



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. A 55144

PATIENT CONTROL NUMBER
H764

MEDICAL EXAMINATION CERTIFICATE

SURNAME MARUP	FIRST NAME AND ALI	MIDDLE NAME Haidar
PLACE AND DATE OF BIRTH FENI 9-Jun-1991	PASSPORT NUMBER B00065783	SEAMAN'S BOOK NUMBER CO6633
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : CHEM/OIL TANKER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL. SOUTH MONDIA, PO. PIR SULTAN, PS. CHHAGALNAIYA, DIST. FENI, 3912, BANGLADESH.		CONTACT NUMBER : +8801682610708
RANK :		CHIEF OFFICER

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	☐	☒	34 Fractures/dislocations	☐	☒

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?	☐	☒
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?	☐	☒
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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]

Signature of Seafarer

MEDICAL EXAMINATION

Weight 77kg	Height (cm) 169	BM 26.3	Blood Pressure: Systolic 120mm	Diastolic 75mm	PULSE: 78b/min																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th>Hearing by Audiometry</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>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>						Ear		Audiometry				Hearing by Whisper Test			Hearing by Audiometry	500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	
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Hearing meets the standards as laid down in STCW Code Section A-1/9? YES ☒ NO ☐																																					

	Visual acuity					Visual fields	
	Unaided		Aided			Normal	Defective
	Right eye	Left eye	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

06 OCT 2023

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

	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	/	
Ophthalmoscopy	/		Upper and lower extremities	/	
Pupils	/		Spine (C/S, T/S and L/S)	/	
Eye movement	/		Neurologic (full brief)	/	
Lungs and chest	/		Psychiatric	/	
Breast examination	/		General appearance	/	
Heart	/		Skin	/	

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	/	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	/	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E	/	SGPT	URINE R/E	/	
DC (differential count)	/	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	16.0	DRUG AND ALCOHOL TEST	HBsAg	☐ Reactive	☒ Nonreactive
ESR (WESTERGREN)	0.8	Morphine	☐ Positive	☒ Negative	HIV / AIDS Test
WBC	7-700	Amphetamine	☐ Positive	☒ Negative	VDRL
BLOOD GLUCOSE LEVEL	/	Phencyclidine	☐ Positive	☒ Negative	Blood Type
RANDOM	5-5	Barbiturates	☐ Positive	☒ Negative	Psychological Exam
HBA1C	5.2	Cocaine	☐ Positive	☒ Negative	Others (KUB Ultraso)

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

Signature of Seafarer

ALI HAIDAR MARUP

Name of Seafarer

6-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:

06 OCT 2023

Valid Until:

05 OCT 2025

Name and Signature of Authorized Physician

DR. MIR. MD. RAHAN

In Accordance with Medical Examination (Seafarer Convention) (NOT TO BE USED) STCW 1978/1996 as Amended, MLC 2006

BMD A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

PHYSICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME MARUP	GIVEN NAME(S) ALI HAIDAR	
DATE OF BIRTH 6 9 1991 MONTH DAY YEAR	PLACE OF BIRTH FENI BANGLADESH CITY COUNTRY	SEX MALE FEMALE
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APPLICANT: VILL. SOUTH MONDIA, PO. PIR SULTAN, PS. CHHAGALNAIYA, DIST. FENI, 3912 BANGLADESH.	

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

HEIGHT 162cm	WEIGHT 75kg	BLOOD PRESSURE 120/70mmHg	PULSE 72b/min	RESPIRATION 19b/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR LEFT EAR	
COLOR TEST TYPE: BOOK LANTERN		IS COLOR TEST NORMAL? Yes No (If "NO" EXPLAIN ON PAGE 2)			

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes No	
HEAD AND NECK Normal	HEART (CARDIOVASCULAR) Normal
LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE Yes
EXTREMITIES: UPPER LOWER	Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? 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	
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2	
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes No	

