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: Sohel Rana (Surname / First Name) Sex: Male Serial No:

Date of Birth: 28/02/1999 PP/CDC: T/33720 Rank: G/S

Vessel: MV. Cape Victory Type: Bulk Carrier Route:

Home Address: Ghatabari, Rupsa Hatkhola, Enayetpur, Sirajganj

Company Name: Wah kwong ship management

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	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
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				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High / Low blood pressure / Heart disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin disease		✓		✓
Infection / Contagious Disease		✓		✓
Addicition to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
Signed off on medical grounds / Declared Unfit		✓		✓

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
168cm	65kg	40-40	100/70mm	78b/m	18b/m	Good

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Hearing	Right Ear	Left ear
	✓	✓

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS
AS PER ... 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	13.3 gm%	14-16 gm %
Total WBC count	7600 cu.mm	4000-11000 / cu.mm
Neu 79 % Lymp 17 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	09 mm / 1st hour	1- - 15 mm / hr
SGPT	22 U/L	9--43 U / L
S.Cholesterol	NIE mg/dl	145--260 mg / dl
S.Tnglycerides	NIE mg/dl	upto 200 mg /dl
Blood Sugar	RBS 4.2 PBBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others		GGTP U/L
Blood Group		

Urine	
Colour	STCW MI
Specific Gravity	
pH	4
Albumin	✓
Sugar	✓
Bile pigment	✓
Bile salts	✓
Occult blood	✓
RBC cells	✓
Leucocytes	✓
Others	

ECG : Normal **TMT:** NIE

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

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: 29 MAY 2025

Candidate's Signature Sohel

Date: 30 MAY 2023

Official Stamp: Radical Hospitals Ltd. ★ As Per MLC-2006 ★ Approved by Department of Shipping

Doctor's Signature

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

04.2023.4104

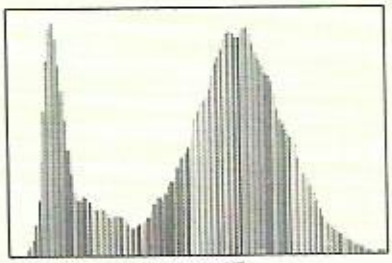
RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

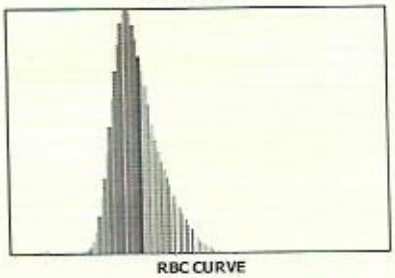
Id No : 0920	**Date :** 30-May-2023	**D.Date :** 30-May-2023
Patient's Name : SOHEL RANA	**Age :** 24Y 3M 2D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC MO:T/33720

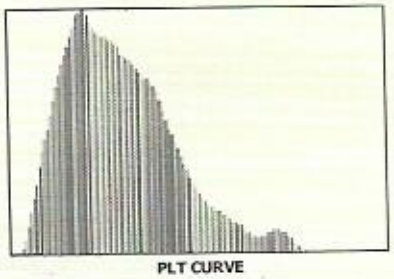
Haematology Report

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

Parameter Name	Results	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. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**09** mm/1st hr	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	**79** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**17** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**02** %	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	**4.38** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**35.3** %	M: 40-54%, F:37-47%
MCV	**80.6** fL	76 - 94 fL
MCH	**30.4** pg	27 - 32 pg
MCHC	**37.7** g/dL	29 - 34 g/dL
RDW	**13.3** %	11 - 16 %
PDW	**13.0** fL	35 - 56 fl
Total Platelete Count (PC)	**1,67,000** /cumm	150,000-450,000/cumm
MPV	**10.4** fL	7.0 - 11.0 fL
PCT	**0.132** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %


WBC 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.

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RADICAL HOSPITAL LIMITED

Bill No	DIA23050920	Received Date	30/05/2023
Patient's Name	SOHEL RANA		
Patient's Age	24Y 3M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T/ 33720
Sample	**BLOOD**		

BIOCHEMISTRY REPOR

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.2 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	21 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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Sample	**BLOOD**		

SEROLOGYCAL REPORT

HBsAg (Method : (ICT)	Negative

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Radical Hospitals Ltd.

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

Bill No	DIA23050920	Received Date	30/05/2023
Patient's Name	SOHEL RANA		
Patient's Age	24Y 3M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T/ 33720
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	1-2/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

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T/ 33720
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 Technologis

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

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23050920	Receive: Print: 30/05/2023		
Patient's Name	:	**SOHEL RANA**			
Age	:	24 YRS	*Sex*	:	M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	81 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

