



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880 31 716214-6, Fax : +880 31 710530



Accredited By : BMD
Accreditation No : A 55144

PATIENT CONTROL NUMBER:
HSL-004131

MEDICAL EXAMINATION CERTIFICATE

SURNAME RAKNUZZAMAN	FIRST NAME MD	MIDDLE NAME
PLACE AND DATE OF BIRTH SATKHIRA 31-Dec-1988	PASSPORT NUMBER B00232748	SEAMAN'S BOOK NUMBER CO6489
NATIONALITY : BANGLADESH SEX : ☒ Male ☐ Female	VESSEL TYPE : CHEM/OILTANKER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL: GHALGHALIA, P.O: BHATSALA, P.S: DEBHATA, DIST: SATKHIRA, BANGALDESH.	CONTACT NUMBER : 01922-526411 (SELF)	RANK : 2ND OFFICER

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	☐	☒	34 Fractures/dislocations	☐	☒

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

Additional questions

Question	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 practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Raihan
Signature of Seafarer

MEDICAL EXAMINATION

Weight 80 kg	Height (cm) 172	Blood Pressure: Systolic 120 Diastolic 80	PULSE: 78																
<table border="1"> <tr><th colspan="2">Hearing by Audiometry</th></tr> <tr><td>Right</td><td>☐ Adequate ☐ Inadequate</td></tr> <tr><td>Left</td><td>☐ Adequate ☐ Inadequate</td></tr> </table>		Hearing by Audiometry		Right	☐ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate	<table border="1"> <tr><th colspan="2">Audiometry</th></tr> <tr><td>500</td><td>1000</td><td>2000</td><td>3000</td></tr> <tr><td colspan="4">N/A</td></tr> </table>		Audiometry		500	1000	2000	3000	N/A			
Hearing by Audiometry																			
Right	☐ Adequate ☐ Inadequate																		
Left	☐ Adequate ☐ Inadequate																		
Audiometry																			
500	1000	2000	3000																
N/A																			
<table border="1"> <tr><th colspan="2">Hearing by Whisper Test</th></tr> <tr><td>Right</td><td>☐ Adequate ☐ Inadequate</td></tr> <tr><td>Left</td><td>☒ Adequate ☐ Inadequate</td></tr> </table>		Hearing by Whisper Test		Right	☐ Adequate ☐ Inadequate	Left	☒ Adequate ☐ Inadequate	<table border="1"> <tr><th colspan="2">Hearing by Whisper Test</th></tr> <tr><td>Right</td><td>☐ Adequate ☐ Inadequate</td></tr> <tr><td>Left</td><td>☒ Adequate ☐ Inadequate</td></tr> </table>		Hearing by Whisper Test		Right	☐ Adequate ☐ Inadequate	Left	☒ Adequate ☐ Inadequate				
Hearing by Whisper Test																			
Right	☐ Adequate ☐ Inadequate																		
Left	☒ Adequate ☐ Inadequate																		
Hearing by Whisper Test																			
Right	☐ Adequate ☐ Inadequate																		
Left	☒ Adequate ☐ Inadequate																		
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																			

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

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☐ Doubtful☐ Defective

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

10 MAR 2023

	Visual fields	
	Normal	Defective
	Right eye	Left eye
	☒	☒

YES / NO

☐ Doubtful☐ Defective

	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	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	MD	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive	☒ Negative
ECG	MD	BILIRUBIN	0.8	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	32	URINE R/E	MD	
DC(differential count)	MD	SGOT	25	OTHERS		
HAEMOGLOBIN (HGB)	15.7	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive	☒ Nonreactive
ESR (WESTERGREN)	0.5	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive	☒ Nonreactive
WBC	7.4	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive	☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type		
RANDOM	5.3	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	MD	
HBA1C	5.7%	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultraso	MD	

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

10 MAR 2023

Signature of Seafarer

MD RAKNUZZAMAN

Name of Seafarer

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:

