



INTERNATIONAL LABOUR ORGANIZATION

Sectoral Activities Programme

See text links
below.

ILO/WHO/D.2/1997

Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

Annex D

Minimum requirements for the medical examination of seafarers

Name (last, first, middle): MOHAMMAD TUHIN

Date of birth (day/month/year): 19/12/1994 Sex: ☒ male • ☐ female

Home address: HOUSE- 41GHA, ROADS & HIGHWAY R/A, BAIKALY,
KHALISHAPUR, KHULNA-9000.

Passport No./Discharge Book No.: A11529666 ICDC - 41018788

Type of ship (container, tanker, passenger, fishing): TANKER

Trade area (e.g., coastal, tropical, worldwide): WORLD WIDE

Examinee's personal declaration

(Assistance should be offered by medical staff)

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	☐	☒

04.2023.4805



- | | | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|------------------------------|--------------------------|-------------------------------------|
| 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 hospitalized? | ☐ | ☒ |
| 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?

☐
☒


If yes, please list the medications taken and the purpose(s) and dosage(s).

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: [Signature] Date (day/month/year): 21 / 09 / 2023

Witnessed by: (Signature) [Signature] Name: (Typed or printed) **DR. MIR. MD. RAIHAN**
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. DR. MIR. MD. RAIHAN (the approved medical examiner).

Signature of examinee: [Signature] Date (day/month/year): 21 / 09 / 2023

Witnessed by: (Signature) [Signature] Name: (Typed or printed) **DR. MIR. MD. RAIHAN**
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

Medical examination

☒ Pre-sea ☐ Periodic ☐ Other
Sight

Visual acuity							Visual fields	
	Unaided			Aided			Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular		
Distant	6/6	6/6	→				→	
Near	15	15	→				→	

Colour vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)							Speech and whisper test (metres)	
	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz	Normal	Whisper
Right ear	20	20	20				4	4
Left ear	20	20	20				4	4



Height: 173 (cm)Weight: 80 (kg)Pulse rate: 78 (/minute)Rhythm: RegularBlood pressure: Systolic: 120 (mm Hg) Diastolic: 70 (mm Hg)Urinalysis: Glucose: Nil Protein: Nil

Normal Abnormal

Head ☒ ☐

Sinuses, nose, throat ☒ ☐

Mouth/teeth ☒ ☐

Ears (general) ☒ ☐

Tympanic membrane ☒ ☐

Eyes ☒ ☐

Ophthalmoscopy ☒ ☐

Pupils ☒ ☐

Eye movement ☒ ☐

Lungs and chest ☒ ☐

Breast examination ☒ ☐

Heart ☒ ☐

Skin ☒ ☐

Normal Abnormal

Varicose veins ☒ ☐

Vascular (inc. pedal pulses) ☒ ☐

Abdomen and viscera ☒ ☐

Hernia ☒ ☐

Anus (not rectal exam.) ☒ ☐

G-U system ☒ ☐

Upper and lower extremities ☒ ☐

Spine (C/S, T/S and L/S) ☒ ☐

Neurologic (full brief) ☒ ☐

Psychiatric ☒ ☐

General appearance ☒ ☐

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 21/SEP 2023

Results:

Normal

Other diagnostic test(s) and result(s):

Test Blood Hb Result Normal

Medical examiner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded:

☒ Yes☐ No

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 look-out duty

☐ Not fit for look-out duty

Fit

Unfit

Deck service

Engine service

Catering service

Other services

Without restrictions • With restrictions | •

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

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

Place of examination: **RADICAL HOSPITAL LIMITED** Uttara, Dhaka, Bangladesh Date of examination (day/month/year): **21 SEP 2023**

Medical certificate's date of expiration (day/month/year): **20 SEP 2025**

Official stamp (also print name of medical examiner if not legible) **DR. MIR. MD. RAIHAN**

Signature of medical examiner:

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
• DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Authorized by: **DG SHIPPING BANGLADESH** (competent authority)



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at Tel: Fax: or email: sector@ilo.org

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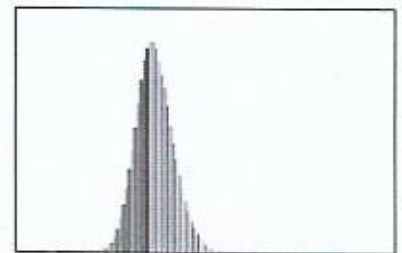


