



# HAQUE & SONS LTD.

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

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Accredited By : BMDC  
Accreditation No. A-55144

PATIENT CONTROL NUMBER  
H932

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                              |  |                                                                                |  |                                       |  |
|--------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|---------------------------------------|--|
| SURNAME<br><b>BISWAS</b>                                                                                     |  | FIRST NAME AND<br><b>SUSMOY</b>                                                |  | MIDDLE NAME                           |  |
| PLACE AND DATE OF BIRTH<br><b>RAJBARI 28-Dec-1994</b>                                                        |  | PASSPORT NUMBER<br><b>EE0990360</b>                                            |  | SEAMAN'S BOOK NUMBER<br><b>CO8130</b> |  |
| NATIONALITY : <b> BANGLADESH</b>                                                                             |  | SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |  | VESSEL TYPE : <b>CONTAINER</b>        |  |
| PERMANENT HOME ADDRESS :<br><b>VILL-NUTAN GHURGHURIA, PO-PARULIA PS-BALIAKANDI, DIST-RAJBARI, BANGLADESH</b> |  | CONTACT NUMBER : <b>+8801751258683 (SELF)</b>                                  |  | TRADING AREA : <b>WORLD WIDE</b>      |  |
|                                                                                                              |  | RANK :                                                                         |  | <b>2ND ASST ENGINEER</b>              |  |

Have you ever had any of the following conditions?

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

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?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                     |                          |                                     |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

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

### MEDICAL EXAMINATION

| Weight <b>76kg</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Height (cm) <b>167</b>                                                | BMI <b>26.8</b>       | Blood Pressure: Systolic <b>120mm</b> Diastolic <b>80mm</b> | PULSE: <b>78b/min</b> |      |                                                                                  |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|-------------------------------------------------------------|-----------------------|------|----------------------------------------------------------------------------------|-----------------------|--|--|--|-------------------------|--|--|--|-----|------|------|------|--|--|-------|-----------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------|--|------|-----------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------|--|
| <table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Hearing by 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><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> </tr> </tbody> </table> |                                                                       |                       |                                                             |                       | Ear  |                                                                                  | Hearing by Audiometry |  |  |  | Hearing by Whisper Test |  |  |  | 500 | 1000 | 2000 | 3000 |  |  | Right | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |  |  |  | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  | Left | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |  |  |  | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |
| Ear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Hearing by Audiometry |                                                             |                       |      | Hearing by Whisper Test                                                          |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | 500                   | 1000                                                        | 2000                  | 3000 |                                                                                  |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
| Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |                                                             |                       |      | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
| Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |                                                             |                       |      | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
| Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                       |                                                             |                       |      |                                                                                  |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |

04.2023, 3486

|         | 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) 02 MAR 2023

|  | Visual fields                       |                                     |
|--|-------------------------------------|-------------------------------------|
|  | Normal                              | Defective                           |
|  | Right eye                           | Left eye                            |
|  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

YES / NO

☐ Doubtful

☐ Defective

|                       | Normal                              | Abnormal                 |                              | Normal                              | Abnormal                 |
|-----------------------|-------------------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|
| Head                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Varicose veins               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sinuses, nose, throat | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vascular (inc. pedal pulses) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mouth/teeth           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Abdomen and viscera          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ears (general)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hernia                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tympanic membrane     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Anus (not rectal exam)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eyes                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G-U system                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ophthalmoscopy        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upper and lower extremities  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pupils                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spine (C/S, T/S and L/S)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eye movement          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Neurologic (full brief)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lungs and chest       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Psychiatric                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Breast examination    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | General appearance           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heart                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Skin                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

