

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 MAKHDUM AVENUE, UTTARA, DHAKA-1230.

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

Name: KABIR RAYHAN Sex: M Serial No: _____
 Date of Birth: 01/03/1997 PP/CDC: T/33022 Rank: OS
 Vessel: MV. TALENT GROUP Route: _____
 Home Address: BOROBAG BOALIYA, MOLLAHAT, MOLLAHAT BAGHERHAT
 Company Name: Qingdao Everbright Ship Management and Consulting 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		Examiner Record		Candidate Declaration	Examiner Record	
	Yes	No	Yes	No	Yes	No	Yes
Severe one-sided headaches (Migraine)		☒		☒		☒	
Head Injury / Concussion / Loss of Memory		☒		☒		☒	
Fits / Epilepsy / Dizziness / Fainting		☒		☒		☒	
Eye / Vision Problems (Glasses, etc)		☒		☒		☒	
Hearing Impairment		☒		☒		☒	
Ear / Nose / Throat problems		☒		☒		☒	
Stomach / Bowel disorders		☒		☒		☒	
Gall stones / Kidney disorders		☒		☒		☒	
Jaundice / Liver Disease		☒		☒		☒	
Piles / Varicose veins		☒		☒		☒	
Blood Disorder		☒		☒		☒	
Female Disorder		☒		☒		☒	
Notes							

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
178cm	78kg	41-40	100/70mmHg	78b/min	16b/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	20				
Left Eye	6/6		Normal	Left Ear	dB	20	20	20	20				
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
Other		Normal	Abnormal		4				4				

Systemic Examination

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	☒		FIT FOR SEA SERVICE AS OS 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

Blood	Result	Normal	Urine
Hemoglobin	16.3 gm%	14-16 gm %	Colour
Total WBC count	6.800 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 50 % Lymph 35 % Eos 02 % Ba 00 % Mo 04 %			pH
Malaria parasite	NOT FOUND		Albumin
ESR	30 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	30 U/L	9-43 U / L	Bile pigment
S.Cholesterol	185 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	175 mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	4.2 gBS	upto 125 mg %	RBC cells
HbsAg	Normal		Leucocytes
HIV I & II	Not Done		Others
VDRL	Not Done		
Others		GGTP U/L	
Blood Group			



ECG: Normal TMT: NIE

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: None

USG: NIE

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: 22 MAY 2025

Candidate's Signature RAYHAN

Doctor's signature:

Date: 23 MAY 2023



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

04.2023.4048



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA

SURNAME: KABIR		GIVEN NAME (S): RAYHAN KABIR	
DATE OF BIRTH: DAY 01 MONTH 03 YEAR 1997		PLACE OF BIRTH CITY KHULNA COUNTRY Bangladesh	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☒		MAILING ADDRESS OF APPLICANT: BOROBAY BOALIYA, MOLLAHAT, MOLLAHAT BAUERHAT.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	☒ BOOK ☒ LANTERN YELLOW MB RED MB GREEN MB BLUE MB	RIGHT EAR MB
LEFT EYE	6/6	—		LEFT EAR MB

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 is required every six years)

Date of the last colour vision test: (Day/Month/Year) **23 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.

RAYHAN

Signature of Applicant

RAYHAN

Name of Applicant

23 MAY 2023

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 MBBS, (DU), DFM REG: A-55144**

ADDRESS: **RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-MAY-2014**

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE: **23 MAY 2023**

EXPIRY DATE OF CERTIFICATE: **22 MAY 2025**

This certificate is issued by the Panama Maritime Authority 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 (Biom), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited



Id No : 0721 Date : 23-May-2023 D.Date : 23-May-2023
Patient's Name : RAYHAN KABIR Age : 26Y 0M 0D Gender: Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: T/33922

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	16.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	04 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	59 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	35 %	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 Cr. Eosinophils	136 /cumm	50-450/cumm
Total RBC Count	5.39 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	44.7 %	M: 40-54%, F:37-47%
MCV	82.9 fL	76 - 94 fL
MCH	30.2 pg	27 - 32 pg
MCHC	36.5 g/dL	29 - 34 g/dL
RDW	13.4 %	11 - 16 %
PDW	13.1 fL	35 - 56 fL
Total Platelete Count (PC)	2,46,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.219 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Clotting Time(CT)	%	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.