Id No : 0901 **Date** : 21-Sep-2023 **D.Date** : 21-Sep-2023
Patient's Name : MOHAMMAD TUHIN **Age** : 28Y 9M 2D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/8788

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.0 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	04 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	54 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	41 %	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	174 /cumm	50-450/cumm
Total RBC Count	4.86 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41.7 %	M: 40-54%, F:37-47%
MCV	85.8 fL	76 - 94 fL
MCH	30.9 pg	27 - 32 pg
MCHC	36.0 g/dL	29 - 34 g/dL
RDW	11.8 %	11 - 16 %
PDW	15.5 fL	35 - 56 fL
Total Platelete Count (PC)	2,00,000 /cumm	150,000-450,000/cumm
MPV	8.7 fL	7.0 - 11.0 fL
PCT	0.174 %	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	DIA21090901	Received Date	21/09/2023
Patient's Name	MOHAMMAD TUHIN		
Patient's Age	28Y 9M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:	C/O/8788
Sample	Blood		

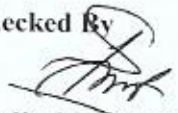
SEROLOGICAL REPORT

Test NameResult

HIV 1 & 2 (Method : (ICT)	Negative
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RADICAL

Checked By


 Medical Technologist,
 Radical Hospitals Ltd.
 and Hospital


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

Bill No	DIA21090901	Received Date	21/09/2023
Patient's Name	MOHAMMAD TUHIN		
Patient's Age	28Y 9M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/8788
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 Technologists
Radical Hospitals Ltd.

Dr. Sumalya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

East West Medical College and Hospital



Patient's Name	:	MOHAMMAD TUHIN		
Age	:	29 Yrs	Date	: 21/09/2023
Sex	:	Male	CDC NO:	C/O/8788
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor /Good / very good /excellent
Verbal Reasoning test	Poor /Good / very good /excellent
Inductive reasoning test	Poor /Good / very good /excellent
Diagrammatic Reasoning test	Poor /Good / very good /excellent
Logical Reasoning test.	Poor /Good / very good /excellent
Error checking test	Poor /Good / very good /excellent
2.Skill Test	Poor /Good / very good /excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor /Good / very good /excellent
Assumptions	Poor /Good / very good /excellent
Deductions	Poor /Good / very good /excellent
Interpreting Information's	Poor /Good / very good /excellent
Inferences	Poor /Good / very good /excellent
5.Situational Judgment Test.	Poor /Good / very good /excellent

Poor: <6

Good: 6-7

very good: 7-8

excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23090901 Receive: 21/09/2023 Print: 21/09/2023
Patient's Name : **MOHAMMAD TUHIN**
Age : 29 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: 23091328

