



HAQUE & SONS LTD.

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

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



Accredited By : BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER:
HS3756FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME RAHMAN		FIRST NAME AND MD. ZAHIDUR		MIDDLE NAME	
PLACE AND DATE OF BIRTH SATKHIRA 10-Jul-1978		PASSPORT NUMBER EH0108607		SEAMAN'S BOOK NUMBER CO3756	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female		VESSEL TYPE : CONTAINER	
PERMANENT HOME ADDRESS : SULTAN PUR BAZAR, SATKHIRA SADAR SATKHIRA, BANGLADESH		CONTACT NUMBER : +8801631385181 (SELF)		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?	☐	☒
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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.

Md. Zahidur Rahman
Signature of Seafarer

MEDICAL EXAMINATION

Weight 68kg	Height (cm) 168	BMI 24.0	Blood Pressure: Systolic 120 Diastolic 80	PULSE: 78/min																												
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th>Hearing by Audiometry</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">MP</td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> </tbody> </table>					Ear		Audiometry				Hearing by Whisper Test			Hearing by Audiometry	500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate	MP				☒ Adequate	☐ Inadequate	Left	☐ Adequate ☐ Inadequate	☒ Adequate	☐ Inadequate
Ear		Audiometry				Hearing by Whisper Test																										
	Hearing by Audiometry	500	1000	2000	3000																											
Right	☐ Adequate ☐ Inadequate	MP				☒ 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				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 ☒ YES / NO ☐ Doubtful ☐ Defective

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

Date of last colour vision test: Date (day/month/year) **17 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/L	☒	SGPT	URINE R/E	☒	
DC(differential count)	☒	SGOT	OTHERS	☒	
HAEMOGLOBIN (HGB)	14.3	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	08	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	0.000	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	☒
RANDOM	5.5	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	☒
HBATC	5.2%	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultraso	☒

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

Md. Zahidur Rahman

MD. ZAHIDUR RAHMAN

17-Oct-2023

Signature of Seafarer

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
☒	☐	☐	☐
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: **17 OCT 2023**

Valid Until:

16 OCT 2025

DR. MIR. MD. RAIHAN

Name and Designation of Medical Examiner (Physician)

BMDC A-55144, MMC-BGD-016

General Physician

Radical Hospitals Limited.

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RAHMAN		GIVEN NAME (S): MD. ZAHIDUR	
DATE OF BIRTH: DAY 10 MONTH 7 YEAR 1978		PLACE OF BIRTH CITY SATKHIRA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☒ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: FLAT-B5, HOUSE-73, SHAH MOKHDUM AVENUE SECTOR-12, UTTARA, DHAKA BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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) **17 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. Zahidur Rahman MD. ZAHIDUR RAHMAN 17-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. MD. AYUBUR RAHMAN. M.B.B.S; P.G.T. (MEDICINE)**

ADDRESS: **SABA DIAGNOSTIC CENTER, TAHER CHAMBER(G/F), 10- AGRABAD C/A, CHATTOGRAM, BANGLADESH.**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **23-02-1984**

SIGNATURE OF PHYSICIAN: **[Signature]** STAMP OF PHYSICIAN: **[Stamp]** DATE: **17 OCT 2023**

EXPIRY DATE OF CERTIFICATE: **16 OCT 2025**

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), DPM, CDD (Bircum), PGT (Opht)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Rajshahi Hospitals Limited.

Medical Information: (医療情報) * Please check the appropriate items.

該当する二個にノ印を記入して下さい。

1. ALLERGIES:

(アレルギー)

☐ Urticaria (hives)

(じんましん)

☐ Other

(その他)

☐ Drug allergies (name):

(薬品名)

☐ Food allergies (name):

(食品名)

2. PAST HISTORY: (病歴)

(1) Past serious illness: 主な既往症) Age (年齢)

Surgery: 手術

When?

