



HAQUE & SONS LTD.

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Accredited By : BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER:
HS4330FF



MEDICAL EXAMINATION CERTIFICATE

SURNAME HOSSAIN	FIRST NAME AND MAMUN	MIDDLE NAME MAHBUB
PLACE AND DATE OF BIRTH MYMENSINGH 11-Nov-1982	PASSPORT NUMBER B00025225	SEAMAN'S BOOK NUMBER CO4330
NATIONALITY : BANGLADESH SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : 25 MOHAMMAD ALI ROAD MYMENSINGH, BANGLADESH	CONTACT NUMBER : 01717179484 (SELF)	RANK : CHIEF ENGINEER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
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/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever 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 medications?	☐	☒

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 authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight **70 kg** Height (cm) **172** BMI **23.6** Blood Pressure: Systolic **120 mmHg** Diastolic **80 mmHg** PULSE: **78 bpm**

Ear	Hearing by Audiometry
Right	☐ Adequate ☐ Inadequate
Left	☐ Adequate ☐ Inadequate

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
☒ Adequate	☐ Inadequate
☐ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐

04.2023.4026

	Visual acuity				Right eye Left eye	Visual fields	
	Unaided		Aided			Normal	Defective
	Right eye	Left eye	Right eye	Left eye			
Distant	6/6	6/6					
Near							

Visual acuity meets the standard laid down in STCW Code Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☐ Normal ☐ Doubtful ☐ Defective

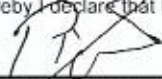
Date of last colour vision test: Date (day/month/year) **21 MAY 2023**

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	N/A	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	N/A	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E	N/A	SGPT	URINE R/E	N/A	
DC (differential count)	N/A	SCOT	OTHERS		
HAEMOGLOBIN (HGB)	137	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	10	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	6.000	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL	5.8	Phencyclidine	☐ Positive ☒ Negative	Blood Type	O+VE
RANDOM	5.5-1	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	N/A
HBA1C	5.5-1	Cocaine	☐ Positive ☒ Negative	Others (KUB Ultrasound)	N/A

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

	MAMUN MAHBUB HOSSAIN	21-May-2023
Signature of Seafarer	Name of Seafarer	Date

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:

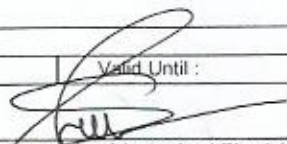
☒ Fit for lookout duties	☐ Not fit for lookout duties		
Deck service	Engine service	Catering service	Other services
☒	☒	☐	☐
Unfit	☐	☐	☐
☒ Without restrictions	☐ With restrictions		

Is the Seafarer free from any medical conditions 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?

Yes	No
☒	☐

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

Action taken by medical examiner (e.g., referral):

Fitness Date: 21 MAY 2023	Valid Until: 20 MAY 2025
 Name and Signature of Authorized Physician	

In Accordance with Medical Examination of Seafarers Convention 1996 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: HOSSAIN		GIVEN NAME (S): MAMUN MAHBUB	
DATE OF BIRTH: DAY 11 MONTH NOV YEAR 1982		PLACE OF BIRTH CITY MYMENSINGH COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: 25 MOHAMMAD ALI ROAD, MYMENSINGH, BANGLADESH, 2200, BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	☒ BOOK ☒ LANTERN YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	RIGHT EAR ☒
LEFT EYE	6/6	—		LEFT EAR ☒

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) 21 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.

Signature of Applicant

MAMUN MAHBUB HOSSAIN

Name of Applicant

21 MAY 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:

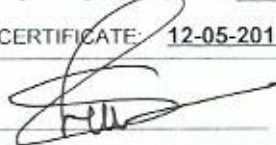
FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144

ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230.

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 12-05-2011

SIGNATURE OF PHYSICIAN: 

STAMP OF PHYSICIAN: 

EXPIRY DATE OF CERTIFICATE: 20 MAY 2025

DATE: 21 MAY 2023

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 (Bdcm), PGD (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MAMUN MAHBUB HOSSAIN

RANK : CHIEF ENGINEER

CDC NO : C/O/4330

DOB : 11-Nov-1982

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart-related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel, I will bear all the expenses as may incur as a direct result of such concealment.

Date : 21 MAY 2023

Signed :

The Crew Member

* If yes, mention details below:-

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

Medical Information: (医療情報) * Please check the appropriate items.

