

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

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 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: HASAN MD NAZMUL Sex: Male Serial No:

Date of Birth: 01.07.1987 PP/CDC: 01015931 Rank: 3/E

Vessel: MT BERENICE PROBE Type: Tanker Route:

Home Address: 15/1-K, West Joydipura, Gazipur Sadar, Gazipur

Company Name: ALAMANAC SHIP MANAGEMENT LLC

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		☒		☒

Notes

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
<u>176cm</u>	<u>75kg</u>	<u>43-41</u>	<u>130/80mmHg</u>	<u>78b/min</u>	<u>19b/min</u>	<u>Good</u>							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	<u>6/6</u>		Normal	Right Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>					
Left Eye	<u>6/6</u>		Abnormal	Left Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal		<u>9</u>				<u>9</u>				

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	☒	☒	FIT FOR SEA SERVICE AS 3RD ENG AS PER MLC 2006		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	☒	☒	Enhanced GARD Medicals done		Varicose Veins	☒
Skin	☒	☒			Fissure/Fistula/Piles	☒

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>12.7</u> gm%	14-16 gm %	Colour
Total WBC count	<u>9400</u> cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu <u>65</u> % Lymph <u>31</u> % Eos <u>02</u> % Bas <u>00</u> % Mono <u>02</u> %			pH
Malarial parasite	<u>Not found</u>		Albumin
ESR	<u>25</u> mm / 1st hour	1 - 15 mm / hr	Sugar
SGPT	<u>35</u> U/L	9-43 U / L	Bile pigment
S.Cholesterol	<u>178</u> mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	<u>112</u> mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	RBS <u>5.7</u> PPBS	upto 125 mg %	RBC cells
HbsAg	<u>Negative</u>		Leucocytes
HEV I & II	<u>Negative</u>		Others
VDRL	<u>Negative</u>		Spirometry: <u>N/D</u>
Others		GGTP U/L	Drugs of Abuse: <u>Negative</u>
Blood Group			USG: <u>Normal</u>



ECG : Normal TMT: N/D

X-Ray Chest: Normal

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 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: 08 MAR 2025

Candidate's Signature: Red W. Rahman

Date: 09/3/2023

09 MAR 2023



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

04.2023.3537



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA

SURNAME: HASAN	GIVEN NAME (S): MD NAZMUL
DATE OF BIRTH: DAY 01 MONTH 07 YEAR 1987	PLACE OF BIRTH CITY GAZIPUR COUNTRY BANGLADESH SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: 1ST/1-K, WEST JOYDEBAR, GAZIPUR, SADAR, GAZIPUR-1700, GAZIPUR

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

COLOR TEST TYPE:
☒ BOOK
☒ LANTERN
YELLOW **MM** RED **MM**
GREEN **MM** BLUE **MM**

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☐ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **09 MAR 2023**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☐ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

Red. Nazmul Hasan
Signature of Applicant

MD NAZMUL HASAN
Name of Applicant

9/3/2023
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 MBBS, (DU), DFM REG: A-55144**

ADDRESS: **RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-MAY-2014**

SIGNATURE OF PHYSICIAN: **[Signature]**

STAMP OF PHYSICIAN: **Radical Hospitals Ltd**

DATE: **09 MAR 2023**

EXPIRY DATE OF CERTIFICATE: **08 MAR 2025**

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

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

Id No : 0255 **Date** : 09-Mar-2023 **D.Date** : 09-Mar-2023
Patient's Name : MD NAZMUL HASAN **Age** : 35Y 8M 8D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/5931

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	11.7 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,900 /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	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	198 /cumm	50-450/cumm
Total RBC Count	6.32 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	34.1 %	M: 40-54%, F:37-47%
MCV	54.0 fL	76 - 94 fL
MCH	18.5 pg	27 - 32 pg
MCHC	34.3 g/dL	29 - 34 g/dL
RDW	16.2 %	11 - 16 %
PDW	19.5 fL	35 - 56 fL
Total Platelete Count (PC)	2,45,000 /cumm	150,000-450,000/cumm
MPV	10.5 fL	7.0 - 11.0 fL
PCT	0.257 %	0.1 - 0.5 %
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	DIA23030255	Received Date	09/03/2023
Patient's Name	MD NAZMUL HASAN		
Patient's Age	35Y 8M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5931		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	32 U/L	Up to 40 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 Technologists
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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Patient's Name	MD NAZMUL HASAN		
Patient's Age	35Y 8M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	BLOOD	CDC NO:C/O/5931	

SEROLOGICAL REPORT

<u>Test Name</u>	<u>Result</u>
HBsAg (Method : (ICT)	Negative

RADICAL

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	DIA23030255	Received Date	09/03/2023
Patient's Name	MD NAZMUL HASAN		
Patient's Age	35Y 8M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5931		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	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 Technologis
Radical Hospitals Ltd.

