

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: ISLAM MD SHAFIQUOL Sex: MALE Serial No: _____

Date of Birth: 07/09/1991 PP/CDC: C/O/6269

Vessel: MV. ETERNITY SW Type: _____ Rank: C/OFF

Home Address: HOUSE-28, VAGAR PUR LANE, HAZARI BAGH, P/O - NEW MARKET

Company Name: SYNERGY MARINE

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	Yes	No
Severe one-sided headaches (Migraine)					Hemia / 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 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					Malignant disease (Cancer)				
Female Disorder					Signed off on medical grounds / Declared Unfit				
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>178cm</u>	<u>72kg</u>	<u>43-41</u>	<u>130/80</u>	<u>78b/min</u>	<u>19b/min</u>	<u>Good</u>	
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000
Right Eye	<u>6/6</u>		Normal	Right Ear	dB	20	20
Left Eye	<u>6/6</u>		Abnormal	Left Ear	dB	20	20
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	Left ear	
	Other	Normal	Abnormal				

Systemic Examination

	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck			FIT FOR SEA SERVICE AS PH.OFF 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				Hemia / Hydrocoele		
Reflexes				Varicose Veins		
Skin				Fissure/Fistula/Piles		

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>15.0</u> gm%	14-16 gm %	Colour <u>SW</u>
Total WBC count	<u>8500</u> cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu <u>59</u> % Lymph <u>36</u> % Eos <u>02</u> % Ba <u>00</u> % Mo <u>02</u> %			pH
Malanial parasite	<u>NOT FOUND</u>		Albumin
ESR	<u>06</u> mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	<u>U/L</u>	9-43 U/L	Bile pigment
S.Cholesterol	<u>mg/dl</u>	145-260 mg / dl	Bile salts
S.Triglycerides	<u>mg/dl</u>	upto 200 mg / dl	Occult blood
Blood Sugar	<u>RBS</u>	upto 125 mg %	RBC cells
HbsAg	<u>NEGATIVE</u>		Leucocytes
HIV 1 & II	<u>NEGATIVE</u>		Others
VDRL	<u>NEGATIVE</u>		Spirometry: <u>N/Y</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: 02 SEP 2025

Candidate's Signature

Date: 03 SEP 2023



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

04.2023.4710



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

SURNAME: <u>ISLAM</u>	GIVEN NAME (S): <u>MD SHAFIQUL</u>	
DATE OF BIRTH: DAY <u>09</u> MONTH <u>09</u> YEAR <u>1992</u>	PLACE OF BIRTH CITY <u>DHAKA</u> COUNTRY <u>BAZGLADESH</u>	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER - <u>C/off</u> ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: <u>HOUSE - 28, VAGALPUR LANE,</u> <u>HAZARI BAGH, DHAKA - 1205</u>	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	<u>6/6</u>	<u>—</u>	☐ BOOK ☐ 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>	<u>—</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) 03 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.

Signature of Applicant: [Signature] Name of Applicant: MD SHAFIQUL ISLAM Date: 03-SEP-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: <u>DR. MIR MD. RAIHAN MBBS, (DU), DFM REG: A-55144</u>	
ADDRESS: <u>RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230</u>	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: <u>DG SHIPPING BANGLADESH</u>	
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: <u>06-MAY-2014</u>	
SIGNATURE OF PHYSICIAN: <u>[Signature]</u>	STAMP OF PHYSICIAN: <u>[Stamp: Radical Hospitals Ltd. AS Per-MLC-2006]</u>
EXPIRY DATE OF CERTIFICATE: <u>02 SEP 2025</u>	DATE: <u>03 SEP 2023</u>

