

WALLEM	SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7

Pre-Sea Exam: ☒	Periodic Exam: ☐	Other: ☐
---	---	---------------------------------

Examination for duty as: Master: Y/N: ☐ Deck Officer: Y/N: ☐ Eng Officer: ☒ Y/N: ☐ Ratings: Y/N: ☐ Cook: Y/N: ☐ Other: Y/N: ☐ Please specify _____	 	Fit to perform the duties he/she is to carry out. ☐	Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard. ☐	Temporarily unfit to perform the duties he/she is to carry out. ☐	Permanently unfit to perform the duties he/she is to carry out. ☐
---	--	--	--	--	--

To be filled by Manning Centres Name, Address with Contact details of Manning Centre:		UNIVERSAL SHIPPING SERVICES ROOM-13, 6TH FLOOR, 3/D KAWRAN BAZAR, KABYAKS SUPER MARKET, DHAKA			
Vessel to be assigned:	MERCURY ACE	Routine & Emergency Duties (if known):		Position Offered/ Applied for:	2/E
Type of vessel (Container, Tanker, Passenger etc):	PCC				
Trade area (e.g. Coastal, Tropical, Worldwide):	Coastal ☐ Tropical ☐ Worldwide ☒				

Part I - Examinee's Personal Declaration with Medical History (Examinee is to be answer the following to the best of examinee's knowledge) (Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details Name of Examinee (Family/ last, first, middle): HASAN MD. MEHDE					
Home/ Permanent Address:		Flat - 7WB/L, Bannan, Lake City Concord, Knitkhur			
Mailing Address:		HASAN.WOW.YES@gmail.com			
Date of birth (day/month/year):	24 / 10 / 1989	Sex:	MALE		
Place of Birth:	Cty: CHATTAGRAM Country: BANGLADESH	Nationality:	BANGLADESH	Rank:	2/E
Civil Status:					
Identity Docs/ Passport /Discharge Book No:	1456016086 / A11105184 / C1015634				

Is there any past / present history of any of the following Examinee	Examinee's	Is there any past / present history of any of the following Examinee	Examinee's
---	------------	---	------------

04.2023.4954

**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
BY AN APPROVED EXAMINER**

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: Q1
Date: 18 Aug 21
Page: 2 of 7

WALLEM

	Declaration		Record			Declaration		Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		/		/	Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor		/		/
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		/		/	Stomach / Bowel Disorders/ Digestive Disorder		/		/
Ear (Hearing, tinnitus) Problems / Impairment		/		/	Gall Stones/ Jaundice / Kidney Disorders		/		/
Mental Diseases, Breakdown / Sleep Disorder		/		/	Severe/ Frequent/ One Sided Headaches (Migraine)		/		/
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		/		/	Back / Joint Problems/ Wrist Problems/ Slipped Disc		/		/
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		/		/	Hernia / Hydrocoele / Appendicitis		/		/
Balance Problem		/		/	Piles / Varicose Veins		/		/
Sinuses/ Nose/ Throat Problems		/		/	Allergies / Rash/ Skin Disease		/		/
Thyroid Problem		/		/	Female Disorders		/		/
High / Low Blood Pressure/ Blood Disorder		/		/	Major / Minor Operation/ Surgery		/		/
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		/		/	Contagious Diseases/ Gastrointestinal infection / Other Infections		/		/
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		/		/	Sexually Transmitted Disease/ Infections		/		/
Shortness of Breath		/		/	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		/		/
Rheumatic Fever		/		/	Diabetes		/		/
for Male Examinee	Yes	No	If "Yes", give details		for Female Examinee	Yes	No		
Prostate Problems/ Testicular Lumps		/			Breast Lumps/ Menstrual Problems		/		
Penile Discharge		/			Pregnancy		/		
Multiple Partners		/			Multiple Partners		/		
If "Yes", to any of the above, please explain:									

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		/
Have you ever been hospitalized?		/
Have you ever been declared unfit for sea duty?		/
Has your medical certificate ever been restricted or revoked?		/
Are you aware that you have any medical problems, diseases or disabilities?		/
Do you feel healthy and fit to perform the duties of your designated position/occupation?	/	
Are you currently under a doctor's care/ medication?		/
Are you allergic to any medications?		/
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc),		/
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		/



**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
BY AN APPROVED EXAMINER**

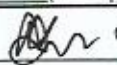
In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21
Page: 3 of 7

WALLEM

Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		
In the last one week have you consumed any of these Drugs/ Medication		
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		
Pain Killers, If Yes, Please State name of Drug Crocin/ Aspirin/ Fortwin etc.		
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		
Any Medicine/ Injections from your family Doctor		
To What Extent Do You Use: Alcohol: _____, Cigarettes: _____		
Tobacco: _____, Drugs: _____		
Are you taking any non-prescription or prescription medications?		
If yes, please list the medications taken and the purpose(s) and dosage(s).		
Date and contact details for previous medical examination (if known):		
Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).		
Family History :	Yes	No
Diabetes		
Blood Pressure/ Heart Disease		
Mental Illness/ Epilepsy/ Seizure		
Cancer		
If "Yes", to any of the above, please explain:		

Any other major conditions?	
Would you say that your health is: Excellent * Good * Fair *	
I MD MEHDI HASSAN holding Passport/Seaman Book no. 01015634 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to	
Dr. _____ (the approved medical practitioner carrying out the medical examinations).	
Signature of Examinee: 	Date (day/month/year): 11 OCT 2023

Height in cms: 173	Weight in Kg: 88	Blood Pressure	Systolic 100 (mmHg)	Diastolic 80 (mmHg)
BMI: 29.4	Temperatures: 98.1	Pulse Rate: 78	Respiratory rate	
Chest: 40	Insp: 40	Rhythm: Good	General Condition Good	
	Exp: 40	Oral Health: Good		

Part II - Medical Examination

The Company has set the following BMI limits:
A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.
For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia etc.) the seafarer in question MUST undergo a stress/ treadmill test.

