



# 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  
HS4869FF

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                          |                                            |                                       |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|
| SURNAME<br><b>ASH-SHAFA</b>                                                                                              | FIRST NAME AND<br><b>MOHAMMAD</b>          | MIDDLE NAME                           |
| PLACE AND DATE OF BIRTH<br><b>KURIGRAM 20-Aug-1986</b>                                                                   | PASSPORT NUMBER<br><b>A11723130</b>        | SEAMAN'S BOOK NUMBER<br><b>CO4869</b> |
| NATIONALITY : <b>BANGLADESHI</b> SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female          | VESSEL TYPE : <b>CONTAINER</b>             | TRADING AREA : <b>WORLD WIDE</b>      |
| PERMANENT HOME ADDRESS :<br><b>FLAT-B4, PLOT-6 &amp; 7, ROAD-04, KADERABAD, KATASUR, MOHAMMADPUR, DHAKA, BANGLADESH.</b> | CONTACT NUMBER : <b>01719037433 (SELF)</b> | RANK : <b>CHIEF ENGINEER</b>          |

Have you ever had any of the following conditions?

| Condition                         | YES                      | NO                                  | Condition                   | YES                      | NO                                  |
|-----------------------------------|--------------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|
| 1 Eye/vision problem              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18 Sleep problems           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 High blood pressure             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19 Do you smoke?            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Heart/vascular disease          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20 Operation/surgery        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Heart surgery                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21 Epilepsy/seizures        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Varicose veins                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 Dizziness/fainting       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Asthma/bronchitis               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23 Loss of consciousness    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Blood disorder                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24 Psychiatric problems     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Diabetes                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25 Depression               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Thyroid problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26 Attempted suicide        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Digestive disorder             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27 Loss of memory           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Kidney problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28 Balance problem          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 Skin problem                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29 Severe headaches         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Allergies                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 Ear/nose/throat problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 Infectious/contagious diseases | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31 Restricted mobility      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Hernia                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32 Back problems            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Genital disorders              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33 Amputation               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Pregnancy                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34 Fractures/dislocations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                     |                          |                                     |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

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 employment, benefits and claims.

*Signature of Seafarer*

Signature of Seafarer

### MEDICAL EXAMINATION

| Weight <b>90kg</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Height (cm) <b>179</b>                                                | Blood Pressure: Systolic <b>120mm</b> Diastolic <b>80mm</b> | PULSE: <b>78/min</b>                |                                     |                                     |            |  |                         |  |       |      |     |      |      |      |                                                                       |                                                                       |                                     |                                     |                                     |                                     |                                                                       |                                                                       |                          |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------|--|-------------------------|--|-------|------|-----|------|------|------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <table border="1"> <thead> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="2">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th>Right</th> <th>Left</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                                                       |                                                             |                                     | Hearing by Audiometry               |                                     | Audiometry |  | Hearing by Whisper Test |  | Right | Left | 500 | 1000 | 2000 | 3000 | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing by Audiometry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Audiometry                                                  |                                     | Hearing by Whisper Test             |                                     |            |  |                         |  |       |      |     |      |      |      |                                                                       |                                                                       |                                     |                                     |                                     |                                     |                                                                       |                                                                       |                          |                          |                          |                          |
| Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Left                                                                  | 500                                                         | 1000                                | 2000                                | 3000                                |            |  |                         |  |       |      |     |      |      |      |                                                                       |                                                                       |                                     |                                     |                                     |                                     |                                                                       |                                                                       |                          |                          |                          |                          |
| <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input checked="" type="checkbox"/>                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |            |  |                         |  |       |      |     |      |      |      |                                                                       |                                                                       |                                     |                                     |                                     |                                     |                                                                       |                                                                       |                          |                          |                          |                          |
| <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input type="checkbox"/>                                    | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |            |  |                         |  |       |      |     |      |      |      |                                                                       |                                                                       |                                     |                                     |                                     |                                     |                                                                       |                                                                       |                          |                          |                          |                          |
| Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                             |                                     |                                     |                                     |            |  |                         |  |       |      |     |      |      |      |                                                                       |                                                                       |                                     |                                     |                                     |                                     |                                                                       |                                                                       |                          |                          |                          |                          |

