

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

RADICAL HOSPITAL LIMITED

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: HOSSAIN, SABBIR Sex: M Serial No: _____
Sumario First Name Middle Initial
 Date of Birth: 24 / 01 / 2002 PP/CDC: 210111355 Rank: D/C
 Vessel: XPRESS BARDSEY Type: CONTAINER Route: WORLDWIDE
 Home Address: HOUSE-3, FLAT-A/1A/B, ROAD-8, BLOCK-C
SECTOR-6, MIRPUR, DHAKA
 Company Name: XPRESS FEEDER

Please answer the following to the best of your knowledge.

[illegible]

Height	Weight in Kgs	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp.Rate / min	General Condition							
5'9"	65 kg	42 in	40	100/70 mm	72 bpm	16 bpm	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision		Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal		Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal		Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal		Hearing	Right Ear					Left ear			
	Other	Normal	Abnormal			16					16			

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS _____ AS PER MLC 2006 Enhanced GARD Medicals done	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	/	

Blood	Result	Normal	Urine
Hemoglobin	12.2 gm%	14-16 gm %	Colour
Total WBC count	8.100 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu % Lymph	32 %		pH
Malanial parasite	NOT FOUND		Albumin
ESR	06 mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	N/A/L	9- 43 U / L	Bile pigment
S.Cholesterol	116 mg/dl	145- 260 mg / dl	Bile salts
S.Triglycerides	116 mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	RBS 5.5 PPBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HIV 1 & II	Negative		Others
VDRL	Negative		
Others	Iron Positive		
Blood Group		GGIP U/L	

Spirometry: Normal

Drugs of

DR. MIR MD. RAIHAN

RADICAL

ECG: *NORMAL* TMT: *N/E*

X-Ray Chest: *normal*

Drugs of

Abuse: Yes

USG: *N/E*

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, Dr. [Signature], 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: 20 SEP 2025

Candidate's Signature _____

Official Stamp

Doctor's signature _____

Date: 21 SEP 2023



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.

04.2023.4804

PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT	HOSSAIN	FIRST NAME	SABBIR	MIDDLE INITIAL	
DATE OF BIRTH	01 MONTH 24 DAY 2001 YEAR	PLACE OF BIRTH	DHAKA	SEX	MALE ☒ FEMALE ☐
EXAMINATION FOR DUTY AS:		MAILING ADDRESS OF APPLICANT:			

MASTER	☐	RATING	☐
MATE	☒	MOU DECK	☐
ENGINEER	☐	MOU ENGINE	☐
RADIO OFF	☐	SUPERNUMERARY	☐

hossain sabbir 624@gmail.com
H-3, F-41A/B, R-8, BLOCK-C
SECTOR-6, MIRPUR DHAKA

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
175cm	65kg	90/60/90mmHg	78b/min	14/min	Good

VISION: WITHOUT GLASSES 6/6 WITH GLASSES 6/6

DATE OF LAST COLOR VISION TEST (Month/Day/Year) 21 SEP 2023

Testing Required every 6 years

COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9?

YES ☒ NO ☐

COLOR TEST TYPE: BOOK "LANTERN" CHECK IF COLOR TEST IS NORMAL

YELLOW ☐

RED ☐

GREEN ☐

BLUE ☐

HEARING:

RT. EAR NAD

LEFT EAR NAD

HEAD AND NECK

Normal

HEART (CARDIOVASCULAR)

Normal

LUNGS

Normal

SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION

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 ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.

NO.

SIGNATURE OF APPLICANT

21 SEP 2023

DATE OF EXAM

20 SEP 2025

EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

FIT FOR DUTY ON BOARD SHIP

(NAME OF APPLICANT)

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU-DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN MBBS, (DU), DFM

ADDRESS RADICAL HOSPITALS LIMITED. 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014

SIGNATURE OF PHYSICIAN

DATE OF EXAMINATION: 21 SEP 2023

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M (REV. 12/17) DR. MIR. MD. RAIHAN

1

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.



