



# HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.  
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Accredited By : BMDC  
Accreditation No. A55144

PATIENT CONTROL NUMBER:  
HS5943FF

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                             |                                                                     |                                                                    |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|
| SURNAME<br><b>ARIF</b>                                                                      | FIRST NAME AND<br><b>ABDULLAH</b>                                   | MIDDLE NAME<br><b>AL BAKI</b>                                      |
| PLACE AND DATE OF BIRTH<br><b>CHANDPUR 13-Sep-1989</b>                                      | PASSPORT NUMBER<br><b>B00045919</b>                                 | SEAMAN'S BOOK NUMBER<br><b>CO5943</b>                              |
| NATIONALITY : <b>BANGLADESHI</b>                                                            | SEX : <input type="checkbox"/> Male <input type="checkbox"/> Female | VESSEL TYPE : <b>BULK CARRIER</b> TRADING AREA : <b>WORLD WIDE</b> |
| PERMANENT HOME ADDRESS :<br><b>SUBIDPUR, HAZIGANJ, BALA KHAL-3611, CHANDPUR, BANGLADESH</b> |                                                                     | CONTACT NUMBER : <b>0088 01717-444294</b>                          |
|                                                                                             |                                                                     | RANK : <b>1ST ASST ENGINEER</b>                                    |

Have you ever had any of the following conditions?

| Condition                         | YES                      | NO                                  | Condition                   | YES                      | NO                                  |
|-----------------------------------|--------------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|
| 1 Eye/vision problem              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18 Sleep problems           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 High blood pressure             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19 Do you smoke?            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Heart/vascular disease          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20 Operation/surgery        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Heart surgery                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21 Epilepsy/seizures        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Varicose veins                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 Dizziness/fainting       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Asthma/bronchitis               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23 Loss of consciousness    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Blood disorder                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24 Psychiatric problems     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Diabetes                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25 Depression               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Thyroid problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26 Attempted suicide        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Digestive disorder             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27 Loss of memory           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Kidney problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28 Balance problem          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 Skin problem                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29 Severe headaches         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Allergies                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 Ear/nose/throat problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 Infectious/contagious diseases | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31 Restricted mobility      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Hernia                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32 Back problems            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Genital disorders              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33 Amputation               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Pregnancy                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34 Fractures/dislocations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If any of the above questions were answered "yes", please give details.

### Additional questions

| Question                                                                                     | YES                                 | NO                                  |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 35 Have you ever been signed off as sick or repatriated from a ship?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                     |                          |                                     |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

*Signature of Seafarer*

Signature of Seafarer

### MEDICAL EXAMINATION

| Weight <b>84 kg</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Height (cm) <b>170</b>                                                | BM <b>29.0</b>        | Blood Pressure: Systolic <b>120 mm</b> Diastolic <b>80 mm</b> | PULSE: <b>76 bpm</b> |      |                                                                                  |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|---------------------------------------------------------------|----------------------|------|----------------------------------------------------------------------------------|-----------------------|--|--|--|-------------------------|--|--|--|-----|------|------|------|--|--|-------|-----------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------|--|------|-----------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------|--|
| <table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Hearing by Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td></td> </tr> </tbody> </table> |                                                                       |                       |                                                               |                      | Ear  |                                                                                  | Hearing by Audiometry |  |  |  | Hearing by Whisper Test |  |  |  | 500 | 1000 | 2000 | 3000 |  |  | Right | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |  |  |  | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  | Left | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |  |  |  | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |
| Ear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Hearing by Audiometry |                                                               |                      |      | Hearing by Whisper Test                                                          |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | 500                   | 1000                                                          | 2000                 | 3000 |                                                                                  |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
| Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |                                                               |                      |      | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
| Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |                                                               |                      |      | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |
| Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                       |                                                               |                      |      |                                                                                  |                       |  |  |  |                         |  |  |  |     |      |      |      |  |  |       |                                                                       |  |  |  |  |                                                                                  |  |      |                                                                       |  |  |  |  |                                                                                  |  |

|         | Visual acuity |          |           |          |
|---------|---------------|----------|-----------|----------|
|         | Unaided       |          | Aided     |          |
|         | Right eye     | Left eye | Right eye | Left eye |
| Distant |               |          | 6/6       | 6/6      |
| Near    |               |          |           |          |