Bill No	DIA23050721	Received Date	23/05/2023
Patient's Name	RAYHAN KABIR		
Patient's Age	26Y 0M 0D	Patient's Sex	Male
Ref by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	BLOOD	CDC NO:T/33922	

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.2 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	30 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 Technologists
Radical Hospitals Ltd.

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

Bill No	DIA23050721	Received Date	23/05/2023
Patient's Name	RAYHAN KABIR		
Patient's Age	26Y 0M 0D	Patient's Sex	Male
Ref by	Dr. Mir Md. Raihan MBBS.(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T/33922
Sample	BLOOD		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	Negative
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RADICAL
HOSPITAL
 LIMITED

Checked By

Medical Technologists
 Radical Hospitals Ltd.

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



Bill No	DIA23050721	Received Date	23/05/2023
Patient's Name	RAYHAN KABIR		
Patient's Age	26Y 0M 0D	Patient's Sex	Male
Ref by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: T/33922
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

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

Bill No	DIA23050721	Received Date	23/05/2023
Patient's Name	RAYHAN KABIR		
Patient's Age	26Y 0M 0D	Patient's Sex	Male
Ref by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		
Sample	URINE		
			CDC NO T/33922

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

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

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23050721 Receive: Print: 23/05/2023
Patient's Name : RAYHAN KABIR
Age : 26 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 66 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

ID: 23050697

23-05-2023 17:54:36

Ade 2017 24/12/17
Male 66 Years

Railman

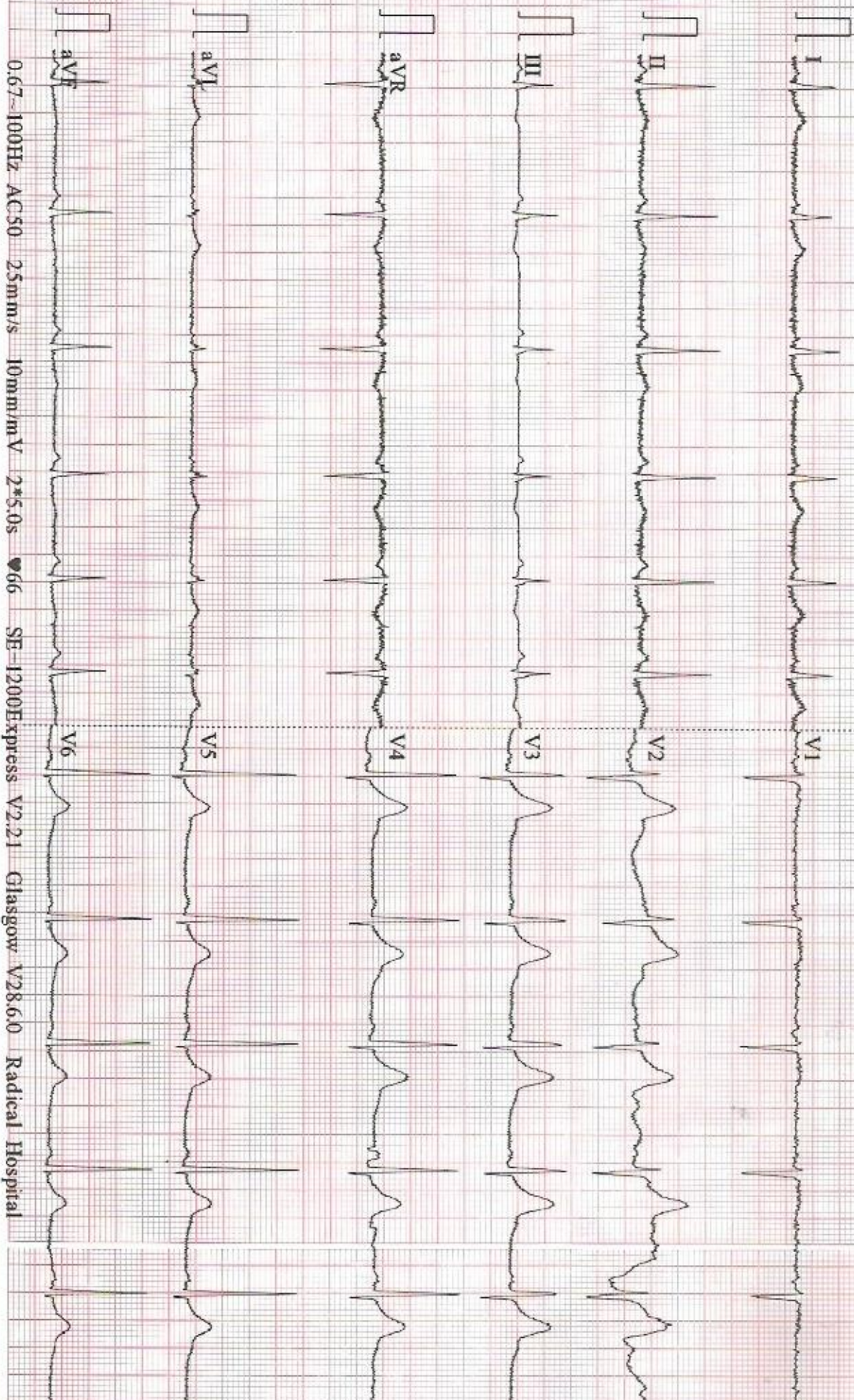
HR	66	bpm
P	98	ms
PR	126	ms
QRS	82	ms
QT/QTc	392/411	ms
P/QRS/T	71/55/13	°
RV5/SV1	2.036/0.963	mV

