

Medical Certificate for Service at Sea

As per medical standards of ILO-MLC 2006, as amended STCW 2010

Name: (last, first, middle)	AHA	AME	ED T	ASPIF			0
Date of birth: (day/month/year)	30	11	1996	Gender: (male/female)	MALE	AND THE PROPERTY OF THE PROPER	1
Passport / Discharge book No:	0/0	196	58			* HO:	
Rank:	4/	Е.		Place of Examination:	DHAKA	of Examir	nee.

I have evaluated the above-named seafarer/ new entrant after establishing his identity as per the documents mentioned above. On the basis of the seafarer's/ new entrant 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 —

		Yes No
a.	Hearing meets the standards in STCW Code, section A-I/9:	
ь.	Unaided hearing is satisfactory;	
c.	Color Vision meets the required STCW Code standards section A-I/9 (testing only required every six years)	
d.	Date of last color vision test:	
e	Fit for lookout duty	
f	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 to endanger the health of other persons on board:	

This seafarer is UNFIT FOR DUTY ** / FIT FOR DUTY with / without restriction *as mentioned below.

*This Medical Certificate is issued with following restriction

** Reasons for being unfit

	1 1 0 0 T 0000
Date of examination: (Day/Month/Year)	11 OCT 2023
Expiry date of certificate: (Day/Month/Year)	1 0 OCT 2025
Name of Medical Examiner	
Signature of Medical Examiner	
Official Stamp	



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



Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Issue Date: 15th July 2013 Rev. Date: 01st November 2018

Revision No.: 01 Form #: C-44

Medical Examination of Seafarers Examinee's Declaration

Name (last, first, middle):	AHAMED TASRIF
Date of birth (day/month/year):	30/11/1996
Sex: Male / Female	MALE
	3 H: 345/1, ROAD- 18, BLOCK-TILPAPAR
Home address:	KHILGAON, DHAKA.
Passport No./Discharge book No.:	C/0/9658.
Department (Deck/Engine/Radio/Food handling/other):	ENGINE.
Rank:	4/E.
Routine and emergency duties (if known):	
Type of ship (Cargo, Tanker, Passenger):	TANKER.
Trade area (coastal, tropical, worldwide):	WORLD WIDE.

Seafarer's Personal Declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

	Condition	Yes	No/		Condition	Yes	No
I	Eye/vision problem		1	18	Sleep problem		/
2	High blood pressure		1	19	Do you smoke, use alcohol or drugs?		/
3	Heart/vascular disease		1/	20	Operation/surgery		1/
4	Heart surgery		1	21	Epilepsy/seizures		/
5	Varicose veins/piles		1/	22	Dizziness/fainting		1/
6	Asthma/bronchitis	-	//	23	Loss of consciousness		//
7	Blood disorder		1/	24	Psychiatric problems	4	//
8	Diabetes		1	25	Depression/Hepatitis		1/
9	Thyroid problem		1	26	Attempted suicide		1/
10	Digestive disorder		1//	27	Loss of memory		1/
11	Kidney problem		1/.	28	Balance problem		1
12	Skin problem		1	29	Severe headaches		/
13	Allergies		1/	30	Ear (hearing, tinnitus)/nose/throat problem	- Cause	/
14	Infectious/contagious diseases		1	31	Restricted mobility		/
15	Hernia		1	32	Back or joint problem		/
16	Genital disorder	,	. /	33	Amputation		/
17	Pregnancy	N	100	34	Fractures/dislocations	9	

File No.: L #4 (2nd/O)

Retention:



: As Required

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Medical Declaration
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Issue Date: 15th July 2013 Rev. Date: 01st November 2018 Revision No. : 01 Form #: C-44

				- 15	
Additio	onal questions			Yes	No
35	Have you ever been signed	off as sick or repatriated from a ship)	1 03	140
36	Have you ever been hospita		(
37	Have you ever been declare				/
38					/
39		e even been restricted or revoked?			/
39		e any medical problems, diseases or			_
40	position/occupation?	to perform the duties of your designa	ted	1	
41	Are you allergic to any med	lication?			-
	FIT FOR	DUTY ON BOARD SHIP			-14.5-
42		DUTY ON BOARD SHIP	?		
	Are you taking any non-pre		?		
f yes,	Are you taking any non-pre	scription or prescription medications	best of my knowledge		
If yes,	Are you taking any non-preplease list the medications taken	scription or prescription medications a, and the purpose(s) and dosage(s): ation above is a true statement to the			
hereby	Are you taking any non-pre please list the medications taken y certify that the personal declar e of e:	ation above is a true statement to the Day (day/month/year) Name (Typed or Printed)	DR. MIR. MD. RAMBBS (DU). DFM. CCD (Birdem). BMDC A-55144, MMC-E DG Shipp.ng Bangladesh	PGT (Opht) BGD-016 Approve	n) 5
f yes, hereby gnature xamine (itnesse ignatur nereby	Are you taking any non-pre please list the medications taken y certify that the personal declar e of e: ed by: e authorize the release of all my prev thorities to Dr	ation above is a true statement to the Day (day/month/year) Name (Typed or	DR. MIR. MD. RAMBBS DU. DFM. CCD (Birdem). BMDC A-55144, MMC-E DG Shipping Bangladesh ofessionals, Regard, physicia	PGT (Oph!) BGD-016 Approve ins.and	n) 5
hereby ignature ignature ignature hereby ublic au	Are you taking any non-pre please list the medications taken y certify that the personal declar e of e: ed by: e authorize the release of all my prev thorities to Dr	ation above is a true statement to the Day (day/month/year) Name (Typed or Printed)	DR. MIR. MD. RAMBBS DU. DFM. CCD (Birdem). BMDC A-55144, MMC-E DG Shipping Bangladesh ofessionals, Regard, physicia	PGT (Opht) BGD-016 Approve In DS _C and cal	n) 5
hereby ignature xamine /itnesse ignature hereby ublic au ractition	Are you taking any non-pre please list the medications taken y certify that the personal declar e of e: ed by: e authorize the release of all my prev other)	ation above is a true statement to the Day (day/month/year) Name (Typed or Printed) Prious medical records from any health prious	DR. MIR. MD. Romand Company of the approved medical company of	PGT (Opht) BGD-016 Approve ns.and cal	IAN Ophth)



Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Issue Date: 15th July 2013 Rev. Date: 01st November 2018. Revision No.: 01

Form #: C-44

Medical Examination by Doctor Pre -sea Periodic Other Sight Visual Acuity Visual Fields Unaided Aided Normal Defective Right Left Right Left Binocular Binocular Right Eye Eye Eye Distance Left Eve Near Color vision: Not tested Normal Doubtful Defective Hearing Speech and whisper test (metres) 500 1000 2000 3000 4000 6000 Normal Whisper Hz Hz Hz Hz Hz Right Right Ear Ear Left Left Ear Ear Height (cm) Weight: (kg) Pulse rate: (/minute) Rhythm: Blood pressure: Diastolic: (mm/Hg) Systolic:(mm/Hg) Urinalysis: Glucose: Protein: Blood Abnormal Normal? Normal Abnormal Head Skin Sinuses, nose, throat Varicose veins Mouth/teeth Vascular (inc. pedal pulses) Ears (general) Abdomen and viscera Tympanic membrane Hernia Eyes Anus (not rectal exam) Ophthalmoscopy G-U system Pupils Upper and lower extremities Eye movement Spine (C/S, T/S and L/S) Lungs and chest Neurologic (full/brief) Breast examination Psychiatric



General appearance

.....

