

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: ☐
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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. ☐
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Name, Address with Contact details of Manning Centre: UNIVERSAL SHIPPING SERVICES ROOM No. 13 (6th FLOOR), 3/D, KAWRAN BAZAR ROAD, KABYAKS SUPER MARKET, DHAKA-1215, BANGLADESH		
Vessel to be assigned: M.V. DEMETER LEADER	Routine & Emergency Duties (if known): 	Position Offered/ Applied for: ETO
Type of vessel (Container, Tanker, Passenger etc): 		
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):			RAHMAN MOHAMMAD SHAHENUR		
Home/ Permanent Address:			VILL: PACHURIA, P.O. CHANDRIPUR, P.S. KALUKALI, DIST: RAJBARI BANGLADESH.		
Mailing Address:			ALINE MALANCHA, HOUSE NO 9/10, FLAT NO 6D, GARDEN STREET, RING ROAD, SHYAMOLI, MOHAMMADPUR, DHAKA, BANGLADESH.		
Date of birth (day/month/year):		31 / 12 / 1979	Sex:	MALE	
Place of Birth:	City: RAJBARI Country: BANGLADESH	Nationality:	BANGLADESHI	Rank:	ETO
Civil Status:		MARRIED			
Identity Docs/ Passport /Discharge Book No:		CDC: C10/4639			

Is there any past / present history of any of the following	Examinee	Examiner's	Is there any past / present history of any of the following	Examinee	Examiner's
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04.2023.4956

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	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 illnesses?		/
Do you feel healthy and fit to perform the duties of your 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
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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 MOHAMMAD SHAHEEN RAHMAN holding Passport/Seaman Book no. <u>C/04639</u> 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: <u>Mohammad Shahen Rahman</u>	Date(day/month/year): 11 OCT 2023

Height in cms: <u>168</u>	Weight in Kg: <u>80 KG</u>	Blood Pressure	Systolic <u>120</u> (mmHg)	Diastolic <u>80</u> (mmHg)
BMI: <u>28</u>	Temperatures: <u>98.1</u>	Pulse Rate:	<u>78 bpm</u>	Respiratory rate <u>19</u>
Chest:	Insp: <u>42</u>	Exp: <u>40</u>	Oral Health	<u>Normal</u>
				General Condition <u>Good</u>

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) 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/measures to improve their health.



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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			Right eye	Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular			
Distant	6/6	6/6	/					/	
Near	15	15	/					/	

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	*
Colour Vision:	Not tested	*	Normal	*	Doubtful	*

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 *			Normal	Abnormal
	Performed * on (day/month/year):				
Result :					



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

Test:

Result:

Investigation:

Blood	Result	Normal	Urine	Result	Additional Tests	Result	Normal
Haemoglobin "Hb"	12.3 g/dl	13 - 18 gm/dl	Colour	Nil	(HbA1c)	5.8	4.0 % - 6.5 %
Total WBC count	10370	4,000 - 11,000 / cu.mm	Specific Gravity	1	RBS/ FBS (Blood test)	4.66	
Neu 78%, Lymph 18%, Eos 02%, Bas 02%, Mo 02%			pH	4	Total Bilirubin	1.24	0.1 - 1.0 mg/dl
Blood Group & Rh factor (tested only once, need not be repeated)			Albumin	4	Direct Bilirubin	Nil	0.0 - 2.5 mg/dl
BI ESR	27	1 - 15 mm / hr	Sugar	4	Indirect Bilirubin	Nil	0.0 - 0.75 mg/dl
Platelets	195000	1.50-4.00 Lakh/ul	Bile Pigment	4	SGPT	22	9 - 43 U / L
Fasting Lipid Profile			Bile Salt	4	SGOT	19	0 - 40 IU/L
S. Triglycerides	163	25-200 mg/dl	Occult Blood	4	SGGT	22	0 - 49 IU/L
Cholesterol Serum	187	130-220 mg/dl	RBC Cells	4	Blood Urea	7.8	10 - 50 mg/dl
HDL Cholesterol Serum	40	35-65 mg/dl	Leucocytes	4	S. Creatinine	0.98	0.8 - 1.4 mg/dl
LDL Cholesterol Serum	177	85-150 mg/dl	Stool Test	Result	BUN	14	5-23mg/dl
VLDL Cholesterol Serum	Nil	07-35 mg/dl	Bacteriological	4	PSA	Nil	Less than 4.00 ng/ml
Total / HDL Cholesterol	Nil	3.0-5.0	Parasitical	4	Malarial Parasite	Not Found	
LDL / HDL Cholesterol	Nil	2.5-3.5	Others	4	Uric Acid	7.31	2.4 - 7.5 mg/dl
Hepatitis B	Positive	Negative	HIV I & II	Not Found			
Hepatitis C	Positive	Negative	VDRL	Not Found			

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	Normal	TMT	Normal	Drugs of Abuse	Normal
ECG	Normal	ECHO	Normal	Ultrasound (USG) of the Abdomen & Pelvis	Normal

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes

Vaccination status recorded: Yes / No Satisfactory * to be renewed



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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 _____



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This is to certify MOHAMMAD SHAHENUR RAHMAN was physically examined and he/she is found to be FIT for sea service/ look-out duty for the period from 11 OCT 2023 to 10 OCT 2024 Date of medical examination 11 OCT 2023 at Radical Hospital Limited Medical certificate validity date (day/month/year): 10 OCT 2024 Name of Examiner (Please Print):

(Validity should not be more than 2 years)

Degree: _____ Address: _____

Tel./Fax/Email: RADICAL HOSPITAL LIMITED

Name of Medical Examiner/ Physician Certificate /License Issuing Authority: Uttara, Dhaka, Bangladesh

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

Shahenur Rahman

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-I/9 of STCW Code and my obligations.)

Date: 11 OCT 2023

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

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

Original: Master & Crewing Dept

cc: Seafarer

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



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RAHMAN		GIVEN NAME (S): MOHAMMAD SHAHENUR	
DATE OF BIRTH: DAY 31 MONTH 12 YEAR 1979		PLACE OF BIRTH CITY RAJBARI COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: ALINE MALANCHA, HOUSE NO # 9/10, RAI NO # 6D GARDEN STREET, RING ROAD, SHYAMOLI, MOHAMMADPUR, DHAKA, BANGLADESH.	

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 YELLOW MB RED MB GREEN MB BLUE MB	LEFT EAR 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) **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: **MOHAMMAD SHAHENUR RAHMAN** Date: **11 OCT 2023**

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 MBBS.**

ADDRESS: **RAJBARA HOUSTAL, 10/10, RING ROAD, SHYAMOLI, DHAKA.**

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

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06 MAY 2024**

SIGNATURE OF PHYSICIAN: **[Signature]** STAMP OF PHYSICIAN: **[Stamp]** DATE: **11 OCT 2023**

EXPIRY DATE OF CERTIFICATE: **10 OCT 2024**

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), BFM, CCB (Birmen), PCT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

FIT FOR DUTY ON BOARD SHIP

Last/Family Name

RAHMAN

First & Middle /Given Name

MOHAMMAD SHAHEENUR

Position applied for

ETO

Date of Birth

31.12.1979

Sex

MALE

Nationality

BANGLADESHI

ID (Passport/Discharge book) No.

C/O/4639

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

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

FIT FOR DUTY ON BOARD SHIP

** Reasons for being unfit

Physician Signature:

Physician Name Printed:

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

Clinic Stamp



Date:

11 OCT 2023

Valid Till:

10 OCT 2024

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:-

Rahman

**WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.****REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION**

(Confidential Document)

From : **UNIVERSAL SHIPPING SERVICES****DHAKA, BANGLADESH.**

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

RADICAL HOSPITAL LIMITEDTo : **Uttara, 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.

(Name & Signature of Responsible Person from Manning Centre)

Date : **11 OCT 2023****Examinee's Details :**Full Name : **MOHAMMAD SHAHENUR RAHMAN** Address : **HOUSE NO# 9/10, FLAT NO# 6D, SHYAMOLT, DHAKA, BANGLADESH.**Date of Birth : **31.12.1979** Rank : **ETO** Name of vessel to be assigned : **M.V. DEMETER LEADER**Type of vessel : **PCC** Trade area : **WORLDWIDE**

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

CDC No. : **C10/4639** Passport No. : **B00053061** Crew ID.(from Compas) : **25730**Position Offered/ Applied for : **ETO** 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.

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MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT RAHMAN			FIRST NAME MOHAMMAD		MIDDLE INITIAL SHAHENUR
DATE OF BIRTH 12 MONTH 31 DAY 1979 YEAR		PLACE OF BIRTH CITY RAJBARI COUNTRY BANGLADESH			
EXAMINATION FOR DUTY AS : MASTER ☐ MATE ☐ ENGINEER ☒ RADIO OFF ☐ SEAMAN ☐			MAILING ADDRESS OF APPLICANT ALINE MALANCHA, HOUSE NO # 9/10 FLAT NO# 6D, GARDEN STREET, RING ROAD, SHYAMOLI, MOHAMMADPUR DHAKA, BANGLADESH		

MEDICAL EXAMINATION					
HEIGHT 168 CM	WEIGHT 80 KG	BLOOD PRESSURE 120/80 mmHg	PULSE 72/min	RESPIRATION 18/min	GENERAL APPEARANCE Good
VISION:			HEARING:		
RIGHT EYE			LEFT EYE		
WITHOUT GLASSES 6/6			6/6		
WITH GLASSES					
COLOR TEST TYPE : BOOK ☐ LANTERN ☐ Check if color test is normal			YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒		
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 : **MOHAMMAD SHAHENUR RAHMAN**
AND HE / SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM

NAME AND DEGREE OF PHYSICIAN	DR MIR MD. RAIHAN (PLEASE PRINT)
ADDRESS	RADICAL HOSPITAL LIMITED UTTARA DHAKA, 1230, BANGLADESH
NAME OF PHYSICIAN'S LICENSING AUTHORITY	DA SHIPING BANGLADESH
DATE OF ISSUE OF PHYSICIAN'S LICENSE	06 MAY 2014
	SIGNATURE OF PHYSICIAN

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1945 (ILO No. 73)



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

Name : **RAHMAN MOHAMMAD SHAHENUR** Sex : **MALE** Serial No. :
Date of Birth : **31.12.1979** PP/CDC No. : **CDC No. C10/4639** Nationality : **BANGLADESHI**
Rank : **ETO** Vessel : **M.V. DEMETER LEADER** Type : **PCC** Route : **WORLD WIDE**
Home Address : **VILL: PACHURIA, P.O. CHANDRIPUR, P.S. KALUKHALI, DIST: RAJBARI, BANGLADESH.**
Company Name & Address : **WALLEM SHIP-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 / Venecose veins		/		/	Nervous / Mental disease / Sleep disorder		/		/
Blood Disorder		/		/	Malignant Disease (Cancer)		/		/
Female Disorders		/		/	Signed off on medical ground/Declared Unfit		/		/

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 authorise & 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 mis-representation 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
168 cm	80 kg	120/80 mm	78 bpm	18 rpm	HEALTHY
Compliant with MLC2006, STCW 2010 STANDARD A-1/9	Distant Vision (Snellen's Chart)	Uncorrected	Corrected	Field Of Vision	Audiometry Hz
	Right Eye	6/6		Normal	500
	Left Eye	6/6		Abnormal	1000
	Colour Vision	Ishihara	Normal	Abnormal	2000
		Others	Normal	Abnormal	3000
					4000
					5000
					6000
					8000
					Compliant with MLC2006, STCW 2010 STANDARD A-1/9

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

Investigations :

Blood	Result	Normal	Urine	Result
Haemoglobin	12.5	M:13-17 F:12-15 gm%	Colour	Normal
Total WBC Count	10,500	4000 - 10000 / cu.m	Specific Gravity	1.020
Neu %	78		pH	7.0
Lym %	18		Albumin	1
Eos %	4		Sugar	0
ESR	25	1 - 10 mm/hr	Bile Pigment	0
SGOT	25	0 - 35 IU / L	Bile Salt	0
SGPT	25	10 - 60 IU / L	Occult Blood	0
S. Cholesterol	187	130 - 220 mg / dl	RBC Cells	0
S. Triglycerides	103	upto 200 mg / dl	Leucocytes	0
Blood Sugar	8.40	upto 140 mg %	Spirometry	Normal
Creatinine	0.98	upto 1.5 mg / dl	Drug of Abuse	Normal
GGTP	22	upto 55 IU / L	TMT	Normal
HbA1c	5.6		ECG	Normal
HIV I & II	Non React		USG	Normal
VDRL	Non React		XR (Chest PA)	Normal
Others				
Blood Group	O (+ve)			

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 2024**



DR. MIR MD. RAHAN
MBBS (MD), DPM, CCD (Biom), PCT (Opth)

BMDC - Bangladesh Medical & Dental Council
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

IDENTITY OF CANDIDATE CONFIRMED WITH

04.2023.4956

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2023.4956

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last RAHMAN First MOHAMMAD Middle SHAHENUR
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 11 OCT 2023
Occupation: Deck/Engine/Catering/Other (specify) ENGINE Rank: ETO
Father's/ Husband's name: MOHAMMAD JAMAL UDDIN C.D.C No. C/014639
Mother's Name: MRS. SAYMANA KHATUN Seaman ID No. 050007918
Address: House No. _____ Street/ Road No. _____ Passport No. B00053061
Locality/Village: PACHURIA NID No. 1979821737044542
P.O.: CHANDRIPUR Date of Birth: 31/12/1979
P.S.: KALUKHALI (DD/MM/YYYY)
District: RAJBARI

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

1. Confirmation that identification documents were checked at the point of examination ☒ YES/NO
2. Hearing meets the standards in section A-I/9 ☒ YES/NO
3. Unaided hearing satisfactory? ☒ YES/NO
4. Visual acuity meets standards in section A-I/9? ☒ YES/NO
5. Colour vision meets standards in section A-I/9? ☒ YES/NO
Date of last colour vision test 11 OCT 2023
6. Fit for lookout duties? ☒ YES/NO
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? ☒ YES/NO
8. Any limitations or restrictions on fitness? ☒ YES/NO
If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category: ☒ Fit-No restriction ☐ Fit-Subject to restrictions ☐ Unfit

10. Date of examination/Issue (DD/MM/YYYY) 11 OCT 2023

11. Date of expiry (DD/MM/YYYY) 10 OCT 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Rahman
Seafarer's Signature



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Name & Signature of the practitioner:
DR. MIR. MD. RAIHAN

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements, and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION:

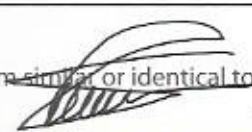
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

11 OCT 2023


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