



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. A-55144

PATIENT CONTROL NUMBER
H2202

MEDICAL EXAMINATION CERTIFICATE

SURNAME JOY	FIRST NAME AND MD JOHIRUL ISLAM	MIDDLE NAME
PLACE AND DATE OF BIRTH BAGERHAT 8-Sep-1999	PASSPORT NUMBER A11470023	SEAMAN'S BOOK NUMBER CO10250
NATIONALITY: BANGLADESHI SEX: ☒ Male ☐ Female	VESSEL TYPE: CONTAINER	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: VILL. WEST SHELABUNIA, SATTER LANE ROAD, PO.MONGLA-9350, PS. MONGLA, DIST. BAGERHAT, BANGLADESH	CONTACT NUMBER: 01793-270222 (SELF)	RANK: 3RD OFFICER

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

	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 practitioner) 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 60kg	Height (cm) 167	BM 23.3	Blood Pressure: Systolic 120 Diastolic 80	PULSE: 78b/min																		
<table border="1"> <tr> <td colspan="2">Hearing by Audiometry</td> <td colspan="2">Audiometry</td> <td colspan="2">Hearing by Whisper Test</td> </tr> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td colspan="4">N/A</td> </tr> </table>					Hearing by Audiometry		Audiometry		Hearing by Whisper Test		Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000	Left	☐ Adequate ☐ Inadequate	N/A			
Hearing by Audiometry		Audiometry		Hearing by Whisper Test																		
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000																	
Left	☐ Adequate ☐ Inadequate	N/A																				
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																						

Visual acuity					Visual fields	
	Unaided		Aided			
	Right eye	Left eye	Right eye	Left eye		
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) 11 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	N/A	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	N/A	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	URINE R/E	N/A	
DC(differential count)	N/A	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	13.4	0.54		HBsAg	☐ Reactive
ESR (WESTERGREN)	25	18		HIV / AIDS Test	☐ Reactive
WBC	7.400	20		VDRL	☐ Reactive
BLOOD GLUCOSE LEVEL		DRUG AND ALCOHOL TEST		Blood Type	O+ve
RANDOM	4.6	Morphine	☐ Positive	☒ Negative	Psychological Exam
HBA1C	5.0%	Amphetamine	☐ Positive	☒ Negative	N/A
		Phencyclidine	☐ Positive	☒ Negative	Others(KUB Ultrasound)
		Barbiturates	☐ Positive	☒ Negative	N/A
		Cocaine	☐ Positive	☒ Negative	

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

MD JOHIRUL ISLAM JOY
11-Sep-2023

Signature of Seafarer 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

	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):

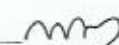
Fitness Date: 11 SEP 2023 Valid Until: 10 SEP 2025

Name and Signature of Authorized Physician

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: JOY	GIVEN NAME (S): MD JOHIRUL ISLAM	
DATE OF BIRTH:	PLACE OF BIRTH:	SEX:
DAY 8 MONTH 9 YEAR 1999	CITY BAGERHAT COUNTRY BANGLADESH	MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	MAILING ADDRESS OF APPLICANT: VILL. WEST SHELABUNIA, SATTER LANE ROAD, PO. MONGLA-9350, PS. MONGLA, DIST. BAGERHAT, BANGLADESH BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING	
	WITHOUT GLASSES	WITH GLASSES			
RIGHT EYE	6/6	—	BOOK	RIGHT EAR	
			LANTERN		
LEFT EYE			YELLOW  RED 	LEFT EAR	
			GREEN  BLUE 		

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) **11 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.

MD JOHIRUL ISLAM JOY

11-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. MD. AYUBUR RAHMAN. M.B.B.S; P.G.T. (MEDICINE)

ADDRESS: SABA DIAGNOSTIC CENTER, TAHER CHAMBER(G/F), 10- AGRABAD C/A, CHATTOGRAM, BANGLADESH.

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **23-02-1984**

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE: **11 SEP 2023**

EXPIRY DATE OF CERTIFICATE:

10 SEP 2025

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

DR. MIR. MD. RAIHAN

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

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician



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 | B | S |
| ☐ Cancer / pan (癌/前癌) | F | M | B | S |
| ☐ Diabetes (糖尿病) | F | M | B | S |
| ☐ Hypertension (高血圧症) | F | M | B | S |
| ☐ Cerebral Apoplexy (脳卒中) | F | M | B | S |
| ☐ Liver disease (肝臓疾患) | F | M | B | S |
| ☐ Other: Name of disease (病名) | F | M | B | S |

