

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

RADICAL HOSPITAL LIMITED.

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

Surname	First Name	Middle Initial
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Vessel: BULK Type: BULK Route: W.W

P.S. BEGUMGANJ DIST NOAKHALA

Medical History	Please answer the following to the best of your knowledge.
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Please answer the following to the best of your knowledge.

Notes

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp. Rate / min	General Condition
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Systemic Examination	Normal	Abnormal	Notes	Normal	Abnormal
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Normal	Abnormal
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Notes

Investigations

Blood	Result	Normal	Urine

ECG: TMT: 2/0 Abuse: Negative

TMT: 2/2

USG:

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	Temporarily unfit	Permanently unfit	Should be re-examined in	days / weeks / months.
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Doctor's Name: DR. MIR MD, RAHMAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

Candidate's Signature _____

Date: 03 MAY 2023

Doctor's Signature _____

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

04.2023, 3864

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: ISLAM		GIVEN NAME (S): MD SAIFUL	
DATE OF BIRTH: DAY 01 MONTH 01 YEAR 1988		PLACE OF BIRTH CITY NOAKHALI COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: VILL: YEARPUR, P.O: GATLA, P.S: BEGOMGANJ NOAKHALI, BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR <i>MD</i>
LEFT EYE	6/6	—	LEFT EAR <i>MD</i>

COLOR TEST TYPE:
☐ BOOK
☐ LANTERN
 YELLOW *MD* RED *MD*
 GREEN *MD* BLUE *MD*

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) 03 MAY 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.

MD SAIFUL ISLAM		03 MAY 2023
Signature of Applicant	Name of Applicant	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; M.B.B.S(D.U.), REG. NO. A-55144

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

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-2014

SIGNATURE OF PHYSICIAN: <i>MD</i>	STAMP OF PHYSICIAN: 	DATE: 03 MAY 2023
EXPIRY DATE OF CERTIFICATE: 02 MAY 2025		

This certificate is issued 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 (Brdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
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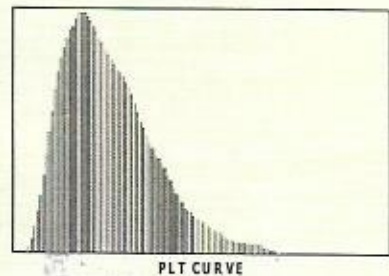
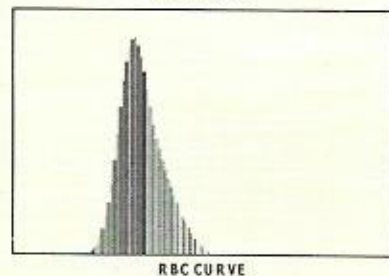
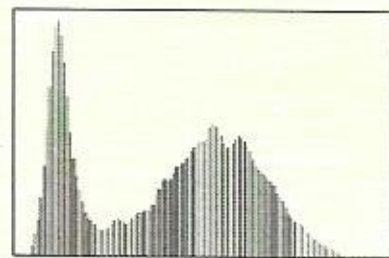


Id No : 0089 **Date** : 03-May-2023 **D.Date** : 03-May-2023
Patient's Name : MD SAIFUL ISLAM **Age** : 34Y 5M 26D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5296

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.4 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	5,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	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	114 /cumm	50-450/cumm
Total RBC Count	5.13 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41.1 %	M: 40-54%, F:37-47%
MCV	80.1 fL	76 - 94 fL
MCH	30.0 pg	27 - 32 pg
MCHC	37.5 g/dL	29 - 34 g/dL
RDW	13.5 %	11 - 16 %
PDW	17.0 fL	35 - 56 fL
Total Platelete Count (PC)	2,76,000 /cumm	150,000-450,000/cumm
MPV	9.1 fL	7.0 - 11.0 fL
PCT	0.251 %	0.1 - 0.2 %
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	DIA23050089	Received Date	03/05/2023
Patient's Name	MD SAIFUL ISLAM		
Patient's Age	34Y 5M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5296
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	32 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 Technologist
Radical Hospitals Ltd.

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

Bill No	Radical Hospital, www.radicalhospital.com	Received Date	03/05/2023
Patient's Name	MD SAIFUL ISLAM		
Patient's Age	34Y 5M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5296
Sample	BLOOD		

SEROLOGYCAL REPORT

HbsAg (ICT)	Negative
HIV (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	DIA23050089	Received Date	03/05/2023
Patient's Name	MD SAIFUL ISLAM		
Patient's Age	34Y 5M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5296		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	0-1/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.

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

Bill No	DIA23050089	Received Date	03/05/2023
Patient's Name	MD SAIFUL ISLAM		
Patient's Age	34Y 5M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5296		
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 Technologis
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.	: 23050089	Receive: 03/05/2023	Print: 03/05/2023
Patient's Name	: MD SAIFUL ISLAM		
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

