

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. A 55144

PATIENT CONTROL NUMBER: 202047

MEDICAL EXAMINATION CERTIFICATE

ACE AND DATE OF BIRTH DIANA	SURNAME SG NO AS		FIRST NAME AND MD			MIDDLE NAME SHAHJAHAN		
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ABBUJBAGH, BASHABO SABUJBAGH, DHAKA RANK: CHIEF ENGINEER			✓ Male ☐ Femal	le VESSEL		The second secon	- Commission of the Commission	and the last had
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High blood pressure		Condition	YES NO	Con	dition		YES	NO
A Heart surgery	1	Eye/vision problem	0 1/2	18 Slee	p problems			12
Heart/vascular disease	2 -	High blood pressure		19 Do y	ou smoke?			61
4 Heart surgery	3	Heart/vascular disease				/		1
5 Varicose veins	4	Heart surgery						
Asthmarbronchitis	5	Varicose veins						0/
Psychiatric problems	6	Asthma/bronchitis	0 0	10000000 00 000	Det.			61
8 Diabetes	7	Blood disorder	0 6	24 Psvo	chiatric proble	ems		11
9 Thyroid problem	8	Diabetes	0 /2					61
10 Digestive disorder	9	Thyroid problem		100000000000000000000000000000000000000				6
11 Kidney problem	10					**		61
Allergies								41
Allergies				3 (2) (2) (2) (3) (3) (3)		_		ZX
14 Infectious/contagious diseases			1 /	 1 2000 (d) 2 2 2 2 3 7 3 2 3 		5		40
15 Hernia								71
16 Genital disorders			//	2011		у		2
any of the above questions were answered 'yes'', please give details. Additional questions	9165	182 20 X10 X100 VA						2
fany of the above questions were answered "yes", please give details. Additional questions 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? FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? Fyes, please list the medications taken and the purpose(s) and dosage(s) hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. for my employment, depetits and claims. Normal Mir Md. Raihan (approved ripedical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, depetits and claims. Signature of Seafarer DICAL EXAMINATION Neight Hearing by Audiometry Adequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate			*NA	Same and the				7
Additional questions Additional questions YES No			/1/		tures/dislocat	tions	П	1
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Are you taking any non-prescription or prescription medications? f yes, please list the medications taken and the purpose(s) and dosage(s) thereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Air Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me rom my employment, benefits and claims. Signature of Seafarer DICAL EXAMINATION Neight	37	요즘 요즘 맛있다면 그 아무슨 보다는 아이들은 얼마를 가게 되었다면 하다 하다 때문에 다른 사람들이 되었다.		ir designated p	oosidon/occuş	pationz	7	
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ESR (WESTE	ERGREN) 6	95/	Morphine	_			HIV / AIDS	rest		ctiv Nonreact
			14 manhatamana						TITLE OF STREET	ctiv Nonreact
WBC	D CLUSSOS	8.100	Amphetamine		Positive	Negative	VDRL		□ Rea	
BLOO	D GLUCOSE	LEVEL	Phencyclidine		Positive 2	Negative	Blood Type	ol Ever-	□ Rea	B-(VE)
BLOO RANDOM	D GLUCOSE		Phencyclidine Barbiturates		Positive 2	Negative Negative	Blood Type Psychologic		□ Rea	
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PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF	APPLICANT	0	FIRST NAM	Æ.		MIDDLE INITIAL
MOLLAH			MD			SHAHJAHAN
DATE OF BIRTH	I		PLACE OF	BIRTH *	-	SEX
11	1	1968	DHAKA	BA	NGLADESH	
MONTH	DAY	YEAR	CITY	co	UNTRY	MALE FEMALE
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ENGINEER		MOU ENGIN	E			
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WITH GLASSES		16	17	16		
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COLOR TEST TYP	E: BOOK LA	NTERN CHECK	IF COLOR TES	ST IS NORMAL	AELTON WAS I	GREEN MO BLUE
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						DER HIM UNFIT FOR SERVICE AT SEA
		THE HEALTH C	F OTHER PE	RSONS ON BOARI	D) IF YES, EXPLAIN IN	DETAILS OF MEDICAL
EXAMINATION	ON PAGE 2	110		1	0 MAY 2022	0.0 1417 0001
	100	1/2/			0 MAY 2023	0 9 MAY 2024
SIGN	ATURE OF A	PPLICANT		DATE OF	EXAM	EXPIRY DATE
	THIS SIGNA	TURE SHOULD	BE AFFIXED	IN THE PRESENC	E OF THE EXAMINING	PHYSICIAN.
THIS IS TO CER	TIFY THAT A	PHYSICAL	MINATION	WAS CIVEN TO	MD SE	IAHJAHAN MOLLAH
		FITF	OR DUTY	ON BOARD	SHIP (NAME OF A)	PLICANT)
THE (SHE) IS FO	UND TO BE					IO OFFICER, RATING, MOU DECK,
MOU ENGINE or			1000112	were parties and in	TE, ENGINEER, REE	official, assured, mod block,
NAME AND D	EGREE OF I	PHYSICIAN	DD MID	MD DATHAN	M.B.B.S (D.U), REG.	NO 4-55144
ADDRESS I	REDICAL E	IOSPITALS L	IMITED. 35	, SHAH MAKHI	DUM AVENUE, SEC	TOR-12, UTTARA, DHAKA-1230,
NAME OF PHY	SICIAN'S C	ERTIFICATIN	G AUTHOR	ITY DG SHIPPIN	G, BANGLADESH	
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DATE OF ISSU	E OF PHYS	CIANS	IFICATE	6-May-14		1 0 May 2000
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SIGNATURE C	F PHYSICI	IN SILL	0		DATE OF EXAMIN	ATION: 1 0 MAY 2023

