

## HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel: +880-2-333316214-6, Fax: +880-2-333310530

Accredited By : BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER: HS4222FF

#### MEDICAL EXAMINATION CERTIFICATE

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Have y	ou ever had any of the following co	inditions?								
	Condition	YES	NO,		Conditio	n			YES	s NO
1	Eye/vision problem		4	18	Sleep pro	oblems				
2	High blood pressure		E	19	Do you s	moke?			C)	
3	Heart/vascular disease			20	Operatio	n/surgery	/			9
4	Heart surgery		G/	21	Epilepsy	seizures				
5	Varicose veins		19	22	Dizzines:					0
6	Asthma/bronchitis		13	23	Loss of c					
7	Blood disorder		B	24	Psychiati	ric proble	ms			W
8	Diabetes		8	25	Depressi		20070			
9	Thyroid problem		P	26	Attempte		6			
10	Digestive disorder			27	Loss of n					2
11	Kidney problem		1	28	Balance					9
12	Skin problem		D'	29	Severe h					9
13	Allergies			30	Ear/nose					<b>□</b>
14	Infectious/contagious diseases			31			Section of the sectio		ä	
15	Hernia	Ö		32	Restricte		y		9.0	
16	Genital disorders	D	B	33	Back pro					
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Visual acuity meets the	-(			-531	Left ey	e	_		THE NAME OF THE PARTY OF THE PA
Colour vision as per ST	CW CODE Sea	ction A-I/9: 🕡	No	rmal	☐ Doubtf	ul	☐ Def	fective	e 1-4.
Date of last colour vision	n test: Date (da	ay/month/year) 4	MA	Y 2023	74				
Head		Normal Abnor			se veins				Normal Abnorma
Sinuses, nose, throat					ar (inc. pedal	nulene\			0 0
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ESR (WESTERGREN)		Morphine		Positive 🗆		HIV / AIDS T	oct		Reactiv D Monreacti
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reby I declare that I am i	n knowledge of	the contents of the	e Ph	ysical exam	inations:				The second second
			MD	MAHRIIDI	JR RAHMAN				14 MAY 2023
gnature of Seafarer	-01	03	MID	Name of S			-	-	Date
gnature or Searafer				ivallie of S	calaiel				Date
sessment of fitness for the basis of the examino aminee medically:	ee's personal d	eclaration, my clini for lookout duties			П	Not fit fo	r lookout o		Months Charles (14 and 15 and 16 and
	Dec	k service		Engine serv	ice	Catering	service		Other services
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#### MARITIME AND PORT AUTHORITY OF SINGAPORE

#### SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, mic	ldle)		Gender:
	RAHMAN MD MAHBUB	UR	Male/ <del>Female*</del>
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:	
16-DEC-1980	BANGLADESHI	DHAKA	

Declaration of the recognized medical practitioner:

	aration of the recognized medical practitioner.	Yes No
1	Identification documents were checked at the point of examination?	
2	Hearing meets the standards in STCW Code Section A-I/9?	
3	Unaided hearing satisfactory?	1
4	Visual acuity meets the standards in STCW Code Section A-I/9?	
5	Colour vision meets the standards in STCW Code Section A-I/9?	
	Date of last colour vision test: 1 4 MAY 2023	
6	Fit for look-out duty?	
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea to render the seafarer unfit for such service or endanger the life of person onboard?	or _
8	No limitations or restrictions on fitness?	
	If "no" specify limitations or restrictions	
9	Date of examination: (day/month/year) 14 MAY	2023
10	Expiry of certificate: (day/month/year)  ** Maximum two years from date of examination unless the seafarer is under the age of 18  13 MAY	

1 4 MAY 2023

Date Signature of Authorised Medical Practitioner 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.

Medical Practitioner's Official stamp (name, licence number, address etc)

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

Signature of Seafarer







# MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION



### RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle, (BLOCK CAPITALS)	) RAHMAN MD MAHBUBUR			Gender: Male/Eemale;
Date of Birth: day/month/year 16-DEC-1980	Place of Birth: GAZIPUR	Nationa BANGI	ality: _ADESHI	,
Type of ID documents: NRIC No. / Passport No.: A07176181	Dept: Deck / Engine / Catering / Rank: CHIEF ENGINEER	others	Type of OILTAN	1860 (1874) 1860 (1874)
Home Address; HOUSE#42B K GANGULY LANE, BANGSHAL, DHAKA-GPO-1000, DHAKA, BANGLADESH	Routine and emergency duties: BOTH		Trading / world v	area: e.g coastal vide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

