☑

Comments: 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)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **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.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 72.00 Height (cm) 172 BMI 24.3 Blood Pressure: Systolic 120 mg Diastolic 80 mg PULSE: 78 s/m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☐ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-I/9 — YES / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 30/MAR/2023

	Normal	Abnormal		Normal	Abnormal
Head	☑	☐	Varicose veins	☑	☐
Sinuses, nose, throat	☑	☐	Vascular (inc. pedal pulses)	☑	☐
Mouth/teeth	☑	☐	Abdomen and viscera	☑	☐
Ears (general)	☑	☐	Hernia	☐	☐
Tympanic membrane	☑	☐	Anus (not rectal exam)	☐	☐
Eyes	☑	☐	G-U system	☐	☐
Opthalmoscopy	☑	☐	Upper and lower extremities	☐	☐
Pupils	☑	☐	Spine (C/S, T/S and L/S)	☐	☐
Eye movement	☑	☐	Neurologic (full brief)	☐	☐
Lungs and chest	☑	☐	Psychiatric	☑	☐
Breast examination	N/A	☐	General appearance	☐	☐
Heart	☑	☐	Skin	☐	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)				Marijuana	☐	Positive	☐	Negative
ECG	NAD	BILIRUBIN	0.7			Alcohol Test	☐	Positive	☐	Negative
BLOOD R/E		SGPT	N/E			URINE R/E	NAD			
DC(differential count)	NAD	SGOT	21			OTHERS				
HAEMOGLOBIN (HGB)	15.0	DRUG AND ALCOHOL TEST				HBsAg	☐	Reactiv	☑	Nonreactive
ESR (WESTERGREN)	05	Morphine	☐	Positive	☐	Negative	HIV / AIDS Test	☐	Reactiv	☑	Nonreactive
WBC	8,200	Amphetamine	☐	Positive	☐	Negative	VDRL	☐	Reactiv	☑	Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐	Positive	☐	Negative	Blood Type	O+(VE)			
RANDOM	5.2	Barbiturates	☐	Positive	☐	Negative	Psychological Exam	NAD			
HBA1C	5.0%	Cocaine	☐	Positive	☐	Negative	Others(KUB Ultraso	N/E			

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer	MD PARVES AKON Name of Seafarer	30 MAR 2023 Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☑ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☑	☐	☐
Unfit	☐	☐	☐	☐

☑ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	No
☑	☐

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date:	30 MAR 2023	Valid Until :	29 MAR 2025

Name and Signature of Authorized Physician

DR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
Medical Officer
SMDC-55144, MMC-BSD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **AKON**	GIVEN NAME (S): **MD PARVES**
DATE OF BIRTH: DAY **6** MONTH **3** YEAR **1995**	PLACE OF BIRTH CITY **FARIDPUR** COUNTRY **BANGLADES** SEX MALE FEMALE
POSITION ON BOARD: MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING	MAILING ADDRESS OF APPLICANT: **WEST HASAMDIA, BHANGA, BHANGA, FARIDPUR, BANGLADESH**

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	6/6	—	~~BOOK~~ ~~LANTERN~~ YELLOW RED GREEN BLUE	RIGHT EAR
LEFT EYE	6/6	—		LEFT EAR

Confirmation that identification documents were checked at the point of examination: ~~YES~~ NO

Hearing meets the standards in STCW Code, Section A-1/9? ~~YES~~ NO NOT APLICABLE

Unaided hearing satisfactory? ~~YES~~ NO

Visual acuity meets standards in STCW Code, Section A-1/9? ~~YES~~ NO

Colour vision meets standards in STCW Code, Section A-1/9? ~~YES~~ NO

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 30 MAR 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ~~NO~~

Able for watchkeeping? ~~YES~~ NO

Is applicant taking any non-prescription or prescription medications? YES ~~NO~~

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? ~~YES~~ NO

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

MD PARVES AKON

Signature of Applicant | Name of Applicant | Date: 30 MAR 2023

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / ~~NOT FIT~~) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144

ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230.

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014

SIGNATURE OF PHYSICIAN: | STAMP OF PHYSICIAN: Radical Hospitals Ltd. As Per-MLC-2006 Department of Shipping | DATE: 30 MAR 2023

EXPIRY DATE OF CERTIFICATE: 29 MAR 2025

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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.

