



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.
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Accredited By: BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
H1770

MEDICAL EXAMINATION CERTIFICATE

SURNAME SAUROV	FIRST NAME AND MD. EHSANUL	MIDDLE NAME HAQUE
PLACE AND DATE OF BIRTH GAIBANDHA 10-Jun-1997	PASSPORT NUMBER EG0931166	SEAMAN'S BOOK NUMBER CO9753
NATIONALITY: BANGLADESHI SEX: ☒ Male ☐ Female	VESSEL TYPE: CONTAINER	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: JOHURA VILLA, DISPENSARY ROAD, MASTER PARA, GAIBANDHA SADAR, GAIBANDHA, 5700, BANGLADESH.	CONTACT NUMBER: +8801750713212 (SELF)	RANK: 3RD ASST 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	☐	☒	34 Fractures/dislocations	☐	☒

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

Additional questions

Question	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?	☐	☒
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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 practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Ehsan

Signature of Seafarer

MEDICAL EXAMINATION

Weight: 86kg	Height (cm): 167	BM: 30.8	Blood Pressure: Systolic: 130 Diastolic: 80	PULSE: 78
Ear	Hearing by Audiometry	Audiometry		
Right	☐ Adequate ☐ Inadequate	500	1000	2000
Left	☐ Adequate ☐ Inadequate	3000		
		<i>N/A</i>		
		Hearing by Whisper Test		
		☐ Adequate ☐ Inadequate		
		☒ Adequate ☐ Inadequate		
Hearing meets the standards as laid down in STCW Code Section A-1/9? YES ☒ NO ☐				

04.2023.4716

Visual acuity					Visual fields	
Unaided		Aided				
Right eye	Left eye	Right eye	Left eye	Normal	Defective	
Distant	6/6	6/6		Right eye	☒	
Near				Left eye	☒	

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) **04 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	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	☒	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	☒	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	☒	SGPT	URINE R/E	☒
DC (differential count)	☒	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	☒	DRUG AND ALCOHOL TEST		
ESR (WESTERGRÉN)	☒	Morphine	☐ Positive ☒ Negative	HBsAg
WBC	☒	Amphetamine	☐ Positive ☒ Negative	HIV / AIDS Test
BLOOD GLUCOSE LEVEL	☒	Phencyclidine	☐ Positive ☒ Negative	VDRL
RANDOM	☒	Barbiturates	☐ Positive ☒ Negative	Blood Type
HBA1C	☒	Cocaine	☐ Positive ☒ Negative	Psychological Exam
				Others (KUB Ultrasound)

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

Signature of Seafarer	MD. EHSANUL HAQUE SAUROV	4-Sep-2023
	Name of Seafarer	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	
Fit	Deck service	Engine service	Catering service
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: 04 SEP 2023	Valid Until: 03 SEP 2024
Name and Signature of Authorized Physician	

In Accordance with Medical Examination (S. 17 of the Merchant Shipping Act, 1995 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Revision : 5.1

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

Revision Date : 24th July 2022

Medical Information: (医療情報) * Please check the appropriate items.
 該当するに該当する記号を記入して下さい。

1. ALLERGIES:

- (アレルギー)
☐ Urticaria (hives) (じんましん)
☐ Asthma (ぜんそく)
☐ Other (その他)
☐ Drug allergies (name): (薬品名)
☐ Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

- (1) Past serious illness: 三訂法注連) Age (年齢) _____

Surgeon: (手術)

When? _____

(時期) Age (年齢) _____

3. PRESENT ILLNESS (CHRONIC DISEASE): (持病/有無)
 Name of illness: (持病名) _____

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一投薬品名) _____

4. DAILY LIFE HABITS: (日常生活)

- (1) Alcohol intake: (飲酒)
☐ Do not drink (飲まない)
☐ Drink 2-3 times a week (週に2〜3回) ☐ Drink every evening (毎晩)
☐ Heavy drinker (強い) ☐ Moderate drinker (中程度) ☐ Light drinker (弱い)

(2) Smoking: (喫煙)

- ☐ Never smoke (吸わない)
☐ Not smoking in 19 _____ 19 _____ 年以降
☐ Smoke _____ cigarettes a day (1日平均) _____ 本吸う

(3) Bowel movements:

- (便通)
☐ Regular (規則的) ☐ Constipated (便秘)
☐ Irregular (不規則)

(4) Dietary preferences:

(食事の好み)

- ☐ Salty (塩辛い) ☐ Meat (肉類) ☐ Fish (魚類)
☐ Sweet (甘い) ☐ Only (偏った)

(5) Exercise: (運動)

- ☐ Often (よくやる) ☐ Sometimes (時々) ☐ Never (しない)

(6) Sleep: (睡眠)

- ☐ Sleep well (良く寝る) ☐ Have Sleeplessness (眠れない)
☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠剤使用)

(7) Weight: (体重)

- ☐ Constant (変わらない) ☐ Putting on weight (増えてきた)
☐ Losing weight (減ってきた)

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04 SEP 2023

5. FAMILY HISTORY : (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

Heart disease (心臓病) F M S
Cancer / pan (癌/部位) F B S
Diabetes (糖尿病) F M S
Hypertension (高血圧症) F M S
Cerebral Apoplexy (脳卒中) F M S
Liver disease (肝臓疾患) F M S
Other, Name of disease (病名) F M S

Briefly enter any special comments to the Attending Physician in English.