Performed on (day/month/year):

File No.: L #4 (2nd/O)

Heart

Chest X-ray

Not performed

Retention: 3 Years / Frequency: As Required

11 OCT 2023

Page 3 of 4



Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Issue Date: 15th July 2013 Rev. Date: 01st November 2018

Revision No.: 01 Form #: C-44

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

Test			Results		
	13/00/		Normal,		
mine			Nonmal		
Medical practitio	ner's comments and asse	essment of fitness, with	reasons for any limitation	ns:	
	No	Restrictions			
Vaccination sta	tus recorded:	Yes	□No		
n the basis of if	ne examinee's personal de	eclaration my clinical e	vamination and the diam	postic test results	
ecorded above, I	declare the examinee me	edically:	xammation and the diagr	iostic test results	
Fit for look	out duty		ot fit for look out duty		
-/-	Deck service	Engine service	Catering service	Other services	
∦ it			outering service	Other Services	
Unfit					
Without Re	estriction tions (e.g., specific positi		Vith Restrictions		
Describe resure	uons (e.g., specific positi	on, type or snip, trade a	irea)		
ction taken by M	dedical Examiner (e.g. re	ferral):			
				The state of the s	
			- 401		
			*1		
Date of examina	ation: (Day/Month/Year	Y		NCT 2022	
	ation: (Day/Month/Year			OCT 2023 OCT 2025	
Expiry date of c	certificate: (Day/Month/Y			OCT 2023 OCT 2025	
Expiry date of c	certificate: (Day/Month/Y				
Expiry date of c	ertificate: (Day/Month/Y				

MBBS (DU), DFM, CCD (Bridem), PG1 (Ophin) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

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

Form No: SMC

review.

TASRIF AHAMED

Seafarer's Signature



SL NO.___

04.2023.4955

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth BMDC A-55144, MMC-BGD-016

G Shipping Bangladesh Approved Name Signature of the practitioner:

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

Contactor, 1979 as americal (CTCW 79) and Negalation 1.2 of the Marie	and Edocal Convention, 2000
SEAFARER INFORMATION:	
Name: Last AHAMED First TASEIF	Middle
Gender: (Male/Female) MALE Nationality BANGLADESHI	11 0CT 2023 Date:
Occupation: Deck/Engine/Catering/Other (specify) ENGINE	
Father's/ Husbad'sname: ABDUL HAQ BABUL	
Mother's Name: JESMIN AKTER	
Address: House No: 345/! Street/ Road No: 18	Passport No. A 0 1 7 1 2 6 6 3
Locality/Village: TL-PAPARA.	NID No. 734848 383
PO KHILGAON	Date of Birth: 30 / 11 / 1996
P.S. KHILGAON	(DD/MM/YYYY)
District: DHAKA.	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the	People's Republic of Bangladesh and cor
the followings:	1
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
Visual acuity meets standards in section A-I/9?	:YES/NO
Colour vision meets standards in section A-I/9?	:YES/NO
Date of last colour vision test	1 1-0 CT 2023
6. Fit for lookout duties?	:WES/NO
Is the seafarer free from any medical condition likely to be aggravated b	4.7 (4.7 (1.4 (4.7 (4.7 (4.7 (4.4 (4.4 (4.4 (4.4 (4
render the seafarer unfit for service or to render the health of any other pe	ersons on board? :YES/NO
Any limitations or restrictions on fitness?	:YES/NO
If YES, specify limitations or restrictions:	
Duties:	
Location/Vessel: RADICAL HOSPITAL LIMITED	
Medical/Other: Uttara, Dhaka, Bangladash	
Medical fitness category : Fit-No restriction Fit-Subjection	t to restrictions Unfit
10. Date of examination//ssue (DD/MM/VVVV) 11 OCT 2023	
10.00T noor	
11. Date of expiry (DD/MM/YYYY) 10 0CT 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	Times .