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal

YES / NO

☐ Doubtful☐ Defective

Date of last colour vision test: Date (day/month/year)

30 OCT 2023

|                       | Normal                              | Abnormal                 |                              | Normal                              | Abnormal                 |
|-----------------------|-------------------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|
| Head                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Varicose veins               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sinuses, nose, throat | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vascular (inc. pedal pulses) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mouth/teeth           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Abdomen and viscera          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ears (general)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hernia                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tympanic membrane     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Anus (not rectal exam)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eyes                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G-U system                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ophthalmoscopy        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upper and lower extremities  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pupils                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spine (C/S, T/S and L/S)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eye movement          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Neurologic (full brief)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lungs and chest       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Psychiatric                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Breast examination    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | General appearance           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heart                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Skin                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## RESULTS OF ANCILLARY EXAMINATIONS

|                        |              |                                    |                                                                     |                    |                                   |                                      |
|------------------------|--------------|------------------------------------|---------------------------------------------------------------------|--------------------|-----------------------------------|--------------------------------------|
| Chest X-Ray            | <i>11/2</i>  | BIO CHEMICAL (LIVER FUNCTION TEST) |                                                                     | Marijuana          | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative    |
| ECG                    | <i>11/2</i>  | BILIRUBIN                          | <i>0.57</i>                                                         | Alcohol Test       | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative    |
| BLOOD R/E              |              | SGPT                               | <i>N/E</i>                                                          | URINE R/E          | <i>11/2</i>                       |                                      |
| DC(differential count) | <i>11/2</i>  | SGOT                               | <i>22</i>                                                           | OTHERS             |                                   |                                      |
| HAEMOGLOBIN (HGB)      | <i>16.8</i>  | DRUG AND ALCOHOL TEST              |                                                                     | HBsAg              | <input type="checkbox"/> Reactive | <input type="checkbox"/> Nonreactive |
| ESR (WESTERGREN)       | <i>05</i>    | Morphine                           | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | HIV / AIDS Test    | <input type="checkbox"/> Reactive | <input type="checkbox"/> Nonreactive |
| WBC                    | <i>8.401</i> | Amphetamine                        | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | VDRL               | <input type="checkbox"/> Reactive | <input type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL    |              | Phencyclidine                      | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | Blood Type         | A+(VE)                            |                                      |
| RANDOM                 | <i>5.3</i>   | Barbiturates                       | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | Psychological Exam | <i>11/2</i>                       |                                      |
| HBA1C                  | <i>5.07</i>  | Cocaine                            | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | Others(KUB Ultraso | <i>N/E</i>                        |                                      |

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer

ABDULLAH AL BAKI ARIF

Name of Seafarer

30 OCT 2023

Date

## Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties☐ Not fit for lookout duties

|       | Deck service             | Engine service                      | Catering service         | Other services           |
|-------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Fit   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unfit | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes ☒No ☐

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date:

30 OCT 2023

Valid Until:

29 OCT 2025

DR. MIRZA RAHMAN, Physician

MBBS (DU), DPM, CCD (Birm), PGD (Opth)

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

In Accordance with Medical Examination Procedures Convention 1968 and STCW 1978/1996 as Amended, MLC 2006

