

SEAFARER'S MEDICAL EXAMINATION REPORT/ CERTIFICATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006.

SURNAME: <u>SHAHRIAR</u>	GIVEN NAME (S): <u>FAHIM</u>	
NATIONALITY: <u>BANGLADESHI</u>	ID DOCUMENT NO:	
DATE OF BIRTH: <u>05</u> MONTH <u>08</u> DAY <u>1994</u> YEAR	PLACE OF BIRTH: <u>DHAKA</u> CITY COUNTRY: <u>BANGLADESH</u>	SEX: ☒ <u>MALE</u> ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: <u>HOUSE #16, TOPKHANA ROAD, NO. 100, BAGICHA, DHAKA - 1000</u>	



DECLARATION OF APPROVED MEDICAL PRACTITIONER:
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: ☒ YES ☐ NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT: <u>5'8"</u>	WEIGHT: <u>72 Kg</u>	BLOOD PRESSURE: <u>120/80 mmHg</u>	PULSE: <u>76 b/min</u>	RESPIRATION: <u>19 b/min</u>	GENERAL APPEARANCE: <u>Good</u>
VISION: WITHOUT GLASSES RIGHT EYE: <u>6/6</u> LEFT EYE: <u>6/6</u> WITH GLASSES: _____			HEARING RIGHT EAR: <u>mm</u> LEFT EAR: <u>mm</u>		

COLOR TEST TYPE: BOOK ☒ LANTERN ☒ CHECK IF COLOR TEST IS YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒

DATE OF LAST COLOR VISION TEST: 09 OCT 2023

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☐ NO ☒

HEAD AND NECK: <u>Normal</u>	HEART (CARDIOVASCULAR): <u>Normal</u>
LUNGS: <u>Normal</u>	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? ☒

EXTREMITIES:
UPPER: Normal LOWER: Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO REQUIREMENTS? YES ☒ NO ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES ☐ NO ☒

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☒

SIGNATURE OF APPLICANT: Fahim Shahriar DATE: 09 OCT 2023

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

FAHIM SHAHRIAR

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE:

YES ☒ NO ☐

HEARING MEETS THE STANDARDS IN SECTION A - 1/9:

YES ☒ NO ☐

UNAIDED HEARING SATISFACTORY:

YES ☒ NO ☐

VISUAL ACUITY MEETS STANDARDS IN SECTION A - 1/9:

YES ☒ NO ☐

COLOUR VISION MEETS STANDARDS IN SECTION A - 1/9:

YES ☒ NO ☐

TICK APPROPRIATE CHOICE: ☒ HE / ☐ SHE IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ ELECTRICAL ENGINEER (ELECTRICIAN) / ☐ RATING ☒ WITHOUT ANY / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS.(DU), DFM, Reg: A-55144

ADDRESS OF MEDICAL CENTER: RADICAL HOSPITALS LIMITED, SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

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

SIGNATURE OF PHYSICIAN: _____



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

DATE OF EXAMINATION: 09 OCT 2023

EXPIRY DATE OF CERTIFICATE: 08 OCT 2025

SEAFARER ACKNOWLEDGEMENT:

I, FAHIM SHAHRIAR (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.



MEDICAL REQUIREMENTS

This physical examination must be carried out not more than 24 months prior next medical check for a seafarer older than 18 years old and considered to be fit for duty without any restrictions. In case of any restriction found not preventing seafarer to fulfill his duties this physical examination should be carried out not more than 12 months prior next medical check. The examination shall be conducted in accordance with the international Labor Organization World Health Organization. Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO 73/WHO/D.2/1997, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).
- b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) 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 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- e) Voice
 - Deck/ Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- f) Vaccinations
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- g) Diseases and Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acenereal disease or neurosyphilis, AIDS, and/or the use of narcotic. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.
- h) Physical Requirements
 - Applicants for able seaman, bosun, GP-I, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/ navigational officer's certificate.
 - Applicants for fireman/ water tender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE

The seafarer must retain the original of the "Medical Examination Report/ Certificate" as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/ her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided - Medical Exam Form).

