



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 : BMOC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
H421

MEDICAL EXAMINATION CERTIFICATE

SURNAME KARIM		FIRST NAME AND MD. REZAUL		MIDDLE NAME	
PLACE AND DATE OF BIRTH MADARIPUR 5-Jun-1991		PASSPORT NUMBER A01025404		SEAMAN'S BOOK NUMBER CO7157	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER		TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL-UTTAR PUNCH KHOLA, PO-MADARIPUR, PS-MADARIPUR, DIST-MADARIPUR, BANGLADESH.				CONTACT NUMBER : +8801913055687 (SELF)+	
				RANK : 2ND 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.

Raaf

Signature of Seafarer

MEDICAL EXAMINATION

Weight 83 kg	Height (cm) 170	BM 28.7	Blood Pressure: Systolic 120 mm Diastolic 80 mm	PULSE: 78 bpm																								
<table border="1"> <tr> <td colspan="2">Ear</td> <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> <td>☐ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td colspan="4"><i>2/2</i></td> <td>☒ Adequate ☐ Inadequate</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	☐ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate	<i>2/2</i>				☒ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate
Ear		Hearing by Audiometry		Audiometry		Hearing by Whisper Test																						
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000	☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate																					
Left	☐ Adequate ☐ Inadequate	<i>2/2</i>				☒ 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				
Distant	Right eye	Left eye	Right eye	Left eye	Normal	Defective
	6/6	6/6			☒	☐
Near					☒	☐

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) **18 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	MD	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	MD	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	MD
DC (differential count)	MD	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	13.2	DRUG AND ALCOHOL TEST		
ESR (WESTERGREN)	0.7	Morphine	☐ Positive ☒ Negative	HBsAg
WBC	8.800	Amphetamine	☐ Positive ☒ Negative	HIV / AIDS Test
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	VDRL
RANDOM	5.7	Barbiturates	☐ Positive ☒ Negative	Blood Type
HBA1C	5.5%	Cocaine	☐ Positive ☒ Negative	Psychological Exam
				Others (KUB Ultraso

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

Signature of Seafarer **Perceal**MD. REZAUL KARIM
Name of Seafarer**18 SEP 2023**
18-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: **18 SEP 2023**

Valid Until:

17 SEP 2025

Name and Signature of Authorized Physician

In Accordance with Medical Examination (MBBS (DU), DPM, CCD (Birm), PGT (Ophth) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: KARIM		GIVEN NAME (S): MD. REZAUL	
DATE OF BIRTH: DAY 5 MONTH 6 YEAR 1991		PLACE OF BIRTH CITY MADARIPUR COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING		MAILING ADDRESS OF APPLICANT: VILL-UTTAR PUNCH KHOLA, PO-MADARIPUR PS-MADARIPUR, DIST-MADARIPUR BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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) **18 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. REZAUL KARIM

18-Sep-2023

Rezaul
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, TAHIR CHAMBER(G/F), 10- AGRABAD C/A, CHATTOGRAM, BANGLADESH.	
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)	
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 23-02-1984	
SIGNATURE OF PHYSICIAN: <i>[Signature]</i>	STAMP OF PHYSICIAN:
EXPIRY DATE OF CERTIFICATE: 17 SEP 2025	DATE: 18 SEP 2023

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

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

Medical Information: (医療情報) * Please check the appropriate items.
該当する二個以上の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: (重大既往症) Age (年齢) _____

(2) 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投薬品名)

18 SEP 2023

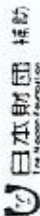


DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CCD (Biom), PGT (Opth)
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4. DAILY LIFE HABITS: (日常生活)

- (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 (毎日) ☐ Moderate drinker (中程度) ☐ Light drinker (軽度)
- (2) Smoking: (喫煙)
☐ Never smoke (吸わない)
☐ Past smoking in 19_____, 20_____, 20_____, 20_____, 20_____
☐ Smoke _____ cigarettes a day (1日_____) (年_____)
☐ Regular (規則的) ☐ Irregular (不規則) ☐ Cigarettes (葉巻)
☐ Bowel movements: (排便)
☐ Regular (規則的) ☐ Irregular (不規則) ☐ Constipated (便秘)
- (3) Dietary preferences: (食事の好み)
☐ Salty (塩辛) ☐ Meat (肉類) ☐ Fish (魚類)
☐ Sweet (甘い) ☐ Only (揚げ物)
- (4) Exercise: (運動)
☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)
- (5) 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)
- (6) 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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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 (癌/がん) | 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.

