

SEAFARER'S MEDICAL EXAMINATION REPORT/ CERTIFICATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006.

SURNAME: TAWHIDUZZAMAN	GIVEN NAME (S): MOHAMMAD	
NATIONALITY: BANGLADESHI	ID DOCUMENT NO: C1018648	
DATE OF BIRTH: 03 01 1993 MONTH DAY YEAR	PLACE OF BIRTH: JAMALPUR	SEX: ☒ MALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☒	MAILING ADDRESS OF APPLICANT: LAHIREEKANBA, JAMALPUR SADAR JAMALPUR.	



DECLARATION OF APPROVED MEDICAL PRACTITIONER:

I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED:

☒ YES ☐ NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT: 167cm	WEIGHT: 70kg	BLOOD PRESSURE: 100/70mm	PULSE: 78b/min	RESPIRATION: 19b/min	GENERAL APPEARANCE: Good
VISION: WITHOUT GLASSES RIGHT EYE: 6/6 LEFT EYE: 6/6		HEARING RIGHT EAR: MB LEFT EAR: MB			
COLOR TEST TYPE: BOOK ☒ LANTERN ☒ CHECK IF COLOR TEST IS NORMAL YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒					
DATE OF LAST COLOR VISION TEST: 19 MAY 2023					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☒ NO ☐					
HEAD AND NECK: Normal		HEART (CARDIOVASCULAR): Normal			
LUNGS: Normal		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes			
EXTREMITIES: UPPER Normal		LOWER Normal			
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO REQUIREMENTS? YES ☒ NO ☐					
IS 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? YES ☐ NO ☒					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☒					

SIGNATURE OF APPLICANT

DATE **19.05.23**

19 MAY 2023

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

04.2023, 4001



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

MOHAMMAD TAWHIDUZZAMAN

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE:

YES ☒ NO ☐

HEARING MEETS THE STANDARDS IN SECTION A - 1/9:

YES ☒ NO ☐

UNAIDED HEARING SATISFACTORY:

YES ☒ NO ☐

VISUAL ACUITY MEETS STANDARDS IN SECTION A - 1/9:

YES ☒ NO ☐

COLOUR VISION MEETS STANDARDS IN SECTION A - 1/9:

YES ☒ NO ☐

TICK APPROPRIATE CHOICE: ☒ HE / ☐ SHE IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☒ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ ELECTRICAL ENGINEER (ELECTRICIAN) / ☒ RATING ☒ WITHOUT ANY / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS.(DU), DFM, Reg: A-55144

ADDRESS OF MEDICAL CENTER: RADICAL HOSPITALS LIMITED, SECTOR-12, UTTARA.DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

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

SIGNATURE OF PHYSICIAN: _____



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.

DATE OF EXAMINATION: 19 MAY 2023

EXPIRY DATE OF CERTIFICATE: 18 MAY 2025

SEAFARER ACKNOWLEDGEMENT:

I, TAWHIDUZZAMAN (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.



MEDICAL REQUIREMENTS

This physical examination must be carried out not more than 24 months prior next medical check for a seafarer older than 18 years old and considered to be fit for duty without any restrictions. In case of any restriction found not preventing seafarer to fulfill his duties this physical examination should be carried out not more than 12 months prior next medical check. 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 73/WHO/D.2/1997, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006. 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 seafarer's 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 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (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 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 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 and Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acenereal disease or neurosyphilis, AIDS, and/or the use of narcotic. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable 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/ water tender, 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

The seafarer must retain the original of the "Medical Examination Report/ Certificate" as evidence of physical qualification while serving on board a vessel.

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 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 - Medical Exam Form).

19 MAY 2023



DR. MIR. MD. RAIHAN
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General Physician
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PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT TAWHIDUZZAMAN			FIRST NAME MOHAMMAD		MIDDLE INITIAL
DATE OF BIRTH	PLACE OF BIRTH		SEX		
03 MONTH 01 DAY 1993 YEAR	CITY JAMALPUR COUNTRY BANGLA		MALE ☒ FEMALE ☐		
EXAMINATION FOR DUTY AS:			MAILING ADDRESS OF APPLICANT:		
MASTER ☐ RATING ☒ MATE ☐ MOU DECK ☐ ENGINEER ☐ MOU ENGINE ☐ RADIO OFF ☐ SUPERNUMERARY ☐			LAHIREEKANDA, JAMALPUR SADAR JAMALPUR		

