

HAQUE & SONS LTD.

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



Accredited By : BMDC Accreditation No. A55144

MEDICAL EXAMINATION CERTIFICATE

PATIENT CONTROL NUMBER:
HSI -004236

ACE AND DATE OF BIRTH CUMILLA 1-Jan-1990 PASSPORT NUMBER A06684033 TÜNONALITY: BANGLADESH SEX:	URNAM	E NO. R	FIRST NA	AME AND				MIDDLE NA		1011	
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Condition Eyevision problem	Have v	ou ever had any of the following cor	nditions?				-				
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3 Heart/vascular disease				NO	100						
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6 Asthma/bronchitis	4	Heart surgery		N.						11-2-11-02	527500
7 Blood disorder	5	Varicosė veins			22	Dizziness	/fainting				0
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 Balance problem 12 Skin problem 12 Skin problem 13 Allergies 30 Ear/nose/throat problems 14 Infectious/contagious diseases 27 31 Restricted mobility 16 Genital disorders 30 Ear/nose/throat problems 16 Genital disorders 31 Restricted mobility 17 Pregnancy 32 Back problems 17 Pregnancy 33 Amputation 34 Fractures/dislocations 37 Fractures/dislocations 38 Have you ever been signed off as sick or repatriated from a ship? 4 Have you ever been hospitalised? 37 Have you ever been declared unfit for sea duty? 38 Have you ever been declared unfit for sea duty? 39 Are you aware that you have any medical problems, diseases or illnesses? 30 Are you allergic to any medications? 31 Are you allergic to any medications 32 Back problems 33 Are you allergic to any medications 34 Are you allergic to any medications? 36 Have you ever been declared unfit for sea duty? 39 Are you allergic to any medications? 30 Are you allergic to any medications 30 Back problems, diseases or illnesses? 31 Are you allergic to any medications? 32 Are you allergic to any medications? 34 Are you allergic to any medications? 36 Back problems, diseases is the medications taken and the purpose(s) and dosage(s) 37 Are you alking any non-prescription or prescription medications? 38 Back problems 39 Are you allergic to any medications? 39 Are you allergic to any medications? 30 Back problems 30 B	6	Asthma/bronchitis			23	Loss of c	onsciousr	iess			2
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13 Allergies					22.00						
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15 Hernia					20000						100000
16 Genital disorders		- N. O. N. 1984 N. 1984 N. 1984 N. 1984 N. 1985 N. 1984			10.000						
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In Accordance with Medical Examination (Seafares) Convention (1946 (Meth 78) and STCW 1978/1996 as Amended, MLC 2006

BMDC A 55144, MMC-BGD-016 Revision Date: 24th July 2022

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

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

	APPLICANT		FIRST NAME			MIDDLE INITIAL
KAISER			S M			RASHED
DATE OF BIRTH			PLACE OF BIRT	Н .		SEX
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MONTII	DAY	YEAR	CITY	COUNTRY		MALE FEMALE
EXAMINATION	FOR DUTY A	S;	-93.770	MAILING ADDRESS	OF APPLIC	ANT:
MASTER		RATING		ASHIRPAR, MANO	HARGANJ,	DAKSHIN CHANDPUR-3570,
MATE		MOU DECK		CUMILLA, BANGI	ADESH	
ENGINEER		MOU ENGIN	Е			
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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 for no more than one (1) year for those under 18 years of again HOSPITAL RLM-105M (REV. 06/16)

DR. MIR. MD. RAIHAN

MBS: IDUI, DPM, CCD (Bridem), PGT (Onth) those over 18 years of age and

DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

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.
- (c) 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.

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

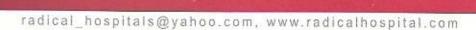
11 MAY 2023

RLM-105M (REV. 06/16)



DR. MIR. MD. RAIHAN
MBBS (DU). DFM. CCD (Birdem). PGT (Ophth)
BMDC A-85144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.







Id No : 0346

Patient's Name: S M RASHED KAISER

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8026

Date: 11-May-2023

D.Date: 11-May-2023

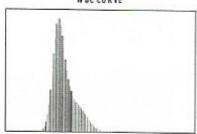
Age: 33Y 4M 10D Gender: Male

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.6 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	67 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	28 %	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	124 /cumm	50-450/cumm
Total RBC Count	5.28 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.7 %	M: 40-54%, F:37-47%
MCV	73.3 fL	76 - 94 fL
MCH	29.5 pg	27 - 32 pg
MCHC	40.3 g/dL	29 - 34 g/dL
RDW	10.7 %	11 - 16 %
PDW	17.2 fL	35 - 56 fl
Total Platelete Count (PC)	2,52,000 /cumm	150,000-450,000/cumm
MPV	8.2 fL	7.0 - 11.0 fl
PCT	0.207 %	0.1 - 0.%
Bledding Time(BT)	0/0	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %
		0. 20 V TO V OT A CONT. OF THE

