

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: MEA

Sumaira

MD

First Name

KAYSH

Middle Initial

Sex: MALE

Serial No:

Date of Birth: 31/12/1994

PP/CDC: 6/6/1985

Rank: AB

Vessel: MV. NEW VENTURE

Type: BULK CARRIER

Route: WORLD WIDE

Home Address: MERAKHOLA, LAMA,

BANDARBAN

Company Name: WAH K WONG SHIPPING MANAGEMENT CO. LTD

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following

Candidate Declaration
Yes No

Examiner Record
Yes No

Candidate Declaration
Yes No

Examiner Record
Yes No

Severe one-sided headaches (Migraine)					Hernia / Hydrocoele / Appendicitis				
Head Injury / Concussion / Loss of Memory					High / Low blood pressure / Heart disease				
Fits / Epilepsy / Dizziness / Fainting					Asthma / Bronchitis / Tuberculosis				
Eye / Vision Problems (Glasses, etc)					Allergy / Skin disease				
Hearing Impairment					Infection / Contagious Disease				
Ear / Nose / Throat problems					Addiction to alcohol / drugs / tobacco				
Stomach / Bowel disorders					Fracture / Dislocation / Injury / Amputation				
Gall stones / Kidney disorders					Major / Minor Operation				
Jaundice / Liver Disease					Diabetes				
Piles / Varicose veins					Nervous / Mental disease / Sleep disorder				
Blood Disorder					Malignant disease (Cancer)				
Female Disorder					Signed off on medical grounds / Declared Unfit				
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition
170cm	82kg	43-41	110/80 mmHg	78 6/min	19 6/min	Good
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500 1000 2000 3000 4000 5000 6000 8000
Right Eye	6/6		Normal	Right Ear	dB	20 20 20
Left Eye	6/6		Abnormal	Left Ear	dB	20 20 20
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	Left ear
	Other	Normal	Abnormal			

Systemic Examination

Physical Examination		Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck		✓		FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	✓	
Eyes		✓			Cardiovascular system	✓	
Ears / Nose / Throat		✓			Per Abdomen	✓	
Teeth / Oral Cavity		✓			Genito-urinary system	✓	
Musculo- Skeletal system		✓			Others	✓	
Nervous system		✓			Hernia / Hydrocoele	✓	
Reflexes		✓			Varicose Veins	✓	
Skin		✓		Fissure/Fistula/Piles	✓		
Investigations							

Investigations

Blood	Result	Normal	Urine
Hemoglobin	15.4 gm%	14-16 gm %	Colour
Total WBC count	8000 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu % Lymph	30 %	Eos 02 % Ba 00 % Mo 02 %	pH
Malarial parasite	NOT FOUND		Albumin
ESR	19 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	19 U/L	9-43 U/L	Bile pigment
S.Cholesterol	NIE mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	NIE mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS 111 PPBS	upto 125 mg %	RBC cells
HbsAg	NEGATIVE		Leucocytes
HIV I & II	NEGATIVE		Others
VDRL	NOT RECEIVED		
Others			
Blood Group		GGTP U/L	Spirometry: N/D

ECG: Normal	TMT: N/D	Drugs of Abuse: Negative
X-Ray Chest: Normal		USG: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months

Remarks / Recommendations

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 15 MAY 2023

Candidate's Signature

Date: 16.05.2023

16 MAY 2023



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.

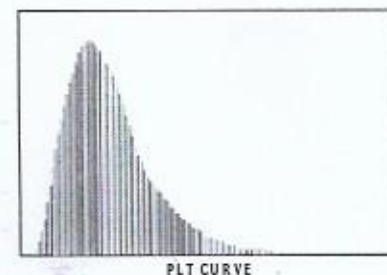
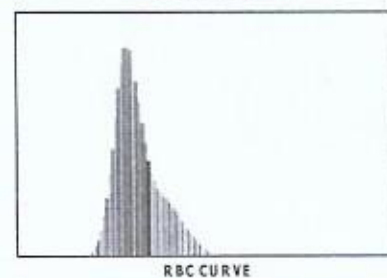
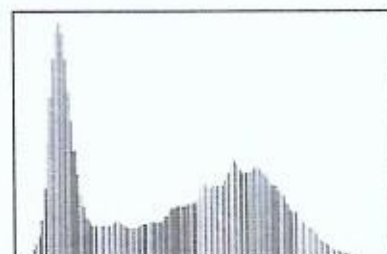
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Id No : 0476 **Date** : 16-May-2023 **D.Date** : 16-May-2023
Patient's Name : MD KAYSH MEA **Age** : 28Y 4M 15D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9185

