Medical Certificate for Service at Sea

As per medical standards of ILO-MLC 2006, as amended STCW 2010

Issue Date: 15th July 2013 Rev. Date: 01 November 2018 Revision No.: 01 Form#: C-43

Name: (last, first, middle	e)				
MALEK	MD			ABDUL	
Date of birth: (day/month/year)	31	12	1989	Gender: (male/female)	MALE
Passport / Discharge book No:	A016	522155		Nationality:	BANGLADESHI
Rank:	DECK	HAND		Place of Examination:	DHAKA



I have evaluated the above-named seafarer/ new entrant after establishing his identity as per the documents mentioned above. On the basis of the seafarer's/ new entrant personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is –

			Yes No
a.	Hearing meets the standards in STCW Code, sect	tion A-1/9:	1
b.	Unaided hearing is satisfactory;		
c.	Color Vision meets the required STCW Code standards section A-I/9 (testing only required every six years)		1
d.	Date of last color vision test:		
e	Fit for lookout duty		8
f	Is the seafarer free from any medical condition or to render the seafarer unfit for such service o on board:	likely to be aggravated by Service at sea or to endanger the health of other persons	
	This seafarer is UNFIT FOR DUTY ** / below. *This Medical Certificate is issued with following.	FIT FOR DUTY ON BOARD	
	** Reasons for being unfit		
Dat	e of examination: (Day/Month/Year)	0 8 OCT 2023	
Exp	oiry date of certificate: (Day/Month/Year)	0 7 OCT 2025	
Na	ne of Medical Examiner	DR. MIR MD. RAIHAN MBBS.(DU), DFM



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

04.2023.4936

Signature of Medical Examiner

File No.: L #3 (2nd/O)

Official Stamp

Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Medical Examination of Seafarers Examinee's Declaration

Name (last, first, middle):	MALEK MD ABDUL
Date of birth (day/month/year):	31-DEC-1989
Sex: Male / Female	MALE
10/2000/09/2005	JANERPAR, SARANKHOLA, JANER PAR-9330
Home address:	BAGERHAT, BANGLADESH
Passport No./Discharge book No.:	A01622155
Department (Deck/Engine/Radio/Food handling/other):	DECK
Rank:	DECK HAND
Routine and emergency duties (if known):	
Type of ship (Cargo, Tanker, Passenger):	
Trade area (coastal, tropical, worldwide):	

Seafarer'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		10	18	Sleep problem		1.0
2	High blood pressure		11	19	Do you smoke, use alcohol or drugs?		1
3	Heart/vascular disease		1/	20	Operation/surgery		1
4	Heart surgery		1/1	21	Epilepsy/seizures	/	1
5	Varicose veins/piles			22	Dizziness/fainting		1
6	Asthma/bronchitis		1	23	Loss of consciousness	-	
7	Blood disorder		1	24	Psychiatric problems		-
8	Diabetes		//	25	Depression/Hepatitis		-
9	Thyroid problem		1	26	Attempted suicide		0
10	Digestive disorder		1/1	27	Loss of memory	SHIP IN	
11	Kidney problem		1	28	Balance problem		-
12	Skin problem		//	29	Severe headaches		1
13	Allergies		1	30	Ear (hearing, tinnitus)/nose/throat problem	-	/
14	Infectious/contagious diseases		1/1	31	Restricted mobility		
15	Hernia		1/	132	Back or joint problem		1
16	Genital disorder		-/	33	Amputation		-
17	Pregnancy	N	1	34	Fractures/dislocations		-

File No. : L #4 (2nd/O)

Retention: 3 Years / Frankows & Required

Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Issue Date: 15th July 2013 Rev. Date: 01*November 2018 Revision No.: 01 Form#: C-44

