



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMD
Accreditation No. A-55144

PATIENT CONTROL NUMBER:
HSL-003698



MEDICAL EXAMINATION CERTIFICATE

SURNAME PARVES	FIRST NAME AND ROMAN	MIDDLE NAME
PLACE AND DATE OF BIRTH DHAKA 16-Dec-1999	PASSPORT NUMBER B00046622	SEAMAN'S BOOK NUMBER CO11654
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL. KUTURIA, PO. SAVAR CANTONMENT-1344,, PS. ASHULIA, DIST. DHAKA, BANGLADESH.	CONTACT NUMBER : +8801947336612 (SELF)	
RANK : CADET-ENG		

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

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

Additional questions

	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☐
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If yes, please list the medications taken and the purpose(s) and dosage(s)

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

Roman

Signature of Seafarer

MEDICAL EXAMINATION

Weight 80 kg	Height (cm) 172	BM 27.0	Blood Pressure: Systolic- 110 mm	Diastolic 80 mm	PULSE: 78 bpm
Ear	Hearing by Audiometry	Audiometry		Hearing by Whisper Test	
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000
Left	☐ Adequate ☐ Inadequate				
		<i>17/18</i>			
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐					

04.2023.3899

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

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

Date of last colour vision test: Date (day/month/year) 07 MAY 2023

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>NTD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>NTD</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	<u>NTD</u>
DC(differential count)	<u>NTD</u>	SGOT		
HAEMOGLOBIN (HGB)	<u>14.8</u>	DRUG AND ALCOHOL TEST		OTHERS
ESR (WESTERGREN)	<u>10</u>	Morphine	☐ Positive ☒ Negative	HBsAg
WBC	<u>7.600</u>	Amphetamine	☐ Positive ☒ Negative	HIV / AIDS Test
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	VDRL
RANDOM	<u>5.0</u>	Barbiturates	☐ Positive ☒ Negative	Blood Type
HBA1C	<u>4.1%</u>	Cocaine	☐ Positive ☒ Negative	Psychological Exam
				Others(KUB Ultrasound)

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

<u>Roman</u>	ROMAN PARVES	7-May-2023
Signature of Seafarer	Name of Seafarer	Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes ☒	No ☐
--	--------------------------------

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

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

Fitness Date: <u>07 MAY 2023</u>	Valid Until: <u>06 MAY 2025</u>
Name and Signature of Authorized Physician	

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Revision : 5.1

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

Revision Date : 24th July 2022

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: PARVES		GIVEN NAME (S): ROMAN	
DATE OF BIRTH: DAY 16 MONTH DEC YEAR 1999		PLACE OF BIRTH CITY DHAKA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: VILL. KUTURIA, PO. SAVAR CANTONMENT-1344,, PS. ASHULIA, DIST. DHAKA., BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR 
LEFT EYE	6/6	—	LEFT EAR 

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 07 MAY, 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

Roman

ROMAN PARVES

07 MAY 2023

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) WITHOUT ANY (WITH THE FOLLOWING) RESTRICTIONS:

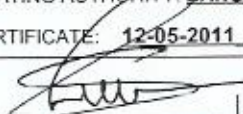
FIT FOR DUTY ON BOARD SHIP

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

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

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

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

SIGNATURE OF PHYSICIAN: 

STAMP OF PHYSICIAN: 

DATE: 07 MAY 2023

EXPIRY DATE OF CERTIFICATE: 06 MAY 2025

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 (Bitem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Redical Hospitals Limited

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

該当する二項にノ印を記入して下さい。

1. ALLERGIES: (アレルギー)
二 Urticaria (hives) (じんましん) 二 Asthma (ぜんそく) (その他の)

二 Drug allergies (name): (薬品名)
二 Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

(1) Past serious illness: (多岐既往症) / Age (年齢)

(2) Surgery: (手術)

When?

