



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. A55144

PATIENT CONTROL NUMBER
HS4423FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME RAHMAN		FIRST NAME AND MD		MIDDLE NAME MAHADUR	
PLACE AND DATE OF BIRTH CHAPAI NAWABGANJ 1-Jan-1983		PASSPORT NUMBER B00233244		SEAMAN'S BOOK NUMBER CO4423	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female		VESSEL TYPE : BULK CARRIER TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : BOYALIA, GOMOSTAPUR, BOYALIA-6320, CHAPAINAWABGANJ, BANGLADESH				CONTACT NUMBER : 0088 01716938012	
				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	☐	☒	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.

MIR MD. RAIHAN
Signature of Seafarer

MEDICAL EXAMINATION

Weight 85 kg	Height (cm) 172	BMI 28.2	Blood Pressure: Systolic 130 mmHg	Diastolic 80 mmHg	PULSE: 78 bpm																							
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="3">Hearing by Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th>Right</th> <th>Left</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th>Adequate</th> <th>Inadequate</th> </tr> </thead> <tbody> <tr> <td>☐ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> </tbody> </table>						Ear		Hearing by Audiometry			Hearing by Whisper Test		Right	Left	500	1000	2000	3000	Adequate	Inadequate	☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate					☒ Adequate	☐ Inadequate
Ear		Hearing by Audiometry			Hearing by Whisper Test																							
Right	Left	500	1000	2000	3000	Adequate	Inadequate																					
☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate					☒ Adequate	☐ Inadequate																					
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		
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

22 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	<i>NAD</i>	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☐ Negative
ECG	<i>NAD</i>	BILIRUBIN	<i>0.8</i>	Alcohol Test	☐ Positive ☐ Negative
BLOOD R/E		SGPT	<i>N/E</i>	URINE R/E	<i>NAD</i>
DC(differential count)	<i>NAD</i>	SGOT	<i>30</i>	OTHERS	
HAEMOGLOBIN (HGB)	<i>11.3</i>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<i>26</i>	Morphine	☐ Positive ☐ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<i>2.600</i>	Amphetamine	☐ Positive ☐ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☐ Negative	Blood Type	A+(VE)
RANDOM	<i>5.0</i>	Barbiturates	☐ Positive ☐ Negative	Psychological Exam	<i>NAD</i>
HBA1C	<i>5.6%</i>	Cocaine	☐ Positive ☐ Negative	Others(KUB Ultrasound)	<i>N/E</i>

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

22 OCT 2023

Signature of Seafarer

MD MAHADUR RAHMAN

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

	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: 22 OCT 2023

Valid Until:

21 OCT 2025

Name and Signature of Authorizing Physician

MBBS (DU), DPM, CCB (Burm), FST (CPM)

MD MAHADUR RAHMAN, MNC-SGD-018

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RAHMAN	GIVEN NAME (S): MD MAHADUR	
DATE OF BIRTH: DAY 1 MONTH 1 YEAR 1983	PLACE OF BIRTH CITY CHAPAI NAWABGANJ COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☒ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: HOUSE-3/12 (6TH FLOOR), ROAD-03 ALI NOOR HOUSING, MOHAMMADPUR, DHAKA BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	—	6/6	RIGHT EAR MD
LEFT EYE	—	6/6	LEFT EAR MD

☒ BOOK
☒ LANTERN
 YELLOW ☒ RED ☒
 GREEN ☒ BLUE ☒

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 APPLICABLE ☐

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)

22 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.

MD MAHADUR RAHMAN

22 OCT 2023

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / 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.), REG. NO. A-55144**

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

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **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:

EXPIRY DATE OF CERTIFICATE:

21 OCT 2025

22 OCT 2023

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

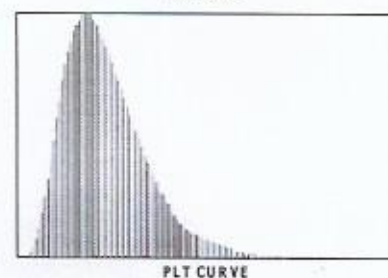
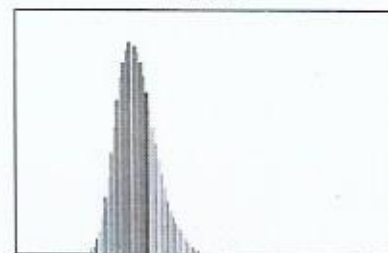
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0824 **Date** : 22-Oct-2023 **D.Date** : 22-Oct-2023
Patient's Name : MD MAHADUR RAHMAN **Age** : 40Y 11M 29D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4423