| Visual acuity |          |           |          | Visual fields |           |
|---------------|----------|-----------|----------|---------------|-----------|
| Unaided       |          | Aided     |          | Normal        | Defective |
| Right eye     | Left eye | Right eye | Left eye |               |           |
| Distant       |          |           |          |               |           |
| 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) **26 SEP 2023**

|                       | Normal                              | Abnormal                 |                              | Normal                              | Abnormal                 |
|-----------------------|-------------------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|
| Head                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Varicose veins               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sinuses, nose, throat | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vascular (inc. pedal pulses) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mouth/teeth           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Abdomen and viscera          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ears (general)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hernia                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tympanic membrane     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Anus (not rectal exam)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eyes                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G-U system                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ophthalmoscopy        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upper and lower extremities  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pupils                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spine (C/S, T/S and L/S)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eye movement          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Neurologic (full brief)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lungs and chest       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Psychiatric                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Breast examination    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | General appearance           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heart                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Skin                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## RESULTS OF ANCILLARY EXAMINATIONS

|                         |              |                                    |                         |                                                                                   |
|-------------------------|--------------|------------------------------------|-------------------------|-----------------------------------------------------------------------------------|
| Chest X-Ray             | <b>11/0</b>  | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana               | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative    |
| ECG                     | <b>11/0</b>  | BILIRUBIN                          | Alcohol Test            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative    |
| BLOOD R/E               |              | SGPT                               | URINE R/E               | <b>11/0</b>                                                                       |
| DC (differential count) | <b>11/0</b>  | SGOT                               |                         |                                                                                   |
| HAEMOGLOBIN (HGB)       | <b>13.0</b>  |                                    | OTHERS                  |                                                                                   |
| ESR (WESTERGRÉN)        | <b>05</b>    | DRUG AND ALCOHOL TEST              | HBsAg                   | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| WBC                     | <b>6.200</b> | Morphine                           | HIV / AIDS Test         | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL     |              | Amphetamine                        | VDRL                    | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| RANDOM                  | <b>5.6</b>   | Phencyclidine                      | Blood Type              | <b>A, B, O</b>                                                                    |
| HBA1C                   | <b>5.3%</b>  | Barbiturates                       | Psychological Exam      | <b>11/0</b>                                                                       |
|                         |              | Cocaine                            | Others (KUB Ultrasound) | <b>11/0</b>                                                                       |

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

Signature of Seafarer

MOHAMMAD ASH-SHAFA

Name of Seafarer

26-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   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Unfit | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

☒ 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                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date:

26 SEP 2023

Valid Until:

25 SEP 2025

DR. MIR MD. FAHAN

MBBS (DIP. DPM, CCD (Diploma), FGT (Fellow))

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MBBS (DIP. DPM, CCD (Diploma), FGT (Fellow))

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **ASH-SHAFA**

GIVEN NAME (S): **MOHAMMAD**

DATE OF BIRTH:

DAY **20** MONTH **8** YEAR **1986**

PLACE OF BIRTH

CITY **KURIGRAM** COUNTRY **BANGLADESH** SEX **MALE** FEMALE

POSITION ON BOARD:

MASTER  
DECK OFFICER  
ENGINEERING OFFICER  
RADIO OPERATOR  
RATING

MAILING ADDRESS OF APPLICANT:

**FLAT-B4, PLOT-6 & 7, ROAD-04, KADERABAD  
KATASUR, MOHAMMADPUR, DHAKA  
BANGLADESH.**

## DECLARATION OF THE AUTHORIZED PHYSICIAN

### VISION

WITHOUT GLASSES

WITH GLASSES

RIGHT EYE

—

6/6

LEFT EYE

—

6/6

### COLOR TEST TYPE

BOOK

LANTERN

YELLOW

RED

GREEN

BLUE

### HEARING

RIGHT EAR

LEFT EAR

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 is required every six years)

**26 SEP 2023**

Date of the last colour vision test: (Day/Month/Year)

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.

*[Signature]*

**MOHAMMAD ASH-SHAFA**

26-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 CERTIFYING 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:

**26 SEP 2023**

EXPIRY DATE OF CERTIFICATE:

**25 SEP 2025**

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. 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)

|                                                      |   |   |   |
|------------------------------------------------------|---|---|---|
| <input type="checkbox"/> Heart disease (心臓病)         | F | M | S |
| <input type="checkbox"/> Cancer / part (癌/部分)        | F | M | S |
| <input type="checkbox"/> Diabetes (糖尿病)              | F | M | S |
| <input type="checkbox"/> Hypertension (高血圧症)         | F | M | S |
| <input type="checkbox"/> Cerebral Apoplexy (脳卒中)     | F | M | S |
| <input type="checkbox"/> Liver disease (肝臓病)         | F | M | S |
| <input type="checkbox"/> Other, Name of disease (病名) | F | M | 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、英語で記載してください)

26 SEP 2023

Date: Signature (署名)

(Card holder) (本人)

26 SEP 2023

MEDICAL RECORDS  
(Write in block letters)

Name of Company: Tel: Fax: Nationality: BANGLADESH  
(所属会社) (国籍)  
Name: MOHAMMAD RAHSHAFER Sex: M  
(氏名) (性別) (男/女)  
given name (名) family name (姓)  
Name of Physician: E.H. ENO Date of Birth: 20-08-86  
(医師) (生年月日) (D-M-Y)

Height: 179 cm Weight: 90 kg/at age 20 (20 才時) — kg  
Pulse: 78 min Normal breathing rate: 22 min Normal temperature: — °C  
(脈拍/分) (正常呼吸数/分) (平熱)

Blood pressure: 120/80 mmHg Blood type: A+ Single Married  
(血圧) (血液型) (独身/結婚)

Blood sugar (血糖値): — mg/dl < 0.05625 = — mmol/L  
Uric acid (尿酸値): — mg/dl > 0.05914 = — mmol/L



DR. MIR. MD. RAIHAN  
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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○印を記入して下さい。

1. ALLERGIES:

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

2. PAST HISTORY: (病歴)

- (1) Past serious illness: (三六氏症) Age (年齢):  
When: \_\_\_\_\_

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)

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) ☐ Drinks every evening (毎日)  
☐ Heavy drinker (強飲) ☐ Moderate drinker (中程度) ☐ Light drinker (軽飲)

(2) Smoking: (喫煙)

- ☐ Never smoke (吸わない)  
☐ Quit smoking in 19\_\_\_\_年 (禁煙)  
☐ Smoke \_\_\_\_\_ cigarettes a day (1日\_\_\_\_本) 喫煙量

(3) Bowel movements:

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

(4) Dietary preferences:

- ☐ Meat (肉類) ☐ Fish (魚類)  
☐ Salty (塩辛) ☐ Sweet (甘い) ☐ Oily (油っこい)

(5) Exercise: (運動)

- ☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)

(6) Sleep: (睡眠)

- ☐ Sleep well (良く寝る) ☐ Have Sleeplessness (寝れない)  
☐ 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 (太ってきた)  
☐ Losing weight (やせてきた)

26 SEP 2023



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





# HAQUE & SONS LTD



## DECLARATION OF HEALTH BY CREW

NAME OF CREW : MOHAMMAD ASH-SHAFA

RANK : CHIEF ENGINEER

CDC NO : C/O/4869

DOB : 20-Aug-1986

### 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?                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 Are you suffering from any heart-related complications?                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Are you a diabetic ?                                                                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 If you are diabetic, do you need injections of insulin for diabetes?                                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Have you ever had a stroke, or unexplained loss of consciousness?                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Have you ever been treated for a mental or nervous problem?                                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Are you an alcoholic, or have you had alcohol or drug addiction problems?                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Do you have any hearing difficulties or are you using any hearing aid?                                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Have you ever suffered from any STD (Sexually Transmitted Disease)?                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Are you aware of any other health condition that could affect your fitness for seafaring employment * | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 : 26 SEP 2023