Distance Near	D'. L.								
The state of the s	D:-1-		Visual	Acuity			7	Visual	Cialda
The state of the s	Threat a	Unaided		1	Aideo	1	-	Normal	Defective
The state of the s	Right Eye	Left Eve	Binocular	Right Eye	Left Eye	Binocular	Right Eye	Normal	Defective
Near	6/6	66					Left Eye		
Color visio		□N	ot tested	Æ	Normal	, [Doubtful Speech		fective
	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	Speech	and whisper Normal	Whisper
Right Ear	20	20	2-		112	112.	Right Ear		-
Left	12-	120	57				Left Ear		
Height (cm) Pulse rate:	(/minute)	2	65		Weight: (kg)	7	5
Blood pres		francis and the same of the sa	systolic:(mm	/Us)	10	Rhythm:	/ 0.1		FUIC-
Urinalysis:		cose:	ysionc.(mir	/rig)	Protein:	Diastolic:	(mm/Hg)	Blood:	207 - 1
			Normal	Abnorr	mal			Normal	Abnorma
Head			/			Skin		INOTHIA	Abilottik
Sinuses, no		t	/1			Varicose vei	ins	1	
Mouth/teet	201		1/1				c. pedal pulses)	1	- 24
Ears (gener			//			Abdomen ar		1	
Tympanic	membran	е	11			Hernia		1/	
Eyes			11			Anus (not re	ctal exam)	//	1
Ophthalmo	scopy		/,	-		G-U system		V	,
Pupils			100				ower extremities		CO CO CO CO
Eye moven Lungs and			1/				T/S and L/S)	/	
Breast exai	and the second second		no			Neurologic (full/brief)	/	
Heart	шаноп		11			Psychiatric		/	
						General app	earance	0	
Chest X-ra		lot perforn		NORM	ΔΙ	Performed	d on (day/month/	vear):	



Issue Date: 15th July 2013 Rev. Date: 01st November 2018 Revision No.: 01 Form#: C-44

Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

A	dditional questions		
			[v] v
	House you area base size at a C	f :1	Yes No
		f as sick or repatriated from a ship?	7
-	Have you ever been hospitaliz		
	Have you ever been declared to	A PROPERTY OF THE PROPERTY OF	
_		ven been restricted or revoked?	/
		any medical problems, diseases or illne	esses?
	position/occupation?	perform the duties of your designated	
16	Are you allergic to any medica	ation?	
C	omments:	FIT FOR DUTY ON BOARD SHIP	1
	Are you taking any non-prescr	ription or prescription medications?	
ı	at 00 00 10 10 10 10 10 10 10 10 10 10 10):
	at 00 00 10 10 10 10 10 10 10 10 10 10 10	ription or prescription medications? taken, and the purpose(s) and dosage(s):
	at 00 00 10 10 10 10 10 10 10 10 10 10 10):
	at 00 00 10 10 10 10 10 10 10 10 10 10 10):
	f yes, please list the medications t		
I	f yes, please list the medications to	taken, and the purpose(s) and dosage(s	the best of my knowledge
I	f yes, please list the medications to the second definition of the seco	taken, and the purpose(s) and dosage(s	
I l gnatu amin	f yes, please list the medications to the personal defined the personal	eclaration above is a true statement to be	the best of my knowledge
I l	hereby certify that the personal deline of nee:	taken, and the purpose(s) and dosage(s) and dosage(s) and dosage(s) and dosage(s) are claration above is a true statement to the dots.	the best of my knowledge 0 8 OCT 2023 DR. MIR. MD. RAIHAN MSBS (DU), DFM, CCD (Birdem), PGT (Onleth
I matu	hereby certify that the personal deline of nee:	eclaration above is a true statement to be	DR. MIR. MD. RAIHAN MSBS (DU). DFM. CCD (Birdem), PGT (Ophth BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approve
I inatu	hereby certify that the personal decrees	Day (day/month/year) Name (Typed or Printed)	DR. MIR. MD. RAIHAN MSBS (DU), DFM, CCD (Birdem), PGT (Ophth BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approve General Physician
I gnatu amin itness gnatu	hereby certify that the personal decrees	Day (day/month/year) Name (Typed or Printed) lious medical records from any health profe	DR. MIR. MD. RAIHAN MSBS (DU), DFM, CCD (Birdem), PGT (Ophth BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approve General Physician
I landing amin	hereby certify that the personal de are of nee: sed by: ure	Day (day/month/year) Name (Typed or Printed) lious medical records from any health profe	DR. MIR. MD. RAIHAN MSBS (DU), DFM, CCD (Birdem), PGT (Ophth BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approve General Physician
I gnatu amin itness gnatu ereb blic a	hereby certify that the personal de are of nee: y authorize the release of all my prevenuthorities to Dr. Mir Md. Raihan (the are of Examinee	Day (day/month/year) Name (Typed or Printed) ious medical records from any health profese approved medical practitioner)	DR. MIR. MD. RAIHAN MSBS (DU). DFM, CCD (Birdem), PGT (Ophth BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approver General Physician ressionals, health institutions and
I gnatu amin itness gnatu ereb blic a	hereby certify that the personal de are of nee: sed by: ure y authorize the release of all my previouthorities to Dr. Mir Md. Raihan (the	Day (day/month/year) Name (Typed or Printed) ious medical records from any health profese approved medical practitioner)	DR. MIR. MD. RAIHAN MSBS (DU). DFM, CCD (Birdem), PGT (Ophth BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approver General Physician ressionals, health institutions and