RADICAL HOSPITAL LIMITED

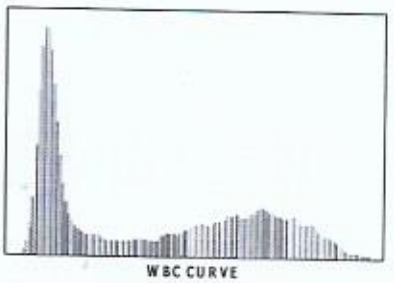
radical_hospitals@yahoo.com, www.radicalhospital.com

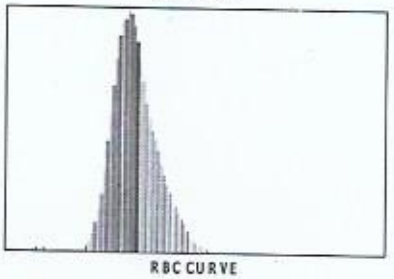
Id No	: 0764	**Date :** 30-Mar-2023	**D.Date :** 30-Mar-2023
Patient's Name :	MD PARVEA AKON	**Age :** 27Y 8M 0D	**Gender:** Male
Specimen	: Blood		
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/ 9314	

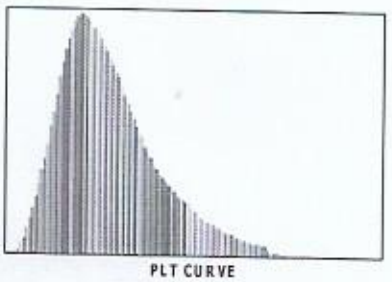
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.0** 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)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**8,300** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**58** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**38** %	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	**166** /cumm	50-450/cumm
Total RBC Count	**5.03** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**40.4** %	M: 40-54%, F:37-47%
MCV	**80.3** fL	76 - 94 fL
MCH	**29.8** pg	27 - 32 pg
MCHC	**37.1** g/dL	29 - 34 g/dL
RDW	**13.3** %	11 - 16 %
PDW	**16.1** fL	35 - 56 fl
Total Platelete Count (PC)	**2,37,000** /cumm	150,000-450,000/cumm
MPV	**9.7** fL	7.0 - 11.0 fL
PCT	**0.230** %	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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23030764	Received Date	30/03/2023
Patient's Name	MD PARVEA AKON		
Patient's Age	27Y 8M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 9314
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21 U/L	Up to 37 U/L
HbA1C	5.0 %	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
Radical Hospitals Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030764	Received Date	30/03/2023
Patient's Name	MD PARVEA AKON		
Patient's Age	27Y 8M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 9314
Sample	BLOOD		

SEROLOGYCAL REPORT

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

BLOOD GROUPINGResult	
ABO Blood Group	"O" (+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	DIA23030764	Received Date	30/03/2023
Patient's Name	MD PARVEA AKON		
Patient's Age	27Y 8M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 9314
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	2-4/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

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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23030764	Receive:30/03/2023	Print: 30/03/2023
Patient's Name	:	**MD PARVES AKON**		
Age	:	28 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.

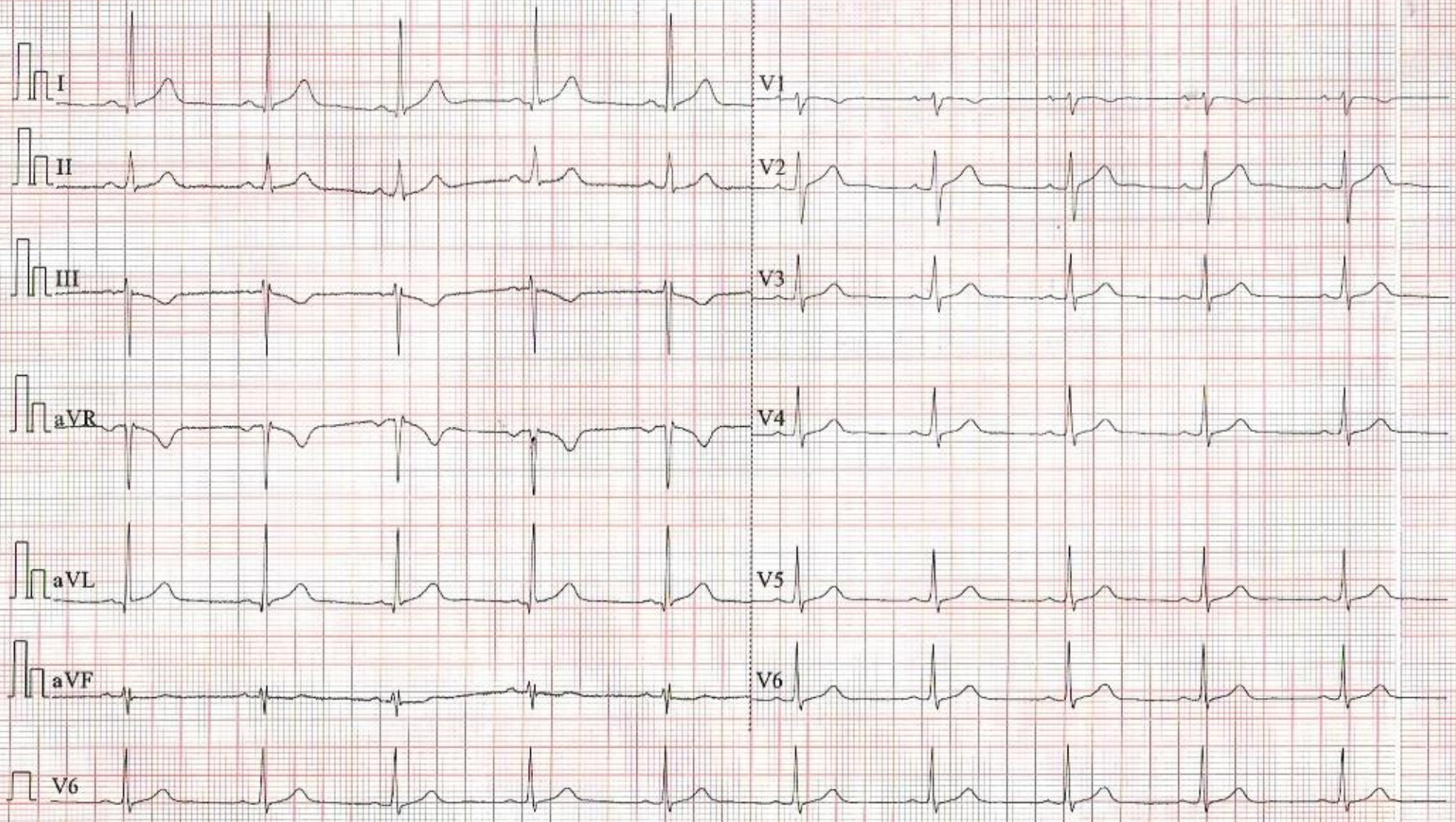
ID: 0000000000
MD PARVES AKON
Male 28Years

