

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: HS5519FF

MEDICAL EXAMINATION CERTIFICATE

| SSPORT NUMBER BO Male Fema SONJ, BRAHMAI S? YES NO D D D D D D D D D D D D D D D D D D | 0022976 le VE N BARIA 18 19 20 21 22 23 24 25 26 27 28 | Condition Sleep prot Do you sm Operation. Epilepsy/s Dizziness/ Loss of co Psychiatric Depressio Attempted | E: CHEM. TANKER TR CONTACT NUMBER: RANK: noblems noke? //surgery seizures //ainting | SHAMSUL DOK NUMBER CO5519 RADING AREA: WOI +8801717-940 9 CHIEF ENG | 003 |
|--|---|---|--|--|---|
| SONJ, BRAHMAN SP YES NO A A A B B B B B B B B B B B B B B B B | 0022976 le VE N BARIA 18 19 20 21 22 23 24 25 26 27 28 | Condition Sleep prot Do you sm Operation. Epilepsy/s Dizziness/ Loss of co Psychiatric Depressio Attempted | E: CHEM. TANKER TR CONTACT NUMBER: RANK: noblems noke? //surgery seizures //ainting | CO5519 RADING AREA: WOI +8801717-940 9 CHIEF ENG | NO NO |
| YES NO A A A A B B B B B B B B B B B B B B B | 18 19 20 21 22 23 24 25 26 27 28 | Condition Sleep prot Do you sm Operation. Epilepsy/s Dizziness/ Loss of co Psychiatric Depressio Attempted | CONTACT NUMBER: RANK: n blems moke? //surgery seizures /fainting onsciousness | YES | NO NO |
| YES NO LALLE BY BE STORY OF THE | 18 19 20 21 22 23 24 25 26 27 28 | Condition Sleep prot Do you sm Operation. Epilepsy/s Dizziness/ Loss of co Psychiatric Depressio Attempted | CONTACT NUMBER: RANK: n blems moke? //surgery seizures /fainting onsciousness | +8801717-940 9 CHIEF ENG YES | NO NO |
| 20000000000000000000000000000000000000 | 18 19 20 21 22 23 24 25 26 27 28 | Condition Sleep prot Do you sm Operation. Epilepsy/s Dizziness/ Loss of co Psychiatric Depressio Attempted | RANK : blems moke? //surgery seizures /fainting | YES | NO S |
| 20000000000000000000000000000000000000 | 18 19 20 21 22 23 24 25 26 27 28 | Condition Sleep prot Do you sm Operation. Epilepsy/s Dizziness/ Loss of co Psychiatric Depressio Attempted | n blems noke? /surgery seizures /fainting onsciousness | YES | NO & |
| 49999999999999999999999999999999999999 | 19 20 21 22 23 24 25 26 27 28 | Sleep prot Do you sm Operation. Epilepsy/s Dizziness/ Loss of co Psychiatric Depressio Attempted | blems noke? /surgery seizures /fainting onsciousness | 0 0 | 5 |
| 49999999999999999999999999999999999999 | 19 20 21 22 23 24 25 26 27 28 | Sleep prot Do you sm Operation. Epilepsy/s Dizziness/ Loss of co Psychiatric Depressio Attempted | blems noke? /surgery seizures /fainting onsciousness | 0 0 | 9 |
| 499888999999 | 19 20 21 22 23 24 25 26 27 28 | Sleep prot Do you sm Operation. Epilepsy/s Dizziness/ Loss of co Psychiatric Depressio Attempted | blems noke? /surgery seizures /fainting onsciousness | 0 0 | 5 |
| 49988899999 | 19 20 21 22 23 24 25 26 27 28 | Do you sm Operation. Epilepsy/s Dizziness/ Loss of co Psychiatric Depressio Attempted | noke? /surgery seizures /fainting onsciousness | 0 | |
| 4998889999 | 20 21 22 23 24 25 26 27 28 | Operation. Epilepsy/s Dizziness/ Loss of co Psychiatric Depressio Attempted | /surgery seizures /fainting onsciousness | 0 | |
| 999988899 | 21 22 23 24 25 26 27 28 | Epilepsy/s Dizziness/ Loss of co Psychiatric Depressio Attempted | seizures /fainting onsciousness | | |
| 999988899 | 22 23 24 25 26 27 28 | Dizziness/ Loss of co Psychiatric Depressio Attempted | fainting ensciousness | | |
| 999999 | 23 24 25 26 27 28 | Loss of co Psychiatric Depressio Attempted | onsciousness | | |
| 999999 | 24 25 26 27 28 | Psychiatric Depressio Attempted | | | 9 |
| 999999 | 25 26 27 28 | Depressio Attempted | Mar How California Co. S. | | 0 |
| 999999 | 26 27 28 | Attempted | c problems | | |
| 999999 | 27 28 | | on | | 77 |
| 99999 | 28 | | suicide | | ij, |
| 999 | 00000 | Loss of me | emory | | 0 |
| | 00000 | Balance p | | | ď. |
| | 29 | Severe he | | | |
| | 30 | | throat problems | | 4 |
| | 31 | Restricted | | | 1 |
| | 32 | Back prob | | 0 | 9 |
| | 33 | | | 0 | 8 |
| - NA | - 34 | Amputatio | on /dislocations | П | 8 |
| s", please give d | etails. | | | | |
| | Silver. | | - | YES | NO |
| or repatriated from | n a ship? | > | | | T |
| opas area a or | a simp | | | | 1 |
| ea duty? | | | | 0 | 3 |
| ea duty? restricted or revo | ked2 | | | 0 | |
| | | illnocesso2 | | | |
| al problems, dise | | | | | |
| | our desig | gnated posit | iion/occupation? | | |
| | | | | Ц | U |
| OR DUTY ON | BOAS | D 346 | | | |
| orescription medi | cations? | | | | T |
| purpose(s) and d | osage(s) |) | | | 411 |
| | | | | | |
| ore: | scription media pose(s) and d | scription medications? pose(s) and dosage(s) | scription medications? pose(s) and dosage(s) | scription medications? pose(s) and dosage(s) edical records from any health professionals, health institut | DUTY ON BOARD SHEP scription medications? |