#### RESULTS OF ANCILLARY EXAMINATIONS

|                        |       |                                    |                                                                                |                    |                                                                                   |
|------------------------|-------|------------------------------------|--------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------|
| Chest X-Ray            | NAD   | BIO CHEMICAL (LIVER FUNCTION TEST) |                                                                                | Marijuana          | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative    |
| ECG                    | NAD   | BILIRUBIN                          | 0.8                                                                            | Alcohol Test       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative    |
| BLOOD R/E              |       | SGPT                               | 32                                                                             | URINE R/E          | NAD                                                                               |
| DC(differential count) | NAD   | SGOT                               | 25                                                                             | OTHERS             |                                                                                   |
| HAEMOGLOBIN (HGB))     | 14.6  | DRUG AND ALCOHOL TEST              |                                                                                | HBsAg              | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN)       | 25    | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test    | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| WBC                    | 7.100 | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL               | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL    |       | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type         | O+ve                                                                              |
| RANDOM                 | 6.6   | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam | NAD                                                                               |
| HBA1C                  | 5.7%  | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others(KUB Ultraso | N/E                                                                               |

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

Signature of Seafarer

SUSMOY BISWAS

Name of Seafarer

2-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                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unfit                                                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Without restrictions | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> With restrictions               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

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:

02 MAR 2023

Valid Until:

01 MAR 2025

Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

|                                                                                                                                                                                                                                         |  |                                                                                                                               |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SURNAME: BISWAS                                                                                                                                                                                                                         |  | GIVEN NAME (S): SUSMOY                                                                                                        |                                                                                 |
| DATE OF BIRTH:<br>DAY 28 MONTH DEC YEAR 1994                                                                                                                                                                                            |  | PLACE OF BIRTH<br>CITY RAJBARI COUNTRY BANGLADESH                                                                             | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |
| POSITION ON BOARD:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OPERATOR <input type="checkbox"/><br>RATING <input type="checkbox"/> |  | MAILING ADDRESS OF APPLICANT:<br>VILL-NUTAN GHURGHURIA, PO-PARULIA, PS-BALIAKANDI,<br>DIST-RAJBARI, BANGLADESH, , BANGLADESH. |                                                                                 |

## DECLARATION OF THE AUTHORIZED PHYSICIAN

|           | VISION          |              | COLOR TEST TYPE                                                                                                                                                                                                                                          | HEARING                                       |
|-----------|-----------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
|           | WITHOUT GLASSES | WITH GLASSES |                                                                                                                                                                                                                                                          |                                               |
| RIGHT EYE | 6/6             | —            | <input type="checkbox"/> BOOK<br><input checked="" type="checkbox"/> LANTERN<br>YELLOW <input checked="" type="checkbox"/> RED <input checked="" type="checkbox"/><br>GREEN <input checked="" type="checkbox"/> BLUE <input checked="" type="checkbox"/> | RIGHT EAR <input checked="" type="checkbox"/> |
| LEFT EYE  | 6/6             | —            |                                                                                                                                                                                                                                                          | LEFT EAR <input checked="" type="checkbox"/>  |

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) / /

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.

Signature of Applicant

SUSMOY BISWAS

Name of Applicant

02 MAR 2023

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: 12-05-2011                                          |                                     |
| SIGNATURE OF PHYSICIAN:                                                                    | STAMP OF PHYSICIAN: As Per-MLC-2006 |
| EXPIRY DATE OF CERTIFICATE: 01 MAR 2025                                                    | DATE: 02 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 (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited

**Medical Information: (医療情報)** \* Please check the appropriate items.

該当する二項にチェック印を記入して下さい。

1. ALLERGIES: ☐ Urticaria (hives) ☐ Asthma ☐ Other  
(アレルギー) (じんましん) (ぜんそく) (その他)

2. Drug allergies (name): ☐ Food allergies (name): ☐  
(薬品名) (食品名)

**3. PAST HISTORY: (病歴)**

(1) Past serious illness: ☐ Past surgery: ☐ Age (年齢)

Surgery: (手術)

When?