W BC CURVE



RBC CURVE

PLT CURVE

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	DIA23050346	Received Date	11/05/2023
Patient's Name	S M RASHED KAISER		
Patient's Age	33Y 4M 10D	Patient's Sex	Male
-Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	DEM),PGT(Eye),DFM	CDC NO:C/O/8026
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 - 6.4 mmol/l
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	29 U/L	Up to 37 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



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Bill No	DIA23050346	Received Date	11/05/2023
Patient's Name	S M RASHED KAISER		
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF	RDEM),PGT(Eye),DFM	CDC NO:C/O/8026
Sample	BLOOD		4

SEROLOGYCAL REPORT

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

OOD GROUPINGResult		
ABO Blood Group	"A" (+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

RADICAL HOSPITAL

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Bill No	DIA-23050346	Received Date	11/05/2023
Patient's Name	S M RASHED KAISER		11/00/2020
Patient's Age	33Y 4M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCI	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/8026
Sample	URINE		

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

OPINION

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. SOMNUM AUSTRALIS

DATE: 11/05/2023

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

EYE EXAMINATION REPORT

NAME: S M RASHED KAISER

RANK: 2ND OFF

CDC NO: C/O/8026

VISUAL ACUITY:

RIGHT

LEFT

G
G
G
C

AIDED

COLOUR VISION: NORMAL/BLIND

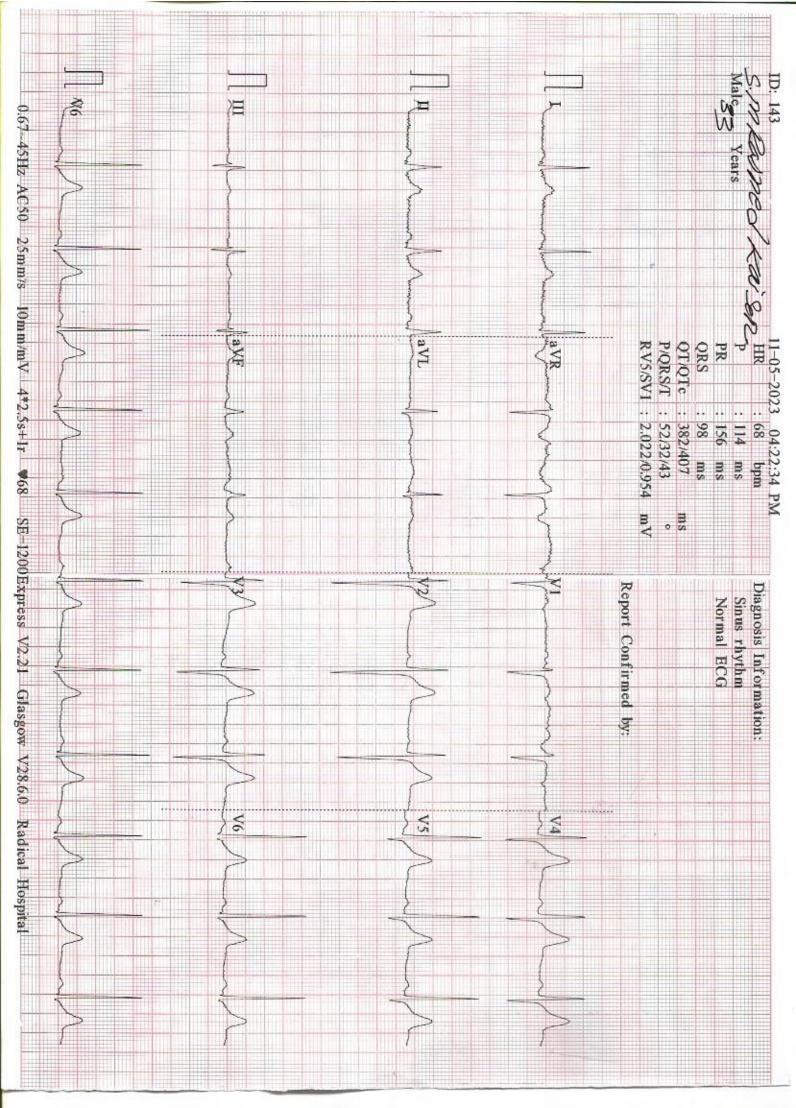
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23050346

Receive:11/05/2023

Print: 11/05/2023

Patient's Name

S M RASHED KAISER

Age : 33 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 certify that whose signature follows

Date of birth 01-JAN-1990 Sex MALE

S.M. RASHED KAISER (40/8026)

has 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
1/11/20	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.	L NO OF THE PROPERTY OF THE PR	S, Shah Makhdum Avenus Utien, Dheka
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4	\$ N. 16 .	S Propose	

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

This is to certify that	
whose signature follows	
Raskel	

Date of birth 01-JAN-1990 Sex MALE

5.M. RASHED KARSER (40/8026)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
TAY 300	DR. MR. 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	25, Shein Mekhdum Avenue Wenn, Ohekn ANGLADES	
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