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.4 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)	8,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	30 %	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	160 /cumm	50-450/cumm
Total RBC Count	5.03 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.3 %	M: 40-54%, F:37-47%
MCV	76.1 fL	76 - 94 fL
MCH	30.6 pg	27 - 32 pg
MCHC	40.2 g/dL	29 - 34 g/dL
RDW	12.3 %	11 - 16 %
PDW	14.4 fL	35 - 56 fL
Total Platelete Count (PC)	2,30,000 /cumm	150,000-450,000/cumm
MPV	8.5 fL	7.0 - 11.0 fL
PCT	0.196 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



[Signature]
Checked By
Medical Technologist

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

Bill No	DIA23050476	Received Date	16/05/2023
Patient's Name	MD KAYSH MEA		
Patient's Age	28Y 4M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:9185		
Sample	BLOOD		

BIOCHEMISTRY REPOR

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	19 U/L	Up to 40 U/L

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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Patient's Age	28Y 4M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9185
Sample	BLOOD		

SEROLOGICAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative

RADICAL
HOSPITAL
LIMITED

Checked By



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

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Patient's Name	MD KAYSH MEA		
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO.9185		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	2-3/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.


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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

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Patient's Name	MD KAYSH MEA		
Patient's Age	28Y 4M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9185
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050476 Receive: 16/05/2023 Print: 16/05/2023
Patient's Name : MD KAYSH MEA
Age : 28 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

ID: 230521

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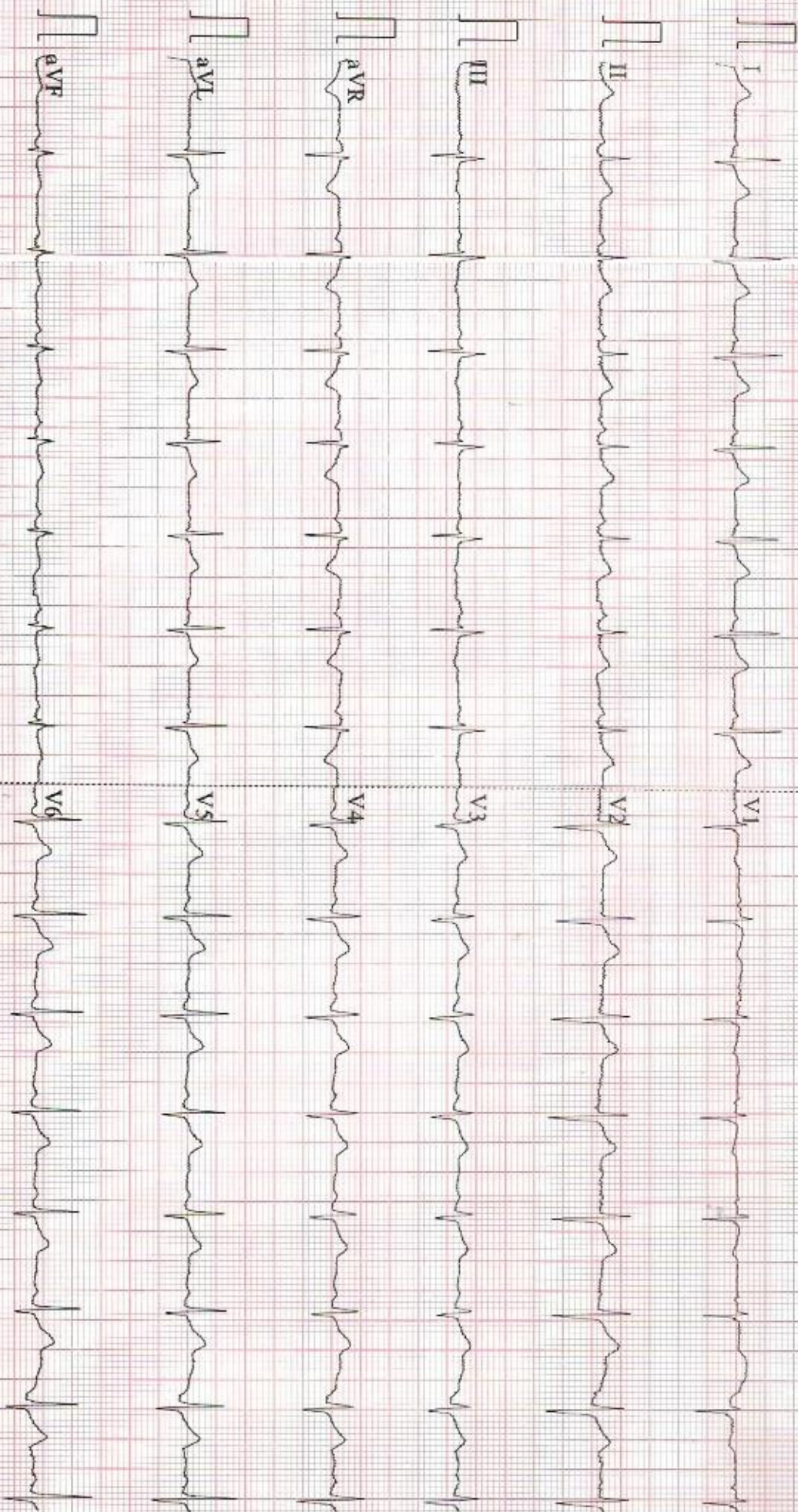
Mr. Kashan Meek
Male 28 Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 90	bpm
P	: 94	ms
PR	: 132	ms
QRS	: 78	ms
QT/QTc	: 344/421	ms
P/QRS/T	: 55/37/24	°
RV5/SV1	: 0.72/0.587	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