SIGNATURE OF APPLICANT 	DATE OF EXAMINATION 06 OCT 2023	EXPIRY DATE 05 OCT 2025
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THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

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

FIT FOR DUTY ON BOARD SHIP

ALI HAIDAR MARUP

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS)? **Yes** NO

SEAFARER IS FOUND TO BE **FIT** / NOT FIT FOR DUTY AS A MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER / RATING / CHIEF COOK / COOK WITHOUT ANY RESTRICTIONS / WITH THE FOLLOWING RESTRICTIONS

NAME AND DEGREE OF PHYSICIAN DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T. (MEDICINE)		
ADDRESS SABA DIAGNOSTIC CENTER, TAHIR CHAMBER(G/F), 10- AGRABAD C/A, CHITTAGONG, BANGLADESH.		
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)		
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 23-Feb-1984		
SIGNATURE OF PHYSICIAN 	DATE 06 OCT 2023	

This certificate is issued by authority of the Maritime Administrator in compliance with the requirements of the Maritime Administration (Seafarers) Convention, 1978 (ILO No. 182)

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.



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's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This physical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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 (4.57 m) and in poorer ear at 5 feet (1.52 m).

(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. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
- 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. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. 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/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations

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

(h) Physical Requirements

- Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
- Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M 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/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 of RMI MG-7-47-1.)

1. COMPLETE PHYSICAL EXAMINATION, INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION A) Complete Blood Count, B) Blood Sugar Estimation C) Serological Test (VDRL)

D) Hepatitis B Surface Antigen Test (HbsAg), E) Urinalysis 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 (DHL), DEM, CCD (Bdarm), PGT (Opht)

BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

MI-105M

PHYSICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

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SURNAME MARUP			GIVEN NAME(S) ALI HAIDAR		
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MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE					
HEIGHT 160cm	WEIGHT 75kg	BLOOD PRESSURE 120/70mm	PULSE 78b/min	RESPIRATION 24b/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR LEFT EAR	
COLOR TEST TYPE: BOOK		LANTERN		IS COLOR TEST NORMAL? Yes No (If "NO" EXPLAIN ON PAGE 2)	
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DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Bd), PGD (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved MI-105M

General Physician

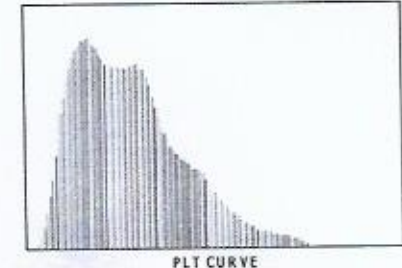
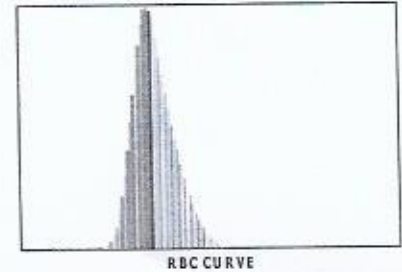
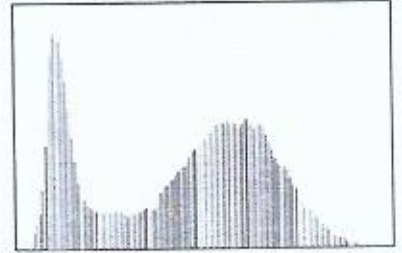
Radical Hospitals Limited

Id No : 228 **Date** : 06-Oct-2023 **D.Date** : 06-Oct-2023
Patient's Name : ALI HAIDAR MARUP **Age** : 32Y 4M 17D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6633

