



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
HSL-004383

MEDICAL EXAMINATION CERTIFICATE

SURNAME JOY		FIRST NAME AND MD FAISAL		MIDDLE NAME HOSSAIN	
PLACE AND DATE OF BIRTH DHAKA 6-Feb-1996		PASSPORT NUMBER A01698807		SEAMAN'S BOOK NUMBER C/O/9969	
NATIONALITY : BANGLADESH		SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER SHIP		TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VIL-KAPTAN BAZARPO-KOTWALI, PS-COMILLA SADAR, DIST-COMILLA, BANGLADESH.				CONTACT NUMBER : 01610589874	
				RANK : 4TH ENGINEER	

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?	☐	☒
---	--------------------------	-------------------------------------

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

MEDICAL EXAMINATION

Weight 80kg	Height (cm) 167	Bt 28.6	Blood Pressure: Systolic 120 Diastolic 80	PULSE: 78b/min																												
<table border="1"> <thead> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="4">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>☐ Adequate ☐ Inadequate</td> <td colspan="4" rowspan="2">N/A</td> <td>☐ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> </tr> </tbody> </table>					Hearing by Audiometry		Audiometry				Hearing by Whisper Test				500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate	N/A				☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate
Hearing by Audiometry		Audiometry				Hearing by Whisper Test																										
		500	1000	2000	3000																											
Right	☐ Adequate ☐ Inadequate	N/A				☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate																									
Left	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate																									
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																																

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 ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) **20 OCT 2023**

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

YES / NO ☒ YES ☐ NO

☐ Doubtful ☐ Defective

	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	<i>NAD</i>	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive	☒ Negative	
ECG	<i>NAD</i>	BILIRUBIN	<i>0.58</i>	Alcohol Test	☐ Positive	☒ Negative	
BLOOD R/E		SGPT	<i>26</i>	URINE R/E	<i>NAD</i>		
DC(differential count)	<i>NAD</i>	SGOT	<i>29</i>	OTHERS			
HAEMOGLOBIN (HGB)	<i>14.6</i>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive	☒ Non-reactive	
ESR (WESTERGREN)	<i>07</i>	Morphine	☐ Positive	☒ Negative	HIV / AIDS Test	☐ Reactive	☒ Non-reactive
WBC	<i>10.100</i>	Amphetamine	☐ Positive	☒ Negative	VDRL	☐ Reactive	☒ Non-reactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☒ Negative	Blood Type	<i>O (+) Rh (-)</i>	
RANDOM	<i>6.0</i>	Barbiturates	☐ Positive	☒ Negative	Psychological Exam	<i>NAD</i>	
HBA1C	<i>5.2%</i>	Cocaine	☐ Positive	☐ Negative	Others(KUB Ultraso	<i>NAD</i>	

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

20 OCT 2023

Signature of Seafarer

MD FAISAL HOSSAIN JOY

Name of Seafarer

20-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

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:

70 OCT 2023

Valid Until :

19 OCT 2025

DR. MIR MD. RAHAN
General Surgeon and Specialist Physician

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

In Accordance with Medical Examination Regulations (MERS) 1978/1996 as Amended, MLC 2006

DG Shipping Bangladesh Approved

General Physician
Radical Hospitals Limited

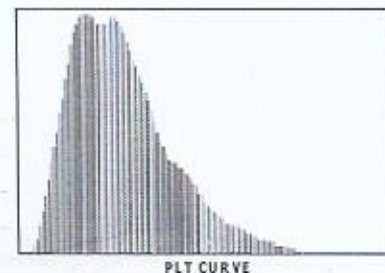
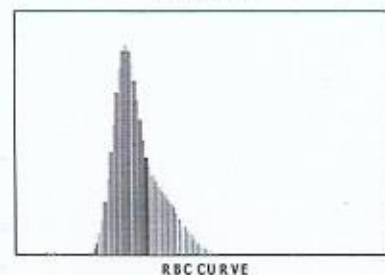
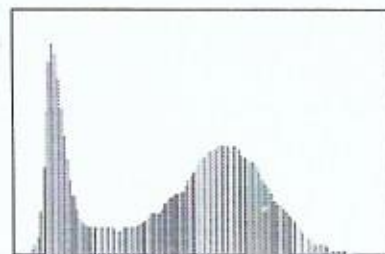
Revision Date : 24th July 2022

