HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No: 55144

PATIENT CONTROL NUMBER
HS6554FF

DR. MIR MD RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-35144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
HOSSAIN	MD	ARAFAT
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
CUMILLA 31-Jan-1989	A00033688	CO6554

NATIONALITY : BANGLADESHI | SEX : ✓ Male ☐ Female | VESSEL TYPE : BULK CARRIER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
WEST MIZAPARA, DAUDKANDI, DAUDKANDI-3516, CUMILLA, BANGLADESH

CONTACT NUMBER : 0088 01711-344424

RANK : 2ND ENGINEER

Have you ever had any of the following conditions?

	Condition	YES	NO		Condition	YES	NO
1	Eye/vision problem	☐	☑	18	Sleep problems	☐	☑
2	High blood pressure	☐	☑	19	Do you smoke?	☐	☑
3	Heart/vascular disease	☐	☑	20	Operation/surgery	☐	☑
4	Heart surgery	☐	☑	21	Epilepsy/seizures	☐	☑
5	Varicose veins	☐	☑	22	Dizziness/fainting	☐	☑
6	Asthma/bronchitis	☐	☑	23	Loss of consciousness	☐	☑
7	Blood disorder	☐	☑	24	Psychiatric problems	☐	☑
8	Diabetes	☐	☑	25	Depression	☐	☑
9	Thyroid problem	☐	☑	26	Attempted suicide	☐	☑
10	Digestive disorder	☐	☑	27	Loss of memory	☐	☑
11	Kidney problem	☐	☑	28	Balance problem	☐	☑
12	Skin problem	☐	☑	29	Severe headaches	☐	☑
13	Allergies	☐	☑	30	Ear/nose/throat problems	☐	☑
14	Infectious/contagious diseases	☐	☑	31	Restricted mobility	☐	☑
15	Hernia	☐	☑	32	Back problems	☐	☑
16	Genital disorders	☐	☑	33	Amputation	☐	☑
17	Pregnancy	☐	N/A	34	Fractures/dislocations	☐	☑

If any of the above questions were answered "yes", please give details.

Additional questions

		YES	NO
35	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36	Have you ever been hospitalised?	☐	☑
37	Have you ever been declared unfit for sea duty?	☐	☑
38	Has your medical certificate ever been restricted or revoked?	☐	☑
39	Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☑	☐
41	Are you allergic to any medications?	☐	☑

Comments: FIT FOR DUTY ON BOARD SHIP

42	Are you taking any non-prescription or prescription medications?	☐	☑

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 70kg Height (cm) 170 BMI 24.2 Blood Pressure: Systolic 120 mg Diastolic 80 mg PULSE: 78c/m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☐ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-I/9 YES / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 10 SEP 2023

	Normal	Abnormal		Normal	Abnormal
Head	✓	☐	Varicose veins	☐	☐
Sinuses, nose, throat	✓	☐	Vascular (inc. pedal pulses)	✓	☐
Mouth/teeth	✓	☐	Abdomen and viscera	✓	☐
Ears (general)	✓	☐	Hernia	✓	☐
Tympanic membrane	✓	☐	Anus (not rectal exam)	✓	☐
Eyes	✓	☐	G-U system	✓	☐
Opthalmoscopy	✓	☐	Upper and lower extremities	✓	☐
Pupils	✓	☐	Spine (C/S, T/S and L/S)	✓	☐
Eye movement	✓	☐	Neurologic (full brief)	✓	☐
Lungs and chest	✓	☐	Psychiatric	✓	☐
Breast examination	N/A	☐	General appearance	✓	☐
Heart	✓	☐	Skin	✓	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	N/A	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐	Positive	☑ Negative
ECG	N/A	BILIRUBIN	0.57		Alcohol Test	☐	Positive	☑ Negative
BLOOD R/E		SGPT	20		URINE R/E			N/A
DC(differential count)	N/A	SGOT	28		OTHERS			
HAEMOGLOBIN (HGB)	13.7	DRUG AND ALCOHOL TEST			HBsAg	☐	Reactiv	☑ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐ Positive	☑ Negative	HIV / AIDS Test	☐	Reactiv	☑ Nonreactive
WBC	6100	Amphetamine	☐ Positive	☑ Negative	VDRL	☐	Reactiv	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative	Blood Type	O+(VE)		
RANDOM	5.4	Barbiturates	☐ Positive	☑ Negative	Psychological Exam	N/A		
HBA1C	5.2	Cocaine	☐ Positive	☑ Negative	Others(KUB Ultraso	N/E		

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer	MD ARAFAT HOSSAIN Name of Seafarer	10-Sep-2023 Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☑ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☑	☐	☐
Unfit	☐	☐	☐	☐

☑ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions 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?

Yes	No
☑	☐

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date: 10 SEP 2023	Valid Until : 09 SEP 2025

DR. MIR MD. RAIHAN
Name, Signature and Stamp of Authorized Physician
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC Reg. No. A-55164
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

CRW15 – CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME	POSITION ON BOARD
HOSSAIN	MD ARAFAT	SECOND ENGINEER

DATE OF BIRTH	PLACE OF BIRTH	SEX	ID DOCUMENT NO
31-JAN-1989	CUMILLA	MALE	C/O/6554

(PLEASE INDICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REFERENCE LEVEL)

TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☑	☐	LYMPHOCYTE COUNT	☑	☐
RED BLOOD CELL COUNT (RBC)	☑	☐	MONOCYTE COUNT	☑	☐
PLATELET COUNT (PLT)	☑	☐	EOSINOPHIL COUNT	☑	☐
HAEMOGLOBIN (HGB)	☑	☐	BASOPHIL COUNT	☑	☐
HAEMOTOCRIT (HCT)	☑	☐	GRANULOCIYTE COUNT	☑	☐
MEAN CORPUSCULAR VOLUME (MCV)	☑	☐	THROMBOCYTE COUNT	☑	☐
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	☑	☐	**BIOCHEMISTRY**	**YES**	**NO**
MEAN CORPULSCULAR HB. CONC (MCHC)	☑	☐	ASPARTATE AMINOTRANSFERASE (AST, SGOT)	☑	☐
MEAN PLATELET VOLUME (MPV)	☑	☐	ALANINE AMINOTRANSFERASE (ALT, SGPT)	☑	☐
RED BLOOD CELL DISTRIBTION WIDTH (RDW)	☑	☐	TOTAL BILIRUBIN	☑	☐
NEUTORPHIL COUNT	☑	☐		☐	☐

IF ANY OF THE ABOVE CHECMICAL-SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DETAILS BELOW.
COMMENTS (for abnormal result):

Doctors Comments:

NO Abnormality Found.

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

10 SEP 2023

MEDICAL EXAMINER
(SIGNATURE & PRINTED NAME)

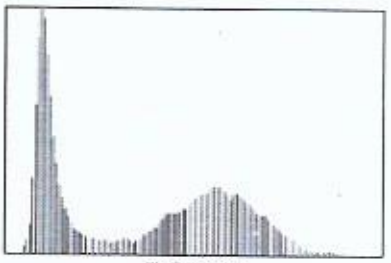
DATE OF EXAMINATION

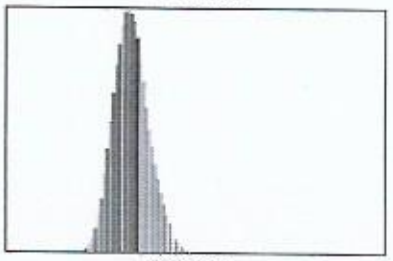
Id No : 23090404	**Date :** 10-Sep-2023	**D.Date :** 10-Sep-2023
Patient's Name : MD ARAFAT HOSSAIN	**Age :** 34Y 7M 9D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6554		

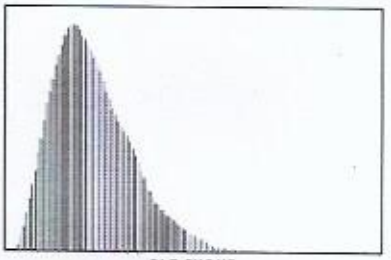
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**13.7** 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)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,100** /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	**122** /cumm	50-450/cumm
Total RBC Count	**5.02** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**38.7** %	M: 40-54%, F:37-47%
MCV	**77.1** fL	76 - 94 fL
MCH	**27.3** pg	27 - 32 pg
MCHC	**35.4** g/dL	29 - 34 g/dL
RDW	**12.6** %	11 - 16 %
PDW	**15.7** fL	35 - 56 fl
Total Platelete Count (PC)	**2,41,000** /cumm	150,000-450,000/cumm
MPV	**8.2** fL	7.0 - 11.0 fL
PCT	**0.198** %	0.1 - 0.%


WBC CURVE


RBC CURVE


PLT CURVE

Checked By
Medical Technologist

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

Bill No	DIA23090404	Received Date	10/09/2023
Patient's Name	MD ARAFAT HOSSAIN		
Patient's Age	34Y 7M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6554
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.4 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.57 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	25.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	20.0 U/L	Up to 40 U/L
HbA1C	5.2 %	4.2 - 6.7 %

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23090404	Received Date	10/09/2023
Patient's Name	MD ARAFAT HOSSAIN		
Patient's Age	34Y 7M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6554
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive

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	DIA23090404	Received Date	10/09/2023
Patient's Name	MD ARAFAT HOSSAIN		
Patient's Age	34Y 7M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6554
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	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 Technologis
Radical Hospitals Ltd.

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

Bill No	DIA23090404	Received Date	10/09/2023
Patient's Name	MD ARAFAT HOSSAIN		
Patient's Age	34Y 7M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6554
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

REF:	MV. SUDESTADA	DATE: 10/09/2023

M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	MD ARAFAT HOSSAIN	RANK: 2ND ENG	CDC NO: C/O/6554

VISUAL ACUITY:	RIGHT	LEFT
UNAIDED	6/6	6/6
AIDED		

COLOUR VISION: ~~NORMAL~~ / BLIND

OPINION : UNFIT / ~~FIT~~ FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

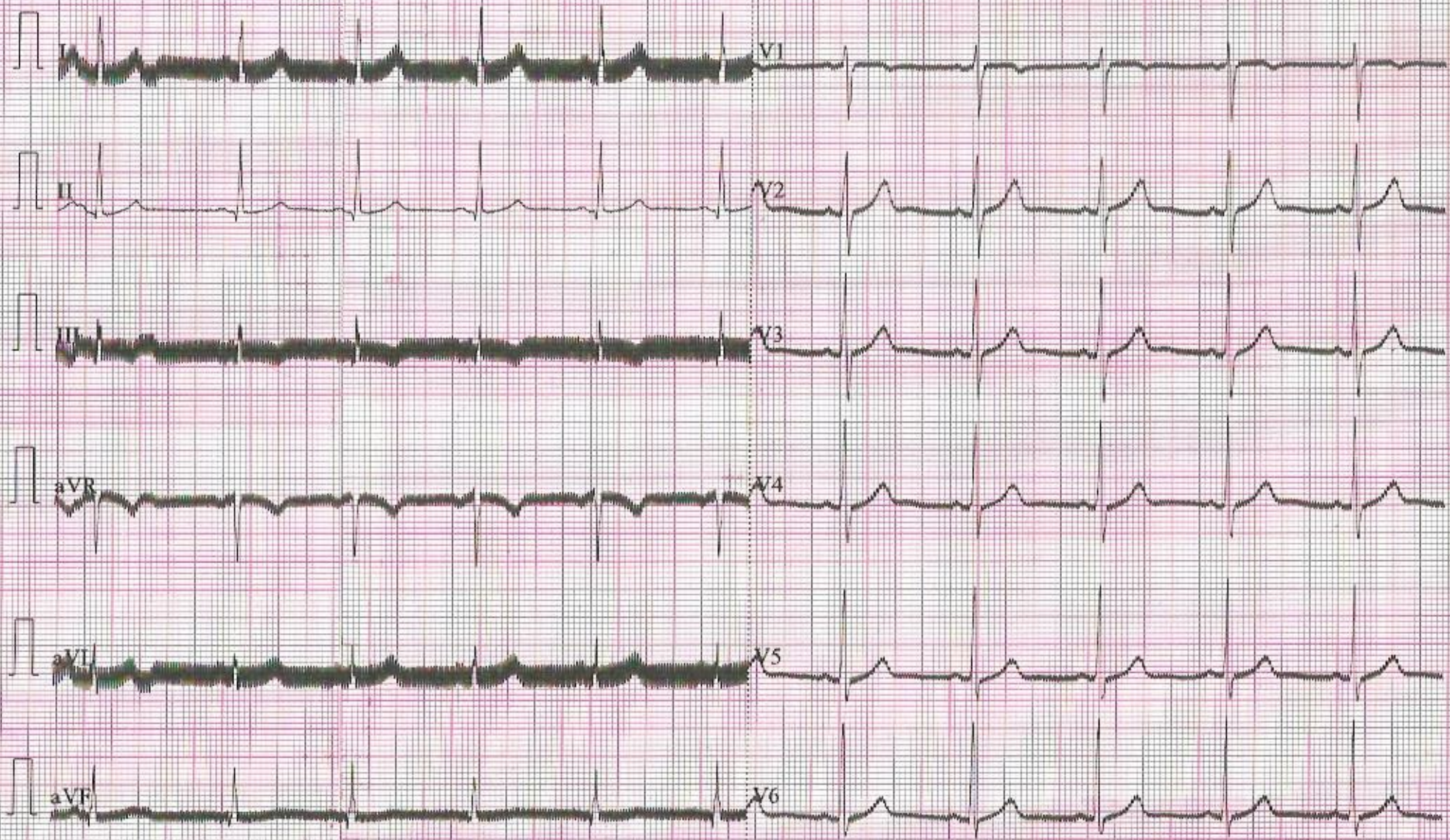
ID: 195
Md. Mustafizur Rahman.
Male 54 Years

10-09-2023 14:01:17

HR	: 66	bpm	
P	: 102	ms	
PR	: 130	ms	
QRS	: 88	ms	
QT/QTc	: 412/432	ms	
P/QRS/T	: 7/40/3	°	
RV5/SV1	: 1.657/0.938	mV	

Diagnosis Information:
Sinus arrhythmia
Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥66 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23090404	Receive:10/09/2023	Print: 10/09/2023
Patient's Name	:	**MD ARAFAT HOSSAIN**		
Age	:	34 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.

Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers

Merchant Shipping Directorate
Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica stcw@transport.gov.mt

Transport Malta

PART A – To be completed by applicant

Surname (Family Name)	*First Name*	*Second Name*
HOSSAIN	MD	ARAFAT
Date of Birth	*Country of Birth*	*Nationality*
31 January 1989	BANGLADESH	BANGLADESHI

Department

Deck ☐ Engine ☒ Radio ☐ Other ☐ Please specify:

Passport No. / Discharge Book No. / Identity Card No.	*Gender*
A00033688 / CO6554 / 050001927	Male ☒ Female ☐

Address

WEST MIZAPARA, DAUDKANDI, DAUDKANDI-3516, CUMILLA, BANGLADESH

Applicant`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
1. Eye / vision problem	☐	☒	18. Sleep problem	☐	☒
2. High blood pressure	☐	☒	19. Do you smoke, use alcohol or drugs?	☐	☒
3. Heart / vascular disease	☐	☒	20. Operation / surgery	☐	☒
4. Heart surgery	☐	☒	21. Epilepsy / seizures	☐	☒
5. Varicose veins / piles	☐	☒	22. Dizziness / fainting	☐	☒
6. Asthma / bronchitis	☐	☒	23. Loss of consciousness	☐	☒
7. Blood disorder	☐	☒	24. Psychiatric problems	☐	☒
8. Diabetes	☐	☒	25. Depression	☐	☒
9. Thyroid problem	☐	☒	26. Attempted suicide	☐	☒
10. Digestive disorder	☐	☒	27. Loss of memory	☐	☒
11. Kidney problem	☐	☒	28. Balance problem	☐	☒
12. Skin problem	☐	☒	29. Severe headache	☐	☒
13. Allergies	☐	☒	30. Ear (hearing/tinnitus)/nose/ throat problem	☐	☒
14. Infectious / contagious diseases	☐	☒	31. Restricted mobility	☐	☐
15. Hernia	☐	☒	32. Back or joint problem	☐	☒
16. Genital disorder	☐	☐	33. Amputation	☐	☒
17. Pregnancy	☐	☒	34. Fractures / dislocations	☐	☒

If you answered ***yes*** to any of the above questions, please write details below:

Radical Hospitals Ltd. Approved by Department of Shipping

• Additional questions:	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36. Have you ever been hospitalized?	☐	☑
37. Have you ever been declared unfit for sea duty?	☐	☑
38. Has your medical certificate ever been restricted or revoked?	☐	☑
39. Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40. Do you feel healthy and fit to perform the duties of your designated position / occupation?	☑	☐
41. Are you allergic to any medication?	☐	☑

Comments:

FIT FOR DUTY ON BOARD SHIP

	Yes	No
42. Are you taking any non-prescription or prescription medications?	☐	☑

If ***yes***, please list the medications taken, and the purpose/s and dosage/s:

Applicant must sign personal declaration in the presence of a duly qualified medical practitioner who will be filling PART B of this medical report

I hereby certify that the personal declaration above is a true statement to the best of my knowledge. Furthermore, I authorize the release of all my records from any health professionals, health institutions and public authorities to the appointed medical practitioner.

Applicant`s Signature
(Signed in the presence of medical practitioner)

Date: 10 SEP 2023

Radical Hospitals Ltd. Gibraltar As Per MLC-2006 Approved by Department of Shipping

Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers

Merchant Shipping Directorate
Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica.stcw@transport.gov.mt

Transport Malta

PART B – To be completed by a duly qualified medical practitioner

Medical Examination

Height	170 (cm)	Weight	70 (kg)	Pulse Rate	76 / (minute)	Rhythm	Regular

Blood pressure (mm HG)				Urinalysis					
Systolic	120	Diastolic	80	Glucose	Nil	Protein	Nil	Blood	Nil

Sight (Table on the "Minimum in-service eyesight standards for seafarers" is found on page 4 of this medical report)

Use of glasses or contact lenses: Yes ☐ No ☒

	Visual acuity						*Visual fields*		
	Unaided			Aided					
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular		Right eye	Left eye
Distant	6/6	6/6	✓				Normal	✓	
Near	N5	N5	✓				Defective		

Colour vision Not tested ☐ Normal ☐ Doubtful ☐ Defective ☐

Hearing

	Pure tone and audiometry (threshold values in dB)						*Speech and whisper test (metres)*		
	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz		Normal	Whisper
Right ear	20	20	20	20			Right ear	4	4
Left ear	20	20	20	20			Left ear	4	4

	Normal	Abnormal		Normal	Abnormal
1. Head	☒	☐	13. Skin	☒	☐
2. Sinuses, nose, throat	☒	☐	14. Varicose veins	☒	☐
3. Mouth / teeth	☒	☐	15. Vascular (inc. pedal pulses)	☒	☐
4. Ears (general)	☒	☐	16. Abdomen and viscera	☒	☐
5. Tympanic membrane	☒	☐	17. Hernia	☒	☐
6. Eyes	☒	☐	18. Anus (not rectal exam)	☒	☐
7. Ophthalmoscopy	☒	☐	19. G-U system	☒	☐
8. Pupils	☒	☐	20. Upper and lower extremities	☒	☐
9. Eye movement	☒	☐	21. Spine (C/S, T/S and L/S)	☒	☐
10. Lungs and chest	☒	☐	22. Neurologic (full brief)	☒	☐
11. Breast examination	N/A	☐	23. Psychiatric	☒	☐
12. Heart	☒	☐	24. General appearance	☒	☐

Chest X-ray ☐ Not performed ☒ Performed on 10 SEP 2023

Results: Normal

Other diagnostic test/s and results:

Test: Blood Heroine Result: Normal.

Medical practitioner's comments and assessment for fitness, with reasons for any limitations:

Vaccination status recorded: Yes ☒ No ☐

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ As per MLC-2006

Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers

Merchant Shipping Directorate
Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica.stcw@transport.gov.mt

Transport Malta

Medical certificate for service at sea

Surname (Family Name)	*First Name*	*Second Name*
HOSSAIN	MD	ARAFAT
Date of Birth	*Country of Birth*	*Nationality*
31 January 1989	BANGLADESH	BANGLADESHI

Department

Deck ☐ Engine ☒ Radio ☐ Other ☐ Please specify:

Passport No. / Discharge Book No. / Identity Card No.	*Gender*
A00033688 / CO6554 / 050001927	Male ☑ Female ☐

Declaration of duly qualified medical practitioner

	Yes	No
Confirmation that applicant`s identification documents were checked?	☑	☐
Hearing meets the standards in STCW Code, section A-I/9?	☑	☐
Visual acuity meets standards in STCW Code, section A-I9?	☑	☐
Colour vision meets standards in STCW Code, section A-I9?	☑	☐
Visual aid required?	☑	☐
Fit for lookout duties?	☑	☐
Is applicant suffering 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 is to certify that I have examined the applicant and that my findings are recorded in this medical report

Result: FIT FOR DUTY ON BOARD SHIP

Fit for Sea Duty ☑ Unfit for Sea Duty ☐ **Fit with limitations or restrictions ☐

**Please specify limitations or restrictions, if any:

Signature of duly qualified medical practitioner	Applicant`s Signature (Signed in the presence of medical practitioner)
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 Medical practitioner`s stamp	Date of Examination 10 SEP 2023

Validity 09 SEP 2025

This medical certificate shall remain valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ Bangladesh

Table A-I/9

Minimum in-service eyesight standards for seafarers

STCW Convention regulation	Category of seafarer	Distance vision Aided[1]		Near/intermediate vision	Colour vision[3]	Visual fields[4]	Night blindness[4]	Diplopia (double vision)[4]
		One eye	Other eye	Both eyes together, aided or unaided				
II/1 II/2 II/3 II/4 II/5 VII/2	Masters, deck officers and ratings required to undertake look-out duties	0.5[2]	0.5	Vision required for ship's navigation (e.g., chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 6	Normal visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	All engineer officers, electro-technical officers, electro-technical ratings and ratings or others forming part of an engine-room watch	0.4[5]	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/ components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
III/1 IV/2	GMDSS Radio operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/ components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

Notes

1 Values given in Snellen decimal notation.

2 A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.

3 As defined in the *International Recommendations for Colour Vision Requirements for Transport* by the Commission Internationale de l'Eclairage (CIE-143-2001 including any subsequent versions).

4 Subject to assessment by a clinical vision specialist where indicated by initial examination findings.

5 Engine department personnel shall have a combined eyesight vision of at least 0.4.

6 CIE colour vision standard 1 or 2.

7 CIE colour vision standard 1, 2 or 3.

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping