

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: ISLAM

MD ARAFAT

Sex: MALE

Serial No:

Date of Birth: 31/12/1995

PP/CDC:

Rank:

4/E

Vessel: MV DATO SUCCESS

Type: BULK CARRIER

Route:

WORLDWIDE

Home Address: 210, South Gorgan, Khilgaon, Dhaka.

Company Name:

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

Height		Weight in Kgs		Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min		Resp. Rate / min		General Condition							
167cm		68kg		43-41	110/80 mmHg	78b/min		19b/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			4				4					
Systemic Examination				Normal	Abnormal	Notes								Normal	Abnormal		

Systemic Examination

Systemic Examination	Normal	Abnormal	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	15.5 gm%	14-16 gm %	Colour
Total WBC count	9,300 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 65 % Lymph	30% Eos 0% Ba 0% Mo 02 %		pH
Malarial parasite	NOT FOUND		Albumin
ESR	06 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	26 U/L	9-43 U/L	Bile pigment
S.Cholesterol	mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS 8.5 PPBS	upto 125 mg %	RBC cells
HbsAg	NEGATIVE		Leucocytes
HIV 1 & II	NEGATIVE		Others
VDRL	NEGATIVE		
Others		GGTP U/L	
Blood Group			



ECG: Normal TMT: N/E

X-Ray Chest: Normal

Spirometry: N/D

Drugs of Abuse: Negative

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: 28 OCT 2025

Candidate's Signature: Arafat Islam

Date: 29 OCT 2023



Doctor's signature:

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.

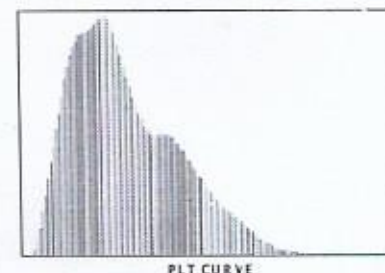
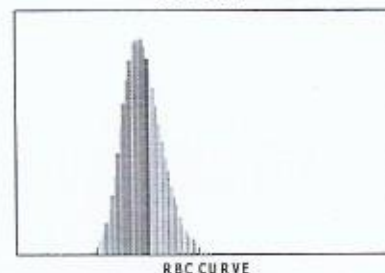
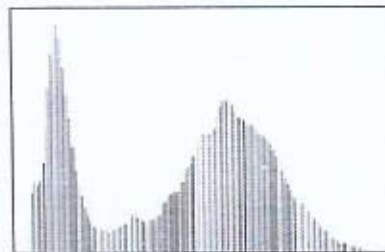
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Id No : 1046 **Date** : 29-Oct-2023 **D.Date** : 29-Oct-2023
Patient's Name : MD ARAFAT ISLAM **Age** : 27Y 9M 28D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9579

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.5 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. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	06 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	9,300 /cumm	
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	186 /cumm	50-450/cumm
Total RBC Count	5.25 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41.0 %	M: 40-54%, F:37-47%
MCV	78.1 fL	76 - 94 fL
MCH	29.5 pg	27 - 32 pg
MCHC	37.8 g/dL	29 - 34 g/dL
RDW	14.3 %	11 - 16 %
PDW	17.9 fL	35 - 56 fL
Total Platelete Count (PC)	2,28,000 /cumm	150,000-450,000/cumm
MPV	9.8 fL	7.0 - 11.0 fL
PCT	0.223 %	0.1 - 0.2 %
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	DIA231046	Received Date	29/10/2023
Patient's Name	MD ARAFAT ISLAM		
Patient's Age	27Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	CDC NO:C/O/9579
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)	26 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 Technologist.

2

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

Bill No	DIA23101046	Received Date	29/10/2023
Patient's Name	MD ARAFAT ISLAM		
Patient's Age	27Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 9579		
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	Negative
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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	DIA23101046	Received Date	29/10/2023
Patient's Name	MD ARAFAT ISLAM		
Patient's Age	27Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 9579		
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-2/HPF

CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUEST CRYSTALS & 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 Technologist.
 Radical Hospitals Ltd.

2

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

Bill No	DIA23101046	Received Date	29/10/2023
Patient's Name	MD ARAFAT ISLAM		
Patient's Age	27Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE		
			CDC NO: C/O/ 9579

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. : 23101046 Receive: Print: 29/10/2023
Patient's Name : MD ARAFAT ISLAM
Age : 28 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 82 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

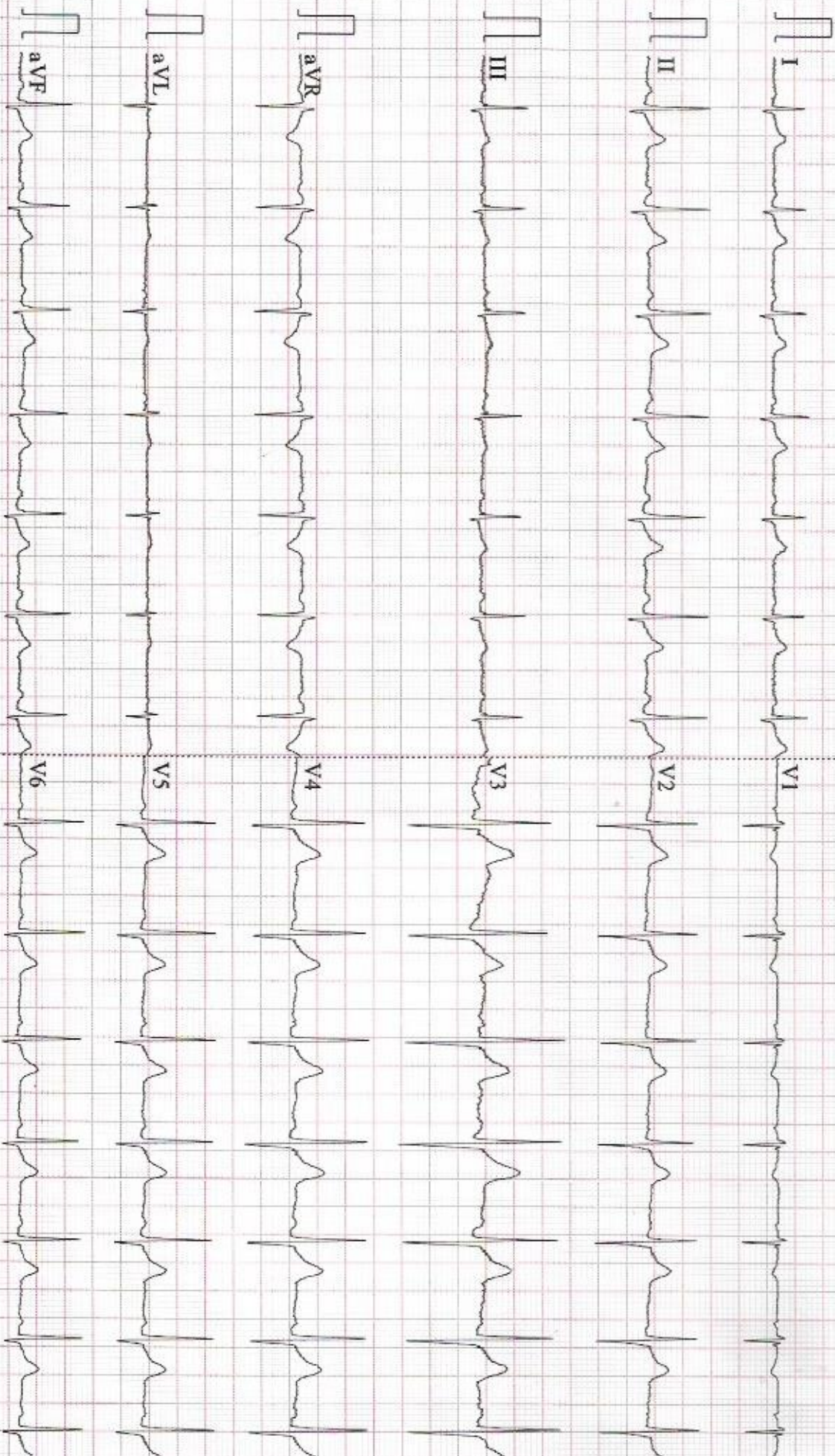
Page 1 of 1

ID: 96
29-10-2023 13:45:40
Male 58 Years

HR : 82 bpm
P : 98 ms
PR : 138 ms
QRS : 76 ms
QT/QTc : 344/402 ms
P/QRS/T : 57/66/47 °
RV5/SV1 : 1.272/0.605 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23101046 Receive: 29/10/2023 Print: 29/10/2023
Patient's Name : **MD ARAFAT ISLAM**
Age : 28 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

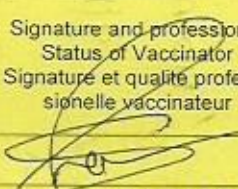
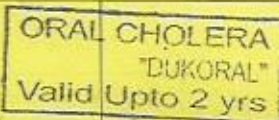
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CON TRE LE CHOLERA

MD ARAFAT ISLAM

This is to certify that JE Soussigne' (e) certifie que date of birth 31/12/1995 sex MALE
no' (e) le sexe

Whose signature follows dont la signature suit Arafat Islam

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

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle vaccinateur	Approved Stamp Cachet d'authentification
29 OCT 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospital Limited.	 
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 apres la premiere injection du vaccin ou, dans le cas d'une revaccination, a compter de la date de la seconde injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partielles a sept jours d'intervalle et sa validite commence le jour de la seconde injection.

Le cachet d'authentification doit etre conforme au modele present per l'administration sanitaire du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validite.

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

MD ARAFAT ISLAM

This is to certify that
JE Soussigne' (e) certifie que | date of birth 31/12/1995 | Sex MALE
no' (e) le | sexe |

Whose signature follows
don't la signature suit | Arafat Islam

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
28 OCT 2023	DR. MIR. MD. RAIHAN MBBS (DU), DEM. CCD (Birmen), PGT (Ophth) BMDC A-55144, MMC-BGD-046 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Mahomed Avenue Uttara, Dhaka BANGLADESH
1			
2			
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 of ten 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 où a eu lieu la vaccination a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvrira une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, à compter de la date de la revaccination.

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 correction ou rature sur le certificat ou l'omission d'une partie...