

NO RAILE

RADICAL

# HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A55144

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880-2-333316214-6, Fax: +880-2-333310530

#### MEDICAL EXAMINATION CERTIFICATE

PATIENT CONTROL N	UMBER.
HS2946FF	-

1 Eyelvision problem	URNAM	E MO. A	FIRST NA	AME AND			MIDDLE NAME		
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Manual Price   Manu			PASSPOR				SEAMAN'S BOOK		
RIMANENT HOME ADDRESS: SEAS, FLAT. Ad, ROAD NO: 9, SECTOR: 4, UTTARA EAST, UTTARA-1230, KA, BANGLADESH  Have you ever had any of the following conditions?  Condition  YES NO Condition  YES NO Lipely Every Home Condition  Dispetive disorder  D			Pl Male			VPE · BI	I K CARRIER TRAC		DID W
SE-35, FLAT: A4, ROAD NO: 9, SECTOR:4, UTTARA EAST, UTTARA-1230,   RANK : CHIEF ENGIN KA6, BANGLADESH			/L Maic	La 1 Gilian	, IVEGOLE !	CONT	ACT NUMBER		
Have you ever had any of the following conditions?    Condition   YES   NO   Condition   YES   Sieep problems   The second of the following conditions   The second of the second		경기를 하는 것이 이 집에 되었다면 하는 것이 되었다면 하는 것이 없는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하	R-4 LITTAR	Δ FAST III	TTARA-1230			00017371	32332
Condition    Eye/vision problem			1.1.4, 01 IAI	J. L.NO 1, 0	17401-1200,	RANK	:	CHIEF EN	GINEER
Condition    Eye/vision problem	Have v	ou ever had any of the following con	ditions?						
1 Eyelvision problem	-	7					<u> </u>		
2 High blood pressure									NO
A Heart vascular disease									
4 Heart surgery					10000 -7000 -700			627.0	8
5 Varicose veins 6 Asthma/bronchitis 7 Blood disorder 8 Diabetes 8 Diabetes 9 Captession 10 Digestive disorder 11 Kidney problem 12 Skin problem 12 28 Balance problem 13 Allergies 13 Allergies 14 Infectious/contagious diseases 15 Hernia 16 Genital disorders 17 Prepanarcy 18 Genital disorders 19 As a problem 19 As a problems 19 As a problems 10 Balance problems 10 Balance problems 10 Balance problems 11 Kestricted mobility 10 Captes a problems 11 Restricted mobility 11 Prepanarcy 12 Back problems 13 Amputation 14 Prepanarcy 15 Prepanarcy 16 Genital disorders 17 Prepanarcy 18 As you ever been declared unfit for sea duty? 19 Have you ever been been hospitalised? 19 Are you aware that you have any medical problems, diseases or illnesses? 19 Are you aware that you have any medical problems, diseases or illnesses? 10 Do you feel healthy and fit to perform the duties of your designated position/occupation? 10 Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement with the purpose is true and any false statement with problems and claims.  42 Are you taking any non-prescription or prescription medications? 19 Prepanarcy 10 Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement with singularity and problems.  42 Are you taking any non-prescription or prescription medications?  19 Prepanarcy 10 Prepanarcy 10 Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement with years of the problems of the problems of the problems of the pro			VESTES					2000	
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Post-price   Post-pression				B,	W18		~		
11   Kidney problem		Asthma/bronchitis	0.000	ο,	10,120 00,000,000				
11   Kidney problem		Blood disorder			24 Psychi	atric probl	ems		D,
11   Kidney problem									口,
11   Kidney problem	9	Thyroid problem		ď,	# 001ATE 1974COSTOTOTO		le		APP.
11 Kidney problem	10			ď,					T/
13 Allergies	11				TO THE PROPERTY OF THE PARTY OF				Ď.
Allergies			51,000						
14 Infectious/contagious diseases		7.4.3.3.4.1	11000	100 CONT.	7777 575775		7.7	40.000	
15 Hemia			3,500					1004	3
16   Genital disorders					1 (1) (1) 47 (1) (1)		пу	7000	
The pregnancy	0.0339	2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	13-3400						
Additional questions  YES  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?  FIT FOR DUTY ON SOARD SHIP  42 Are you taking any non-prescription or prescription medications?  43 In a your taking any non-prescription or prescription medications?  44 In a you taking any non-prescription or prescription medications?  45 In a you taking any non-prescription or prescription medications?  46 In a you taking any non-prescription or prescription medications?  47 In a you taking any non-prescription or prescription medications?  48 In a your designated position/occupation?  49 In a you taking any non-prescription or prescription medications?  40 In a you taking any non-prescription or prescription medications?  41 In a your designated position/occupation?  42 In a you taking any non-prescription or prescription medications?  44 In a you taking any non-prescription or prescription medications?  45 In a your designated position/occupation?  46 In a you taking any non-prescription or prescription medications?  47 In a you taking any non-prescription or prescription medications?  48 In a your designated position/occupation?  49 In a your designated position/occupation?  40 In a you taking any non-prescription or prescription medications?  40 In a you taking any non-prescription or prescription medications?  41 In a your designated position/occupation?  42 In a you taking any non-prescription or prescription medications?  44 In a you taking any non-prescription or prescription medications?  45 In a your designated position/occupation?  46 In a your designated position/occupation?  47 In a you taking any non-prescription or prescription or prescri	2000		549951	Transaction (as a contraction of the contraction of	•				9
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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?  FIT FOR DUTY ON BOARD SHIP  42 Are you taking any non-prescription or prescription medications?  f yes, please list the medications taken and the purpose(s) and dosage(s)  hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authority on Dr. Mir Md. Raihan (approved medical practioner) 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  DICAL EXAMINATION  Neight Hearing by Audiometry  Audiometry  Audiometry  Hearing by Whisper Test  Sight Adequate Inadequate  Inadequate  Inadequate  Inadequate  Inadequate				a.					5
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Signature of Seafarer  DICAL EXAMINATION  Neight									
Signature of Seafarer  DICAL EXAMINATION  Weight	lisqual	ify me from my employment, benefit	s and claims	alao certily t	nat my history c	ornamed a	above is true and an	y iaise statement	WIII
DICAL EXAMINATION  Neight	noqual	, nom my employment, benefit	o and Gaints						
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DICAL EXAMINATION	_	Signature	•						
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Ear Hearing by Audiometry Audiometry Hearing by Whisper Test light Adequate Inadequate 500 1000 2000 3000 Adequate Inadequate	DICAL	EXAMINATION						20120	
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tight	Far	Hearing by Audiometry		Audioma	etry	He	aring by Whisner Te	st	1
and III Adequate II leadequate			500			-			
To vandage In mandrage			000						
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learing meets the standards as laid down in STCW Code Section A-1/9 ? YES +2 NO	earing	g meets the standards as laid down i	in STCW Co	ue Section	A-1/9 / YES	40	NO L		