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
167cm	70kg	100/70mm	72/min	16/min	Good
VISION		RIGHT EYE		LEFT EYE	
WITHOUT GLASSES		6/6		6/6	
WITH GLASSES					
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 19 MAY 2023 Testing Required every 6 years					
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9? YES ☒ NO ☐					
COLOR TEST TYPE: BOOK LANTERN CHECK IF COLOR TEST IS NORMAL					
YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒					
HEARING:					
RT. EAR			LEFT EAR		
Normal			Normal		
HEAD AND NECK			HEART (CARDIOVASCULAR)		
Normal			Normal		
LUNGS			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?		
Normal			Yes		
EXTREMITIES:			UPPER LOWER		
Normal			Normal		
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2					
No					

SIGNATURE OF APPLICANT

DATE OF EXAM

EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO

TAWHIDUZZAMAN MOHAMMAD

FIT FOR DUTY ON BOARD SHIP

(NAME OF APPLICANT)

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY) IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD. RAIHAN MBBS, (DU), DFM**

ADDRESS **RADICAL HOSPITALS LIMITED. 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY **DG SHIPPING BANGLADESH**

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

SIGNATURE OF PHYSICIAN

DATE OF EXAMINATION

19 MAY 2023

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M (REV. 12/17)

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



MEDICAL REQUIREMENT

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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

01. Completed Physical Examination

02. Pathological Test

03. Radiological Test

04. Ophthalmology Examination For VA & CV

19 MAY 2023

RLM-105M (REV. 12/17)




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MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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CHEMICAL BLOOD SCREENING CERTIFICATE

Seafarer's Information	
Seafarer's Name (Last, First, Middle) MOHAMMAD TAWHIDUZZAMAN	Sex (Male/Female) MALE
Date of Birth (Day/Month/Year) 01/03/1993	Nationality BANGLADESHI

This is to confirm that the above-mentioned seafarer will be sailing / have sailed* onboard ASP Ship's Group managed chemical Carriers has undergone a complete chemical blood screening to provide any signs on chemical exposure either,

- ☒ Prior to joining vessel
- ☐ After signing off from chemical cargoes carried onboard (see attached form V-CCH-003 – Blood Test for Chemicals)

Declaration of the recognized medical practitioner			
	Yes	No	N/A
1 Identification documents were checked at the point of examination?	☒	☐	☐
2 All values within reference level?	☒	☐	☐
If "No", please specify.			
3 Is the seafarer free from any medical condition (Based only on the Chemical Blood Screening) likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person on-board?	☒	☐	☐
4 Date of chemical blood test (Day/Month/Year)	19 MAY 2023		
5 Expiry of certificate (Day/Month/Year)**	18 MAY 2025		

Seafarer has been found fit / unfit* for service at sea.

19 MAY 2023

Signature of Authorised Person

(Specify Rank)

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

Date/ Place

Official Stamp of Issuing Authority
(Name, Address etc.)

FOR SEAFARER

I have been informed of the content of the certificate and of the right to a review.



Signature of Seafarer

A medical examination report containing the medical history, clinical findings and other diagnostic tests and results of the seafarer is contained in a separate document.

If you are sick for more than 30 days or your medical fitness changes significantly during your leave, you should contact an approved doctor (preferably the one who issued the certificate) for medical review and inform your local crewing office.

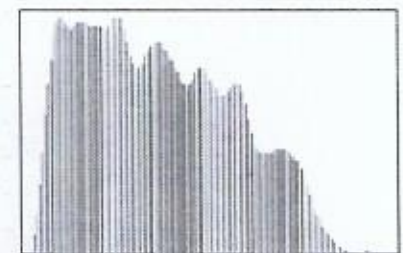
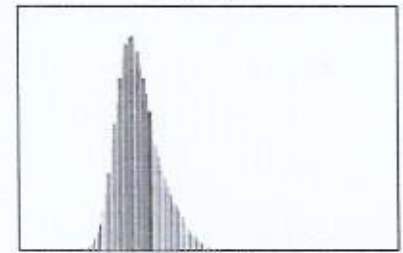
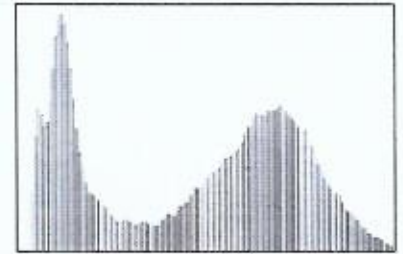


Id No : 0588 **Date** : 19-May-2023 **D.Date** : 19-May-2023
Patient's Name : MOHAMMAD TAWHIDUZZAMAN **Age** : 30Y 2M 18D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 8648

