HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No. 68208

PATIENT CONTROL NUMBER
HS1936FF

DR. MIR MD. RAIHAN
RADICAL HOSPITALS LTD.
REG. NO. A-5144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
SHAMS	ABUL	KASHEM MD ARIFUS
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
DHAKA 5-Aug-1969	B00010679	CO1936

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : BULK CARRIER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
UTTARGAON, UTTARGAON, KALIGANJ, KALIGANJ-1720, GAZIPUR, BANGLADESH

CONTACT NUMBER : 0088 01813-389437

RANK : MASTER

Have you ever had any of the following conditions?

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

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

Additional questions

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

Comments:

FIT FOR DUTY ON BOARD SHIP

42	Are you taking any non-prescription or prescription medications?	☐	☑

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 practioner) 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

MEDICAL EXAMINATION

Weight 80kg Height (cm) 172 BMI 27.0 Blood Pressure: Systolic- 130 mm Diastolic 80 mm PULSE: 78 b/m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☑ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

Cont'd from page 1

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

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-I/9 ✓ YES / NO

Colour vision as per STCW CODE Section A-I/9: ☐ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 02 OCT 2023

	Normal	Abnormal		Normal	Abnormal
Head	✓	☐	Varicose veins	✓	☐
Sinuses, nose, throat	✓	☐	Vascular (inc. pedal pulses)	✓	☐
Mouth/teeth	✓	☐	Abdomen and viscera	✓	☐
Ears (general)	✓	☐	Hernia	✓	☐
Tympanic membrane	✓	☐	Anus (not rectal exam)	✓	☐
Eyes	✓	☐	G-U system	✓	☐
Opthalmoscopy	✓	☐	Upper and lower extremities	✓	☐
Pupils	✓	☐	Spine (C/S, T/S and L/S)	✓	☐
Eye movement	✓	☐	Neurologic (full brief)	✓	☐
Lungs and chest	✓	☐	Psychiatric	✓	☐
Breast examination	N/A	☐	General appearance	✓	☐
Heart	✓	☐	Skin	✓	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	WNL	BIO CHEMICAL (LIVER FUNCTION TEST)				Marijuana	☐	Positive	☐ Negative
ECG	WNL	BILIRUBIN	0.66			Alcohol Test	☐	Positive	☐ Negative
BLOOD R/E		SGPT	WNL			URINE R/E			WNL
DC(differential count)	WNL	SGOT	WNL			OTHERS			
HAEMOGLOBIN (HGB)	12.7	DRUG AND ALCOHOL TEST				HBsAg	☐	Reactiv	☑ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐	Positive	☐ Negative	HIV / AIDS Test	☐	Reactiv	☑ Nonreactive
WBC	7,400	Amphetamine	☐	Positive	☐ Negative	VDRL	☐	Reactiv	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐	Positive	☐ Negative	Blood Type			O+(VE)
RANDOM	6.8	Barbiturates	☐	Positive	☐ Negative	Psychological Exam			WNL
HBA1C	5.6	Cocaine	☐	Positive	☐ Negative	Others(KUB Ultraso			WNL

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

Signature of Seafarer | ABUL KASHEM MD ARIFUS SHAMS (Name of Seafarer) | 02 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	☐	☐	☐	☐
Unfit	☐	☐	☐	☐

☐ 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: 02 OCT 2023 Valid Until : 01 OCT 2025

Name and Signature of Authorized Physician

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **SHAMS**	GIVEN NAME (S): **ABUL KASHEM MD. ARIFUS**	
DATE OF BIRTH: DAY **5** MONTH **8** YEAR **1969**	PLACE OF BIRTH CITY **DHAKA** COUNTRY **BANGLADES**	SEX MALE FEMALE
POSITION ON BOARD: MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING	MAILING ADDRESS OF APPLICANT: **300/A, NORTH SHAJAHANPUR, DHAKA** **BANGLADESH.**	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

Confirmation that identification documents were checked at the point of examination: ~~YES~~ NO

Hearing meets the standards in STCW Code, Section A-1/9? ~~YES~~ NO NOT APLICABLE

Unaided hearing satisfactory? ~~YES~~ NO

Visual acuity meets standards in STCW Code, Section A-1/9? ~~YES~~ NO

Colour vision meets standards in STCW Code, Section A-1/9? ~~YES~~ NO

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 02 OCT 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ~~NO~~