(時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Year/No): (病歴/有無)

Name of illness: (病名)

Name (s) of medicine (s) used for the above disease (s). (上記病歴に使用した一般薬品名)

4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない)

☐ Drink 2-3 times a week (週に2~3回) ☐ Drink every evening (毎日)

☐ Heavy drinker (強い) ☐ Moderate drinker (中程度) ☐ Light drinker (弱い)

(2) Smoking: (喫煙)

☐ Never smoke (吸わない)

☐ Quit smoking in 19____ (19____年に禁煙)

☐ Smoke cigarettes a day (1日平均____本吸う)

(3) Bowel movements:

(便通)

☐ Regular

(規則的)

☐ Irregular

(不規則)

☐ Constipated

(便秘)

(4) Dietary preferences:

(食事の好み)

☐ Meat (肉類)

☐ Fish (魚類)

☐ Sweet (甘い)

☐ Only (偏り)

☐ Never (しない)

(5) Exercise: (運動)

☐ Often (よくする)

☐ Sometimes (時々)

☐ Never (しない)

(6) Sleep: (睡眠)

☐ Sleep well (よく眠る)

☐ Have Sleeplessness (眠れない)

☐ Have insomnia (不眠症)

☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重)

☐ Constant (変わらない)

☐ Putting on weight (太ってきた)

☐ Losing weight (やせてきた)

17 OCT 2023



DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Biom), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited



5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister

(父) (母) (兄弟) (姉妹)

☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer / part (癌/部位)	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other Name of disease (病名)	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.

(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: 17 OCT 2023

Signature: (署名)

Md. Bahidun Rehman
(Card holder) (本人)日本財団 補助
The Nippon Foundation

MEDICAL RECORDS

(Write in block letters)

<PRIVATE>

秘

Name of Company: _____

(所属会社)

Tel: _____

Fax: _____

Nationality: (国籍)

Name: MD. SHAIKUR RAHMAN
(氏名) given name (名) family name (姓)

Sex: (性別) M/F (男/女)

Name of Position: MD. RAHMAN
(職位)Date of Birth: 10-07-78
(生年月日) (D・M・Y)Height: 168 cmWeight: 68 kg

Body age 20: (20才時)

kg

Pulse: 72 /min
(脈拍) Normal breathing rate: 16 /min
(正常呼吸数/分)Normal temperature: _____
(正常体温) °CBlood pressure: 120/80
(血圧)Blood type: A
(血液型)Rh: ASingle/Married
(独身/既婚)

Blood sugar: (血糖値) _____ mg/dl

× 0.05625 = _____ mmol/l

Uric acid: (尿酸値) _____ mg/dl

> 0.05914 = _____ mmol/l

DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Bdenn), PGT (Dent)

BMDC A-55144, MMC-BGD-016

DG Shilpang Bangladesh Approved

General Physician

Radical Hospitals Limited





DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. ZAHIDUR RAHMAN

RANK : MASTER

CDC NO : C/O/3756

DOB : 10-Jul-1978

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| 1 Have you ever had coronary thrombosis or certain types of heart surgery? | ☐ | ☒ |
| 2 Are you suffering from any heart-related complications? | ☐ | ☒ |
| 3 Are you a diabetic ? | ☐ | ☒ |
| 4 If you are diabetic, do you need injections of insulin for diabetes? | ☐ | ☒ |
| 5 Have you ever had a stroke, or unexplained loss of consciousness? | ☐ | ☒ |
| 6 Have you ever been treated for a mental or nervous problem? | ☐ | ☒ |
| 7 Are you an alcoholic, or have you had alcohol or drug addiction problems? | ☐ | ☒ |
| 8 Do you have any hearing difficulties or are you using any hearing aid? | ☐ | ☒ |
| 9 Have you ever suffered from any STD (Sexually Transmitted Disease)? | ☐ | ☒ |
| 10 Are you aware of any other health condition that could affect your fitness for seafaring employment * | ☐ | ☒ |

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel, I will bear all the expenses as may incur as a direct result of such concealment.

Date : 17-10-2023

Signed : Md. Zahidur Rahman

The Crew Member

* If yes, mention details below:-


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

Id No : 0666
Patient's Name : MD ZAHIDUR RAHMAN
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O/ 3756

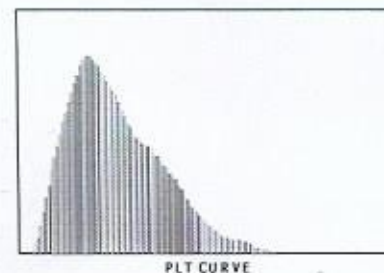
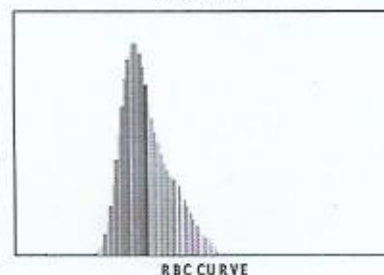
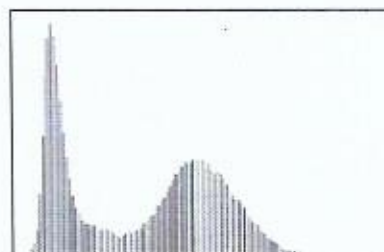
Date : 17-Oct-2023
Age : 45Y 3M 7D

