

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, middle) HASNAEN MOHAMMAD SHAIKH AL Gender:
Male/Female*

Date of Birth: (Day/month/year)
06/03/1990

Nationality: BANGLADESHI Place of Birth: RAJSHAHI

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?		dand
2	Hearing meets the standards in STCW Code Section A-I/9?	/	र गामक
3	Unaided hearing satisfactory?	~	1
4	Visual acuity meets the standards in STCW Code Section A-I/9?	~	
5	Colour vision meets the standards in STCW Code Section A-I/9?	UIII	hie"
	Date of last colour vision test: 0 2 0CT 2023		
6	Fit for look-out duty?		1
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	1	TNo.
8	No limitations or restrictions on fitness?	~	
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year) 02 0CT 2023	- (d) (d)	WALL TO SERVICE STREET
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18		
	DR MID MD DAWN		1

0 2 OCT 2023

Date

Signature of Authorised Medical Practitioner 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

Medical Practitioner's Official stamp (name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer







MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

MPA

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle) HASN (DEN MOHAMMAD	SHALKH A	Gender: Male/Female*	
(BLOCK CAPITALS) Date of Birth: day/month/year 06 / 03 / 1990	Place of Birth:		BANGLADESHT	
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: B00014398	Dept: Deck / Engine / Catering / others Rank: 1/A/E		Type of ship: CONTAINER	
Home Address: FLAT NO-B/2,133, WEST NAKHALPARA, BANKER'S ROW TEJGAON, DHAKA-1215	Routine and emergency duties:		Trading area: e.g. coastal / worldwide	

^{*}For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
Eye/vision problem			18. Sleep problem		V
High blood pressure			19. Do you smoke, use alcohol or drugs?		
Heart/vascular disease		1	20. Operation/surgery	35.0	~
4. Heart Surgery		_	21. Epilesy/seizures	-	
5. Varicose veins/piles		~	22. Dizziness/fainting		~
6. Asthma/bronchitis		-	-23. Loss of consciousness		~
7. Blood disorder		-	24. Psychiatric problems		
8. Diabetes		-	25. Depression	101	V
9. Thyroid problem		-	26. Attempted suicide	1/45	No
10. Digestive disorder		-	27. Loss of memory		~
11. Kidney problem		~	28. Balance problem		~
12. Skin Problem		~	29. Severe headaches		~
13. Allergies		~	30. Ear(hearing, tinnitus/nose/throat problem		1
14. Infectious / contagious diseases		~	31. Restricted mobility		V
15. Hernia		~	32. Back or joint problem		-
16. Genital disorder			33. Amputation		
17, Pregnancy	1	IA	34. Fracture/dislocations	1 34	V

If you answer "yes" to any of the above questions, please provide details:



Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		V
36. Have you ever been hospitalized?	1	1
37. Have you ever been declared unfit for sea duty?		V
38. Has your medical certificate even been restricted or revoked?		1
39. Are you aware that you have any medical problems, diseases or illnesses?		V
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	~	
41. Are you allergic to any medication?	1	V
42. Are you using any non-prescription or prescription medication?		/

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

Yes No

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

0.2 OCT 2023

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN
MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp, ng Bangladesh Approved
General Physician

Name and Stariature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. Min Md. Raihan

N 2 OCT 2023

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN
MB8S (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

Name and Signature of Witness

Part B - Result of medical examinations Eyesight Use of glasses or contact lenses Purpose Yes Type Visual Acuity Aided Unaided Binocular Right eye Left eye Binocular Left eye Right eye 6/6 Distant Distant 6/6 Near Near Visual fields Defective Normal Right eye Left eye Colour Vision (please tick) Defective Normal Doubtful Not tested Hearing Pure tone and audiometry (threshold values in dB) 1,000 Hz 2,000 Hz 3,000 Hz 500 Hz 20 QB 20 Right ear 20 20 20 Left ear Speech and whisper test (metres) Normal Whisper Right ear Left ear Clinical Findings 164 Weight CR (kg) (cm) Height Regular 78 (per minute) Rhythm Pulse rate Diastolic (mm Hg) Blood Pressure Systolic (mm Hg) 120 Urinalysis: Glucose: Nul Blood: Protein:

	Normal	Abnormal
Head		
Sinus, nose, throat		
Mouth/teeth		Cadina

ars (general)		
ympanic membrane		
yes		
Ophthalmoscopy		
Pupils		
ye movement		
ungs and chest		
reast examination	wolft	
leart		
skin		
aricose Vein		
'ascular (inc. pedal pulse)		
bdomen and viscera		
lernia		
nus (not rectal exam)	1	
G-U system		
Ipper and lower extremities		
Spine (C/s, T/S, L/S)	1	
Neurologic (full/brief)		
Psychiatric		
Seneral appearance		
Not performed	Results:	on (day/month/year): Nonmal
ther diagnostic test(s) and	Results:	on (day/month/year): Nonmal Results: Nonmal
Not performed ther diagnostic test(s) and est Blood + Unine	Results: result(s): ents and assessn	Nonmax
Not performed ther diagnostic test(s) and est	Results: result(s): ents and assessments and assessments and assessments and assessments are the seafarer result of the seafarer result.	Results: Normal nent of fitness, with reasons for any limitations. YON BOARD SHIP ease tick) tion, my clinical examination and diagnostic test
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Not performed ther diagnostic test(s) and lest	Results: result(s): ents and assessments and assessments and assessments and assessments are the sea (please the seafarer result of	Results: Normal nent of fitness, with reasons for any limitations. YON BOARD SHIP ease tick) tion, my clinical examination and diagnostic test nedically: bokout duty I not required Other

Without restrictions	With restrictions	
escription of restrictio	ns (e.g. specific position, type of ship, trading	area etc.)
	DR. MIR. MI MBBS (DU), DFM, CCD (D. RAIHAN Birdem), PGT (Ophin) MANC-BGD-016

0 2 OCT 2023

Date

Signature of Medical Practitioner DR. MIR. MD. RAIHAN
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General Physician
Radical Hospitals Limited

Medical Practitioner's name, licence number, address

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