



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:
HSL-003320

MEDICAL EXAMINATION CERTIFICATE

SURNAME HASAN	FIRST NAME AND MD	MIDDLE NAME NAZMUL
PLACE AND DATE OF BIRTH DHAKA 2-Sep-1997	PASSPORT NUMBER A02139605	SEAMAN'S BOOK NUMBER CO9673
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER
PERMANENT HOME ADDRESS : HOUSE NO-1245/1/A, WASA LANE; ROAD NO-COMMISSIONER ROAD, EAST JURAIN, P.O - FARIDABAD, P.S-KADAMTOLI, DHAKA, BANGLADESH.		TRADING AREA : WORLD WIDE
CONTACT NUMBER : 01886-765305 (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

	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.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 66kg	Height (cm) 172	BMI 22.3	Blood Pressure: Systolic 100/70	Diastolic 70/40	PULSE: 78 bpm												
<table border="1"> <tr> <th>Ear</th> <th>Hearing by Audiometry</th> <th>Audiometry</th> <th>Hearing by Whisper Test</th> </tr> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td>500 1000 2000 3000</td> <td>☒ Adequate ☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td>☒ Adequate ☐ Inadequate</td> </tr> </table>						Ear	Hearing by Audiometry	Audiometry	Hearing by Whisper Test	Right	☐ Adequate ☐ Inadequate	500 1000 2000 3000	☒ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate		☒ Adequate ☐ Inadequate
Ear	Hearing by Audiometry	Audiometry	Hearing by Whisper Test														
Right	☐ Adequate ☐ Inadequate	500 1000 2000 3000	☒ Adequate ☐ Inadequate														
Left	☐ Adequate ☐ Inadequate		☒ Adequate ☐ Inadequate														
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																	

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

Visual acuity meets the standard laid down in STCW Code Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

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

Date of last colour vision test: Date (day/month/year) 05 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	<u>MD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative	
ECG	<u>MD</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative	
BLOOD R/E	<u>MD</u>	SGPT	URINE R/E	<u>MD</u>	
DC(differential count)	<u>MD</u>	SGOT	OTHERS	<u>MD</u>	
HAEMOGLOBIN (HGB)	<u>14.1</u>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<u>07</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<u>8.00</u>	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	<u>B</u>
RANDOM	<u>5.3</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	<u>MD</u>
HBA1C	<u>5.2%</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)	<u>MD</u>

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

<u>MD</u>	MD NAZMUL HASAN	5-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
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:	<u>05 SEP 2023</u>	Valid Until:	<u>04 SEP 2024</u>
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Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 18) and STCW 1978/1996 as Amended, MLC 2006

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 / part (癌/部位) 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.
(英語で医師へ特に伝えたいこと、英語で記載してください)

MEDICAL RECORDS (Write in block Letters)

Name of Company (所属会社) Tel. Fax
Name (氏名) DR. NAZMUL HASAN family name (姓) NAZMUL
given name (名) HASAN
Nationality (国籍) BANGLADESH
Sex (性別) M (男/女)
Date of Birth (生年月日) 02/09/97 (D・M・Y)

Height (身長) 172 cm Weight (体重) 66 kg age 20 (20 才) kg
Pulse (脈拍) 78 /min Normal breathing rate (正常呼吸数/分) 19 /min Normal temperature (正常体温) C

Blood pressure (血圧) 100/70 mmHg Blood type (血液型) B+ Rh () Single Married (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

Date: 05 SEP 2023
Signature (署名) [Signature]
(Card holder) (本人)

[Signature]

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



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

該当する二項にノ記を記入して下さい。

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: 三六既往歴 Age (年齢)

Surgery: (手術)

When: (時期)

Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (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様薬品名)

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 (毎日)

- ☐ 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__
 - ☐ smoke cigarettes a day (1日平均__本)

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

- (4) Dietary preferences: (食事の好み)
- ☐ Salty (塩辛い)
 - ☐ Meat (肉類)
 - ☐ Fish (魚類)

- ☐ Sweet (甘い)
- ☐ Only (脂っこい)
- ☐ Never (しない)

- (5) Exercise: (運動)
- ☐ Often (よくやる)
 - ☐ Sometimes (時々)
 - ☐ Never (しない)

- (6) Sleep: (睡眠)
- ☐ Sleep well (良く眠る)
 - ☐ Have Sleeplessness (眠れない)
 - ☐ Sometimes take sleeping pills, etc. (時々睡眠薬等)

- (7) Weight: (体重)
- ☐ Constant (変わらない)
 - ☐ Putting on weight (太ってきた)
 - ☐ Losing weight (やせてきた)



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05 SEP 2023



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD NAZMUL HASAN

RANK : 3RD ASST ENGINEER

CDC NO : C/O/9673

DOB : 02-Sep-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 and will bear all the expenses as may incur as a direct result of such concealment.