Able for watchkeeping? ~~YES~~ NO

Is applicant taking any non-prescription or prescription medications? YES ~~NO~~

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? ~~YES~~ NO

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

ABUL KASHEM MD. ARIFUS SHAMS

02 OCT 2023

Signature of Applicant | Name of Applicant | Date

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR MD. RAIHAN; M.B.B.S(D.U.)**

ADDRESS: **REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **REG NO.: A-55144,BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)**

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

SIGNATURE OF PHYSICIAN:	STAMP OF PHYSICIAN:	DATE:
	Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved	02 OCT 2023

EXPIRY DATE OF CERTIFICATE: 01 OCT 2025

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

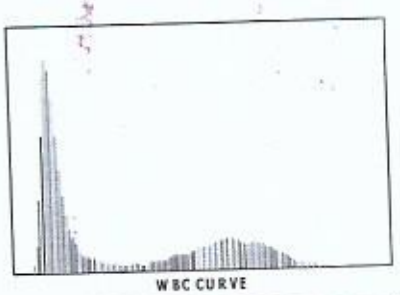
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

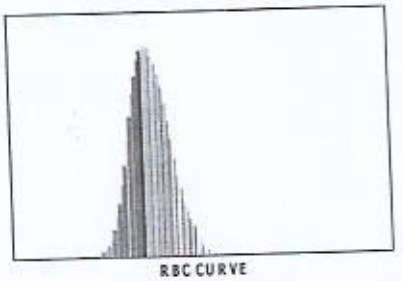
Id No : 23100049	**Date :** 02-Oct-2023	**D.Date :** 02-Oct-2023
Patient's Name : ABUL KASHEM MD. ARIFUS SHAMS	**Age :** 54Y 1M 27D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/1936		

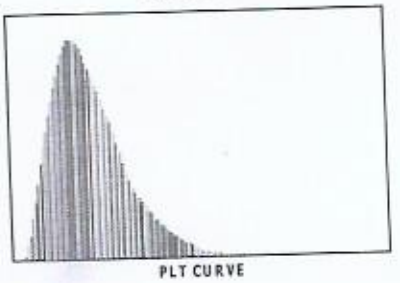
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**12.7** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**7,400** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**45** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**50** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**03** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**148** /cumm	50-450/cumm
Total RBC Count	**4.17** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**36.2** %	M: 40-54%, F:37-47%
MCV	**86.8** fL	76 - 94 fL
MCH	**30.5** pg	27 - 32 pg
MCHC	**35.1** g/dL	29 - 34 g/dL
RDW	**13.2** %	11 - 16 %
PDW	**14.6** fL	35 - 56 fl
Total Platelete Count (PC)	**2,30,000** /cumm	150,000-450,000/cumm
MPV	**7.7** fL	7.0 - 11.0 fL
PCT	**0.177** %	0.1 - 0.%


WBC CURVE


RBC CURVE


PLT CURVE

Checked By
Medical Technologist

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23100049	Received Date	02/10/2023
Patient's Name	ABUL KASHEM MD. ARIFUS SHAMS		
Patient's Age	54Y 1M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/1936
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.66 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	28.0 U/L	Up to 37 U/L
HbA1C	5.5 %	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 Technologis
Radical Hospitals Ltd.

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

Bill No	DIA23100049	Received Date	02/10/2023
Patient's Name	ABUL KASHEM MD. ARIFUS SHAMS		
Patient's Age	54Y 1M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/1936
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive

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	DIA23100049	Received Date	02/10/2023
Patient's Name	ABUL KASHEM MD. ARIFUS SHAMS		
Patient's Age	54Y 1M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM.		CDC NO:C/O/1936
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

Medical Technologis
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.	:	23100049	Receive:02/10/2023	Print: 02/10/2023
Patient's Name	:	ABUL KASHEM MD. ARIFUS SHAMS		
Age	:	54 Yrs	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm	:	Both hemidiaphragm are normal in position. C-P angles are clear.
Heart	:	Normal in T.D.
Lung	:	Lung fields are clear.
Bony thorax	:	Reveals no abnormality.
Comments	:	**Normal chest skiagram.**