)	/es	No		Yes	No
Eye/vision problem		-	18. Sleep problem		-
High blood pressure		1	19. Do you smoke, use alcohol or drugs?		-
Heart/vascular disease		U	- 20. Operation/surgery		L
Heart Surgery		-	21. Epilesy/seizures		L
Varicose veins/piles		-	22. Dizziness/fainting		L
6. Asthma/bronchitis		-	23. Loss of consciousness		
7. Blood disorder		1	24. Psychiatric problems		-
8. Diabetes		-	25. Depression		
9. Thyroid problem		-	26. Attempted suicide		4
10. Digestive disorder		-	27. Loss of memory		1
11. Kidney problem			28. Balance problem		
12. Skin Problem			29. Severe headaches		-
13. Allergies		-	30. Ear(hearing, tinnitus/nose/throat problem		
14. Infectious / contagious diseases		-	31. Restricted mobility		
15. Hernia			32. Back or joint problem		
16. Genital disorder		-	33. Amputation		
17. Pregnancy	N	1A	34. Fracture/dislocations		

If you answer "yes" to any of the above questions, please provide details:	
- 180 - 18 110 (8) 25 25 06 5 191   1902 1807 SANSHEYASA	

Additional questions	Illand	Yes No
35. Have you ever been signed off as sig	k or sepatriated from a ship?	
36. Have you ever been hospitalized?	(AsiPer-MLG-2006) *	
	THE PART CHARLES 2000 FOR	

37. Have you ever been declared unfit for sea duty?		-
38. Has your medical certificate even been restricted or revoked?		_
39. Are you aware that you have any medical problems, diseases or illnesses?		1
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	1	-
41. Are you allergic to any medication?		1
42. Are you using any non-prescription or prescription medication?		1

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

1 4 MAY 2023

Date

Signature of Seafarer

MIR. MD. RAIHAN
MBS (0U) DFM CCD (Birdem), PGT (Ophth)
BMDC A 55144, MMC-BGD-016
DG Shipping Bangladesh Approved

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr.

1 4 MAY 2023

Date

Signature of Seafarer

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

Name and Signature of Witness



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No No	3 or contact ich	1303					
Yes -	Туре			Purpose			
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	Unaided				Aided		
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Distant	616	616		istant			
Near	NS	NS	- N	ear			
visual fields							
	Norma	al ,	Def	ective			
Right eye							
Left eye							
Not tes	sted N	lormal		Doubtful		Defective	
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Right ear Left ear Right ear Left ear Clinical Find Height Pulse rate	whisper test (r	netres)  (cm) minute) mm Hg)	Hz	old values 2,000 Hz 20 Wi Wi Weight	in dB) 3,000 H  nisper	iz Peg u	
Right ear Left ear  Right ear Left ear  Clinical Find  Height Pulse rate Blood Press	whisper test (r	netres)  (cm) minute) mm Hg)	Hz 30 otein:	Weight Rhythm Diastolic	in dB) 3,000 H  nisper  (kg) (mm Hg) Blood:	12 Peg 1	
Right ear Left ear  Right ear Left ear  Clinical Find  Height Pulse rate Blood Press	whisper test (r	netres)  (cm) minute) mm Hg)	Hz 30 otein:	Weight Rhythm Diastolic	in dB) 3,000 H  nisper  (kg) (mm Hg) Blood:	12 Peg 1	
Right ear Left ear  Right ear Left ear  Clinical Find  Height Pulse rate Blood Press Urinalysis:	whisper test (resure Systolic (resure Sy	netres)  (cm) minute) mm Hg)	Hz 30 otein:	Weight Rhythm	in dB) 3,000 H  nisper  (kg) (mm Hg) Blood:	12 Peg 1	

Part B - Result of medical examinations

Ears (general)			1		
Tympanic membrane	-		-		
Eyes			-		
Ophthalmoscopy			-		
Pupils			-		
Eye movement	<u></u>				
Lungs and chest	_				
Breast examination	N/A				
Heart					
Skin					
Varicose Vein					
Vascular (inc. pedal pulse)					
Abdomen and viscera					
Hernia	<u></u>				
Anus (not rectal exam)					
G-U system					
Upper and lower extremities					
Spine (C/s, T/S, L/S)					
Neurologic (full/brief)					
Psychiatric	<u></u>				
General appearance					
Not performed	Results:	ed on (day/m …んいへい		hor	Krry
ther diagnostic test(s) and res	sult(s):				
est		Results:			
Medical practitioner's comment		sment of fitne	ss, with reas	ons for any	limitations.
Ven I	POR DUTY ON	BOARD SHIP			
ssessment of fitness for servi	ce at sea (pl	lease tick)			
n the basis of the seafarer's persults recorded above, I declare	sonal declara the seafarer	ation, my clini medically:	cal examinat	ion and dia	gnostic test
Fit for look out duty	Unfit for I	lookout duty	- 1		
Visual aid required	Visual aid	d not required	1		
Deck Engine	Catering	Other			

