



HAQUE & SONS LTD.

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



Accredited By: BMDC
Accreditation No. A55144

PATIENT CONTROL NUMBER
H963

MEDICAL EXAMINATION CERTIFICATE

SURNAME ZAMAN	FIRST NAME AND SK	MIDDLE NAME MOSTOFA
PLACE AND DATE OF BIRTH KHULNA 5-Jan-1986	PASSPORT NUMBER B00012671	SEAMAN'S BOOK NUMBER CO4768
NATIONALITY: BANGLADESHI SEX: ☒ Male ☐ Female	VESSEL TYPE: BULK CARRIER	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: DARGAMOHAL, DARGAMOHAL, PAIKGACHA, RAMCHANDRANAGAR-9280, KHULNA, BANGLADESH		CONTACT NUMBER: 0088 01914139880
		RANK: CHIEF 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

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 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?	YES ☐	NO ☒
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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.

[Signature]

Signature of Seafarer

MEDICAL EXAMINATION

Weight 68 kg	Height (cm) 168	BMI 24.0	Blood Pressure: Systolic 130 mm	Diastolic 80 mm	PULSE: 78 bpm												
<table><tr><td>Ear</td><td colspan="2">Hearing by Audiometry</td></tr><tr><td>Right</td><td>☐ Adequate</td><td>☐ Inadequate</td></tr><tr><td>Left</td><td>☐ Adequate</td><td>☐ Inadequate</td></tr></table>						Ear	Hearing by Audiometry		Right	☐ Adequate	☐ Inadequate	Left	☐ Adequate	☐ Inadequate			
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Left	☐ Adequate	☐ Inadequate															
<table><tr><td colspan="4">Audiometry</td></tr><tr><td>500</td><td>1000</td><td>2000</td><td>3000</td></tr><tr><td></td><td></td><td>N/D</td><td></td></tr></table>						Audiometry				500	1000	2000	3000			N/D	
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500	1000	2000	3000														
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☐ Adequate	☐ Inadequate																
☐ 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☒ YES / NO☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) 19 MAR 2023

	Visual fields	
	Normal	Defective
	Right eye	Left eye
	☒	☒
	☒	☒

	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	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive	☐ Negative
ECG	NAD	BILIRUBIN	0.6	Alcohol Test	☐ Positive	☐ Negative
BLOOD R/E		SGPT	N/E	URINE R/E	NAD	
DC(differential count)	NAD	SGOT	22	OTHERS		
HAEMOGLOBIN (HGB)	13.1	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive	☒ Nonreactive
ESR (WESTERGREN)	00	Morphine	☐ Positive ☐ Negative	HIV / AIDS Test	☐ Reactive	☒ Nonreactive
WBC	5.000	Amphetamine	☐ Positive ☐ Negative	VDRL	☐ Reactive	☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☐ Negative	Blood Type	AB+(VE)	
RANDOM	9.2	Barbiturates	☐ Positive ☐ Negative	Psychological Exam	NAD	
HBA1C	5.3%	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 *SK Mostofa Zaman*Name of Seafarer SK MOSTOFA ZAMANDate 19 MAR 2023

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

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

Fitness Date: 19 MAR 2023Valid Until: 18 MAR 2025

Name and Signature of Authorized Physician

DR. MIR. MD. RAHMAN
 MBBS (DPM), DPM, CCU (Blood), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

In Accordance with Medical Examination (Regulation 1/93) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: ZAMAN		GIVEN NAME (S): SK MOSTOFA	
DATE OF BIRTH: DAY 5 MONTH 1 YEAR 1986		PLACE OF BIRTH CITY KHULNA COUNTRY BANGLADESH	SEX MALE FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING		MAILING ADDRESS OF APPLICANT: DARGAMOHAL, DARGAMOHAL, PAIKGACHA, RAMCHANDRANAGAR-9280, KHULNA, BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	—	6/6	RIGHT EAR mm
LEFT EYE	—	6/6	LEFT EAR mm

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 APPLICABLE

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) **19 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.