(時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)

Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake: (飲酒) 二 Do not drink (飲まない)

二 Drink 2-3 times a week (週に2〜3回) 二 Drink every evening (毎日)

二 Heavy drinker (強い) 二 Moderate drinker (中程度) 二 Light drinker (弱い)

(2) Smoking: (喫煙) 二 Never smoke (吸わない)

二 Quit smoking in 19____ (19____年に禁煙)

二 Smoke____ cigarettes a day (1日平均____本吸う)

(3) Bowel movements: (排便)

二 Regular (規則的)

二 Irregular (不規則)

二 Constipated (便秘)

(4) Dietary preferences: (食事の好み)

二 Salty (塩辛い)

二 Meat (肉類)

二 Fish (魚類)

二 Sweet (甘い)

二 Only (僅々)

(5) Exercise: (運動) 二 Often (よくする) 二 Sometimes (時々) 二 Never (しない)

(6) Sleep: (睡眠)

二 Sleep well (良く眠る)

二 Have Sleeplessness (眠れない)

二 Have insomnia (不眠症) 二 Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重)

二 Constant (変わらない)

二 Putting on weight (太ってくる)

二 Losing weight (やせてきた)

DR. MIR. MD. RAIHAN

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General Physician

Radical Hospitals Limited



07 MAY 2023

5. FAMILY HISTORY: (家族歴)

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

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

Briefly enter any special comments to the Attending Physician in English.

(受診医師へ特に伝えたいこと、英語で簡潔に)

MEDICAL RECORDS

(Write in block Letters)

Name of Company: _____
(所属会社) Id: _____ Fax: _____
Name: ROMAN PAKES
(氏名) given name (名) family name (姓)
Name of Position: ELCARET
(職)

Nationality: Burghese
(国籍)
Sex: (性別) M/F
(男/女)
Date of Birth: 26-DEC-99
(生年月日) (D・M・Y)

Height: (身長) 172 cm Weight: (体重) 80 kg/at age 20: (20 才時) 3.8
Pulse: 78 /min Normal breathing rate: 19 /min Normal temperature: _____ C
(脈拍/分) (正常呼吸数/分) (平熱)

Blood pressure: 105/70 Blood type: A Rh () +
(血圧) (血液型) Single/Married
(独身/結婚)

Blood sugar: (血糖値) _____ mg/dl $\times 0.05625 =$ () mmol/l
Urea acid: (尿酸値) _____ mg/dl $\times 0.0514 =$ () mmol/l



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Date: 07 MAY 2023 Signature: (署名) Roman
(Card holder) (本人)



DECLARATION OF HEALTH BY CREW

NAME OF CREW : ROMAN PARVES

RANK : CADET-ENG

CDC NO : C/O/11654

DOB : 16-Dec-1999

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

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

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

Date : 07 MAY 2023

Signed :

Roman

The Crew Member

* If yes, mention details below:-

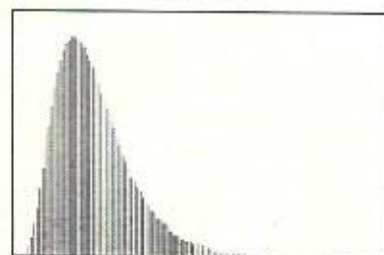
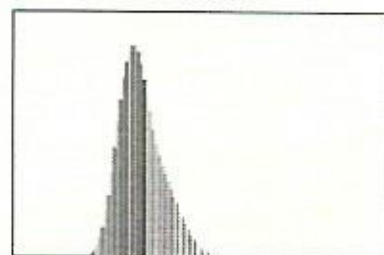
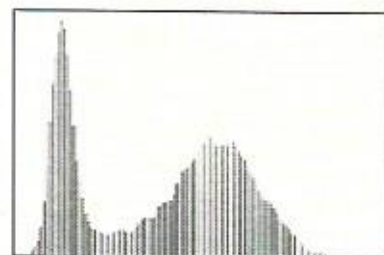
DR. MIR. MD. RAIHAN
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 0212 **Date** : 07-May-2023 **D.Date** : 07-May-2023
Patient's Name : ROMAN PARVES **Age** : 23Y 4M 21D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 11654