If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways/means to improve their health.



SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED

BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21
Page: 4 of 7

WALLEM

BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

	Visual acuity						Visual fields		
	Unaided			Aided			Normal	Defective	
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular			
Distant	6/6	6/6	/				/		
Near	6/6	6/6	/				/		

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No

If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:	/	Type:	Book *	Lantern *	Ishihara *	CIE-43-2001 *
Check if colour test is Normal:	Yellow	*	Red	*	Green	* Blue *
Colour Vision:	Not tested	*	Normal	*	Doubtful	* Defective *

Hearing:

Pure tone and audiometry (threshold values in dB)							Speech and Whisper Test (Meters)		
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz	Normal	Whisper	
Right ear	20	20	20	20			/		
Left ear	20	20	20	20			/		

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head	/		Varicose Veins	/	
Eyes	/		Vascular (Inc. Pedal Pulses)	/	
Eye Movement/Pupils	/		Abdomen and Viscera	/	
Ophthalmoscopy	/		Hernia	/	
Ears, Tympanic Membrane	/		Anus (Not Rectal Exam.)	/	
Sinuses, Nose, Throat	/		G-U System	/	
Mouth/Teeth/Gums	/		Upper & Lower Extremities	/	
Nervous System	/		Spine (C/S, T/S and L/S)	/	
Heart	/		Neurologic (Full Brief)	/	
Lung and Chest	/		Psychiatric	/	
Breast Examination	/		Pupils	/	
Skin	/		Musculoskeletal System	/	

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	/		Hypertension	/	
Dysrhythmia/ Pacemaker	/		Congenital Heart Disease	/	
Valvular Heart Disease	/		Peripheral Circulation	/	
Cardiomyopathy	/		Pulmonary Circulation/ TB	/	
Aneurysms	/				
Chest X-ray (PA)	Not performed *				
	Performed * on (day/month/year):		Normal		Abnormal
Result :					



SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21
Page: 5 of 7

Other diagnostic test(s) and result(s):

Test:

Result:

Investigation:

Blood	Result	Normal	Urine	Result	Additional Tests	Result	Normal
Haemoglobin "Hb"	23.8 g/dl	13 - 18 gm/dl	Colour	NR	(HbA1c)	NR	4.0 % - 6.5 %
Total WBC count	6.900	4,000 - 11,000 / cu.mm	Specific Gravity	Y	RBS/ FBS (Blood test)	557	
Neu 63%, Lymph 22%, Eos 02%, Bas 02%, Mo 2%			pH	Y	Total Bilirubin	0.53	0.1 - 1.0 mg/dl
Blood Group & Rh factor (tested only once, need not be repeated)			Albumin	Y	Direct Bilirubin	NR	0.0 - 2.5 mg/dl
BI ESR	43	1 - 15 mm / hr	Sugar	Y	Indirect Bilirubin	NR	0.0 - 0.75 mg/dl
Platelets	16000	1.50-4.00 Lakh/ul	Bile Pigment	Y	SGPT	NR	9 - 43 U / L
Fasting Lipid Profile			Bile Salt		SGOT		0 - 40 IU/L
S. Triglycerides	280	25-200 mg/dl	Occult Blood	Y	SGGT		0 - 49 IU/L
Cholesterol Serum	233	130-220 mg/dl	RBC Cells	Y	Blood Urea		10 - 50 mg/dl
HDL Cholesterol Serum	44	35-65 mg/dl	Leucocytes		S. Creatinine		0.8 - 1.4 mg/dl
LDL Cholesterol Serum	165	85-150 mg/dl	Stool Test	Result	BUN		5-23mg/dl
VLDL Cholesterol Serum	NR	07-35 mg/ dl	Bacteriological	Y	PSA		Less than 4.00 ng/ml
Total / HDL Cholesterol	NR	3.0-5.0	Parasitical	Y	Malarial Parasite		
LDL/ HDL Cholesterol	NR	2.5-3.5	Others	Y	Uric Acid		2.4 - 7.5 mg/dl
Hepatitis B	Positive	Negative	HIV I & II	NR			
Hepatitis C	Positive	Negative	VDRL	NR			

Drugs: Method:

Results:

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	(1000 ng/ ml)	(200 ng/ ml)	50 ng/ ml	(300 ng/ ml)	
Not Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids / Urine *	Cocaine / Urine *	Opiates & Morphine *
Spirometry		TMT		Drugs of Abuse	
ECG		ECHO		Ultrasound (USG) of the Abdomen & Pelvis	

