

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: MD. EMDADUL ISLAM AKHAND.

Sex: MALE Serial No:

Date of Birth: 25/08/1991

PP/CDC: C/011794

Rank: 4th Engineer.

Vessel: M.V. THE PARTON

Type: BULK

Route:

Home Address: VILL - MIRPUR, P.O - CHOIGRAM, P.S - BURICHANG, DIST. - CUMILLA.

Company Name: SNP SHIP MANAGEMENT.

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following

Candidate Declaration

Examiner Record

Candidate Declaration

Examiner Record

	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		/		/	Hernia / Hydrocoele / Appendicitis		/		/
Head Injury / Concussion / Loss of Memory		/		/	High / Low blood pressure / Heart disease		/		/
Fits / Epilepsy / Dizziness / Fainting		/		/	Asthma / Bronchitis / Tuberculosis		/		/
Eye / Vision Problems (Glasses, etc.)		/		/	Allergy / Skin disease		/		/
Hearing Impairment		/		/	Infection / Contagious Disease		/		/
Ear / Nose / Throat problems		/		/	Addiction to alcohol / drugs / tobacco		/		/
Stomach / Bowel disorders		/		/	Fracture / Dislocation / Injury / Amputation		/		/
Gall stones / Kidney disorders		/		/	Major / Minor Operation		/		/
Jaundice / Liver Disease		/		/	Diabetes		/		/
Piles / Varicose veins		/		/	Nervous / Mental disease / Sleep disorder		/		/
Blood Disorder		/		/	Malignant disease (Cancer)		/		/
Female Disorder		/		/	Signed off on medical grounds / Declared Unfit		/		/

Medical Examination

Examination														
Height	Weight in Kgs	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
166cm	72kg	41	46	120/80	78/min	24/min	Good							
Distant Vision	Uncorrected	Corrected		Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6			Normal	Right Ear	dB	20	20	20					
Left Eye	6/6			Abnormal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal		Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal		Abnormal		g				g				

Systemic Examination

			Notes		Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	/	
Eyes	/			Cardiovascular system	/	
Ears / Nose / Throat	/			Per Abdomen	/	
Teeth / Oral Cavity	/			Genito-urinary system	/	
Musculo-Skeletal system	/			Others	/	
Nervous system	/			Hernia / Hydrocoele	/	
Reflexes	/			Varicose Veins	/	
Skin	/			Fissure/Fistula/Piles	/	

Investigations

Blood	Result	Normal	Urine
Hemoglobin	15.3 gm%	14-16 gm %	Colour
Total WBC count	7.200 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 66 % Lymph 29 % Eos 02 % Ba 00 % Mo 02 %			pH
Malarial parasite	Not Found		Albumin
ESR	05 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	110 U/L	9-43 U / L	Bile pigment
S.Cholesterol	145-260 mg / dl		Bile salts
S.Triglycerides	upto 200 mg / dl		Occult blood
Blood Sugar	RBS PPBS	upto 125 mg %	RBC cells
HbsAg			Leucocytes
HIV I & II			Others
VDRL			
Others			
Blood Group			

ECG: Normal TMT: NIE

X-Ray Chest: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically fit / Unfit / Temporarily unfit / Permanently unfit / Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 18 OCT 2025

Candidate's Signature

Official Stamp

Doctor's signature

Date: 19.10.2023.



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

19 OCT 2023

04.2023.5014

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: MD. EMDADUL ISLAM	GIVEN NAME (S): AKHAND.	
DATE OF BIRTH: 25-08-1991 DAY MONTH YEAR	PLACE OF BIRTH: CUMILLA CITY COUNTRY BANGLADESH	SEX: MALE MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: www.imdadulislamakhond6856@gmail.com	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE: 6/6	—	☐ BOOK	RIGHT EAR: MB
LEFT EYE: 6/6	—	☐ LANTERN	LEFT EAR: MB
		YELLOW MB RED MB	
		GREEN MB BLUE MB	

Confirmation that identification documents were checked at the point of examination: YES ☐ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **19 OCT 2023**

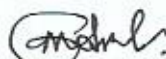
Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.



