REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,
35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: HASAN (Surname) MD. ABDUL (First Name) WAHID (Middle Initial) Sex: M Serial No:

Date of Birth: 08 / 10 / 1996 PP/CDC: C/0/3622 Rank: 3RD OFFICER

Vessel: MV AKIJ PEARL Type: BULK CARRIER Route: FGN

Home Address: H-21, B BLOCK, NOBODDY HOUSING SOCIETY, MOHAMMADPUR, DHAKA 1207.

Company Name : AKIJ GROUP.

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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addiction to alcohol / drugs / tobacco		✓		✓
Stomach / Bowel disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall stones / Kidney disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Varicose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Mallignant disease (Cancer)		✓		✓
Female Disorder		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓

Notes

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp cms	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
179cm	77kg.	93-91	120/80mmHg	78 b/m	19 b/m	Good

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal / Abnormal

Audiometry / Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear dB	20	20						
Left Ear dB	20	20						

Colour Vision: Ishihara — Normal / Abnormal; Other — Normal / Abnormal

Hearing: Right Ear 4 / Left ear 4

Systemic Examination

	Normal	Abnormal		Normal	Abnormal
Head & Neck	✓		Respiratory system	✓	
Eyes	✓		Cardiovascular system	✓	
Ears / Nose / Throat	✓		Per Abdomen	✓	
Teeth / Oral Cavity	✓		Genito-urinary system	✓	
Musculo-Skeletal system	✓		Others	✓	
Nervous system	✓		Hernia / Hydrocoele	✓	
Reflexes	✓		Varicose Veins	✓	
Skin	✓		Fissure/Fistula/Piles	✓	

Notes

FIT FOR SEA SERVICE
AS 3RD OFF
AS PER MLC 2006
Enhanced GARD Medicals done

Investigations

Blood	Result	Normal
Hemoglobin	12.2 gm%	14-16 gm %
Total WBC count	5,100 cu.mm	4000-11000 / cu.mm
Neu 50 % Lymp 37 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	NOT FOUND	
ESR	06 mm / 1st hour	1- - 15 mm / hr
SGPT	22 U/L	9--43 U / L
S.Cholesterol	NIL mg/dl	145--260 mg / dl
S.Triglycerides	NIL mg/dl	upto 200 mg /dl
Blood Sugar	RBS S.S PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	NOT Reactive.	
Others		GGTP U/L
Blood Group		

Urine	
Colour	Straw
Specific Gravity	
pH	
Albumin	NIL
Sugar	NIL
Bile pigment	
Bile salts	
Occult blood	
RBC cells	NIL
Leucocytes	
Others	

Spirometry: NIL

Drugs of Abuse: Negative

USG: Normal

ECG : Normal **TMT:** NIL

X-Ray Chest: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically Fit / Unfit / Temporarily unfit / Permanently unfit / Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR MIR MD RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 17 SEP 2025

Candidate's Signature

Date: 18.09.2023

Official Stamp

Radical Hospitals Ltd. As Per MLC 2006 Approved by DG Shipping

Doctor's signature:

18 SEP 2023

04.2023.4789

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.

Id No : 0771	**Date :** 18-Sep-2023	**D.Date :** 18-Sep-2023
Patient's Name : MD ABDUL WAHID HASAN	**Age :** 26Y 11M 9D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9622		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**12.2** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**06** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**5,100** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**59** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**37** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**02** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**102** /cumm	50-450/cumm
Total RBC Count	**4.32** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**34.9** %	M: 40-54%, F:37-47%
MCV	**80.8** fL	76 - 94 fL
MCH	**28.2** pg	27 - 32 pg
MCHC	**35.0** g/dL	29 - 34 g/dL
RDW	**13.4** %	11 - 16 %
PDW	**19.5** fL	35 - 56 fl
Total Platelete Count (PC)	**250000** /cumm	150,000-450,000/cumm
MPV	**8.8** fL	7.0 - 11.0 fL
PCT	**0.149** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By
Medical Technologist

Dr. Sumaiya Khatun
MBBS,MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23090771	Received Date	18/09/2023
Patient's Name	MD ABDUL WAHID HASAN		
Patient's Age	26Y 11M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9622
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.61 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22.0 U/L	Up to 37 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

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Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative

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Dr. Sumaiya Khatun
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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9622
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

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Patient's Age	26Y 11M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9622
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23090771	Receive:18/09/2023	Print: 18/09/2023
Patient's Name	:	**MD ABDUL WAHID HASAN**		
Age	:	27 Yrs	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : **Normal chest skiagram.**