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes / No

Vaccination status recorded: Yes / No Satisfactory * to be re-examined

**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
BY AN APPROVED EXAMINER**

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21
Page: 6 of 7

Details:

Describe restrictions (e.g. specific positions, type of ship, trade area):

Action taken by medical examiner (e.g. referral):

Examination	Results of the examination		Examination	Results of the examination	
	Pass	Fail		Pass	Fail
Medical History	/		Fecalysis (food service/ handlers only)	/	
Physical Examination	/		Hep B Antigen	/	
Dental Examination	/		Hep C Antibodies	/	
Psychological Test	/		Stress Test	/	
Visual Test	/		Diabetes	/	
Colour Vision	/		Ultrasound Examination (Presence of gall & Kidney Stones)	/	
Audiometry	/		Alcohol/ Drug Test	/	
EKG	/		2D echo Doppler study (for heart patient) Psychometric evaluation	/	

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, 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) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory
- (b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she is fit / unfit for look out duty
- (c) that he / she needs / does not need visual aids / informed to carry spares
- (d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?
- (e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	*	/	*	*
Unfit:	*	*	*	*

this seafarer is **UNFIT FOR DUTY**** / **FIT FOR DUTY** with/ without restrictions* as mentioned below,

* This Medical Certificate is issued with following restrictions (e.g., specific position, type of ship, trade area & other as applicable):

** Reasons for being unfit



WALLEM

**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
BY AN APPROVED EXAMINER**

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Form: OHF 48
Version: 01
Date: 18 Aug 21
Page: 7 of 7

This is to certify MD. MEHDI HASSAN was physically examined and he/she is found to
be FIT for sea service/ look-out duty for the period from _____ to _____ Place of medical
examination _____ Date of medical examination: 11 OCT 2023 Medical
certificate validity date (day/month/year): 10 OCT 2025 Name of Examiner (Please Print):

(Validity should not be more than 2 years)

Degree: _____

Address: _____

Tel./Fax/Email: _____

Name of Medical Examiner/ Physician Certificate /License Issuing Authority: _____

Date of issue of Medical Examiner/Physician Certificate/ License: _____ Registration No.: _____

Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner
(print name of medical examiner if not legible) and I acknowledge, that
I have been advised of the content of the medical certificate & of the
right to a review in accordance with paragraph (6) of section A-1/9 of STCW
Code and my obligations.)

Date: 11 OCT 2023

Original: Master & Crewing Dept
cc: Seafarer

Official Stamp & Signature with Govt. (DGS) Approval/
No.....of Medical Examiner

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

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.



MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT HASSAN		FIRST NAME MD. MEHDI HASSAN		MIDDLE INITIAL									
DATE OF BIRTH 24 MONTH 110 DAY 11989 YEAR		PLACE OF BIRTH CITY CHATTAGRAM COUNTRY BANGLADESH											
EXAMINATION FOR DUTY AS : MASTER ☐ MATE ☐ ENGINEER ☒ RADIO OFF ☐ SEAMAN ☐		MAILING ADDRESS OF APPLICANT Flat - 7/13/2, Building Name - boennli Lake city Concond, Khilkhat, dhaka, Bangladesh.											
MEDICAL EXAMINATION													
HEIGHT 173	WEIGHT 88	BLOOD PRESSURE	PULSE	RESPIRATION									
VISION:		HEARING:											
<table border="1"> <thead> <tr> <th></th> <th>RIGHT EYE</th> <th>LEFT EYE</th> </tr> </thead> <tbody> <tr> <td>WITHOUT GLASSES</td> <td>6/6</td> <td>6/6</td> </tr> <tr> <td>WITH GLASSES</td> <td></td> <td></td> </tr> </tbody> </table>			RIGHT EYE	LEFT EYE	WITHOUT GLASSES	6/6	6/6	WITH GLASSES			RIGHT EAR Normal LEFT EAR Normal		
	RIGHT EYE	LEFT EYE											
WITHOUT GLASSES	6/6	6/6											
WITH GLASSES													
COLOR TEST TYPE : BOOK ☐ LANTERN ☐ Check if color test is normal		YELLOW Normal RED Normal GREEN Normal BLUE Normal											
HEAD AND NECK Normal		HEART (CARDIOVASCULAR) Normal											
LUNGS Normal													
SPEECH : Is speech unimpaired for normal voice communication ? Normal													
EXTREMITIES: UPPER Normal LOWER Normal													
Is applicant suffering from any disease likely to be aggravated by, or to render him unfit for, service at sea or likely to endanger the health of other persons onboard?													
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO : MD MEHDI HASSAN													
AND HE / SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM													
NAME AND DEGREE OF PHYSICIAN DR MIR MD. RAIHAN MBBS. (PLEASE PRINT)													
ADDRESS RADICAL HOSPITAL LIMITED UTTARA-DHAKA-1250													
NAME OF PHYSICIAN'S LICENSING AUTHORITY DR SHAFIQUR RAHMAN													
DATE OF ISSUE OF PHYSICIAN'S LICENSE 01/11/2014													
				SIGNATURE OF PHYSICIAN									

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73)



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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: <u>HASSAN</u>	GIVEN NAME (S): <u>MD. MEHDE</u>	
DATE OF BIRTH: DAY <u>24</u> MONTH <u>10</u> YEAR <u>1989</u>	PLACE OF BIRTH CITY <u>CHATTAGRAM</u> COUNTRY <u>Bangladesh</u>	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: <u>flat- 7WB/2, Building name- bannan', lake city Concord, khilkhat, dhaka, bangladesh.</u>	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	<u>6/6</u>	<u>—</u>	☐ BOOK ☐ LANTERN YELLOW <u>MA</u> RED <u>MA</u> GREEN <u>MA</u> BLUE <u>MA</u>	RIGHT EAR <u>MA</u>
LEFT EYE	<u>6/6</u>	<u>—</u>		LEFT EAR <u>MA</u>

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) 11 OCT 2023

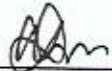
Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

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.