File No. : L #4 (2nd/O)

Retention: 3 Years / Frequency: As Required



Radical Hospitals Limited of 4

Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Form#: C-44

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

	Test		Results			
	BLOOD TEST		NORMA	AL		
	URINE TEST		NORMAL			
	ECG		NORMAL			
Medical pro	actitioner's comments ar	nd assessment of fitness	, with reasons for any lim	nitations:		
		No Restrict	tions			
	nt of fitness for service a		□ No			
Fit for look	bove, I declare the exami	onal declaration, my clinee medically:	Not fit for look out di			
PIL	Deck service	Engine service	Catering service	Other services		
Unfit						
Without Red	estriction tions (e.g., specific posit	ion, type of ship, trade	With Restrictions area)			
Action take	en by Medical Examiner	(e.g. referral):	100			
Date of examina	ation: (Day/Month/Year)	08 00	T 2023		
Expiry date of c	ertificate: (Day/Month/)	(ear)		T 2025		
Name of Medic	al Examiner		DR. MIR MD. RAIHAN N	иввs,(DU), DFM		
Signature of Mo	edical Examiner			-3		
Official Stamp				1		



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
Pa





Id No : 23100258 Date: 07-Oct-2023

D.Date: 07-Oct-2023

Patient's Name: MD ABDUL MALEK

Age : 34Y 0M 0D Gender: Male

Specimen

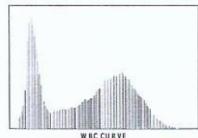
: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	04 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		DA USBS SAME COSCI-
Neutrophils	67 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	28 %	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	176 /cumm	50-450/cumm
Total RBC Count	5.07 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.8 %	M: 40-54%, F:37-47%
MCV	80.5 fL	76 - 94 fL
MCH	30.2 pg	27 - 32 pg
MCHC	37.5 g/dL	29 - 34 g/dL
RDW	12.7 %	11 - 16 %
PDW	12.9 fL	35 - 56 fl
Total Platelete Count (PC)	3,00,000 /cumm	150,000-450,000/cumm
MPV	9.0 fL	7.0 - 11.0 fL
PCT	0.270 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



RBC CURVE

Medical Technologist

Dr. Sumaiya Khatun MBBS, MD(Gold Medalist) (BSMMU) Associate Professor

Dept. Of Microbiology East West Medical College & Hospital.