This report has been electronically signed

ID: 23086

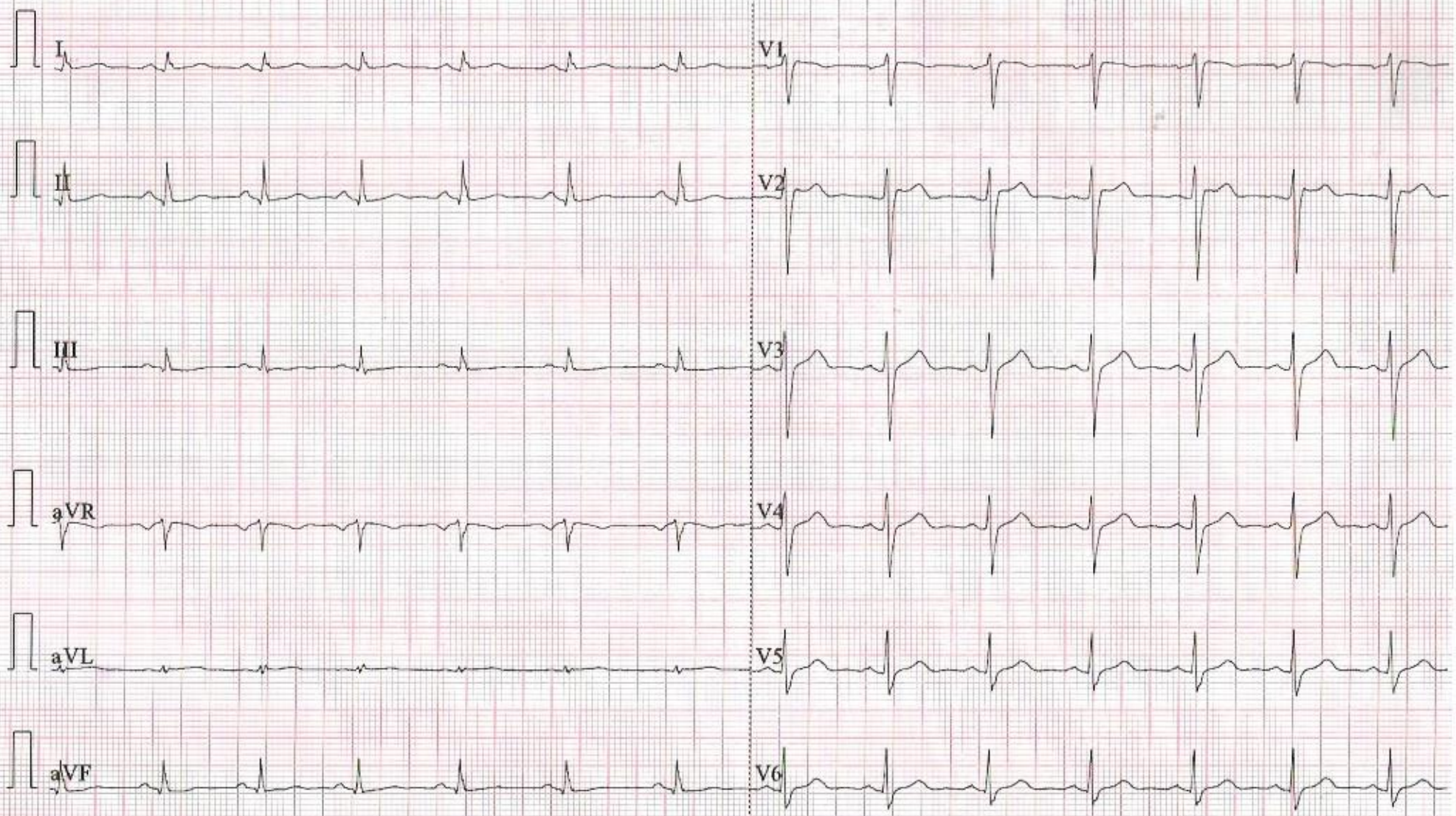
30-05-2023 13:28:54

Male 29 Years

HR	: 81	bpm
P	: 118	ms
PR	: 144	ms
QRS	: 102	ms
QT/QTc	: 372/432	ms
P/QRS/T	: 50/61/16	°
RV5/SV1	: 0.730/0.750	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥81 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23050920	Receive:30/05/2023	Print: 30/05/2023
Patient's Name	:	**SOHEL RANA**		
Age	:	24 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

This report has been electronically signed.

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

This is to certify that / JE Soussigne (e) certifie que | SOHEL RANA | date of brith / no (e) le | 28/02/1999 | sex / sexe | M

Whose signature follows / dont la signature suit | .....

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 professionelle Vaccinateure	Approved Stamp Cechet d'authentification	
1 02 NOV 2021	Sabrina 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.	CENTRE FOR VACCINATION AGRABAD C/A, CTG. BANGLADESH
2 30 MAY 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH

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 from prescribed by the health adminstration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t cffecter sa validite.

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

This is to certify that / JE soussigne' (e) certifie que } SOHEL RANA date of brith / no' (e) le } 28/02/1999 Sex / sexe } M

Whose signature follows / dont la signature suit } Sohel

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

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunnc' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
26 OCT 2021	Sabrina DR. SABRINA MOSTAFA MBBS (D U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	YELLOW FEVER VACCINATION 1313 DAKAR	CENTRE FOR VACCINATION AGRABAD C/A. CTG. BANGLADESH
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated 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 revaccinatio.

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 certificate n' est valable que si le vaccin employe' a e' tc" a approve" par I' Organisation Mondiale de la Sante" et sile centre de vaccination ae' tc' habilite parl' adminstration sanitaire du territoire dans lcqucl' ce centre est siture'

La validite' dc ce certificat couvre une pe' riodc dc dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours dc cette pe' riodc dc dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official ne pouvant ctre conside' re' commc lcnant licu de signature.

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