

Medical Certificate for Service at Sea

As per medical standards of ILO-MLC 2006, as amended STCW 2010

Form No. 12-10-2013

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Name: (last, first, middle)

QUAIYUM

ABDOL

Date of birth:

(day/month/year)

01 11 1979

Gender:

(male/female)

MALE

Passport / Discharge
book No:

C/0/4072

Nationality:

BANGLADESHI

Rank:

C/E

Place of
Examination:

DHAKA

Signature

of Examinee.

Signature of Examinee.

I have evaluated the above-named seafarer/ new entrant after establishing his identity as per the documents mentioned above. On the basis of the seafarer's/ new entrant personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is –

	Yes	No
a. Hearing meets the standards in STCW Code, section A-I/9:	✓	
b. Unaided hearing is satisfactory;	✓	
c. Color Vision meets the required STCW Code standards section A-I/9 (testing only required every six years)	✓	
d. Date of last color vision test:		
e. Fit for lookout duty	✓	
f. Is the seafarer free from any medical condition 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 :	✓	

This seafarer is ☐ UNFIT FOR DUTY ** / ☒ FIT FOR DUTY with / without restriction *as mentioned below.

FIT FOR DUTY ON BOARD SHIP

*This Medical Certificate is issued with following restriction:

** Reasons for being unfit

Date of examination: (Day/Month/Year)

11 MAR 2023

Expiry date of certificate: (Day/Month/Year)

10 MAR 2025

Name of Medical Examiner

Signature of Medical Examiner

Official Stamp

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



04.2023.3548

Medical Examination of Seafarers

Examinee's Declaration

Name (last, first, middle):	QUAIYUM ABDUL
Date of birth (day/month/year):	01/11/1979
Sex: Male / Female	MALE
Home address:	BADIACHALA, RAJENDRAPUR BAZAR, SRIPUR, GAZIPUR - 1741
Passport No./Discharge book No.:	EE 0246009 / C1014072
Department (Deck/Engine/Radio/Food handling/other):	ENGINE
Rank:	C/E
Routine and emergency duties (if known):	
Type of ship (Cargo, Tanker, Passenger):	TANKER
Trade area (coastal, tropical, worldwide):	WORLDWIDE

Seafarer'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 problem		✓
2	High blood pressure		✓	19	Do you smoke, use alcohol or drugs?		✓
3	Heart/vascular disease		✓	20	Operation/surgery		✓
4	Heart surgery		✓	21	Epilepsy/seizures		✓
5	Varicose veins/piles		✓	22	Dizziness/fainting		✓
6	Asthma/bronchitis		✓	23	Loss of consciousness		✓
7	Blood disorder		✓	24	Psychiatric problems		✓
8	Diabetes		✓	25	Depression/Hepatitis		✓
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 (hearing, tinnitus)/nose/throat problem		✓
14	Infectious/contagious diseases		✓	31	Restricted mobility		✓
15	Hernia		✓	32	Back or joint problem		✓
16	Genital disorder		✓	33	Amputation		✓
17	Pregnancy		✓		Fractures/dislocations		✓

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If you answered "yes" to any of the above questions, 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 even 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 medication?		☒

Comments:

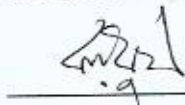
FIT FOR DUTY ON BOARD SHIP

42	Are you taking any non-prescription or prescription medications?	☒
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If yes, please list the medications taken, and the purpose(s) and dosage(s):

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

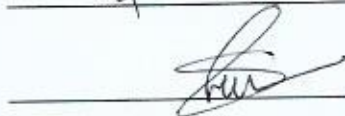
Signature of
Examinee:



Day
(day/month/year)

11 MAR 2023

Witnessed by:
(signature)

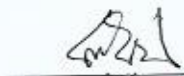


Name (Typed or
Printed)

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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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 practitioner)

Signature of Examinee



Day (day/month/year)

11 MAR 2023

Witnessed by: (signature)



Name (Typed or Printed)

DR. MIR. MD. RAIHAN
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Medical Examination by Doctor

☐ Pre-sea☒ Periodic☐ Other

Sight

	Visual Acuity					
	Unaided			Aided		
	Right Eye	Left Eye	Binocular	Right Eye	Left Eye	Binocular
Distance	6/6	6/6	✓			
Near	6/6	6/6	✓			

	Visual Fields	
	Normal	Defective
Right Eye	✓	
Left Eye	✓	

Color vision:

☐ Not tested☒ Normal☐ Doubtful☐ Defective

Hearing

	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz
Right Ear	20	20	20			
Left Ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right Ear	4	4
Left Ear	4	4

Height (cm)	167	Weight: (kg)	83
Pulse rate: (/minute)	78 b/min	Rhythm:	Regular.
Blood pressure:	Systolic: (mm/Hg)	Diastolic: (mm/Hg)	
Urinalysis:	Glucose:	Protein:	Blood:
	Nil	Nil	Nil

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

Chest X-ray	Not performed	Performed on (day/month/year):	11 MAR 2023
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Other diagnostic test(s) and result(s):

Test	Results
Blood + urine	Normal.

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

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

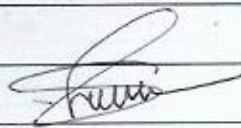
	Deck service	Engine service	Catering service	Other services
☒ Fit		☒		
☐ Unfit				

☒ Without Restriction☐ With Restrictions

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

Action taken by Medical Examiner (e.g. referral):

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Date of examination: (Day/Month/Year)	11 MAR 2023
Expiry date of certificate: (Day/Month/Year)	10 MAR 2025
Name of Medical Examiner	
Signature of Medical Examiner	
Official Stamp	DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCB (Biodom), PGT (Ceph) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited



ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2023.3548

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last QUAIYUM First ABDUL Middle —
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 11.03.2023 11 MAR. 2023
Occupation: Deck/Engine/Catering/Other (specify) MARINE ENGINEER Rank: C/E
Father's/ Husband's name: MOHAMMAD SHAHAHAN C.D.C No. 21014072
Mother's Name: MOST KAMALA KHATUN Seaman ID No. 050001029
Address: House No: — Street/ Road No: — Passport No. EE 0246009
Locality/Village: BADIAR CHALA NID No. —
P.O: RAJENDRAPUR Date of Birth: 01/11/1979
P.S: SRIPUR (DD/MM/YYYY)
District: GAZIPUR

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination YES/NO
 - Hearing meets the standards in section A-I/9 YES/NO
 - Unaided hearing satisfactory? YES/NO
 - Visual acuity meets standards in section A-I/9? YES/NO
 - Colour vision meets standards in section A-I/9? YES/NO
Date of last colour vision test 11 MAR. 2023
 - Fit for lookout duties? YES/NO
 - Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? YES/NO
 - Any limitations or restrictions on fitness? YES/NO
- If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

9. Medical fitness category : Fit-No restriction Fit-Subject to restrictions Unfit

10. Date of examination/Issue (DD/MM/YYYY) 11 MAR 2023

11. Date of expiry (DD/MM/YYYY) 10 MAR 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature

[Signature]



DR. MIR. MD. RAIHAN

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

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, 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:

(a) Hearing:

- 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 poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements, and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

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11 MAR 2023