**PHYSICAL EXAMINATION REPORT/CERTIFICATE  
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

**ANNEX 2**

**THE REPUBLIC OF LIBERIA**

|                                                                                                                                                                                                                                                                                                     |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|--|
| LAST NAME OF APPLICANT<br><b>ARIF</b>                                                                                                                                                                                                                                                               |                       |                                      | FIRST NAME<br><b>ABDULLAH</b>             |                                                                                                              |                                 | MIDDLE INITIAL<br><b>AL BAKI</b>                                                                                          |  |  |
| DATE OF BIRTH<br><b>9 13 1989</b><br>MONTH DAY YEAR                                                                                                                                                                                                                                                 |                       |                                      | PLACE OF BIRTH<br><b>CHANDPUR</b><br>CITY |                                                                                                              |                                 | SEX<br><b>BANGLADESH</b><br>COUNTRY<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>           |  |  |
| EXAMINATION FOR DUTY AS:                                                                                                                                                                                                                                                                            |                       |                                      |                                           |                                                                                                              |                                 | MAILING ADDRESS OF APPLICANT:                                                                                             |  |  |
| MASTER <input type="checkbox"/> RATING <input type="checkbox"/><br>MATE <input type="checkbox"/> MOU DECK <input type="checkbox"/><br>ENGINEER <input checked="" type="checkbox"/> MOU ENGINE <input type="checkbox"/><br>RADIO OFF <input type="checkbox"/> SUPERNUMERARY <input type="checkbox"/> |                       |                                      |                                           |                                                                                                              |                                 | <b>34/1 TALLABAGH (2ND FLOOR)<br/>RAYER BAZAR, DHAKA, BANGLADESH</b>                                                      |  |  |
| MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2                                                                                                                                                                                                                                            |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| HEIGHT<br><b>170cm</b>                                                                                                                                                                                                                                                                              | WEIGHT<br><b>82kg</b> | BLOOD PRESSURE<br><b>120/80 mmHg</b> | PULSE<br><b>76 bpm</b>                    | RESPIRATION<br><b>19 bpm</b>                                                                                 | GENERAL APPEARANCE<br><b>Aw</b> |                                                                                                                           |  |  |
| VISION:                                                                                                                                                                                                                                                                                             |                       | RIGHT EYE                            |                                           | LEFT EYE                                                                                                     |                                 |                                                                                                                           |  |  |
| WITHOUT GLASSES                                                                                                                                                                                                                                                                                     |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| WITH GLASSES                                                                                                                                                                                                                                                                                        |                       | <b>6/6</b>                           |                                           | <b>6/6</b>                                                                                                   |                                 |                                                                                                                           |  |  |
| DATE OF LAST COLOR VISION TEST (Month/Day/Year) <b>30 OCT 2023</b>                                                                                                                                                                                                                                  |                       |                                      |                                           |                                                                                                              |                                 | Testing Required every 6 years                                                                                            |  |  |
| COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9?                                                                                                                                                                                                                                             |                       |                                      |                                           |                                                                                                              |                                 | YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                  |  |  |
| COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL                                                                                                                                                                                                                                     |                       |                                      |                                           |                                                                                                              |                                 | YELLOW <input type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/> |  |  |
| HEARING                                                                                                                                                                                                                                                                                             |                       | RT. EAR                              |                                           | LEFT EAR                                                                                                     |                                 |                                                                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                     |                       | <b>nm</b>                            |                                           | <b>nm</b>                                                                                                    |                                 |                                                                                                                           |  |  |
| HEAD AND NECK                                                                                                                                                                                                                                                                                       |                       |                                      |                                           | HEART (CARDIOVASCULAR)                                                                                       |                                 |                                                                                                                           |  |  |
| <b>nm</b>                                                                                                                                                                                                                                                                                           |                       |                                      |                                           | <b>nm</b>                                                                                                    |                                 |                                                                                                                           |  |  |
| LUNGS                                                                                                                                                                                                                                                                                               |                       |                                      |                                           | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? |                                 |                                                                                                                           |  |  |
| <b>nm</b>                                                                                                                                                                                                                                                                                           |                       |                                      |                                           | <b>Yes</b>                                                                                                   |                                 |                                                                                                                           |  |  |
| EXTREMITIES:                                                                                                                                                                                                                                                                                        |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| UPPER                                                                                                                                                                                                                                                                                               |                       |                                      |                                           | LOWER                                                                                                        |                                 |                                                                                                                           |  |  |
| <b>nm</b>                                                                                                                                                                                                                                                                                           |                       |                                      |                                           | <b>nm</b>                                                                                                    |                                 |                                                                                                                           |  |  |
| IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.                                                              |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| <b>No</b>                                                                                                                                                                                                                                                                                           |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| SIGNATURE OF APPLICANT<br><b>Abdullah Arif</b>                                                                                                                                                                                                                                                      |                       |                                      | DATE OF EXAM<br><b>30 OCT 2023</b>        |                                                                                                              |                                 | EXPIRY DATE<br><b>29 OCT 2025</b>                                                                                         |  |  |
| THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.                                                                                                                                                                                                                        |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <b>ABDULLAH AL BAKI ARIF</b>                                                                                                                                                                                                           |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| <b>FIT FOR DUTY ON BOARD SHIP</b> (NAME OF APPLICANT)                                                                                                                                                                                                                                               |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY).                                                                                                                                                    |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| NAME AND DEGREE OF PHYSICIAN <b>DR. MIR MD, RAIHAN ; M.B.B.S (D.U), REG.NO.A-55144</b>                                                                                                                                                                                                              |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| ADDRESS <b>REDICAL HOSPITALS LIMITED. 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, B</b>                                                                                                                                                                                                 |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <b>DG SHIPPING, BANGLADESH</b>                                                                                                                                                                                                                          |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <b>6-May-14</b>                                                                                                                                                                                                                                            |                       |                                      |                                           |                                                                                                              |                                 |                                                                                                                           |  |  |
| SIGNATURE OF PHYSICIAN                                                                                                                                                                                                                                                                              |                       |                                      |                                           |                                                                                                              |                                 | DATE OF EXAMINATION: <b>30 OCT 2023</b>                                                                                   |  |  |