			sual acuity						Visual field	s
	Un Right eye	naided Left eye	Right ey		led Left eye			Norma	al	Defective
Distant	CIL		Right ey	е	Leit eye	Right	tovo		-	10.11530
Near	a lo	100				Left			_	
Visual acuity me	ete the eta	andard laid do	wn in STCW C	odo i	Section A 1/0	YES				
Colour vision as				-	Normal			C. D.		
					OCT, 202		ottul	□ Def	ective	
Date of last colo	ur vision (e	sst. Date (day	monuryear) _		1	-				
			Normal Ab	norr	mal				Norma	l Abnorma
Head			4		Vario	cose veins			B	
Sinuses, nose, ti	hroat		B			ular (inc. peda	al oulses)		B	
Mouth/teeth			D-			omen and visc			13	
Ears (general)			<u> </u>		Herr		cia		7	
Tympanic memb			TV		1/2-		· Veren		9	
THE RESIDENCE OF THE PROPERTY	nane		<u>-</u>			(not rectal ex	am)		19	
Eyes +			TIPLY CO.			system	n province and some		1.000	2000
Opthalmoscopy			4			er and lower e				<ul> <li>(1) (1) (1) (1)</li> </ul>
Pupils					332000	e (C/S, T/S an			5	
Eye movement						ologic (full brid	ef)		Ū	
Lungs and chest					7.3505	hiatric			9999	
Breast examinat	ion		NA		Gen	eral appearance	ce			
Heart		~	上		Skin					
ESULTS OF AND	ILLARY F	XAMINATION	NS.							
Chest X-Ray	7	WAN		CAL	(LIVER FLIN	CTION TEST)	Marijuana		Positive	☑ Negative
ECG		man	BILIRUBIN	7	1	===	Alcohol Te			Negative
	OOD R/E	11/1	SGPT		0,	1/12	-		LI POSITIVE	Invegative
		NA.			-	0	URINE R/			71
DC(differential co		IN	SGOT				115	C	THERS	7
HAEMOGLOBIN		15-7		G AN	ND ALCOHOL		HBsAg			Nonreactiv
ESR (WESTER	GREN)	96	Morphine			Negative	HIV / AIDS	S Test	□ Reactiv	Nonreactiv
WBC	1	8.100	Amphetamine			Negative	VDRL		-	Nonreactiv
BLOOD G	LUCOSE	LEVEL	Phencyclidine			Negative	Blood Typ	е		(VE)
RANDOM		5.0	Barbiturates			Negative		ical Exam		777
HBA1C		5.7%	Cocaine			Negative		JB Ultrasor		72
reby I declare that	t I non in I	noudeday of the	no contents of t	he D						
A. I	L I am III KI	iowieuge of tr							3 0	OCT 2023
Tulan			SU	JLTA		IAD SHAHIDU	JLLAH	_		
mature of Seafare	r				Name of	Seafarer				Date
sessment of fitne	examinee's	s personal dec	claration, my cli		examination	and the diagn		ults record		eclare the
i the basis of the e aminee medically:										
		Deck	k service		Engine se	gvice	Catering	service	Ot	her services
		Deck	k service		Engine se	rvice	-	service	Ot	her services
		Deci				pvice	i		Ot	



