



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER:
HS6764FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME ISLAM	FIRST NAME AND MD. REAJUL	MIDDLE NAME
PLACE AND DATE OF BIRTH KHULNA 28-Aug-1991	PASSPORT NUMBER EE0147006	SEAMAN'S BOOK NUMBER CO6764
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL-KAGOZIPARA, PO-KAGOZIPARA, PS-DUMURIA, DIST-KHULNA, BANGLADESH.		CONTACT NUMBER : +8801935164885 (SELF)
		RANK : 1ST 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 **73 kg** Height (cm) **167** BMI **26.1** Blood Pressure: Systolic **110 mmHg** Diastolic **70 mmHg** PULSE **78 bpm**

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

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
☐ 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		
Distant	6/6	6/6			☒	☐
Near					☒	☐

Visual acuity meets the standard laid down in STCW Code Section A-1/9: ☒ YES / NO ☐ 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) 19 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>11/11/23</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>11/11/23</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	<u>11/11/23</u>	SGPT	URINE R/E	<u>11/11/23</u>
DC(differential count)	<u>11/11/23</u>	SGOT	OTHERS	<u>11/11/23</u>
HAEMOGLOBIN (HGB))	<u>14.4</u>	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	<u>07</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	<u>6.700</u>	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL	<u>5.2</u>	Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	<u>5.2</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	<u>5.07</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)

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

<u>MD. REAJUL ISLAM</u>	MD. REAJUL ISLAM	19 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			
Fit	Deck service	Engine service	Catering service	Other services
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 ☐
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Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date: <u>19 SEP 2023</u>	Valid Until: <u>18 SEP 2024</u>
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Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. REAJUL ISLAM

RANK : 1ST ASST ENGINEER

CDC NO : C/O/6764

DOB : 28-Aug-1991

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 : 19 SEP 2023

Signed :

The Crew Member

* If yes, mention details below:-

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

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/部位)	F	M	D	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)

MEDICAL RECORDS
(Write in block letters)

Name of Company: _____ Nationality: BANGLADESH
(所属会社) (国籍)

Name: DR. RAHMAN Sex: (性別) M
(氏名) (男/女)

Name of Position: RAJ family name (姓) _____
(役職)

Height: (身長) 167 cm Weight: (体重) 73 kg/age 20: (20才時) 3 kg
Pulse: (脈拍) 78 /min Normal breathing rate: (正常呼吸数/分) 14 /min Normal temperature: (平熱) _____ °C

Blood pressure: 120/70 mmHg Blood type: A+ /Rh () Single Married (未婚/既婚)

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: 19 SEP 2023 Signature (署名): _____
(Card holder) (本人)


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Medical Information: (医療情報) * Please check the appropriate items.
 該当する二項にチェックを入して下さい。

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): (薬名)
☐ Food allergies (name): (食名)

2. PAST HISTORY: (病歴)
 (1) Past serious illness: (三つ既往症) Age (年齢)

(2) Surgery: (手術) When? (時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(経過): (持続/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 (強飲) ☐ Moderate drinker (中量飲) ☐ Light drinker (軽飲)
- (2) Smoking: (喫煙)
☐ Never smoke (吸わない)
☐ Not smoking in 19____ (19____年以降煙)
☒ Smoke cigarettes a day: (1日____本吸う)
☐ Regular (規則的) ☐ Irregular (不規則)
☐ Constipated (便秘)
- (3) Bowel movements: (排便)
☐ Regular (規則的) ☐ Irregular (不規則)
☐ Constipated (便秘)
- (4) Dietary preferences: (食味の好み)
☐ Meat (肉類) ☐ Fish (魚類)
☐ Sweet (甘い) ☐ Only (強硬)
☐ Salty (塩辛い)
- (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 (寝れない)
☐ 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 (太ってきた)
☐ Losing weight (やせてきた)

19 SEP 2023

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