Without restr	rictions With r	restrictions		
<u> </u>		20 100		A I
Description of re	estrictions (e.g. specific po	osition, type of ship, trading area etc.)		
			*	
1 4 MAY 2023	Fun	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited		
Date	Signature of Medical Practitioner	Medical Practitioner's name, licence	number, a	ddress



# CRW15 - CHEMICAL BLOOD TEST REPORT

AST NAME RAHMAN		FIRST NAME			POSITION ON BOARD CHIEF ENGINEERE		
ATE OF BIRTH	PLACE C	F BIRTH	3011	SEX	ID DOCUMENT NO		
6-DEC-1980	DHAKA			MALE	C/O/4222		
	(PLEA:	SE INDICATE B	ELOW IF THE	LISTED TESTS ARE V	ITHIN THE REFERENCE LEVEL	.)	
TEST		YES	NO		TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC	)	Z		LYMPHOCYTE COL	INT	Z,	
RED BLOOD CELL COUNT (RBC)		Z,		MONOCYTE COUN	т	d	, 🗆
PLATELET COUNT (PLT)		4		EOSINOPHIL COUN	п	1	
HAEMOGLOBIN (HGB)		Q	0	BASOPHIL COUNT	8	N D	
HAEMOTOCRIT (HCT)				GRANULOCIYTE C	OUNT	D	
MEAN CORPUSCULAR VOLUME (N	vicv)			THROMBOCYTE C	DUNT	A	
MEAN CORPUSCULAR HAEMOGL	OBIN (MCH)	d		BIOCHEMISTRY		YES	NO
MEAN CORPULSCULAR HB. CONC	(MCHC)	d		ASPARTATE AMIN	OTRANSFERASE (AST, SGOT)	Ø	
MEAN PLATELET VOLUME (MPV)				ALANINE AMINOTE	RANSFERASE (ALT, SGPT)		
RED BLOOD CELL DISTRIBTION V	WIDTH (RDW)	Q		TOTAL BILIRUBIN			
NEUTORPHIL COUNT							
Doctors Comments		Upac.	TJ THE	let-f	Found.	2	
	Thur The same of t		BS (DU), DFM MDC A-55 Shipp.ng Gen	. MD. RAIH , CCD (Birdem), PGT (C 144, MMC-BGD-I Bangladesh Appro eral Physician Hospitals Limited	phth) 016 oved	MAY 2023	
	DICAL EXAMINER				DATE	OF EXAMINATION	
(SIGNA)	TURE & PRINTED I	NAME)					_





Id No : 0429

Patient's Name: MD MAHBUBUR RAHMAN

Specimen : Blood

Date: 14-May-2023

D.Date: 14-May-2023

Age: 42Y 4M 28D

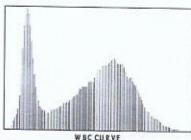
Gender: Male

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4222

### Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	<b>15.1</b> gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl Child:10-13 gm/dl.
ESR(Westergreen)	<b>07</b> mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	190 /cumm	50-450/cumm
Total RBC Count	4.89 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.0 %	M: 40-54%, F:37-47%
MCV	85.9 fL	76 - 94 fL
MCH	<b>30.9</b> pg	27 - 32 pg
MCHC	36.0 g/dL	29 - 34 g/dL
RDW	13.8 %	11 - 16 %
PDW	14.4 fL	35 - 56 fl
Total Platelete Count (PC)	3,70,000 /cumm	150,000-450,000/cumm
MPV	7.8 fL	7.0 - 11.0 fL
PCT	0.289 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



RBCCURVE

PLT CURVE

Checked By

Medical Technologist

Dr. Sumaiya Khatun

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

Dept. Of Microbiology

East West Medical College & Hospital.



