



HAQUE & SONS LTD.



Accredited By: BMD
Accreditation No: A-55144

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Tel: +880-2-333316214-6, Fax: +880-2-333310530

PATIENT CONTROL NUMBER:
HSL-004341

MEDICAL EXAMINATION CERTIFICATE

SURNAME HUQ	FIRST NAME AND HUSAIN MUHAMMAD	MIDDLE NAME ARSHADUL
PLACE AND DATE OF BIRTH CHATTOGRAM 1-Oct-1988	PASSPORT NUMBER B00540493	SEAMAN'S BOOK NUMBER T31139
NATIONALITY: BANGLADESHI SEX: ☒ Male ☐ Female	VESSEL TYPE: CONTAINER SHIP	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: VILL- JALDI, PO- JALDI, PS- BANSHKHALI, DIST: CHATTOGRAM, BANGLADESH.		CONTACT NUMBER: +8801818094730 (SELF)
RANK: ELECTRICIAN		

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 60kg	Height (cm) 165	BMI 22.8	Blood Pressure: Systolic 120	Diastolic 80	PULSE 70/min																								
<table border="1"> <tr><th colspan="2">Hearing by Audiometry</th></tr> <tr><td>Right</td><td>☐ Adequate ☐ Inadequate</td></tr> <tr><td>Left</td><td>☐ Adequate ☐ Inadequate</td></tr> </table>		Hearing by Audiometry		Right	☐ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate	<table border="1"> <tr><th colspan="4">Audiometry</th></tr> <tr><td>500</td><td>1000</td><td>2000</td><td>3000</td></tr> <tr><td colspan="4"><i>(Signature)</i></td></tr> </table>		Audiometry				500	1000	2000	3000	<i>(Signature)</i>				<table border="1"> <tr><th colspan="2">Hearing by Whisper Test</th></tr> <tr><td>☒ Adequate</td><td>☐ Inadequate</td></tr> <tr><td>☒ Adequate</td><td>☐ Inadequate</td></tr> </table>		Hearing by Whisper Test		☒ 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				
Right eye	Left eye	Right eye	Left eye	Normal	Defective	
Distance	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 ☐ Defective
 Date of last colour vision test: Date (day/month/year) 03 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	☒	☐
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	Normal	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	Normal	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	Normal	SGPT	URINE R/E	Normal
DC(differential count)	Normal	SGOT	OTHERS	Normal
HAEMOGLOBIN (HGB)	12.0	DRUG AND ALCOHOL TEST		
ESR (WESTERGREN)	0.7	Morphine	☐ Positive ☒ Negative	HBsAg
WBC	7.700	Amphetamine	☐ Positive ☒ Negative	HIV / AIDS Test
BLOOD GLUCOSE LEVEL	Normal	Phencyclidine	☐ Positive ☒ Negative	VDRL
RANDOM	4.4	Barbiturates	☐ Positive ☒ Negative	Blood Type
HBA1C	5.7	Cocaine	☐ Positive ☒ Negative	Psychological Exam
				Others(KUB Ultraso)

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

Signature of Seafarer	HUSAIN MUHAMMAD ARSHADUL HUQ	3-Oct-2023
	Name of Seafarer	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			
Fit	Deck service	Engine service	Catering service	Other services
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: 03 OCT 2023	Valid Until: 02 OCT 2025
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Name and Signature of Authorizing Physician

DR. MR. MD. RAHAN

MBBS (D), DPM, CCB (Intern), DCC (Post)

MBBS (D), DPM, CCB (Intern), DCC (Post)

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

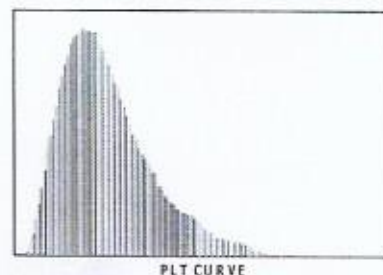
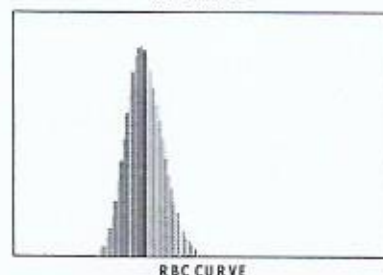
In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Id No : 105 **Date** : 03-Oct-2023 **D.Date** : 03-Oct-2023
Patient's Name : HUSAIN MUHAMMAD ARSHADUL HUQ **Age** : 35Y 0M 2D **Gender**: Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO : T31139

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.9 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 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	52 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	43 %	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	4.79 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.4 %	M: 40-54%, F:37-47%
MCV	80.2 fL	76 - 94 fL
MCH	26.9 pg	27 - 32 pg
MCHC	33.6 g/dL	29 - 34 g/dL
RDW	12.7 %	11 - 16 %
PDW	16.0 fL	35 - 56 fL
Total Platelete Count (PC)	2,77,000 /cumm	150,000-450,000/cumm
MPV	8.8 fL	7.0 - 11.0 fL
PCT	0.244 %	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	DIA23100105	Received Date	03/10/2023
Patient's Name	HUSAIN MUHAMMAD ARSHADUL HUQ		
Patient's Age	35Y 0M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T31139
Sample	BLOOD		

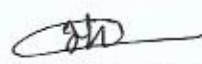
BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.4 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.57 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	25.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
HbA1C	5.1 %	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


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

Bill No	DIA23100105	Received Date	03/10/2023
Patient's Name	HUSAIN MUHAMMAD ARSHADUL HUQ		
Patient's Age	35Y 0M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T31139
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

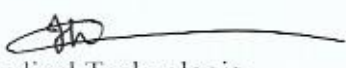
Result

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

BLOOD GROUPING Result

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

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Radical Hospitals Ltd.