SK MOSTOFA ZAMAN

19 MAR 2023

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / 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 CERTIFYING 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:

DATE:

EXPIRY DATE OF CERTIFICATE:

18 MAR 2025

19 MAR 2023

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

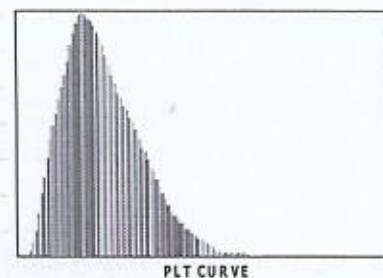
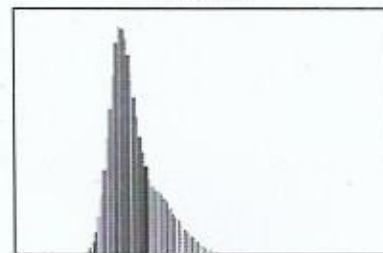
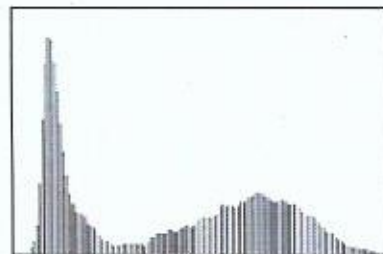
DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Biom), PGT (Opth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0510 **Date** : 19-Mar-2023 **D.Date** : 19-Mar-2023
Patient's Name : SK MOSTOFA ZAMAN **Age** : 37Y 2M 14D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:**C/O/4768

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.1 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. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	09 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	8,000 /cumm	
Differential WBC Count (DC)		
Neutrophils	61 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	34 %	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	160 /cumm	50-450/cumm
Total RBC Count	4.83 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	35.8 %	M: 40-54%, F:37-47%
MCV	74.1 fL	76 - 94 fL
MCH	27.1 pg	27 - 32 pg
MCHC	36.6 g/dL	29 - 34 g/dL
RDW	11.2 %	11 - 16 %
PDW	16.8 fL	35 - 56 fL
Total Platelete Count (PC)	3,06,000 /cumm	150,000-450,000/cumm
MPV	8.1 fL	7.0 - 11.0 fL
PCT	0.248 %	0.1 - 0.6 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



[Signature]
Checked By
Medical Technologist

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

Bill No	DIA23030510	Received Date	19/03/2023
Patient's Name	SK MOSTOFA ZAMAN		
Patient's Age	37Y 2M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4768		
Sample	BLOOD		

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
Radical Hospitals Ltd.

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

Bill No	DIA23030510	Received Date	19/03/2023
Patient's Name	SK MOSTOFA ZAMAN		
Patient's Age	37Y 2M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/4768
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING Result	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By


Medical Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23030510	Received Date	19/03/2023
Patient's Name	SK MOSTOFA ZAMAN		
Patient's Age	37Y 2M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4768		
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	1-3/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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030510 Receive: 19/03/2023 Print: 19/03/2023
Patient's Name : **SK MOSTOFA ZAMAN**
Age : 37 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