(医師に伝えたいこと、英語で簡潔に)

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Tel: _____ Fax: _____
(所属会社)
Name: DR. EHSAN ULLAH RAIHAN Sex: M/F
(氏名) (性別)
given name (名) family name (姓)
Name of Position: SPM Date of Birth: 20-06-97
(役職) (生年月日) (D-M-Y)

Height: (身長) 167 cm Weight: (体重) 58 kg/ai age 20: (20才時) 58 kg
Pulse: (脈拍) 72 /min Normal breathing rate: (正常呼吸数/分) 12 /min Normal temperature: (正常体温) 36.5 °C

Blood pressure: 120/80 mmHg Blood type: B+ Rh: + Single Married (未婚/既婚)
(血圧) (血液型)

Blood sugar: (血糖値) 100 mg/dl X 0.05625 = (mmol/l)
Uric acid: (尿酸値) 4.5 mg/dl X 0.05914 = (mmol/l)

Date: 04 SEP 2023 Signature: (署名) Ehsan
(Card holder) (本人)

DR. MIR. MD. RAIHAN
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DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. EHSANUL HAQUE SAUROV

RANK : 3RD ASST ENGINEER

CDC NO : C/O/9753

DOB : 10-Jun-1997

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart-related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment ?	☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel. I will bear all the expenses as may incur as a direct result of such concealment.

Date : 04 SEP 2023

Signed :

Ehsan

The Crew Member

* If yes, mention details below:-

[Signature]
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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General Physician
Radical Hospitals Limited

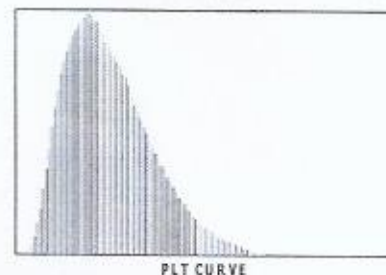
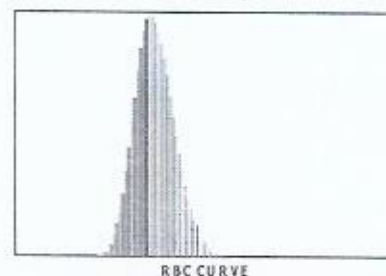
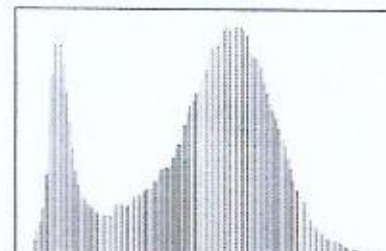


Id No : 0152 **Date** : 04-Sep-2023 **D.Date** : 04-Sep-2023
Patient's Name : MD EHSANUL HAQUE SAUROV **Age** : 26Y 7M 25D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9753

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.7 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)	15,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	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	316 /cumm	50-450/cumm
Total RBC Count	4.52 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.1 %	M: 40-54%, F:37-47%
MCV	86.5 fL	76 - 94 fL
MCH	32.5 pg	27 - 32 pg
MCHC	37.6 g/dL	29 - 34 g/dL
RDW	12.5 %	11 - 16 %
PDW	17.5 fL	35 - 56 fL
Total Platelete Count (PC)	2,81,000 /cumm	150,000-450,000/cumm
MPV	8.7 fL	7.0 - 11.0 fL
PCT	0.244 %	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	DIA23090152	Received Date	04/09/2023
Patient's Name	MD EHSANUL HAQUE SAUROV		
Patient's Age	26Y 7M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9753
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	19 U/L	Up to 37 U/L
Serum ALT (SGPT)	22 U/L	Up to 40 U/L
HbA1C	5.1 %	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 Technologist
Radical Hospitals Ltd.

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



Bill No	DIA23090152	Received Date	04/09/2023
Patient's Name	MD EHSANUL HAQUE SAUROV		
Patient's Age	26Y 7M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9753		
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

BLOOD GROUPING Result

ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist
Radical Hospitals Ltd.

2

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

Bill No	DIA23090152	Received Date	04/09/2023
Patient's Name	MD EHSANUL HAQUE SAUROV		
Patient's Age	26Y 7M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9753
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.


