





Accredited By : BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER: H2169

### MEDICAL EXAMINATION CERTIFICATE

Tel: +880-2-333316214-6, Fax: +880-2-333310530

NETRO TIONAL	ULLAH	FIRST NAME AND  AMAN			MIDDLI	MIDDLE NAME			
NETRO TIONAL	ACE AND DATE OF BIRTH		AN RT NUMBER	AN		SEAMA	N'S BOOK NUM	ARER	
	OKONA 10-May-2000	1,700F0	A029	37302		SEAWA	SEAMAN'S BOOK NUMBER T32456		
RMANE	LITY: BANGLADESHI SEX:	Male	☐ Female	VE	ESSEL TYP	E: BULK CARR			RLD WIE
	ENT HOME ADDRESS :					CONTACT NUM		88017796	92288
JAFARE	PUR, KENDUA, MOJAFORPUR-2	780, NETRO	KONA, BAN	GLAD	ESH	RANK :		MESSN	IAN
Have yo	ou ever had any of the following cor	nditions?							
	Condition	YES	NO		Conditio			YES	NO
1	Eye/vision problem	, E3	0	18	Sleep pro				E I
2	High blood pressure			19	Do you si			0	G/
3	Heart/vascular disease		0	20	Operation			D	0
4	Heart surgery		<b>B</b>	21	Epilepsy/				0
5	Varicose veins	П	19.	22	Dizziness				13
6	Asthma/bronchitis		□.	23		onsciousness			0
7	Blood disorder		oʻ, l	24		c problems			4
8	Diabetes		मुस्तित्	25	Depressi			0	5
9	Thyroid problem		W	26	Attempte			0	3
10	Digestive disorder		सन्स	27	Loss of m			D	3
11	Kidney problem		ũ.	28	Balance (				
12	Skin problem		Ū.	29	Severe h			0	PP999
13	Allergies	П	B,	30		throat problems			7
14	Infectious/contagious diseases		<b>d</b> .	31	Restricted				
15	Hemia		т. І	32	Back prof				7
16	Genital disorders			33	Amputation				7
17	Pregnancy		NAVE	34	C 20 10 10 10 10 10 10 10 10 10 10 10 10 10	/dislocations			
36 37 38 39	Have you ever been hospitalised? Have you ever been declared unfi Has your medical certificate ever Are you aware that you have any	t for sea duty been restrict medical prob	ed or revoked lems, diseas	es or i					4999
40 41	Do you feel healthy and fit to p		duties of you	desig	gnated posi	tion/occupation?		5	
Comme		Marie en		-					
	FIT FO	OR DUTY	ON BOAR	D SH	IIP				, ]
42	Are you taking any non-prescription lease list the medications taken and								
fune el	lease list the medications taken and	a the purpos							1

F		No. of Concession, Name of Street, Name of Str	sual acuity					Visual	fields
- 0	Unai Right eye	ded Left ey	e Right ey	Aide	ed Left eye		No	rmal	Defective
Distant	6/1	( / I	Right ey	/E	Len eye	Right	01/0	/	100000000
Near	10	- Glas				Lefte			
Visual acuity mee	ets the stand	dard laid do	own in STCW C	ode Se	ection A-1				
Colour vision as a					Vormal	□ Doub		Defective	
Date of last colou	ur vision test	: Date (day	//month/year)	14	MAY <sub>/</sub> 202	3	263.00		
			Normal At	norm	al			N	ormal = Abnorma
Head			<u> </u>			icose veins		.,	ADIIOIII.
Sinuses, nose, th	roat			D		scular (inc. peda	I nulepe\		P. 0
Mouth/teeth			IT			domen and visce	N. 1		
Ears (general)			8		Her		i d		
			190	П	250	195 30 30 30			
Tympanic membr	diff					us (not rectal exa	itti)		
Eyes			2			J system	201092.29W		
Opthalmoscopy			<u></u>			per and lower ex			
Pupils						ne (C/S, T/S and			<u></u>
Eye movement						urologic (full brie	f)		
Lungs and chest			7299999		1030.5	chiatric			
Breast examination	on		NAIF		Ger	neral appearanc	9		
Heart			1	$\Box$	Ski	n			0
RESULTS OF ANCI	ILLARY EXA	OITAMIMA						SC 38	
Chest X-Ray	1	MO		CAL (I	LIVER FUI	NCTION TEST)	Marijuana		sitive   Negative
ECG	/	M	BILIRUBIN		0	.8	Alcohol Test	☐ Pos	sitive   Negative
	OOD R/E		SGPT		/	VIE	URINE R/E		MAD
DC(differential co	ount) /	1910	SGOT		2	2		OTHERS	
HAEMOGLOBIN	(HGB)	5:5		G AND	ALCOHO	DL TEST	HBsAq		activ D Nonreacti
ESR (WESTERG		7	Morphine			□ Negative	HIV / AIDS Test		activ  Nonreacti
WBC	7	200	Amphetamine	_		☐ Negative	VDRL		activ Monreact
	LUCOSE LE		Phencyclidine			☐ Negative	Blood Type	- Circe	- Involvedor
RANDOM	1		Barbiturates			☐ Negative	Psychological Exa	100	man
HBA1C	17	1.00-1	Cocaine		-	☐ Negative	Others(KUB Ultra		Will
	19	27.	Jouanne	1,	- I contro	- Inogative	Tourerstrop ona	501	1.15
ereby I declare that	f am in know	wledge of t	he contents of t	he Phy	ysical exar	minations:			41 11 11 11 11 11 11
man					AMAN	ULLAH			1 4 MAY 2023
gnature of Seafarer			-			f Seafarer		-	Date
					Traine 0	- Seararer			Date
				nical e	xaminatio	n and the diagno	stic test results rec	orded abov	e, I declare the
the basis of the ex	xaminee's p		for lookout dutie	es	F	D	Not fit for loo		
the basis of the ex	xaminee's p		k service	es	Engine s	ervice	Catering service		Other services
n the basis of the examinee medically:	xaminee's p		k service	es		ervice	Catering service		Other services
sessment of fitne en the basis of the en aminee medically:	xaminee's pr		k service	es		ervice	Catering service		Other services