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of 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 Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M (REV. 12/17)

**DR. MIR MD. RAIHAN**  
MBBS (D.U), DFM, CCD (Biom), PGT (Ophth)  
BMDC A-55144, MMC-BSD-016  
DG Shipping Bangladesh Approved  
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.
- (b) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and 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.
- (c) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (d) 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.
- (e) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) 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.
- (g) 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.
- (h)

## DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count., B) Blood Sugar Estimation,

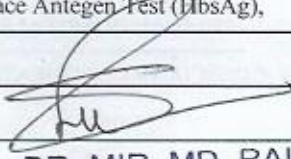
C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HbsAg),

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

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



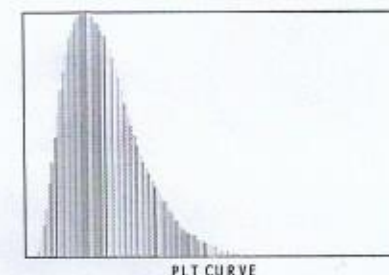
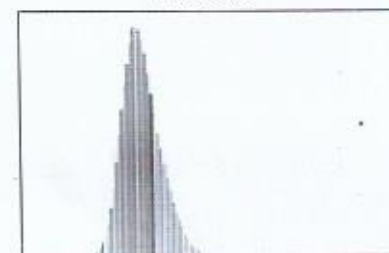
30 OCT 2023

**Id No** : 23101072 **Date** : 30-Oct-2023 **D.Date** : 30-Oct-2023  
**Patient's Name** : ABDULLAH AL BAKI ARIF **Age** : 34Y 1M 17D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5943

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                                          |
|------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>16.8</b> gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>Infant: (One year)8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr. |
| <b>ESR(Westergreen)</b>            | <b>05</b> mm/1st hr   | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm                       |
| <b>Total WBC Count(TC)</b>         | <b>7,400</b> /cumm    |                                                                                                                          |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                                          |
| Neutrophils                        | <b>66</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                                           |
| Lymphocytes                        | <b>30</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                                           |
| Monocytes                          | <b>02</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                                           |
| Eosinophils                        | <b>02</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                                           |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                                           |
| Total Cir. Eosinophils             | <b>148</b> /cumm      | 50-450/cumm                                                                                                              |
| <b>Total RBC Count</b>             | <b>6.27</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                                               |
| HCT/PCV                            | <b>46.6</b> %         | M: 40-54%, F:37-47%                                                                                                      |
| MCV                                | <b>74.3</b> fL        | 76 - 94 fL                                                                                                               |
| MCH                                | <b>26.8</b> pg        | 27 - 32 pg                                                                                                               |
| MCHC                               | <b>36.1</b> g/dL      | 29 - 34 g/dL                                                                                                             |
| RDW                                | <b>12.3</b> %         | 11 - 16 %                                                                                                                |
| PDW                                | <b>17.7</b> fL        | 35 - 56 fL                                                                                                               |
| <b>Total Platelete Count (PC)</b>  | <b>2,54,000</b> /cumm | 150,000-450,000/cumm                                                                                                     |
| MPV                                | <b>7.5</b> fL         | 7.0 - 11.0 fL                                                                                                            |
| PCT                                | <b>0.191</b> %        | 0.1 - 0.4 %                                                                                                              |
| 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        | DIA23101072                                           | Received Date | 30/10/2023        |
| Patient's Name | ABDULLAH AL BAKI ARIF                                 |               |                   |
| Patient's Age  | 34Y 1M 17D                                            | Patient's Sex | Male              |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO: C/O/ 5943 |
| Sample         | BLOOD                                                 |               |                   |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.3 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total)  | 0.57 mg/dl | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 22.0U/L    | Up to 37 U/L     |
| HbA1C                    | 5.0 %      | 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 Technologist.  
 Radical Hospitals Ltd.