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Patient's Name : MD KAYSH MEA
Age : 28 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 90 b/min
Rhythm : Regular
P-Wave : Normal
P-R Interval : Normal
QRS Complex : Normal
ST. Segment : Is electric
T. Wave : Normal

Impression : Findings are within normal limit.

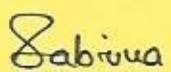
Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

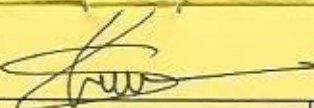
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to certify that JE Soussigne (e) certifie que MD. KAYSH MEA date of birth 31.12.94 Sex M
no (e) le sexe

Whose signature follows dont la signature suit [Signature]

has on the Date indicated been vaccinated or revaccinated against Cholera
a ete vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cechet d'authentification
1 28 NOV 2021	 DR. SABRINA MOSTAFA MBBS (D U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs. 

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cechet d'authentification
2 16 MAY 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birm), PGT (Uphth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs 

The validity of this certificate shall extend for a period of Two Years, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

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. La validite de ce certificate couvre une periode de six mois commencent six Jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette periode de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partielles a sept jours d'intervalle et sa validite commence le jour de la seconde injection.

De cachet d'authentification doit etre conforme au modele present per l'administration sanitaire du territoire ou la vaccination est effectuee.

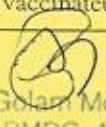
Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui il comporte peut affecter sa validite.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that JE soussigné' (e) certifie que MD KAYSH MEA date of birth / no' (e) le 31.12.94 Sex / sexe M

Whose signature follows / dont la signature suit [Signature]

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' te' vaccine (e) ou revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin, et numbre' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination						
05 DEC 2017	 Dr. Md. Golam Mostafa Reg. No. BMDC, A-9486 Saafarer's Medical Officer Chittagong, Bangladesh	<table border="1"> <tr> <td>Lot. No. Batch No.</td> <td>Manufact Origin</td> <td>DU</td> </tr> <tr> <td>1432524-30 Sep-15</td> <td>20 JULY 2012 FRANCE</td> <td>10YRS PASTUP COMPANY</td> </tr> </table>	Lot. No. Batch No.	Manufact Origin	DU	1432524-30 Sep-15	20 JULY 2012 FRANCE	10YRS PASTUP COMPANY	
Lot. No. Batch No.	Manufact Origin	DU							
1432524-30 Sep-15	20 JULY 2012 FRANCE	10YRS PASTUP COMPANY							
2									

This certificate is valid only if the vaccine used has been approved by the world Health Organization and 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificat n' est valable que si le vaccin employé a e' te' a approuvé par l' Organisation Mondiale de la Santé et si le centre de vaccination a e' te' habilité par l' administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme le lieu de signature.

Toute correction ou rature sur le certificat ou l' omission d' une quelconque des mentions qu' il comporte peut affecter sa validité.