	MEDICAL CER	TIFICATE F	OR PERSONNI	EL SERVICI	E ON BOAR	RD	
SURNAME: ULLAH			GIVEN NAME (S):	AMAN		1	W
DATE OF BIRTH:		PL	ACE OF BIRTH			SEX	
DAY 10	MONTH 5 YEAR	2000 CI		A COUNTRY	BANGLADE	See Entire Security 1999	MALE
POSITION ON BOAR		5071 81700	AILING ADDRESS			S NALE FE	MALE
MASTER DECK OFFICER ENGINEERING OFFI RADIO OPERATOR RATING		M NE	DJAFARPUR, KEN ETROKONA, BANG	NDUA, MOJAF	50140	*	
DECLARATION OF T	HE AUTHORIZED PHYSIC	CIAN					
	VISION		COLOR	TEST TYPE		HEARING	
	WITHOUT GLASSES	WITH GLASS	ES BOOK	(		2007 0000	
RIGHT EYE	616	_	LANT	TERN	RIGHT EAR	w	
			YELLOW M	MY RED MY			
LEFT EYE	<u>U</u> .	_	GREEN M	N BLUE MY	LEFT EAR	m	
Confirmation that iden	tification documents were	checked at the po		/	2 SAMMANOSSEC		
192 - C 1992 70	indards in STCW & ode, Se		4	NOT APLICAE	RIF		
Unaided hearing satis							
	andards in STCW Code, S	ection A-1/92 <del>V</del> F	S NO				
	landards in STCW Code, S		No. of the Contract of the Con				
		section A-175!	S NO				
(the visual test it is rec	TO ANY THE COLONIC OF THE STORE CALL SOCIETY OF		4 MAY 2023				
	vision test: (Day/Month/Ye	300 0 XXX					
	t lenses necessary to meet	the required visio	n standards? YES	NO			
Able for watchkeeping	? YES NO						
	non-prescription or prescri						
	m any medical condition lik other persons on board?-A		ted by service at sea	or to render the	seafarers unfit f	or such service or to	)
Hereby I declare that I	am in knowledge of the co	ontents of the Phy	sical Examination.				
		AMAN U	ILLAH			• • • • • • • • • • • • • • • • • • • •	
Acra	<del>-</del>					1 4 MAY 2023	
Signature of A	Applicant	Name of Ap	pplicant		Da	te	
CIRCLE APPROPIA ENGINEERING OF	ATE CHOICE: (HE / SHE FICER / RADIO OPERA	E) IS FOUND TO TOR / RATING	BE (FIT / NOT FI ) (WITHOUT ANY)	T) FOR DUTY WITH THE F	AS A (MASTE OLLOWING) R	R / DECK OFFCI	ER/
		TUTO ROTE	ON BOARD SH	IIP	12.		
NAME AND DEGREE	OF PHYSICIAN: DR. MIR	MD. RAIHAN; M.	B.B.S(D.U.), REG. N	O. A-55144			
ADDRESS: REDICAL	HOSPITALS LIMITED, U	TTARA, DHAKA-	1230.				
NAME OF PHYSICIAN	I'S CERTIFICATING AUTH	HORITY: BANGLA	ADESH MEDICAL AN	ND DENTAL CO	UNCIL (B.M.D.C	:.)	
DATE OF ISSUE PHY	SICIAN'S CERTIFICATE:	06-MAY-2014		1 Sal Hosp	Italia		
SIGNATURE OF PHYS	SICIAN:	ST	AMP OF PHYSICIAN	AsiPer-MLC	-2006 *	1 4 MAY	2023
EXPIRY DATE OF CE	RTIFICATE:	13	MAY 2025	1330			
	This c	ertificate is issued	l in compliance with	the requirement	METALUS /		
	of the SICW Conve	ntion, 1978, as ai	nended and the Mari	itime Labour Co	nvention, 2006.		
MB	R. MIR. MD. RAI BS (DU), DFM. CCD (Birdem), PG	T (Ophth)	en bi				
DC	MDC A-55144, MMC-BG Shipp.ng Bangladesh Ap General Physician	pproved					





