



HAQUE & SONS LTD.

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

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Accredited By : BMDAC
Accreditation No. A55144

PATIENT CONTROL NUMBER:
203095

MEDICAL EXAMINATION CERTIFICATE

SURNAME ALAM		FIRST NAME AND MD. NURUL		MIDDLE NAME	
PLACE AND DATE OF BIRTH CUMILLA 23-Mar-1964		PASSPORT NUMBER A11011218		SEAMAN'S BOOK NUMBER C03515	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female	VESSEL TYPE : OIL/CHEM TANKER	TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : SUSUNDA, PASCHIM PARA, MURADNAGAR, SUSUNDA-3540, CUMILLA, BANGLADESH				CONTACT NUMBER : 0088 01711982704	
				RANK : 2ND 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?	☐	☒
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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: 80 kg	Height (cm): 168	BMI: 28.3	Blood Pressure: Systolic: 120 mm Diastolic: 80 mm	PULSE: 78 bpm
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Ear	Hearing by Audiometry		Audiometry				Hearing by Whisper Test	
Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000	☒ Adequate	☐ Inadequate
Left	☐ 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)

03 OCT 2023

Visual fields	
Normal	Defective
Right eye	
Left eye	

	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>100</i>	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☒ Negative
ECG	<i>100</i>	BILIRUBIN	<i>0.57</i>	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	<i>35</i>	URINE R/E	<i>100</i>
DC(differential count)	<i>100</i>	SGOT	<i>35</i>	OTHERS <i>100</i>	
HAEMOGLOBIN (HGB)	<i>12.9</i>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<i>08</i>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<i>8300</i>	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	B+(VE)
RANDOM	<i>5.4</i>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	<i>100</i>
HBA1C	<i>7.67</i>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultraso	<i>100</i>

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

Alan

MD. NURUL ALAM

Signature of Seafarer

Name of Seafarer

03 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:

03 OCT 2023

Valid Until:

02 OCT 2024

DR. MIR MD. RAIHAN
Name and Signature of Authorized Physician

MMC A-55144, MMC-BGD-010

General Physician

Radical Hospitals Limited

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

MARITIME AND PORT AUTHORITY OF SINGAPORE

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) ALAM MD NURUL		Gender: Male/Female*
Date of Birth: (Day/month/year) 23-MAR-1964	Nationality: BANGLADESHI	Place of Birth: CUMILLA

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: 03 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)	03 OCT 2023	
10 Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	02 OCT 2024	

03 OCT 2023



Date

Signature of Authorised
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 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) ALAM MD NURUL		Gender: Male/Female*
Date of Birth: day/month/year 23-MAR-1964	Place of Birth: CUMILLA	Nationality: BANGLADESHI
Type of ID documents: NRIC No. / Passport No.: A11011218	Dept: Deck / Engine / Catering / others Rank: SECOND ENGINEER	Type of ship: OIL/CHEMICALTANKE
Home Address: 1/20/1/EAST BASABO, SABUJBAGH-1214, DHAKA, 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		N/A	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.

01 OCT 2023

Date

[Signature]

Signature of Seafarer

[Signature]

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

Name and Signature of Witness

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.

03 OCT 2023

Date

[Signature]

Signature of Seafarer

[Signature]

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

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			Distant	6/6	6/6
Near			Near	NS	NS

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	☒	☐
Left ear	☒	☐

Clinical Findings

Height	162 (cm)	Weight	50 (kg)
Pulse rate	(per minute) 78	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	120	Diastolic (mm Hg)	80
Urinalysis: Glucose	ni	Protein	ni
Blood:	ni		

	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	/	

☒ Without restrictions

☐ With restrictions

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

03 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

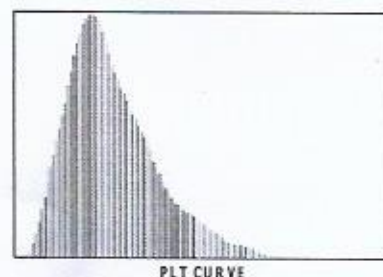
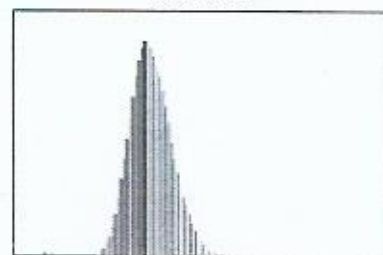
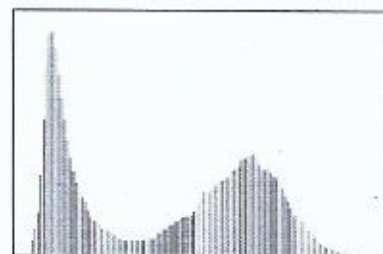


Id No : 106 **Date** : 03-Oct-2023 **D.Date** : 03-Oct-2023
Patient's Name : MD NURUL ALAM **Age** : 59Y 6M 10D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO : C/O 3515

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.4 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)	8,500 /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	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	255 /cumm	50-450/cumm
Total RBC Count	4.24 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.1 %	M: 40-54%, F:37-47%
MCV	85.1 fL	76 - 94 fL
MCH	29.2 pg	27 - 32 pg
MCHC	34.3 g/dL	29 - 34 g/dL
RDW	13.5 %	11 - 16 %
PDW	15.6 fL	35 - 56 fL
Total Platelete Count (PC)	2,24,000 /cumm	150,000-450,000/cumm
MPV	9.2 fL	7.0 - 11.0 fL
PCT	0.206 %	0.1 - 0.5 %
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	DIA230100106	Received Date	03/10/2023
Patient's Name	MD NURUL ALAM		
Patient's Age	59Y 6M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/3515
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

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	DIA230100106	Received Date	03/10/2023
Patient's Name	MD NURUL ALAM		
Patient's Age	59Y 6M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3515
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

Checked By



Medical Technologist
Radical Hospitals Ltd.

d

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

Bill No	DIA230100106	Received Date	03/10/2023
Patient's Name	MD NURUL ALAM		
Patient's Age	59Y 6M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3515
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

[Signature]

Medical Technologist
Radical Hospitals Ltd.

[Signature]

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