10 MAR 2023

Valid Until:

09 MAR 2025

Name and Signature of Authorizing Physician

MBBS (DU), DFM, CCD (Birden), PGT (Opth)

MD RAKNUZZAMAN

In Accordance with Medical Examination (Seafarers) Regulations, 1978 and STCW 1978/1996 as Amended, MLC 2006

Id No : 0275 **Date** : 10-Mar-2023 **D.Date** : 10-Mar-2023
Patient's Name : MD. RAKNUZZAMAN **Age** : 34Y 7M 15D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6489

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.7 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	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	144 /cumm	50-450/cumm
Total RBC Count	5.50 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	43.5 %	M: 40-54%, F:37-47%
MCV	79.1 fL	76 - 94 fL
MCH	28.5 pg	27 - 32 pg
MCHC	36.1 g/dL	29 - 34 g/dL
RDW	13.4 %	11 - 16 %
PDW	15.6 fL	35 - 56 fL
Total Platelete Count (PC)	2,23,000 /cumm	150,000-450,000/cumm
MPV	10.1 fL	7.0 - 11.0 fL
PCT	0.225 %	0.1 - 0.4 %
Bleeding 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	DIA23030275	Received Date	10/03/2023
Patient's Name	MD. RAKNUZZAMAN		
Patient's Age	34Y 7M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6489
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	5.3 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.7%	4.2 - 6.7 %
Serum Creatinine	1.0 mg/dl	0.3 - 1.3 mg/dl
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
Serum AST (SGOT)	25 U/L	Up to 37 U/L

Lipid profile Fasting

Serum Cholesterol	162 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	41 mg/dl	>35 mg/dl
Serum Triglyceride	138 mg/dl	50 - 150 mg/dl
Serum LDL- Cholesterol	96 mg/dl	<130 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

Bill No	DIA23030275	Received Date	10/03/2023
Patient's Name	MD. RAKNUZZAMAN		
Patient's Age	34Y 7M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6489
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

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	DIA23030275	Received Date	10/03/2023
Patient's Name	MD. RAKNUZZAMAN		
Patient's Age	34Y 7M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6489
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
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

Bill No	DIA23030275	Received Date	10/03/2023
Patient's Name	MD. RAKNUZZAMAN		
Patient's Age	34Y 7M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6489
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-3/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

REF: MT. LADY OF DORIA

DATE: 10/03/2023

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

EYE EXAMINATION REPORT

NAME: MD RAKNUZZAMAN

RANK: 2ND OFF

CDC NO: C/O/6489

VISUAL ACUITY:

RIGHT

LEFT

6/6

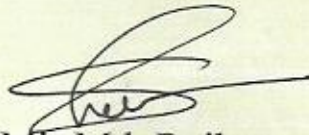
6/6

UNAIDED

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

ID: 23030266

10-03-2023 08:42:15 PM

Mr. K. K. K.
Male 34 Years

HR : 81 bpm

P : 104 ms

PR : 154 ms

QRS : 84 ms

QT/QTc : 354/411 ms

P/QRS/T : 48/59/33 °

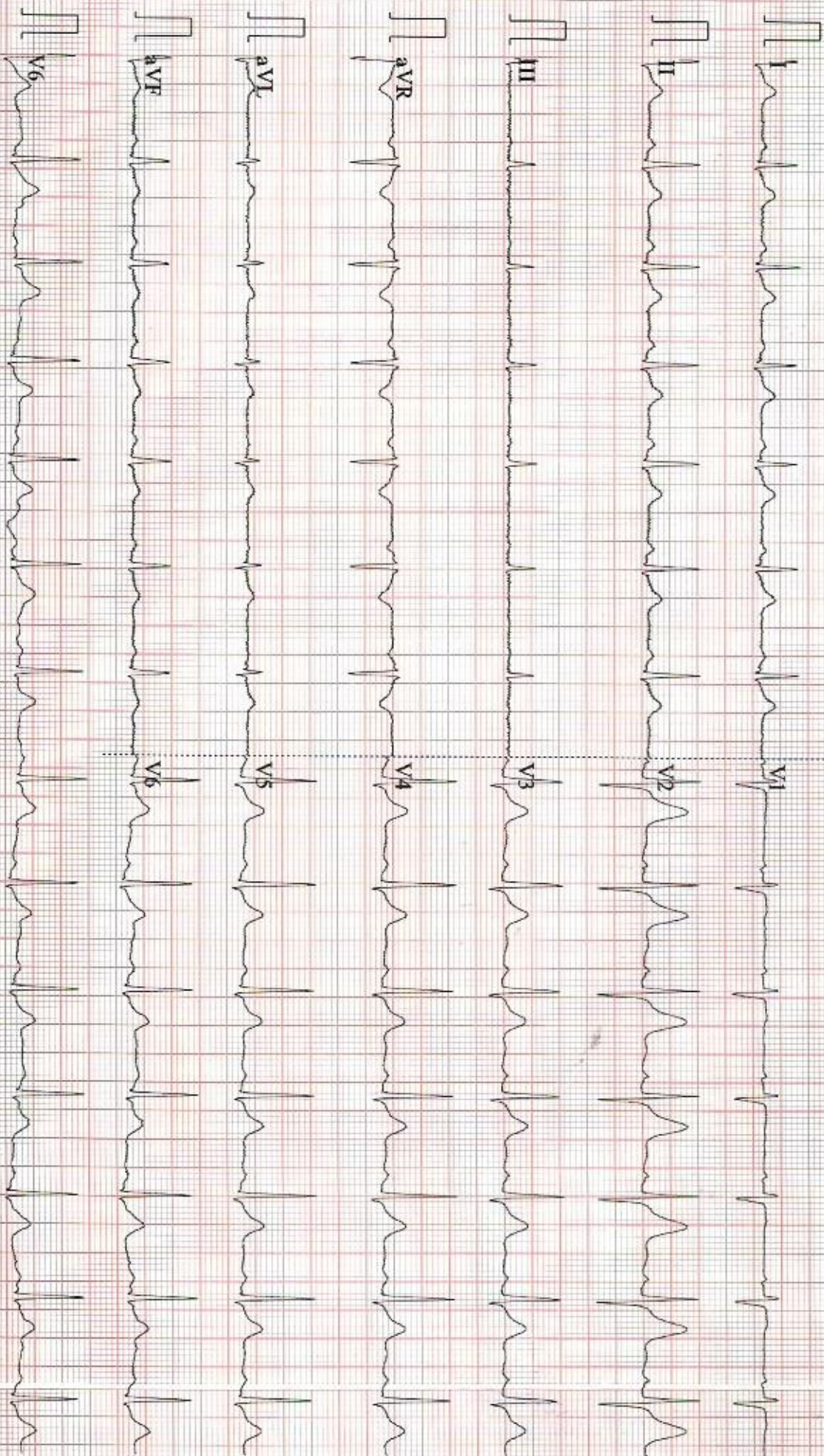
RV5/SV1 : 1.301/0.512 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030275 Receive: 10/03/2023 Print: 10/03/2023
Patient's Name : MD RAKNUZZAMAN
Age : 34 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

