



COOK ISLANDS
PHYSICAL EXAMINATION
REPORT / CERTIFICATE

Ship
Registration
FORM 31
v.3

Surname	PARVEZ	Given Name(s)	ANWAR
Date of Birth	Day 25	Month MAY	Year 1981
Place of birth	City CUMILLA	County BANGLADESH	
Examination for Duty As	Mailing Address of Applicant		
Master	☐	VILL.: HATIMARA	
Deck Officer	☐	P.O.: NATHERPETUA	
Engineering Officer	☒	P.S.: MANOHARGANJ	
Radio Officer	☐	DIST.: CUMILLA	
Rating	☐		



Medical Examination
See reverse side of medical requirements

Height	Weight	Blood pressure	Pulse	Respiration	General appearance
163 cm	60 kg	120/80 mmHg	78 bpm	24 bpm	Good
Vision	Right Eye	Left Eye	Hearing	Right Ear	Left Ear
With Glasses					
Without Glasses	6/6	6/6			
Dental					
The applicant is free from visual infections of the mouth cavity or gums					Yes ☒ No ☐
Colour Test					
Red ☒	Book ☒	Yellow ☐	Blue ☐	Lantern ☐	Green ☐
Are glasses or contact lenses required to meet the required vision standard					Yes ☐ No ☒
Head and Neck			Heart (Cardiovascular)		
Normal			Normal		
Lungs			Speech		
Normal			Deck/Navigation - Officer/Radio Officer Speech must be unimpaired for normal voice communication		
Upper extremities			Lower extremities		
Normal			Normal		



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Is applicant vaccinated in accordance with WHO requirements **	Yes ☒	No ☐
Is the applicant suffering from any disease likely to be aggravated by working aboard a vessel, or to render him/ her unfit for service at sea or likely to endanger the health of other persons on board?		
<i>no.</i>		
Is the applicant taking any non-prescription or prescription medications	Yes ☐	No ☒
If yes please describe below		

<i>Abos</i>	16 MAR 2023
Signature of Applicant	Date
To be affixed in the presence of the examining physician	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	
<u>ANWAR PARVEZ</u>	who is / not* certified to be free of communicable disease
Name of applicant	
She / he* is found to be fit / not fit* for duty as a Master / Deck Officer / Engineering Officer / Radio Officer / Rating * without / with the following restrictions:*	
FIT FOR DUTY ON BOARD SHIP	

*delete as appropriate

PHYSICIAN NAME : DR. MIR MD RAIHAN MBBS,(DU), DFM	
ADDRESS: RADICAL HOSPITALS LIMITED UTTARA, DHAKA-1230, BANGLADESH	
PHYSICIANS CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH	
LICENCE NUMBER: A-55144	
DATE OF ISSUE*:	16 MAR 2023
DATE OF EXPIRY*:	15 MAR 2025
*of this certificate	
<i>[Signature]</i>	16 MAR 2023
Signature of Physician	Date

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.



INSTRUCTIONS

All applicants for an officer certificate, endorsement, seaman's book or certification of special qualifications shall be required to have a physical examination, by a certified physician.

The completed medical certificate must accompany the application for officer certificate, endorsement, seaman's book or certification of special qualifications.

The physical examination must be carried out not more than 12 months prior to the date of making an application for officer certificate, endorsement, and certification of special qualifications or seaman's book.

The examination shall be conducted in accordance with the International Labour Organization, World Health Organization *Guidelines for Conducting Pre-Sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken by the applicant, and that he/ she is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conduction the examinations, the certified physician should, where appropriated, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug related problems and/or injuries. In addition, the following minimum requirements shall apply:

- 1) Hearing
 - a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poor ear at 5 feet (1.52m)
- 2) Eyesight
 - a) Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other eye. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes.
 - b) Deck officer applicants must also have normal colour perception and be capable of distinguishing the colours red, green, blue and yellow
 - c) Engineer and radio officer applicants must have (either with or without) glasses at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colours red, yellow and green.
- 3) Dental
 - a) Seafarers must be free from infections of the mouth cavity or gums
- 4) Blood Pressure
 - a) An applicant's blood pressure must fall within an average range

16 MAR 2023




DR. MIR. MD. RAIHAN
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5) Voice

- a) Deck /Navigational officer applicants and radio officer applicants must have speech which is unimpaired for normal voice communications.