3000

YES

Audiometry

2000

1000

500

Hearing by Whisper Test

NO

□ Inadequate

□ Inadequate

Adequate

Adequate

Ear

Right

Left

Hearing by Audiometry

Adequate | | Inadequate

□ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9?

Adequate

| Defective Distant Near Near Near Near Near Near Near Near | | - | Unaided Vi | sual acuity | Aide | ed | - | | - | Visual fields | |
|--|--|----------------|-----------------|--|-----------|-----------------|---------------------------------|-------------------|---------|--|-------------|
| Delation | | | | Right | | | 1 | | Norma | Def | ective |
| Normal Abnormal Normal | The state of the s | 61 | | | W 1 | S. S. | Right e | eye | - | The state of the s | |
| Date of last colour vision test: Date (day/month/year) 2.9 MAY 2003 Doubtful Defective | Near | 1 | | William I | | | | | _ | | He-te-He- |
| Date of last colour vision test: Date (day/month/year) 29 MAY 2073 Hoad | 영향 이 경험 이 경기를 받는다. | | | | _ | | | 11.00 | | 22 | |
| Normal Abnormal Varicose veins V | Colour vision | n as per ST0 | CW CODE Sect | tion A-I/9: • | | Normal | ☐ Doubtf | ul | □ Defe | ective | |
| Head Sissues, nose, throat Moutiviteeth Mout | Date of last | colour vision | test: Date (day | //month/year) | 29 M | AY 2023 | | | | | |
| Variose veins Variose vein | | | | | | | | | | | |
| Sinuses, nose, throat Mouthkeeth Abdomen and viscera | Uand | | | | | | 100.000 | | | | |
| Mouthfleth | | so throat | | 2000 | | 0.000 | | nuleas) | | | 0.750 |
| Ears (general) | | | | 1000000 | 2.23 | | | | | | |
| Eye movement | 120 | | | | | 1,000,000 | | а | | - | |
| Eye movement | | | | | | | Market In Ford | - 1 | | | |
| Eye movement | | iembrane | | | | | 2000000 | m) | | | |
| Eye movement | | | | | | | Fig. M. F. Harrison and St. St. | | | | |
| Eye movement | | ору | | Ш_ | | | | | | | |
| Lungs and chest Breast examination Heart Serest examination | | | | | | | | | | | |
| Lungs and chest Breast examination Heart Serest examination | | | | | (11) | | |) | | ملا | 2-13-3 |
| BILIQUEN | | | | | | 0.105450 | | | | 9 | |
| BILIQUEN | Breast exam | nination | | NAY | - 0 | Gener | ral appearance | | | Ū, | |
| BIO CHEMICAL (LIVER FUNCTION TEST) Marijuana Positive Negative Positive Posi | Heart | | | B | | Skin | | | | Ū | |
| BIO CHEMICAL (LIVER FUNCTION TEST) Marijuana Positive Negative Positive Posi | -0.11.70.00 | | . = | | | | | | | | |
| BILODD R/E SGPT SGOT DRUG AND ALCOHOL TEST HAEMOGLOBIN (HGB) BACOD GLUCOSE LEVEL Phencyclidine BBLODD GLUCOSE LEVEL Phencyclidine Positive Negative Phencyclidine Positive Negative Positive Negative Norreactive Negative Norreactive Norreactive Negative NBC Positive Negative Negative NBC Positive Negative Negati | The second name of the second | | EXAMINATIO | 1.751.0 | MOAL | O IVED CLINO | TION TECT | Texas . | _ | olo e Lati | 1 |
| BLOOD R/E BLOOD R/E BLOOD R/E BLOOD R/E BLOOD R/E BLOOD R/E BLOOD BLOOD R/E BLOOD BLOOD R/E BLOOD BLOOD R/E BLOOD BLO | | у | VYPO | | MICAL, | | TION TEST) | | | | |
| DC(differential count) SGOT | ECG | | MA | | | 0.7 | | | | | 77 7 7 |
| HAEMOGLOBIN (HGB) | | | /E | | | 25 | - | URINE R/E | - 22 | | 10 |
| ESR (WESTERGREN) WBC Amphetamine BLOOD GLUCOSE LEVEL Phencyclidine Positive Plegative Psychological Exam Psychological Exam Phencyclidine Psychological Exam Phencyclidine Positive Plegative Phencyclidine Positive Plegative Psychological Exam Phencyclidine Positive Plegative Psychological Exam Phencyclidine Positive Plegative Phencyclidine Positive Plegative Psychological Exam Phencyclidine Psychological Exam Phencyclidine Positive Plegative Psychological Exam Phencyclidine Psychological Exam Phencyclidine Psychological Exam Psychological Exam Phencyclidine Psychological Exam Psycholog | | | VIN) | | | 17 | | | 0 | Control of the second | |