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



|                |                                                       |               |                   |
|----------------|-------------------------------------------------------|---------------|-------------------|
| Bill No        | DIA23101072                                           | Received Date | 30/10/2023        |
| Patient's Name | ABDULLAH AL BAKI ARIF                                 |               |                   |
| Patient's Age  | 34Y 1M 17D                                            | Patient's Sex | Male              |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO: C/O/ 5943 |
| Sample         | BLOOD                                                 |               |                   |

## SEROLOGICAL REPORT

| Test Name                           | Result       |
|-------------------------------------|--------------|
| HIV 1 & 2 (Method : (ICT)           | Negative     |
| HBsAg (Method : (ICT)               | Negative     |
| VDRL                                | Non-reactive |
| <b><u>BLOOD GROUPING Result</u></b> |              |
| 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

|                |                                                       |               |                   |
|----------------|-------------------------------------------------------|---------------|-------------------|
| Bill No        | DIA23101072                                           | Received Date | 30/10/2023        |
| Patient's Name | ABDULLAH AL BAKI ARIF                                 |               |                   |
| Patient's Age  | 34Y 1M 17D                                            | Patient's Sex | Male              |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO: C/O/ 5943 |
| Sample         | URINE                                                 |               |                   |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | RBC         | Nil     |
| Appearance | Clear      | Pus Cells   | 0-1/HPF |
| Sediment   | Nil        | Epithelial  | 0-1/HPF |

#### CHEMICAL EXAMINATION CASTS / LPF

|              |        |            |     |
|--------------|--------|------------|-----|
| Reaction     | Acidic | RBC        | Nil |
| Albumin      | NIL    | WBC        | Nil |
| Sugar        | NIL    | Epithelial | Nil |
| Ex.Phosphate | Nil    | Granular   | Nil |
|              |        | Hyaline    | Nil |

#### ON REQUEST CRYSTALS & 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.

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23101072 Receive: 30/10/2023 Print: 30/10/2023  
Patient's Name : **ABDULLAH AL BAKI ARIF**  
Age : 34 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: 102  
*McCallan AC*  
Male 37 Years *Prof.*