09 OCT 2023



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GOVERNMENT OF THE FIJI ISLANDS

IMMIGRATION DEPARTMENT

MEDICAL REPORT FORM



IMPORTANT NOTES

1. This medical certificate form must be completed in English by a Registered Medical Practitioner for each person applying to stay in the Fiji Islands for more than 6 months.
2. This certificate must be under 3 months old at the time of lodgement.
3. Each applicant must produce evidence of identification, such as passport, to the Medical Examiner.
4. Fees for the medical examination are payable by the applicant or their sponsor.

PART VIII : PERSONAL DETAILS OF THE APPLICANT

1. Name(s) as shown in the passport:

SHAHRIAR

(Surname)

FAHIM

(Given names)

3. Gender: Male ☒ -Female ☐

4. Date of birth:

08/05/1994

5. Nationality as on passport: BANGLADESHI

6. Passport number: FH0611198

7. Give reasons why you need to do this medical examination:

JOINING SHIP

SECTION A: APPLICANT'S MEDICAL RECORDS

- | | | |
|--|------------------------------|--|
| 1. Has the applicant ever been hospitalized or undergone surgery of any kind: | Yes ☐ | No ☒ |
| 2. Has the applicant ever been refused employment, insurance, military service or entry to another country on medical grounds: | Yes ☐ | No ☒ |
| 3. Does the applicant have any history of dependency on drugs, alcohol or other controlled substances: | Yes ☐ | No ☒ |
| 4. Has the applicant or any member of his/her family ever suffered from any mental disorder, fits or epilepsy: | Yes ☐ | No ☒ |
| 5. Has the applicant ever suffered from the HIV/AIDS syndrome or any other sexually transmitted disease: | Yes ☐ | No ☒ |

If Yes to any of the above, please give details and dates:

SECTION B: EXAMINATION RESULTS

1. Heart:

Normal



2. Lungs: Normal

3. Kidney: Normal

4. Liver: Normal

5. HIV and STD Tests: Negative.

6. X-Ray: Normal

7. Other observations found not normal, e.g. diabetic, high blood pressure, pregnancy, etc.

PART X: APPLICANT'S DECLARATION

- I declare that the details given by me on this form to the medical examiner are true and correct in every respect,
- I agree that I will undergo, at my expense, any further medical examinations that may be required by the Immigration Department.
- I authorise that the medical examiner who completes this form to release to Immigration Department, or its medical consultants, any information acquired with regard to this examination.

SIGNATURE OF APPLICANT:

FAHIM SHAHRIAR

DATE: 09 OCT 2023

SIGNATURE OF EXAMINER AS WITNESS:

[Signature]

DATE: 09 OCT 2023 DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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PARTX: MEDICAL EXAMINER'S DECLARATION

- I have confirmed the identity of the applicant from his/her passport, identification papers and appearance.
- I am satisfied that the particulars submitted by the applicant are true and correct.
- The statements made by me in answer to all questions in this form are true to the best of my knowledge and belief.
- I agree that all the information contained in this form is for the use of the Immigration Department and/or its medical consultants and shall not be released to anyone else.
- I certify that the applicant is medically fit/not medically fit to work and reside in Fiji.

SIGNATURE OF MEDICAL EXAMINER:

Fah

DATE: 09 OCT 2023

COMPANY STAMP/SEAL:



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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CHEMICAL BLOOD SCREENING CERTIFICATE

Seafarer's Information	
Seafarer's Name (Last, First, Middle) SHAHRIAR FAHIM	Sex (Male/Female) MALE
Date of Birth (Day/Month/Year) 08/05/1994	Nationality BANGLADESHI

This is to confirm that the above-mentioned seafarer will be sailing / have sailed* onboard ASP Ship's Group managed chemical Carriers has undergone a complete chemical blood screening to provide any signs on chemical exposure either,

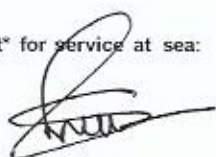
☒ Prior to joining vessel

☐ After signing off from chemical cargoes carried onboard (see attached form V-CCH-003 – Blood Test for Chemicals')