該当する二欄にノ記号を入して下さい。

1. ALLERGIES: (アレルギー)
☐ Urticaria (hives) (じんましん) ☐ Asthma (ぜんそく) (その他)
☐ Drug allergies (name): (薬品名) ☐ Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)
 (1) Past serious illness: (主な既往症) Age (年齢)

(2) Surgery: (手術) When? (時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持続/有無)
 Name of illness: (病名)

Name(s) of medicine (s) used for the above disease (s). (上記病歴に使用した一投薬品名)

21 MAY 2023

4. DAILY LIFE HABITS: (日常生活)

- (1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない)

- ☐ Drink 2-3 times a week (週に2-3回) ☐ Drink every evening (毎日)
☐ Heavy drinker (強飲) ☐ Moderate drinker (中程度) ☐ Light drinker (弱い)

- (2) Smoking: (喫煙) ☐ Never smoke (吸わない)

- ☐ Just smoking in 19..... 19..... 年、に始まる

- ☐ Smoke..... cigarettes a day: (1日平均.....本吸う)

- (3) Bowel movements: (排便)

- ☐ Regular (規則的) ☐ Irregular (不規則)

- ☐ Constipated (便秘)

- (4) Dietary preferences: (食事の好み)

- ☐ Salty (塩辛い) ☐ Meat (肉類) ☐ Fish (魚類)

- ☐ Sweet (甘い) ☐ Only (指さない)

- (5) Exercise: (運動) ☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)

- (6) Sleep: (睡眠) ☐ Sleep well (よく眠る) ☐ Have Sleeplessness (眠れない)

- ☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

- (7) Weight: (体重)

- ☐ Constant (変わらない) ☐ Putting on weight (増えてくる)

- ☐ Losing weight (減ってくる)



[Signature]

DR. MIR. MD. RAIHAN
 MBBS, DUT, DPL, CCD (Bridem), PGT (Ophth)
 BMDC A-55144, MMIC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited

5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

- | | | | | |
|--|---|---|---|---|
| ☐ Heart disease (心臓病) | F | M | B | S |
| ☐ Cancer* part (癌/がん) | F | M | B | S |
| ☐ Diabetes (糖尿病) | F | M | B | S |
| ☐ Hypertension (高血圧症) | F | M | B | S |
| ☐ Cerebral Apoplexy (脳卒中) | F | M | B | S |
| ☐ Liver disease (肝臓疾患) | F | M | B | S |
| ☐ Other: Name of disease (病名) | F | M | B | S |

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡潔に。)

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Tel: _____ Fax: _____
(所属会社) (国籍)
Nationality: BANGLADESH
Name: MAMUN MAHAB HOSSAIN (性別) M (男/女)
(氏名) given name (名) family name (姓)
Name of Position: CA. ENGR
(職種)

Date of Birth: 11-11-82 (D・M・Y)
(生年月日)
Height: 172 cm Weight: 70 kg/age 20 (20 才時) _____ kg
Pulse: 78 /min Normal breathing rate: 18 /min Normal temperature: _____ °C
(脈拍) (正常呼吸数/分) (平熱)

Blood pressure: 100/80 mmHg Blood type: O+ Rh () Single Married (未婚/結婚)
(血圧) (血液型)

Blood sugar: (血糖値) _____ mg/dl < 0.05625 = (_____ mmol/l)
Uric acid: (尿酸値) _____ mg/dl > 0.05914 = (_____ mmol/l)

Date: 21 MAY 2023 Signature: (署名) _____
(Card holder) (本人)


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



Id No : 0641 **Date** : 21-May-2023 **D.Date** : 21-May-2023
Patient's Name : MAMUN MAHBUB HOSSAIN **Age** : 40Y 6M 10D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 4330

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.7 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)	6,900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	61 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	34 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	138 /cumm	50-450/cumm
Total RBC Count	4.75 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.6 %	M: 40-54%, F:37-47%
MCV	77.1 fL	76 - 94 fL
MCH	28.8 pg	27 - 32 pg
MCHC	37.4 g/dL	29 - 34 g/dL
RDW	13.7 %	11 - 16 %
PDW	13.2 fL	35 - 56 fL
Total Platelete Count (PC)	2,13,000 /cumm	150,000-450,000/cumm
MPV	9.1 fL	7.0 - 11.0 fL
PCT	0.194 %	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	DIA23050641	Received Date	21/05/2023
Patient's Name	MAMUN MAHBUB HOSSAIN		
Patient's Age	40Y 6M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4330
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 - 6.4 mmol/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