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

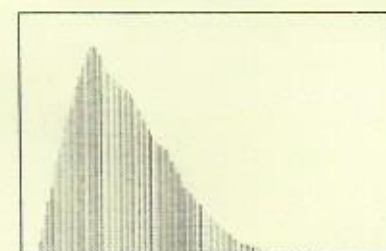
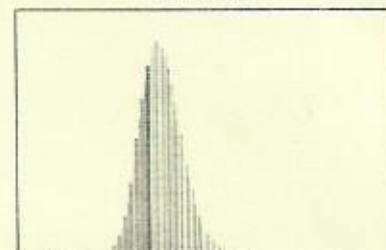
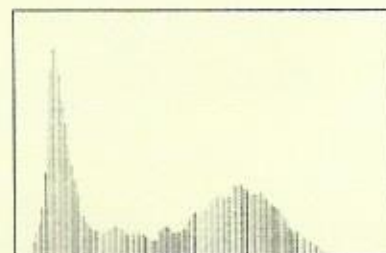
DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 0089 **Date** : 03-Sep-2023 **D.Date** : 03-Sep-2023
Patient's Name : MD SHAFIQUUL ISLAM **Age** : 32Y 7M 20D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6269

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.0 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)	8500 /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	36 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	170 /cumm	50-450/cumm
Total RBC Count	4.78 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.3 %	M: 40-54%, F:37-47%
MCV	88.5 fL	76 - 94 fL
MCH	31.4 pg	27 - 32 pg
MCHC	35.5 g/dL	29 - 34 g/dL
RDW	13.0 %	11 - 16 %
PDW	15.1 fL	35 - 56 fL
Total Platelete Count (PC)	2,15,000 /cumm	150,000-450,000/cumm
MPV	9.5 fL	7.0 - 11.0 fL
PCT	0.204 %	0.1 - 0.2 %
Bleeding 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.



Bill No	DIA23090089	Received Date	03/09/2023
Patient's Name	MD SHAFIQUUL ISLAM		
Patient's Age	32Y 7M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6269
Sample	Blood		

SEROLOGICAL REPORT

Test Name

Result

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

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	DIA23090089	Received Date	03/09/2023
Patient's Name	MD SHAFIQUUL ISLAM		
Patient's Age	32Y 7M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6269
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

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	DIA23090089	Received Date	03/09/2023
Patient's Name	MD SHAFIQU L ISLAM		
Patient's Age	32Y 7M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO : C/O/6269		
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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23090089 Receive: Print: 03/09/2023
Patient's Name : MD SHAFIQUUL ISLAM
Age : 32 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 73 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

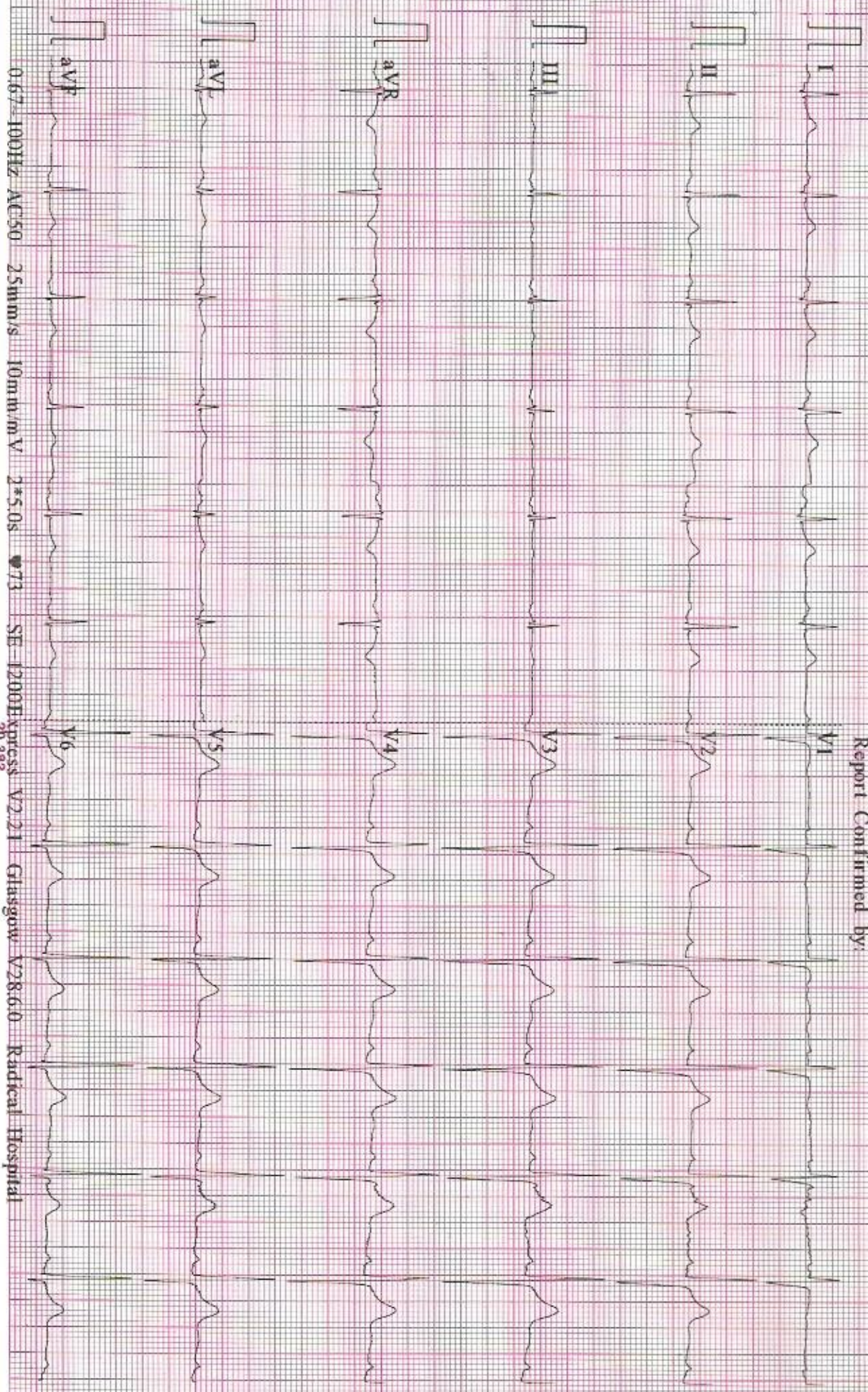
Sylhet Women's Medical College Hospital

ID: 169
03-09-2023 13:29:29
Male 33 Years

HR : 73 bpm
P : 116 ms
PR : 150 ms
QRS : 86 ms
QT/QTc : 374/413 ms
P/QRS/T : 145/137 °
RV5/SV1 : 1.51/0.795 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23090089 Receive: 03/09/2023 Print: 03/09/2023
Patient's Name : MD SHAFIQL ISLAM
Age : 32 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

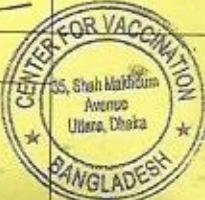
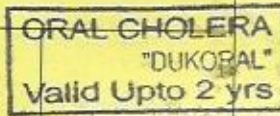
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CON TRE LE CHOLERA**

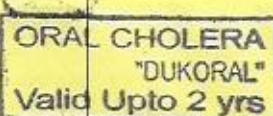
MD SHAFIQUEL ISLAM

This is to certify that JE Soussigne' (e) certifie que _____ date of birth / no' (e) le 07-sep-97 Sex / sexe MALE

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 date indiquee.

Date 12 FEB 2022	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cachet d'authentification
	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.	 

Date 03 SEP 2023	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cachet d'authentification
	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.	 

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 commençant six jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination, a compter de la date de cette revaccination.

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

De cachet d'authentification doit etre conforme au modele present per l'administration sanitaire du territoire ou la vaccination est effectuee.

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

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

MD SHAFIQUL ISLAM

This is to certify that JE Soussigne' (e) certifie que | date of birth | 07-SEP-97 | Sex | MALE
no' (e) le | | sexe |

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 fièvre jaune a la date indiquée.

Date	Signature and professional Statut of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numé- ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
12 FEB 2022	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 2 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.		
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 employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

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

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant en tenir lieu.

Toute altération ou omission sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.