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

ID: 23091321 18-09-2023 18:00:23

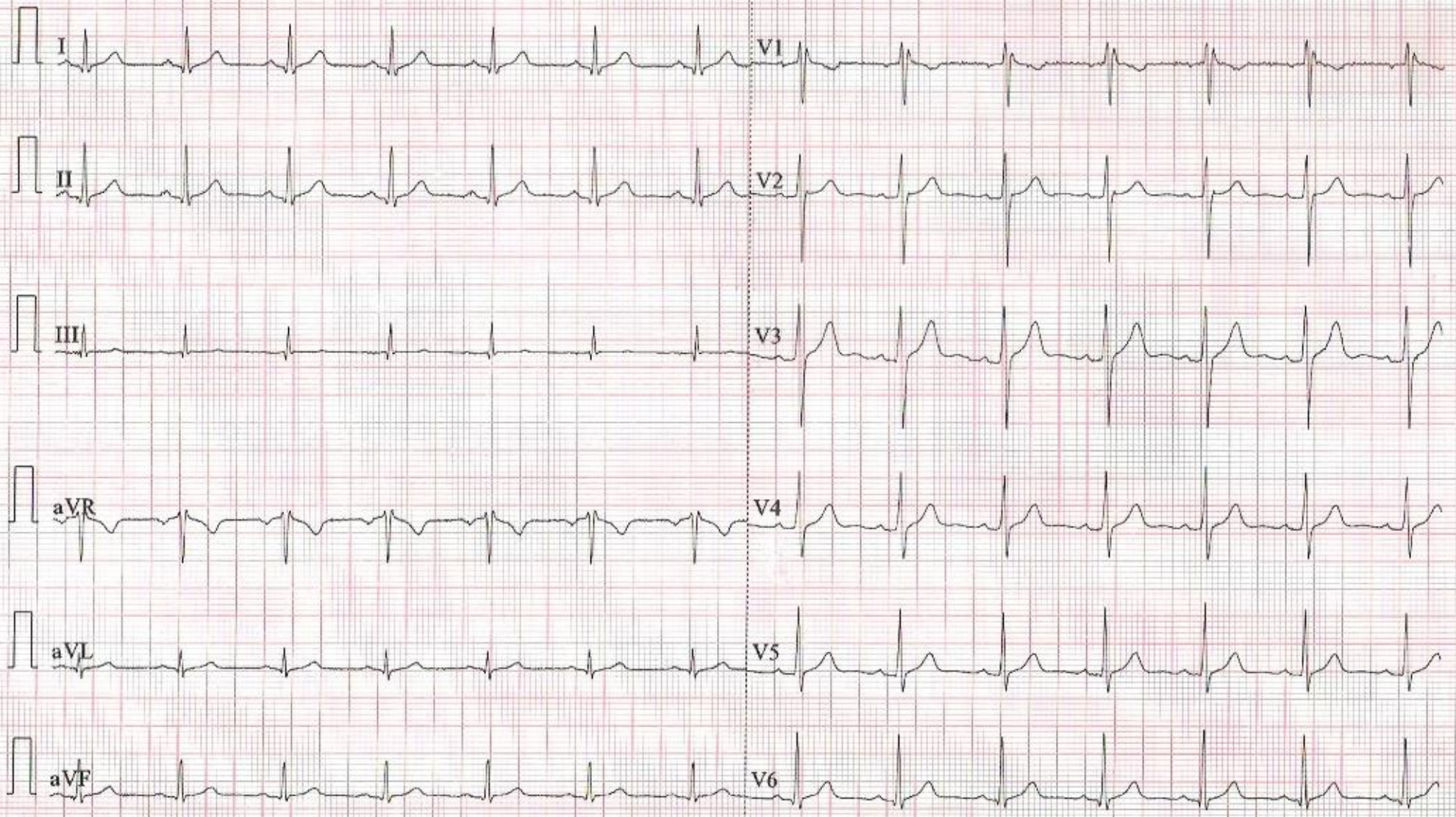
Md. Abdul Wahab Akhtam

Male 27 Years

HR	: 81	bpm	
P	: 92	ms	
PR	: 146	ms	
QRS	: 88	ms	
QT/QTc	: 348/404	ms	
P/QRS/T	: 26/54/36	°	
RV5/SV1	: 1.150/0.760	mV	

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥81 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23090771	Receive: Print: 18/09/2023		
Patient's Name	:	**MD ABDUL WAHID HASAN**			
Age	:	27 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	81 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

MD. ABDUL WAHID HASAN

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le | 08.10.1996 | Sex / sexe | M

Whose signature follows / don't la signature suit

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

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1	18 SEP 2023 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 Bangladesh Approved General Physician Medical Hospitals Limited	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

Any amendment of this certificate, or erasure, of failure to complete any part of it, may render it invalid.

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par I' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture:.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de.la vaccination ou, dans le cas dune reiaccinaiion.u ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

MD. ABDUL WAHID HASAN

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 08.10.1996 | Sex / sexe: M

Whose signature follows / dont la signature suit:

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

Date	Signature and professional Status of Vaccinator / Signature et qualite profess-sionelle vaccinateur	Approved Stamp / Cechet d'authentiftcation
18 SEP 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	CENTER FOR VACCINATION 55, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d:.gtte period do six mois jour de cettc revaccination.

Nonobstant les. despositions ci-dessuc dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d', intervaile et sa validite cofflmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per l, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou l o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.