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Nan	ne (last,first,middle): SHAHIDULI	AH S	ULTAN	MOH/	AMMAD		
Date	of birth (day/month/year): 10 / 12	1974	Sex:	ma	ale female		
	ne address: HOUSE-35, UNIT NO:			): 9. SI	/_	A DH	AKA
	NGLADESH.				e e e e e e e e e e e e e e e e e e e		MEZ II.
-(166) -(164)	port No./Discharge Book No.: A07	70214	6				
Dep	artment (deck/engine/radio/food har	ndling/	other): <u>E</u>	NGIN	<u>E</u>		
Rou	tine and emergency duties (if known	n):					
Тур	e of ship (eg. Bulkçarrier, chemica	l/oil/ga	s tanker,	conta	iner, other cargo ships): BUL	K CAR	RIER
	le area (e.g., coastal, tropical, world				The state of the s		
(Ass	minee's personal declaration sistanceshould beoffered bymedic veyou ever had anyof thefollowing						
	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem			18.	Sleepingproblems		I
2.	High blood pressure			19.	Do you smoke?		Z
3.	Heart/vasculardisease		4	20.	Operation/surgery		1
4.	Heart surgery		4	21.	Epilepsy/seizures		
5.	Varicose veins		4	22.	Dizziness/fainting		9
6.	Asthma/bronchitis			23.	Loss of consciousness		
7.	Blood disorder			24.	Psychiatricproblems		P
8.	Diabetes		4	25.	Depression		
9.	Thyroid problem		ď.	26.	Attempted suicide		
10.	Digestivedisorder		1	27.	Loss of memory		
11.	Kidneyproblem			28.	Balanceproblem		9
12.	Skin problem			29.	Severeheadaches		
13.	Allergies			30.	Ear/nose/throat problems		
14.	Infectious/contagious diseases		9	31.	Restricted mobility		Ĭ.
15.	Hernia		9	32.	Back problems		D
16.	Genital disorders		9	33.	Amputation		4
17.	Pregnancy		NA	.34.	Fractures/dislocations		
If an	yof theabovequestions wereanswe	red "ye	s," pleas	egive o	details below.		raim)