 Signature of Applicant	<u>MD. MEHDE HASSAN</u> Name of Applicant	<u>11 OCT 2023</u> 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. MD. RAIHAN MBBS

ADDRESS: Radical Hospital Limited

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: UTTRAP NPPA

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06 OCT 2024

SIGNATURE OF PHYSICIAN: 

STAMP OF PHYSICIAN: 

DATE: 11 OCT 2023

EXPIRY DATE OF CERTIFICATE: 10 OCT 2025

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

MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

FIT FOR DUTY ON BOARD SHIP

Last/Family Name

HOSSAIN

First & Middle /Given Name

MD. MEHDI

Position applied for

2/E

Date of Birth

24/10/1989

Sex

M

Nationality

BANGLADESH

ID (Passport/Discharge book) No.

A11105184/C1015634

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of MLC 2006 Reg 1.2; STCW 2010 & the guidance for the conduct of medical examination issued by the Directorate, as amended from time to time. On the basis of the seafarer's 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) that the hearing meets the required standards for his rank:-

Unaided hearing is satisfactory

Yes ☒ No

Yes ☒ No

(b) Visual acuity meets the required standards for his rank

Colour Vision meets the the required standard

that he is fit for look out duty

Yes ☒ No

Yes ☒ No

Yes ☒ No

(c) that he needs visual aids / informed to carry spares

Yes ☐ No ☒

(d) that he is taking regular medication & seafarer does require to take same during his tenure on board vessel

Yes ☐ No ☒

(e) that the seafarer is not suffering from any disease likely to be aggravated by, or render him unfit for, service at sea or likely to endanger the health of other persons on board ships

Yes ☒ No

(f) this seafarer is **FIT FOR DUTY** without restrictions* as mentioned below

** This Medical Certificate is issued with following restrictions

** Reasons for being unfit

FIT FOR DUTY ON BOARD SHIP

Physician Signature:

Physician Name Printed:

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

Clinic Stamp



Date:

11 OCT 2023

Valid Till:

10 OCT 2025

Authorizing body of Medical Examiner: Directorate General of Shipping, Govt. of Bangladesh

I acknowledge, that I have been advised of the content of the medical certificate & of the rights for a review and my obligations.

11 OCT 2023

Seafarers signature with Date:-

[Signature]

WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.

REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION

(Confidential Document)

From :

(Please write Name, Address & Contact Details of Manning Centre)

RADICAL HOSPITAL LIMITED

To : Utara, Dhaka, Bangladesh

(Please write Name, Address & Contact Details of the Doctor/ Clinic/Examiner)

Please carry out medical examination of the seafarer, the details and requirements for which are as stated below.

Date : 11/OCT/2023

(Name & Signature of Responsible Person from Manning Centre)

Examinee's Details :

Full Name : MD. MEHDI HASSAN Address : Flat - 7WA/L, Bonnali, Lake City Grand, Khilga

Date of Birth : 24.10.1989 Rank : 2/E Name of vessel to be assigned : M.V. MERCURY ACE

Type of vessel : PCTC Trade area : World wide

(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide) :

CDC No. : C/015634 Passport No. : A1105184 Crew ID.(from Compas) : 23395

Position Offered/ Applied for : 2/E Routine & Emergency Duties (if known) :

As per requirements of applicable P&I club :

- | | | |
|--|--|--|
| ☐ West of England P&I | ☐ UK P&I | ☐ Steamship Mutual Underwriting Association |
| ☐ Britannia P&I | ☐ Skuld P&I | ☐ North of England Association P&I |
| ☐ Standard P&I | ☐ Gard P&I | ☐ London Steamships P&I |
| ☐ Japan P&I | ☐ American Steamships P&I | ☐ Others : _____ |

As per requirements of applicable Flag State :

- | | | | | |
|-----------------------------------|------------------------------|--|---|--------------------------------|
| ☐ Liberian | ☐ NIS | ☒ Panamanian | ☐ Marshall Islands | ☐ Malta |
| ☐ Danish | ☐ ILO | ☐ UK | ☐ Others : _____ | |

Medical Examination Module (as applicable): _____ (Please refer to "Annex 1" of WSM(I)'s Quality Manual)

FOR SEAFARERS : Please write any past medical history [Injury or Illness] in detail; any history of allergy to drugs should be mentioned in the box provided below :

Please read and sign the following statement :-

"I certify that my past medical history will be/has been fully declared to the Company Doctor and any false statement or undisclosed material and/or information in regard to past or present illness and/or medical condition(s) will disqualify me from any employment benefits and claims."

Seafarer's Signature

Date : 11 OCT 2023

Doctor's Signature

Date : 11 OCT 2023

Original: Doctor & Copy : Manning Centre

Remark: The document to be uploaded into CMS under "Medical" Tab.

04.2023.4954

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

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER
As per Merchant Shipping (Medical Examination) Amendment Rules, 2000 and ILO IMO/ILO/STCW 2011/2012
(In Compliance with MLC 2006 & ISM/STCW 2010, Code 1/9)

Name : MD. MEHDE HASSAN Sex : MALE Serial No. : _____
Date of Birth : 24.10.1989 PP/CDC No. : A1105184 / C1018134 Nationality : BANGLADESHI
Rank : 2/E Vessel : M.V. MERCURY ACE Type : DTC Route : W/H
Home Address : FIR 7/2/84, GONNAB, LAKSHMI CONCORD, KHILKHI
Company Name & Address : WILLER TANK MANAGEMENT LTD.

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		Is there any past/present history of any of the following?	Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-side 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 Problem		☒		☒	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 Disorders		☒		☒	Signed off on medical ground/Declared Unfit		☒		☒

Notes :
Candidate's Declaration :- My signature below acknowledges that all statements provided by me in this application are true & correct to the best of my knowledge and belief and I further authorize & consent to the release of any /all of my medical records from any source including Insurance offices, Doctors, Hospitals or other Institutions and public authorities. This general medical release will also authorize the release of any /all of my psychological records. If I am being tested for HIV virus, I consent to have the result revealed to my employer. I declare the above statements to be correct.
I hereby certify that the above medical statements are true and will form the basis of my medical examination. I agree that any omission or misrepresentation shall preclude me from employment and other medical benefits.

Date :

Candidate's Signature

Medical Examination :

Height in cms		Weight in Kgs		Blood Pressure in mm of Hg		Pulse-beats/min		Resp. Rate/min		General Appearance							
173		88		120/80/60		72		20		HEALTHY							
Compliant with MLC2006, STCW 2010 STANDARD A-1/9	Distant Vision (Snellen's Chart)		Uncorrected	Corrected	Field Of Vision	Audiometry		Hz	500	1000	2000	3000	4000	5000	6000	8000	Compliant with MLC2006, STCW 2010 STANDARD A-1/9
	Right Eye		6/6			Normal	Right Ear		dB	20	20	20	Not Indicated				
	Left Eye		6/6		Abnormal	Left Ear		dB	20	20	20						
						*Hearing		Normal Voice				Whispered Voice					
	Colour Vision		Ishihara	Normal	Abnormal	Right Ear		4 METER				2 METER					
		Others	Normal	Abnormal	Left Ear		4 METER				2 METER						

Systemic Examination	Norm	Abnor	Notes	Norm	Abnor
Head & Neck	☒		FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory System	☒
Eyes	☒			Cardiovascular System	☒
Ear / Nose / Throat	☒			Abdomen	☒
Teeth / Oral Cavity	☒			Genito-urinary System	☒
Musculo-Skeletal System	☒			Others	☒
Nervous System	☒			Hernia / Hydrocoele	☒
Reflexes	☒			Varicose Veins	☒
Skin	☒			Ulcers / Fistula / Piles	☒

Investigations :

Blood	Result	Normal	Urine	Result
Hemoglobin	13.5	M:13-17 F:12-15 gm%	Colour	yellow
Total WBC Count	6.900	4000 - 10000 / cu.m	Specific Gravity	1.021
Neu 63% Lym 32% Eos 0% Bas 0% Mo 0%			pH	7.0
ESR	42	1 - 10 mm/hr	Albumin	0
SGOT	10	0 - 35 IU / L	Sugar	0
SGPT	10	10 - 60 IU / L	Bile Pigment	0
S. Cholesterol	232	130 - 220 mg / dl	Bile Salt	0
S. Triglycerides	200	upto 200 mg / dl	Occult Blood	0
Blood Sugar	85	upto 140 mg %	RBC Cells	0
Creatinine	0.67	upto 1.5 mg / dl	Leucocytes	0
GGT	22	upto 55 IU / L	Spirometry	Normal
HbA1c	Normal		Drug of Abuse	Normal
HIV 1 & II	Normal		TMT	Normal
VDRL	Normal		ECG	Normal
Others	Normal		USG	Normal
Blood Group	B+ve		XRay (Chest PA)	Normal

Result Of Medical Examination

On the basis of the history, clinical examination & diagnostic tests, I,

hereby declare the above examinee has been found medically **FIT**

Remarks / Recommendation : *Unaided Hearing : Satisfactory

I, _____, certify that all information required under Annexure E & F of M.S (Medical Examination) Rules 2000 are incorporated in this certificate.

Date of Medical Exam: 11 OCT 2023

Date of Medical fitness: 11 OCT 2023

Validity of Medical Certificate: 10 OCT 2025



DR. MD. RAIHAN
MBBS (D.U.) DPM, CCO (Siddh), PST (Chitt)
General Physician
Radical Hospitals Limited

IDENTITY OF CANDIDATE CONFIRMED WITH

04.2023.4954

IBN SINA DIAGNOSTIC & CONSULTATION CENTER, MALIBAGH

ISO 9001:2015 Certified



BIOCHEMISTRY REPORT



ID No : **G630967** Voucher Time : 10/10/2023, 11:07 AM Reporting Time : 10/10/2023, 02:27 PM
Name : MD MEHDI HASSAN Age : 34 Y 0 M 0 D Sex : M
Ref.By : UNIVERSAL SHIPPING SERVICES
Specimen : Blood

Estimations are carried out by Siemens Dimension EXL200 /Backman Coulter AU480 And Checked manually.