(時期) Age (年齢)

**3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)**

Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

**4. DAILY LIFE HABITS: (日常生活)**

(1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない)  
☐ Drink 2-3 times a week (週に2〜3回) ☐ Drink every evening (毎日)  
☐ Heavy drinker (強い) ☐ Moderate drinker (中程度) ☐ Light drinker (弱い)

(2) Smoking: (喫煙) ☐ Never smoke (吸わない)  
☐ Quit smoking in 19\_\_\_\_ (19\_\_\_\_年に禁煙)  
☐ Smoke \_\_\_\_\_ cigarettes a day (1日平均\_\_\_\_本吸う)

(3) Bowel movements: ☐ Regular (規則的) ☐ Irregular (不規則的) ☐ Constipated (便秘)  
☐ Diarrhoea (下痢)

(4) Dietary preferences: (食事の好み) ☐ Meat (肉類) ☐ Fish (魚類)  
☐ Salty (塩辛い) ☐ Sweet (甘い) ☐ Only (脂っこい)

(5) Exercise: (運動) ☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)

(6) Sleep: (睡眠) ☐ Sleep well (よく寝る) ☐ Have Sleeplessness (寝れない)  
☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重) ☐ Constant (変わらない) ☐ Fluctuating (変動する)  
☐ Losing weight (やせていく)

02 MAR 2023



DR. MIR. MD. RAIHAN

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

BMDC A-55144, MMCC-BGD-016

DG Shaping Bangladesh Approved

General Physician

Radical Hospitals Limited



# 5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister  
(父) (母) (兄弟) (姉妹)

- ☐ Heart disease (心臓病) F M B S
- ☐ Cancer / part (癌/部位) F M B S
- ☐ Diabetes (糖尿病) F M B S
- ☐ Hypertension (高血圧症) F M B S
- ☐ Cerebral Apoplexy (脳卒中) F M B S
- ☐ Liver disease (肝臓疾患) F M B S
- ☐ Other: Name of disease (病名) F M B S

Briefly enter any special comments to the Attending Physician in English.  
(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: 02 MAR 2023 Signature: (署名) [Signature]  
(Card holder) (本人)

## MEDICAL RECORDS (Write in block Letters)

Name of Company: \_\_\_\_\_ Nat: \_\_\_\_\_  
(所属会社) (国籍)

Name: SUSMAOY BRSUNS Sex: (性別) M/F  
(氏名) (男/女)

Name of Position: PALENG Date of Birth: 28.12.92  
(役職) (生年月日) (D・M・Y)

Height: (身長) 167 cm Weight: (体重) 75 kg/at age 20 (20才時) 5.5  
Pulse: (脈拍/分) 78 min Normal breathing rate: (正常呼吸数/分) 19 /min Normal temperature: (平熱) \_\_\_\_\_ C

Blood pressure: (血圧) 120/80 mmHg Blood type (血液型) OT Rh ( ) Single Married (独身/結婚)

Blood sugar: (血糖値) \_\_\_\_\_ mg/dl < 0.05625 = ( ) mmol/l  
Uric acid: (尿酸値) \_\_\_\_\_ mg/dl > 0.05914 = ( ) mmol/l



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

Nationality: Bangladeshi

DECLARATION OF HEALTH BY CREWNAME OF CREW : SUSMOY BISWASRANK : 2ND ASST ENGCDC NO : C/O/8130DOB : 28-Dec-1994HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

|                                                                                                          | YES                      | NO                                  |
|----------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| 1 Have you ever had coronary thrombosis or certain types of heart surgery?                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 Are you suffering from any heart-related complications?                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Are you a diabetic ?                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 If you are diabetic, do you need injections of insulin for diabetes?                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Have you ever had a stroke, or unexplained loss of consciousness?                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Have you ever been treated for a mental or nervous problem?                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Are you an alcoholic, or have you had alcohol or drug addiction problems?                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Do you have any hearing difficulties or are you using any hearing aid?                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Have you ever suffered from any STD (Sexually Transmitted Disease)?                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Are you aware of any other health condition that could affect your fitness for seafaring employment * | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel, and will bear all the expenses as may incur as a direct result of such concealment.

