



HAQUE & SONS LTD.

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Accredited By : BMDC
Accreditation No. A55144

PATIENT CONTROL NUMBER
H1453

MEDICAL EXAMINATION CERTIFICATE

SURNAME SAYEED		FIRST NAME AND SOAD		MIDDLE NAME BIN	
PLACE AND DATE OF BIRTH JHENAI DAH 25-Apr-1996		PASSPORT NUMBER EF0650374		SEAMAN'S BOOK NUMBER CO9260	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female		VESSEL TYPE : BULK CARRIER TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : KODALIA, HORISHONKARPUR, JHENAI DAH SADAR, JHENAI DAH, BANGLADESH				CONTACT NUMBER : 0088 01748575744	
				RANK : 3RD 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

	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?	☐	☒
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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 of Seafarer

Signature of Seafarer

MEDICAL EXAMINATION

Weight 80kg	Height (cm) 170	BM 27.6	Blood Pressure: Systolic 100/90	Diastolic 70/60	PULSE: 78b/min																												
<table border="1"> <thead> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td colspan="4" rowspan="2"><i>Signature</i></td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> </tbody> </table>						Hearing by Audiometry		Audiometry				Hearing by Whisper Test				500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate	<i>Signature</i>				☒ Adequate	☐ Inadequate	Left	☐ Adequate ☐ Inadequate	☒ Adequate	☐ Inadequate
Hearing by Audiometry		Audiometry				Hearing by Whisper Test																											
		500	1000	2000	3000																												
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Left	☐ Adequate ☐ Inadequate					☒ Adequate	☐ Inadequate																										
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																																	

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	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 ☒ YES / NO ☐ NO

Colour vision as per STCW CODE Section A-1/9: ☐ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) **13 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	☒	☐
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	Alcohol Test ☐ Positive ☐ Negative
BLOOD R/E		SGPT	URINE R/E
DC(differential count)	NAD	SGOT	OTHERS
HAEMOGLOBIN (HGB)	14.0	DRUG AND ALCOHOL TEST	
ESR (WESTERGREN)	10	Morphine	☐ Positive ☐ Negative
WBC	5.100	Amphetamine	☐ Positive ☐ Negative
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☐ Negative
RANDOM	5.6	Barbiturates	☐ Positive ☐ Negative
HBA1C	5.4%	Cocaine	☐ Positive ☐ Negative
			HBsAg ☐ Reactive ☐ Nonreactive
			HIV / AIDS Test ☐ Reactive ☐ Nonreactive
			VDRL ☐ Reactive ☐ Nonreactive
			Blood Type B+(VE)
			Psychological Exam NAD
			Others(KUB Ultrasound) NAD

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

Signature of Seafarer	SOAD BIN SAYEED Name of Seafarer	13-Mar-2023 Date
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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: 13 MAR 2023	Valid Until: 12 MAR 2025
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DR. MD. MURAD RAIHAN, MBBS (DU), DPM, CCD (Biom), PGT (Ophth)

In Accordance with Medical Examination of Seafarers (Convention No. 78) and STCW 1978/1996 as Amended, MLC 2006

**PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT SAYEED			FIRST NAME SOAD			MIDDLE INITIAL BIN		
DATE OF BIRTH 4 25 1996 MONTH DAY YEAR			PLACE OF BIRTH JHENAI DAH BANGLADESH CITY COUNTRY			SEX MALE FEMALE		
EXAMINATION FOR DUTY AS: MASTER RATING MATE MOU DECK ENGINEER MOU ENGINE RADIO OFF SUPERNUMERARY						MAILING ADDRESS OF APPLICANT: KODALIA, HORISHONKARPUR, JHENAI DAH SADAR, JHENAI DAH, BANGLADESH		
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE								
HEIGHT 170cm 5'7"	WEIGHT 80kg 176lb	BLOOD PRESSURE 100/70mm	PULSE 78/min	RESPIRATION 18/b/min	GENERAL APPEARANCE Good			
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6		LEFT EYE 6/6				
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 13 MAR 2023				Testing Required every 6 years				
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9?				YES ☒ NO ☐				
COLOR TEST TYPE: BOOK - LANTERN - CHECK IF COLOR TEST IS NORMAL				YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒				
HEARING RT. EAR Normal		LEFT EAR Normal						
HEAD AND NECK Normal		HEART (CARDIOVASCULAR) Normal						
LUNGS Normal		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes						
EXTREMITIES: UPPER Normal		LOWER Normal						
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. No.								
SIGNATURE OF APPLICANT Soad Bin Sayeed			DATE OF EXAM 13 MAR 2023			EXPIRY DATE 12 MAR 2025		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN								
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:						SOAD BIN SAYEED		
NOT FIT FOR DUTY ON BOARD SHIP						(NAME OF APPLICANT)		
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY).								
NAME AND DEGREE OF PHYSICIAN			DR. MIR MD, RAIHAN; M.B.B.S (D.U), REG.NO.A-55144					
ADDRESS			REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, B					
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY			DG SHIPPING BANGLADESH					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE			6-May-14					
SIGNATURE OF PHYSICIAN DR. MIR MD, RAIHAN			DATE OF EXAMINATION:			13 MAR 2023		

