INTERNATIONAL LABOUR ORGANIZATION

Sectoral Activities Programme

See text links below.

ILO/WHO/D.2/1997

Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

Annex D

Minimum requirements for the medical examination of seafarers

Name (last, first, middle): HOSSEN MOHAMMAD MOKARROM

Date of birth (day/month/year): 10 / 03/ 1974 Sex: ☑ male • ☐ female

Home address: MARINE TOWER, KA/196/1/B, TETUL TOLA, KHILKHET, DHAKA, BANGLADESH.

Passport No./Discharge Book No.: A11146186 / CDC NO: C/O/3318

Type of ship (container, tanker, passenger, fishing):

Trade area (e.g., coastal, tropical, worldwide):

Examinee's personal declaration
(Assistance should be offered by medical staff)
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	☐•	☑•

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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	☐ NA	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 hospitalized?	☐	☐
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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____ Date (day/month/year): 11 OCT 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)*

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

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____ (the approved medical examiner).

Signature of examinee: _____ Date (day/month/year): 11 OCT 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)*

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 examination

☑ Pre-sea ☐ Periodic ☐ Other

Sight

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant				6/6	6/6	
Near				N5	N5	

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour vision: ☐ Not tested ☐ ✓ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	✓	
Left ear	✓	

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Height: 172 (cm) Weight: 82 (kg)

Pulse rate: 78 (/(minute) Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Urinalysis: Glucose: Nil Protein: Nil

	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	☑	☐
Opthalmoscopy	☑	☐	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	☑	☐			

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 11 OCT 2023

Results: Normal

Other diagnostic test(s) and result(s):

Test Blood Urine *Result* Normal

Medical examiner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: • ☑ Yes • ☐ No

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:

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• ☐ Fit for look-out duty • ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☐	☐	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☐ • With restrictions ☐ •

Describe restrictions (e.g., specific position, type of ship, trade area)

Action taken by medical examiner (e.g., referral):

Place of examination: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh Date of examination (day/month/year): 11 OCT 2023

Medical certificate's date of expiration (day/month/year): 10 OCT 2025

Official stamp (also print name of medical examiner if not legible): 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.

Signature of medical examiner:

Authorized by: DG SHIPPING BANGLADESH (competent authority)

For further information, please contact the Sectoral Activities Department (SECTOR)
at Tel: Fax: or email: sector@ilo.org

This page was created by BR/PL. It was approved by BW/BKN. It was last updated Tues, 17 Jun 1999.

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MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME	GIVEN NAME(S)
HOSSEN	MOHAMMAD MOKARROM

DATE OF BIRTH	PLACE OF BIRTH	SEX
10 (MONTH) 3 (DAY) 1974 (YEAR)	SIRAJGANJ (CITY) BANGLADESH (COUNTRY)	☑ MALE ☐ FEMALE

EXAMINATION FOR DUTY AS:
- MASTER ☑
- DECK OFFICER ☐
- ENGINEERING OFFICER ☐
- RADIO OFFICER ☐
- RATING ☐

MAILING ADDRESS OF APPLICANT:
MARINE TOWER, KA/196/1/B, TETUL TOLA, KHILKHET, DHAKA, BANGLADESH.

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
172cm	82kg	120/80mmHg	72/min	14/min	Good

VISION: WITHOUT GLASSES / WITH GLASSES — RIGHT EYE: 6/6 — LEFT EYE: 6/6

HEARING: RT. EAR: Normal — LEFT EAR: Normal

COLOR TEST TYPE: BOOK ☑ LANTERN ☐ — IS COLOR TEST NORMAL? ☑ YES ☐ NO (IF "NO" EXPLAIN ON PAGE 2)

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☐ NO ☑

HEAD AND NECK	HEART (CARDIOVASCULAR)
Normal	Normal
LUNGS	**SPEECH** (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
Normal	Yes

EXTREMITIES: UPPER: Normal — LOWER: Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES ☑ NO ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES ☐ NO ☑
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☑