Id No : 0760 **Date** : 20-Oct-2023 **D.Date** : 20-Oct-2023
Patient's Name : MD FAISAL HOSSAIN JOY **Age** : 27Y 8M 14D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O/ 9969

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.6 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)	07 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	10,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	71 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	25 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	200 /cumm	50-450/cumm
Total RBC Count	5.01 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.5 %	M: 40-54%, F:37-47%
MCV	76.8 fL	76 - 94 fL
MCH	29.1 pg	27 - 32 pg
MCHC	37.9 g/dL	29 - 34 g/dL
RDW	12.1 %	11 - 16 %
PDW	14.4 fL	35 - 56 fL
Total Platelete Count (PC)	2,42,000 /cumm	150,000-450,000/cumm
MPV	9.7 fL	7.0 - 11.0 fL
PCT	0.235 %	0.1 - 0.6 %
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	DIA23100760	Received Date	20/10/2023
Patient's Name	MD FAISAL HOSSAIN JOY		
Patient's Age	27Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/ 9969
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.58 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26 U/L	Up to 40 U/L
Serum AST (SGOT)	19.0U/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.



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

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100760	Received Date	20/10/2023
Patient's Name	MD FAISAL HOSSAIN JOY		
Patient's Age	27Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/ 9969
Sample	BLOOD		

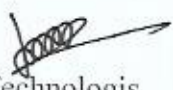
SEROLOGICAL REPORTTest NameResult

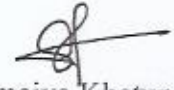
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING Result

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

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	DIA23100760	Received Date	20/10/2023
Patient's Name	MD FAISAL HOSSAIN JOY		
Patient's Age	27Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/ 9969
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.

Bill No	DIA23100760	Received Date	20/10/2023
Patient's Name	MD FAISAL HOSSAIN JOY		
Patient's Age	27Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/ 9969
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION**

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

REF: MV. MSC CAPETOWN III

DATE: 20/10/2023

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

EYE EXAMINATION REPORT

NAME: MD FAISAL HOSSAIN JOY

RANK: 4TH ENG

CDC NO: C/O/9969

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION: NORMAL / BLINDOPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD

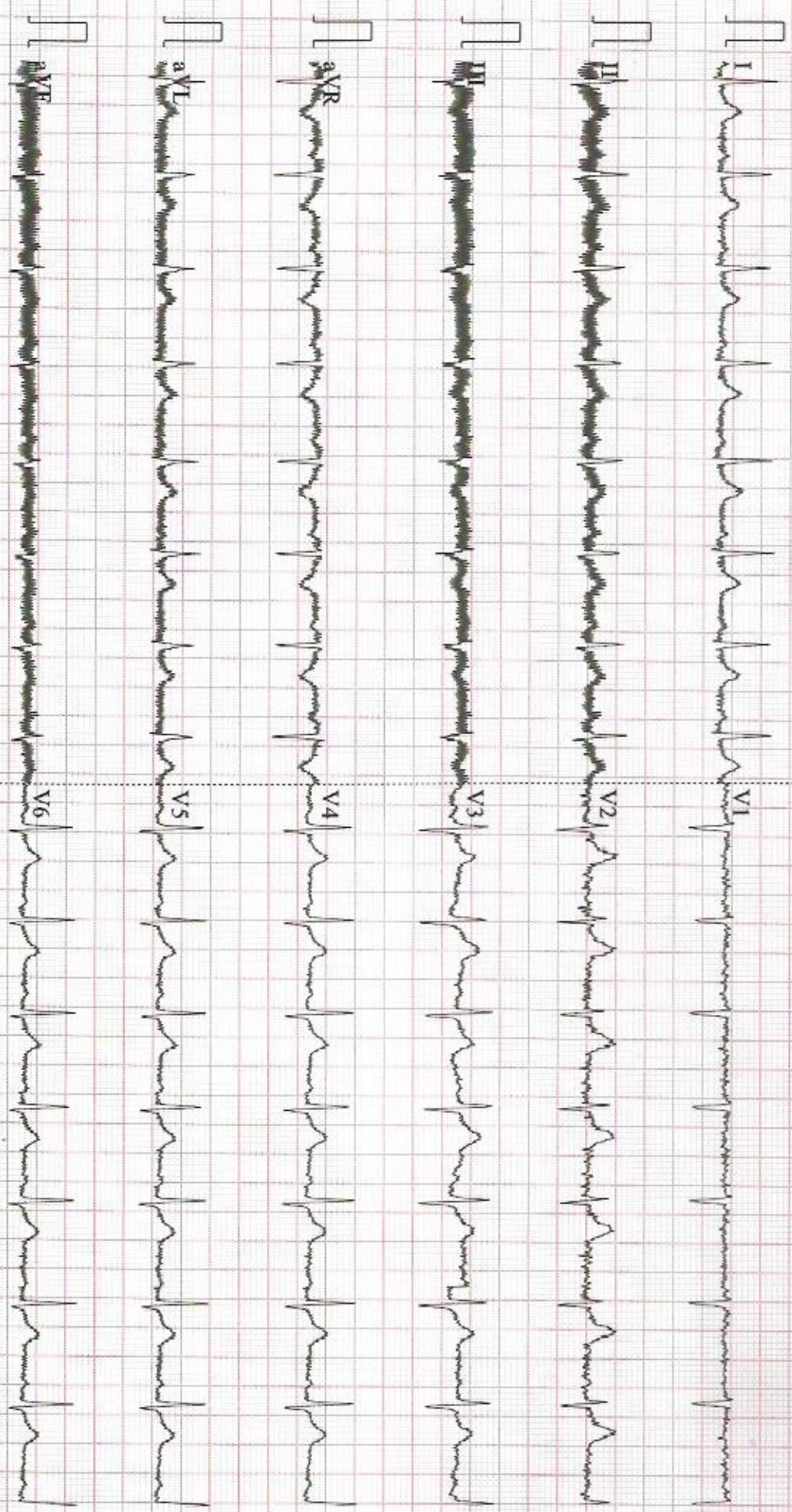

Dr. Mir Md. Raihan
 MBBS, PGT (Ophthalmology)
 Assistant Registrar (EX)
 East west Medical College & Hospital

ID: 44
Mr. Gabriel Harris
Male 27 Years

20-10-2023 12:54:08
HR : 91 bpm
P : 92 ms
PR : 150 ms
QRS : 82 ms
QT/QTc : 336/414 ms
P/QRS/T : 50/10/15 °
RV5/SVI : 0.836/0.603 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23100760 Receive: 20/10/2023 Print: 20/10/2023
Patient's Name : MD FAISAL HOSSAIN JOY
Age : 27 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

MD. FAISAL HOSSAIN JOY

This is to certify that
whose signature follows

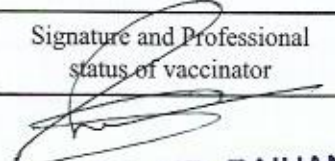
Date of birth

06-02-1996

Sex

MALE

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
20 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.

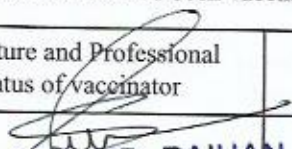
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

MD. FARAL Hossain boy AGAINST CHOLERA

This is to certify that } Date of birth 06-02-1996 Sex MALE
whose signature follows }

44

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 20 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			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso