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: RABBI MD FAZLE Sex: M Serial No:
Surname First Name Middle Initial

Date of Birth: 31 / 12 / 1982 PP/CDC: C/0/4233 Rank: MASTER

Vessel: MT. VENUS Type: TANKER Route:

Home Address: H-141, BADHON NAZMAHAL, AZAMPUR, UTTARA, DHAKA

Company Name: RAFFLES SHIP MANAGEMENT, SINGAPORE

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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / 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		✓		✓	Mallignant disease (Cancer)		✓		✓
Female Disorder		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓

Notes

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--beats / min	Resp.Rate / min	General Condition
173cm	82kg	91-40	120/80mm	78/min	18/min	Good

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Colour Vision		
Ishihara	Normal	Abnormal
Other	Normal	Abnormal

Field of Vision: Normal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					No
Left Ear	dB	20	20	20					

Hearing: Right Ear ✓ Left ear ✓

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS MASTER
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	16.8 gm%	14-16 gm %
Total WBC count	5,400 cu.mm	4000-11000 / cu.mm
Neu 67 % Lymp 32 % Eos 02 Ba 00 % Mo 01 %		
Malarial parasite	Not Found	
ESR	05 mm / 1st hour	1- - 15 mm / hr
SGPT	U/L	9--43 U / L
S.Cholesterol	mg/dl	145--260 mg / dl
S.Triglycerides	mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others	GGTP U/L	
Blood Group		

Urine	
Colour	Straw
Specific Gravity	01
pH	N
Albumin	N
Sugar	N
Bile pigment	N
Bile salts	N
Occult blood	N
RBC cells	0
Leucocytes	
Others	

PHOTO

Spirometry: Normal

Drugs of Abuse: Negative

ECG : Normal TMT: N/E

X-Ray Chest: Normal

USG: N/E

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, 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: 03 OCT 2025

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 04-10-2023

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

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

04.2023.4893

TUVALU SHIP REGISTRY

Medical Fitness Examination Certificate
(Form MED)
- CONFIDENTIAL-

Tuvalu Ship Registry
10 Anson Road #25-16
International Plaza
Singapore 079903
Tel: (65) 6224 2345
Fax: (65) 6227 2345
Email: info@tvship.com
Website: www.tvship.com

A. APPLICANT'S PARTICULARS

Name in Full (Block Capitals)		Passport No:
MD. FAZLE RABBI		A11109801
Date of Birth: (DD-MM-YYYY) 31-12-1982	Nationality: BANGLADESHI	Examination for duty as*: (May select more than 1) ☑ Master ☐ Deck Officer ☐ Engineer Officer ☐ Radio Officer
Place of Birth: (City, Country) BOGURA, BANGLADESH	Sex *: ☑ Male ☐ Female	
Address of Applicant: 141, BADHON NAZMAHAL AZAMPUR KACHABAZAR, UTTARA DHAKA	Tel no: +8801728588711	
	Email Address: faglerabbi2106@gmail.com	

B. DOCTOR'S EXAMINATION REPORT

1	Height/Weight	173 Metres	82 Kilos			
2	Hearing	Normal Right	Normal Left			
3a	Eyesight (with glasses)	Right	Left			
3b	Eyesight (without glasses)	6/6 Right	6/6 Left			
3c	Colour Vision Test Type	☑ Book	☑ Lantern			
3d	Colour Vision Test Result	☑ Yellow	☑ Red	☑ Green	☑ Blue	
3e	Are glasses or any corrective aids necessary to meet the required Vision Standards?	☐ Yes	☑ No			
4	Urinanalysis	Nil Sugar	Nil Albumin	Nil Microscopy		
5	Full blood count	16.8 Hb	6.400 WBC	265000 Platelets		
6	VDRL	☑ Negative	☐ Positive			
7	Chest X-Ray Report (Lungs) (last X Ray within a year)	☑ Normal	☐ Abnormal			
8	Electrocardiogram (ECG) (EDG)	☑ Normal	☐ Abnormal			
9	Pulse	78 Per min				
10	Blood Pressure	120/80 mm.				

		Normal	Abnormal	If abnormal gives details
11	Cardiovascular system (heart)	☑	☐	
12	Central Nervous system	☑	☐	
13	Digestive System	☑	☐	

Radical Hospital Ltd. As Per MLC-2006 Seafarers Examination Approved

14	Locomotor system (spine/limbs)	☑	☐	
15	Head and Neck	☑	☐	
16	Skin (including varicosities)	☑	☐	
17	Physique –Deformities	☑	☐	
18	Respiratory system	☑	☐	
19	Intelligence, mental state	☑	☐	
20	Speech (Deck / Radio Officer) (Is speech impaired for normal voice communication?)	☑	☐	
21	Gastrointestinal system (eg Hernia)	☑	☐	
22	Urogenital system (eg Hydrocoele)	☑	☐	
23	Endocrine system (eg Thyroid)	☑	☐	
24	Eyes	☑	☐	
25	Ears/ Nose/Throat	☑	☐	
26	Mouth/Teeth	☑	☐	
27	Vaccinated in accordance to WHO requirements ?	☑ Yes	☐ No	
28	On any non-prescription or prescription medications ?	☐ Yes	☑ No	If yes, please specify:
29	Is the Applicant suffering from any illness or disease likely to be aggravated by working on board a vessel, or to render him/her unfit for service at sea, or likely to endanger the health of other persons on board?	Comments: FIT FOR DUTY ON BOARD SHIP		