Signed :

The Crew Member

\* If yes, mention details below:-

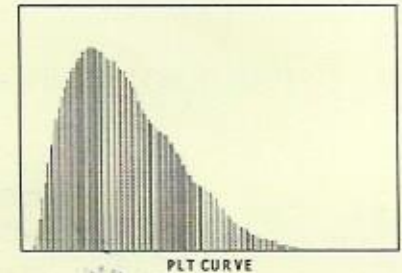
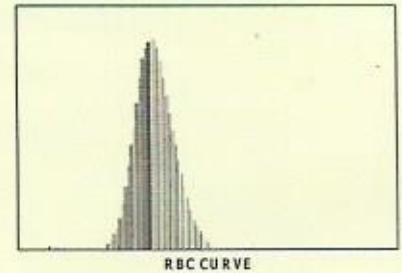
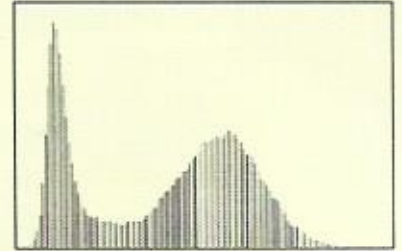
DR. MIR. MD. RAIHAN  
MBBS (DU), DPM, CCD (Bierem), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

**Id No** : 1167 **Date** : 26-Sep-2023 **D.Date** : 26-Sep-2023  
**Patient's Name** : MOHAMMAD ASH SHAFI **Age** : 36Y 11M 6D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4869

### Haematology Report

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

| Parameter Name                     | Results             | Reference Range                                                                                    |
|------------------------------------|---------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>13.0</b> gm/dl   | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>05</b> mm/1st hr | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>6,800</b> /cumm  | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                     |                                                                                                    |
| Neutrophils                        | <b>68</b> %         | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>28</b> %         | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>02</b> %         | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02</b> %         | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00</b> %         | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>136</b> /cumm    | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>4.25</b> m/ul    | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>36.0</b> %       | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>84.7</b> fL      | 76 - 94 fL                                                                                         |
| MCH                                | <b>30.6</b> pg      | 27 - 32 pg                                                                                         |
| MCHC                               | <b>36.1</b> g/dL    | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>12.6</b> %       | 11 - 16 %                                                                                          |
| PDW                                | <b>16.5</b> fL      | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>240000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>9.7</b> fL       | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.161</b> %      | 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        | DIA23091167                                           | Received Date | 26/09/2023 |
| Patient's Name | MOHAMMAD ASH SHAFI                                    |               |            |
| Patient's Age  | 36Y 11M 6D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/4869   |
| Sample         | BLOOD                                                 |               |            |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.6 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total)  | 0.6 mg/dl  | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 28.0 U/L   | Up to 37 U/L     |
| Serum ALT (SGPT)         | 26.0 U/L   | Up to 40 U/L     |
| HbA1C                    | 5.3 %      | 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        | DIA23091167                                           | Received Date | 26/09/2023      |
| Patient's Name | MOHAMMAD ASH SHAFI                                    |               |                 |
| Patient's Age  | 36Y 11M 6D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/4869 |
| 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 | "A" (+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        | DIA23091167                                           | Received Date | 26/09/2023      |
| Patient's Name | MOHAMMAD ASH SHAFIA                                   |               |                 |
| Patient's Age  | 36Y 11M 6D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/4869 |
| Sample         | URINE                                                 |               |                 |

**URINE ROUTINE EXAMINATION**

**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | R B C       | Nil     |
| Appearance | Clear      | Pus Cells   | 2-3/HPF |
| Sediment   | Nil        | Epithelial  | 1-2/HPF |