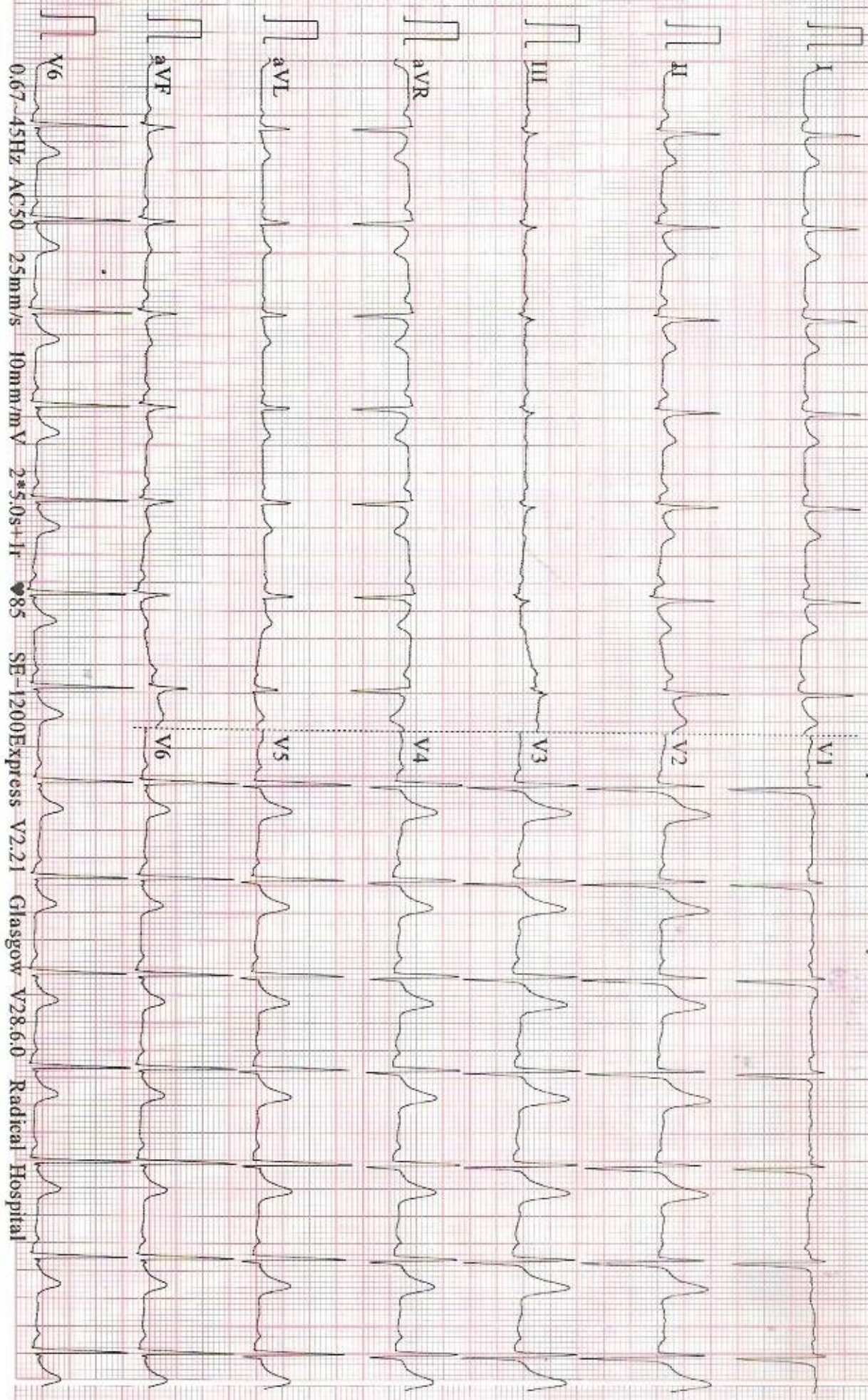
ID: 596
Mr. Saif Khan
Male 34 Years

03-05-2023 05:07:54 PM

HR	: 95	bpm
P	: 102	ms
PR	: 142	ms
QRS	: 88	ms
QT/QTc	: 334/398	ms
P/QRS/T	: 50/33/31	°
RV5/SV1	: 1.73/1.412	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050089 Receive: Print: 03/05/2023
Patient's Name : MD SAIFUL ISLAM
Age : 35 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 85 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

**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CON TRE LE CHOLERA**

MD. SAIFUL ISLAM

This is to certify that JE Soussigne' (e) certifie que | date of birth 09/09/1988 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 fièvre jaune a la date indiquée.

Date	Signature and professional Statut of Vaccinator Signature of qualite profess- sionelle vaccineur	Approved Stamp Cachet d'authentification
29 DEC 2021	<i>[Signature]</i> DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGD (GPH) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

3	<i>[Signature]</i> DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGD (GPH) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
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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 la seconde injection.

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 sur la présente, l'administration sanitaire du territoire où la vaccination est effectuée.

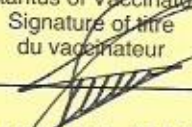
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut en affecter la validité.

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

MD. SAIFUL ISLAM

This is to certify that
JE Soussigne' (e) certifie que | _____ date of birth | 09/09/1999 Sex | MALE
no' (e) le | _____ Sexe |
Whose signature follows
don't la signature suit | Saiful Islam

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	Signature and professional Status of Vaccinator Signature of titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numéro ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
29 DEC 2021	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birloom), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.		
1			
2			
3			
4			

This certificate is valid only if the vaccina used has been approved by the world l lcalih organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of his certificate shall extend for a period of ten years, beginning in day after the date of vaccination or in the event of a revaccination within sch 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 die signature.

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

Ce certificate n' est avaiable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa tion Mondiale de la sanc" et sile centre a" uaiif, aion ae" tc'tra6filiie pali-aminslratiou sanitaire du (errilore dans lcquel ce centre est siture;

La validite' de ce certificat couvro une pe'riode de dix ans comencant dix joursaorcs la date de, la vaccination ou, dans le cas dune reiaccination. u .ou., a. -cittc lie, iio, i a" dix ans, lejour de centtc revaccination.

Ca certificate do it ctre signc' uq1 un me'decin de sa propre main, son cachet officiar nc pouvant cue conside' commc lcanr lieu de signature.

Toute eorection ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.