| BLOOD GLUCOSE LEVEL Phencyclidine Positive Blood Type Blood Type Psychological Exam Psychological Exam Psychological Exam Psychological Exam PhBA1C Positive Regative Psychological Exam PhBA1C Positive Regative Others(KUB Ultraso Others(KUB U | | | 13.3 | _ | RUG AN | | | | | | |
| BLOOD GLUCOSE LEVEL Phencyclidine Positive RANDOM Positive RANDOM Positive RANDOM Positive RANDOM Positive RANDOM Positive RANDOM Positive Regative | ESR (WEST | TERGREN) | 08 | Morphine | | ☐ Positive [| Negative | HIV / AIDS To | est | ☐ Reactiv ☐ | Vonreactiv |
| BLOOD GLUCOSE LEVEL RANDOM Barbiturates Positive Regative RANDOM Positive Regative RANDOM REGATIVE Regative RANDOM REGATIVE REGAT | WBC | | 7.200 | Amphetami | ne | ☐ Positive & | Negative | VDRL | | □ Reactiv □ | Nonreacti |
| BANDOM HBATC Cocaine Desitive Negative Negative Others(KUB Ultraso Oth | BLOC | DD GLUCOS | SE LEVEL | | | | | Blood Type | | | 19) |
| ABATC Cocaine Positive Negative Others(KUB Ultraso Others(KuB Ultras | RANDOM | | 3.5 | | - | | | | Exam | MZ | 8 |
| MD. SHAMSUL AREFIN Name of Seafarer Name of Seafarer Date Describe restrictions MD. SHAMSUL AREFIN Name of Seafarer Name of Seafarer Date Describe restrictions MD. SHAMSUL AREFIN Name of Seafarer Date Describe restrictions MD. SHAMSUL AREFIN Name of Seafarer Date Date Date Describe restriction, my.clinical examination and the diagnostic test results recorded above, I declare the mineer medically: Not fit for lookout duties Deck service Engine service Catering service Other services With restrictions Describe restrictions With restrictions With restrictions Other service or to anger the health of other persons on board? Yes No Other service or to render the seafarer unfit for such service or to anger the health of other persons on board? Yes No Other service Other service or to render the seafarer unfit for such service or to anger the health of other persons on board? Yes No Other service or to render the seafarer unfit for such service or to anger the health of other persons on board? Yes No Other service Other services Other | HBA1C | | 4.2% | Cocaine | | | | | | WE | 10 |
| MD. SHAMSUL AREFIN Name of Seafarer Name of Seafarer Date Describe restrictions MD. SHAMSUL AREFIN Name of Seafarer Name of Seafarer Date Describe restrictions MD. SHAMSUL AREFIN Name of Seafarer Date Describe restrictions MD. SHAMSUL AREFIN Name of Seafarer Date Date Date Describe restriction, my.clinical examination and the diagnostic test results recorded above, I declare the mineer medically: Not fit for lookout duties Deck service Engine service Catering service Other services With restrictions Describe restrictions With restrictions With restrictions Other service or to anger the health of other persons on board? Yes No Other service or to render the seafarer unfit for such service or to anger the health of other persons on board? Yes No Other service Other service or to render the seafarer unfit for such service or to anger the health of other persons on board? Yes No Other service or to render the seafarer unfit for such service or to anger the health of other persons on board? Yes No Other service Other services Other | oby the h | a that I am ' | knowledge | ibo ocato it | of the Di | numinal average | notions: | | | | |
| MD. SHAMSUL AREFIN Name of Seafarer Name of Seafarer Name of Seafarer Date Description of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically: Fit for lookout duties Deck service Engine service Catering service Other services Without restrictions With restrictions With restrictions 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 langer the health of other persons on board? Yes No One Seafarer free from any medical conditions, type of ship, trade area): Sorribe restrictions (e.g., specific position, type of ship, trade area): 1 | A Declare | y ulat i am ir | r knowledge of | me contents (| or the Pf | iysicai examii | iduoris. | | | 2 9 MAY 2 | 023 |
