



HAQUE & SONS LTD.

Accredited By : BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER: HS440FF

Tel: +880-2-333316214-6, Fax: +880-2-333310530 MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND		MIDDLE NAME		
HOSSAIN		OWAR			
LACE AND DATE OF BIRTH	PASSPORT NUMBE	The course that	SEAMAN'S BOO	K NUMBER	
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ATIONALITY: BANGLADESHI SEX:	✓ Male ☐ Femal		YPE : BULK CARRIER TRAI		LD WIDE
PERMANENT HOME ADDRESS :	C I Male L I Cina	c Ivedoct)	CONTACT NUMBER :	0088 017335	
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HOPAL, WARD # 04, MOHARAJGANJ, CH	HAGALNAIYA, FENI, B	ANGLADESH	RANK:	MASTE	R
Have you ever had any of the following co	nditions?				_
riave you ever had any of the following co	nations?				
0 101	VEC. NO.	0	Section 1	VEC	NO 8
Condition	YES NO	Condit		YES	NO
1 Eye/vision problem		THE PERSON STREET	roblems		1
2 High blood pressure	D .//		smoke?	D	RIA
3 Heart/vascular disease			on/surgery		21
4 Heart surgery			y/seizures		1/1
5 Varicose veins	0 9	The state of the s	ss/fainting	D .	0/
6 Asthma/bronchitis		23 Loss of	consciousness	(0)	1/
7 Blood disorder		24 Psychia	atric problems	19 0	1
8 Diabetes		25 Depres	sion	1010	4
9 Thyroid problem		26 Attemp	ted suicide	11701	1
10 Digestive disorder	o W	27 Loss of	memory	100	101
11 Kidney problem			e problem	1100	7/
12 Skin problem			headaches	100	
13 Allergies	0 6/.		se/throat problems		61
14 Infectious/contagious diseases	□ ₺/.		ted mobility		1
15 Hernia	- 7/		roblems		1/1
16 Genital disorders		33 Amputa		0	10
	Na			0	1
If any of the above questions were answer			es/dislocations		/
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HBA1C		3	27.	Cocaine	1	Positive [Negative	Others(KUB	Ultrasound)	1772
reby I declare	that I am in	Rnowl	edge of th	ne content	s of the P	hysical examin				18 OCT 2023
100	11	11	0			DELOWAR				
nature of Sea	atarer	1				Name of S	eafarer		205	Date
sessment of the basis of t aminee medic	the examine		sonal dec	claration, m		examination a	nd the diagno		ilts recorded above	
/	-		Doel	service		Engine ser	vice	Catarina	eantine I	Other and for
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he Seafarer fi danger the he scribe restrict	alth of other	perso	ns on boa	rd?		No 🗆	vice at sea or	to render the	seafarer unfit for	such service or to
tion taken by r	medical exar	miner (e.g., refer	rral):			\geq			
Fitness Date	: 1	8 OC	T 2023		<	Valid	Intil:	75, 39	17 8CT 2	925
				NHB	88 abid).50	R. MD. R.		cian		

In Accordance with Medical Examination (Secretary Option Revision State | Secretary Option | Secretary Optio

Revision: 5.1

NA.