Signature of Applicant	Date:
FSMS	04-10-2023

* *Select as appropriate.*

C. PHYSICIAN'S REMARKS & DECLARATION

CERTIFICATE OF MEDICAL FITNESS

I certify that I have examined the applicant according to the medical standards of the Tuvalu Ship Registry (reference to Tuvalu Marine Guidance MG-2/2012/1) and found (him / her)* deemed to be (FIT / UNFIT)* for duty as:

☑ Master ☐ Deck Officer ☐ Engineer Officer ☐ Radio Officer ☐ Others, please state ____

Restrictions / Remarks (if any) ____

Official Stamp	Date of Examination	Date of Expiry*	Signature	Name of Medical Institute / Hospital
Radical Hospital Ltd. As Per-MLC-2006 Dhaka, Bangladesh	04 OCT 2023	03 OCT 2025		DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited

*Normally 2 years from Date of Examination unless the Attending Physician requires otherwise

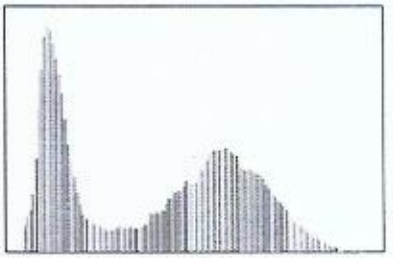
This form shall be treated as a valid Medical Certificate and is in compliance with the requirements of the Maritime Labour Convention, 2006

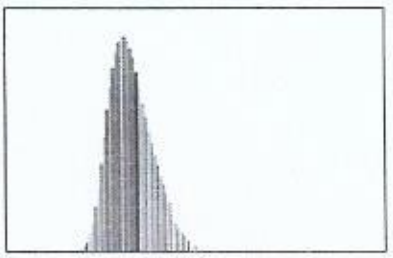
Id No : 23100128	**Date :** 04-Oct-2023	**D.Date :**	04-Oct-2023
Patient's Name : MD FAZLE RABBI	**Age :** 40Y 9M 3D	**Gender:**	Male
Specimen : Blood			
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4233			

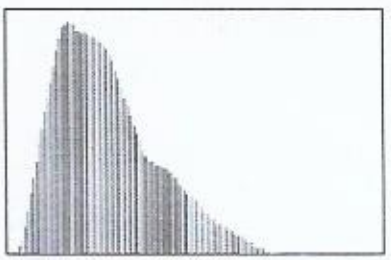
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**16.8** 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)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**5,400** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**61** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**32** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**04** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**03** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**162** /cumm	50-450/cumm
Total RBC Count	**5.29** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**41.7** %	M: 40-54%, F:37-47%
MCV	**78.8** fL	76 - 94 fL
MCH	**31.8** pg	27 - 32 pg
MCHC	**40.3** g/dL	29 - 34 g/dL
RDW	**15.2** %	11 - 16 %
PDW	**14.0** fL	35 - 56 fl
Total Platelete Count (PC)	**1,65,000** /cumm	150,000-450,000/cumm
MPV	**9.5** fL	7.0 - 11.0 fL
PCT	**0.120** %	0.1 - 0.%


WBC CURVE


RBC CURVE


PLT CURVE

Checked By
Medical Technologist

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23100128	Received Date	04/10/2023
Patient's Name	MD FAZLE RABBI		
Patient's Age	40Y 9M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4233
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23100128	Received Date	04/10/2023
Patient's Name	MD FAZLE RABBI		
Patient's Age	40Y 9M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4233
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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
B.J. Protein	Not Done	Hippurate crystal	NIL

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	DIA2310028	Received Date	04/10/2023
Patient's Name	MD FAZLE RABBI		
Patient's Age	40Y 9M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4233
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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that MD FAZLE RABBI date of birth 31.12.1982 Sex MALE
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a ctc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateure	Approved Stamp Cechet d'authentification
04 SEP 2022	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

2			

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 a revaccination within such period of six months, 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 from prescribed by the health adminstration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t cffecter sa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that / JE Soussigne (e) certifie que } MD FAZLE RABBI } Date of birth / no (e) le } 31.12.82 } Sex / sexe } MALE

Whose signature follows / dont la signature suit } .....

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1	04 SEP 2022 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physicia Radic...osp...ls Limited	YELLOW FEVER VACCINE L. NO DAKAR/...	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that l'evaccinatio.

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 crasure, or failure to complete any part of it, may render it invalid.

Ce certificate n' est valable que si le vaccin employe' a e' tc" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination e' te' habilite parl' adminstration sanitairc du territoire dans lequel ce cenite est siture'

La validite de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official ne pouvant ctre conside' rc' commc Icnant licu de signature.

Toute correction ou rature sur le certificate ou l'omission d'une quelconique des mentions qu' il comporle peut affecter sa validite.