| ressment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically: | 4 | | | | | MD. SHAMS | UL AREFIN | | | | |
| the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically: Fit for lookout duties | nature of Sea | afarer | | | | Name of S | Seafarer | | 2011 | Da | te |
| the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically: Fit for lookout duties | | | | | | | | | | C C C C C C C C C C C C C C C C C C C | |
| Fit for lookout duties Deck service Engine service Catering service Other services Without restrictions With restrictions With restrictions With restrictions Per 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 anger the health of other persons on board? Yes No U Scribe restrictions (e.g., specific position, type of ship, trade area): In the seafarer unfit for such service or to anger the health of other persons on board? Yes No U Scribe restrictions (e.g., specific position, type of ship, trade area): In the seafarer unfit for such service or to anger the health of other persons on board? Yes No U Scribe restrictions (e.g., specific position, type of ship, trade area): | | | | | clinical | examination a | and the diagno | stic test results | record | ed above, I decla | are the |
| Deck service Engine service Catering service Other services | | | | | - | | -4 | 34 78 | | | |
| Without restrictions With restrictions 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 anger the health of other persons on board? Yes No Scribe restrictions (e.g., specific position, type of ship, trade area): The MAY 2025 | | | 6 | . 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | uties | | _ | | | State Lot | |
| Without restrictions With restrictions With restrictions Describe restrictions with the seafarer unfit for such service or to langer the health of other persons on board? Yes No Scribe restrictions (e.g., specific position, type of ship, trade area): Yes No Scribe restrictions (e.g., referral): | | | Dec | | | | wice ' | | ervice | Other | services |
| Without restrictions Describe restrictions With restrictions With restrictions With restrictions With restrictions Describe restrictions (e.g., specific position, type of ship, trade area): The specific position of the seafarer unfit for such service or to render the seafarer unfit for such seafarer unfit for | | | | | | - | | | | 1 | |
| ne 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 langer the health of other persons on board? Yes No Scribe restrictions (e.g., specific position, type of ship, trade area): In taken by medical examiner (e.g., referral): | 11 | _ | | U | | U | | D | | | U |
| scribe restrictions (e.g., specific position, type of ship, trade area): ion taken by medical examiner (e.g., referral): | 1 | Withou | t restrictions | | | With | restrictions | | | | |
| scribe restrictions (e.g., specific position, type of ship, trade area): 10 | the Seafarer I | | | tions likely to | | | | to ronder the e | eafarer | unfit for such sa | nica or t |
| ion taken by medical examiner (e.g., referral): | danger the he | ealth of othe | r persons on bo | Yes | 1 | No 🗆 | rvice at sea or | to render the s | eararer | uniit for such se | rvice or to |
| 2 0 MAY 200E | | | | | trade a | rea): | | | | | |
| Fitness Date: 7 9 MAY 7073 Valid Until : 20171 2023 | | - 220 | | | | 1 | 1 | 2.0 | MAY | 2025 | |
| | Fitness Date | e: 7 | MAY 2023 | | | Valid | Until: | | 1101 | FOEA | |
| | | | | | / | N | | | | | |
| DRN-WHR MDJURAHJAN ed Physician | | | | DRN W | PRIN CO | (D)URAH | Anded Physic | ian | 1/10 | | |