30-03-2023 12:23:53 PM

HR	: 61	bpm	
P	: 112	ms	
PR	: 152	ms	
QRS	: 88	ms	
QT/QTc	: 412/415	ms	
P/QRS/T	: 30/-5/3	°	
RV5/SV1	: 1.908/0.581	mV	

Diagnosis Information:
Sinus rhythm
Inferior T wave abnormality may be age and gender related : consider normal variant
Borderline ECG

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10/5mm/mV 2*5.0s+1r ♥61 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

REF:	MV. SEA TREASURE	DATE: 30/03/2023

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

EYE EXAMINATION REPORT

NAME:	MD PARVES AKON	RANK: OILER	CDC NO: C/O/9314

VISUAL ACUITY: RIGHT LEFT

UNAIDED 6/6 6/6

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Md. Parves Akon. Date of birth 06-03-1995. Sex Male.

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

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 23 JAN 2018	DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-21820	CENTER FOR VACCINATION 21, SHAHID MIR ROAD AGRABAD C/A BANGLADESH	
2 23 AUG 2019 21 FEB 2020	Sabrina DR. SABRINA MOSTAFA MBBS (D U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	CENTRE FOR VACCINATION AGRABAD C/A CTG BANGLADESH	
3			4
4 30 MAR 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-015 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

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

Form No: SMC

SL NO. 04.2023.3683

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 AKON **First** MD **Middle** PARVES

Gender: (Male/Female) MALE Nationality: BANGLADESHI

Occupation: Deck/Engine/Catering/Other (specify) Engine

Father's/ Husbad'sname: MD ABDUL HAQUE AKON

Mother's Name: PARVEEN BEGUM

Address: House No: Street/ Road No:

Locality/Village: WEST HASAMARA

P.O: BHANGA

P.S: BHANGA

District: FARIDPUR

Date: 30 MAR 2023

Rank: 3rd ALE

C.D.C No. C.10/9314

Seaman ID No. 05000827

Passport No. EB0591449

NID No. 2251625821

Date of Birth: 06/03/1995 (DD/MM/YYYY)

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

1. Confirmation that identification documents were checked at the point of examination :YES/NO
2. Hearing meets the standards in section A-I/9 :YES/NO
3. Unaided hearing satisfactory? :YES/NO
4. Visual acuity meets standards in section A-I/9? :YES/NO
5. Colour vision meets standards in section A-I/9? :YES/NO
   Date of last colour vision test : 30 MAR 2023
6. Fit for lookout duties? :YES/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 service or to render the health of any other persons on board? :YES/NO
8. Any limitations or restrictions on fitness? :YES/NO

If YES, specify limitations or restrictions:

Duties:
Location/Vessel: RADICAL HOSPITAL LIMITED
Medical/Other: Uttara, Dhaka, Bangladesh

9. Medical fitness category : [✓] Fit-No restriction | [ ] Fit-Subject to restrictions | [ ] Unfit

10. Date of examination/Issue (DD/MM/YYYY) 30 MAR 2023

11. Date of expiry (DD/MM/YYYY) 29 MAR 2025 "No more than 2 years from the date of examination".

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

Seafarer's Signature

Radical Hospitals Ltd. Official Stamp 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
Name & Signature of the practitioner:

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 applieation 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 infectiqns 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. URINE R/M/E

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