the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of 18 years of 28 years of 2

RLM-I05M (REV. 06/16) DR. MIR. MD. RAIHAN
MBSS IDU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications 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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 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 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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 use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) 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.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION; A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

1 0 MAY 2023

RLM-105M (REV. 06/16)



MBS (DU), DFM, CCD (Bridem), PGT (Ophidi) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.

CRW15 - CHEMICAL BLOOD TEST REPORT

LAST NAME		FIRST NAM	E		POSITION ON BOARD	Υ.,	15. 5
MOLLAH		MD SHAHJA	AHAN		SECOND ENGINEER		
DATE OF BIRTH	PLACE OF	BIRTH		SEX	ID DOCUMENT NO		
11-NOV-1968	DHAKA			MALE	C/O/2006		
	(PLEASE	E INDICATE B	ELOW IF THE	LISTED TESTS ARE V	WITHIN THE REFERENCE LEVEL)		
TEST		YES	NO		TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)		Z.		LYMPHOCYTE COL	INT	X	
RED BLOOD CELL COUNT (RBC)		Ø'		MONOCYTE COUNT	Т	D	
PLATELET COUNT (PLT)		9		EOSINOPHIL COUN	π	\d'	
HAEMOGLOBIN (HGB)		P		BASOPHIL COUNT		D'	
HAEMOTOCRIT (HCT)		P		GRANULOCIYTE CO	DUNT	X	, .
MEAN CORPUSCULAR VOLUME (MC	CV)	Z		THROMBOCYTE CO	DUNT	A	
MEAN CORPUSCULAR HAEMOGLOB	BIN (MCH)	Ø		BIOCHEMISTRY		YES	NO
MEAN CORPULSCULAR HB, CONC ((MCHC)			ASPARTATE AMINO	DTRANSFERASE (AST, SGOT)	D	, 🗆
MEAN PLATELET VOLUME (MPV)		P.		ALANINE AMINOTR	ANSFERASE (ALT, SGPT)	6	
RED BLOOD CELL DISTRIBTION WID	OTH (RDW)	A		TOTAL BILIRUBIN		Z	
NEUTORPHIL COUNT		Ø					
IF ANY OF THE ABOVE CHECKIC DETAILS BELOW. COMMENTS (F	AL-SPECIFIC BLC for abnormal resu	OOD TEST IN It):	DICATES NE	EGATIVE RESPONSE	TO CLINICAL TEST PARAMETE	RS, PLEASE	GIVE
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Doctors Comments:							
Doctors Comments.	160	1-0-		1/1/	1	/	
/	VOH	27.00	and	USA -	- 7-00%	20%	
					100		
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	1894		OR MIE	R. MD. RAIHA	INI		
		- M	BBS (DU), DFA	I. CCD (Birdem) PGT (On	hth)		
4	The	, 6	G Shipp.ng Gen	144. MMC-BGD-0 Bangladesh Approveral Physician Hospitals Limited	10 MAY	2023	
MEDIC	AL EXAMINER			_	DATE OF E	EXAMINATION	
(SIGNATUR	RE & PRINTED NAM	E)				-71	