30-10-2023 13:07:54  
HR : 94 bpm

P : 110 ms

PR : 150 ms

QRS : 88 ms

QT/QTc : 332/416 ms

PQRST : 44/53/-1 °

RV5/SVI : 1.743/1.056 mV

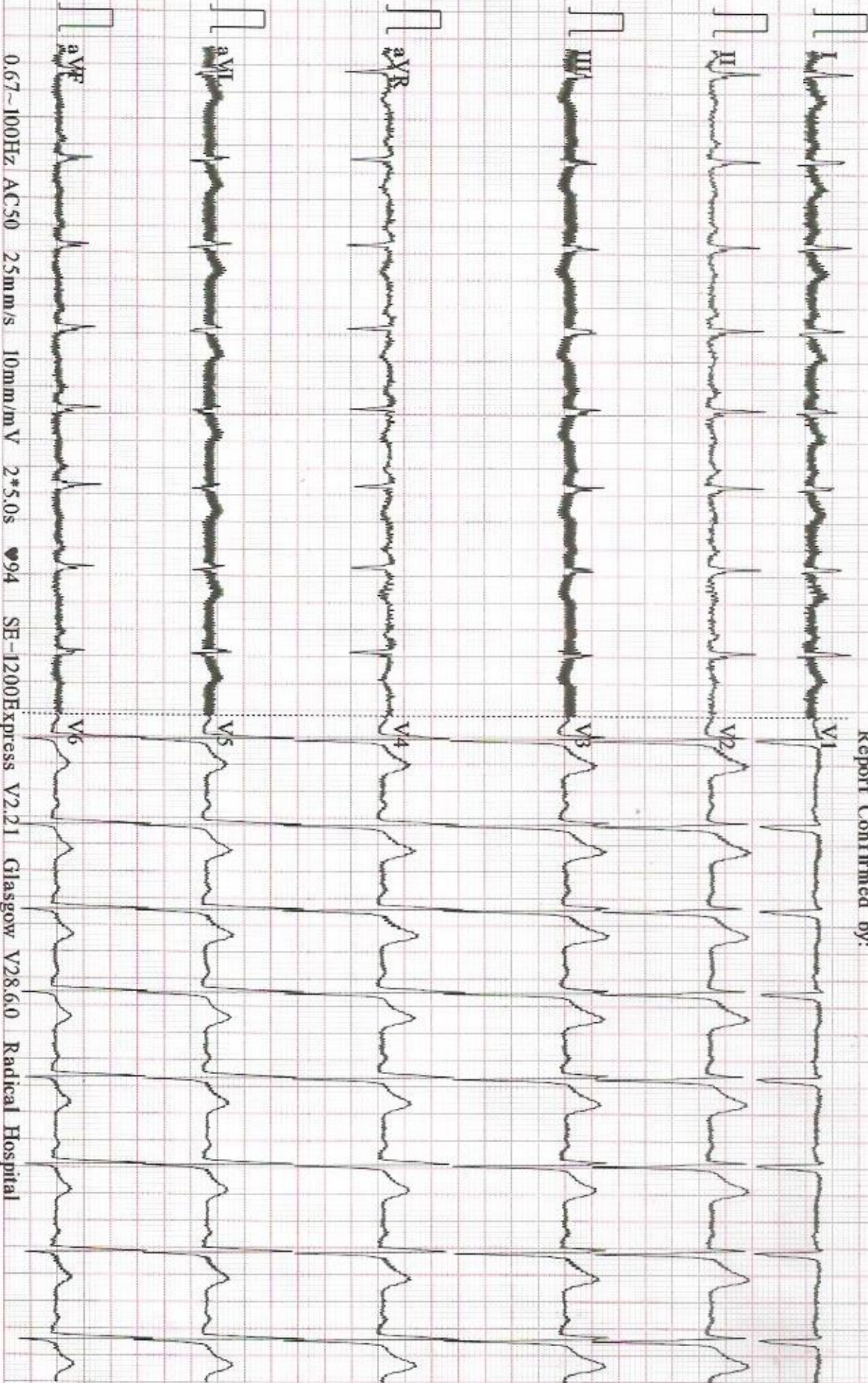
Diagnosis Information:

Sinus rhythm

Inferior T wave abnormality is nonspecific

Borderline ECG

Report Confirmed by:



REF: MV. FORTIS AUSTRALIS

DATE: 30/10/2023

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

### EYE EXAMINATION REPORT

NAME: ABDULLAH AL BAKI ARIF

RANK: 1A/ENG

CDC NO: C/O/5943

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION: NORMAL ~~BLIND~~OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

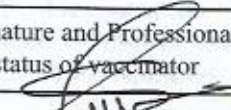
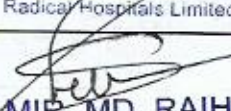

Dr. Mir Md. Raihan  
 MBBS, PGT (Ophthalmology)  
 Assistant Registrar (EX)  
 East west Medical College & Hospital

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that  
whose signature follows

Date of birth 13-SEP-1989 Sex MALE  
ABDULLAH AL BAKI ARIF (C/19/5943)

has on the date indicated been vaccinated or revaccinated against Cholera

| Date        | Signature and Professional status of vaccinator                                                                                                                                                                                                                                | Approved Stamp                                                                    |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 10 FEB 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Opht)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |
| 30 OCT 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Opht)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |

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