SIGNATURE OF APPLICANT	DATE OF EXAMINATION	EXPIRY DATE
Mokarrom.	11 OCT 2023	10 OCT 2025

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: HOSSEN MOHAMMAD MOKARROM (NAME OF APPLICANT (SURNAME, GIVEN NAME(S)))

FIT FOR DUTY ON BOARD SHIP

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☐ NO ☐

SEAFARER IS FOUND TO BE ☐ FIT / ☐ NOT FIT FOR DUTY AS A ☑ MASTER / ☐ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☑ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD RAIHAN MBBS, DFM

ADDRESS: RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 06 MAY 2014

SIGNATURE OF PHYSICIAN: 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

DATE: 11 OCT 2023

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

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 medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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 seafarer's 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 (4.57 m) and in poorer ear at 5 feet (1.52 m).

(b) Eyesight
- Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental
- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure
- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations
- All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should 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.

(h) Physical Requirements
- Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M 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/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 an equivalent form.
(See RMI MG 7-47-1, §3.3).

11 OCT 2023

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100428	Received Date	11/10/2023
Patient's Name	MOHAMMAD MOKARROM HOSSEN		
Patient's Age	49Y 7M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3318
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23100428	Received Date	11/10/2023
Patient's Name	MOHAMMAD MOKARROM HOSSEN		
Patient's Age	49Y 7M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3318
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 Technologis
Radical Hospitals Ltd.

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

Date: 11/10/2023

EYE EXAMINATION REPORT

NAME:	**MOHAMMAD MOKARROM HOSSEN**		
AGE:	**49 YRS**	**RANK: MASTER**	**CDC NO:C/O/3318**

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED 6/6 6/6

COLOUR VISION: NORMAL / ~~BLIND~~

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

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

ID: 23091444

Mohammad Imran Hassan

Male Years

11-10-2023 14:26:35

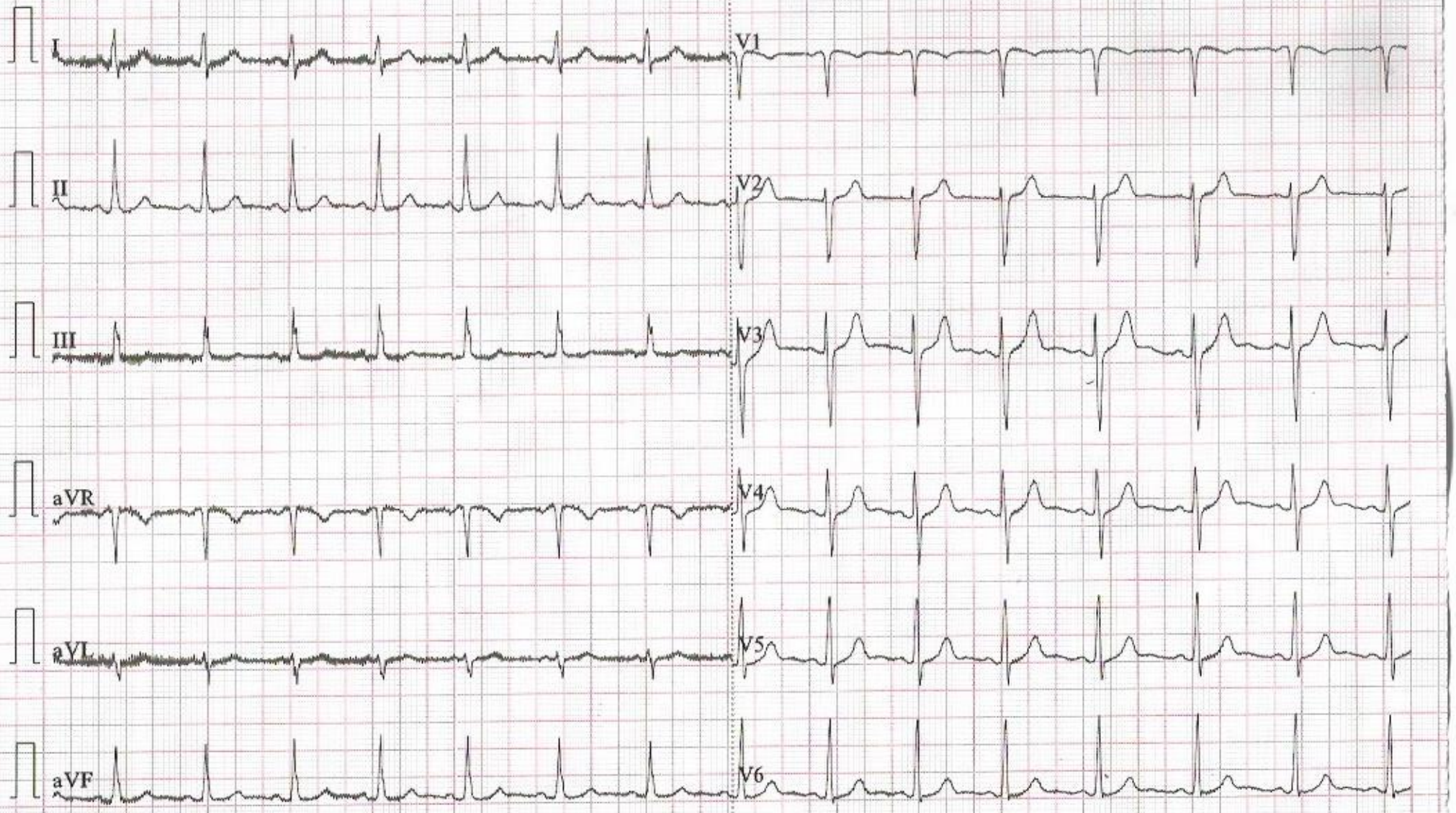
HR	: 89	bpm
P	: 106	ms
PR	: 136	ms
QRS	: 80	ms
QT/QTc	: 338/412	ms
P/QRS/T	: 45/74/45	°
RV5/SV1	: 1.194/0.848	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥89 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23100428	Receive: Print: 11/10/2023		
Patient's Name	:	**MOHAMMAD MOKARROM HOSSEN**			
Age	:	49 YRS	*Sex*	:	M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	89 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