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	16.0 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	70 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	25 %	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	154 /cumm	50-450/cumm
Total RBC Count	5.33 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	44.3 %	M: 40-54%, F:37-47%
MCV	83.1 fL	76 - 94 fL
MCH	30.0 pg	27 - 32 pg
MCHC	36.1 g/dL	29 - 34 g/dL
RDW	12.4 %	11 - 16 %
PDW	16.8 fL	35 - 56 fL
Total Platelete Count (PC)	2,09,000 /cumm	150,000-450,000/cumm
MPV	9.8 fL	7.0 - 11.0 fL
PCT	0.195 %	0.1 - 0.2 %
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	DIA23100228	Received Date	06/10/2023
Patient's Name	ALI HAIDAR MARUP		
Patient's Age	32Y 4M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6633
Sample	BLOOD		

BIOCHEMISTRY REPORT

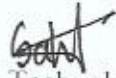
Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.63 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	24.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	27.U/L	Up to 40 U/L
HbA1C	5.2 %	4.2 - 6.7 %

RADICAL
HOSPITAL
LIMITED

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



Bill No	DIA23100228	Received Date	06/10/2023
Patient's Name	ALI HAIDAR MARUP		
Patient's Age	32Y 4M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6633
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

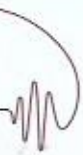
VDRL	Non-reactive
HBsAg (Method : (ICT)	Negative

RADICAL
HOSPITAL
LIMITED

Checked By

Satish
Medical Technologist
Radical Hospitals Ltd.

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



Bill No	DIA23100228	Received Date	06/10/2023
Patient's Name	ALI HAIDAR MARUP		
Patient's Age	32Y 4M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6633
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

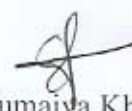
BLOOD GROUPING Result

ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

RADICAL
HOSPITAL
LIMITED

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	DIA23100228	Received Date	06/10/2023
Patient's Name	ALI HAIDAR MARUP		
Patient's Age	32Y 4M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O 6633
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	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 Technologist
Radical Hospitals Ltd.

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

East West Medical College and Hospital

Bill No	DIA23100228	Received Date	06/10/2023
Patient's Name	ALI HAIDAR MARUP		
Patient's Age	32Y 4M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O 6633
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

Patient's Name	: ALI HAIDAR MARUP	Date	: 06/10/2023
Age	: 32 Yrs	CDC NO:	C/O/6633
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



