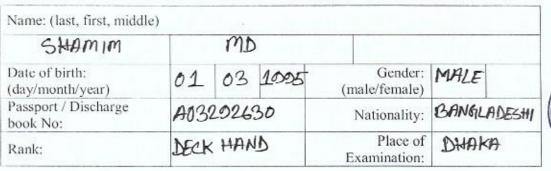
Medical Certificate for Service at Sea

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

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





l 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 –

a.	Hearing meets the standards in STCW Code, section A-I/9:		
b.	Unaided hearing is satisfactory;		
c.	Color Vision meets the required STCW Code standards section A-I/9 (testing only required every six years)		
d.	Date of last color vision test:		
e	Fit for lookout duty		LOSS.
- f	Is the scafarer free from any medical condition likely to be aggravated by Service at sea or to render the scafarer unfit for such service or to endanger the health of other persons on board:		3115
	This seafarer is UNFIT FOR DUTY ** / FIT FOR DUTY with / without restriction *This Medical Certificate is issued with following restriction		ntion
	*This Medical Certificate is issued with following restriction	nar j	
	** Reasons for being unfit		

Date of examination: (Day/Month/Year)

Expiry date of certificate: (Day/Month/Year)

Name of Medical Examiner

Signature of Medical Examiner

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

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

Retention: 3 Years / Frequency: As Required

Page 1 of 1

ioned

Medical Declaration

Issue Date: 15th July 2013 Rev. Date: 01st November 2018 Revision No.: 01

Form #: C-44

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

Medical Examination of Seafarers Examinee's Declaration

Name (last, first, middle):	SHAMIM MD
Date of birth (day/month/year):	01-03-1005
Sex: Male / Female	MALE
1.5	CHARLATHIMARA, HARITANA-8720
Home address:	PATHARGHATA, BARGUNA
Passport No./Discharge book No.:	A03202630
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 A		Condition	Yes	No
	Eye/vision problem		//	18	Sleep problem		/
2 ^V	High blood pressure			19	Do you smoke, use alcohol or drugs?		/
3	Heart/vascular disease		//	20	Operation/surgery		/
4	Heart surgery	sur		21	Epilepsy/seizures		/
5	Varicose veins/piles		/	22	Dizziness/fainting		/
6	Asthma/bronchitis		/	23	Loss of consciousness		
7	Blood disorder		/	24	Psychiatric problems		_
8	Diabetes		1/,	25	Depression/Hepatitis		/
9.	Thyroid problem		1	26	Attempted suicide		/
10	Digestive disorder		1/	27	Loss of memory		/
11.	Kidney problem		1	28	Balance problem		
12	Skin problem			29	Severe headaches		/
1,3,	Allergies		1	30	Ear (hearing, tinnitus)/nose/throat problem		-
14	Infectious/contagious diseases		1	31	Restricted mobility		_
15	Hernia		1/	32	Back or joint problem		/
16	Genital disorder	- 11 (/	33	Amputation		/
17	Pregnancy	NI	n,	34	Fractures/dislocations		1

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

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

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

					WALLAND
	Additional questions			Yes	No
		as sick or repatriated from a ship?			-
Ĭ.	Have you ever been hospitalize				-
	Have you ever been declared u				/
		ven been restricted or revoked?			
		ny medical problems, diseases or illne	sses?		
	Do you feel healthy and fit to position/occupation?	perform the duties of your designated		/	
	Are you allergic to any medica	ition?			/
32		ription or prescription medications? aken, and the purpose(s) and dosage(s):		
	If yes, please list the medications to	(18 (1972) NA (27 (1971) W		nowledge	
igna	If yes, please list the medications to	aken, and the purpose(s) and dosage(s	the best of my kr	023	
igna xam	If yes, please list the medications to the hereby certify that the personal deture of ince:	aken, and the purpose(s) and dosage(s) eclaration above is a true statement to	DR. MIR. MBBS (DU), DFM. BMDC A-551 DG-Shipping I	. MD. RAI CCD (Birdem), PG 144, MMC-BGi Bangladesh Ap ral Physician	T (Ophth) D-016 proved
igna xam Vitne signa here ublic	If yes, please list the medications to the personal deture of inee:	claration above is a true statement to Day (day/month/year) Name (Typed or	DR. MIR. MBS (DU), DFM. BMDC A-551 DG Shipping E Gene Radical H	. MD. RAI CCD (Birdem), PG 144, MMC-BGi Bangladesh Ap ral Physician Hospitals Limite Institutions ar	T (Ophth) D-016 proved ed.
igna exam Witne signa here public	If yes, please list the medications to the personal deture of inee: Sessed by: Sture Sessed by: Sture Sessed by: Sesse	Day (day/month/year) Name (Typed or Printed)	DR. MIR. MBBS (DU), DFM. BMDC A-551 DG Shipping E Gene Radical F fessionals, health i (the approve	. MD. RAI CCD (Birdem), PG 144, MMC-BGi Bangladesh Ap ral Physician Hospitals Limite Institutions ar	T (Ophth) D-016 proved ed.