(英語で病歴を記入してください。英語で病歴を記入してください。)

MEDICAL RECORDS

(Write in block letters)

Name of Company: _____ Nationality: _____

(所属会社) _____ (国籍) _____

Name: MR. RAHMAN Sex: _____

(氏名) _____ (性別) _____

Name of Position: RAHMAN Family name (姓): _____

(職位) _____ (姓) _____

Height: 170 cm Weight: 83 kg/at age 20 (20才時) _____

Pulse: 78 /min Normal breathing rate: 19 /min Normal temperature: _____

(脈拍/分) (正常呼吸数/分) (正常体温)

Blood pressure: 120/80 mmHg Blood type: B+ Rh: _____

(血圧) (血液型) (単身/結婚)

Blood sugar (空腹値): _____ mg/dl $\times 0.05625 =$ _____ mmol/l

Uric acid (尿酸値): _____ mg/dl $\times 0.05914 =$ _____ mmol/l

Date: 18 SEP 2023

Signature (署名): _____

(Card holder) (本人)

DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Bdcm), PGT (Ophth)

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DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited





HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. REZAUL KARIM

RANK : 2ND ASST ENGINEER

CDC NO : C/O/7157

DOB : 05-Jun-1991

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR 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 *

YES	NO
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒

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 : 18 SEP 2023

Signed :

Resat

The Crew Member

* If yes, mention details below:-

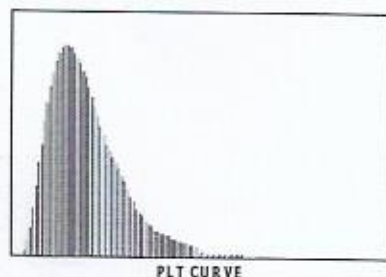
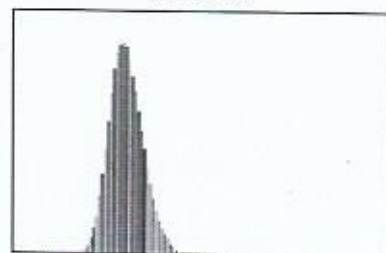
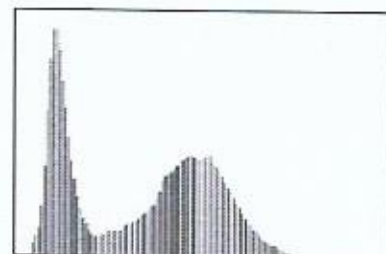
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General Physician
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Id No : 0775 **Date** : 18-Sep-2023 **D.Date** : 18-Sep-2023
Patient's Name : MD REZAUL KARIM **Age** : 32Y 3M 13D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7157

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.2 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)	9,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	62 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	34 %	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	196 /cumm	50-450/cumm
Total RBC Count	5.18 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.2 %	M: 40-54%, F:37-47%
MCV	69.9 fL	76 - 94 fL
MCH	25.5 pg	27 - 32 pg
MCHC	36.5 g/dL	29 - 34 g/dL
RDW	13.3 %	11 - 16 %
PDW	14.0 fL	35 - 56 fL
Total Platelete Count (PC)	3,46,000 /cumm	150,000-450,000/cumm
MPV	7.4 fL	7.0 - 11.0 fL
PCT	0.256 %	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	DIA23090775	Received Date	18/09/2023
Patient's Name	MD REZAUL KARIM		
Patient's Age	32Y 3M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7157
Sample	BLOOD		

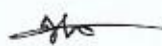
BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.61 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	26.0 U/L	Up to 40 U/L
HbA1C	5.5 %	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

radical_hospitals@yahoo.com, www.radicalhospital.com

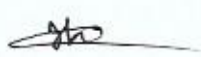
Bill No	DIA23090775	Received Date	18/09/2023
Patient's Name	MD REZAUL KARIM		
Patient's Age	32Y 3M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	BLOOD	CDC NO:C/O/7157	

SEROLOGICAL REPORT

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

<u>BLOOD GROUPING Result</u>	
ABO Blood Group	"B" (+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	DIA23090775	Received Date	18/09/2023
Patient's Name	MD REZAUL KARIM		
Patient's Age	32Y 3M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7157
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/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	DIA23090775	Received Date	18/09/2023
Patient's Name	MD REZAUL KARIM		
Patient's Age	32Y 3M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7157		
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.

2

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23090775	Receive: 18/09/2023	Print: 18/09/2023
Patient's Name	: MD REZAUL KARIM		
Age	: 32 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: 23091322

18-09-2023 18:29:32

Male 52 Years

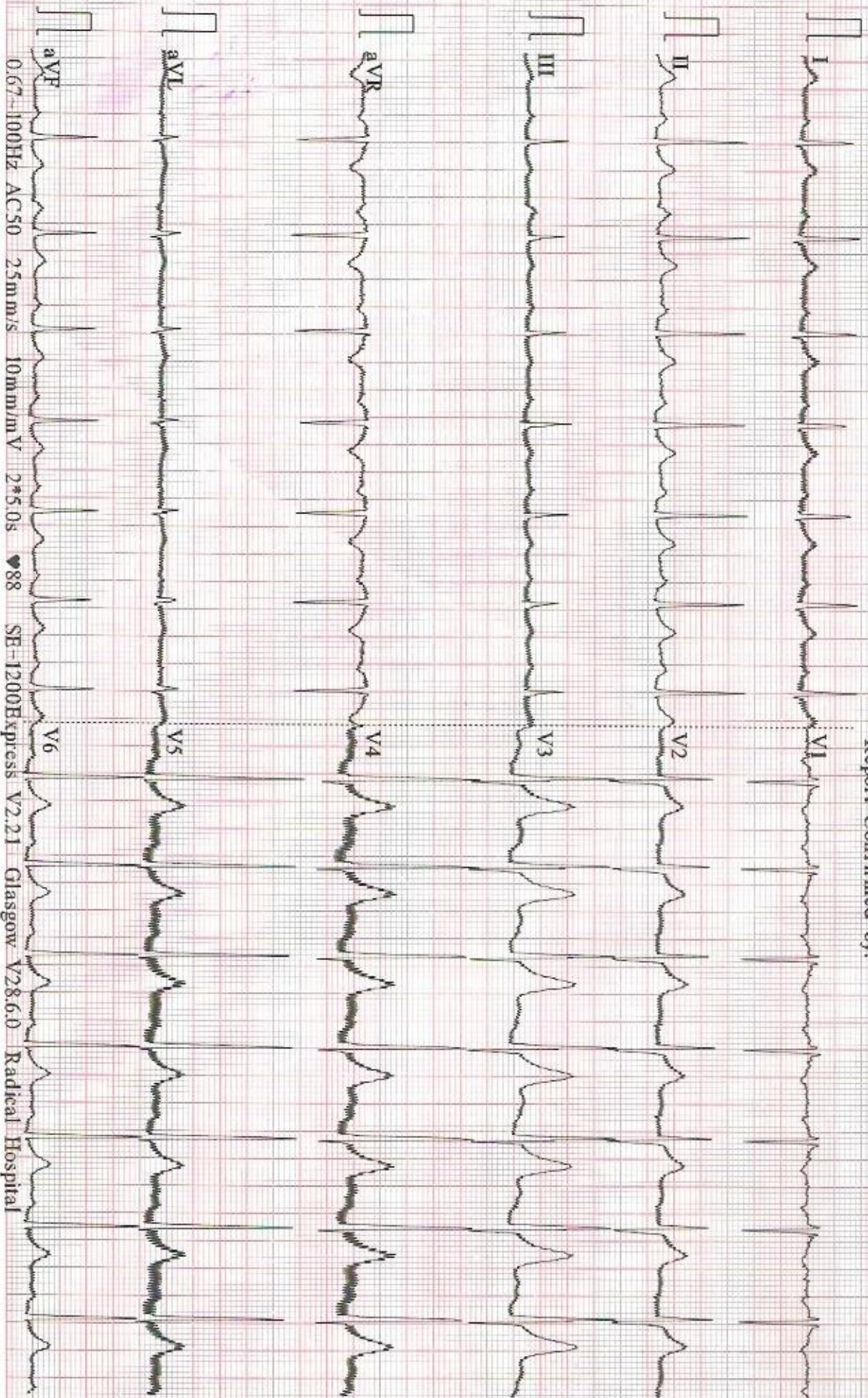
Mr. [Signature]

P	: 88	ms
PR	: 160	ms
QRS	: 78	ms
QT/QTc	: 338/409	ms
P/QRS/T	: 61/57/46	°
RV5/SV1	: 2.714/1.222	mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



REF: MV. ONE HOUSTON	DATE: 18/09/2023
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M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: MD REZAUL KARIM	RANK: 2A/ENG	CDC NO: C/O/7157
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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

Completed by Company's M.O.

[illegible]

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Bangladesh), PGD (Qatar)
BMDC A-55144, MMC-BGD-Q16
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MD. REZAUL KARIM

This is to certify that
whose signature follows

Rezaul

Date of birth 05-06-1991 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
10 SEP 2023	DR. MIRTAJ RAIHAN MBBS (DUT, DFM, CCD (Birdem), PGT (Ophth)) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
2		

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

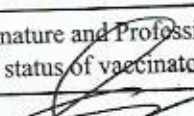
Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

MD REZAUL KARIM
This is to certify that
whose signature follows

Date of birth 05-06-1991 Sex MALE

Rezaul
has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no. of vaccine	Official stamp of vaccination centre
18 SEP 2023	 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.		
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, or failure to complete any part of it may render it invalid.

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



Form No: SMC

SL NO.

04.2023.4786

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 KARIM First MD REZAUL Middle 01913055687
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 18 SEP 2023
Occupation: Deck/Engine/Catering/Other (specify) ENGINE Rank: 2 A/E
Father's/ Husband's name: MD. AZGUR ALI HOWLADEP C.D.C No. 4017157
Mother's Name: AKLIMA BEGUM Seaman ID No. 050004984
Address: House No. _____ Street/ Road No. _____ Passport No. A01025404
Locality/Village: UTTAR PUNCH KHOLA. NID No. 6005487985
P.O.: MADARIPUR Date of Birth: 05/06/1991
P.S.: MADARIPUR (DD/MM/YYYY)
District: MADARIPUR

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: 18 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): 18 SEP 2023

11. Date of expiry (DD/MM/YYYY): 17 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.

Rozarul
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

DR. MIR. MD. RAIHAN
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