Parameter	Test Result	Reference Value
Plasma Glucose Random	5.57 mmol/L	3.33-7.78
S. BUN	10.75 mg/dl	Adult: 7-18 Child: 5-18
S. Creatinine	0.67 mg/dl	Adult Male: 0.60-1.40 Adult Female: 0.40-1.20 Child: 0.20-0.70
S. Uric Acid	10.61 mg/dl	Male: 3.70 - 7.70, Female: 2.50 - 6.20
Bilirubin(Total)	0.53 mg/dl	Adult: 0.15-1.20 Neonatal: 1.50-12.00
S. ALT (SGPT)	180 U/L	Male: <45 Female: <34
S.AST (SGOT)	125 U/L	<37
S.Gamma GT	77 U/L	Male: 15-85, Female: 5-55
S. Total Protein	7.25 g/dl	Adult: 6.40 - 8.20 Newborn: 4.60 - 7.60 Child: 6.50 - 8.00
Lipid Profile (R)		
S. Cholesterol	233 mg/dL	<200
HDL	44 mg/dL	>35
LDL	165 mg/dL	<130
TG	280 mg/dL	<150
T.Cholesterol-HDL Ratio	5.3	Normal: <4.5 Moderate: 4.5-8.5 High Risk: >8.5

Arif Ahmed

B.Sc(Hon's)M.Sc (Biochemistry &
Molecular Biology) NU
Biochemist
Ibn Sina Diagnostic & Consultation Center,
Malibagh

Prof. Dr. Achinta N. Chowdhury

MBBS, M.Phil (Biochemistry)
Consultant Medical Biochemist
Ibn Sina Diagnostic & Consultation Center,
Malibagh

IBN SINA DIAGNOSTIC & CONSULTATION CENTER, MALIBAGH

ISO 9001:2015 Certified



HAEMATOLOGY REPORT



ID No : G630967 Voucher Time : 10/10/2023, 11:07 AM Reporting Time : 10/10/2023, 03:00 PM
Name : MD MEHDI HASSAN Age : 34 Y 0 M 0 D Sex : M Specimen: Blood
Ref.By : UNIVERSAL SHIPPING SERVICES

Estimations are carried out by Vesmatic 80 ESR Analyzer, Sysmex-XN-1000/ XN-550 AL Random Access Haematology Machine And Checked manually.

Parameter	Result	Reference Value
Red Blood Cells		
Haemoglobin	13.8 g/dL	Adult: Men: 15.0±2.0, Women: 13.5±1.5 At birth: 13.5-19.5, 3 Days: 14.5-22.5 1 Month: 11-17, 2-6 Months: 9.5-13.5 2-6 Years: 11-14, 6-12 Years: 11.5-15.5 Men: 5.0±0.5, Women: 4.3±0.5
Total RBC	4.96 milion/Cmm.	
ESR	43 mm (Auto Analyzer)	Men: 0-10, Women: 0-20
PCV/HCT	40.9 %	Men: 45±5, Women: 41±5
MCV	82.5 fL	92±9
MCH	27.8 pg	29.5±2.5
MCHC	33.7 g/dL	33.0±1.5
RDW-CV	13.4 %	12.8±1.2
White Blood Cells		
Total WBC	6,900 /Cmm.	Child: 5,000-15,000 Adult: 4,000-11,000
Circulating Eosinophils	138 /Cmm.	50-500
Differential Count		
Neutrophils	63 %	Child: 20-50 Adult: 40-75
Lymphocytes	30 %	Child: 40-75 Adult: 20-40
Monocytes	05 %	2-10
Eosinophils	02 %	2-6
Basophils	00 %	<1.0
Others	00 %	
Platelet Count:		
Total Platelet Count	1,60,000 /Cmm	1,50,000-4,50,000
MPV	— fL	8.0-9.5


Junaed Ahmed
Medical Technologist (Lab)
Ibn Sina Diagnostic & Consultation Center, Malibagh


Dr. Noushin Rahman
MBBS, MD (Pathology)
Consultant Pathologist
Ibn Sina Diagnostic & Consultation Center, Malibagh

IBN SINA DIAGNOSTIC & CONSULTATION CENTER, MALIBAGH

ISO 9001:2015 Certified



IMMUNOLOGY REPORT



ID No : **G630967** Voucher Time : 10/10/2023, 11:07 AM Reporting Time : 10/10/2023, 06:55 PM
Name : MD MEHDI HASSAN Age : 34 Y 0 M 0 D Sex : M
Ref.By : UNIVERSAL SHIPPING SERVICES
Specimen : Blood;

Estimations are carried out by Vitros Eci/Advia Centaur CP/Backman Coulter Access2/YHLO And Checked manually.