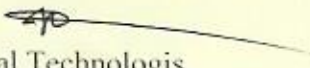
**CHEMICAL EXAMINATIONCASTS / LPF**

|              |        |            |     |
|--------------|--------|------------|-----|
| 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  
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Associate Professor  
Dept. of Microbiology  
East West Medical College and Hospital

radical\_hospitals@yahoo.com, www.radicalhospital.com

|                |                                                                       |               |            |
|----------------|-----------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA23091167                                                           | Received Date | 26/09/2023 |
| Patient's Name | MOHAMMAD ASH SHAFI                                                    |               |            |
| Patient's Age  | 36Y 11M 6D                                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4869 |               |            |
| Sample         | URINE                                                                 |               |            |

**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.

2

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



REF: MV. ONE HANOI

DATE: 26/09/2023

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

## EYE EXAMINATION REPORT

NAME: MOHAMMAD ASH SHAFI

RANK: CH.ENG

CDC NO: C/O/4869

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6

6/6

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: 23091320

28-09-2023 17:52:14

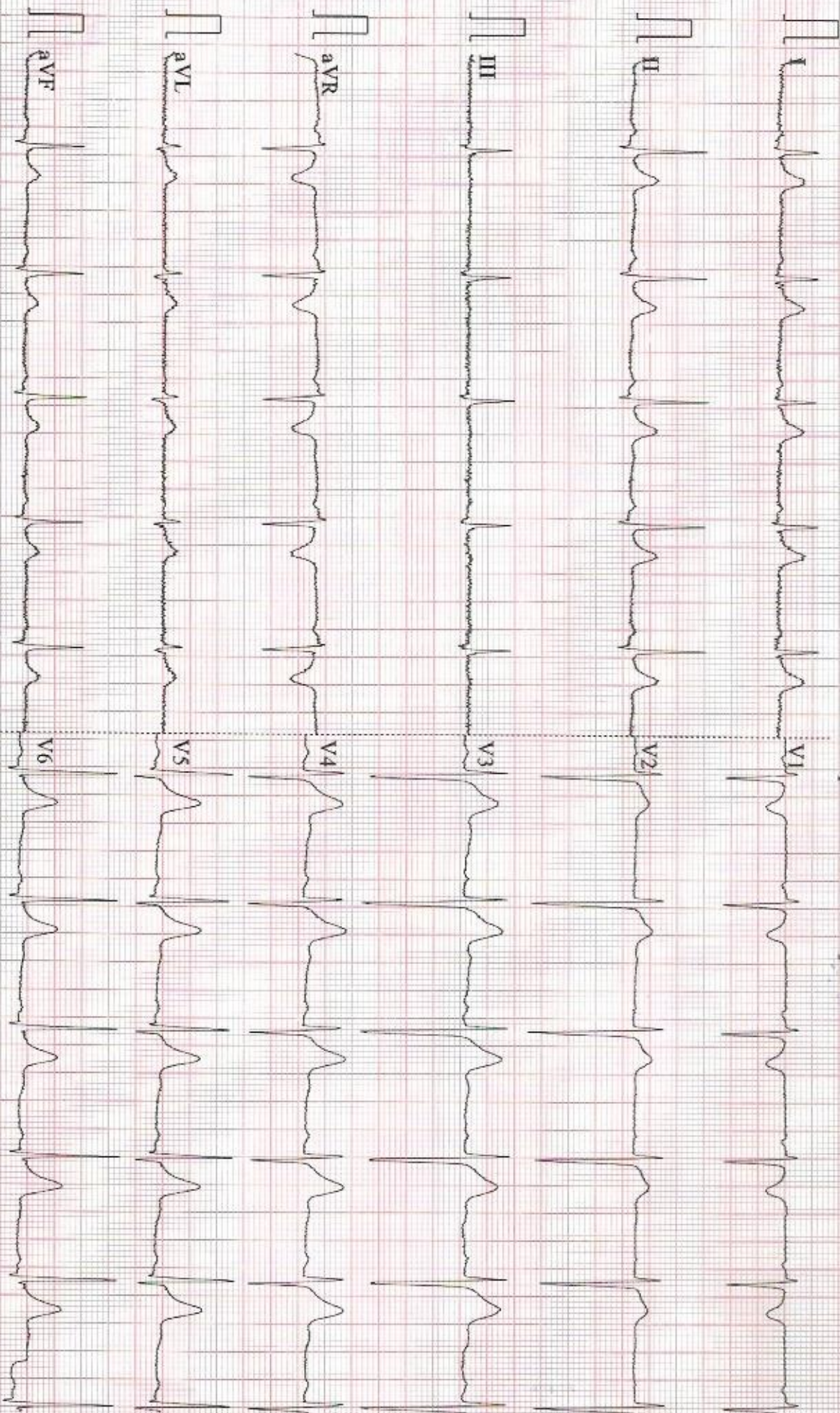
Male 37 years

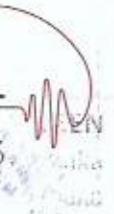
## Diagnosis Information:

Sinus rhythm  
Normal ECG

P : 64 bpm  
PR : 86 ms  
QRS : 142 ms  
QT/QTc : 92 ms  
P/QRS/T : 368/380 ms  
RV5/SV1 : 50/60/33 °  
RV5/SV1 : 1.382/1.138 mV

Report Confirmed by: [Signature]





**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 230901167 Receive: 26/09/2023 Print: 26/09/2023  
Patient's Name : **MOHAMMAD ASH SHAFI**  
Age : 37 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

# Pre-Joining Medical Report to be

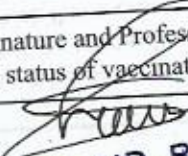
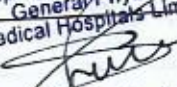
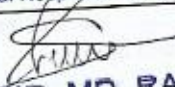
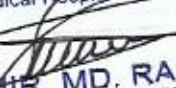
| Date of Exam | Ship Assigned        | B.P./Pulse   | Pathological Investigations |        |        |        |        |
|--------------|----------------------|--------------|-----------------------------|--------|--------|--------|--------|
|              |                      |              | X-ray                       | ECG    | Urine  | Blood  | LFT    |
| 16 JUL 2020  | M.V. HELSINKI BRIDGE | 120/80<br>70 | Normal                      | Normal | Normal | Normal | Normal |