| N | MEDICAL CER | TIFICATE FOR | R PERSONNEL SERVIC | E ON BOARD |
|---|--|-------------------------------------|--|---|
| SURNAME: AREFIN | | G | IVEN NAME (S): MD. SHAM | ISUL |
| DATE OF BIRTH: | | PLAC | CE OF BIRTH | SEX |
| DAY 26 MONTE | H 3 YEAR | 7.0.7880 | | BANGLADES MALE FEMALE |
| POSITION ON BOARD: | | MAIL | ING ADDRESS OF APPLICA | NT: |
| MASTER | | RAR | CION # 413, AFOUL WAFDA | COLUNI, ASUGUNJ, DRAHMAN |
| DECK OFFICER | 320 | | GLADESH. | |
| ENGINEERING OFFICER V | | | | |
| RADIO OPERATOR | | BAN | GLADESH. | |
| RATING DECLARATION OF THE AU | THORIZED DUNG! | | | |
| DECLARATION OF THE AU | VISION | CIAN | COLOR TEST TYPE | |
| WITT | HOUT GLASSES | WITH GLASSES | COLOR TEST TYPE | HEARING |
| | 1 I | WITH GLASSES | | 2.4 |
| RIGHT EYE | oto | S | CANTERN | RIGHT EAR |
| | 6.11 | | AETTOMWED WED W | 2) |
| LEFT EYE | 92 %. | | GREEN BLUE | SLEFT EAR MY |
| Confirmation that identification | n documents were | checked at the point | of examination, VES NO | |
| Hearing meets the standards | in STCW Code, Se | ection A-1/9? YES | NO NOT APLICA | ABLE |
| Unaided hearing satisfactory | PLYES NO | | | |
| Visual acuity meets standard | s in STCW Code, S | ection A-1/9? YES | NO | |
| Colour vision meets standard | ls in STCW Code S | Section A-1/92 YES | NO | |
| (the visual test it is required e | | | 140 | |
| | | 29 MA | y 2023 | |
| Date of the last colour vision | A CONTRACTOR OF THE PROPERTY O | | - 11 | |
| Are glasses or contact lenses | | the required vision s | standards? YES 40 | |
| Able for watchkeeping 3.YES | NO | 2000 | | |
| Is applicant taking any non-pr | | | | |
| Is the seafarer free from any endanger the health of other p | medical condition lik persons on board? Y | kely to be aggravated | d by service at sea or to render th | e seafarers unfit for such service or to |
| Hereby I declare that I am in | knowledge of the co | ontents of the Physic | al Examination. | |
| | | | | |
| John Services | 1 | MD. SHAMSUL | ARFFIN | |
| 4 | 11 | mo. Orizanooc | | 2 9 MAY 2023 |
| | | - 44- | | 3 |
| Signature of Applicar | | Name of Appl | | Date |
| ENGINEERING OFFICER | HOICE: (HE / SHE : / RADIO OPERA | E) IS FOUND TO E TOR / RATING) (| BE (FIT ANOT FIT) FOR DUT WITHOUT ANY / WITH THE F | Y AS A (MASTER / DECK OFFCIER / FOLLOWING) RESTRICTIONS: |
| | A | T FOR DUTY O | N BOARD SHIP | No. 20 July 1 |
| NAME AND DEGREE OF PH | YSICIAN: DR. MIR | MD. RAIHAN; M.B.E | 3.S.(D.U.), REG. NO. A-55144 | 4 |
| | | | NUE, SECTOR-12, UTTARA, DHAF | KA-1230, BANGLADESH. |
| NAME OF PHYSICIAN'S CER | | | | |
| DATE OF ISSUE PHYSICIAN | | | | |
| | 1 | 3 | AD OF DUNGSON | 3 0 MIN 2000 |
| SIGNATURE OF PHYSICIAN | Fully | STAN | IP OF PHYSICIAN: (本 AstPer Mi | LG-2006 * DATE: |
| EXPIRY DATE OF CERTIFIC | :ATE: | 2 8 MAY | A CONTRACTOR OF THE PARTY OF TH | |
| | | ertificate is issued | in compliance with the requireme | 1115 |
| - | of the STCW Conve | ntion, 1978, as ame. | nded and the Maritime Labour C | onvention, 2006. |
| MRRS | MIR. MD. F | n), PGT (Ophth) | 4/2/12 | |