Id No : 0310

Patient's Name: MD SHAHJAHAN MOLLAH

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2006

Date: 10-May-2023

D.Date: 10-May-2023

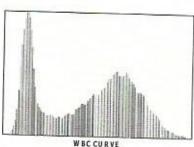
Age: 54Y 6M 5D

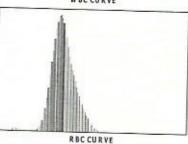
Gender: Male

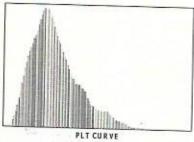
Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematole checked manually)

· drameter Name	Results	ytnic-One Auto Haematology Analyzer & Reference Range
Hemoglobin (Hb)	14.4 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen) Total WBC Count(TC)	05 mm/1st hr 8,100 /cumm	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
18 75 55		Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year):
Differential WBC Count (DC)		6,000-18,000/cumm
Neutrophils	70 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	26 %	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	162 /cumm	50-450/cumm
Total RBC Count	4.57 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.8 %	M: 40-54%, F:37-47%
MCV	82.7 fL	76 - 94 fL
MCH	31.5 pg	27 - 32 pg
MCHC	38.1 g/dL	29 - 34 g/dL
RDW	12.9 %	11 - 16 %
PDW	15.4 fL	35 - 56 fl
Total Platelete Count (PC)	2,33,000 /cumm	150,000-450,000/cumm
MPV	9.6 fL	7.0 - 11.0 fL
PCT	0.224 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %







Medical Technologist

Dr. Sumaiya Khatun

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



Bill No	DIA23050310	Received Date	10/05/2023
Patient's Name	MD SHAHJAHAN MOLLAH		2
Patient's Age	54Y 6M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/2006
Sample	BLOOD	9.	

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.0 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum ALT (SGPT)	33 U/L	Up to 40 U/L
HbA1C	4.8 %	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	DIA23050310	Received Date	10/05/2023
Patient's Name	MD SHAHJAHAN MOLLAH		
Patient's Age	54Y 6M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/2006
Sample	BLOOD		*

SEROLOGYCAL REPORT

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

DD GROUPINGResult	
ABO Blood Group	"B" (-ve)
Rh(D)Factor	Negative

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiv

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(BIRD	DEM),PGT(Eye),DFM	ČDC NO:C/O/2006
Patient's Age	54Y 6M 5D	Patient's Sex	Male
Patient's Name	MD SHAHJAHAN MOLLAH		A. C.
Bill No	DIA23050310	Received Date	10/05/2023

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil	1000 N TO
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

Test Name

Sample	URINE		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M),PGT(Eye),DFM	CDC NO:C/O/2006
Patient's Age	54Y 6M 5D	Patient's Sex	Male
Patient's Name	MD SHAHJAHAN MOLLAH		
Bill No	DIA23050310	Received Date	10/05/2023

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: DATE: 10/05/2023

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

EYE EXAMINATION REPORT

NAME: MD SHAHJAHAN MOLLAH RANK: CH.ENG CDC NO: C/O/2006

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

000

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

#	QT/QTc QT/QTc P/QRS/T RV5/SV1	: 104 ms : 382/416 ms : 55/44/22 ° : 1.017/0.633 mV	Report Co	Report Confirmed	B by:		

	aVR		₩ VI			V4	
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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050310 Receive:10/05/2023 Print: 10/05/2023

Patient's Name : MD SHAHJAHAN MOLLAH

Age : 54 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

O HAY TOTA	DR. MID. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Opinth) BMDC A-55144, MMC-BGD-016	35, Shen Mathdum Avenua Uttorn, Dhalta	10
154.2	DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	SANGLADES!	
	MDC A-55144, MMC-23D-019 G Shipping Bangledean Approved General Physician Redical Hospitals Childed	(ASSECTION)	

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.

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine	1	Physician's Signature	
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