

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW convention 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: **HAQUE MD SAKIBUL** Sex: **MALE** Serial No:
 Date of Birth: **20/06/1992** PP/CDC: **C/0/7382** Rank: **ETO**
 Vessel: **MY. MEGHNA STAR** Type: **BULK** Route: **USA, UK, ASIA**
 Home Address: **VILL: MIRPUR TNT PARA, THANA: MIRPUR, POST: MIRPUR**
 Company Name: **V-SHIP**

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)					Hernia / Hydrocoele / Appendicitis				
Head Injury / Concussion / Loss of Memory					High / Low blood pressure / Heart disease				
Fits / Epilepsy / Dizziness / Fainting					Asthma / Bronchitis / Tuberculosis				
Eye / Vision Problems (Glasses, etc.)					Allergy / Skin disease				
Hearing Impairment					Infection / Contagious Disease				
Ear / Nose / Throat problems					Addiction to alcohol / drugs / tobacco				
Stomach / Bowel disorders					Fracture / Dislocation / Injury / Amputation				
Gall stones / Kidney disorders					Major / Minor Operation				
Jaundice / Liver Disease					Diabetes				
Piles / Varicose veins					Nervous / Mental disease / Sleep disorder				
Blood Disorder					Malignant disease (Cancer)				
Female Disorder					Signed off on medical grounds / Declared Unfit				

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
170cm	65kg	40-41	120/75mm	78/min	12/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	4				Left ear	4		

Systemic Examination

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck			FIT FOR SEA SERVICE AS ETO AS PER MLC 2006 Enhanced GARD Medicals done		Respiratory system	
Eyes					Cardiovascular system	
Ears / Nose / Throat					Per Abdomen	
Teeth / Oral Cavity					Genito-urinary system	
Musculo-Skeletal system					Others	
Nervous system					Hernia / Hydrocoele	
Reflexes					Varicose Veins	
Skin					Fissure/Fistula/Piles	

Investigations

Blood	Result	Normal	Urine
Hemoglobin	16.6 gm%	14-16 gm %	Colour
Total WBC count	8000 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu % Lymph	29 %	Eos 02 % Ba % Mono 04 %	pH
Malarial parasite	Not found		Albumin
ESR	02 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	29 U/L	9-43 U / L	Bile pigment
S.Cholesterol	NIE mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	NIE mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS PPBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HIV I & II	Negative		Others
VDRL	Negative		
Others		GGTP U/L	
Blood Group			



ECG: **Normal** TMT: **NIE**

X-Ray Chest: **Normal**

Spirometry: **Normal**

Drugs of Abuse: **Negative**

USG: **NIE**

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically **Fit**
 Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: **20 MAR 2023**

Candidate's Signature: **Sakib**

Date: **21/03/2023**

21 MAR 2023

04.2023.3627



Doctor's signature:

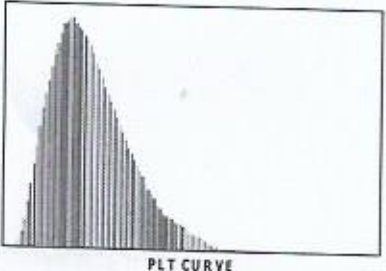
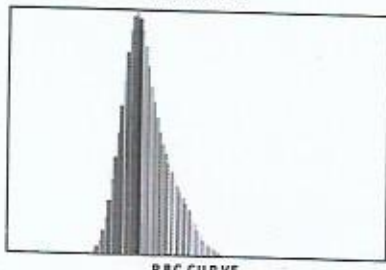
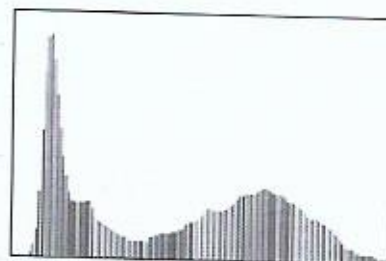
DR. MIR MD. RAIHAN
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