Diagnosis Information:

Sinus arrhythmia

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050721 Receive: 23/05/2023 Print: 23/05/2023
Patient's Name : RAYHAN KABIR
Age : 26 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 CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

RAYHAN KABIR

This is to certify that JE Soussigne' (e) certifie que _____ date of birth 01.08.23 no' (e) le _____ Sex M sexe _____

Whose signature follows dont la signature suit **RAYHAN**

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

Date	Signature and professional Status of Vaccinator Signature et qualite profes- sionelle vaccinateur	Approved Stamp Cachet d'authentification
23 MAY 2023	DR. MIR RAIHAN MBBS RAJ. DHA, CCD (London), PGD (Diploma) BMDG A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
1		
2		
3		
4		

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 revaccination within such period of two years, 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 validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de cette période de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

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

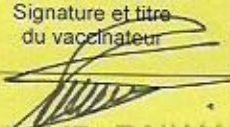
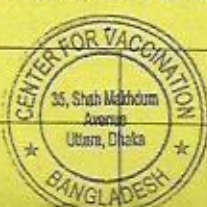
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

RAYHAN KABIR

This is to certify that JE Soussigne' (e) certifie que | date of birth 01-03-2023 | Sex M
no' (e) le | sexe |

Whose signature follows RAYHAN
don't la signature suit |

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre ro du lot	Official sump of vaccinating centre Cachet officiél du centre de vaccination
23 MAY 2023	 DR. M. R. RAIHAN MBBS (DU), DPM, CCD (Bridem), PGT (Ophty) BMDC A-55144, MMC-BGD-016 2G Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within such period often years, from the date of the 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 erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccina employe" a e'te' approuve" par l'organisation Mondiale de la sante" et si le centre a e'te' designe" par l'administration sanitaire du territoire dans lequel ce centre est situe".

La validite' de ce certificat couvre une pe'riode de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, a compter de la date de la revaccination.

Ce certificat doit e'tre signe" par un me'decin de sa propre main, son cachet officiel ne pouvant e'tre conside're comme l'enant lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il