6) Vaccinations

- a) All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International travel and Health, Vaccinations and Requirements and Health Advice (Available at http://www.who.int/ith/chapters/ith2012en_chap6.pdf) and shall be given advice by the certified physicians on immunizations. If new vaccinations are given these shall be recorded.

7) Disease or Conditions

- a) Applicants afflicted with any of the following disease or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and / or the use of narcotics.

8) Physical Requirements

- a) Applicants for able seafarer, bosom, GP-1 ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
- b) Applicants for fire/water tender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officers certificate.





INTERNATIONAL LABOUR ORGANIZATION
Sectoral Activities Programme

See text links
below.

ILO/WHO/D.2/1997

Guidelines for Conducting Pre-sea and Periodic Medical
Fitness Examinations for Seafarers

Part 6

Annex D

Minimum requirements for the medical examination of seafarers

P

Name (last, first, middle): PARVEZ ANWAR

Date of birth (day/month/year): 25/05/1981 Sex: ☒ male • ☐ female

Home address: VILL: HATIMARA, P.O: NATHER PETUA, P.S: MANOHARGANJ.
DIST: CUMILLA.

Passport No./Discharge Book No.: EF0417481 / C/0/5010

Type of ship (container, tanker, passenger, fishing):

Trade area (e.g., coastal, tropical, worldwide):

Examinee's personal declaration

(Assistance should be offered by medical staff)

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	☐	☒	Loss of consciousness	☐	☒



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- | | | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|------------------------------|--------------------------|-------------------------------------|
| 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 hospitalized? | ☐ | ☒ |
| 37. Have you ever been declared unfit for sea duty? | ☐ | ☒ |
| 38. Has your medical certificate ever been restricted or revoked? | ☐ | ☒ |
| 39. Are you aware that you have any medical problems, diseases or illnesses? | ☐ | ☒ |
| 40. Do you feel healthy and fit to perform the duties of your designated position/occupation? | ☒ | ☐ |
| 41. Are you allergic to any medications? | ☐ | ☒ |

Comments:

FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription or prescription medications?



If yes, please list the medications taken and the purpose(s) and dosage(s).

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: [Signature] Date (day/month/year): 16 MAR 2023

Witnessed by: (Signature) [Signature] Name: (Typed or printed) **DR. MIR. MD. RAIHAN**
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. DR. MIR. MD. RAIHAN (the approved medical examiner).

Signature of examinee: [Signature] Date (day/month/year): 16 MAR 2023

Witnessed by: (Signature) [Signature] Name: (Typed or printed) **DR. MIR. MD. RAIHAN**
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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Medical examination

☒ Pre-sea ☐ Periodic ☐ Other

Sight

Visual acuity							Visual fields		
	Unaided			Aided				Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular			
Distant	6/6	6/6	/				Right eye	/	
Near	6/6	6/6	/				Left eye	/	

Colour vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)							Speech and whisper test (metres)		
	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz		Normal	Whisper
Right ear	20	20	20	20			Right ear	4	4
Left ear	20	20	20	20			Left ear	4	4



Height: 163 (cm)

Weight: 60 (kg)

Pulse rate: 78 (/(minute)

Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Urinalysis: Glucose: Nil Protein: Nil

	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	☒	☐			

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 16 MAR 2023

Results: Normal on X-ray

Other diagnostic test(s) and result(s):

Test Breathalyzer Result Normal

Medical examiner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

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 look-out duty

☐ Not fit for look-out duty

Deck service

Engine service

Catering service

Other services

Fit

☐☒☐☐

Unfit

☐☐☐☐

Without restrictions ☒ • With restrictions ☐ •

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

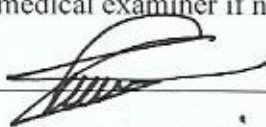
Action taken by medical examiner (e.g., referral):