Hospi

Page 1 of As Per MIC 2008



Rev. 03

Add	ittional questions					
35.	Haveyou ever been sig	ned offas sick or	repatriated from	a ship?	Yes	No
36.	Haveyou ever been ho	spitalized?			П	
37.	Haveyou ever been dee	clared unfit forsea	nduty?		П	
38.	Has your medical certi	ficate ever been r	estricted or revo	ked?		
39.	Areyou awarethat you	have anymedical	problems, disea	ses or illnesses?		P
40.	Do you feel healthyand position/occupation?					
41.	Areyou allergic to any	nedications?				9
Con	ments.	No Restrict	tions			
42.	Areyou takinganynon-p	prescription or pre	escription medic	ations?		4
Ihere	bycertifythat the person	al declaration abo	oveis a truestater	ment to theheat of my	den ovel a da	
	atureof examinee:	and the same of th	rois a traestater	nent to thebest of my	Knowledge	
Date Witn	(day/month/year): essed by: (Signature) e:(Typed or printed)	3 0 OCT 2023/		DR. MIR. MD.  MBBS (DU), DFM, CCD (Birde BMDC A-55144, MM DG Shipping Banglade General Physi Radical Hospitals	m), PGT (Ophth) C-BGD-016 sh Approved cian	
instit	byauthorizethereleaseof utions and public author cal examiner).	allmypreviousme ities to Dr	dicalrecordsfron	nanyhealthprofession	als,health _(theapprov	ved
Signa	tureof examinee:					
Date	(day/month/year):	3 0 OCT 2023 /	1	DR. MIR.  MBBS (DU), DFM, O  BMDC A-5514  DG Shipping Ba	4. MMC-BGD	(Ophth)
	essed by: (Signature)		The	Genera	al Physician espitals Limited	
	c:(Typed or printed) & Contact details for pr	evious medical ex	xamination (if k	nown): /		



### MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

			Visual Acui	ty						Visua	al fields
177	Unaided			Aide	d					Normal	Defective
	Right	Left		Righ	t	Left			Right		-
	eye .	eye	Binocular,	eye		eye	Binoc	ular	eye		
Distant	ch	616	1						Left eye		
Near	NS	15									
Colo Hear	× 00.770		ot tested	عك	Norm			oubtfu	Speech and	Defectiv	
	Pure ton	e and aud	io metry (thre	shold		8000			(metres)	Ι	T
	500 Hz	1,000 H	z 2,000 H	Iz	3,000	Hz		Hŀ		Normal	Whisper
Right ear	20	20	20						Right ear	4	9
Left ear	20	21	20						Left ear	4	1
	ses, nose, t th/teeth	throat	e (		V	ascula	e veins r(inc. pe	Same Same	ses)		
Ears	(general)						en and vi	scera			
Tym	panicmem	brane	E. E	3		lernia					
Eyes	FERF	1104		3			ot rectal	exam.	)		
Opth	almoscop	y		ᆜ		i-U sys					
Pupi						1.1	and lower				
0.000	novement			_		N	C/S, T/S		5)		H
587,014	gs and che			_			ogic (full	briei)			
	st examin	ation ^	TAB. I	_		sychia					
Hea	rt			_	1	jenera.	l appeara	nce		30 OCT	2023
Che	st X-ray:	☐ Not p	performed_	P	erform	ed on	(day/moi	nth/yea	nr):/	30001	
F	Results:	-	tonn	1	0	hey	2	A	cry		130
				*	6	cal Hosp	Way.		/		

Urinalysis: Glucose: Ni Protein: Ni
Blood Analysis: Hepatitis B Test Negety, V.D.R.L Non Recely Immunodeficiency Virus Anti bodies Negative
Immunodeficiency Virus Anti bodies
Other diagnostic test(s) and result(s):  Test Result
Medical Examiners comments:
FIT FOR DUTY ON BOARD SHIP
Vaccination status recorded: Yes No
Assessment of fitness forserviceat sea
On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic test results recorded above, Ideclarethe examineemedically:
Fit for lookout duty Not fit for look-out duty
Deck service Engine service Cateringservice Other services
Unfit
Without restrictions With restrictions
Visual aid required: Yes o
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral):
Medical certificate's dateof expiration (day/month/year):  2 9 0CT 2025
Date of examination (day/month/year):/_30 OCT 2023 /
Number of Medical Certificate: Official stamp:
Signature of medical practitioner:  DR. MIR. MD. RAIHA  MBBS-690), DFM, CCD (Birdem), PGT (Ophi  BMDC A-55144, MMC-BGD-016  DG Shipp on Report and CBGD-016
Name of medical examiner: (Typed or printed)  DG Shipping Bangladesh Approve
Address of medical practitioner::  RADICAL HOSPITAL LIMITED  Untara, Dhake, Bandladesh
Authorized by: Dla SIMPONIA BIANGS MADE (competent authority)
Scal Hospita E