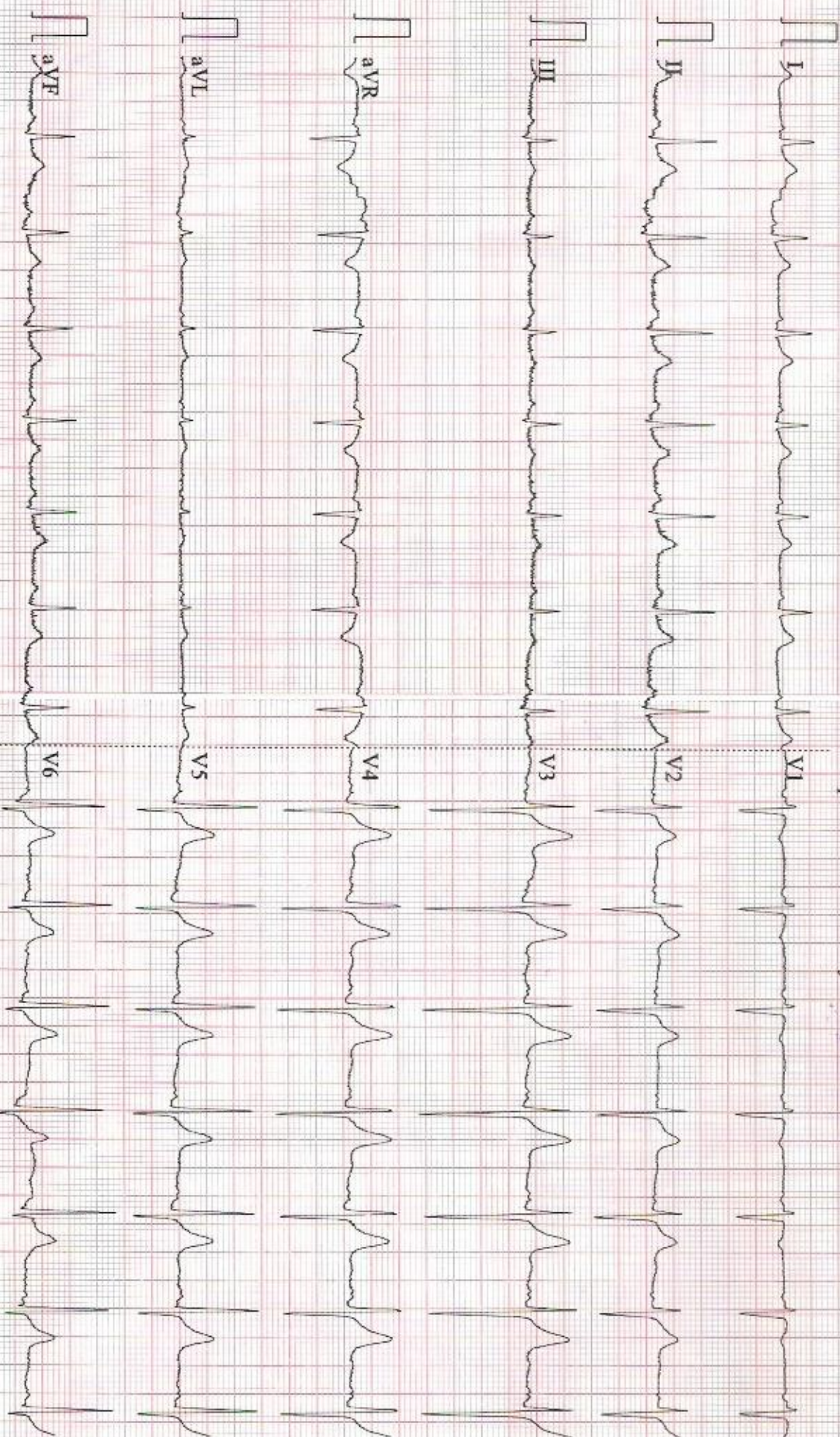
21-09-2023 11:20:40

Muhammad Tahir
Male, 70 Years

HR	: 84	bpm
P	: 110	ms
PR	: 138	ms
QRS	: 86	ms
QT/QTc	: 334/395	ms
P/QRS/T	: 63/58/49	°
RV5/SV1	: 1.46/0.865	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s 84

SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23090901 Receive: Print: 21/09/2023
 Patient's Name : MOHAMMAD TUHIN
 Age : 29 YRS Sex : M
 Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 84 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.



Dr. Debashish Paul
 MBBS, MD (Cardiology)
 Associate Professor
 Department of Cardiology
 Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that
JE Soussigne' (e) certifie que

MOHAMMAD
TUHIN

date of birth
no' (e) le

19-12-1994

Sex
sexe

MALE

Whose signature follows
don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine' (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numerc' ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
21 SEP 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
3			
4			

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

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

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificate n'est valable que si le vaccina employe" a e'te' approuve" par l'organisation Mondiale de la sante" et si le centre a e'te' designe" par l'administration sanitaire du territoire dans lequel ce centre est situe".

La validite' de ce certificat couvre une pe'riode de dix ans comencant dix jours apres la date de la vaccination ou, dans le cas d'une re vaccination, a compter de dix ans, le jour de cette revaccination.

Ce certificat doit e'tre signe" par un me'decin de sa propre main, son cachet officiel ne pouvant e'tre conside're comme remplaçant lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

This is to certify that MOHAMMAD date of birth 19-12-1994 Sex MALE
JE Soussigne' (e) certifie que TUJIN no' (e) le 19
Whose signature follows [Signature]
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
1	DR. MIR MO. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de la seconde injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui lui sont prescrites compromet sa validité.