| 18 MAY 2021  | M.V. ONE HUNTER      | 120/80<br>70 | Normal                      | Normal | Normal | Normal | Normal |
| 03 JAN 2022  | M.V. PEARL DIVER     | 120/80<br>70 | Normal                      | Normal | Normal | Normal | Normal |
| 11 MAY 2022  | M.V. ONE HUNTER      | 120/80<br>70 | Normal                      | Normal | Normal | Normal | Normal |
| 13 JAN 2023  | M.V. PEARL DIVER     | 120/80<br>70 | Normal                      | Normal | Normal | Normal | Normal |
| 26 SEP 2023  | M.V. ONE HUNTER      | 120/80<br>70 | Normal                      | Normal | Normal | Normal | Normal |

# Completed by Company's M.O.

| Creatine | USG | Addl. Test | Special Conditions | Fit / Unit & Remarks                                                                                                                                                             | Doctor's Sign. |
|----------|-----|------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
|          |     |            |                    |                                                                                                                                                                                  |                |
|          |     |            |                    | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Bitem), PGT (Opth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited |                |
|          |     |            |                    | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Bitem), PGT (Opth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited |                |
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# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that } Date of birth 20 AUG 1986 Sex MALE  
 whose Signature follows } MOHAMMAD ASH-SHAFI  
 has on the date indicated been vaccinated or revaccinated against Cholera

| Date        | Signature and Professional status of vaccinator                                                                                                                                                                                                                                   | Approved Stamp                                                                      |   |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|
| 18 MAY 2021 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited.   |    |   |
| 03 JAN 2022 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited.   |    |   |
| 11 MAY 2022 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited.   |   | 4 |
| 13 JAN 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  | 6 |
| 26 SEP 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  | 8 |

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