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 whis pered 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, Interna-tional 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 useofnarcotics.
 Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table 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 enineer 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 fight 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 sixtage identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E 11 OCT 2023 DR. MIR. MD. RAIHAN
MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

THE RE	PUBLIC OF LIBERIA	ANNEX 2
LAST NAME OF APPLICANT AHAM ED	FIRST NAME TASPIF	MIDDLE
DATE OF BIRTH	PLACE OF BIRTH	INITIAL
	Maria	SEX
MONTH DAY 30 YEAR 1996 EXAMINATION FOR DUTY AS:	CITY NOA KAA Y COUNTRY BANGLA	BMALE FEMALE
MASTER RATING	MAILING ADDRESS OF APPLICANT:	1. O# O# O
MATE MOU DECK	H-345/1, R-18, B-T	ILIAPAK,
ENGINEER MOU ENGINE	HILGAON, DHAK	4
RADIO OFF SUPERNUMERARY		
MEDICAL EXAMINATION (SEE PAGE 2) STATE D	ETAILS ON PAGE 2	
HEIGHT WEIGHT BLOOD PRESSURE PULSE		L APPEARANCE ->
VISION: RIGHT EYE LEFT EYE	no lam a	1000
WITHOUT GLASSES WITH GLASSES		
DATEOFLASTCOLOR VISIONTEST (Month/Day/Year)	CT 2023	
	Testing Required every 6 years	
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLEA-		
COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST	T IS NORMAL YELLOW RED	GREEN BLUE
RT. EAR	LEFT EAR	292
HEAD AND NECK NOTIONAL	HEART (CARDIOVASCULAR)	some
LUNGS	SPEECH (DECK/NAVIGATIONAL OFFICE	R AND RADIO OFFICER)
Nonna	IS SPEECH UNIMPAIRED FOR NORMAL	VOICE COMMUNICATION
EXTREMITIES:	22-0 060	anno
UPPER //O/C/	LOWER / VOI	muce
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?	AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR S IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINA	ERVICE AT SEA OR LIKELY TION ON PAGE 2.
	11 OCT 2023	1 0 OCT 2025
SIGNATURE OF APPLICANT	DATE OF EXAM EX	CPIRY DATE
THIS SIGNATURE SHOULD BE AFFE	XED IN THE PRESENCE OF THE EXAMINING PHYSICL	AN
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GO		
FIT FOR DUTY	ON BOARD SHIP (NAME OF APPLICANT)	
(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (M	ASTER STATE PARTY OF THE PARTY	MOUREST MOURISING
SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDE	R (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LO	OKOUT DUTIES?
NAME AND DEGREE OF PHYSICIAN DRIE	MR MD. RAN	401
ADDRESS PATIENT HO	08171-1111	クエカ
NAME OF PHYSICIAN'S CERTIFICATING AUTHORI	TY (TTAKE) DE	11111
DATÉ OF ISSUE OF PHYSICIAN'S CERTIFICATE	06 000 5 501	11
SIGNATURE OF PHYSICIAN		11 OCT 2023
This certificate is issued by authority of the Deputy Cor	DATE OF EXAMI	NATION:
requirements of the Maritime Labour Conven	tion, 2006 for the Medical Examination of Seafard	ers.
The Medical Certificate shall be valid for no more than years of age and for no more than one (1) year	two (2) years from the date of the Examination	for those over 18
PI M-105M /PEV 12/17)	1 Cal Hosolo	
RLM-I05M (REV. 12/17) DR. MIR. MD. RAIHA MBBS (DU). DFM. CCD (Birdem), PGT (Opht	N	
BMDC A-55144 MMC BCD 014 DG Shipping Bangladesh Approve	(2)	0) &
General Physician Radical Hospitals Limited	Sangares	

MEDICAL REQUIREMENT

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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION (To be completed by examining physician)

1. Em Faztening

2. Patholonial Jon

4. Etal Faztening

1. Em Faztening

1

11 OCT 2023

MRS (DIA DEM SED BRICERI), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved

General Physician Radical Hospitals Limited

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