



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
HS3355FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME ISLAM		FIRST NAME AND MD. SAIFUL		MIDDLE NAME
PLACE AND DATE OF BIRTH KHULNA 28-Jul-1976		PASSPORT NUMBER A01832813		SEAMAN'S BOOK NUMBER CO3355
NATIONALITY: BANGLADESHI		SEX: ☒ Male ☐ Female	VESSEL TYPE: CHEM/OIL TANKER TRADING AREA: WORLD WIDE	
PERMANENT HOME ADDRESS: 2, BAGMARA MAIN ROAD KHULNA, BANGLADESH			CONTACT NUMBER: 01711971047 (SELF)	
			RANK: CHIEF OFFICER	

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

	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 of Seafarer

MEDICAL EXAMINATION

Weight 72 kg Height (cm) 175 BM 30.0 Blood Pressure: Systolic 130 mm Diastolic 80 mm PULSE: 78 bpm																			
<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">N/A</td> </tr> </table>	Audiometry				500	1000	2000	3000	N/A			
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Hearing by Whisper Test																			
☐ 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			
	Right eye	Left eye	Right eye	Left eye	Normal	Defective
Distant	6/6	6/6			☒	☐
Near					☒	☐

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ☒ YES / NO ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Defective

Date of last colour vision test: Date (day/month/year) **09 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	☒	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	☒	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	☒	SGPT	URINE R/E	☒
DC(differential count)	☒	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	13.7	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGRÉN)	0.6	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	6.300	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL	5.2	Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	5.7%	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	5.7%	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultraso

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

Signature of Seafarer **SADIK**

MD. SAIFUL ISLAM
Name of Seafarer

09 OCT 2023
40-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: **09 OCT 2023**

Valid Until:

08 OCT 2025

Name and Signature of Authorized Physician

DR. MIR. MD. RAHMAN

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

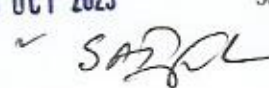
DANISH MARITIME AUTHORITY

Parts A and B to be completed by the seafarer

Medical certificate for examination of seafarers

To be used only for persons of 16 years of age or older

A		Surname ISLAM		First name(s) MD. SAIFUL		Date of birth in format "day-month-year" 28-Jul-1976		Sex (M/F) M	
		Occupation CHIEF OFFICER				Nationality BANGLADESHI			
		Home address (street, house number) 2, BAGMARA MAIN ROAD, KHULNA, BANGLADESH.		Postal code and town/city KHULNA (9100)		Country BANGLADESH			

B		OWN DECLARATION		No	Yes	When (year)	OWN DECLARATION – cont.		No	Yes	When (year)
		Have you previously served in Danish ships		☒			Eye diseases		☒		
		Have you previously undergone a medical examination for seafarers		☒			Pain in the back including lumbago and sciatica		☒		
		Have you been declared unfit for sea service or fit subject to limitations at any previous medical examination		☒			Epilepsy or other convulsive fits		☒		
		Have you been admitted to hospital		☒			Mental disorders for which you have received medical treatment		☒		
		Have you within the last two years had unbroken periods of sick leave of more than 30 days		☒			Alcohol- and drug abuse for which you have been treated		☒		
		Do you have difficulties in orientating yourself under reduced lighting		☒			Hypersensitive reactions, including asthma		☒		
		Do you suffer or have you suffered from any of the following diseases					Eczema		☒		
		Lung diseases, including pulmonary tuberculosis (TB)		☒			Serious accidents causing permanent disability		☒		
		Stomach and intestinal diseases including gastric ulcer		☒			Do you use medicine regularly		☒		
		Heart and circulatory diseases		☒			I hereby give my consent that information about any previous diseases may be obtained from doctors, hospital, other treatment centres and public authorities				
		Kidney and bladder diseases		☒			Date: 09 OCT 2023		Seafarer's signature:		
		Diabetes		☒							
		Ear diseases		☒							