Date : 05 SEP 2023

Signed :

The Crew Member

* If yes, mention details below:-

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

Id No : 0207
 Patient's Name : MD NAZMUL HASAN
 Specimen : Blood
 Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9673

Date : 05-Sep-2023

Age : 26Y 0M 3D

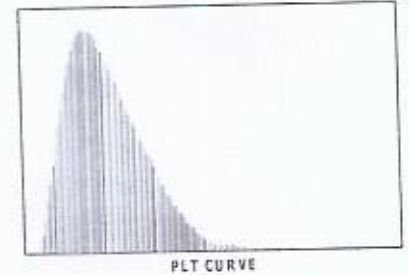
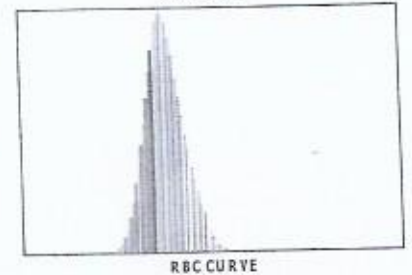
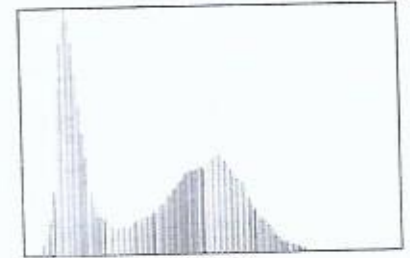
D.Date : 05-Sep-2023

Gender: Male

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.1 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	58 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	36 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	160 /cumm	50-450/cumm
Total RBC Count	4.18 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.4 %	M: 40-54%, F:37-47%
MCV	89.5 fL	76 - 94 fL
MCH	33.7 pg	27 - 32 pg
MCHC	37.7 g/dL	29 - 34 g/dL
RDW	11.4 %	11 - 16 %
PDW	15.6 fL	35 - 56 fL
Total Platelete Count (PC)	2,60,000 /cumm	150,000-450,000/cumm
MPV	8.0 fL	7.0 - 11.0 fL
PCT	0.208 %	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	DIA23090207	Received Date	05/09/2023
Patient's Name	MD NAZMUL HASAN		
Patient's Age	26Y 0M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9673
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)	21 U/L	Up to 37 U/L
Serum ALT (SGPT)	23 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 Technologist
Radical Hospitals Ltd.

2

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

Bill No	DIA23090207	Received Date	05/09/2023
Patient's Name	MD NAZMUL HASAN		
Patient's Age	26Y 0M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9673		
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 Technologis
Radical Hospitals Ltd.



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

Bill No	DIA23090207	Received Date	05/09/2023
Patient's Name	MD NAZMUL HASAN		
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9673
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	DIA23090207	Received Date	05/09/2023
Patient's Name	MD NAZMUL HASAN		
Patient's Age	26Y 0M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: C/O/9673		
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