Date: 06/10/2023

EYE EXAMINATION REPORT

NAME:	ALI HAIDAR MARUP		
AGE:	32 YRS	RANK: CH.OFFICER	CDC NO:C/O/6633

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

ID: 23091419

06-10-2023

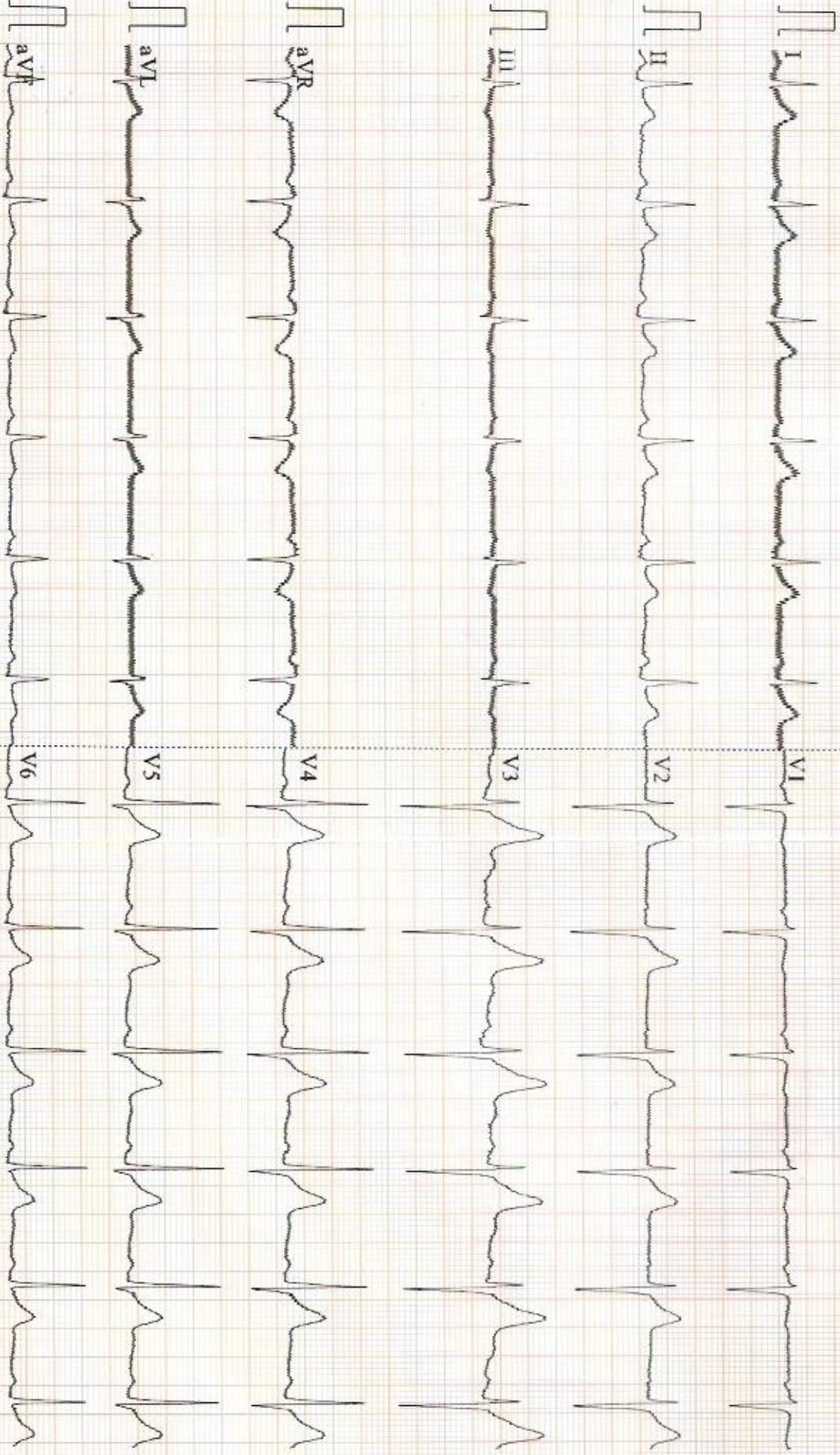
16:28:39

Male 52 Years

AC: Theodoros

PR : 110 ms
QRS : 92 ms
QT/QTc : 368/395 ms
P/QRS/T : 52/51/26 °
RV5/SV1 : 1.670/1.062 mVDiagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100228 Receive: 06/10/2023 Print: 06/10/2023
Patient's Name : ALI HAIDAR MARUP
Age : 32 Yrs Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

ALI HAIDAR MARUP

This is to certify that

Date of birth

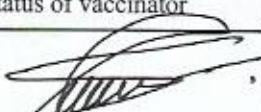
09-06-1991

Sex

M

whose signature follows

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
1 06 OCT 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opth) BMDC A-55144, MMC-BGD-013 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
2			
3			3 4
4			

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

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

AGAINST CHOLERA

ALI HAIDAR MARUP

This is to certify that
whose signature follows

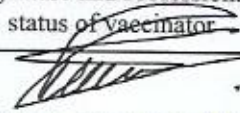
Date of birth

09-06-1991

Sex

M

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
06 OCT 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	
2		

3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso



MARITIME AND PORT AUTHORITY OF SINGAPORE

ANNEX C

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name : (Last, first, middle)		Gender:
MARUP ALI HAIDAR		Male/Female*
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:
09-Jun-1991	BANGLADESHI	FENI

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	☒	☐
2	Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3	Unaided hearing satisfactory?	☒	☐
4	Visual acuity meets the standards in STCW Code Section A-I/9?	☒	☐
5	Colour vision meets the standards in STCW Code Section A-I/9?	☒	☐
	Date of last colour vision test:	06 OCT 2023	
6	Fit for look-out duty?	☒	☐
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	☒	☐
8	No limitations or restrictions on fitness?	☒	☐
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year)	06 OCT 2023	
10	Expiry of certificate: (day/month/year)	05 OCT 2025	
	** Maximum two years from date of examination unless the seafarer is under the age of 18		