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.1 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	10 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	69 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	27 %	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	162 /cumm	50-450/cumm
Total RBC Count	4.90 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.3 %	M: 40-54%, F:37-47%
MCV	74.1 fL	76 - 94 fL
MCH	26.7 pg	27 - 32 pg
MCHC	36.1 g/dL	29 - 34 g/dL
RDW	14.8 %	11 - 16 %
PDW	14.8 fL	35 - 56 fL
Total Platelete Count (PC)	1,53,000 /cumm	150,000-450,000/cumm
MPV	12.3 fL	7.0 - 11.0 fL
PCT	0.065 %	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	DIA23050588	Received Date	19/05/2023
Patient's Name	MOHAMMAD TAWHIDUZZAMAN		
Patient's Age	30Y 2M 18D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8648		
Sample	Blood		

SEROLOGICAL REPORT

VDRL	Non-reactive
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RADICAL
HOSPITAL
LIMITED

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	DIA23050588	Received Date	19/05/2023
Patient's Name	MOHAMMAD TAWHIDUZZAMAN		
Patient's Age	30Y 2M 18D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8648		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	2-4/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	DIA23050588	Received Date	19/05/2023
Patient's Name	MOHAMMAD TAWHIDUZZAMAN		
Patient's Age	30Y 2M 18D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8648
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. : 23050588 Receive: 19/05/2023 Print: 19/05/2023
Patient's Name : **MOHAMMAD TAWHIDUZZAMAN**
Age : 29 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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050588 Receive: Print: 19/05/2023
 Patient's Name : **MOHAMMAD TAWHIDUZZAMAN**
 Age : 29 YRS Sex : M
 Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 80 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: 230543