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.8 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	10 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,600 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	66 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	29 %	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	152 /cumm	50-450/cumm
Total RBC Count	4.65 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.5 %	M: 40-54%, F:37-47%
MCV	80.6 fL	76 - 94 fL
MCH	31.8 pg	27 - 32 pg
MCHC	39.5 g/dL	29 - 34 g/dL
RDW	13.8 %	11 - 16 %
PDW	14.8 fL	35 - 56 fL
Total Platelete Count (PC)	3,11,000 /cumm	150,000-450,000/cumm
MPV	7.7 fL	7.0 - 11.0 fL
PCT	0.239 %	0.1 - 0.5 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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



Bill No	DIA23050212	Received Date	07/05/2023
Patient's Name	ROMAN PARVES		
Patient's Age	23Y 4M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 11654
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.0 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	24 U/L	Up to 37 U/L
Serum ALT (SGPT)	21 U/L	Up to 40 U/L
HbA1C	4.1 %	4.2 - 6.7 %

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS

Checked By

Medical Technologist
Radical Hospitals Ltd.

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



Bill No	DIA23050212	Received Date	07/05/2023
Patient's Name	ROMAN PARVES		
Patient's Age	23Y 4M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 11654
Sample	BLOOD		

SEROLOGICAL REPORT

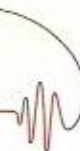
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING Result	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologists
Radical Hospitals Ltd.

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



Bill No	DIA23050212	Received Date	07/05/2023
Patient's Name	ROMAN PARVES		
Patient's Age	23Y 4M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 11654
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-4/HPF
Sediment	Nil	Epithelial	0-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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 Technologist
Radical Hospitals Ltd.

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



Bill No	DIA23050212	Received Date	07/05/2023
Patient's Name	ROMAN PARVES		
Patient's Age	23Y 4M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 11654
Sample	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 Technologist
Radical Hospitals Ltd.

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



REF: MV. ONE HONG KONG

DATE: 07/05/2023

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

EYE EXAMINATION REPORT

NAME: ROMAN PARVES	RANK: E/CDT	CDC NO: C/O/11654
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VISUAL ACUITY:	RIGHT	LEFT
	6/6	6/6
UNAIDED		