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-I05M (REV. 01) **DR. MIR. MD. RAIHAN** 1

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

BMDC A-55144 MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician
Radical Hospitals Limited.



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/Navigation 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/navigation 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)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HbsAg),

E) Urinysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

13 MAR 2023

RLM-105M (REV. 06/16)



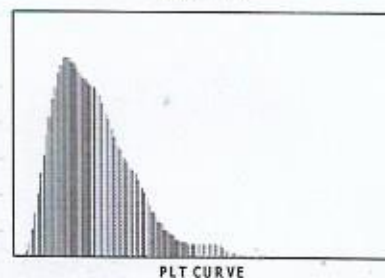
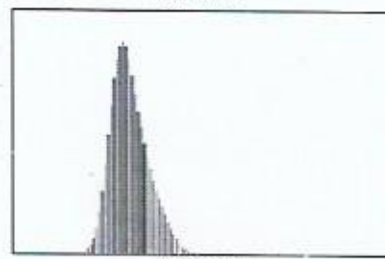
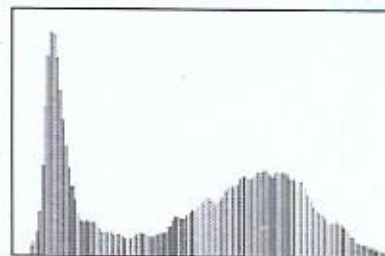
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0360 **Date** : 14-Mar-2023 **D.Date** : 14-Mar-2023
Patient's Name : SOAD BIN SAYEED **Age** : 26Y 10M 16 **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 9260

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.0 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	10 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	5,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	69 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	27 %	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	102 /cumm	50-450/cumm
Total RBC Count	6.92 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	49.4 %	M: 40-54%, F:37-47%
MCV	71.4 fL	76 - 94 fL
MCH	25.7 pg	27 - 32 pg
MCHC	36.0 g/dL	29 - 34 g/dL
RDW	13.2 %	11 - 16 %
PDW	14.1 fL	35 - 56 fL
Total Platelete Count (PC)	1,71,000 /cumm	150,000-450,000/cumm
MPV	7.8 fL	7.0 - 11.0 fL
PCT	0.133 %	0.1 - 0.4 %
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	DIA23030360	Received Date	14/03/2023
Patient's Name	SOAD BIN SAYEED		
Patient's Age	26Y 10M 16	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9260		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	32 U/L	Up to 37 U/L
HbA1C	5.4 %	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 Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23030360	Received Date	14/03/2023
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9260		
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING Result	
ABO Blood Group	"B" (+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	DIA23030360	Received Date	14/03/2023
Patient's Name	SOAD BIN SAYEED		
Patient's Age	26Y 10M 16	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		
Sample	URINE		
			CDC NO: C/O/9260

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATION CASTS / 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 REQUEST CRYSTALS & 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 Technologist
Radical Hospitals Ltd.