Id No : 0427

Date: 14-May-2023

D.Date: 14-May-2023

Patient's Name: AMANULLAH

Age: 23Y 0M 4D

Gender: Male

Specimen

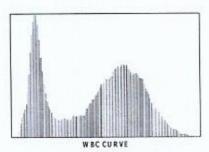
: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T32456

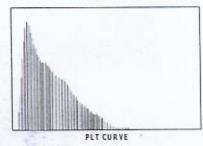
#### **Haematology Report**

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

Parameter Name	Results	Reference Range		
Hemoglobin (Hb) 15.5 gm/dl		M:13-18 gm/dl. F:11.5-16.5 gm/ Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.		
ESR(Westergreen)	<b>07</b> mm/1st hr	Male:0-10, F:0-20 mm/1st hr.		
Total WBC Count(TC)	<b>7,800</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm		
Differential WBC Count (DC)				
Neutrophils	71 %	Child: 25-66 %, Adult: 40-75 %		
Lymphocytes	24 %	Child: 52-62 %, Adult: 20-50 %		
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %		
Ecsinophils	02 %	Child: 01-03 %, Adult: 01-06 %		
Basophils	00 %	Adult: 00-01 %		
Total Cir. Eosinophils	156 /cumm	50-450/cumm		
Total RBC Count	<b>5.15</b> m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul		
HCT/PCV	40.8 %	M: 40-54%, F:37-47%		
MCV	<b>79.2</b> fL	76 - 94 fL		
MCH	<b>30.1</b> pg	27 - 32 pg		
MCHC	38.0 g/dL	29 - 34 g/dL		
RDW	13.2 %	11/- 16 %		
PDW	9.2 fL	35 - 56 fl		
Total Platelete Count (PC)	3,22,000 /cumm	150,000-450,000/cumm		
MPV	7.4 fL	7.0 - 11.0 fL		
PCT	0.238 %	0.1 - 0.%		
Bledding Time(BT)	%	10 - 18 %		
		201 2 2 3 3		



RBC CURVE



.

Checked By

Cloting Time(CT)

Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU) Associate Professor

Dept. Of Microbiology

East West Medical College & Hospital.

0.1-0.2 %



radical\_hospitals@yahoo.com, www.radicalhospital.com

DIA23050427	Received Date	14/05/2023
AMANULLAH		1
23Y 0M 4D	Patient's Sex	Male
Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:T32456
Blood		
	AMANULLAH  23Y 0M 4D  Dr. Mir Md. Raihan MBBS,(DU),0	AMANULLAH  23Y 0M 4D Patient's Sex  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.6 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21 U/L	Up to 37 U/L
HbA1C	4.3 %	4.2 - 6.7 %

### 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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Bill No	DIA23050427	Received Date	14/05/2023
Patient's Name	AMANULLAH		
Patient's Age	23Y 0M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:T32456
Sample	BLOOD		4

# SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
HBsAg (Method : (ICT)	Negative

OOD GROUPINGResult		
ABO Blood Group	"A" (+ve)	
Rh(D)Factor	Positive	

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	DIA23050427	Received Date	14/05/2023
Patient's Name	AMANULLAH		
Patient's Age	23Y 0M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU	),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:T32456
Sample	URINE		

#### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	1-2/HPF

#### CHEMICAL EXAMINATIONCASTS/LPF

Reaction	Acidic	RBC	Nil	
Albumin	NIL	WBC	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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. SENTOSA CHALLENGER

DATE: 14/05/2023

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

# EYE EXAMINATION REPORT

NAME: AMAN ULLAH

RANK: M.M

CDC NO: T/32456

VISUAL ACUITY:

RIGHT

LEFT

6/6

UNAIDED

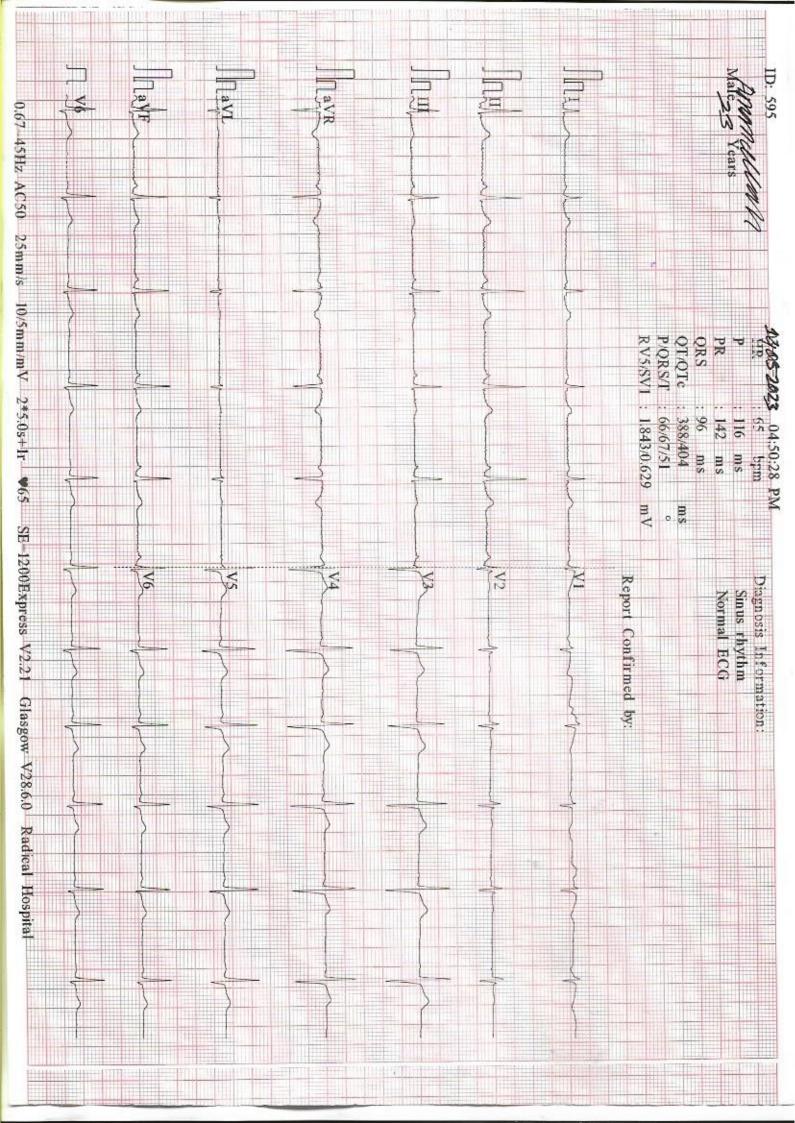
AIDED

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



RADICAL HOSPITAL

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## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23050427 Receive:14/05/2023 Print: 14/05/2023

Patient's Name : AMAN ULLAH

Age : 23 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 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

This is to certify that whose signature follows

Date of birth 10-05-2000 Sex MALE

AMANULLAH (T/32456)

has on the date indicated been vaccinated or revaccinated against Cholera

DR. MIR. MD. RAIHAN MBS (DU). DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physiclen Radical Hospitals Limited  DR. SABRINA MOSTAFA MBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.  3 DR. MIR. MD. RAIHAN MBS (DU) DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-06 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited  5 5 5	Date	Signature and Professional status of vaccinator		р
DR. MIR. MD. RAIHAN  MSBS (DUI. DFM, CCD (Birdem), PGT (Oplith)  BMDC A-55144, MINC-BGD-018  DG Shipp.ng Bangladesh Approved  General Physician  Radical Hospitals Limited  5  5		DMDC 4-55144 MMC-BGD-0101	AVERAGE	
DR. MIR. MD. RAIHAN  MBBS (DU). DFM. CCD (Birdem), PGT (Optth)  BMDC A-55144, MMC-BGD-0 8  DG Shipping Bangladesh Approved  General Physician Radical Hospitals Limited  4WGLADEST  5	2 0 K	DR. SABRINA MOSTAFA MBBS (D.U) Hag. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by D.G. Shipping, Dhaka.		
DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited  The Average Control of the Control	3	WBBS (DOT DEM: COD (Daniell) Co. (Object	3 FOR VACCING	4
6	Anh.	DG Shipping Bangladesh Approved General Physician	A Section	and the series of the series o
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