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5931		
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. : 23030255 Receive: Print: 09/03/2023
 Patient's Name : **MD NAZMUL HASAN**
 Age : 35 YRS Sex : M
 Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 86 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

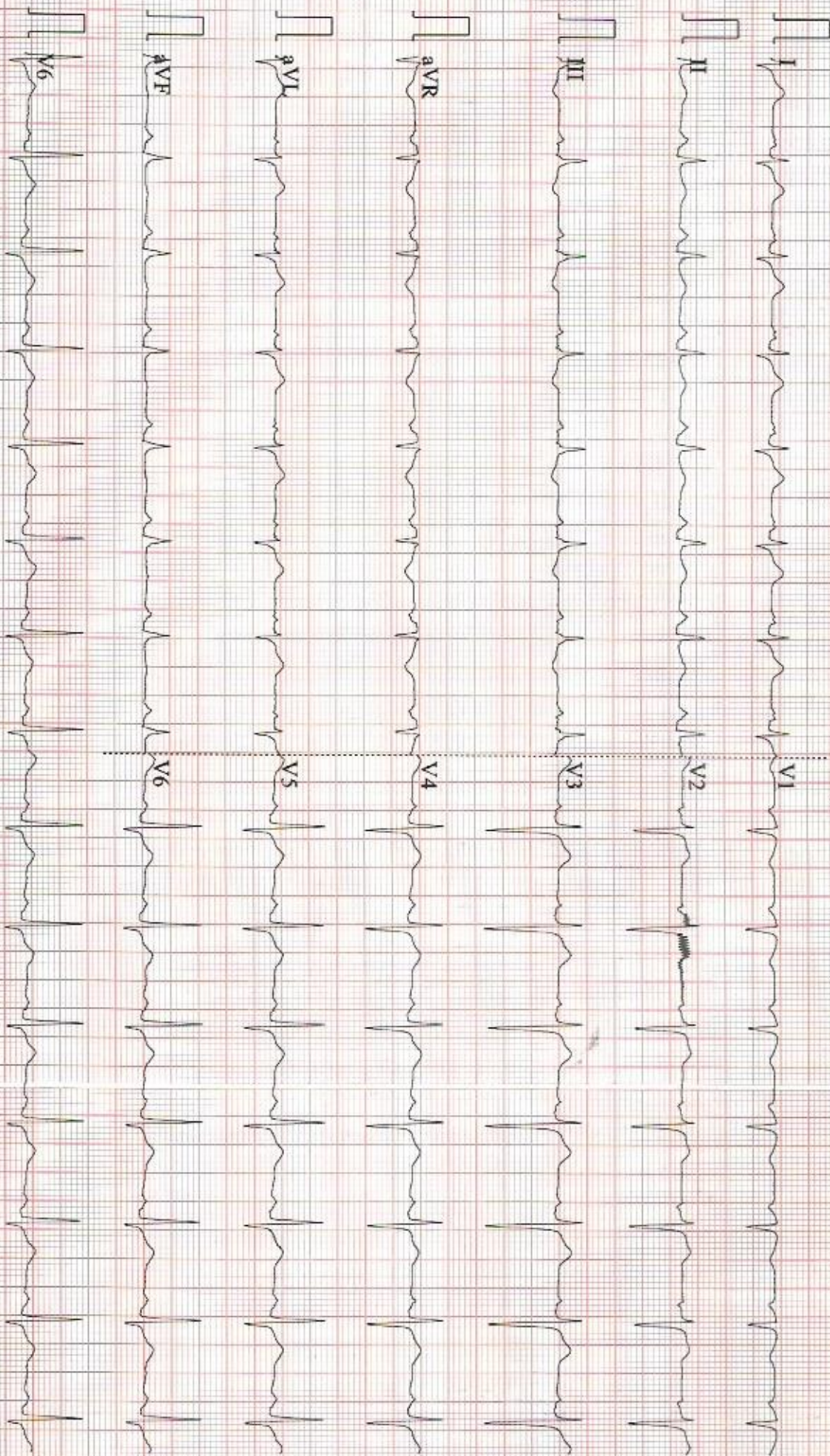
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1721/1730m/Cham.
Male 35 Years

HR	: 86	bpm
P	: 118	ms
PR	: 160	ms
QRS	: 92	ms
QT/QTc	: 350/419	ms
PQRST	: 57/79/8	°
RV5/SVI	: 0.95/3.0/5.23	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030255 Receive: 09/03/2023 Print: 09/03/2023
Patient's Name : MD NAZMUL HASAN
Age : 35 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.



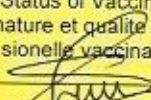
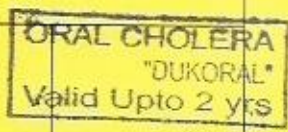
Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

MD WAZMUL HASAN

This is to certify that JE Soussigne' (e) certifie que _____ date of birth 01/7/1987 Sex Male
no' (e) e
Whose signature follows ced. Wazmul Hasan
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date 09 MAR 2023	Signature and professional Status of Vaccinator Signature et qualité profes- sionnelle vaccinateur	Approved Stamp Cachet d'authentification
2	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birmam), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui il comporte peut en rendre la validité.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that MD NAZMUL HASAN date of birth 01/17/1987 Sex Male
JE Soussigne' (e) certifie que no' (e) sexe
Whose signature follows Red Nazmul Hasan
don't la signature suit
has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
09 MAR 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCB (Burdwan), MGT (Ophth) BMDA A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and 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 in days after the date of vaccination or in the event of a revaccination within such period of ten years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel 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 ré vaccination, ou, à compter de la date de la ré vaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.