TREADMILLSTRESS TEST

Patient ID	23100428	Test Date	12-10-2023		
Patient Name	MOHAMMAD MOKARROM HOSSEN	Age	49 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

Total Exercise Time : 09:1 Min

% of max.pred. hR : 98 %

Maximum BP : 160/90 mmHg.

Indication : Screening for IHD.

Risk Factors :

Reason for Termina : Attainment of THR.

Test Profile : BRUCE

Symptoms :

Max.HR attained : 166 bpm.

Max. Pred HR : 166 bpm.

Max. work load attained :13.10METS.

Summary Result ⇒ **NEGATIVE**

Comments :

- **MOHAMMAD MOKARROM HOSSEN** 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 Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion : Stress test is **NEGATIVE** for ECG evidence of promotable myocardial ischemia.

Dr. ROSEYAT PERVEEN
MBBS, MD (Cardiology), NICVD, Dhaka
Consultant, IBN SINA D-Lab, Uttara, Dhaka

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient ID	23100428	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	11.10.2023
Patient Name	MOHAMMAD MOKARROM HOSSEN		
Age	49 Yrs.	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- **Is normal in size 13.0cm, regular in shape and normal position. The echogenicity of the parenchyma is increased .** Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : **Absent (H/O operation).**

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (10.2 x 4.3)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.4 cm, LK-10.2 cm regular in shape. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Normal in size and volume is 18.9 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Fatty change in liver.Grade-1.

11.10.23

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MOHAMMAD MOKARROM HOSSAIN

This is to certify that whose signature follows } Date of birth 10-03-1974 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 01 FEB 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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2 13 SEP 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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
3		3 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
4 11 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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH TYPHOID VACCINATION "TYPHERIX" VALID UPTO ONE YEARS
5		5 6
6		
7		7 8
8		

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that MOHAMMAD MOKARRAM HOSSAIN whose signature follows Date of birth 10-03-1974 Sex MALE

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
01 FEB 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.	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.