19-05-2023 10:50:36

Mohammed Taqibul Farid
Male *29* Years

HR : 104 bpm

PR : 64 ms

QRS : 110 ms

QT/QTc : 82 ms

P/QRS/T : 302/398 ms

P/QRS/T : 42/18/28 °

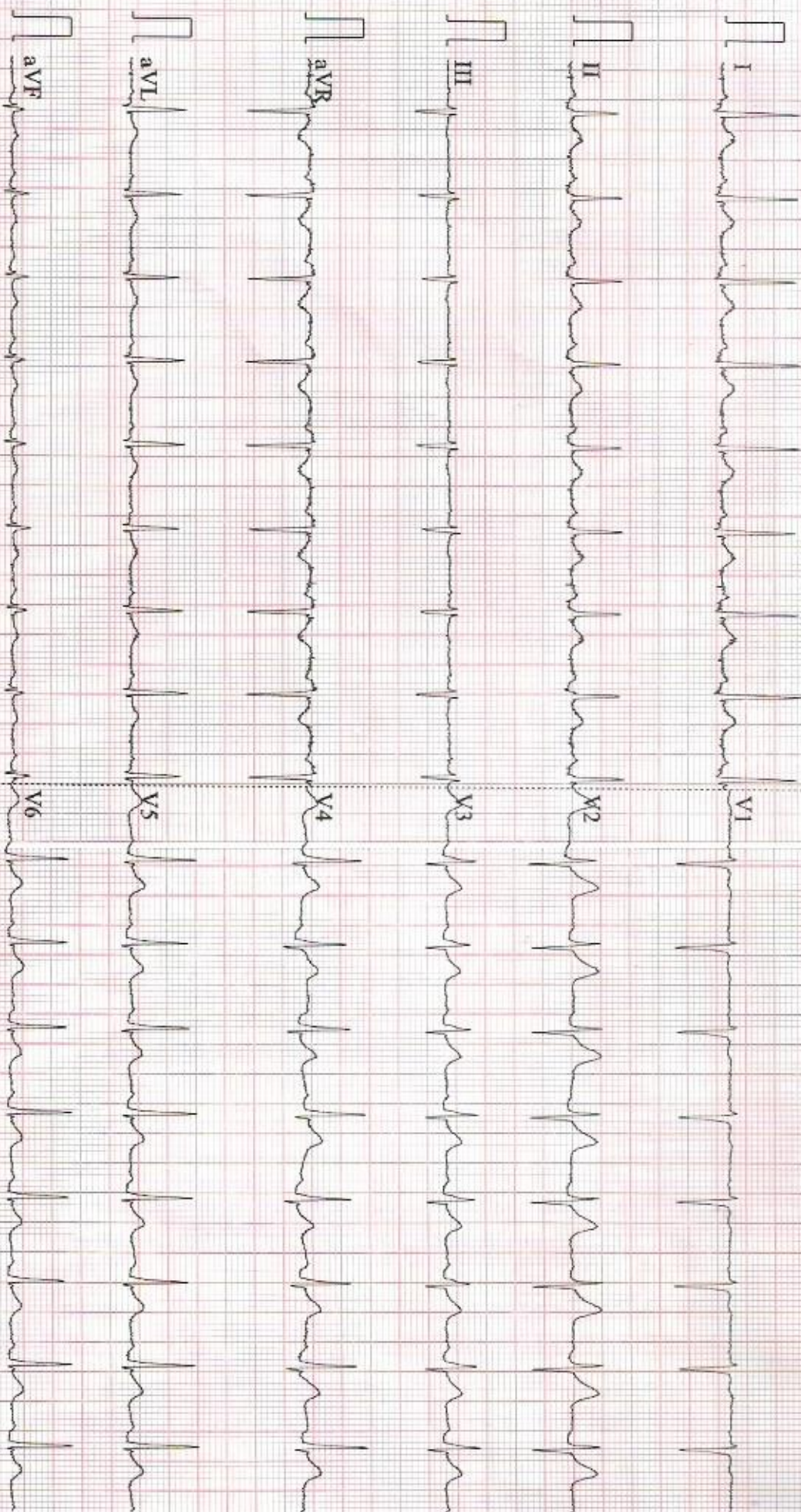
RV5/SV1 : 1.103/0.907 mV

Diagnosis Information:

Sinus tachycardia

Normal ECG except for rate

Report Confirmed by:



Patient's Name	:	MOHAMMAD TAWHIDUZZAMAN	ID NO	:	23050588
Age	:	29 Yrs	Date	:	19/05/2023
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygiene : Normal

Comments : Normal



Dr. Mir Md. Raihan

MBBS (DU), CCD (Birdem), PGT (ophth)
 Reg- A55144 BGD-016(MMC)
 DG Shipping Bangladesh Approved
 Malaysian Medical Council Approved
 General Physician
 Radical Hospitals Limited

Date: 19/05/2023

EYE EXAMINATION REPORT

NAME:	MOHAMMAD TAWHIDUZZAMAN		
AGE:	29 YRS	RANK: OILER	CDC NO: C/O/8648

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6

6/6

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

Patient's Name	:	MOHAMMAD TAWHIDUZZAMAN		
Age	:	29 Yrs	Date	: 19/05/2023
Sex	:	Male	CDC NO:C/O/8648	
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor /Good / very good /excellent
Verbal Reasoning test	Poor /Good / very good /excellent
Inductive reasoning test	Poor /Good / very good /excellent
Diagrammatic Reasoning test	Poor /Good / very good /excellent
Logical Reasoning test.	Poor /Good / very good /excellent
Error checking test	Poor /Good / very good /excellent
2.Skill Test	Poor /Good / very good /excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor /Good / very good /excellent
Assumptions	Poor /Good / very good /excellent
Deductions	Poor /Good / very good /excellent
Interpreting Information's	Poor /Good / very good /excellent
Inferences	Poor /Good / very good /excellent
5.Situational Judgment Test.	Poor /Good / very good /excellent
Poor: <6 Good: 6-7 very good: 7-8 excellent: 8-10	

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB



Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

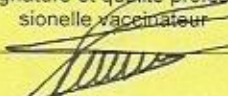
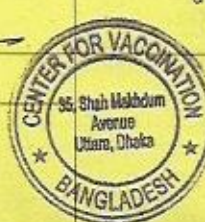
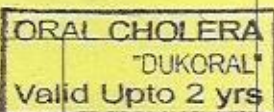
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

MOHAMMAD TAWHIDUZZAMAN

This is to certify that JE Soussigne' (e) certifie que _____ date of birth 01-03-1993 Sex MALE
no' (e) le _____ sexe _____

Whose signature follows dont la signature suit *[Signature]*

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 19 MAY 2023	Signature and professional Status of Vaccinator Signature et qualite professionnelle vaccinateur 	Approved Stamp Cachet d'authentification  
2	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.	
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 partielles 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 qu'il comporte peut entraîner la nullité.

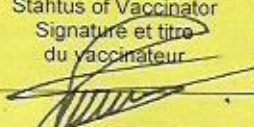
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

MOHAMMAD TAWHIDUZZAMAN

This is to certify that JE Soussigne' (e) certifie que | date of birth 01-03-1993 Sex MALE
no' (e) le | sexe |

Whose signature follows 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 numero du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
19 MAY 2023	 DR. MIR MD. RAIHAN MBBS (DU), DPM, CCD (Biology), PG (Ophthalmology) BMD C A 55144, MMC-BGD-016 20 Shipping Bangladesh Approved General Physician Hospitals Limited		
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 often 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 employe a ete approuve par l'organisation Mondiale de la sante et si le centre a ete designe par l'administration sanitaire du territoire dans lequel ce centre est situe.

La validite de ce certificat couvre une periode de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à dix ans, le jour de cette revaccination.

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

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il