KA-1230

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)

01. Completed Physical Examination

02. Pathological Test

03. Radiological Test

04. Ophthalmology Examination For VA & CV

21 SEP 2023



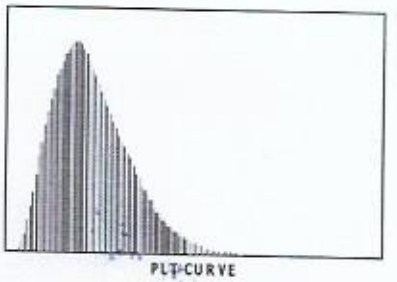
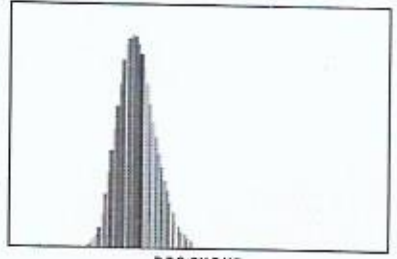
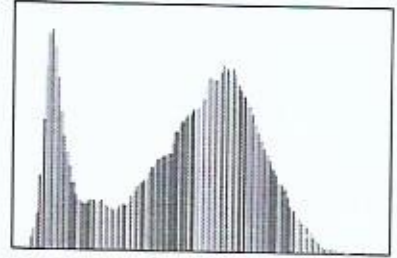
DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0915 **Date** : 21-Sep-2023 **D.Date** : 21-Sep-2023
Patient's Name : SABBIR HOSSAIN **Age** : 22Y 7M 28D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/11355

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	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	162 /cumm	50-450/cumm
Total RBC Count	4.51 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	35.4 %	M: 40-54%, F:37-47%
MCV	78.5 fL	76 - 94 fL
MCH	27.3 pg	27 - 32 pg
MCHC	34.7 g/dL	29 - 34 g/dL
RDW	13.6 %	11 - 16 %
PDW	14.3 fL	35 - 56 fL
Total Platelete Count (PC)	2,91,000 /cumm	150,000-450,000/cumm
MPV	8.2 fL	7.0 - 11.0 fL
PCT	0.239 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



[Signature]
Checked By
Medical Technologist

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

Bill No	DIA23090915	Received Date	21/09/2023
Patient's Name	SABBIR HOSSAIN		
Patient's Age	22Y 7M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM	CDC NO	C/O/11355
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l

REMARKS (IF ANY)

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

Checked By

[Signature]

Medical Technologist
Radical Hospitals Ltd.

[Signature]

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

Bill No	DIA23090915	Received Date	21/09/2023
Patient's Name	SABBIR HOSSAIN		
Patient's Age	22Y 7M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11355
Sample	BLOOD		

SEROLOGYCAL REPORT

Test NameResult

VDRL	Non-reactive
------	--------------

RADICAL
HOSPITAL
LIMITED

Checked By


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

Bill No	DIA23090915	Received Date	21/09/2023
Patient's Name	SABBIR HOSSAIN		
Patient's Age	22Y 7M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/11355
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	1-2/HPF

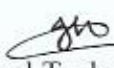
CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUEST CRYSTALS & 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

Checked By


 Medical Technologist
 Radical Hospitals Ltd.


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



Bill No	DIA23090915	Received Date	21/09/2023
Patient's Name	SABBIR HOSSAIN		
Patient's Age	22Y 7M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:	C/O/11355
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 Technologist
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. : 23090915 Receive: 21/09/2023 Print: 21/09/2023
Patient's Name : **SABBIR HOSSAIN**
Age : 22 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