Date : 02 MAR 2023

Signed :

The Crew Member

\* If yes, mention details below:-

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

**Id No** : 0044 **Date** : 02-Mar-2023 **D.Date** : 02-Mar-2023  
**Patient's Name** : SUSMOY BISWAS **Age** : 28Y 0M 25D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 8130

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>14.6</b> gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>06</b> mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>7,100</b> /cumm    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>72</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>23</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>02</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>03</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>213</b> /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.31</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>39.0</b> %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>73.4</b> fL        | 76 - 94 fL                                                                                         |
| MCH                                | <b>26.6</b> pg        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>36.2</b> g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>13.5</b> %         | 11 - 16 %                                                                                          |
| PDW                                | <b>15.5</b> fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>2,28,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>8.8</b> fL         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.279</b> %        | 0.1 - 0.2 %                                                                                        |
| 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        | DIA23030044                                           | Received Date | 02/03/2023 |
| Patient's Name | SUSMOY BISWAS                                         |               |            |
| Patient's Age  | 28Y 0M 25D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/8130   |
| 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)         | 25 U/L     | Up to 37 U/L     |
| Serum ALT (SGPT)         | 32 U/L     | Up to 40 U/L     |
| HbA1C                    | 5.7 %      | 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  
BBS, MD (Microbiology)  
Associate Professor  
Dept. of Microbiology  
East West Medical College and Hospital



|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA23030044                                           | Received Date | 02/03/2023 |
| Patient's Name | SUSMOY BISWAS                                         |               |            |
| Patient's Age  | 28Y 0M 25D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/8130   |
| Sample         | BLOOD                                                 |               |            |

## SEROLOGICAL REPORT

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

| BLOOD GROUPING Result |           |
|-----------------------|-----------|
| ABO Blood Group       | "O" (+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        | DIA23030044                                           | Received Date | 02/03/2023 |
| Patient's Name | SUSMOY BISWAS                                         |               |            |
| Patient's Age  | 28Y 0M 25D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/8130   |
| Sample         | URINE                                                 |               |            |

**URINE ROUTINE EXAMINATION****PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | R B C       | Nil     |
| Appearance | Clear      | Pus Cells   | 1-2/HPF |
| Sediment   | Nil        | Epithelial  | 2-3/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 Technologist  
 Radical Hospitals Ltd.

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

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA23030044                                           | Received Date | 02/03/2023 |
| Patient's Name | SUSMOY BISWAS                                         |               |            |
| Patient's Age  | 28Y 0M 25D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/8130   |
| 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