SEAFARER'S M	IEDICAL EXAMINATION REPORT/CERTIFICATE
This	CONFIDENTIAL DOCUMENT
	atorandincompliancewiththerequirementsoftheMedicalExamination(Seafarers)Convention1946(I ended andtheMaritimeLabourConvention,2006.
SURNAME SHAHIDULLAH	GIVEN NAME(S) SULTAN MOHAMMAD
NATIONALITY	ID DOCUMENT NO:
BANGLADESHI	C/O/2946
DATE OF BIRTH	PLACE OF BIRTH SEX
12 10 19 MONTH DAY YEA	174 MYMENSINGH BANGLADESH CITY COUNTRY MALE FEMA
EXAMINATION FOR DUTY AS:  MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APPLICANT: HOUSE-35, FLAT: A/4, ROAD NO: 9, SECTOR:4, UTTARA EAST, UTTARA-1230, DHAKA, BANGLADESH.
DECLARATION OF APPROVED MEDICAL PRACTIONER: I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE	CHECKED: YES/NO
MEDICAL EXAMINATION (SEE LAS	T PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE	PULSE RESPIRATION GENERAL APPEARANCE
1011/10/	+ 8 gmin 19 gmin and
1110001001001001010101010101010101010101	EFT EYÈ HEARING:
WITHOUT GLASSES	6/6
WITH GLASSES /	RT. EAR MM LEFT EAR MM
DATE OF LAST COLOR VISION TEST	The state of the s
ARE GLASSES OR CONTACT LENSES NECESSARY	TO MEET THE REQUIRED VISION STANDARD? YES NO
HEAD AND NECK	HEART (CARDIOVASCULAR)
A STATE OF COLORS	Normal
Monm	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
EXTREMITIES:	
UPPER	unmed LOWERNunm]
IS APPLICANT VACCINATED IN ACCORDANCE WI	TH WHO RECOMMENDATIONS?  YES  NO
IS APPLICANT SUFFERING FROM ANY DISEASE LII HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY YES NO NO	KELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
IS APPLICANT TAKING ANY NON-PRESCRIPTION (	OR PRESCRIPTION MEDICATIONS?  YES NO
- Fullan	3 0 OCT 2023
SIGNATURE OF APPLICAN THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF	1/0/



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	SULTAN MOHAMMAD SHAHIDULLAH
_/	NAME OF APPLICANT
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES	No 🗌
SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICE RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTION	
NAME AND DEGREE OF PHYSICIAN DR. MIR. MD. RAIL MBBS (DU), DFM, CCD (Birdem), PGT BMDC A-55144, MMC-BGD G Shipping Bangladesh Appless Uttara, Dhaka, Bangladesh ADDRESS Uttara, Dhaka, Bangladesh	(Ophth) -016 roved
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DAS SHIP	61197 2017
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	
SIGNATURE OF PHYSICIAN :	
DATE OF EXAMINATION: 3 0 OCT 2023	
EXPIRY DATE OF CERTIFICATE :2 9 OCT 2025	A.E.
SEAFARER ACKNOWLEDGMENT	
I, SULTAN MOHAMMAD SHAHIDULLAH (NAME OF SEAFARER), THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIE	



#### MEDICALREQUIREMENTS

tohaveaphysical Allapplicantsforanofficercertificate, Scafarer's Identification and Record Book or certification of special qualifications shall be required Formcompleted bya certificated physician. The completedmedical formmust examinationreported onthis Medical accompanytheapplicationforofficercertificate,applicationforseafarer's identity document, or application for certification of special applicationsforanofficer qualifications. This physical examination must be carried out not more than 24 months immediately preceding certificate, certification of special qualifications or a sea farer's book. The examination shall be conducted in accordance with the HealthOrganization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness International Labor Organization World ExaminationsforSeafarers(ILO/WHO/D,2/1997.Suchproofofexaminationmustestablishthatthe applicantisinsatisfactoryphysicaland mentalconditionforthespecificdutyassignmentundertakenandisgenerallyinpossessionofall body faculties necessary infulfilling the requirements of the seafaring profession.