Declaration of the recognized medical practitioner			
	Yes	No	N/A
1 Identification documents were checked at the point of examination?	☒	☐	☐
2 All values within reference level?	☒	☐	☐
If "No", please specify.			
3 Is the seafarer free from any medical condition (Based only on the Chemical Blood Screening) likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person on-board?	☒	☐	☐
4 Date of chemical blood test (Day/Month/Year)	09 OCT 2023		
5 Expiry of certificate (Day/Month/Year)**	08 OCT 2024		
** Maximum one year validity from date when tests have been taken			

Seafarer has been found fit / unfit* for service at sea:

09 OCT 2023



(Specify Rank)

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Date/ Place

Signature of Authorised Person

Official Stamp of Issuing Authority
(Name, Address etc.)

FOR SEAFARER

I have been informed of the content of the certificate and of the right to a review.

Fahim Shahriar

Signature of Seafarer

A medical examination report containing the medical history, clinical findings and other diagnostic tests and results of the seafarer is contained in a separate document.

If you are sick for more than 30 days or your medical fitness changes significantly during your leave, you should contact an approved doctor (preferably the one who issued the certificate) for medical review and inform your local crewing office.

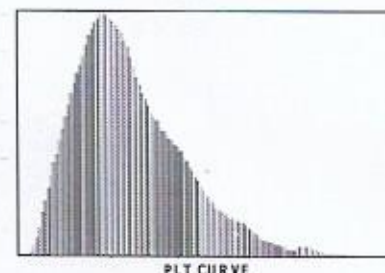
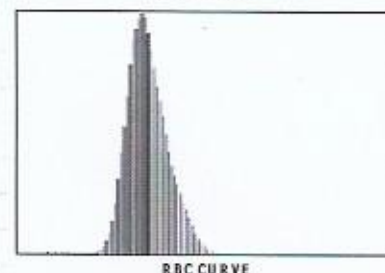


Id No : 23100327 **Date** : 09-Oct-2023 **D.Date** : 09-Oct-2023
Patient's Name : FAHIM SHAHRIAR **Age** : 29Y 5M 0D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/10166

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.1 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	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	150 /cumm	50-450/cumm
Total RBC Count	4.70 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.1 %	M: 40-54%, F:37-47%
MCV	81.1 fL	76 - 94 fL
MCH	30.0 pg	27 - 32 pg
MCHC	37.0 g/dL	29 - 34 g/dL
RDW	12.6 %	11 - 16 %
PDW	17.2 fL	35 - 56 fL
Total Platelete Count (PC)	1,74,000 /cumm	150,000-450,000/cumm
MPV	10.2 fL	7.0 - 11.0 fL
PCT	0.177 %	0.1 - 0.5 %
Bleeding Time(BT)	%	10 - 18 %
Cloting 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	DIA23100327	Received Date	09/10/2023
Patient's Name	FAHIM SHAHRIAR		
Patient's Age	29Y 5M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/10166		
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

VDRL	Non-reactive
------	--------------

RADICAL
HOSPITAL
LIMITED

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

East West Medical College and Hospital



Bill No	DIA23100327	Received Date	09/10/2023
Patient's Name	FAHIM SHAHRIAR		
Patient's Age	29Y 5M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/10166
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

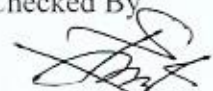
CHEMICAL EXAMINATIONCASTS / LPF

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	DIA23100327	Received Date	09/10/2023
Patient's Name	FAHIM SHAHRIAR		
Patient's Age	29Y 5M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/10166
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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100327 Receive: Print: 09/10/2023
Patient's Name : FAHIM SHAHRIAR
Age : 29 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 63 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.

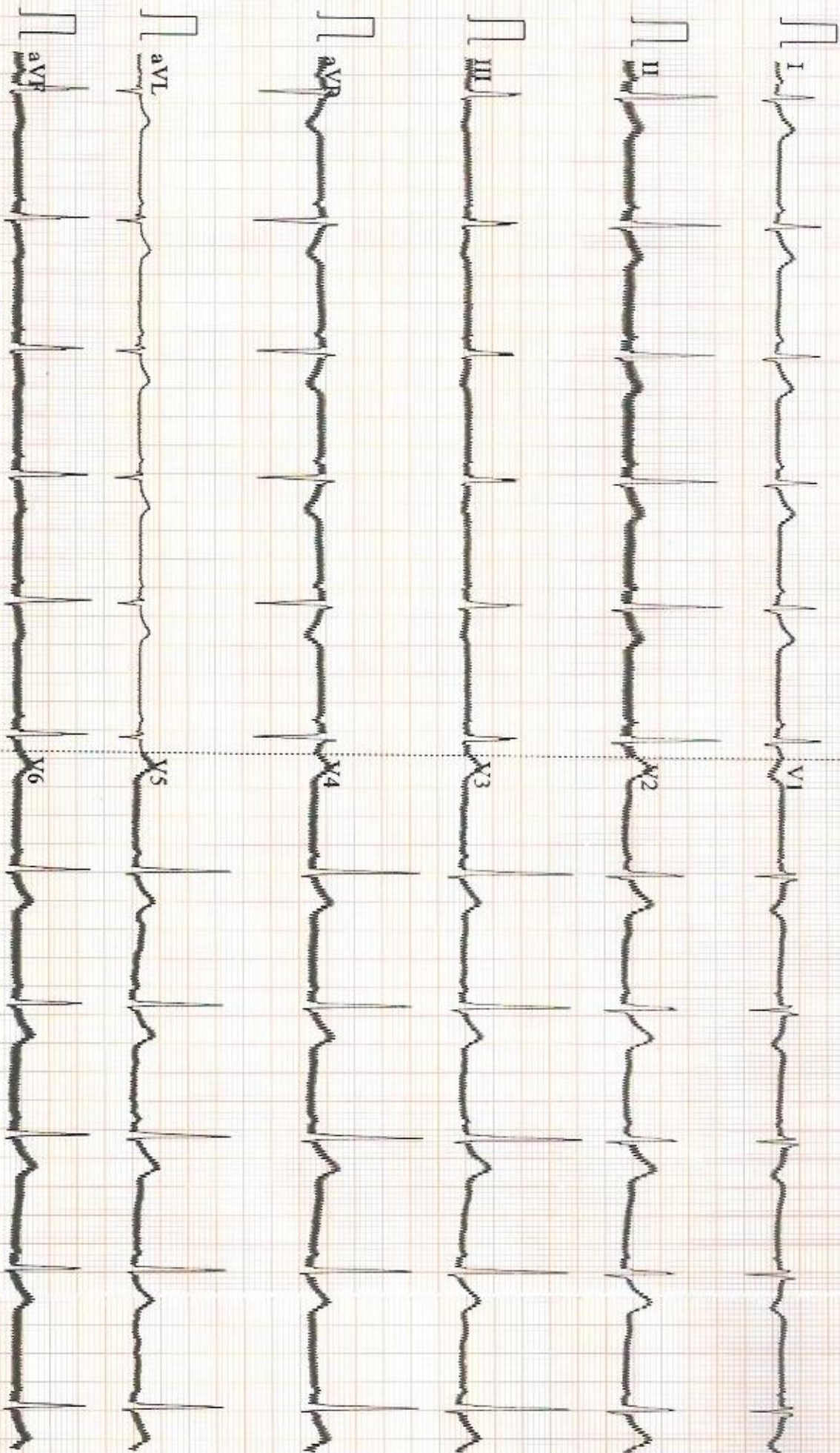

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

ID: 23091435
Fahim Shahriar
Male 29 Years

09-10-2023 09:14:43
HR : 63 bpm
P : 64 ms
PR : 114 ms
QRS : 86 ms
QT/QTc : 364/373 ms
P/QRS/T : 30/66/15 °
RV5/SV1 : 1.655/0.485 mV