Medical Declaration

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

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

			Medic	al Ex	camin	ation b	y Docto	r			
4	Pre -s	sea			Periodic			☐ Ot	her		
ght											
			Acuity					Visua	Fields		
		Unaide	ed		Aided			Nor	mal	Defec	tive had
	Right Eye	Left Eye	Binocular	Right Eye	Left Eye	Binocular	Right Eye	-			100
stance ar	66	26/1		5		-	Left Eye				File C
olor visi Hear			Not tested	-2	Normal		Doubtful	h and	W-1434	efective	
	500	1000	2000	3000	4000	6000	Speec	Non		Whispe	
	Hz	Hz	Hz	Hz	Hz	Hz		1101	THE P	vi inspi	.
light Ear	20	20	20				Right Ear	-			
Left Ear -	20	20	20		As The second		Left Ear				
	C									ALL COLUMN	100
ight (cm)			1.	20		Weight: (kg)		6	5	rth 8
lse rate:	(/minut	te)	5	200		Rhythm:			1	200	Za,
ood pres	sure:		Systolic:(mn	n/Ĥg)	100	Diastolic:	(mm/Hg)		-	20	
rinalysis:	Gl	ucose:	M	/	Protein:	//	11/	BI	lood:	1	1/
							•				. ()
	-		Normal	Abnor	mal			-	Norma	I Al	onorma
ead			1			Skin		-		-	JIIOIIII
nuses, ne	ose, thro	at	1			Varicose vei	ins		-/	1	
outh/tee!	th		1/1				c. pedal pulses)	1	1	
irs (gene	ral)		1/		S#=======	Abdomen ar			1	/	
mpanic	membra	me	1/			Hernia			1	/	
yes			1/			Anus (not re	ectal exam)		1		
phthalmo	oscopy		1/			G-U system		=73.0	1		35.00
ipils			1/			Upper and le	ower extremitie	s	1	7	
/e move	ment		1/				T/S and L/S)		1/		
ings and	chest					Neurologic			1/	2	7.4
east exa	mination	n	Non	2		Psychiatric			/	1	CONTROLS
eart						General app	earance		/		
							\cap				
hest X-ra	ny	Not perfo	rmed				d on (day/mont	h/year);		
-						//	0 6 OCT 2023				



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

Issue Date: 15th July 2013 Rev. Date: 01sth November 2018 Revision No. : 01

Form #: C-44

	Test		Results	Hamed Hills	
	Bload	en	Normal		
	Broad	en	Nonn	ul	
Madiant					
wiedical	practitioner's comments a	nd assessment of fitness	, with reasons for any lin	nitations:	
		No Re	estrictions		
		1			
accination s	tatus recorded:	Yes	□No		
Assessm	ent of fitness for service :	at can			
On the ba	asis of the examinee's pers above, I declare the exam	onal declaration, my cli ince medically:	nical examination and th	e diagnostic test result	
_/		mee medicany.			
Fit for loc	ok out duty	L	Not fit for look out du	ıty	
/	Deck service	Engine service	Catering service	Other services	
it Infit					
Without 1	Restriction		With Restrictions		
escribe restr	ictions (e.g., specific posit	ion, type of ship, trade a	rea)		
Action tal	cen by Medical Examiner	(e.g. referral):			
i ; ; ;	nation: (Day/Month/Voc		0.00	T 2000	
	nation: (Day/Month/Year		0 6 00	CT 2023	
xpiry date of	certificate: (Day/Month/Y		0 6 00 0 5 0 C	100110000	
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xpiry date of	certificate: (Day/Month/Y			100110000	
Expiry date of Name of Medi	certificate: (Day/Month/Y ical Examiner ledical Examiner			2025	
xpiry date of lame of Medi	certificate: (Day/Month/Y ical Examiner ledical Examiner		0 5 OCT	MD. RAIHAN	
xpiry date of lame of Medi	certificate: (Day/Month/Y ical Examiner ledical Examiner		DR: MIR. MBBS (DU), DFM. BMDC A-55	2025	



Id No : 0177 Date : 06-Oct-2023 D.Date : 06-Oct-2023

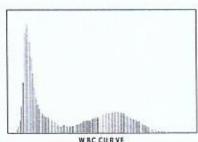
Patient's Name: MD SHAMIM Age: 29Y 0M 0D Gender: Male Specimen: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO : T/35098

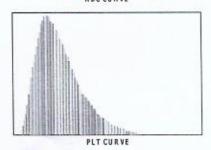
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	16.5 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)	06 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	51 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	43 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	150 /cumm	50-450/cumm
Total RBC Count	5.64 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	45.4 %	M: 40-54%, F:37-47%
MCV	80.5 fL	76 - 94 fL
MCH	29.3 pg	27 - 32 pg
MCHC	36.3 g/dL	29 - 34 g/dL
RDW	12.8 %	11 - 16 %
PDW	13.2 fL	35 - 56 fl
Total Platelete Count (PC)	2,23,000 /cumm	150,000-450,000/cumm
MPV	8.7 fL	7.0 - 11.0 fL
PCT	0.194 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