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

(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: 11 SEP 2023 Signature: (署名) [Signature]
(Card holder) (本人)

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Nationality: Bangladesh
(所属会社) (国籍)
Tel: _____ FAX: _____
Name: MD. TAHIRUL KARIM Sex: (性別) M/F
(氏名) (氏名) family name (姓)
Name of Position: MD Date of Birth: 08/08/79
(職位) (生年月日) (D・M・Y)
Height: (身長) 167 cm Weight: (体重) 65 kg/at age 20: (20 才時) _____ kg
Pulse: 78 /min Normal breathing rate: 18 /min Normal temperature: _____ °C
(脈拍) (正常呼吸数/分) (平熱)
Blood pressure: 120/80 mmHg Blood type: O+ Rh: _____ Single Married
(血圧) (血液型) (独身/結婚)
Blood sugar: (血糖値) _____ mg/dl $\times 0.05625 =$ (_____ mmol/L)
Uric acid: (尿酸値) _____ mg/dl $\times 0.05914 =$ (_____ mmol/L)



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

[Signature]

Medical Information: (医療情報) * Please check the appropriate items.

該当する二欄に「○」印を記入して下さい

1. ALLERGIES: (アレルギー)
☐ Urticaria/hives (じんましん)
☐ Asthma (ぜんそく)
☐ Other (その他)

2. Drug allergies (name): (薬品名)
☐ Food allergies (name): (食料名)

3. PAST HISTORY: (病歴)

(1) Past serious illness: (重大な病歴) Age (年齢)

(2) Surgery: (手術)

When? (時期)

Age (年齢)

4. 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 even evening (常飲)
☐ Heavy drinker (強飲) ☐ Moderate drinker (中程度) ☐ Light drinker (弱飲)

(2) Smoking: (喫煙) ☐ Never smoke (吸わない)

☐ Quit smoking in 19____ (年)に禁煙
☐ Smoke _____ cigarettes a day (1日____本吸う)

(3) Bowel movements: (排便)
☐ Regular (規則的) ☐ Irregular (不規則)
☐ Constipated (便秘)

(4) Dietary preferences: (食事の好み)
☐ Meat (肉類) ☐ Fish (魚類)
☐ Salty (塩辛い) ☐ Sweet (甘い) ☐ Only (偏食)
☐ Vegetarian (菜食)

(5) Exercise: (運動) ☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)

(6) Sleep: (睡眠)
☐ Sleep well (よく眠る) ☐ Have Sleeplessness (眠れない)
☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重)

☐ Constant (変わらない) ☐ Putting on weight (太ってきこ)
☐ Losing weight (やせてきこ)



11 SEP 2023

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





DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD JOHIRUL ISLAM JOY

RANK : 3RD OFFICER

CDC NO : C/O/10250

DOB : 08-Sep-1999

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 : 11 SEP 2023

Signed :

The Crew Member

* If yes, mention details below:-

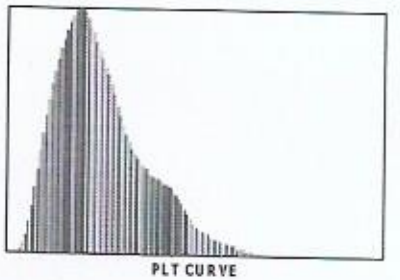
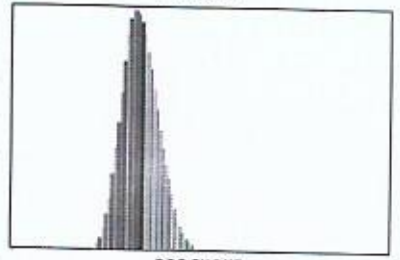
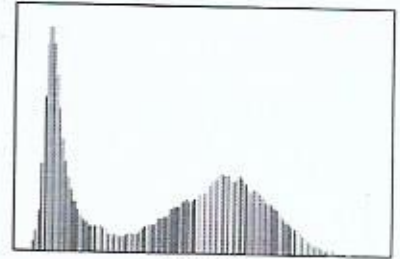
DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Birmen), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

Id No : 23090468 **Date** : 11-Sep-2023 **D.Date** : 11-Sep-2023
Patient's Name : MD JOHIRUL ISLAM JOY **Age** : 24Y 0M 3D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/10250

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.4 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,400 /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	148 /cumm	50-450/cumm
Total RBC Count	4.66 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.0 %	M: 40-54%, F:37-47%
MCV	79.4 fL	76 - 94 fL
MCH	28.8 pg	27 - 32 pg
MCHC	36.2 g/dL	29 - 34 g/dL
RDW	12.5 %	11 - 16 %
PDW	16.5 fL	35 - 56 fL
Total Platelete Count (PC)	2,28,000 /cumm	150,000-450,000/cumm
MPV	8.8 fL	7.0 - 11.0 fL
PCT	0.201 %	0.1 - 0.5 %