AUDIOLOGICAL REPORT

Patient Name : MD RAKNUZZAMAN

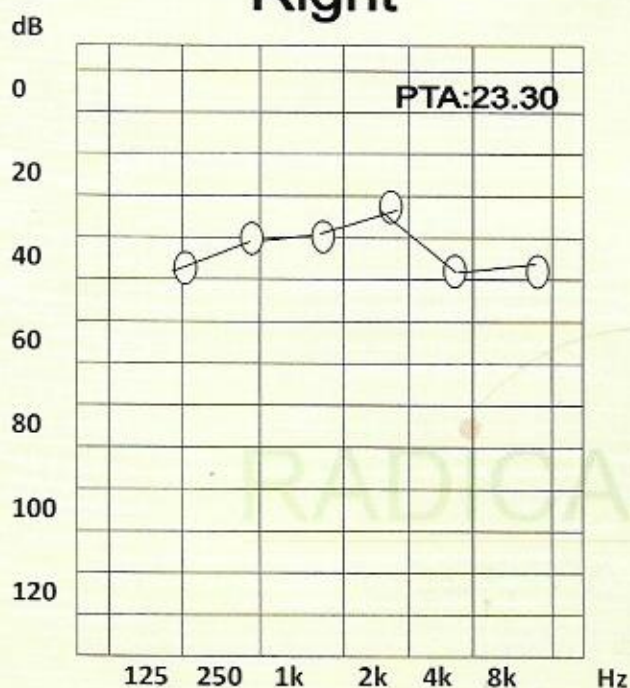
10/03/2023

Age : 34 Yrs

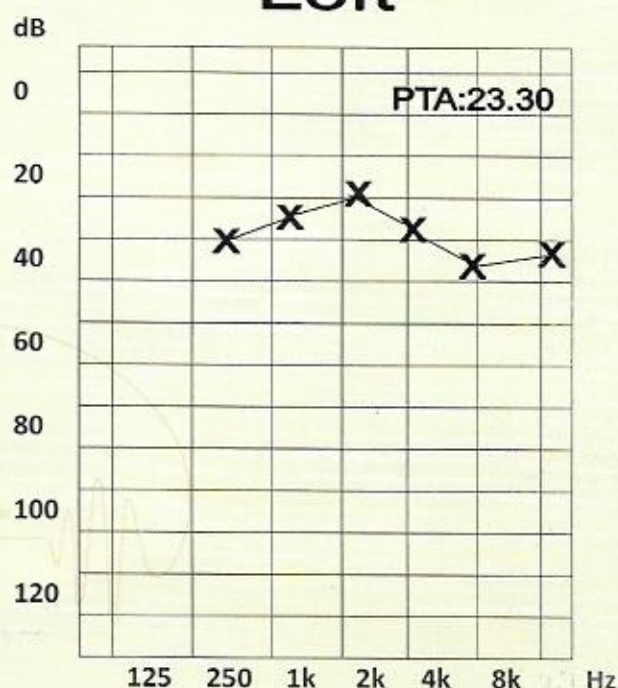
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan, MBBS,(DU), DFM

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

Patient ID	23030275	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	10/03/2023
Patient Name	MD RAKNUZZAMAN		
Age	34 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Normal in size 12.1cm, regular in shape and normal position. The echogenicity of the parenchyma is increased. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : Normal size regular in shape. Lumen is normal. Wall thickens is normal.
No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (9.7x 2.9)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.2cm, LK-10.2cm regular in shape. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Normal in size and volume is 10.3cc,regular in shape. Echogenicity is homogenous.
No area of calcification is seen.

IMPRESSION: Fatty change in liver. Grade-1.

Dr. Asma Ahmed
 MBBS,CMU,DMU
 PGT(Gynae & obs)
 Advanced Training on TVS
 Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

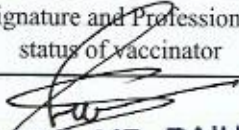
RAKNUZZAMAN

This is to certify that
whose signature follows

Date of birth 31/12/1988 Sex MALE

RAKNUZZAMAN

has 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
10 MAR 2003	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			3 4
4			

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.

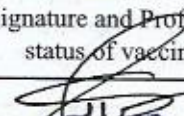
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

RAKHUZZ AMON

This is to certify that
whose signature follows

Date of birth 31/12/1988 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
10 MAR 2023	 DR. AMIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bldem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
2		
3		
4		
5		
6		
7		
8		

Continued overleaf Suite our erso