Id No : 0577 **Date** : 21-Mar-2023 **D.Date** : 21-Mar-2023
Patient's Name : MD SAKIBUL HAQUE **Age** : 30Y 9M 1D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/7382

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.6 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	29 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	180 /cumm	50-450/cumm
Total RBC Count	4.88 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.1 %	M: 40-54%, F:37-47%
MCV	86.3 fL	76 - 94 fL
MCH	32.0 pg	27 - 32 pg
MCHC	37.1 g/dL	29 - 34 g/dL
RDW	12.4 %	11 - 16 %
PDW	15.8 fL	35 - 56 fL
Total Platelete Count (PC)	2,68,000 /cumm	150,000-450,000/cumm
MPV	8.2 fL	7.0 - 11.0 fL
PCT	0.220 %	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	DIA23030577	Received Date	21/03/2023
Patient's Name	MD SAKIBUL HAQUE		
Patient's Age	30Y 9M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7382
Sample	BLOOD		

BIOCHEMISTRY REPORT

Liver Function Test

Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	182 U/L	98 - 279 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS

Checked By

Medical Technologis
Radical Hospitals Ltd.


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

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7382
Sample	BLOOD		

SEROLOGICAL REPORTTest NameResult

HIV 1 & 2 (Method : (ICT)	Negative
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MBBS, MD (Microbiology)
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7382
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	1-3/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By


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 Radical Hospitals Ltd.


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 Associate Professor
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7382
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

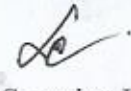
Test Name	Result
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Drug Level of Urine

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. : 23030577 Receive: 21/03/2023 Print: 21/03/2023
Patient's Name : MD SAKIBUL HAQUE
Age : 30 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