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	11.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. 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	47 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	48 %	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	4.44 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	33.1 %	M: 40-54%, F:37-47%
MCV	74.5 fL	76 - 94 fL
MCH	25.5 pg	27 - 32 pg
MCHC	34.1 g/dL	29 - 34 g/dL
RDW	14.6 %	11 - 16 %
PDW	16.5 fL	35 - 56 fL
Total Platelete Count (PC)	2,16,000 /cumm	150,000-450,000/cumm
MPV	8.4 fL	7.0 - 11.0 fL
PCT	0.181 %	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	DIA23100824	Received Date	22/10/2023
Patient's Name	MD MAHADUR RAHMAN		
Patient's Age	40Y 11M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 4423		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	32.0U/L	Up to 37 U/L
HbA1C	5.6 %	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. Sumaiya Khatun
 MBBS, MD (Microbiology)
 Associate Professor
 Dept. of Microbiology
 East West Medical College and Hospital.

Bill No	DIA23100824	Received Date	22/10/2023
Patient's Name	MD MAHADUR RAHMAN		
Patient's Age	40Y 11M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/ 4423
Sample	BLOOD		

SEROLOGICAL REPORT

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

RADICAL
HOSPITAL
LIMITED

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

Bill No	DIA23100824	Received Date	22/10/2023
Patient's Name	MD MAHADUR RAHMAN		
Patient's Age	40Y 11M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/4423		
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	0-1/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. DREAM TEAM