Parameter	Test Result	Reference Value
Anti-HCV	Negative Cut off rate: 1.0 Sample rate: 0.05	
HBsAg	Negative Cut off rate: 1.0 Sample rate: 0.32	
HIV1&2-Combo	Negative Cut off rate: 1.0 Sample rate: 0.10	



Checked By-



Md. Reazul Islam
B.Sc(Hon's), M.Sc (Biochemistry &
Molecular Biology) DU
Biochemist
Ibn Sina Diagnostic & Consultation Center,
Malibagh



Pioneer in Health Care

● HOUSE # 479, D.I.T. ROAD, MALIBAGH, DHAKA-1217, BANGLADESH

● Phone: 02-58315770-3, Mobile: 01844-141717, 01844-141718

● E-mail: ibnsinamalibagh@gmail.com

● Web : www.ibnsinatrust.com

● Hotline : 09610009611

IBN SINA DIAGNOSTIC & CONSULTATION CENTER, MALIBAGH

ISO 9001:2015 Certified



X-RAY REPORT

I.D. No	: G630967	Received date	: 10 Oct 2023	Printed date	: 10 Oct 2023 03:10PM
Name of Pt.	: MD MEHDI HASSAN	Age	: 34 y(s)	Sex	: Male
Referred by	: UNIVERSAL SHIPPING SERVICES				
Part Scanned	: XR CHEST P.A DIGITAL				

X-RAY CHEST PA VIEW.

Report:

Trachea:

Normal in position.

Diaphragm:

Both domes of the diaphragm are normal in position, contour & definition.

Heart:

Normal in transverse diameter & contour.

Lungs:

No localized area of infiltrates, consolidation or evidence of pleural effusion is seen in either of the hemi thorax.

Bony Thorax:

No bony lesion or deformity is evident.

Impression:

Essentially normal chest radiograph.

10-Oct-23

Dr. Md. Nazrul Islam

MBBS, MD (Radiology & Imaging).

Consultant Radiologist

Department of Radiology & Imaging

BSMMU (Ex-PG Hospital), Dhaka.

BMDC Reg. No-A31120



Pioneer in Health Care

● HOUSE # 479, D.I.T. ROAD, MALIBAGH, DHAKA-1217, BANGLADESH

● Phone: 02-58315770-3, Mobile: 01844-141717, 01844-141718

● E-mail: ibnsinamalibagh@gmail.com

● Web : www.ibnsinatrust.com

● Hotline : 09610009611

IBN SINA DIAGNOSTIC & CONSULTATION CENTER, MALIBAGH



SEROLOGY REPORT



ID No : G630967 Voucher Time 10/10/2023, 11:07 AM Reporting Time 10/10/2023, 04:00 PM
Name : MD MEHDI HASSAN Age 34 Y 0 M 0 D Sex : M
Ref.By : UNIVERSAL SHIPPING SERVICES
Specimen : BLOOD

PARAMETERS	TEST RESULT	REFERENCE VALUE
------------	-------------	-----------------

BLOOD GROUP

ABO "B"
Rh(D) Positive


Junaed Ahmed

Medical Technologist (Lab)
Ibn Sina Diagnostic & Consultation Center,
Malibagh


Prof. Dr. Md. Fakhruddin Bhuiyan
MBBS, MCPS (Clinical Path), FCPS
(Hematology)
Consultant Hematologist
Ibn Sina Diagnostic & Consultation Center,
Malibagh



IBN SINA
Pioneer in Health Care

● HOUSE # 479, D.I.T. ROAD, MALIBAGH, DHAKA-1217, BANGLADESH

● Phone: 02-58315770-3, Mobile: 01844-141717, 01844-141718

● E-mail: ibnsinamalibagh@gmail.com

● Web : www.ibnsinatrust.com

● Hotline : 09610009611

IBN SINA DIAGNOSTIC & CONSULTATION CENTER, MALIBAGH

ISO 9001:2015 Certified



SEROLOGY REPORT



ID No	: G630967	Voucher Time	: 10/10/2023, 11:07 AM	Reporting Time	: 10/10/2023, 03:59 PM
Name	: MD MEHDI HASSAN	Age	: 34 Y 0 M 0 D	Sex	: M
Ref.By	: UNIVERSAL SHIPPING SERVICES				
Specimen	: Blood				

Parameter	Test Result	Reference Value
VDRL Test	Non-Reactive	


Junaid Ahmed

Medical Technologist (Lab)
Ibn Sina Diagnostic & Consultation Center,
Malibagh


Prof. Dr. Md. Fakhruddin Bhuiyan

MBBS, MCPS (Clinical Path), FCPS
(Hematology)
Consultant Hematologist
Ibn Sina Diagnostic & Consultation Center,
Malibagh

URINE ROUTINE EXAMINATION



ID No : G630967 **Voucher Time** 10/10/2023, 11:07 AM **Reporting Time** : 10/10/2023, 03:21 PM
Name : MD MEHDI HASSAN **Age** : 34 Y 0 M 0 D **Sex** : M
Ref.By : UNIVERSAL SHIPPING SERVICES
Specimen : Urine

Estimations are carried out by Automated urine analyzer Urised 3 & LabUmat2, Hungary And Checked manually.

PHYSICAL EXAMINATION	Result	Reference Value
Quantity	Sufficient	
Colour	Straw	Pale Yellow / Straw
Appearance	Clear	Clear
Specific Gravity	1.007	1.010-1.022
CHEMICAL EXAMINATION (Qualitative)	Result	Reference Value
Reaction (PH)	5.5	4.5-8.0
Protein	Nil	Nil
Glucose	Nil	Nil
Acetone (Ketone body)	Nil	Nil
Bilirubin	Absent	0.2 mg/dL
Urobilinogen	Absent	0.1-1.8 mg/dL
Nitrite	Negative	Negative
MICROSCOPIC EXAMINATION	Result	Reference Value
Pus Cells	0-1/HPF	1-5/HPF
Epithelial Cells	0-2/HPF	0-5/HPF
RBC	Nil	0-2/HPF
Spermatozoa	Nil	Nil
Cast	Result	Reference Value
Hyaline Cast	Nil	Nil
Granular Cast	Nil	Nil
RBC Cast	Nil	Nil
WBC Cast	Nil	Nil
Crystal	Result	Reference Value
Cal.Oxalate	Nil	Nil
Amorphous Phosphate	Nil	Nil
Uric Acid	Nil	Nil
Triple Phosphate	Nil	Nil
Sulphonamide	Nil	Nil
Candida	Nil	Nil


Junaed Ahmed
Medical Technologist (Lab)
Ibn Sina Diagnostic & Consultation Center, Malibagh


Dr. Noushin Rahman
MBBS, MD (Pathology)
Consultant Pathologist
Ibn Sina Diagnostic & Consultation Center, Malibagh

October 10, 2023

TOXI-LAB
FULLY COMPUTERISED DRUG DETECTION LABORATORY

TO WHOM IT MAY CONCERN

This is to certify that **Md. Mehdi Hassan** was present in this Centre on 10.10.2023, at 02.15 PM and was examined for Drug and Alcohol testing according to the guiding principal on drug and Alcohol testing procedures for world wide application in the maritime industry as advised by joint ILO/WHO and U.S. coast guard guidelines by OCHMF. This is also according to the Norwegian Seaman's article 26 and rules and regulation issued by the Maritime Directorate.

His Urine Sample was collected with all precautions for the detection of presence of Drugs of abuse and its metabolites in the Urine sample namely: OPIATE (Morphine, Pethidine, Codeine Phosphate), AMPHETAMINE, COCAINE, BARBITURATE, CANNABINOIDS (Marijuana) and PHENCYCLINDINE.

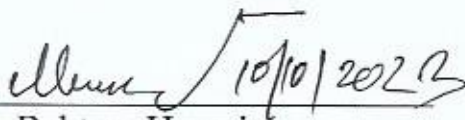
Homogeneous Enzyme Immune-assay method and technique was adopted by "SOLARIS DRUG ANALYZER" of Syva, USA.

Alcohol assay of the Urine Sample was also performed using the same method and technique.

The analytical test result was found to be: - VE (NEGATIVE)

COMMENT:

Md. Mehdi Hassan was found to be Drug and Alcohol free on 10.10.2023.


Dr. M. Baktyer Hossain
MBBS (CMC), PGT (P.G. Hospital)
Medical Director



IBN SINA DIAGNOSTIC & CONSULTATION CENTER, MALIBAGH

ISO 9001:2015 Certified

ULTRASONOGRAM REPORT

ID. No	: G630967	Received date : 10 Oct 2023	Printed date: 10 Oct 2023 12:52PM
Name of Pt.	: MD MEHDI HASSAN	Age : 34 y(s)	Sex: Male
Referred by	: UNIVERSAL SHIPPING SERVICES		
Part Scanned	: USG WHOLE ABDOMEN		



USG OF WHOLE ABDOMEN

Thank you for the courtesy of this kind referral

LIVER:

Enlarged in size (16.7 cm in MCL) and shape with uniform echotexture. Parenchymal echogenicity is moderate diffusely increased with partially visualized intrahepatic vessels border and edge of the diaphragm. No focal lesion is seen.

GALL BLADDER:

Normal in size. Walls are not thickened. Lumen appears clear.

BILIARY TREES:

CBD and intrahepatic biliary trees are not dilated.

PANCREAS:

Normal in size and uniform in echo texture.

SPLEEN:

Not enlarged (11.5 cm) and uniform in echotexture.

KIDNEYS:

Both the kidneys are normal in size, shape and position. Bipolar length of right and left kidney is about 11.1 cm and 12.1 cm. Cortex and medulla are well defined. Pelvicalyceal systems are not dilated. No renal calculus could be seen.

URINARY BLADDER:

Urinary bladder is well filled. Wall thickness is within normal limit.
No intravesical lesion is seen.

PROSTATE:

Prostate is normal in size, Vol: 18.6 cc (normal <30 grams) and uniform in echotexture.

IMPRESSION: Hepatomegaly with fatty change (grade-II).



10 October 2023

DR. MD. TOWFIQ AHMED

MBBS, BCS (HEALTH), CMU.
DIPLOMA IN MEDICAL ULTRASOUND
PGT (RADIOLOGY & IMAGING).
TRAINED IN NUCLEAR MED & COLOR DOPPLER
INM&U (BSMMU CAMPUS), WFUMB.
IBN SINA DIAGNOSTIC & CONSULTATION
CENTER MALIBAGH, DHAKA.

Prepared by: Shukla Islam

> Please bring all previous records including ultrasound reports in next scan.