Bill No	DIA23050429	Received Date	14/05/2023
Patient's Name	MD MAHBUBUR RAHMAN		
Patient's Age	42Y 4M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/4222
Sample	Blood		•

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	6.1 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	27 U/L	Up to 37 U/L
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
HbA1C	5.7 %	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



Bill No	DIA23050429	Received Date	14/05/2023
Patient's Name	MD MAHBUBUR RAHMAN		
Patient's Age	42Y 4M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/4222
Sample	BLOOD		*

# SEROLOGYCAL REPORT

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

DD GROUPINGResult	
ABO Blood Group	"O" (+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



Sample	URINE		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/4222
Patient's Age	42Y 4M 28D	Patient's Sex	Male
Patient's Name	MD MAHBUBUR RAHMAN		1
Bill No	DIA23050429	Received Date	14/05/2023

#### URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	2-4/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



**Test Name** 

Bill No	DIA23050429	Received Date	14/05/2023
Patient's Name	MD MAHBUBUR RAHMAN		
Patient's Age	42Y 4M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	EM),PGT(Eye),DFM	CDC NO:C/O/4222
Sample	Urine		

Result

#### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

OPINION

RADICAL HOSPITAL

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

REF: MT. DESAILLY

DATE: 14/05/2023

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

# EYE EXAMINATION REPORT

NAME: MD MAHBUBUR RAHMAN

RANK: CH.ENG

CDC NO: C/O/4222

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

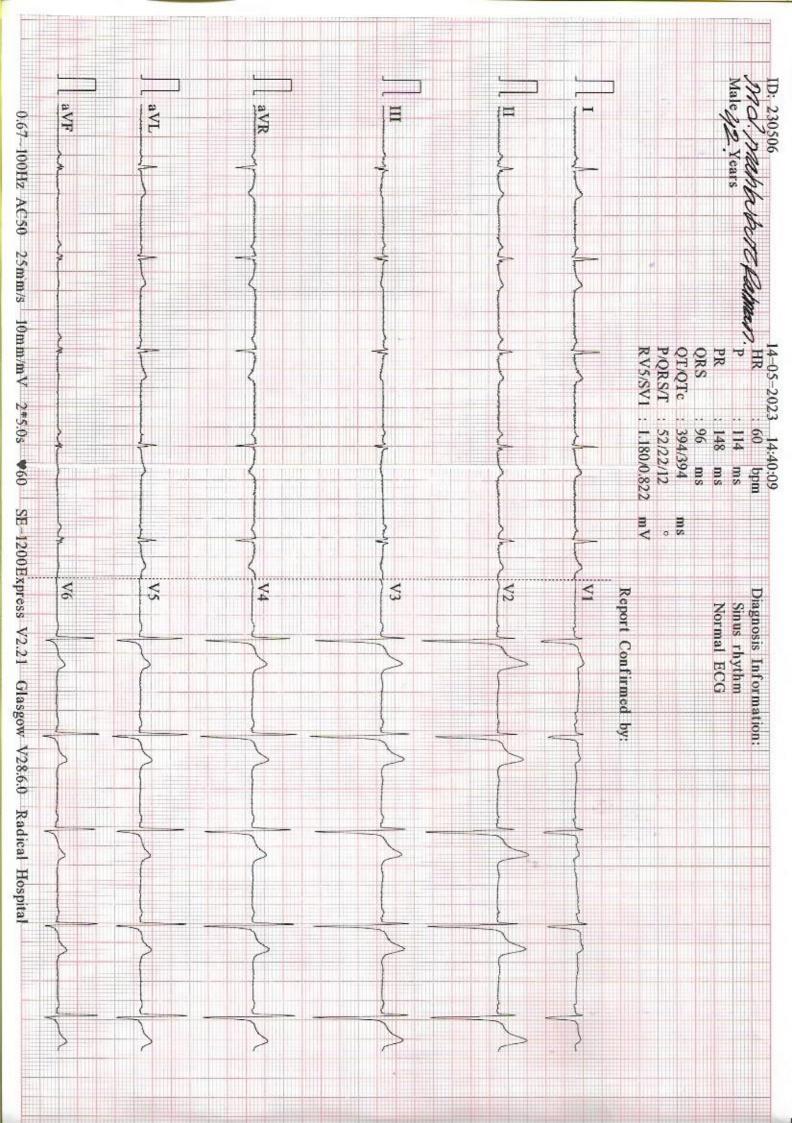
NORMAL/BLIND

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





# DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. :

23050429

Receive: 14/05/2023

Print: 14/05/2023

Patient's Name

MD MAHBUBUR RAHMAN

Age

42 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

#### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certily that whose signature follows

on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
A MAY	DR. MHR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	FEVER UND DAKAR ON THE STATE OF	35, Shah Makhdum Avenue Utlare, Dhaka
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the 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 ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

	AGAINST C		
	gnature follows   Date of birth 16- gnature follows   MD, MAH & has on the date indicated been vaccina	DGQ-1980 Sex_ BUBUR RAHIM ated or revaccinated aga	MALE AN (C/0/4222) inst Cholera
Date	Signature and Professional status of vaccinator	Approved Stamp	
14M2	DR. MTR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	55, Shah Malibrium Avenus Witara, Ohaka	
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