



HAQUE & SONS LTD.



Accredited By : BMD
Accreditation No. A 55144

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530

PATIENT CONTROL NUMBER:
HS2718FF



MEDICAL EXAMINATION CERTIFICATE

SURNAME ABEDIN		FIRST NAME AND MOHAMMAD		MIDDLE NAME JOYNAL	
PLACE AND DATE OF BIRTH BRAHMANBARIA 17-Jul-1972		PASSPORT NUMBER A02313444		SEAMAN'S BOOK NUMBER CO2718	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female		VESSEL TYPE : CONTAINER	
PERMANENT HOME ADDRESS : FORDABAD, WARD-05, BANCHARAMPUR, FORDABAD 3541, BRAHMANBARIA, BANGLADESH		CONTACT NUMBER : 0088 01712802240		RANK : MASTER	

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

Question	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: 74 kg	Height (cm): 165	BMI: 27	Blood Pressure: Systolic 120 Diastolic 80	PULSE: 78/min
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Ear	Hearing by Audiometry		Audiometry				Hearing by Whisper Test	
Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate					☐ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐

Visual acuity			
Unaided		Aided	
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

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

Date of last colour vision test: Date (day/month/year) 13/SEP/2023

Visual fields	
Normal	Defective
Right eye	
Left eye	

~~YES~~ / NO

	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	<i>Normal</i>	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☒ Negative		
EKG	<i>Normal</i>	BILIRUBIN	<i>0.25</i>		Alcohol Test	☐ Positive	☒ Negative		
BLOOD R/E		SGPT	<i>25</i>		URINE R/E	<i>Normal</i>			
DC(differential count)	<i>Normal</i>	SGOT	<i>25</i>		OTHERS				
HAEMOGLOBIN (HGB)	<i>14.5</i>	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☒ Nonreactive		
ESR (WESTERGREN)	<i>06</i>	Morphine	☐ Positive	☒ Negative	HIV / AIDS Test	☐ Reactive	☒ Nonreactive		
WBC	<i>6.700</i>	Amphetamine	☐ Positive	☒ Negative	VDRL	☐ Reactive	☒ Nonreactive		
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☒ Negative	Blood Type	A+(VE)			
RANDOM	<i>5.4</i>	Barbiturates	☐ Positive	☒ Negative	Psychological Exam	<i>Normal</i>			
HBA1C	<i>5.0%</i>	Cocaine	☐ Positive	☒ Negative	Others(KUB Ultraso	<i>Normal</i>			

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


Signature of Seafarer

MOHAMMAD JOYNAL ABEDIN
Name of Seafarer

13 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: 13 SEP 2023

12 SEP 2024

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: ABEDIN	GIVEN NAME (S): MOHAMMAD JOYNAL	
DATE OF BIRTH: DAY 17 MONTH 7 YEAR 1972	PLACE OF BIRTH CITY BRAHMANBARIA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	MAILING ADDRESS OF APPLICANT: FORDABAD, WARD-05, BANCHARAMPUR, FORDABAD 3541, BRAHMANBARIA, BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	—	6/6	BOOK LANTERN YELLOW ☒ RED ☒	RIGHT EAR ☒
LEFT EYE	—	6/6	GREEN ☒ BLUE ☒	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 it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **13 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.

MOHAMMAD JOYNAL ABEDIN


Signature of Applicant

Name of Applicant

13 SEP 2023
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. MIR MD. RAIHAN; M.B.B.S(D.U.)

ADDRESS: **REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: REG NO.: **A-55144, BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-MAY-2014**

SIGNATURE OF PHYSICIAN: 

STAMP OF PHYSICIAN:

DATE: **13 SEP 2023**

EXPIRY DATE OF CERTIFICATE:

12 SEP 2024

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), DEM. CGD (Birdem), PGD (Ophth)