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

Form No: SMC

SL NO. 04.2023.4957

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last HOSSEN **First** MOHAMMAD **Middle** MOKARROM

Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 11 OCT 2023

Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: MASTER

Father's/ ~~Husbad~~'sname: MD. KABIRUL ISLAM C.D.C No. C/O/ 3318

Mother's Name: MAMATAJ BEGUM Seaman ID No. 050006802

Address: House No: Street/ Road No: Passport No. A11146186

Locality/Village: HOSSENPUR (SOUTH) NID No. 1594313774387

P.O: SIRANJ BAZAR Date of Birth: 10/03/1974

P.S: SIRANJ GANJ SADAR (DD/MM/YYYY)

District: SIRAJ GANJ

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:

1. Confirmation that identification documents were checked at the point of examination :YES/NO
2. Hearing meets the standards in section A-I/9 :YES/NO
3. Unaided hearing satisfactory? :YES/NO
4. Visual acuity meets standards in section A-I/9? :YES/NO
5. Colour vision meets standards in section A-I/9? :YES/NO
   Date of last colour vision test : 11 OCT 2023
6. Fit for lookout duties? :YES/NO
7. 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
8. 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) 11 OCT 2023

11. Date of expiry (DD/MM/YYYY) 10 OCT 2025 "No more than 2 years from the date of examination".

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

Seafarer's Signature

Official Stamp

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 & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 applieation 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 whis pered 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 infectiqns of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, Interna-tional 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 useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer 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 fight 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 Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

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

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11 OCT 2023

ANNEX C

MARITIME AND PORT AUTHORITY OF SINGAPORE

MPA
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) **HOSSEN MOHAMMAD MOKARROM**		Gender: Male/~~Female~~*
Date of Birth: (Day/month/year) **10-MAR-1974**	Nationality: **BANGLADESHI**	Place of Birth: **SIRAJGANJ**

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: 11 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) 11 OCT 2023		
10	Expiry of certificate: (day/month/year) 10 OCT 2025 ** Maximum two years from date of examination unless the seafarer is under the age of 18		

11 OCT 2023

Date

Signature of Authorised Medical Practitioner

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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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

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

SEAFARER MEDICAL CERTIFICATE–March2020

04.2023.4957

ANNEX B

MPA SINGAPORE

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*) **HOSSEN MOHAMMAD MOKARROM** (BLOCK CAPITALS)		Gender: Male/~~Female~~*
Date of Birth: day/month/year **10-MAR-1974**	Place of Birth: **SIRAJGANJ**	Nationality: **BANGLADESHI**
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: **A11146186**	Dept: Deck/ ~~Engine~~ / ~~Catering~~ / others Rank: MASTER	Type of ship: **CHEM TANKER**
Home Address: **MARINE TOWER, KA/196/1/B, TETUL TOLA, KHILKHET, DHAKA, BANGLADESH.**	Routine and emergency duties:	Trading area: e.g. coastal / worldwide

*For identity verification purpose

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. Epilesy/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		✓	34. Fracture/dislocations		✓

If you answer "yes" to any of the above questions, please provide details:

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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.

11 OCT 2023
Date

Signature of Seafarer

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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. MIR MD RAIHAN.

11 OCT 2023
Date

Signature of Seafarer

DR. MIR. MD. RAIHAN
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Radical Hospitals Limited

Name and Signature of Witness

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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 172 (cm)		Weight 82 (kg)	
Pulse rate (per minute)	78	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	120	Diastolic (mm Hg)	80
Urinalysis: Glucose : Nil	Protein: Nil	Blood: Nil	

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	

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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		

Chest X-ray

☐ Not performed ☑ Performed on (day/month/year): 11 OCT 2023

Results: Normal

Other diagnostic test(s) and result(s):

Test BLOOD+URINE Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea *(please tick)*

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

☑ Fit for look out duty ☐ Unfit for lookout duty

☐ Visual aid required ☐ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit				
Unfit				

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☒ Without restrictions ☐ With restrictions

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

11 OCT 2023

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Radical Hospitals Limited.

Date

Signature of Medical Practitioner

Medical Practitioner's name, licence number, address

****

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