DATE: 22/10/2023

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

EYE EXAMINATION REPORT

NAME: MD MAHADUR RAHMAN

RANK: MASTER

CDC NO: C/O/4423

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6

6/6

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

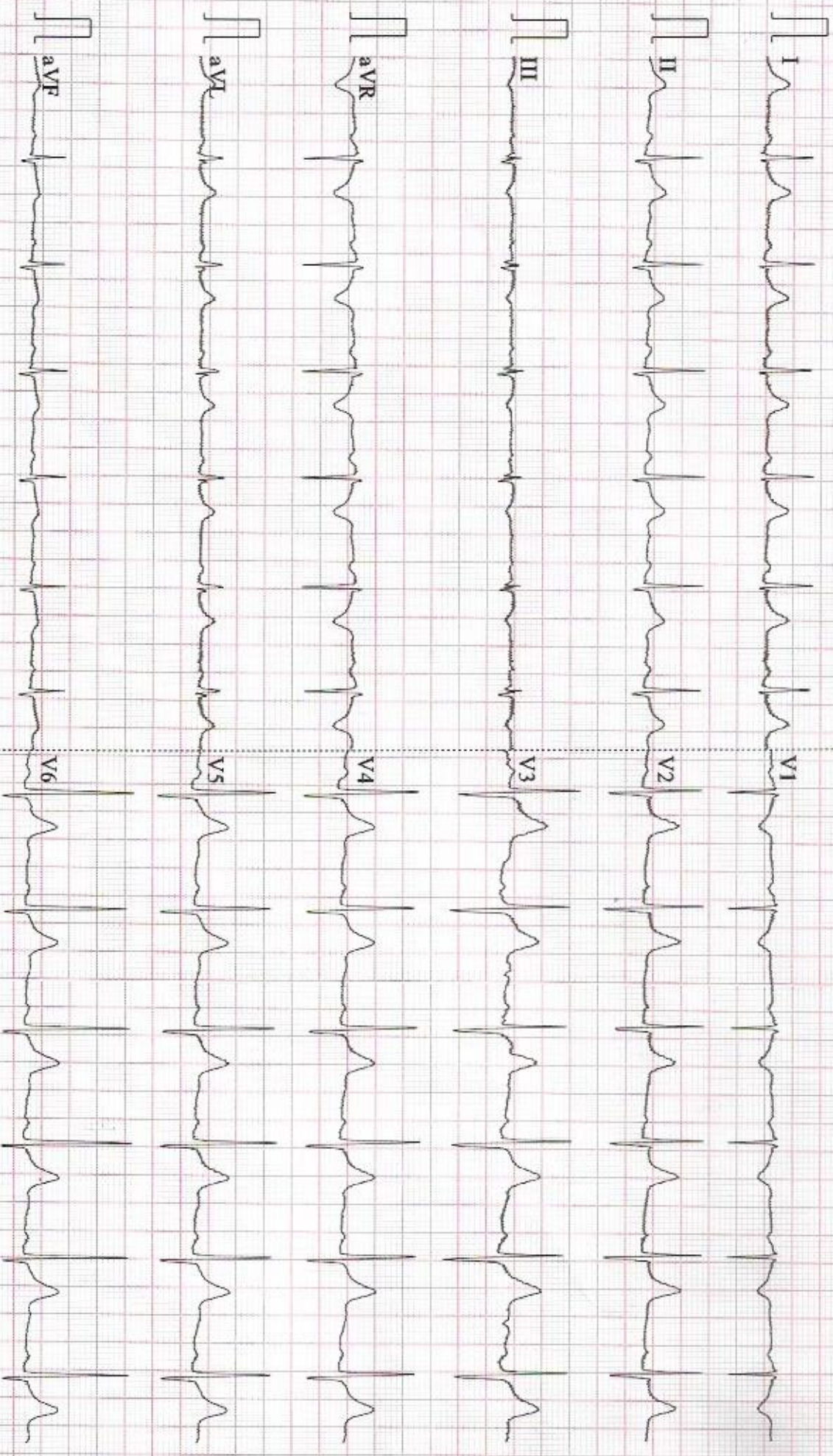

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: 56
 Mr. McIndervain
 Male 70 Years
 22-10-2023 16:34:29

HR	: 75	bpm
P	: 106	ms
PR	: 156	ms
QRS	: 78	ms
QT/QTc	: 378/423	ms
P/QRS/T	: 21/22/18	°
RV5/SV1	: 1.418/0.803	mV

Diagnosis Information:
 Sinus rhythm
 Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s 75 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23100824	Receive: 22/10/2023	Print: 22/10/2023
Patient's Name	: MD MAHADUR RAHMAN		
Age	: 40 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

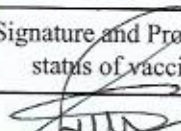
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 01-JAN-1983 Sex MALE

MD. MAHADUR RAHMAN (90/9423)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
22 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			

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



Form No: SMC

SL NO.

04.2023.5038

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 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last RAHMAN First MD Middle MAHADUR
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 22 OCT 2023
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: MASTER
Father's/ Husband's name: MD ALAUDDIN C.D.C No. 4014423
Mother's Name: MOST MEHERUN NESA Seaman ID No. 050005552
Address: House No. 12 Street/ Road No. 3 Passport No. B00233244
Locality/Village: ALI & NOOR HOUSING NID No. 2694812455917
P.O.: MOHAMMADPUR Date of Birth: 01.01.1983
P.S.: MOHAMMADPUR (DD/MM/YYYY)
District: DHAKA

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination YES/NO
 - Hearing meets the standards in section A-I/9 YES/NO
 - Unaided hearing satisfactory? YES/NO
 - Visual acuity meets standards in section A-I/9? YES/NO
 - Colour vision meets standards in section A-I/9? YES/NO
Date of last colour vision test 22 OCT 2023
 - Fit for lookout duties? YES/NO
 - Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? YES/NO
 - Any limitations or restrictions on fitness? YES/NO
- If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED

Dhaka, Dhaka, Bangladesh

9. Medical fitness category :

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) 22 OCT 2023

11. Date of expiry (DD/MM/YYYY) 21 OCT 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approver
General Physician
Radical Hospitals Limited
Name & Signature of the practitioner:

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 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 whispered 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, International 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 use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible 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 engineer 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 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):

1. Complete physical Examination.

2. Pathological Examination:

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

22 OCT 2023

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