

**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: AMIN AL Sex: M Serial No: \_\_\_\_\_  
 Date of Birth: 05/05/1976 PP/CDC: 46/4005 Rank: chief engr  
 Vessel: MV. MOONBRIGHT SW Type: BULK CARRIER Route: WORLD WIDE  
 Home Address: 119 MATIKATA, FLATE: A5, DHAKA CANTONMENT  
 Company Name: SYNERGY MARITIME PVT 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		Candidate Declaration	Examiner Record	
	Yes	No	Yes	No		Yes	No
Severe one-sided headaches (Migraine)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head Injury / Concussion / Loss of Memory		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fits / Epilepsy / Dizziness / Fainting		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Eye / Vision Problems (Glasses, etc)		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing Impairment		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ear / Nose / Throat problems		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Stomach / Bowel disorders		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gall stones / Kidney disorders		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Jaundice / Liver Disease		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Piles / Varicose veins		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Blood Disorder		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Female Disorder		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Notes							

**Medical Examination**

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
<u>162cm</u>	<u>70kg</u>	<u>43-41</u>	<u>130/84 mmg</u>	<u>78/min</u>	<u>19 bpm</u>	<u>Good</u>							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye		<u>6/8</u>	Normal	Right Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>					
Left Eye		<u>6/6</u>	Abnormal	Left Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>					
Colour Vision	Ishihara	Other	Normal	Abnormal	Hearing	Right Ear	Left ear						

**Systemic Examination**

Systemic Examination	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>FIT FOR SEA SERVICE</b> AS CH. ENGR AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	<input checked="" type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Cardiovascular system	<input checked="" type="checkbox"/>
Ears / Nose / Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Per Abdomen	<input checked="" type="checkbox"/>
Teeth / Oral Cavity	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Genito-urinary system	<input checked="" type="checkbox"/>
Musculo-Skeletal system	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Others	<input checked="" type="checkbox"/>
Nervous system	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Hemia / Hydrocoele	<input checked="" type="checkbox"/>
Reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Varicose Veins	<input checked="" type="checkbox"/>
Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Fissure/Fistula/Piles	<input checked="" type="checkbox"/>

**Investigations**

Blood	Result	Normal	Urine
Hemoglobin	<u>12.5</u> gm%	14-16 gm %	Colour <u>SW</u>
Total WBC count	<u>6.900</u> cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu <u>64</u> % Lymph	<u>32</u> % Eos <u>02</u> Ba <u>00</u> % Mo <u>02</u>		pH
Malarial parasite	<u>NOT FOUND</u>		Albumin
ESR	<u>06</u> mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	<u>N/A</u> U/L	9-43 U / L	Bile pigment
S.Cholesterol	<u>N/A</u> mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	<u>N/A</u> mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	<u>N/A</u> PPBS	upto 125 mg %	RBC cells
HbsAg	<u>N/A</u>		Leucocytes
HIV I & II	<u>N/A</u>		Others
VDRL	<u>N/A</u>		Spirometry: <u>N/D</u>
Others		GGTP U/L	Drugs of Abuse: <u>Negative</u>
Blood Group			USG: <u>Normal</u>



ECG: Normal TMT: N/D  
 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: 01 SEP 2025

Candidate's Signature: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Date: 02 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.

04.2023.4702



## MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA

SURNAME: <u>AMIN</u>	GIVEN NAME (S): <u>AL</u>	
DATE OF BIRTH: DAY <u>05</u> MONTH <u>05</u> YEAR <u>1976</u>	PLACE OF BIRTH CITY <u>KISHORE</u> COUNTRY <u>BANGLADESH</u> <u>GAZI</u>	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input checked="" type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <u>119 MATIKATA, FLATE - A5, DHAKA</u> <u>CANTONMENT, DHAKA</u>	

### DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	—	<u>6/6</u>	<input checked="" type="checkbox"/> BOOK <input type="checkbox"/> LANTERN YELLOW <u>MM</u> RED <u>MM</u> GREEN <u>MM</u> BLUE <u>MM</u>	RIGHT EAR <u>MM</u>
LEFT EYE	—	<u>6/6</u>		LEFT EAR <u>MM</u>

Confirmation that identification documents were checked at the point of examination: YES  NO

Hearing meets the standards in STCW Code, Section A-1/9? YES  NO  NOT APPLICABLE

Unaided hearing satisfactory? YES  NO

Visual acuity meets standards in STCW Code, Section A-1/9? YES  NO

Colour vision meets standards in STCW Code, Section A-1/9? YES  NO   
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 02 SEP 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.