Place of examination: **RADICAL HOSPITAL LIMITED** Uttara, Dhaka, Bangladesh Date of examination (day/month/year): 16 MAR 2023

Medical certificate's date of expiration (day/month/year): 15 MAR 2025

Official stamp (also print name of medical examiner if not legible):

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

Signature of medical examiner: 

Authorized by: DR. SHAPANG BANGLAWADEH (competent authority)



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at Tel: Fax: or email: sector@ilo.org

Disclaimer | webinfo@ilo.org

This page was created by BR/PL. It was approved by BW/BKN. It was last updated Tues, 17 Jun 1999.



Bill No	DIA23030455	Received Date	16/03/2023
Patient's Name	ANWAR PARVEZ		
Patient's Age	41Y 9M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5010
Sample	BLOOD		

SEROLOGICAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative

Checked By

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

Bill No	DIA23030455	Received Date	16/03/2023
Patient's Name	ANWAR PARVEZ		
Patient's Age	41Y 9M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5010
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By



Medical Technologist
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. : 23030455 Receive: Print: 16/03/2023
Patient's Name : **ANWAR PARVEZ**
Age : 41 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 69 b/min
Rhythm : Regular
P-Wave : Normal
P-R Interval : Normal
QRS Complex : Normal
ST. Segment : Is electric
T. Wave : Normal

Impression : Findings are within normal limit.


Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

ID: 00000015

16-03-2023 09:01:10 PM

Male 21 Years

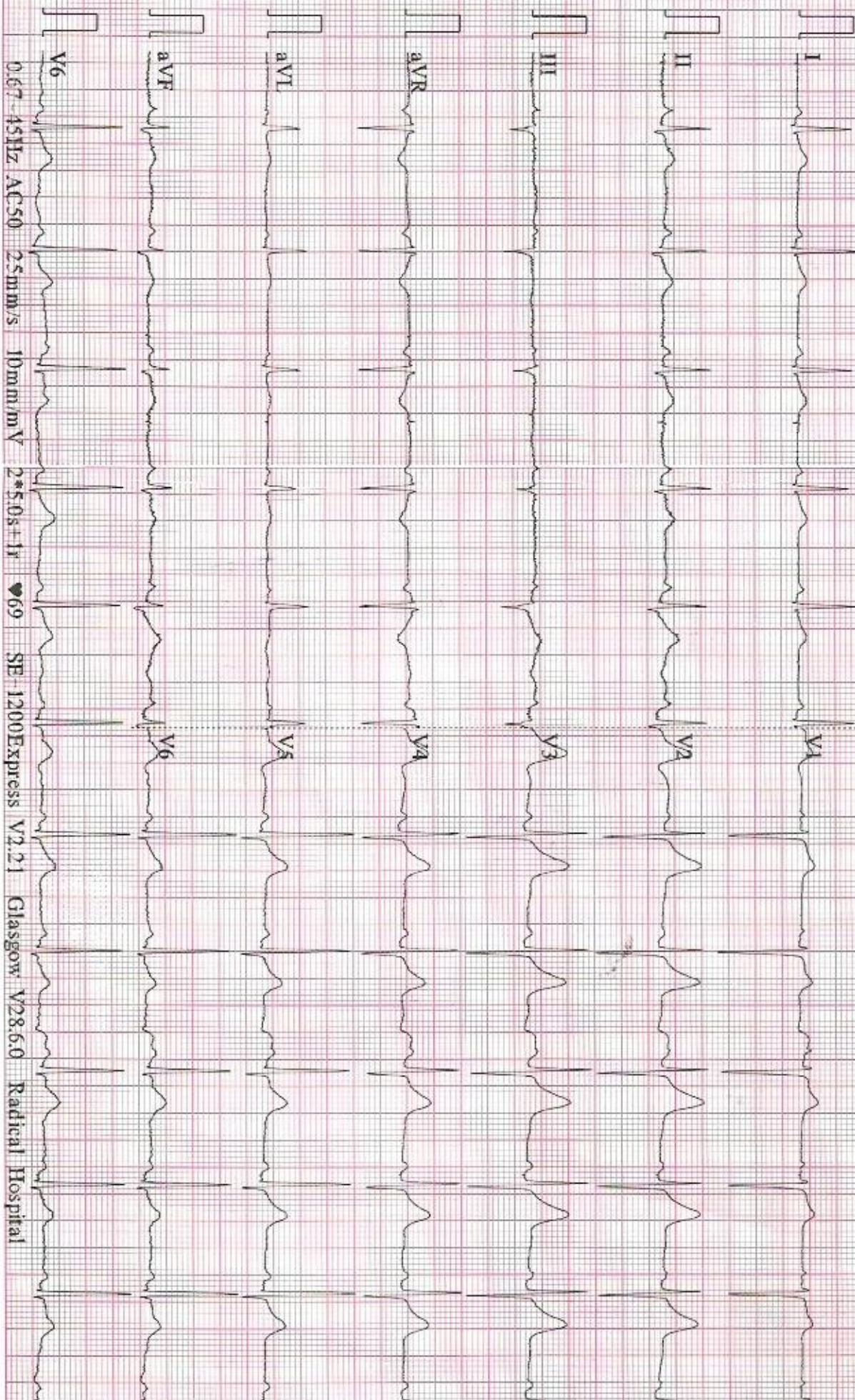
Pranav Patel

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 69	bpm
P	: 90	ms
PR	: 138	ms
QRS	: 78	ms
QT/QTc	: 372/399	ms
PQRS/T	: 55/11/43	°
RV5/SV1	: 1.609/1.415	mV

Report Confirmed by:



Patient ID	23030455	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	16/03/2023
Patient Name	Anwar Parvez		
Age	41 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Enlarged in size 15.1cm, regular in shape and normal position. The echogenicity of the parenchyma is increased. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : Normal size regular in shape. Lumen is normal. Wall thickens is normal.

No echogenic structure is seen within lumen. CBD is not dilated.

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

SPLEEN :- Is normal in size 9.8cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-(9.8 x 3.7)cm, LK-(10.0x 4.3)cm regular in shape. The cortical

Echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

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

PROSTATE: Normal in size and volume & regular in shape. Echogenicity is homogenous.

No area of calcification is seen.

IMPRESSION: Fatty change in liver .Grade- 1.



Dr. Farzaana Rahman
 MBBS,CMU,DMU

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OR DE REVACCINATION
CONTRE LE CHOLERA

Anwar Saadegh

25-05-1981 Male

This is to certify that } date of birth } sex }
 Je soussigne (e) certifie que } ne(e) le } sexe }

whose signature follows } *Anwar Saadegh* }
 dont la signature suit }

has on the date indicated been vaccinated or revaccinated against cholera
 a etc vaccine (e) ou revaccine(c) contre le cholera a la date indiquee

Date	signature and professional status of vaccinator signature et qualite professionnelle du vaccinateur	Approved Stamp Cachet d'authentification	
1 <i>0-7 FEB 2018</i>	<i>[Signature]</i> DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820 <i>[Signature]</i>	1 	
3 <i>23 DEC 2018</i>	DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820 <i>[Signature]</i>	3 	
5 <i>12 JAN 2020</i>	DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820 <i>[Signature]</i>	5 	
6 <i>16 MAR 2023</i>	DR. MIN. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	6 	
7			8
8			

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER

CERTIFICATE INTERNATIONAL DE VACCINATION OR DE REVACCINATION
CONTRE LE FIEVRE JAUNE

Date	signature and professional status of vaccinator signature et qualite professionnelle du vaccinateur	Origin and batch No of vaccine Origin du vaccine employe et numero du lot	official stamp of vaccinating centre cachet officiel du centre de vaccination
07 FEB 2018	 DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820		
2			
3			
4			
5			

There is no exemption for the requirement of a certificate of vaccination against yellow fever on account of age.

The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or in the event of a revaccination with in such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.