

HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880 31 716214-6, Fex: +880 31 710530 Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER: 201875

MEDICAL EXAMINATION CERTIFICATE

ACE AND DATE OF BIRTH PASSPORT NUMBER SEAMAN'S BOOK NULL COMILLA 20-Aug-1983 B00057757 COATIONALITY: BANGLADESHI SEX: Male Female VESSEL TYPE: CHEM. TANKER TRADING	4550	01911-
COMILLA 20-Aug-1983 B00057757 COATIONALITY: BANGLADESH SEX: Male Female VESSEL TYPE: CHEM. TANKER TRADING RMANENT HOME ADDRESS: BRAMMAN CHAR, P.O. GOBINDA PUR-3515, P.S. MEGHNA, DIST. COMILLA, RANK: Condition YES NO Condition	YES	01911- GINEER NO 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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Have you ever had any of the following conditions? Condition Eye/vision problem High blood pressure Heart/vascular disease Heart/vascular disease Varicose veins Holod disorder Blood	YES	64664666
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		or.
35 Have you ever been signed off as sick or repatriated from a ship?	YES	NO
36 Have you ever been hospitalised?		0
37 Have you ever been declared unfit for sea duty?		13
38 Has your medical certificate ever been restricted or revoked?		B
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?	D	
41 Are you allergic to any medications?		D
comments:		
FIT FOR DUTY ON BOARD SHIP		
42 Are you taking any non-prescription or prescription medications?	П	-ET
yes, please list the medications taken and the purpose(s) and dosage(s)	- LJ	
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THE RESIDENCE OF THE PARTY OF T	GLUCOSE		Phencyclidin	е	☐ Positive ☑ No		Blood Type		13.	710
RANDOM		5-7	Barbiturates		□ Positive ≥ Ne		Psychological		N	40
HBA1C		5-9%	Cocaine	- 2	□ Positive → Ne	egative	Others(KUB L	Itraso		
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SURNAME: ALAM DATE OF BIRTH: DAY 20 MONTH 8 YEAR 1983 CITY COMILLA COUNTRY BANGLADES MALE FER POSITION ON BOARD: MALING ADDRESS OF APPLICANT: 5615, 4TH FLOOR, MANIK NAGAR, WASA ROAD, P.O. WARI, P.S. MUGDA, DHAKA, BANGLADESH. BANGLADESH. BANGLADESH. BANGLADESH. COLOR TEST TYPE HEARING COLOR TEST TYPE HEARING WITHOUT GLASSES WITH GLASSES RIGHT EYE COnfirmation that identification documents were checked at the point of examinationar TES NO NOT APLICABLE Unaided hearing satisfactory TES NO Visual acusty meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Code, Section A-1/97 YES NO Colour vision meets standards in STCW Cod	ERTIFICATE FOR PERSONNEL SERVICE ON BOARD
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(the visual test it is required every six years) Date of the last colour vision test: (Day/Month/Year) Are glasses or contact lenses necessary to meet the required vision standards? YES Able for watchkeeping? YES NO Is applicant taking any non-prescription or prescription medications? YES 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. MAHBUBUL ALAM O 4 MAY 2023 Signature of Applicant Name of Applicant Date CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCI ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:	, Section A-1/9? 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. MAHBUBUL ALAM O 4 MAY 2023 Signature of Applicant Name of Applicant Date CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCI ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:	(Year) 0 4 MAY 2023
Hereby I declare that I am in knowledge of the contents of the Physical Examination. MD. MAHBUBUL ALAM O 4 MAY 2023 Signature of Applicant Name of Applicant Date CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCI ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:	scription medications? YES NO
Signature of Applicant Name of Applicant Date CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCI ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:	
FIT FOR DUTY ON BOARD SHIP	MD. MAHBUBUL ALAM Date SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / RATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:
NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144 ADDRESS: REDICAL 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	SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH. JTHORITY: DG SHIPPING BANGLADESH SHOSOF
SIGNATURE OF PHYSICIAN: STAMP OF PHYSICIAN: 3 DATE:	STAMP OF PHYSICIAN: ASPER-MLG-2006 DATE: DATE:
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 (Birdem), PGT (Ophth) BMDC A-55144, MMC-BSD-016	is certificate is issued in compliance with the requirements nvention, 1978, as amended and the Maritime Lahour Convention, 2006. D. RAIHAN Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.