MEDICAL CERTII	FICATE FOR I	PERSONNEL SERVICE	ON BOARD
SURNAME: HOSSAIN	GIVE	N NAME (S): DELOWAR	
DATE OF BIRTH:	PLACE	OF BIRTH	SEX
DAY 11 MONTH 3 YEAR 19	82 CITY	FENI COUNTRY	BANGLADESH MALE 7 FEMALE 7
POSITION ON BOARD:	MAILIN	G ADDRESS OF APPLICAN	
MASTER	HOUSE	-42, ROAD-08, SECTOR-12	
DECK OFFICER	UTTAR	A, DHAKA	
ENGINEERING OFFICER RADIO OPERATOR	BANGI	ADESH.	
RATING	Pario	.nocon.	
DECLARATION OF THE AUTHORIZED PHYSICIAL	N		
VISION		COLOR TEST TYPE	HEARING
WITHOUT GLASSES	WITH GLASSES	BOOK	
RIGHT EYE 666		LANTERN	RIGHT EAR MA
LEFT EYE 66		GREEN BLUE AND	LEFT EAR MA
Confirmation that identification documents were che-	cked at the point of	examination: YES NO	
Hearing meets the standards in STCW Code, Section		NO ☐ NOT APLICAB	
Unaided hearing satisfactory? YES NO			
Visual acuity meets standards in STCW Code, Section	on A-1/9? YES	NO []	
Colour vision meets standards in STCW Code, Secti		NO []	
(the visual test it is required every six years)			
Date of the last colour vision test: (Day/Month/Year)	1 B OCT	2,023	
Are glasses or contact lenses necessary to meet the	required vision star	ndards? YES NO 1	/
Able for watchkeeping? YES NO	required vision star	idalds: 1E3 NO	
		- NO -	
Is applicant taking any non-prescription or prescription		——————————————————————————————————————	
Is the seafarer free from any medical condition likely endanger the health of other persons on board? YES	NO :	y service at sea or to render the	seafarers untit for such service or to
Hereby I declare that I am in knowledge of the conte	nts of the Physical I	Examination.	
D	ELOWAR HOS	SAIN	1 C OOT soon
			1 8 OCT 2023
Signature of Applicant	Name of Applica	nt /	Date
CIRCLE APPROPIATE CHOICE: (HE / SHE) IS ENGINEERING OFFICER / RADIO OPERATO	S FOUND TO BE R / RATING) (WI	(PIT / NOT FIT) FOR DUTY	AS A (MASTER / DECK OFFCIER / DLLOWING) RESTRICTIONS:
F	T	ON BOARD SHIP	The state of the s
NAME AND DEGREE OF PHYSICIAN; DR. MIR MI	D RAIHAN: M.B.	B S(D II) REG NO A 5514	4
ADDRESS: REDICAL HOSPITALS LIMITED, U			-
NAME OF PHYSICIAN'S CERTIFICATING AUTHOR			JNCIL (B.M.D.C.)
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06			
-	_	SO HO	
SIGNATURE OF PHYSICIAN:	STAMP	OF PHYSICIAN:	1 8 OCT 2023
EXPIRY DATE OF CERTIFICATE:	17 በ	CT 2025	ngaste [®]
	ficate is issued in c	compliance with the requirement	
of the STCW Convention DR. MIR. MD. RA MBB\$ (DU), DFM, CCD (Birdem), P	MHAN	ed and the Maritime Labour Cor	vention, 2006.

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

-menteral-





Id No : 23100686 Date: 18-Oct-2023 D.Date: 18-Oct-2023

Patient's Name: DELOWAR HOSSAIN Age: 41Y 7M 7D Gender: Male

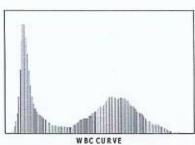
Specimen : Blood

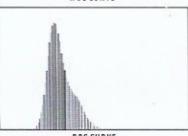
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4440

Haematology Report

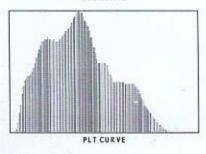
(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range	
Hemoglobin (Hb) ESR(Westergreen)	13.0 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm, Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.	
	05 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	7,600 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)			
Neutrophils	61 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	34 %	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	152 /cumm	50-450/cumm	
Total RBC Count	4.66 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	35.9 %	M: 40-54%, F:37-47%	
MCV	77.0 fL	76 - 94 fL	
MCH	27.9 pg	27 - 32 pg	
MCHC	36.2 g/dL	29 - 34 g/dL	
RDW	14.5 %	11 - 16 %	
PDW	11.8 fL	35 - 56 fl	
Total Platelete Count (PC)	1,64,000 /cumm	150,000-450,000/cumm	
MPV	12.5 fL	7.0 - 11.0 fL	
PCT	0.080 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	
1100			