REF: MV. ONE MACKINAC

DATE: 05/09/2023

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

EYE EXAMINATION REPORT

NAME: MD NAZMUL HASAN

RANK: 3A/ENG

CDC NO: C/O/9673

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

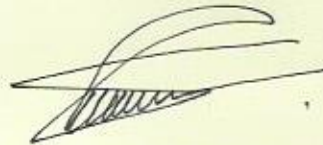
6/6

6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION

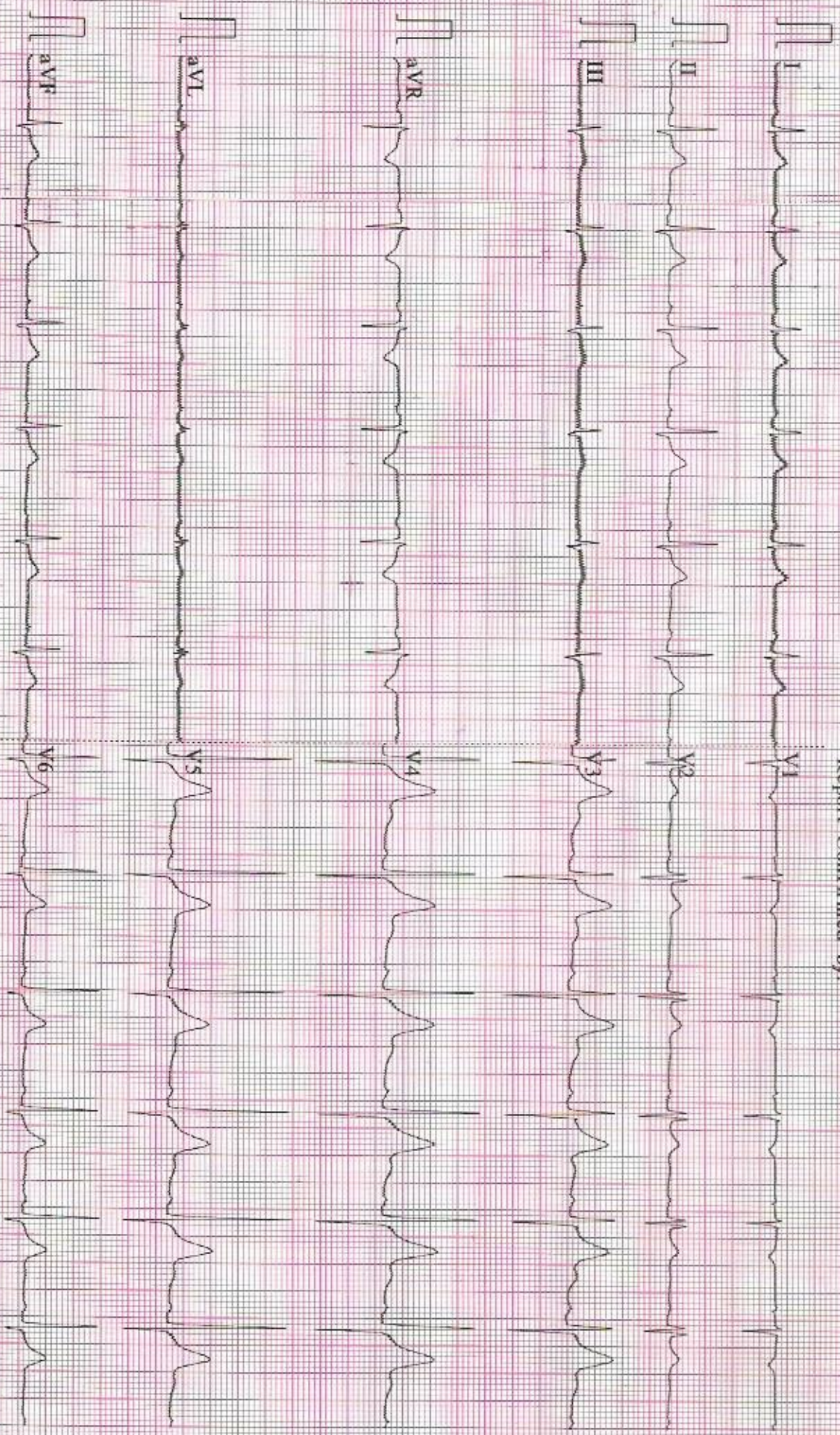
: ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD


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

ID: 180
05-09-2023 16:32:01
Male 66 Years
HR : 75 bpm
P : 94 ms
PR : 154 ms
QRS : 84 ms
QT/QTc : 360/402 ms
P/QRS/T : 18/43/45 °
RV5/SV1 : 2.153/0.572 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23090207 Receive: 05/09/2023 Print: 05/09/2023
Patient's Name : MD NAZMUL HASAN
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

10 NOV 2022

4

Not done.

5

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

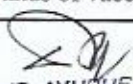
md. ~~Mazmul~~ ~~Hasan~~.

This is to certify that
whose signature follows

Date of birth 02.09.1997 Sex MALE

~~Atiqur~~

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 10 NOV 2022	 DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
2 05 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.	

3		3	4
4			
5		5	6
6			
7		7	8
8			