: Blood



Id No : 0093 Date: 03-May-2023 **D.Date**: 03-May-2023

Patient's Name: MD MAHBUBUL ALAM Age: 39Y 7M 13D Gender: Male Specimen

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4550

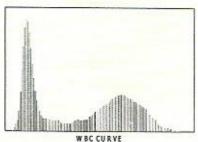
Haematology Report

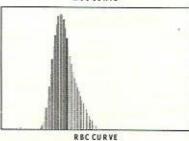
& checked manually)

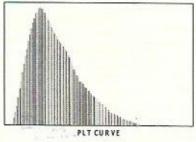
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	11,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One 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	220 /cumm	50-450/cumm
Total RBC Count	5.02 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.6 %	M: 40-54%, F:37-47%
MCV	78.9 fL	76 - 94 fL
MCH	30.9 pg	27 - 32 pg
MCHC	39.1 g/dL	29 - 34 g/dL
RDW	13.3 %	11 - 16 %
PDW	16.4 fL	35 - 56 fl
Total Platelete Count (PC)	2,20,000 /cumm	150,000-450,000/cumm
MPV	9.6 fL	7.0 - 11.0 fL
PCT	0.211 %	0.1 - 0.%
22 W. C. (1997) A. (1997) A. (1997)	Was all the same of the same o	

%

%







Checked By Medical Technologist

Bledding Time(BT)

Cloting Time(CT)

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology East West Medical College & Hospital.

10 - 18 %

0.1-0.2 %





Bill No	DIA23050093	Received Date	03/05/2023
Patient's Name	MD MAHBUBUL ALAM	1 Coelved Date	03/05/2023
Patient's Age	39Y 7M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eve).DFM	CDC NO:C/O/4550
Sample	BLOOD	/ - (-)-//	020 NO.0/0/4330

BIOCHEMISTRY REPORT

Result	Reference Range
5.7 mmol/l	4.2 – 6.4 mmol/l
0.9 mg/dl	0.2 - 1.1 mg/dl
27 U/L	Up to 37 U/L
33 U/L	Up to 40 U/L
5.1 %	4.2 - 6.7 %
	5.7 mmol/l 0.9 mg/dl 27 U/L 33 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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun M BBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA23050093	Donnie J D. L	1
Patient's Name	MD MAHBUBUL ALAM	Received Date	03/05/2023
Patient's Age	39Y 7M 13D		
Ref. by		Patient's Sex	Male
Sample	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/4550
Sample	BLOOD		

SEROLOGYCAL REPORT

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

OD GROUPINGResult	
ABO Blood Group	"B" (+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	DIA23050093	Received Date	03/05/2023
Patient's Name	MD MAHBUBUL ALAM		00/00/2020
Patient's Age	39Y 7M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCI	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/4550
Sample	URINE		3.0707.000

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	0-1/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



Bill No	DIA23050093 Received Date		02/05/2022	
Patient's Name	MD MAHBUBUL ALAM	received Date	03/05/2023	
Patient's Age	39Y 7M 13D	Patient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4550	
Sample	URINE 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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



REF: MT. GINGA LYNX

DATE: 03/05/2023

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

EYE EXAMINATION REPORT

NAME: MD MAHBUBUL ALAM RANK: CH.ENG CDC NO: C/O/4550

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

66

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

] aVF	aVL	a VR			Malogo Years
					PARRELLA
		7			PR PR PR PR PR PR PR PORS PORST PORS
					108 bpm 106 ms 176 ms 84 ms 316/424 ms 49/12/36 °
V6 -	VS -				Diagnosis Information: Sinus tachycardia Possible left atrial abnormality Poor R wave progression Borderline ECG Report Confirmed by:
					tion: a a ial abnormality ogression bv:
			1	7	
	7	3	 3	j	



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050093 Receive:03/05/2023 Print: 03/05/2023

Patient's Name : MD MAHBUBUL ALAM

Age : 39 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



Patient ID 23050093 Test Name USG OF KUB		Voucher No	
		Delivery Date	03/05/2023
Patient Name	MD. MAHBUBUL ALAM	300/10	
Age	39 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.6 cm. The cortical echogenicity are normal with clear cortico—medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated. An echogenic structure of 5.4mm is noted in lower pole of Rt. kidney without posterior acostic shadowing

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 10.8 cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

URETER: There is no dilatation in both ureter .