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

ID: 625

07-05-2023 01:48:46 PM

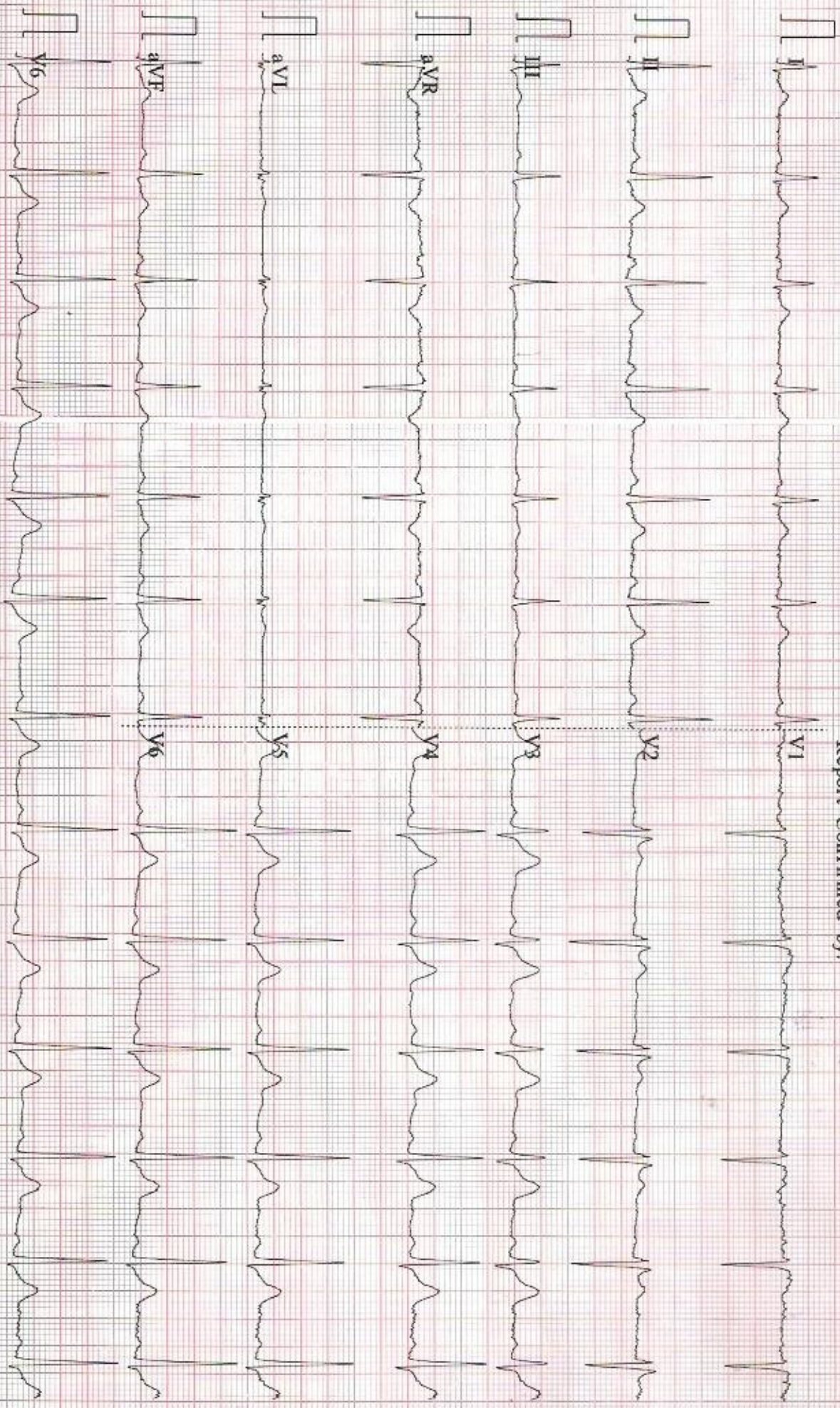
Fernando Martinez
Male 53 Years

HR	: 74	bpm
P	: 110	ms
PR	: 150	ms
QRS	: 104	ms
QT/QTc	: 374/415	ms
P/QRS/T	: 55/58/45	°
RV5/SV1	: 1.689/1.100	mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050212 Receive: 07/05/2023 Print: 07/05/2023
Patient's Name : **ROMAN PARVES**
Age : 23 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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
29 SEP 2022	Mr. One Houston 100	120/80 70/min	Normal	Normal	Normal	Normal	Normal
07 MAY 2023	Mr. One Houston 100	120/80 70/min	Normal	Normal	Normal	Normal	Normal

Completed by Company's M.O.

Creation	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
Not Done	Not Done			Fit For Duty on Board Ship	DR. MD. AYUBUR RAHMAN M.B.B.S., F.G.T. (Medicine) Taher Chamber 10, Agrabad, Chittagong. Reg. No. A-11820
					DR. MD. RAHMAN M.B.B.S. (D), DPM, CCD (Internal), PGD (Ortho) BMDG A-55144, MHC-BGD-016 DG Shipping Bangladesh Approved General Physician Firdos Hospital Limited

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

Roman Parves

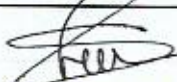
AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 16.12.1999 Sex Male

Roman

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 29 SEP 2022	 DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820		
2 07 MAY 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A 55144, MMC-BGD-016 DG Shilpa, Bangladesh Approved Corbier, Division Medical Hospitals Limited.		
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7		7	8
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Continued overleaf Suite our erso