RBC CURVE



Medical Technologist

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100686	Received Date	18/10/2023
Patient's Name	DELOWAR HOSSAIN	200,000,000,000,000,000,000	
Patient's Age	41Y 7M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/ 4440
Sample	BLOOD		The state of the s

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.60 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	27.0 U/L	Up to 37 U/L
HbA1C	5.2 %	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. Sumalya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100686	Received Date	18/10/2023
Patient's Name	DELOWAR HOSSAIN		
Patient's Age	41Y 7M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/ 4440
Sample	BLOOD		3 DCM 759400-12390 V. 27 193 V 193 V. 203 V. 203 V.

SEROLOGYCAL REPORT

Test Name

Result

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

RADICAL

Checked By

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100686	Received Date	18/10/2023
Patient's Name	DELOWAR HOSSAIN		17 200 4 10 A 2 10 A 3
Patient's Age	41Y 7M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/ 4440
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil	
Albumin	NIL	WBC	Nil	
Sugar	NIL	Epithelial	Nil	
Ex.Phosphate	Nil	Granular	Nil	
	MU	Hyaline	Nil	2317

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.

RADICAL HOSPITAL

radical hospitals@yahoo.com, www.radicalhospital.com

REF: MV. TIGER LILY

DATE: 18/10/2023

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

EYE EXAMINATION REPORT

NAME: DELOWAR HOSSAIN

RANK: MASTER

CDC NO: C/O/4440

VISUAL ACUITY:

COLOUR VISION:

RIGHT

LEFT

UNAIDED

666

616

AIDED

NORMAL / BLIND

OPINION

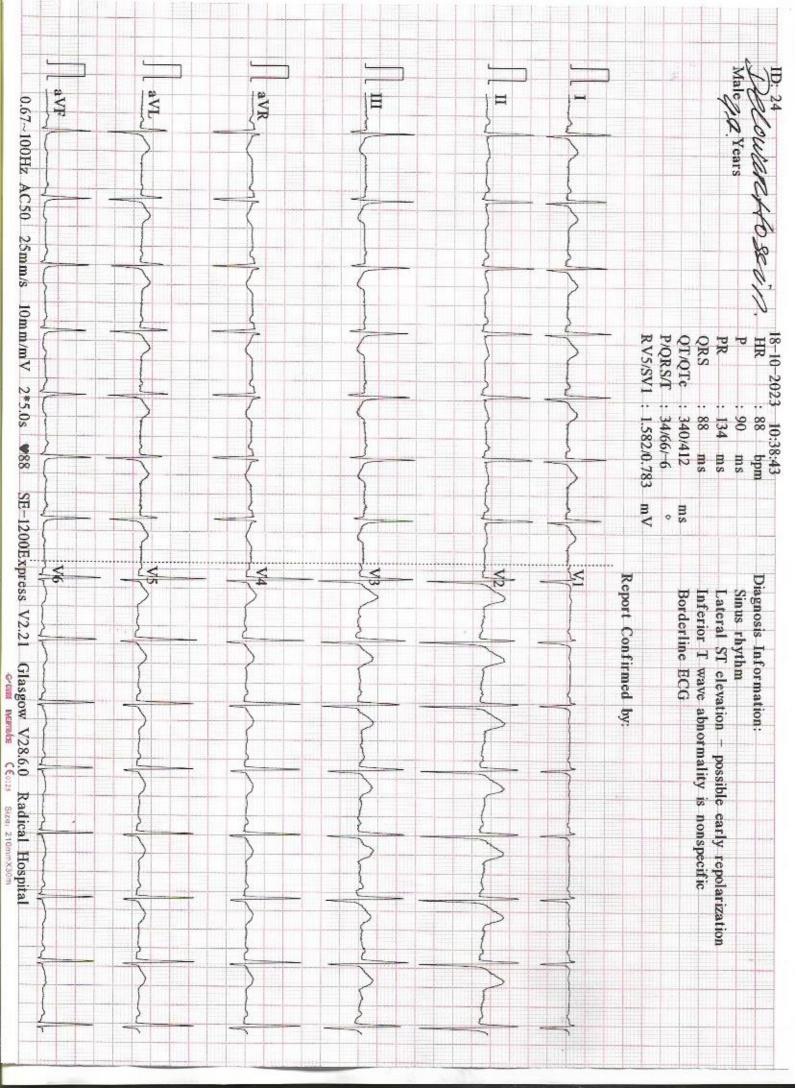
*UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100686 Receive:18/10/2023 Print: 18/10/2023