Bill No	DIA231002578	Received Date	07/10/2023
Patient's Name	MD ABDUL MALEK		
Patient's Age	34Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.1 mmol/l	4.2 – 6.4 mmol/l
Serum Creatinine Serum AST (SGOT)	0.80 mg/dl 25.0U/L	0.3 - 1.3 mg/dl Up to 37 U/L
Urice Acid	5.4 mg/dl	3.8 - 8,0 mg/dl
Lipid profile		
Serum Cholesterol	142 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	42 mg/dl	>35 mg/dl
Serum Triglyceride	152 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	73 mg/dl	<130 mg/dl

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun

M BBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital



Test Name

VDRL

Bill No	DIA231002578	Received Date	07/10/2023
Patient's Name	MD ABDUL MALEK		
Patient's Age	34Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	
Sample	BLOOD		

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative	
HBsAg (Method : (ICT)	Negative	

Result

Non-reactive

RADICAL

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumarya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA231002578	Received Date	07/10/2023
Patient's Name	MD ABDUL MALEK		
Patient's Age	34Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	CCD(BIRDEM),PGT(Eye),DFM	
Sample	BLOOD		

QuantiFERON-TB Gold (TB-IGRA)TEST REPORT

Investigation	Result
QuantiFERON -TB Gold(TB-IGRA)	Negative

Method

ELISA

Interpretation:

- 1.In this sample positive control (P) is 536.3, Negative control (N) is 7.20, Patient value (T) is 7.37 pg/ml. Result calculation are done according to WANTAI TB –IGRA test protocol.
- This assay can not be differentiate between latent infection and active tuberculosis.
- False negative may be obtained if sample is taken prior to development of immune response.
- Negative result does not preclude the possibility of mycobacterium tuberculosis infection.

-----End of Report -----

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor Dept. of Microbiology

East West Medical College and Hospital



Bill No	DIA231002578	Received Date	07/10/2023
Patient's Name	MD ABDUL MALEK		
Patient's Age	34Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	
Sample	URINE		Part of the second seco

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil	
Albumin	NIL	WBC	Nil	
Sugar	NIL	Epithelial	Nil	
Ex.Phosphate	Nil	Granular	Nil	
	KAI	Hyaline	Nil	

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumarya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Test Name



Bill No	DIA231002578	Received Date	07/10/2023
Patient's Name	MD ABDUL MALEK		
Patient's Age	34Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	CCD(BIRDEM),PGT(Eye),DFM	
Sample	URINE		

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

1 est Name	Kesuit
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. Suntarya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23100258

Receive: Print: 07/10/2023

Patient's Name

MD ABDUL MALEK

Age

34 YRS

Sex

: M

Refd. by

Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate

: 70 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

Page 1 of 1

ID: 23091424 Male Years Abdul Molek		7	07-10-2023 HR P PR QRS QT/QTc P/QRS/T RV5/SV1	11:57:38 : 70 bpm : 94 ms : 134 ms : 134 ms : 84 ms : 362/391 : 2/66/10 1.170/0.444	m v ms	Diagnosi Sinus Norma	Diagnosis Information: Sinus rhythm Normal ECG	y: M:			
	}	>	}		>	___________________	}	}	}	-{	}
	}	}			}	- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		}			>
	-	3			-Mills		}	}		}	>
a V	}	7	}	}	3	>	1		7	-	>
l aVL	}	7	}	}	7	Vs	}	}		}	}
O 67-100H	7 AC 60 35m		7*5		1000	V		0.08 0.0	The state of the s	}	>
0.67~100H	0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s \$\pi70\$	m/s 10m	m/mV 2*5		SE-1200	SE-1200Express V2.21	1111111	Glasgow V28.6.0 Radical Hospital	dical Hospi	tal	



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23100258

Receive:07/10/2023

Print: 07/10/2023

Patient's Name

: MD ABDUL MALEK

Age

: 34 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