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

ID: 23091380

Male Years 54

02-10-2023 12:27:57

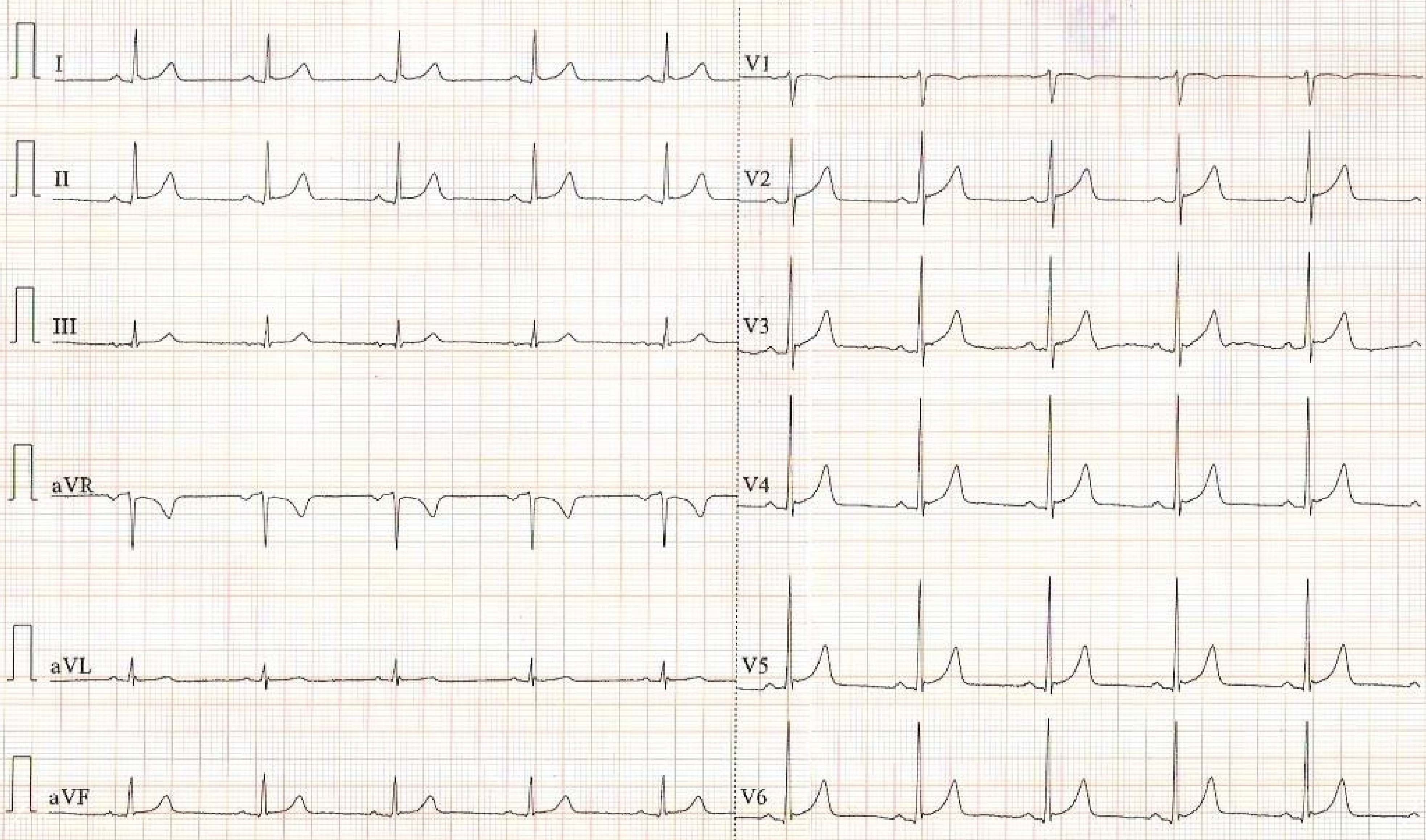
HR	:	62	bpm
P	:	98	ms
PR	:	152	ms
QRS	:	78	ms
QT/QTc	:	392/398	ms
P/QRS/T	:	31/43/50	°
RV5/SV1	:	1.973/0.541	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥62 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

REF:	MINERAL EDO	DATE: 02/10/2023

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

EYE EXAMINATION REPORT

NAME:	ABUL KASHEM MD ARIFUS SHAMS	RANK: MASTER	CDC NO: C/O/1936

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

Certificate (continued) Certificate (quite)

9 02 OCT 2023	DR. MIR MD. RAIHAN MBBS, ICU, DFM, CCD (Birdem), PGT (OphMH) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	10
10			

The Validity of this certificate shall extend for a period of two years beginning six days after the first injection or the vaccine or in event of a revaccination within such period of two years on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine		Physician's Signature