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



REF: MV. FIDUM AUSTRALIS

DATE: 13/03/2023

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

EYE EXAMINATION REPORT

NAME: SOAD BIN SAYEED	RANK: 3 RD OFF	CDC NO: C/O/9260
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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

ID: 00000004

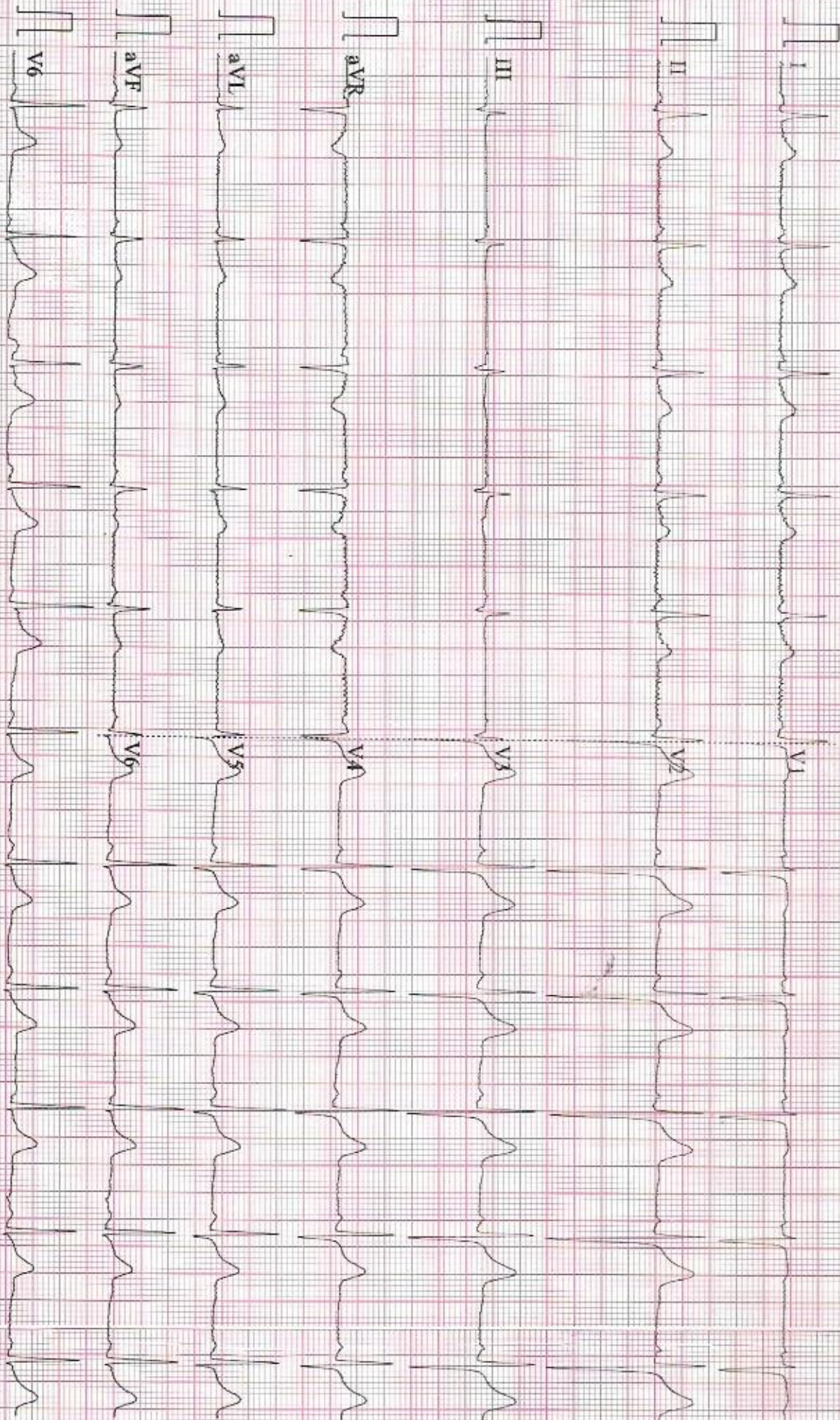
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Send Sir
Male 66 Years

HR	65	bpm
P	106	ms
PR	128	ms
QRS	88	ms
QT/QTc	408/425	ms
P/QRS/T	49/36/25	°
RV5/SV1	1259/1175	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030360 Receive: 13/03/2023 Print: 13/03/2023
Patient's Name : SOAD BIN SAYEED
Age : 26 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