MD. EMDADUL ISLAM AKHAND. **19.10.2023.**

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144**

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

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-05-2014**

SIGNATURE OF PHYSICIAN: 

STAMP OF PHYSICIAN: 

DATE: **19 OCT 2023**

EXPIRY DATE OF CERTIFICATE: **18 OCT 2025**

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

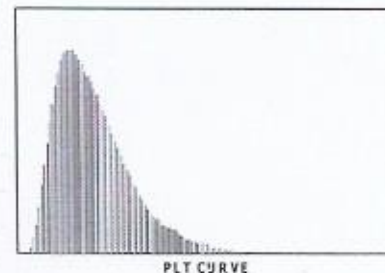
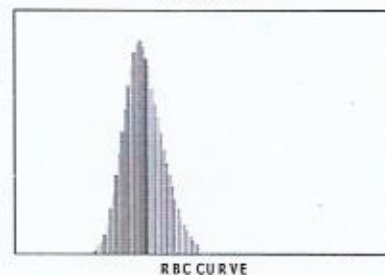
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bldem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0718 **Date** : 19-Oct-2023 **D.Date** : 19-Oct-2023
Patient's Name : MOHAMMAD EMDADUL ISLAM AKHAND **Age** : 32Y 1M 24D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/11794

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.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	66 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	29 %	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	146 /cumm	50-450/cumm
Total RBC Count	5.19 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41.4 %	M: 40-54%, F:37-47%
MCV	79.8 fL	76 - 94 fL
MCH	29.5 pg	27 - 32 pg
MCHC	37.0 g/dL	29 - 34 g/dL
RDW	13.3 %	11 - 16 %
PDW	14.1 fL	35 - 56 fL
Total Platelete Count (PC)	2,69,000 /cumm	150,000-450,000/cumm
MPV	7.3 fL	7.0 - 11.0 fL
PCT	0.196 %	0.1 - 0.6 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
 Medical Technologist

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

Bill No	DIA23100718	Received Date	19/10/2023
Patient's Name	MOHAMMAD EMDADUL ISLAM AKHAND		
Patient's Age	32Y 1M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/11794
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

<u>BLOOD GROUPING Result</u>	
ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By


Medical Technologist.
Radical Hospitals Ltd.


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

Bill No	DIA23100718	Received Date	19/10/2023
Patient's Name	MOHAMMAD EMDADUL ISLAM AKHAND		
Patient's Age	32Y 1M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/11794
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist,
Radical Hospitals Ltd.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 2310718 Receive: 19/10/2023 Print: 19/10/2023
 Patient's Name : **MOHAMMAD EMDADUL ISLAM AKHAND**
 Age : 32 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