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

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

Form No: SMC

review.

Seafarer's Signature



SL NO.

14.2023.4080

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

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: | 20 |
|--|--|
| Name: Last REFIN First MO. | Middle SHRM SVL |
| Gender: (Male/Female) | |
| Occupation: Deck/Engine/Catering/Other (specify) | 40 1111 |
| Father's/ Husbad'sname: MD. SRKHAWAT HOSSA | |
| Mother's Name: MST FER DOVS) BEGUM | |
| Address: House No:Street/ Road No: | |
| Locality/Village: | |
| P.O: DAULAT KHAN | |
| PS: DAU LAT KHAN | |
| District: B H01A | (BB/MW/1111) |
| DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONE | |
| I am duly authorized by the Department of Shipping, Govern | |
| Confirmation that identification documents were checked a | at the point of examination :YE\$/NO |
| Hearing meets the standards in section A-I/9 | :VES/NO |
| Unaided hearing satisfactory? | :XES/NO |
| Visual acuity meets standards in section A-I/9? | :XES/NO |
| Colour vision meets standards in section A-I/9? | :XES/NO |
| Date of last colour vision test | : 2-8 - MAY - 2023 |
| 6. Fit for lookout duties? | :XES/NO |
| 7. Is the seafarer free from any medical condition likely to be | aggravated by service at sea or to |
| render the seafarer unfit for service or to render the health of | |
| 8. Any limitations or restrictions on fitness? | :YES/MO |
| If YES, specify limitations or restrictions: | |
| Duties: | |
| Location/Vessel: RADICAL HOS | SPITAL LIMITED |
| Medical/Other: Uttara, Dhak | sa, Bangladesh |
| 9. Medical fitness category : Fit-No restriction | Fit-Subject to restrictions Unfit |
| 2 8 MAY 2023 | |
| 10. Date of examination/Issue (DD/MM/YYYY) | |
| 11. Date of expiry (DD/MM/YYYY) 2 7 MAY 2025 "No | more than 2 years from the date of examination". |
| | |
| I have read the contents of the certificate | Spills De Carte |
| and have been informed of the right to | DR. MR. MD. RAIHAN MBBS (DU), DFM, CCD (Birden), PGT (Oubth) |

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):

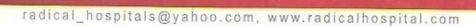
1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E

DR. MIR. MD. RAIHAN
MSBS (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited

2 8 MAY 2023





Id No : 0894

Date: 29-May-2023

D.Date: 29-May-2023

Patient's Name: MD SHAMSUL AREFIN

Age: 34Y 2M 3D Gender: Male

Specimen : Blood

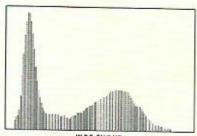
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