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Patient's Name	HUSAIN MUHAMMAD ARSHADUL HUQ		
Patient's Age	35Y 0M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T31139
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By


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Bill No	DIA23100105	Received Date	03/10/2023
Patient's Name	HUSAIN MUHAMMAD ARSHADUL HUQ		
Patient's Age	35Y 0M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO:T31139
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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

REF: MV. MSC CAPETOWN III

DATE: 03/10/2023

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

EYE EXAMINATION REPORT

NAME: HUSAIN MUHAMMAD ARSHADUL HUQ

RANK: ETO

CDC NO: T/31139

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: 23091389

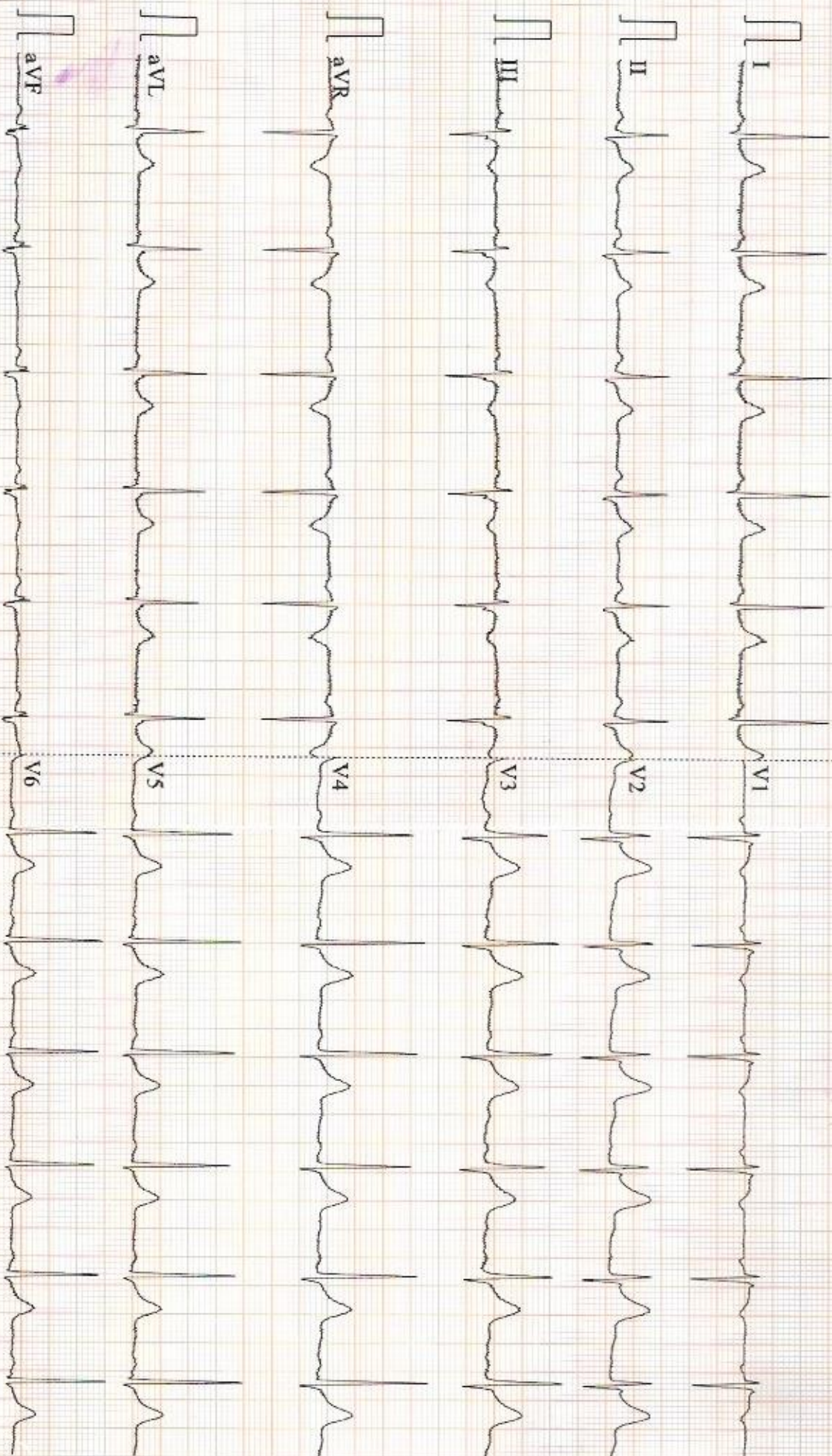
03-10-2023 19:08:11

Heidi Mahomed Khan
Male 53 Years
Heidi

HR	: 73	bpm
PR	: 110	ms
QRS	: 144	ms
QT/QTc	: 376/415	ms
P/QRS/T	: 54/3/12	°
RV5/SV1	: 1.802/0.994	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100105 Receive: 03/10/2023 Print: 03/10/2023
Patient's Name : HUSAIN MUHAMMAD ARSHADUL HUQ
Age : 35 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

HUSAIN MUHAMMAD AGAINST CHOLERA

ARSHADUL HUQ

This is to certify that
whose signature follows

Date of birth 01.10.1988 Sex M

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 03 OCT 2023	DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birm), 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			

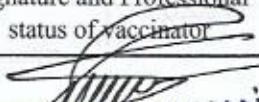
Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

HUSAIN MUHAMMAD ARSHADUL H

This is to certify that } Date of birth 01.10.1986 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
03 OCT 2023	 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.		
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.