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

Bill No	DIA23090152	Received Date	04/09/2023
Patient's Name	MD EHSANUL HAQUE SAUROV		
Patient's Age	26Y 7M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO : C/O/9753		
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

04-09-2023 17:05:10

IR : 75 bpm

τ_p : 106 ms

PR : 160 ms

QRS : 100 ms

OT/OTc : 350/391

POP ST : 4715706

DATE: 7/2/00
PAGE: 1 OF 2

RV5/SV1 : 1.5020.96

III

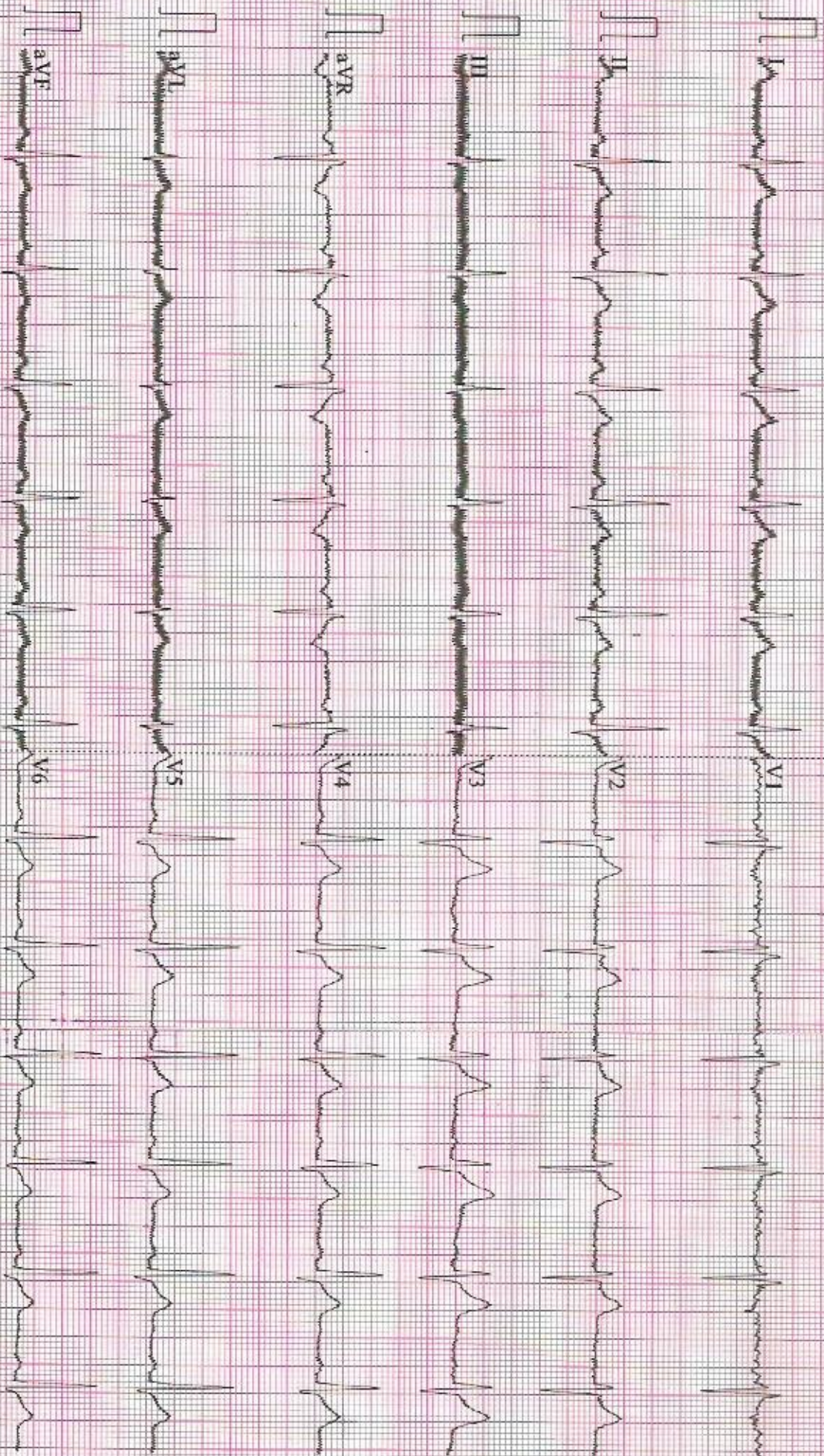
Diagnosis Information

Sinus rhythm

 $\text{rSr}^*(V1)$ - probable normal variant

Normal ECG

Report Confirmed by:



0.67-100Hz AC 50 25mm/s 10mm/mV 2*5.0s 75 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23090152	Receive: 04/09/2023	Print: 04/09/2023
Patient's Name	: MD EHSANUL HAQUE SAUROV		
Age	: 26 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

9

10

CENTER FOR VACCINATION
74, SYMALE ROAD
AGRAH, D.C.
BANGLADESH



OTHER VACCINATIONS AUTERS VACCINATION

[illegible]

REF: MV. ONE MACKINAC

DATE: 04/09/2023

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

EYE EXAMINATION REPORT

NAME: MD EHSANUL HAQUE SAUROV

RANK: 3A/ENG

CDC NO: C/O/9753

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