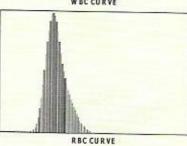
CDC NO:C/O/5519

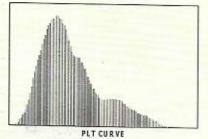
Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Ha er & checked manually)

| Parameter Name | Results | thic-One Auto Haematology Analyzer 8 Reference Range |
|---|---------------------|--|
| Hemoglobin (Hb) | 13.3 gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. |
| ESR(Westergreen) | 08 mm/1st hr | Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr. |
| Total WBC Count(TC) | 7,200 /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm |
| Differential WBC Count (DC) Neutrophils | Maranan | |
| | 60 % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | 34 % | 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 | 144 /cumm | 50-450/cumm |
| Total RBC Count | 5.00 m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | 35.8 % | M: 40-54%, F:37-47% |
| MCV | 71.6 fL | 76 - 94 fL |
| MCH | 26.6 pg | 27 - 32 pg |
| MCHC | 37.2 g/dL | 29 - 34 g/dL |
| RDW | 13.7 % | 11 - 16 % |
| PDW | 14.1 fL | 35 - 56 fl |
| Total Platelete Count (PC) | 1,67,000 /cumm | 150,000-450,000/cumm |
| MPV | 11.4 fL | 7.0 - 11.0 fL |
| PCT | 0.156 % | 0.1 - 0.% |
| Bledding Time(BT) | % | |
| Cloting Time(CT) | % | 10 - 18 % 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.



radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA23050894 | Received Date | 29/05/2023 |
|----------------|------------------------------------|---------------------|------------------|
| Patient's Name | MD SHAMSUL AREFIN | Nocived Date | 29/03/2023 |
| Patient's Age | 34Y 2M 3D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(B | IRDEM),PGT(Eve),DFM | CDC NO:C/O/5519 |
| Sample | BLOOD | ,,, (=)0),01 W | 000 110.0/0/0319 |

BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.5 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total) | 0.7 mg/dl | 0.2 - 1.1 mg/dl |
| Serum AST (SGOT) | 25 U/L | Up to 37 U/L |
| Serum ALT (SGPT) | 17 U/L | Up to 40 U/L |
| HbA1C | 4.2 % | 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



radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA23050894 | Received Date | 20/05/2000 |
|----------------|----------------------------------|---------------------|-----------------|
| Patient's Name | MD SHAMSUL AREFIN | Received Date | 29/05/2023 |
| Patient's Age | 34Y 2M 3D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCI | | CDC NO:C/O/5519 |
| Sample | BLOOD | ,,,. J ((), D () | GDC NO.C/0/5519 |

SEROLOGYCAL REPORT

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

| OD GROUPINGResult | | |
|-------------------|-----------|--|
| ABO Blood Group | "O" (+ve) | |
| Rh(D)Factor | Positive | |

Checked By

Medical Technologis Radical Hospitals Ltd. do

Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



| Bill No | DIA23050894 | Received Date | 20/05/2002 | |
|----------------|---------------------------------|---------------|-----------------|--|
| Patient's Name | MD SHAMSUL AREFIN | Neceived Date | 29/05/2023 | |
| Patient's Age | 34Y 2M 3D | Patient's Sex | Male | |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),Co | | CDC NO:C/O/5519 | |
| Sample | URINE | (, | ODC NO.C/O/5519 | |

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

Cheeked 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

Propoxyphene



| Bill No | DIA23050894 | Received Date | 29/05/2023 |
|----------------|---|---------------|--|
| Patient's Name | MD SHAMSUL AREFIN | | |
| Patient's Age | 34Y 2M 3D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/5519 |
| Sample | URINE | | 2.3.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2. |

DRUG ABUSE TEST

Result

Negative

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 |

Checked By

Medical Technologis

Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

OPINION



radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. GINGA LION

DATE: 29/05/2023

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

EYE EXAMINATION REPORT

NAME: MD SHAMSUL AREFIN

RANK: CH.ENG

CDC NO: C/O/5519

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

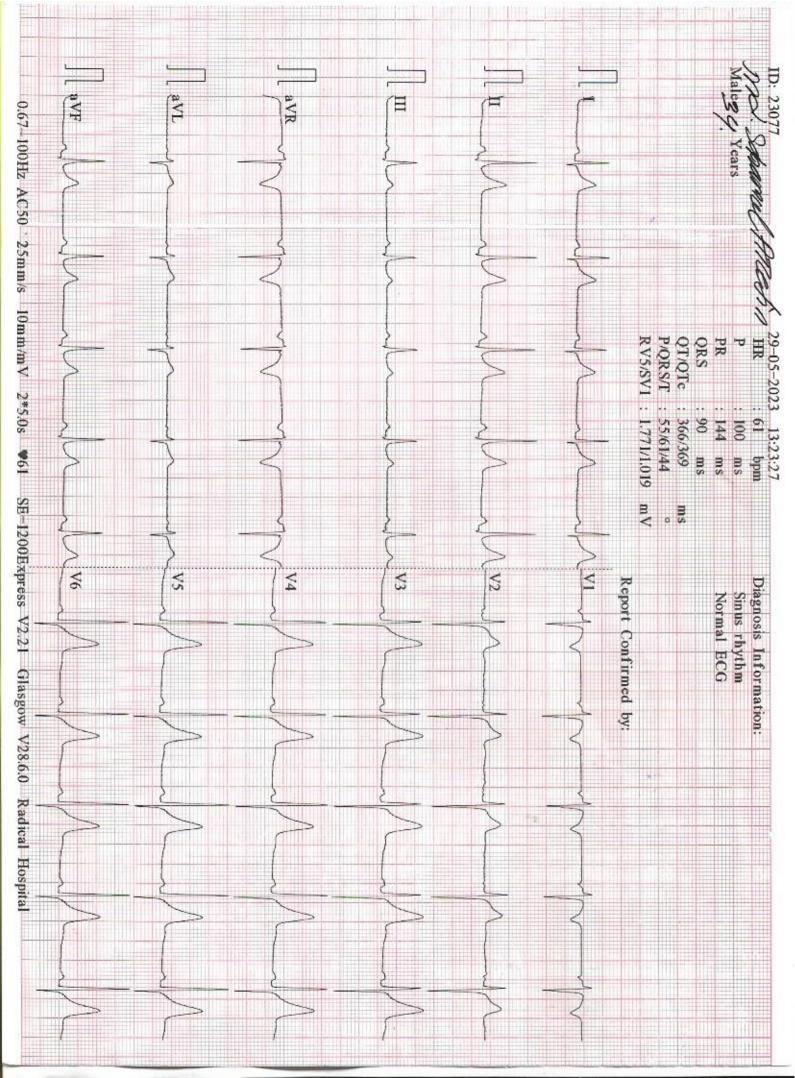
COLOUR VISION: NORMAL / BLIND

UNFIT / FIT FOR EMPLOYMENT ON BOARD

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

Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050894 Receive:29/05/2023 Print: 29/05/2023

Patient's Name : MD SHAMSUL AREFIN

Age : 34 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

This report has been electronically signed.





| Patient ID | 23050894 | Voucher No | |
|--------------|-----------------------------|---------------|------------|
| Test Name | USG OF KUB | Delivery Date | 29/05/2023 |
| Patient Name | MD. SHAMSUL AREFIN | Market Suite | 2010012020 |
| Age | 34 Yrs | Sex | Male |
| Refd. By | Dr. Mir Md. Raihan MBBS,(DU | | |

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 9.5 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.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 10.6 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.

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, volume is 13.7 cc, regular in shape. Echogenicity is homogenous.

No area of calcification is seen.

COMMENT: Suggestive of normal study.

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION MOSES MSVL ALEFIN AGAINST CHOLERA CLE -Clo | SS19 This is to certify that Date of birth 26-03-198 Sex

whose signature follows

has on the date indicated been vaccinated or revaccinated against Cholera

| Date Signature and Professional status of caccinator | | Signature and Professional Approved Stamp status of Carcinator Status of Carcinator | |
|--|--|---|--------------|
| B HART | DG Shipping Bandadesh Approved | 35, Sheh Makhdum Qurune Avenue Wittera, Dhaka | |
| 2 KB | DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangledesh Approved General Physician Radical Hospitals Limited. | SEOR VACCING Avenue (titers, Ohaka * | |
| 3 | | 3 | 4 |
| 4 | | | y management |
| 5 | | 5 | 6 |
| 6 | | | |
| 7 | | 7 | 8 |
| 8 | | - | |