Checked By
Medical Technologist

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

Bill No	DIA23090468	Received Date	11/09/2023
Patient's Name	MD JOHIRUL ISLAM JOY		
Patient's Age	24Y 0M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	BLOOD	CDC NO:C/O/10250	

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.6 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.54 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	20.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	18.0 U/L	Up to 40 U/L
HbA1C	5.0 %	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
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23090468	Received Date	11/09/2023
Patient's Name	MD JOHIRUL ISLAM JOY		
Patient's Age	24Y 0M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		
Sample	BLOOD	CDC NO: C/O/10250	

SEROLOGICAL REPORT

Test Name

Result

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

BLOOD GROUPING Result

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

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	DIA23090468	Received Date	11/09/2023
Patient's Name	MD JOHIRUL ISLAM JOY		
Patient's Age	24Y 0M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE	CDC NO:C/O/10250	

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	0-1/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	DIA23090468	Received Date	11/09/2023
Patient's Name	MD JOHIRUL ISLAM JOY		
Patient's Age	24Y 0M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE	CDC NO:C/O/10250	

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. : 23090468 Receive: 11/09/2023 Print: 11/09/2023
Patient's Name : MD JOHIRUL ISLAM JOY
Age : 24 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: 203

11-09-2023 16:48:42

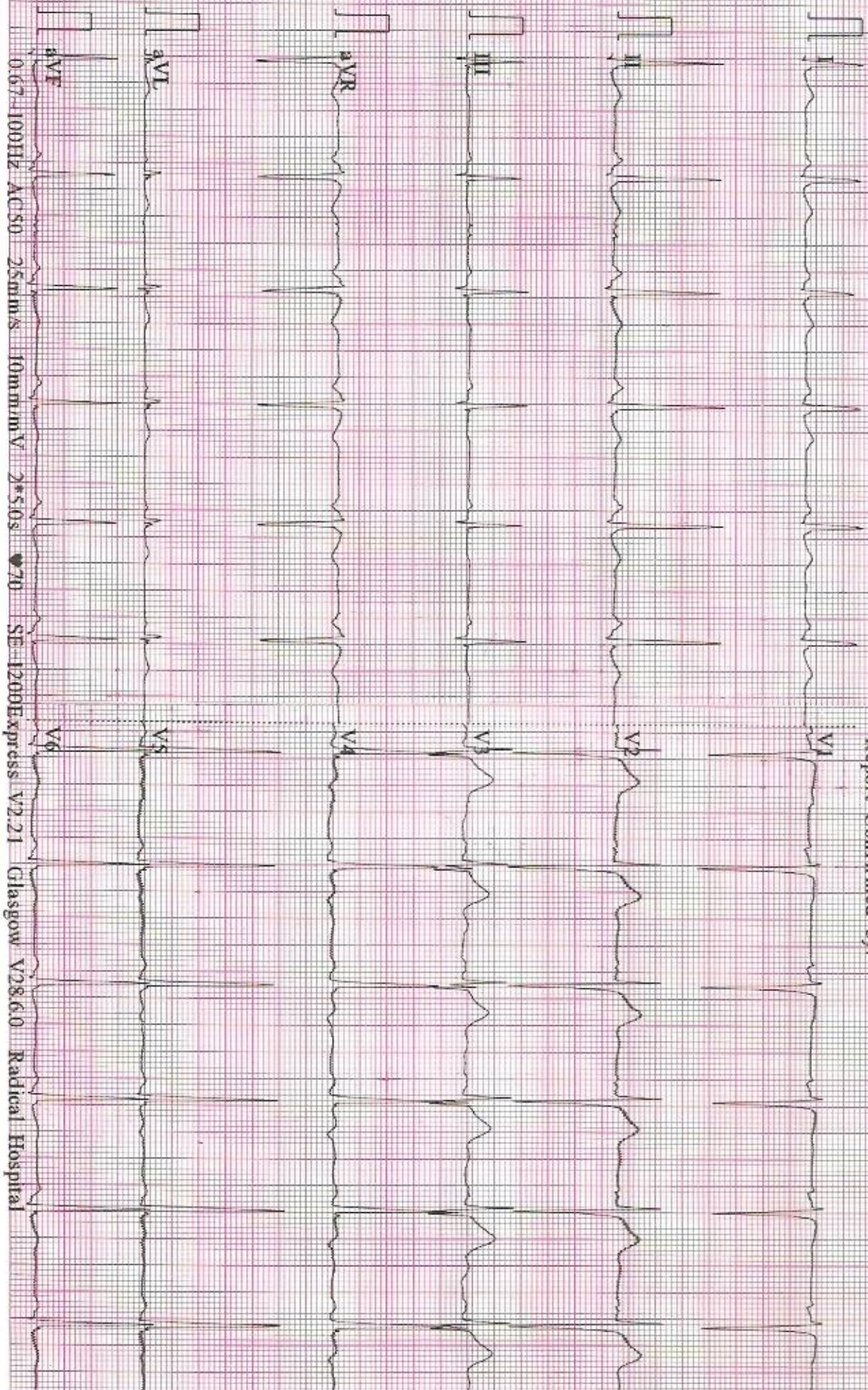
Mr. John Macdonald
male
54 Years

HR	: 70	bpm
P	: 128	ms
PR	: 158	ms
QRS	: 102	ms
QT/QTc	: 374/404	ms
P/QRS/T	: 52/58/36	°
RV5/SV1	: 2.53/1.953	mV

Diagnosis Information:

Sinus rhythm
Borderline high QRS voltage - probable normal variant
Borderline ECG

Report Confirmed by:



REF: MV. ONE HUMBER	DATE: 11/09/2023
---------------------	------------------

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

EYE EXAMINATION REPORT

NAME: MD JOHIRUL ISLAM JOY	RANK: 3 RD OFF	CDC NO: C/O/10250
----------------------------	---------------------------	-------------------

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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations				
			X-ray	ECG	Urine	Blood	LFT
02 JUL 2019	MV. HASSAN BRIDGE	BP 80/60 Pulse 72	200202	200202	200202	200202	200202
06 JAN 2020	MV. HASSAN BRIDGE	BP 80/60 Pulse 72	200202	200202	200202	200202	200202
06 JUL 2022	MV. HASSAN BRIDGE	BP 80/60 Pulse 72	200202	200202	200202	200202	200202
11 SEP 2023	MV. HASSAN BRIDGE	BP 80/60 Pulse 72	200202	200202	200202	200202	200202

Completed by Company's M.O.

Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
N/D	N/D			DR. M. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	DR
NOT DONE	NOT DONE			DR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	DR
				DR. MIR. MD. RAIHAN MBBS, D.U., D.F.M., C.D. (Bkdm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	
				DR. MIR. MD. RAIHAN MBBS, D.U., D.F.M., C.D. (Bkdm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

md Jahurul Islam Jay
This is to certify that } Date of birth 08-09-1999 Sex Male
whose signature follows }
✓ *[Signature]*
has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
02 JUL 2019	<i>[Signature]</i> DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820		
06 JAN 2020	<i>[Signature]</i> DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820		
06 JUL 2022	<i>[Signature]</i> 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.		4
11 SEP 2023	<i>[Signature]</i> 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.		6
7		7	8
8			

Continued overleaf Suite our erso

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO. 04.2023.4746

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last JOY First MD JOHIRUL ISLAM Middle
Gender: (Male/Female) MALE Nationality: BANGLADESHI
Occupation: Deck/Engine/Catering/Other (specify)
Father's/ Husband's name: MD. SOBAHAN HOWLADAR
Mother's Name: NASIMA BEGUM
Address: House No: 53 Street/ Road No: SATTER LANE
Locality/Village: SHELABONIA
P.O: MONGLA
P.S: MONGLA - 9350
District: BAGHERHAT
Date: 11 SEP 2023
Rank: 3RD OFFICER
C.D.C No: C/O/10250
Seaman ID No: 050011081
Passport No: A11470023
NID No: 8254010435
Date of Birth: 08-09-1999
(DD/MM/YYYY)

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination: YES/NO
- Hearing meets the standards in section A-I/9: YES/NO
- Unaided hearing satisfactory?: YES/NO
- Visual acuity meets standards in section A-I/9?: YES/NO
- Colour vision meets standards in section A-I/9?: YES/NO
Date of last colour vision test: 11 SEP 2023
- Fit for lookout duties?: YES/NO
- Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?: YES/NO
- Any limitations or restrictions on fitness?: YES/NO

If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category:

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY): 11 SEP 2023

11. Date of expiry (DD/MM/YYYY): 10 SEP 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



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

Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

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 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements, and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food-related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION:

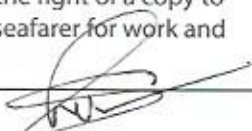
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

11 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.