ID: 23030509

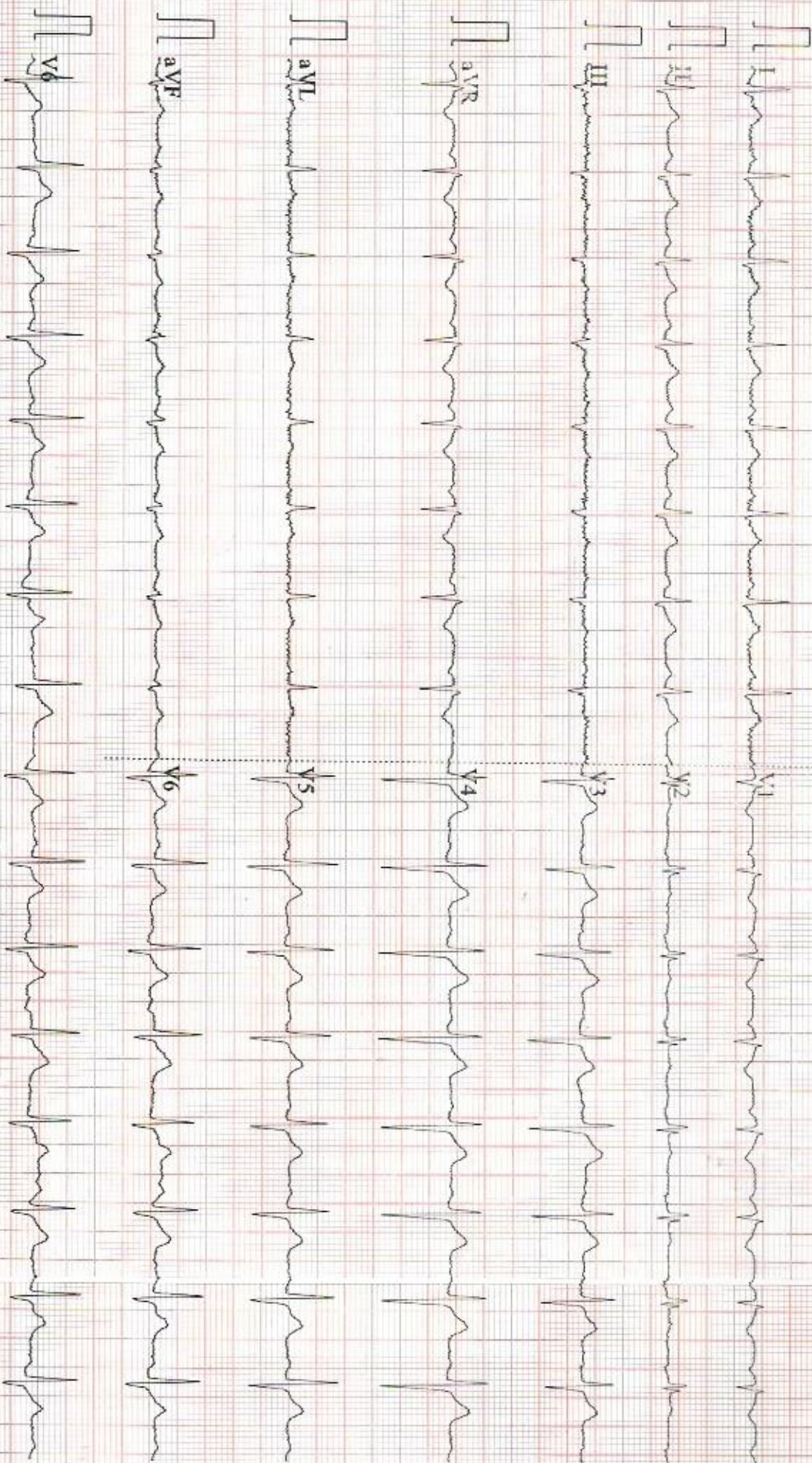
19-03-2023 06:27:26 PM

SK. Mostafa Zaman
Male 37 Years

P	: 110	ms
PR	: 152	ms
QRS	: 86	ms
QT/QTc	: 324/412	ms
P:QRS/T	: 47/6/37	%
RV5/SV1	: 0.83/0.356	mV

Diagnostic Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



REF:	MV. SENTOSA CHALLENGER	DATE: 19/03/2023
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M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	SK MOSTOFA ZAMAN	RANK: CH.OFF	CDC NO: C/O/4768
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VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED

RADICAL
6/6 6/6

COLOUR VISION: NORMAL / BLIND

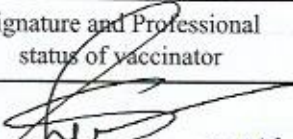
OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD


Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 05-JAN-1986 Sex MALE
SK MOSTOFA ZAMAN (C/O/4768)
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
19 MAR 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng 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.

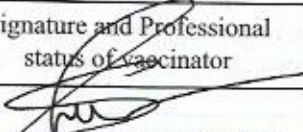
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 05-JAN-1986 Sex MALE

SK. MOSTOFA ZAMAN (C/O/4768)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
19 MAR 2023	 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.		
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5		5	6
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7		7	8
8			

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