Inconducting the examination, the certified physician should, where appropriate, examine the sea farer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
  - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m).
- (b) Eyesight
  - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninonecyeandatleast20/40 (0.50)intheother. Ifthe
    applicant wears glasses, hemust havevisionwithoutglasses ofat least 20/160(0.13) in botheyes.
    Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsred, green, blueand yellow.
  - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninonecycandat least20/50(0.40)intheother. If the applicant wears glasses, hemust have vision without glasses of at least 20/200(0.10) in both eyes. Engineer and radio of ficer applicants must also be able to perceive the colors red, yellowand green.
- (c) Dental
  - Seafarers must befreefrominfections ofthemouthcavityor gums.
- (d) BloodPressure
  - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.
- (c) Voice
  - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
  - AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication,InternationalTraveland
    Health,VaccinationRequirementsandHealthAdvice,andshallbegivenadvicebythecertifiedphysicianonimmunizations.
     Ifnewvaccinations aregiven, theseshall berecorded.
- (g) Diseases or Conditions
  - Applicantsafflicted 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.
- (h) Physical Requirements
  - Applicants/forableseaman,bosun,GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysicalrequirements/for adeck/navigational officer's certificate.
  - Applicants for fireman/watertender,oiler/motor.pumpman,electrician,wiper,tanker rating andsurvivalcraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

IMPORTANTNOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. 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/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the mostlet provided – Medical Exam Form).

3 0 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.

	MEDICAL CER	TIFICATE FO	OR PERSONNEL	SERVICE	ON BOARD	
	8					2
SURNAME: SHAHII	DULLAH		GIVEN NAME (S):	SULTAN MOR	HAMMAD	
DATE OF BIRTH:		PL	ACE OF BIRTH		SEX	
DAY 10	MONTH 12 YEAR	1974 CI	TY MYMENSING	COUNTRY	BANGLADES MALE	FEMALE
POSITION ON BOAR MASTER DECK OFFICER ENGINEERING OFFI RADIO OPERATOR RATING		HC SE	AILING ADDRESS OF DUSE-35 ,FLAT-A/4, ECTOR-04, UTTARA, ANGLADESH.	ROAD-09		
DECLARATION OF T	HE AUTHORIZED PHYSIC	CIAN			y 2	
	VISION		COLOR TE	ST TYPE	HEARIN	IG
	WITHOUT GLASSES	WITH GLASS	ES —BOOK			
RIGHT EYE	<u>⊕</u> /6		YELLOW MAN	SED WAS	RIGHT EAR	b D
LEFT EYE	46.	_	1 11	BLUE MY	LEFT EAR AVY	
the second second second	ntification documents were			NO		
Hearing meets the sta	andards in STCW Gode, Se	ection A-1/92-YES	NO 1	NOT APLICABLE	E	- 12 84
Unaided hearing satis	factory? YES NO					
Visual acuity meets st	andards in STCW Code, S	ection A-1/9? YE	S NO			
Are glasses or contact Able for watchkeeping Is applicant taking any Is the seafarer free fro	y non-prescription or prescription any medical condition like	the required vision iption medications selly to be aggrava	on standards? YES	NO render the se	eafarers unfit for such se	rvice or to
	f other persons on board?	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)				
Hereby I declare that	am in knowledge of the co		sical Examination.		з п ост	2023
Signature of	Applicant	Name of Ap	pplicant		Date	
CIRCLE APPROPH ENGINEERING OF	ATE CHOICE: (HÉ/SHE FICER / RADIO OPERA	TOR / RATING	O BE (FIT / NOT FIT) ) (WATHOUT ANY / V DUTY ON BOARD	VITH THE FOI	S A (MASTER / DECK LLOWING) RESTRICT	( OFFCIER / FIONS:
NAME AND DEGREE	OF PHYSICIAN: DR. MIR	MD. RAIHAN; M.	B.B.S(D.U.), REG. NO.	A-55144		
NAME OF PHYSICIAN	HOSPITALS LIMITED, UT N'S CERTIFICATING AUTH SICIAN'S CERTIFICATE:	HORITY-BANGLA		DENTAL COU	NCIL (B.M.D.C.)	
SIGNATURE OF PHY	SICIAN:	ST	AMP OF PHYSICIAN:	CO HOSON	DATE:	0 OCT 2023
EXPIRY DATE OF CE	RTIFICATE:	29	OCT 2025	The state of the s		
			d in compliance with the		2000	
	DR. MIR. MD. I		mended and the Maritin	ne Labour Conv	vention, 2006.	
	MRRS (DIII) DEM CCD (Direlen	n) PGT (Onbib)				

BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited



Id No : 1089 Date : 30-Oct-2023 D.Date : 30-Oct-2023

Patient's Name: SULTAN MOHAMMAD SHAHIDULLAH Age: 48Y 10M 20D Gender: Male

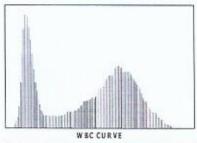
Specimen : Blood

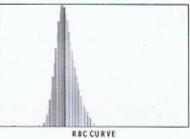
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2946

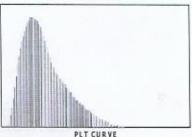
### **Haematology Report**

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb) ESR(Westergreen)	15.7 gm/dl 06 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		2,000 20,000,000
Neutrophils	69 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	27 %	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	162 /cumm	50-450/cumm
Total RBC Count	5.16 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.6 %	M: 40-54%, F:37-47%
MCV	82.6 fL	76 - 94 fL
MCH	<b>30.4</b> pg	27 - 32 pg
MCHC	36.9 g/dL	29 - 34 g/dL
RDW	12.1 %	11 - 16 %
PDW	15.5 fL	35 - 56 fl
Total Platelete Count (PC)	2,45,000 /cumm	150,000-450,000/cumm
MPV	8.2 fL	7.0 - 11.0 fL
PCT	0.201 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
57.0 Bun 276 mm 18.500 mm	2500	7,000







....

Checked By Medical Technologist

Cloting Time(CT)

Dr. Sumaiya Khatun MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology East West Medical College & Hospital.

0.1-0.2 %



Bill No	DIA23101089	Received Date	30/10/2023
Patient's Name	SULTAN MOHAMMAD SHAHI	DULLAH	
Patient's Age	48Y 10M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	CDC NO: C/O/ 2946	
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)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	29.0U/L	Up to 37 U/L
HbA1C	5.7%	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.

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23101089	Received Date	30/10/2023
Patient's Name	SULTAN MOHAMMAD SHAH		00/10/2020
Patient's Age	48Y 10M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU	),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/2946
Sample	BLOOD		

## SEROLOGYCAL REPORT

Test Name

Result

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



Checked By

-81

Medical Technologis
Radical Hospitals Ltd.

d

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



Bill No	DIA23101089		
B II' II II		Received Date	30/10/2023
Patient's Name	SULTAN MOHAMMAD SHAHIDU	LLAH	00/10/2020
Patient's Age	48Y 10M 20D		
	THE CO. SOLVENOV STATES	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MRRS (DLI) Co	CD/BIDDEM DOTA	
Comple	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/		CDC NO: C/O/ 2946
Sample	URINE		

## URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-2/HPF

# CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
	NAU	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 Technologist. Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.



**Test Name** 

Bill No	DIA23101089	Received Date	30/10/2023
Patient's Name	SULTAN MOHAMMAD SHAHID	ULLAH	
Patient's Age	48Y 10M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),(	CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/ 2946
Sample	URINE		THE RESERVE OF THE PARTY OF THE

Result

#### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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.