Dr. Sumaiya Khatun  
MBBS, MD (Microbiology)  
Associate Professor



REF: MV. ONE HONG KONG

DATE: 02/03/2023

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

## EYE EXAMINATION REPORT

NAME: SUSMOY BISWAS

RANK: 2A/ENG

CDC NO: C/O/8130

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

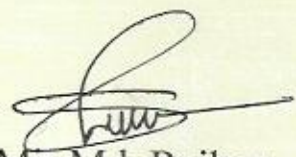
AIDED

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: 7

02-03-2023 02:41:11 PM

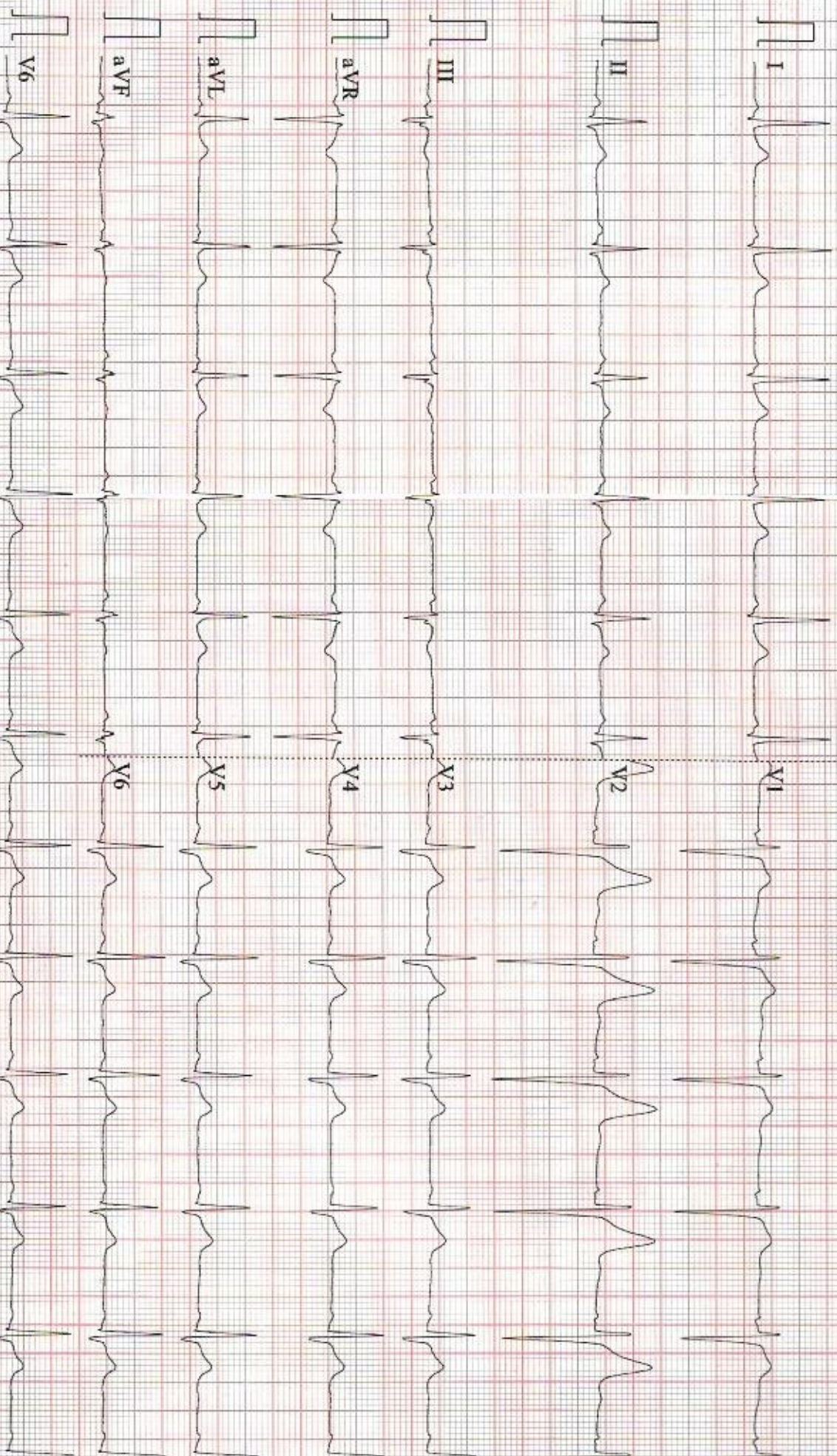
SUSMOY BISWAS  
Male 28 Years

Diagnosis Information:

Sinus rhythm  
Normal ECG

|         |               |     |
|---------|---------------|-----|
| HR      | : 69          | bpm |
| P       | : 114         | ms  |
| PR      | : 138         | ms  |
| QRS     | : 108         | ms  |
| QT/QTc  | : 376/403     | ms  |
| P/QRS/T | : 46/7/13     | °   |
| RV5/SV1 | : 1.026/1.454 | mV  |

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

|                |                                                               |                     |                   |
|----------------|---------------------------------------------------------------|---------------------|-------------------|
| ID. No.        | : 23030044                                                    | Receive: 02/03/2023 | Print: 02/03/2023 |
| Patient's Name | : <b>SUSMOY BISWAS</b>                                        |                     |                   |
| 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