ID: 36

19-10-2023 12:44:40

Muhammad Emad

HR

: 86 bpm

Male 22 Years 170cm 65kg

PR

: 100 ms

QRS

: 128 ms

QT/QTc

: 82 ms

P/QRS/T

: 350/419 ms

RV5/SV1

: 29/29/-8 °

RV5/SV1

: 1.85/0.908 mV

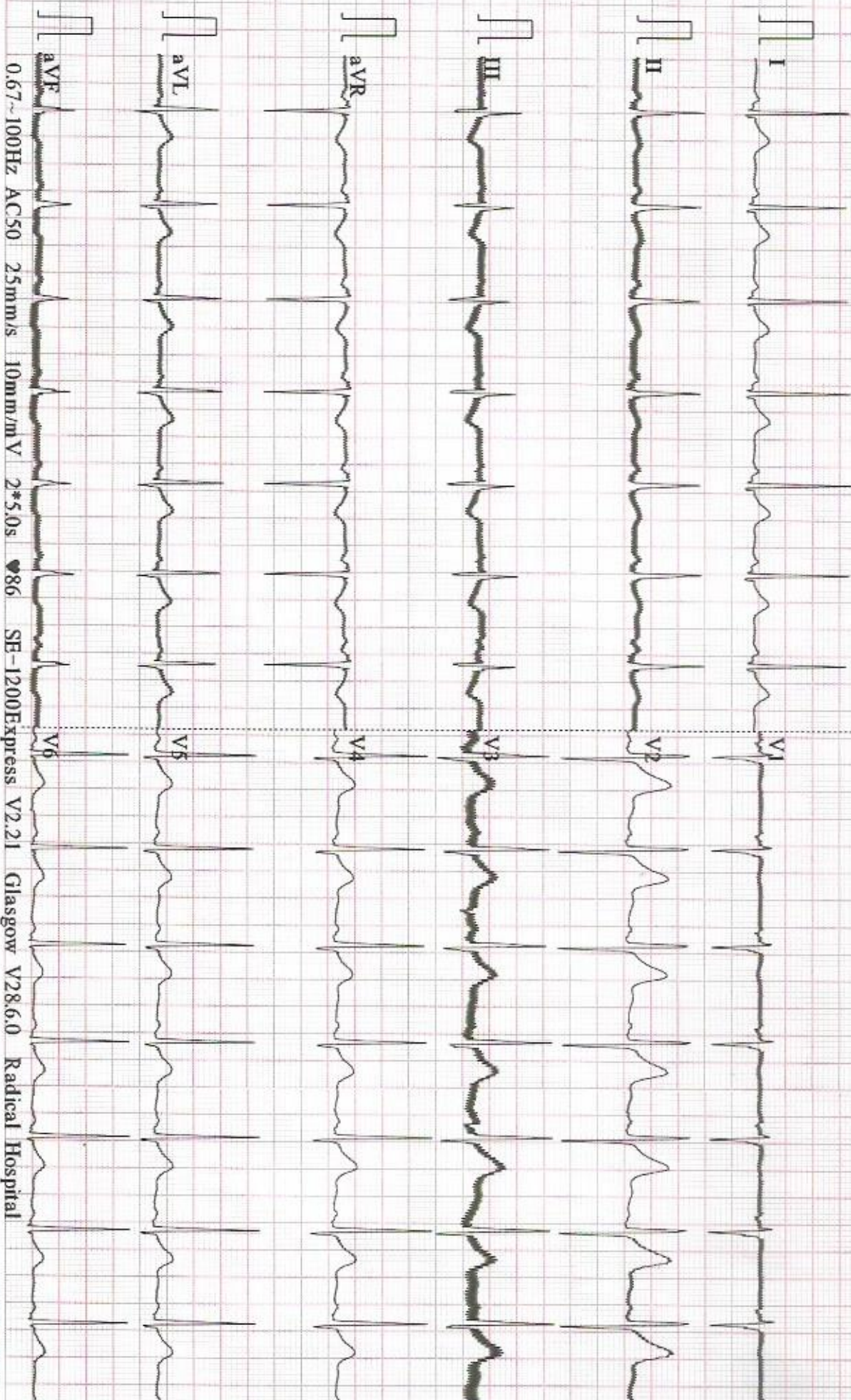
Diagnosis Information:

Sinus rhythm

Inferior ST-T abnormality is nonspecific

Borderline ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s

86

SE-1200Express V2.21

Glasgow V28.6.0 Radical Hospital

C-1213

Size

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100718 Receive: Print: 19/10/2023
Patient's Name : MOHAMMAD EMDADUL ISLAM AKHAND
Age : 32 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 86 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

MD. EMDADUL ISLAM AKHAND.

This is to certify that
JE Soussigne' (e) certifie que | date of birth | 25-08-1991 | Sex | MALE.
no' (e) le | sexe |

Whose signature follows
don't la signature suit | *Emdadul* |

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine' (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numéro ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
19 OCT 2023	<i>[Signature]</i> DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 2DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	<i>[Stamp: YELLOW FEVER VACCINE L. NO DAKAR 267]</i>	<i>[Stamp: CENTER FOR VACCINATION 35, Shah Mahomed Avenue Uttara, Dhaka BANGLADESH]</i>
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by 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 in days after the date of vaccination or in the event of a revaccination within such period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'organisation Mondiale de la santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une ré vaccination, à dix ans, le jour de cette ré vaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme tenant lieu de signature.

Toute érection ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il

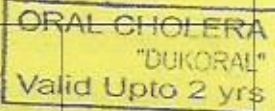
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA

MD. EMDADUL ISLAM AKHAND.

This is to certify that
JE Soussigne' (e) certifie que | date of birth
no' (e) le | 25-08-1991 | Sex | MALE.
sexe |

Whose signature follows
dont la signature suit | *Emdadul* |

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
19 OCT 2023	DR. MIR. MD. KATHAN MBBS (DU), DPM, CCB (Bircm), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 
2		
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

La validite de ce certificate couvre une periode de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificate doit faire mention de deux injections partielles à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui le comporte peut affecter sa validité.