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: UNITED CROWN

DATE: 30/10/2023

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

### EYE EXAMINATION REPORT

NAME: SULTAN MOHAMMAD SHAHIDULLAH RANK: CH.ENG CDC NO: C/O/2946

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/1

de

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

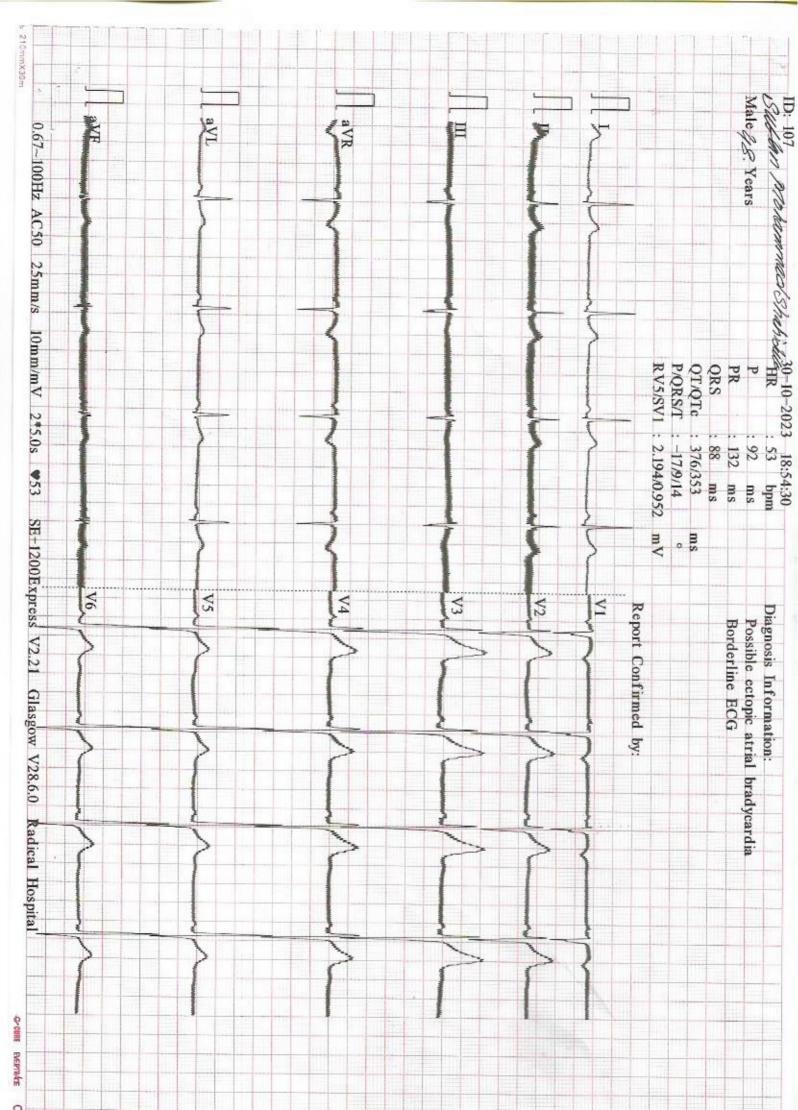
UNFIT / FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





#### **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No.

23101089

Receive: 30/10/2023

Print: 30/10/2023

Patient's Name

SULTAN MOHAMMAD SHAHIDULLAH

Age : 48 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





# IBN SINA D. LAB & CONSULTATION CENTI

Age: 48 y(s)

ISO 9001:2015 Certified

# TREADMILL STRESS TEST



I.D. No

U1301925

Received date: 30 Oct 2023

Printed date: 30 Oct 2023 09:06PM

Name of Pt. :

SULTAN MOHAMMAD SHAHIDULLAH

Sex: Male

METS

Ref. By

REDICAL HOSPITALS LTD.

Ref. By

ETT

Total Exercise Time : 09.33

Min

Max.HR attained Bpm.

% of max. pred. HR:

0/0

Bpm. Max. Pred HR

Max. work load attained: 11.90

Maximum BP

140/90 mmhg.

Indication

: Screening for IHD.

Risk Factors

: Nil.

Reason for Termina.: Due to ECG changes.

Test Profile

: BRUCE

Symptoms

: Nil

Summary Result ⇒

NEGATIVE

#### Comments:

- SULTAN MOHAMMAD SHAHIDULLAH performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of ECG changes.
- ECG at rest shows no abnormality.
- ECG during exercise & recovery shows no significant ST depression.

: Stress test is NEGATIVE for ECG evidence of provocable myocardial ischaemia. Conclusion



Dr. Md. Aminur Razzaque MBBS. MD (Cardiology) NICVD, Assistant Professor (Cardiology), NICVD Advance training on Echocardiography JROP (India) Consultant, IBN SINA D.Lab & Consultation center, Uttara.

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 16-DEC-1974 Sex MALE

SULTAN MOHAMMAD SHAHIDULLAH (C10/29/36

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved S	tamp
1205	BMDC A-55 144, Milliot Approved	S FOR VACCING  35, Shah Makhdum Avenus Uttara, Dhaka  AMAGLADESS	
2 10480		S. Shah Makhdum Avenue Ulture, Dhata	
3	DRMIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)	25, Shah Maichdum Sharmus Marnus Marn	4
314	DG Shipping Bangladesh Approved General Physician Radical Hespitals Limited	BANGLADES!	or the parties
5000	DR ATR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A 55144, MMC-BGD-016	Secon VACCINA S	6
6	DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	Whare, Ohaka	
7		7	8
8		y-1"-	10