RECCURVE



Checked W Medical Technologist

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



Bill No	DIA23100177	Received Date	06/10/2023
Patient's Name	MD SHAMIM		
Patient's Age	29Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),Co	CD(BIRDEM),PGT(Eye),DFM	CDC NO:T/35098
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	27.U/L	Up to 40 U/L

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



Bill No	DIA23100177	Received Date	06/10/2023
Patient's Name	MD SHAMIM		
Patient's Age	29Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	CDC NO:T/35098
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name Result

HIV 1 & 2 (Method : (ICT) Negative

HBsAg (Method : (ICT) Negative

RADICAL

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	DIA23100177	Received Date	06/10/2023
Patient's Name	MD SHAMIM		
Patient's Age	29Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	CDC NO:T/35098
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo-	Straw	RBC	Nil
Appearance	Clear	Pus Cells	2-3/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	
		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	5.000
B.J. Protein	Not Done	Hippurate crystal	NIL	

Checked By

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



Test Name

Bill No	DIA23100177	Received Date	Date 06/10/2023	
Patient's Name	MD SHAMIM			
Patient's Age	29Y 0M 0D	Patient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T/35098	
Sample	URINE	-		

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



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100177 Receive:06/10/2023 Print: 06/10/2023

Patient's Name : MD SHAMIM

Age : 29 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.

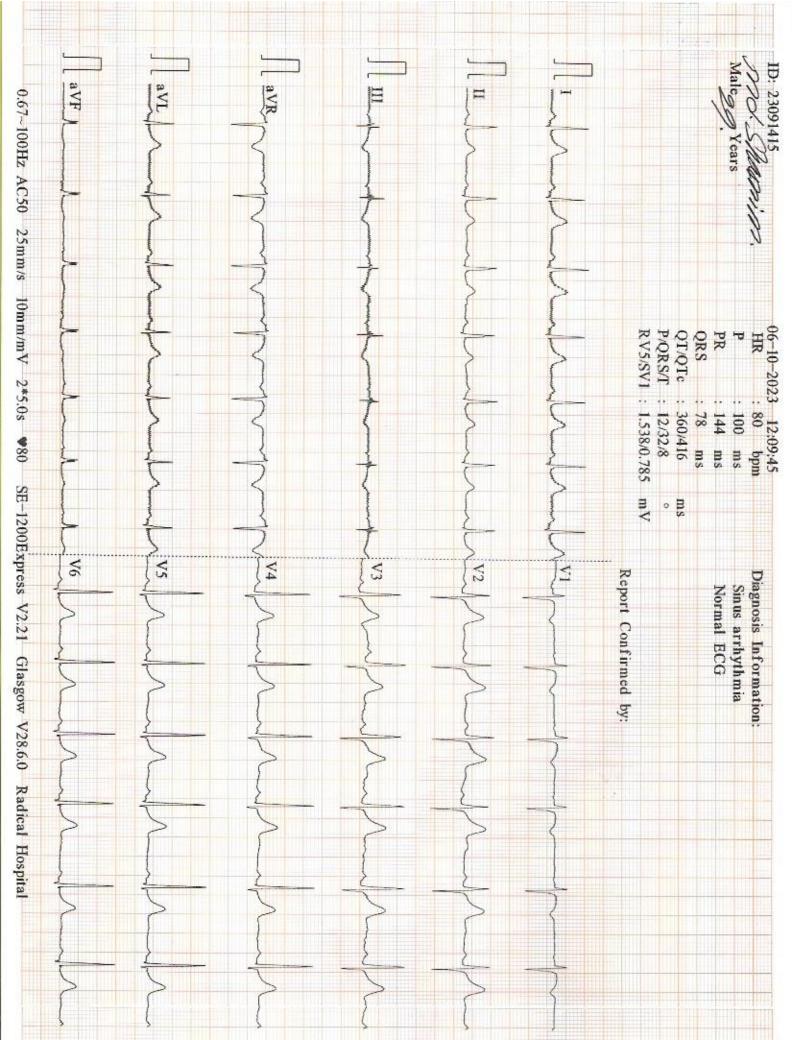
Lung fields are clear.

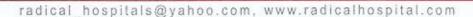
Bony thorax : Reveals no abnormality.

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







DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23100177

Receive: Print: 06/10/2023

Patient's Name

MD SHAMIM

Age

29 YRS

Sex

: M

Refd. by

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate

80 b/min

Rhythm

Regular

P-Wave

Normal

P-R Interval

Normal

QRS Complex

Normal

ST. Segment

ls 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



Bill No	DIA23100177	Received	Date	05/40/0000
Patient's Name	MD SHAMIM	teceivea	Date	05/10/2023
Patient's Age	29Y 0M 0D	Patient's Sex: Male		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(E	ve).DFM	CDC NO:	T/35098
Sample	Blood		ODO NO.	1733096

SEROLOGYCAL REPORT

<u>Test Name</u> <u>Result</u>

Negative		
Negative		

Checked By

Medical Technologist, Radical Hospitals Ltd. Uttara, Dhaka. Dr. Sumaiya I

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