AL-AMIN

02 SEP 2023

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

**FIT FOR DUTY ON BOARD SHIP**

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS,(DU), DFM REG: A-55144

ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE: 02 SEP 2023

EXPIRY DATE OF CERTIFICATE: 01 SEP 2025

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

**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.

<b>Id No</b> : 23090043	<b>Date</b> : 02-Sep-2023	<b>D.Date</b> : 03-Sep-2023
<b>Patient's Name</b> : AL AMIN	<b>Age</b> : 47Y 3M 28D	<b>Gender</b> : Male
<b>Specimen</b> : Blood		
<b>Doctor Name</b> : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4005		

### Haematology Report

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

Parameter Name	Results	Reference Range
<b>Hemoglobin (Hb)</b>	<b>12.5</b> 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.
<b>ESR(Westergreen)</b>	<b>06</b> mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
<b>Total WBC Count(TC)</b>	<b>6,900</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
<b>Differential WBC Count (DC)</b>		
Neutrophils	<b>64</b> %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	<b>32</b> %	Child: 52-62 %, Adult: 20-50 %
Monocytes	<b>02</b> %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	<b>02</b> %	Child: 01-03 %, Adult: 01-06 %
Basophils	<b>00</b> %	Adult: 00-01 %
Total Cir. Eosinophils	<b>138</b> /cumm	50-450/cumm
<b>Total RBC Count</b>	<b>4.50</b> m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	<b>35.5</b> %	M: 40-54%, F:37-47%
MCV	<b>78.9</b> fL	76 - 94 fL
MCH	<b>29.6</b> pg	27 - 32 pg
MCHC	<b>37.5</b> g/dL	29 - 34 g/dL
RDW	<b>12.7</b> %	11 - 16 %
PDW	<b>15.6</b> fL	35 - 56 fL
<b>Total Platelete Count (PC)</b>	<b>2,43,000</b> /cumm	150,000-450,000/cumm
MPV	<b>8.9</b> fL	7.0 - 11.0 fL
PCT	<b>0.236</b> %	0.1 - 0.0%

Checked By  
 Medical Technologist

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

Bill No	DIA23090043	Received Date	02/09/2023
Patient's Name	AL AMIN		
Patient's Age	47Y 3M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/4005	
Sample	BLOOD		

## SEROLOGICAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative

<b>BLOOD GROUPING Result</b>	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

**RADICAL**  
**HOSPITAL**  
LIMITED

Checked By



Medical Technologis  
Radical Hospitals Ltd.



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

Bill No	DIA23090043	Received Date	02/09/2023
Patient's Name	AL AMIN		
Patient's Age	47Y 3M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO : C/O/4005	
Sample	URINE		

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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

Bill No	DIA23090043	Received Date	02/09/2023
Patient's Name	AL AMIN		
Patient's Age	47Y 3M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4005		
Sample	URINE		

**URINE ROUTINE EXAMINATION**

PHYSICAL EXAMINATION

MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	NIL
Appearance	Clear	Pus Cells	1-3/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	Cal. Oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Tripple Phos	Nil

Checked By

*[Signature]*  
Medical Technologist,

*[Signature]*  
**Dr. Sumaiya Khatun**

MBBS, MD (Microbiology)

Assistant Professor

Dept. of Microbiology

East West Medical College and Hospital

## DEPARTMENT OF RADIOLOGY &amp; IMAGING

ID. No. : 23090043 Receive: Print: 02/09/2023  
Patient's Name : AL AMIN  
Age : 47 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 89 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