Date: 21/03/2023

EYE EXAMINATION REPORT

NAME:	MD SAKIBUL HAQUE		
AGE:	30 YRS	RANK: ETO	CDC NO:C/O/7382

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

AUDIOLOGICAL REPORT

Patient Name : MD SAKIBUL HAQUE

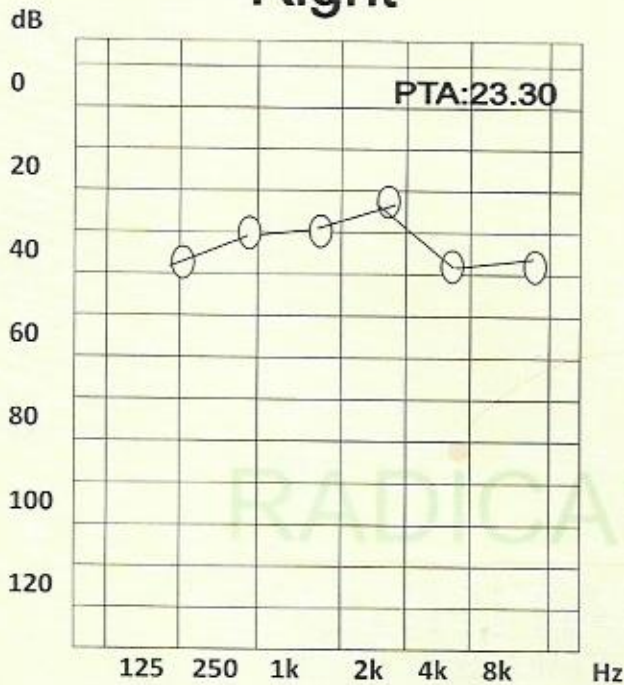
21/03/2023

Age : 30 Yrs

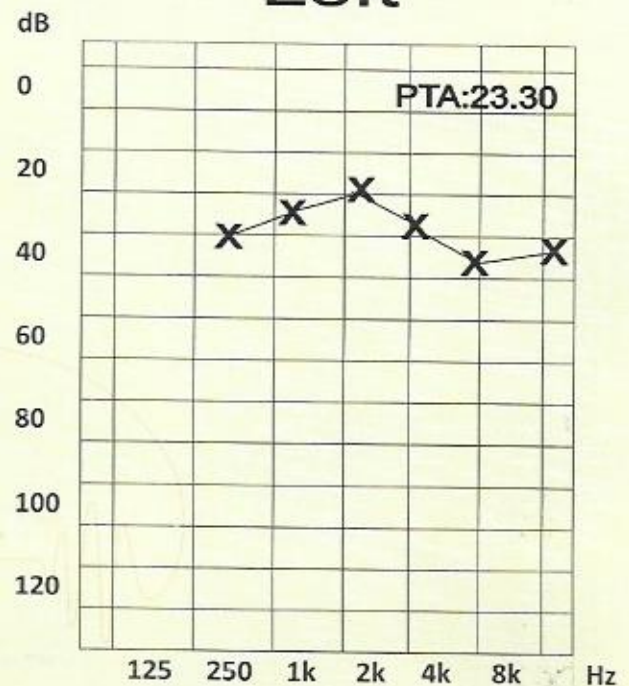
Address : RHL, UTTARA

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

Right



Left



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

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

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to Certify that

je soussigné (e) certifie que

whose signature follows
dont la signature suit.

Date of Birth

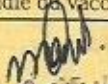
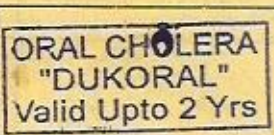
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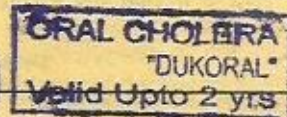
sex

Sexe

20.06.1992 M

has on the date indicated been vaccinated or revaccinated against Cholera
a etc. vaccination (e) contre la fièvre jaune la date indiquée.

Date	Signature and Professional Status of vaccinator Signature et qualifié Prof. essoumle de vaccinateur	Approved Stamp Cachet d'authentification
09 OCT 2021	 Dr. Md. Ariful Islam MBBS (CMC) BCS (Health), FPCS (MEDICINE) II, CMC BMDC Reg. No. 82563 DG Shipping Approved (BD) Seatarer's Medical Officer, Chittagong, Bangladesh	 

21 MAR 2023	 DR. MIR. MD. RAIHAN MBBS (DU), BFM, CCD (Diplom), BGT (Diplom) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 
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6		6
7		7
8		8

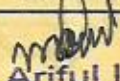
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**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW-FEVER
CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVER JANUE**

This is to Certifie that
je soussigne (e) certifie que }
whose signature follows
dont la signature suit. }

Date of Birth 20.06.1992 sex M
ne (e) le _____ Sexe _____

has on the date indicated been vaccinated or revaccinated against Yellow-Fever
a etc. vaccination (e) on contre la fiever jaune la date indique.

Date	Signature and Professional Status of vaccinator Signature el qualite Prof. essioundlle du vaccinateur	Origin and batch no. of vaccine origine du vaccin Employe et u merco du lot	Official stamp of vaccination centre. cachet Official du Center de vaccination
02 OCT 2021	 Dr. Md. Ariful Islam MBBS (CMC) BCS (Health), FCPS (MEDICINE)-II, CCD BMDC Reg. No. 62563 DG Shipping Approved (BD) Secretary's Medical Officer, Chittagong, Bangladesh		
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 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 or failure to complete any part of it, may render it invalid.

Ce certificate n'est valable que si le vaccin employé a été approuvé par l'organisation mondiale de la santé.

Et si le centre de vaccination a été habilité par l'administration du territoire de laquelle ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou dans le cas d'une revaccination au cours de cette période de dix ans, à partir de cette revaccination.

Toute correction ou rature sur le certificat ou omission d'une quelconque des mentions mentionnées ci-dessus peut affecter sa validité.