# Pre-Joining Medical Report to be

| Date of Exam | Ship Assigned           | B.P./Pulse                | Pathological investigations |        |        |        |        |        |
|--------------|-------------------------|---------------------------|-----------------------------|--------|--------|--------|--------|--------|
|              |                         |                           | X-ray                       | ECG    | Urine  | Blood  | LFT    |        |
| 21 MAR 2021  | MV<br>MEISHAN<br>BRIDAE | 120/80<br>90/60<br>78 bpm | M3 P02                      | M3 P02 | M3 P02 | M3 P02 | M3 P02 | M3 P02 |
| 16 FEB 2022  | MV<br>ONE STAR          | 120/80<br>90/60<br>78 bpm | M3 P02                      | M3 P02 | M3 P02 | M3 P02 | M3 P02 | M3 P02 |
| 02 MAR 2023  | MV<br>ONE STAR          | 120/80<br>90/60<br>78 bpm | M3 P02                      | M3 P02 | M3 P02 | M3 P02 | M3 P02 | M3 P02 |
|              |                         |                           |                             |        |        |        |        |        |
|              |                         |                           |                             |        |        |        |        |        |
|              |                         |                           |                             |        |        |        |        |        |
|              |                         |                           |                             |        |        |        |        |        |
|              |                         |                           |                             |        |        |        |        |        |
|              |                         |                           |                             |        |        |        |        |        |

# Completed by Company's M.O.

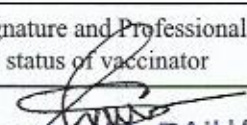
|  |  | Creatine | USG | Addl. Test | Special Conditions | Fit / Unfit & Remarks                                                                                                                                                                       | Doctor's Sign. |
|--|--|----------|-----|------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|  |  |          |     |            |                    |                                                                                                                                                                                             |                |
|  |  |          |     |            |                    | <b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Internal), PGT (Opth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |                |
|  |  |          |     |            |                    | <b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Internal), PGT (Opth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |                |
|  |  |          |     |            |                    | <b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Internal), PGT (Opth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |                |
|  |  |          |     |            |                    |                                                                                                                                                                                             |                |
|  |  |          |     |            |                    |                                                                                                                                                                                             |                |
|  |  |          |     |            |                    |                                                                                                                                                                                             |                |
|  |  |          |     |            |                    |                                                                                                                                                                                             |                |
|  |  |          |     |            |                    |                                                                                                                                                                                             |                |
|  |  |          |     |            |                    |                                                                                                                                                                                             |                |

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

Susmoy Pradhan  
This is to certify that  
whose signature follows

Date of birth 28.12.1994 Sex Male

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                                              |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1<br>02 MAR 2023 | <br><b>DR. M. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>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

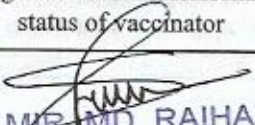
*Sumoy Rishan*

This is to certify that  
whose signature follows

*Sumoy*

Date of birth 28.12.1994 Sex Male

has on the date indicated been vaccinated or revaccinated against Cholera

| Date        | Signature and Professional status of vaccinator                                                                                                                                                                                                                                | Approved Stamp                                                                    |   |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---|
| 02 MAR 2023 | <br><b>DR. MR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DC Shipping Bangladesh Approved<br>General Physician<br>Medical Hospitals Limited. |  |   |
| 2           |                                                                                                                                                                                                                                                                                |                                                                                   |   |
| 3           |                                                                                                                                                                                                                                                                                | 3                                                                                 | 4 |
| 4           |                                                                                                                                                                                                                                                                                |                                                                                   |   |
| 5           |                                                                                                                                                                                                                                                                                | 5                                                                                 | 6 |
| 6           |                                                                                                                                                                                                                                                                                |                                                                                   |   |
| 7           |                                                                                                                                                                                                                                                                                | 7                                                                                 | 8 |
| 8           |                                                                                                                                                                                                                                                                                |                                                                                   |   |

Continued overleaf Suite our erso