06 OCT 2023

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

Date

Signature of Authorised
Medical Practitioner

Medical Practitioner's Official stamp
(name, licence number, address etc)

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

Signature of Seafarer

* delete as appropriate



**MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION**
RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name : (Last, first, middle) (BLOCK CAPITALS) MARUP ALI HAIDAR		Gender: Male/Female*
Date of Birth: day/month/year 09-Jun-1991	Place of Birth: FENI	Nationality: BANGLADESHI
Type of ID documents: NRIC No. / Passport No.: B00065783	Dept: Deck / Engine / Catering / others Rank: CHIEF OFFICER	Type of ship: CHEM/OIL TANKER
Home Address: VILL. SOUTH MONDIA, PO. PIR SULTAN, PS. CHHAGALNAYA, DIST. FENI, 3912, BANGLADESH	Routine and emergency duties: BOTH	Trading area: e.g coastal / world wide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		☒	18. Sleep problem		☒
2. High blood pressure		☒	19. Do you smoke, use alcohol or drugs?		☒
3. Heart/vascular disease		☒	20. Operation/surgery		☒
4. Heart Surgery		☒	21. Epilepsy/seizures		☒
5. Varicose veins/piles		☒	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/hearing, tinnitus/nose/throat problem		☒
14. Infectious / contagious diseases		☒	31. Restricted mobility		☒
15. Hernia		☒	32. Back or joint problem		☒
16. Genital disorder		☒	33. Amputation		☒
17. Pregnancy		☒	34. Fracture/dislocations		☒

If you answer "yes" to any of the above questions, please provide details:

Additional questions

Yes No

35. Have you ever been signed off as sick or repatriated from a ship?

36. Have you ever been hospitalized?



37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even 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 medication?		✓
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

06 OCT 2023

Date

Signature of Seafarer

Name and Signature of Witness

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

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr.

DR. MIR. MD. RAIHAN,

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

06 OCT 2023

Date

Signature of Seafarer

Name and Signature of Witness



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☒ No

☐ Yes Type Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant		
Near	NS	NS	Near		

Visual fields

	Normal	Defective
Right eye	/	
Left eye	/	

Colour Vision (please tick)

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	165 (cm)	169	Weight	62 (kg)	75
Pulse rate	(per minute)	78	Rhythm		Regular
Blood Pressure Systolic	(mm Hg)	120	Diastolic	(mm Hg)	80
Urinalysis:	Glucose: Nil	Protein: Nil	Blood:		Nil

	Normal	Abnormal
Head	/	
Sinus, nose, throat	/	
Mouth/teeth	/	



Ears (general)	/	
Tympanic membrane	/	
Eyes	/	
Ophthalmoscopy	/	
Pupils	/	
Eye movement	/	
Lungs and chest	/	
Breast examination	N/A	
Heart	/	
Skin	/	
Varicose Vein	/	
Vascular (inc. pedal pulse)	/	
Abdomen and viscera	/	
Hernia	/	
Anus (not rectal exam)	/	
G-U system	/	
Upper and lower extremities	/	
Spine (C/s, T/S, L/S)	/	
Neurologic (full/brief)	/	
Psychiatric	/	
General appearance	/	

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year): 06 OCT 2023

Results: Normal chest X-ray

Other diagnostic test(s) and result(s):

Test: Blood HURINE

Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea (please tick)

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

☒ Fit for look out duty

☐ Unfit for lookout duty

☐ Visual aid required

☒ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	/			
Unfit				



☒ Without restrictions

☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

06 OCT 2023

Date



Signature of
Medical Practitioner

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

Medical Practitioner's name, licence number, address