BMD C A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

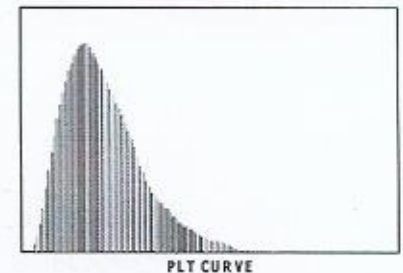
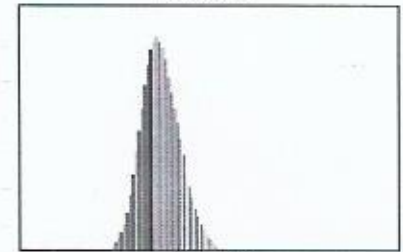
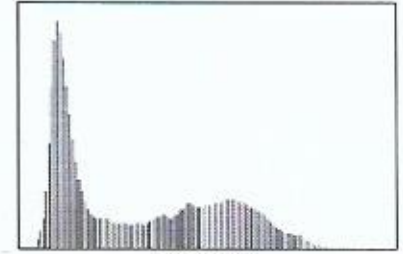


Id No : 0581 **Date** : 13-Sep-2023 **D.Date** : 13-Sep-2023
Patient's Name : MOHAMMAD JOYNAL ABEDIN **Age** : 51Y 1M 27D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2718

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	06 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	6,700 /cumm	
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	134 /cumm	50-450/cumm
Total RBC Count	4.40 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.4 %	M: 40-54%, F:37-47%
MCV	87.3 fL	76 - 94 fL
MCH	33.0 pg	27 - 32 pg
MCHC	37.8 g/dL	29 - 34 g/dL
RDW	12.1 %	11 - 16 %
PDW	17.8 fL	35 - 56 fL
Total Platelete Count (PC)	2,66,000 /cumm	150,000-450,000/cumm
MPV	7.7 fL	7.0 - 11.0 fL
PCT	0.205 %	0.1 - 0.5 %
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	DIA23090581	Received Date	13/09/2023
Patient's Name	MOHAMMAD JOYNAL ABEDIN		
Patient's Age	51Y 1M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/2718
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.4 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.45 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	25.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	28.0 U/L	Up to 40 U/L
HbA1C	5.0 %	4.2 - 6.7 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By


 Medical Technologist
 Radical Hospitals Ltd.


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

Bill No	DIA23090581	Received Date	13/09/2023
Patient's Name	MOHAMMAD JOYNAL ABEDIN		
Patient's Age	51Y 1M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2718		
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.

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



Bill No	DIA23090581	Received Date	13/09/2023
Patient's Name	MOHAMMAD JOYNAL ABEDIN		
Patient's Age	51Y 1M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/2718
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23090581	Received Date	13/09/2023
Patient's Name	MOHAMMAD JOYNAL ABEDIN		
Patient's Age	51Y 1M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2718		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

MICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION

CASTS / 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 REQUEST

CRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Cal. Oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Tripple Phos	Nil

Checked By

Medical Technologist,

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

REF: MV. ALEJANDRINA

DATE: 13/09/2023

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

EYE EXAMINATION REPORT

NAME: MOHAMMAD JOYNAL ABEDIN

RANK: MASTER

CDC NO: C/O/2718

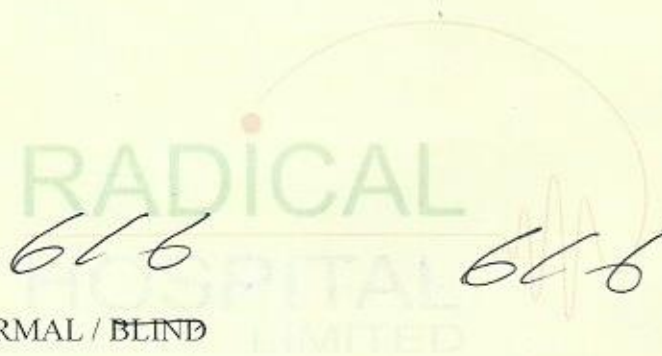
VISUAL ACUITY:

RIGHT

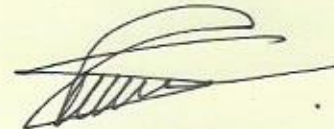
LEFT

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: 207

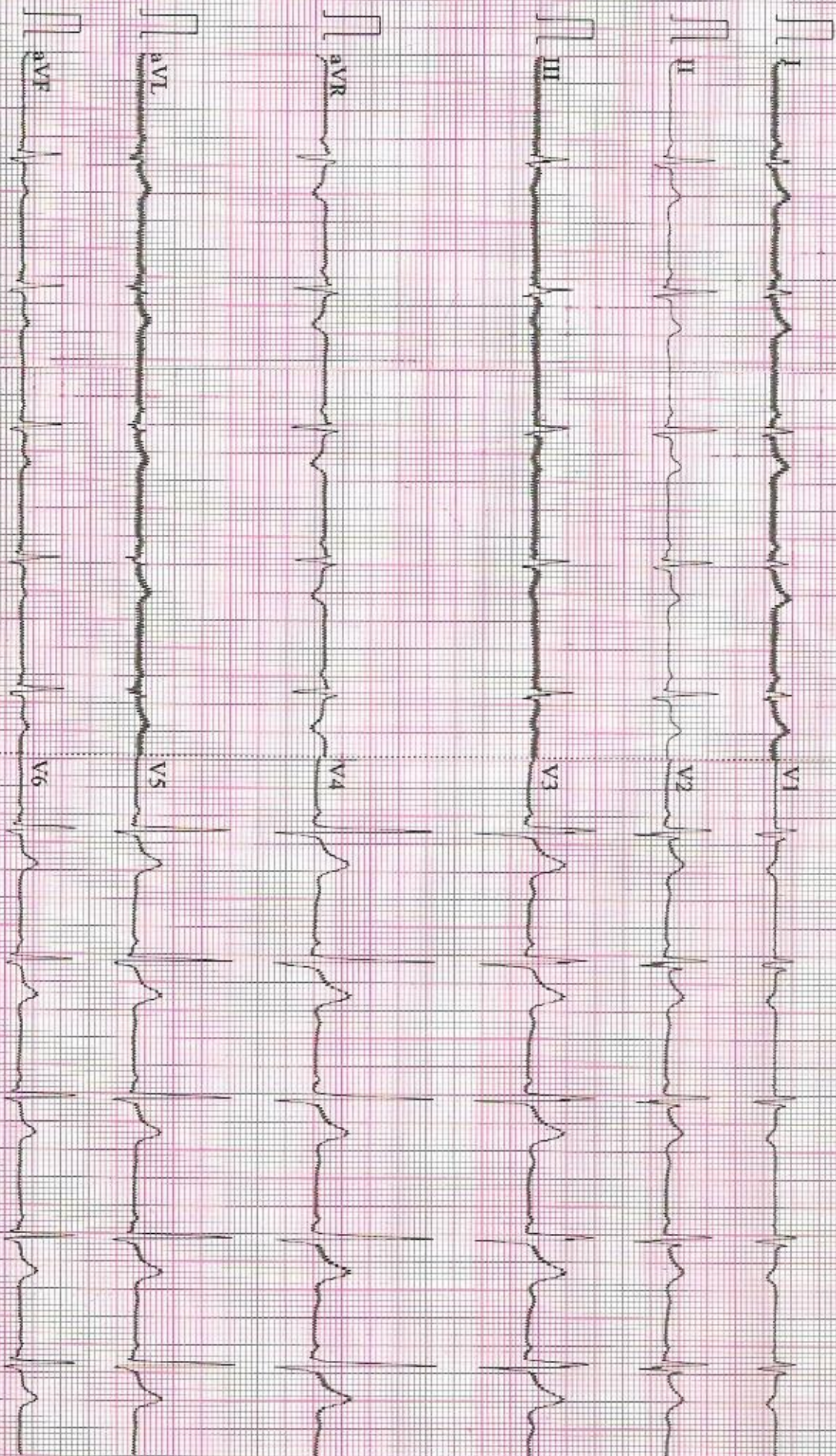
12-09-2023 20:02:19

Abdullah Tohami
Male 27 years
Heart

HR	: 62	bpm
P	: 92	ms
PR	: 126	ms
QRS	: 104	ms
QT/QTc	: 394/401	ms
P/QRS/T	: 20/75/17	°
RV5/SV1	: 1.723/0.313	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23090581 Receive: 13/09/2023 Print: 13/09/2023
Patient's Name : **MOHAMMAD JOYNAL ABEDIN**
Age : 51 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.

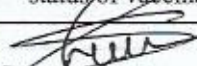
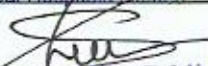


Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that } Date of birth 17-JUL-1972 Sex MALE
whose signature follows } MOHAMMAD JOYNAL ABEEN (C/O/2718)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 14 JAN 2021	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	
2 02 DEC 2021	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
3 13 SEP 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
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