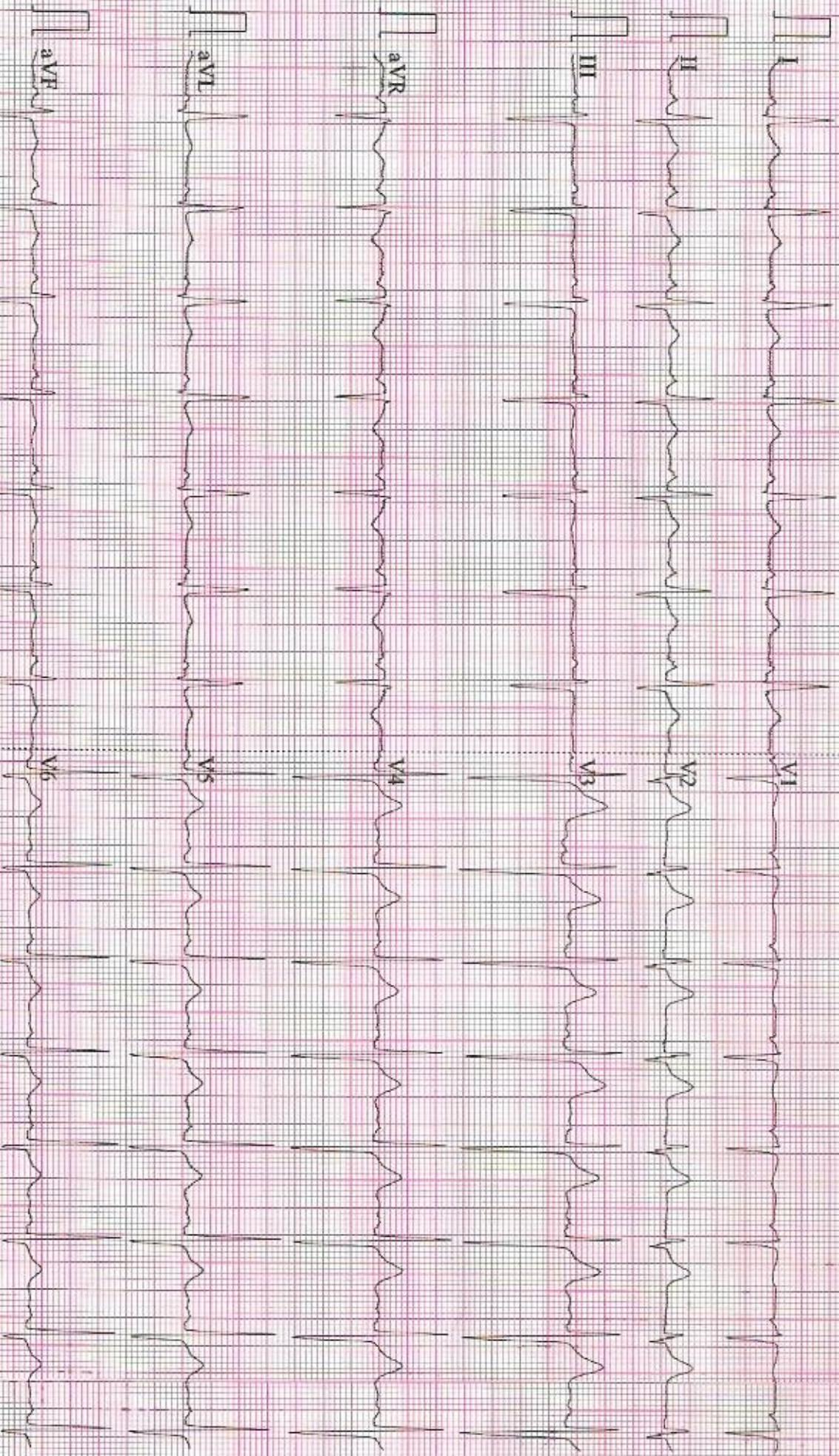
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Maly 7 Years

02-09-2023 13:30:35

HR	: 89	bpm
P	: 104	ms
PR	: 144	ms
QRS	: 94	ms
QT/QTc	: 366/446	ms
P/QRS/T	: 48/-17/27	ms
RV5/SV1	: 1.52/0.916	mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23090043      Receive: 02/09/2023      Print: 02/09/2023  
Patient's Name : **AL AMIN**  
Age : 47 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

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA**

*Al Amin*

This is to certify that  
whose signature follows

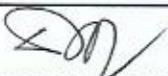
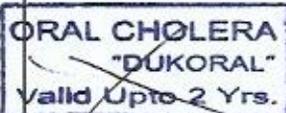
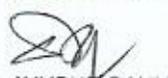
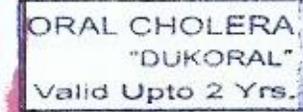
Date of birth

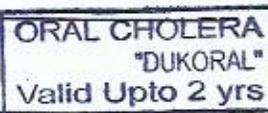
05-05-1976

Sex

Male

*Bay* has on the date indicated been vaccinated or revaccinated against Cholera

Date	Dignature and Professional status of vaccinator	Approved Stamp
09 JUN 2020	 DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	 
27 JUN 2021	 DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	 

02 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.		
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5			
6			
7			
8			

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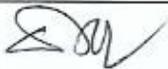
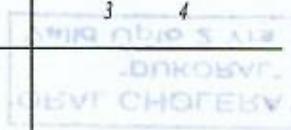
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST YELLOW-FEVER**

*Al Amir.*

This is to certify that  
whose signature follows

Date of birth **05-05-1976** Sex **Male**

*Boa* has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Dignature and Professional status of vaccinator	Dignature and Professional status of vaccinator	Official stamp of vaccination centre
09 JUN 2020	 <b>DR. MD. AYUBUR RAHMAN</b> M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A. Chittagong Regn. No. A-11820		1 2 
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the 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 ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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