Diagnosis Information:
Sinus rhythm
rS'(V1) - probable normal variant
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100327 Receive: 09/10/2023 Print: 09/10/2023
Patient's Name : FAHIM SHAHRIAR
Age : 29 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

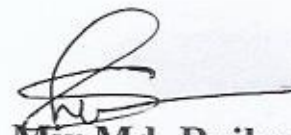
Patient's Name	:	FAHIM SHAHRIAR	ID NO	:	23100327
Age	:	29 Yrs	Date	:	09/10/2023
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

Dental Examination Reports

On Examination

- | | | |
|-----------------------------|---|--------|
| 1. Dental Caries | : | Absent |
| 2. Calculus | : | Absent |
| 3. Missing | : | Absent |
| 4. Gum Condition | : | Normal |
| 5. Filling | : | No |
| 6. Root Canal Treatment | : | No |
| 7. Any Bridge/Denture/Crown | : | No |
| 8. Oral Hygiene | : | Normal |

Comments : Normal


Dr. Mir Md. Raihan

MBBS (DU,) CCD (Birdem), PGT (oph)
 Reg- A55144 BGD-016(MMC)
 DG Shipping Bangladesh Approved
 Malaysian Medical Council Approved
 General Physician
 Radical Hospitals Limited



Date: 09/10/2023

EYE EXAMINATION REPORT

NAME:	FAHIM SHAHRIAR		
AGE:	29 YRS	RANK: 3 RD ENG	CDC NO:C/O/10166

VISUAL ACUITY: RIGHT LEFT

UNAIDED

6/6

6/6

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

Patient's Name	: FAHIM SHAHRIAR	Date	: 09/10/2023
Age	: 29 Yrs	CDC NO:	C/O/10166
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor / Good / very good / excellent
Verbal Reasoning test	Poor / Good / very good / excellent
Inductive reasoning test	Poor / Good / very good / excellent
Diagrammatic Reasoning test	Poor / Good / very good / excellent
Logical Reasoning test.	Poor / Good / very good / excellent
Error checking test	Poor / Good / very good / excellent
2.Skill Test	Poor / Good / very good / excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor / Good / very good / excellent
Assumptions	Poor / Good / very good / excellent
Deductions	Poor / Good / very good / excellent
Interpreting Information's	Poor / Good / very good / excellent
Inferences	Poor / Good / very good / excellent
5.Situational Judgment Test.	Poor / Good / very good / excellent

Poor: <6 ~~Good: 6-7~~ very good: 7-8 excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB



Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2023.4938

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last SHAHRIAR First FAHIM Middle
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 09 OCT 2023
Occupation: Deck/Engine/Catering/Other (specify) ENGINE Rank: THIRD ENGINEER
Father's/ Husband's name: MOHAMMAD RAFIQUUL ISLAM C.D.C No. C/O/10166
Mother's Name: MRS KAMRUN NAHAR Seaman ID No.
Address: House No: 16 Street/ Road No: TOPKHANA ROAD Passport No. EH0611198
Locality/Village: SEGUN BAGICHA NID No. 19942697520000537
P.O: SEGUN BAGICHA Date of Birth: 08/05/1994
P.S: SHAH BAGH (DD/MM/YYYY)
District: DHAKA

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

1. Confirmation that identification documents were checked at the point of examination YES/NO
 2. Hearing meets the standards in section A-I/9 YES/NO
 3. Unaided hearing satisfactory? YES/NO
 4. Visual acuity meets standards in section A-I/9? YES/NO
 5. Colour vision meets standards in section A-I/9? YES/NO
Date of last colour vision test 09 OCT 2023
 6. Fit for lookout duties? YES/NO
 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? YES/NO
 8. Any limitations or restrictions on fitness? YES/NO
- If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category :

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) 09 OCT 2023

11. Date of expiry (DD/MM/YYYY) 08 OCT 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

FAHIM SHAHRIAR

Seafarer's Signature



DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Bldm), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

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 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) 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 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements, and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food-related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- 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.
- 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.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

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