Part C to be completed by the doctor

C Doctor's examination (see list of diseases and conditions)											
Is the person examined known to you and does he/she use you as a doctor?											
☐ No ☒ Yes											
The person examined is unknown to me, but has satisfied me as to his identity by showing me:											
☐ Danish discharge book ☐ Driving licence ☒ Passport											
Height (cm) 175				BMI 30.0				Examination of vision and hearing			
Weight (kg) 92								Colour vision (Ishihara) Colour blindness ☐ No ☒ Yes			
Urine		Alb. Nil		Heart		Normal		Field of vision		Normal..... ☐ No ☒ Yes	
		Sugar Nil		Lungs		Normal		Vision acuity (See list par. V4)		without correction with correction normally used	
Blood pressure		130/80		Abdomen		Normal		Right eye.....		6/6	
Teeth		Healthy		Skin		Normal		Left eye.....		6/6	
Eyes		Normal		Extremities		Normal		Both eyes simultaneously		6/6	
Oral cavity		Normal		Hernia		Absent		Hearing (see V1)		Normal speech	
Reflexes		Normal		Spinal column		Normal		Without hearing aid		☒	
Special remarks (if any)								With hearing aid		4	
								Result: ☒ Fit for look-out duty ☐ Unfit for look-out duty ☐ Unfit for look-out duty and engine-room duty			
								Is the examined in your opinion fit for duty?.....		☐ No ☒ Yes	
								If "no", please state the reason			
								If fitness is conditional, state limitations in regard to			
								a) Time		b) Field of work	
								c) Trading area			
								Place and date, doctor's stamp and signature			
								09 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.			



Id No : 0351 **Date** : 09-Oct-2023 **D.Date** : 09-Oct-2023
Patient's Name : MD SAIFUL ISLAM **Age** : 47Y 2M 11D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3355

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.7 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)	6,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	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	126 /cumm	50-450/cumm
Total RBC Count	4.58 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.6 %	M: 40-54%, F:37-47%
MCV	86.5 fL	76 - 94 fL
MCH	29.9 pg	27 - 32 pg
MCHC	34.6 g/dL	29 - 34 g/dL
RDW	13.4 %	11 - 16 %
PDW	13.8 fL	35 - 56 fL
Total Platelete Count (PC)	230000 /cumm	150,000-450,000/cumm
MPV	10.1 fL	7.0 - 11.0 fL
PCT	0.154 %	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	DIA23100351	Received Date	09/10/2023
Patient's Name	MD SAIFUL ISLAM		
Patient's Age	47Y 2M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3355		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	26.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	32.U/L	Up to 40 U/L
HbA1C	5.7 %	4.2 - 6.7 %

RADICAL
HOSPITAL
LIMITED

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	DIA23100351	Received Date	09/10/2023
Patient's Name	MD SAIFUL ISLAM		
Patient's Age	47Y 2M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3355
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	"A" (+ve)
Rh(D)Factor	Positive

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	DIA23100351	Received Date	09/10/2023
Patient's Name	MD SAIFUL ISLAM		
Patient's Age	47Y 2M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3355		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

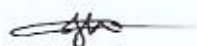
CHEMICAL EXAMINATIONCASTS / LPF

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



Medical Technologis
Radical Hospitals Ltd.

✓

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

Bill No	DIA23100351	Received Date	09/10/2023
Patient's Name	MD SAIFUL ISLAM		
Patient's Age	47Y 2M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3355		
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.

2
Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

REF: MT. NORD SWIFT

DATE: 09/10/2023

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

EYE EXAMINATION REPORT

NAME: MD SAIFUL ISLAM

RANK: CH.OFF

CDC NO: C/O/3355

VISUAL ACUITY:

RIGHT

LEFT

6/2

6/6

UNAIDED

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: 23091383

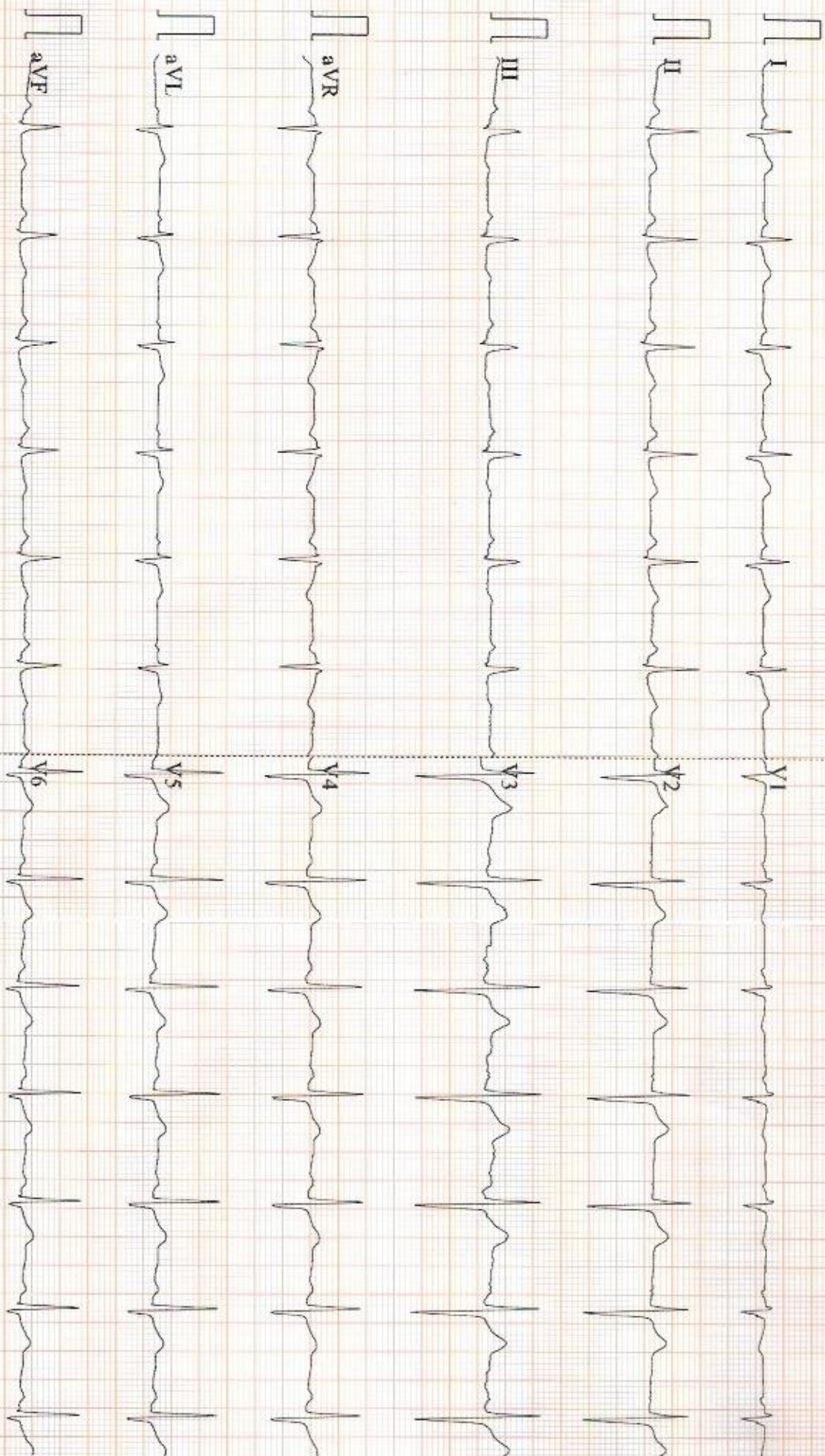
09-10-2023 14:35:56

Male 47 Years

Diagnosis Information:
Sinus rhythm
Normal ECG

P	: 118 ms
PR	: 154 ms
QRS	: 98 ms
QT/QTc	: 380/433 ms
P/QRS/T	: 62/68/45 °
RV5/SV1	: 1.190/0.431 mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100351 Receive: 09/10/2023 Print: 09/10/2023
Patient's Name : MD SAIFUL ISLAM
Age : 47 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

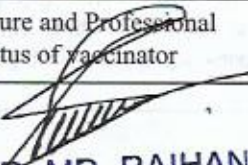
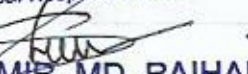
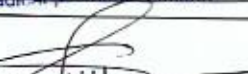
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 28/07/76 Sex MALE

MD. SAIFUR ISLAM

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 05 AUG 2021	 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 22 JUL 2022	 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.	
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