ID: 23091331

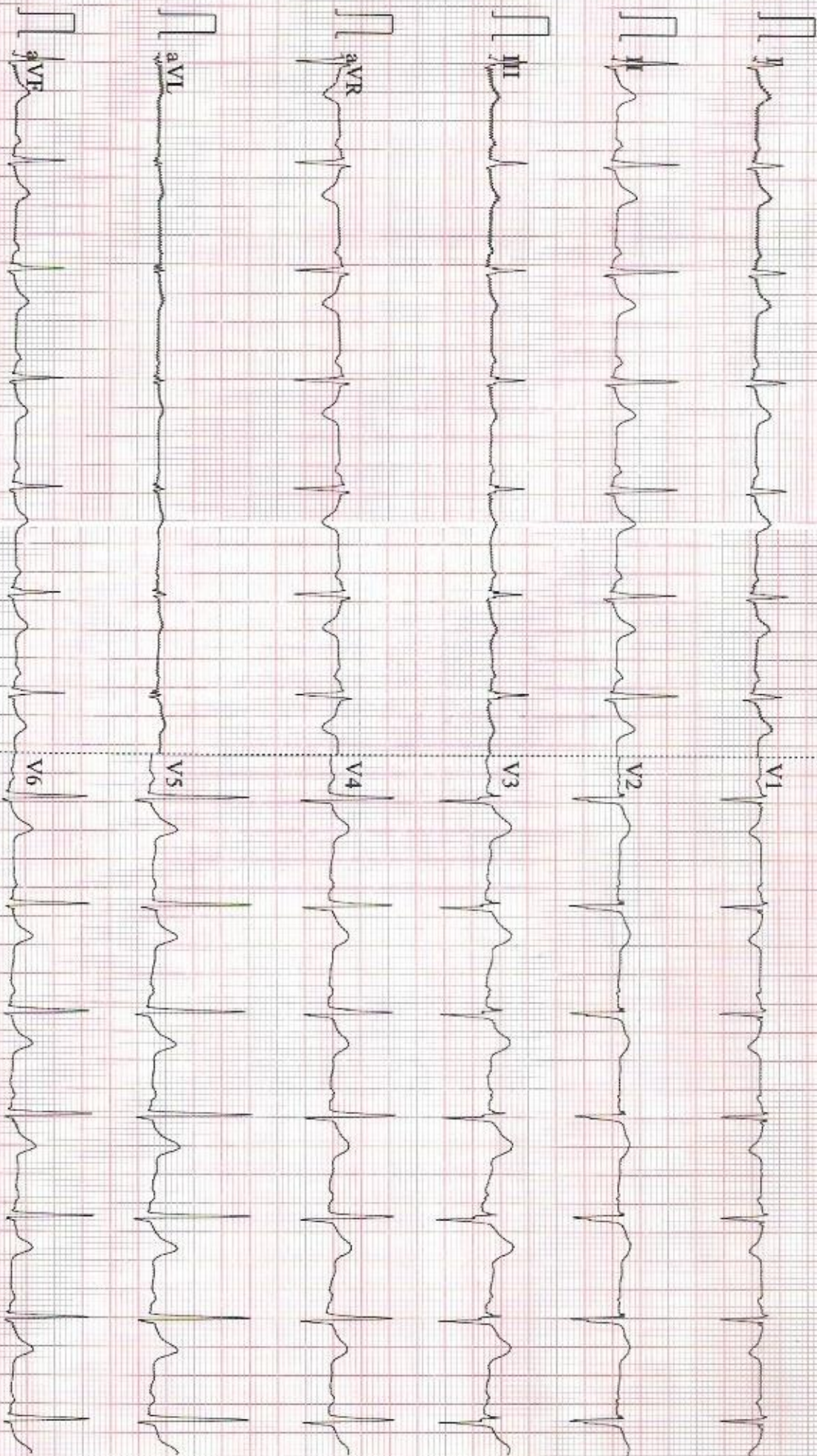
21-09-2023 16:57:03

Mr. K. K. K.
Male 22 Years

HR	: 80	bpm
P	: 100	ms
PR	: 146	ms
QRS	: 86	ms
QT/QTc	: 372/430	ms
P/QRS/T	: 56/64/45	°
RV5/SV1	: 1.75/0.733	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by: [Signature]



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23090915 Receive: Print: 21/09/2023
 Patient's Name : **SABBIR HOSSAIN**
 Age : 22 YRS Sex : M
 Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 85 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

Page 1 of 1

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that SABIR HOSSAIN date of birth 24/01/2004 Sex MALE
JE Soussigne' (e) certifie que ho' (e) le sex
Whose signature follows [Signature]
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 la date indiquee.

Date 21 SEP 2023	Signature and professional Status of Vaccinator Signature et titre du vaccinateur DR. MR. MD. RAIHAN MBBS (DU), DPM, CCB (Bdcm), PGD (Gonh) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot 	Official stamp of vaccinating centre Cachet officiel du centre de vaccination 
3			
4			

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

The validity of this 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 such period of ten years, from the date of the revaccination.

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

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

Ce certificat n'est valable que si le vaccin employe a ete approuve par l'organisation Mondiale de la sante et si le centre de vaccination a ete designe par l'administration sanitaire du territoire dans lequel ce centre est situe.

La validite de ce certificat couvre une periode de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à compter de dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme tenant lieu de signature.

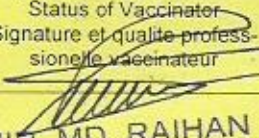
Toute érection ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

This is to certify that JE Soussigne' (e) certifie que SABIR HOSSAIN date of birth 24/09/2009 Sex MALE
no' (e) le sexe

Whose signature follows
dont la signature suit

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

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccineur	Approved Stamp Cechet d'authentification
21 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.	
1	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 event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 performed.

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

La validite de ce certificate couvre une periode de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cas d'une revaccination a, cour. d'ette periode de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partiquees a sept jours d' intervalle et sa validite coiffmence lejour de la seconde. injection.

De cachet-d' authentification doit etre c_ anforme au modele present per l_ administration sanitaire du territoire ou la vaccination est effectuee j

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui il comporte ne peut effectersa validite.