D.Date : 17-Oct-2023
Gender : Male

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.3 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)	9,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	61 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	34 %	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	180 /cumm	50-450/cumm
Total RBC Count	4.25 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	35.7 %	M: 40-54%, F:37-47%
MCV	84.0 fL	76 - 94 fL
MCH	33.6 pg	27 - 32 pg
MCHC	40.1 g/dL	29 - 34 g/dL
RDW	13.5 %	11 - 16 %
PDW	13.9 fL	35 - 56 fL
Total Platelete Count (PC)	1,97,000 /cumm	150,000-450,000/cumm
MPV	9.2 fL	7.0 - 11.0 fL
PCT	0.172 %	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	DIA23100666	Received Date	17/10/2023
Patient's Name	MD ZAHIDUR RAHMAN		
Patient's Age	45Y 3M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/ 3756
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
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)	24.0 U/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.
Radical Hospitals Ltd.

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

Bill No	DIA23100666	Received Date	17/10/2023
Patient's Name	MD ZAHIDUR RAHMAN		
Patient's Age	45Y 3M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/ 3756
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

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	DIA23100666	Received Date	17/10/2023
Patient's Name	MD ZAHIDUR RAHMAN		
Patient's Age	45Y 3M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/ 3756
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.

Bill No	DIA23100666	Received Date	17/10/2023
Patient's Name	MD ZAHIDUR RAHMAN		
Patient's Age	45Y 3M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/ 3756
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. ONE HELSINKI

DATE: 17/10/2023

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

EYE EXAMINATION REPORT

NAME: MD ZAHIDUR RAHMAN

RANK: MASTER

CDC NO: C/O/3756

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

17-10-2023 19:38:01

P	: 106	ms
PR	: 138	ms

Diagnosis Information:

Sinus rhythm

Normal ECG

HR : 79 bpm

P : 106 ms

PR : 138 ms

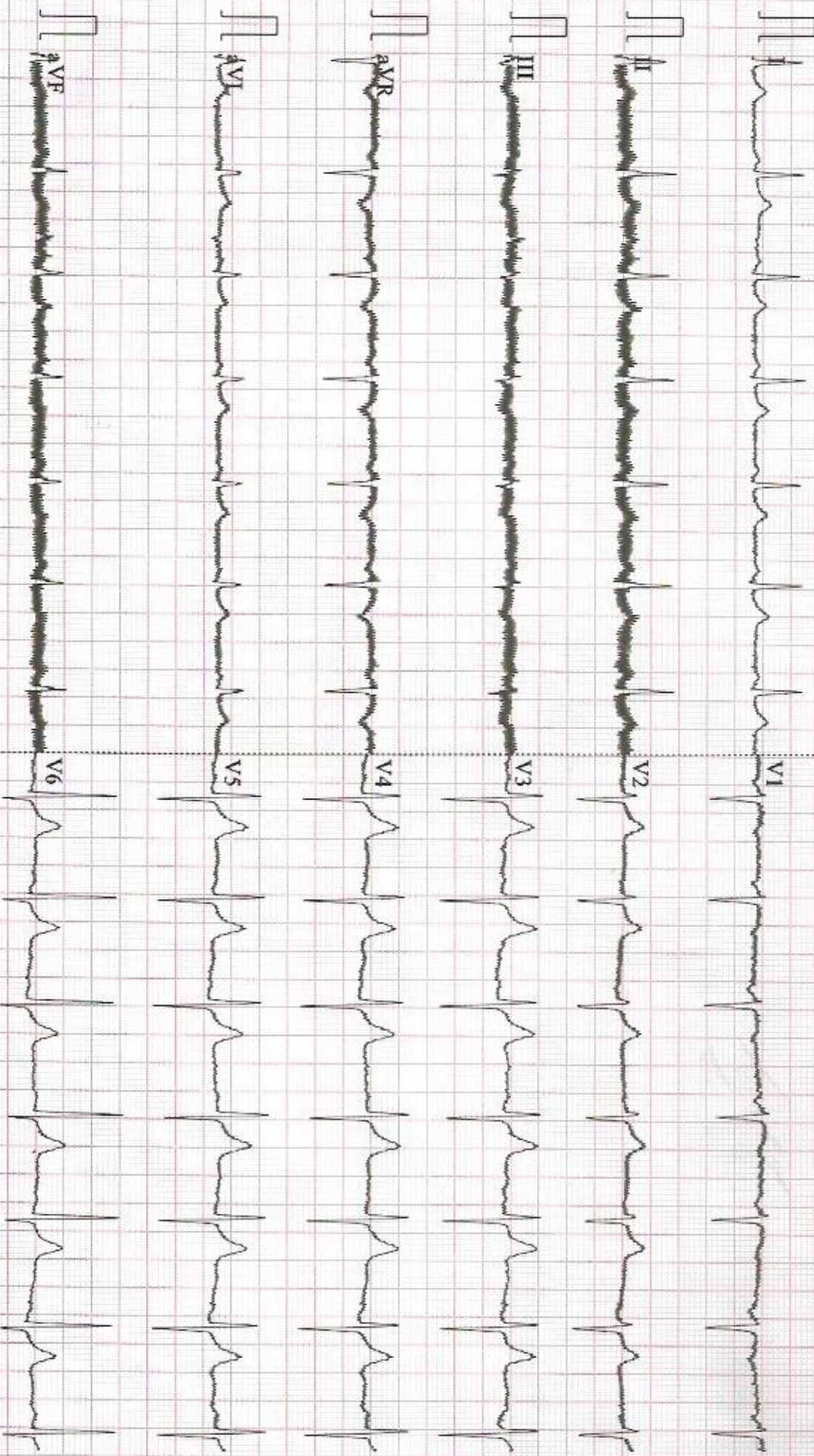
QRS : 80 ms

Q1/Q1c : 342/392 ms

PQRS/I : 58/26/16

KV/SV1 : 0.889/0.885 mV

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♠79 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

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CE0123

Size: 210mmX30mm

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100666 Receive: 17/10/2023 Print: 17/10/2023
Patient's Name : MD ZAHIDUR RAHMAN
Age : 45 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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
09 DEC 2021	ONE HOSKIN	BP 120/80 Pulse 72	Normal	Normal	Normal	Normal	Normal
09 MAY 2022	ONE HOSKIN	BP 120/80 Pulse 72	Normal	Normal	Normal	Normal	Normal
24 NOV 2022	ONE HOSKIN	BP 120/80 Pulse 72	Normal	Normal	Normal	Normal	Normal
17 OCT 2023	ONE HOSKIN	BP 120/80 Pulse 72	Normal	Normal	Normal	Normal	Normal

Completed by Company's M.O.

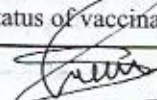
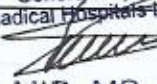
Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
				DR. MIR. MD. RAIHAN MBBS (D), DFM, CCD (Bachel), PGT (Genl) BMD C A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 10-07-78 Sex MALE
MD. ZAHIDUR RAHMAN.

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
08 DEC 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	
09 MAY 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.	
24 NOV 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	
17 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.	
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8		



Continued overleaf Suite our erso

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



Form No: SMC

SL NO.

04.2023.5000

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 (STCW78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last RAHMAN First MD ZAHIDUR Middle
Gender: (Male/Female) MALF Nationality: BANGLADESHI Date: 17/10/2023
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: MASTER
Father's/ Husband's name: LAIF MD AZIZUR RAHMAN C.D.C No. 40/3756
Mother's Name: MOMTAZ BEGUM Seaman ID No. 050004732
Address: House No. 73 Street/ Road No. SWAN MOKHUM AVE. N. U. Passport No. E.H.0108607
Locality/Village: SECTOR-12, UTTARA NID No. 19784798525000005
P.O.: UTTARA Date of Birth: 10/07/1978
P.S.: UTTARA WEST (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 17 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

Uttara, Dhaka, Bangladesh

9. Medical fitness category:

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) 17 OCT 2023

11. Date of expiry (DD/MM/YYYY) 16 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.

MD. Zahidur Rahman
Seafarer's Signature



DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Bldem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

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/Navigation 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/navigation 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

DR. MIR. MD. RAIHAN
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17 OCT 2023