Patient's Name : DELOWAR HOSSAIN

Age : 41 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 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 CHOLERA

This is to certify that whose signature follows

Date of birth 11. 03. 1982 Sex N

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
344	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	ACRABAD GA GTG.	
8 44 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	DR. MHR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144. MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	* Uttera, Dhaka *	
3 05.	DR. MTR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Opht)		4
\$ O.C.	MBBS (DU), DFM, CCC (BIMED DA) A BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approve General Physician Radical Hospitals Limited	d Wenus Whata & BANGLADEST	A September of Australia Market
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

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

Form No: SMC

Seafarer's Signature



SL NO.

04.2023.5002

DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited
Name & Signature of the practitioner:

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for

Seafarers, 1978 as amended (STCW 78) and Regulation 1.2	2 of the Maritime Labour Convention, 2006
SEAFARER INFORMATION:	0
Name: Last HOSSAIN First DELOWAR Gender: (Male/Female) MALE Nationality: BANG	Middle
Gender: (Male/Female)MALENationality: BANG	LADESHI Date: 18 ULI ZUZJ
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/ Husbad'sname: ANISUL HOQ	CDCNo CO 4440
Mother's Name: AFIA KHATUN	, ,
Address: House No:	- 0 - 6
Locality/Village: WEST SHOPAL	
PO MOHARAJGONG	
P.S. CHHAGALNAIYA	
District: FENI	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONED I am duly authorized by the Department of Shipping, Govern	
the followings:	
Confirmation that identification documents were checked a	
Hearing meets the standards in section A-I/9	:YES/NO
Unaided hearing satisfactory?	:YES/NO
4. Visual acuity meets standards in section A-I/9?	YESINO
Colour vision meets standards in section A-I/9?	:YES/NO
Date of last colour vision test	: 1.8. OCT. 2023
6. Fit for lookout duties?	:YE\$/NO
Is the seafarer free from any medical condition likely to be	
render the seafarer unfit for service or to render the health o	
8. Any limitations or restrictions on fitness?	:YES/NO
If YES, specify limitations or restrictions:	
The State of the Land W. Active to the Land Co.	DSPITAL LIMITED aka, Bengladesh
Medical/Other:	
9. Medical fitness category : Fit-No restriction	Fit-Subject to restrictions Unfit
18 OCT 2023	
10. Date of examination/Issue (DD/MM/YYYY)	
11. Date of expiry (DD/MM/YYYY)"No	o more than 2 years from the date of examination".
	Time :
I have read the contents of the certificate and have been informed of the right to	DR. MIR. MD. RAIHAN
review.	MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997). Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

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

(b) Eyesight:

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

(c) Dental:

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

(d) Blood Pressure:

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

(e) Voice:

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

(f) Vaccinations:

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

(g) Diseases or Conditions:

 Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the useofnarcotics.
 Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

IMPORTANT NOTE:

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

Medical examination reports shall be marked as and remain confidential with the applicant having the fight 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 Appendix1):

1. Complete physical Examination.

18 NCT 2023

2. Pathological Examination:

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

DR. MIR. MD. RAIHAN
M8BS (DU). DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.