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size 10.4 cc regular in shape. Echogenicity is homogenous.

No area of calcification is seen.

COMMENT: Suggestive of Right renal calculus.

Adv: X-ray KUB.

Dr. Asma Ahmed MBBS, CMU, DMU

PGT (Gynae & obs)

Advanced Training on TVS Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows Date of birth 20-08-1983 Sex Male.

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved	l Stamp
OLANTO	DR AHR. MD. RAIHAN MBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	35, Shah Maldhdam Avenua Uttara, Dhaka *	
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3		3	4
4		ule B'- alle energing	A THE CLASSICAL CONTROL
5		5	6
6			
7		7	8
8			10

Continued overleaf Suite our erso

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

Form No: SMC

Seafarer's Signature



SL NO.____

64.2023.3867

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

Name & Signature of the practitioner:

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:	5)
Name: Last Alam First Mal.	
Gender: (Male/Female)	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/ Husbad'sname: Md. Fazlul Hugue	
Mother's Name: Mrs. Sayera Hughe Address: House No: 56/5 Street/ Road No: Wasa Ro	ad Passport No. B00057757
Locality/Village: Manik haser	NID No. 1919554673
Po vkri	Date of Birth: 20/08/1983
P.S: Mugda	(DD/MM/YYYY)
District: Dhaka	(55)
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of t	the People's Penublic of Rangladoch and cont
the followings:	ine reopie 3 republic of ballgladesii aliu colli
1. Confirmation that identification documents were checked at the point	t of examination :YES(NO
2. Hearing meets the standards in section A-I/9	:YES/NO
3. Unaided hearing satisfactory?	:YESINO
4. Visual acuity meets standards in section A-I/9?	:XESINO
Colour vision meets standards in section A-I/9?	:YES/NO
Date of last colour vision test	0 3 MAY 2023
6. Fit for lookout duties?	:YES/NO
7. Is the seafarer free from any medical condition likely to be aggravate	ed by service at sea or to
render the seafarer unfit for service or to render the health of any other	r persons on board? :YES/NO
8. Any limitations or restrictions on fitness?	:YES/NØ
If YES, specify limitations or restrictions:	10 1
Duties:	200
Location/Vessel: RADICAL HCSPITAL LIMITED	D
Medical/Other: Uttara, Dhaka, Bangladesh	
9. Medical fitness category : Fit-No restriction Fit-Sub	Signature resolutions U.S.
Medical fitness category : Fft-No restriction Fit-Sub-	oject to restrictions Unfit
10. Date of examination/Issue (DD/MM/YYYY). 0 3 MAY 2023	
0.2 MAV 2025	
11. Date of expiry (DD/MM/YYYY)	in 2 years from the date of examination".
Hospita	Time-
I have read the contents of the certificate	DR. MHR. MD. RAIHAN
and have been informed of the right to review.	MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 whis pered 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 useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table 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 enineer 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 fight 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 Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E n 3 MAY 2023 DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Redical Hospitals Limited.



Padma Diagnostic Centre Limited

245/2 New Circular Road Malibagh, Dhaka-1217

T 096-11113355, 02-222227392, 02-222226841

@ info@padma-bd.com @ www.padma-bd.com

Radiological Report X ID No: 648 Date: 04 May 2023 Rec. No. 68853

Name : Md.Mahbubul Alam Age: 39 Y Sex: M

Referred by : Self

Skiagram of: Plain Abdomen KUB Region

Radiological Findings:

PLAIN ABDOMEN KUB REGION

Faecal matter and gas obscure the detail.

Faint elongated opaque shadow is seen in the level of transverse process of L5 vertebra on left side.

Impression:

Suggestive of left ureteric small calculus or superimposed shadow of faecolith.
USG correlation is recommended.

Advice:

Dr. Farzana Shagufta

MBBS, MD Associate professor Department of Radiology & Imaging IMC & BIRDEM Hospital, Dhaka.