



# 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

ISLAM SAIFUL

Name (last, first, middle):

Date of birth (day/month/year): 22/08/1979 Sex: ☒ male • ☐ female

Home address:

BH PADMA TOWER, FLAT E/2, 17/4 ALADDIRTEK,  
DALLABI, DHAKA, BANGLADESH

Passport No./Discharge Book No.:

C1015663

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

GENERAL CARGO

Trade area (c.g., coastal, tropical, worldwide):

#### 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     | <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"/> |

04.2023.4785



- |                                    |                          |                                     |                              |                          |                                     |
|------------------------------------|--------------------------|-------------------------------------|------------------------------|--------------------------|-------------------------------------|
| 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

- |                                                                                               | 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 hospitalized?                                                          | <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?

☐ ☒





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): 16 SEP 2023

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

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 (the approved medical examiner).

Signature of examinee: [Signature] Date (day/month/year): 16 SEP 2023

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

### Medical examination

☐ Pre-sea

☒ Periodic

☐ Other

#### Sight

|         | Visual acuity |          |           |           |          |           |
|---------|---------------|----------|-----------|-----------|----------|-----------|
|         | Unaided       |          |           | Aided     |          |           |
|         | Right eye     | Left eye | Binocular | Right eye | Left eye | Binocular |
| Distant | 6/6           | 6/6      | 6/6       |           |          |           |
| Near    | 15            | 15       | 15        |           |          |           |

|           | Visual fields |           |
|-----------|---------------|-----------|
|           | Normal        | Defective |
| Right eye | /             |           |
| Left eye  | /             |           |

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       |          |          |          | Right ear | 4      | 4       |
| Left ear  | 20     | 20       | 20       |          |          |          | Left ear  | 4      | 4       |



Height: 181 (cm) Weight: 90 (kg)  
Pulse rate: 78 (/(minute)) Rhythm: Regular  
Blood pressure: Systolic: 130 (mm Hg) Diastolic: 80 (mm Hg)  
Urinalysis: Glucose: nil Protein: nil

|                       | 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"/> |                              |                                     |                          |

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 16 SEP 2023

Results: Normal chest x-ray

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

Test wood-turipe 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

Deck service

Engine service

Catering service

Other services

Fit

☒

☒

☐

☐

Unfit

☐

☐

☐

☐

Without restrictions ☒

With restrictions ☐

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

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

**RADICAL HOSPITAL LIMITED**

16 SEP 2023

Place of examination: Uttara, Dhaka, Bangladesh

Date of examination (day/month/year):

15 SEP 2025

Medical certificate's date of expiration (day/month/year):

Official stamp (also print name of medical examiner if not legible)

**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.

Signature of medical examiner:

Authorized by: DR. SHAPING BANGLA (competent authority)



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at Tel: Fax: or email: [sector@ilo.org](mailto:sector@ilo.org)

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# MEDICAL EXAMINATION REPORT/CERTIFICATE

## MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

### REPUBLIC OF THE MARSHALL ISLANDS

|                                                                                                                                                                                                                                              |                                                                                                                     |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SURNAME <b>ISLAM</b>                                                                                                                                                                                                                         | GIVEN NAME(S) <b>SAIFUL</b>                                                                                         |                                                                                 |
| DATE OF BIRTH<br><b>08</b> MONTH <b>22</b> DAY <b>2023</b> YEAR <b>1979</b>                                                                                                                                                                  | PLACE OF BIRTH<br>CITY <b>DHAKA</b> COUNTRY <b>BANGLADESH</b>                                                       | SEX<br><input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| EXAMINATION FOR DUTY AS:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OFFICER <input type="checkbox"/><br>RATING <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT:<br><b>BH PADMA TOWER, FLAT E/2, 17/4<br/>ALABDIRTEK, PALLAB, DHAKA<br/>BANGLADESH</b> |                                                                                 |

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

|                                            |                        |                                              |                        |                                                  |                                   |
|--------------------------------------------|------------------------|----------------------------------------------|------------------------|--------------------------------------------------|-----------------------------------|
| HEIGHT<br><b>181 cm</b>                    | WEIGHT<br><b>90 kg</b> | BLOOD PRESSURE<br><b>130/80 mmHg</b>         | PULSE<br><b>78 b/m</b> | RESPIRATION<br><b>19 b/m</b>                     | GENERAL APPEARANCE<br><b>Good</b> |
| VISION:<br>WITHOUT GLASSES<br>WITH GLASSES |                        | RIGHT EYE<br><b>CL</b> LEFT EYE<br><b>CL</b> |                        | HEARING:<br>RT. EAR <b>my</b> LEFT EAR <b>my</b> |                                   |

COLOR TEST TYPE: BOOK ☐ LANTERN ☒ IS COLOR TEST NORMAL? ☒ YES ☐ NO (If "NO" EXPLAIN ON PAGE 2)

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

|                                |                                         |
|--------------------------------|-----------------------------------------|
| HEAD AND NECK<br><b>Normal</b> | HEART (CARDIOVASCULAR)<br><b>Normal</b> |
|--------------------------------|-----------------------------------------|

|                        |                                                                                                                                                  |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| LUNGS<br><b>Normal</b> | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <input checked="" type="checkbox"/> |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

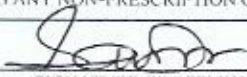
|                                     |                     |
|-------------------------------------|---------------------|
| EXTREMITIES:<br>UPPER <b>Normal</b> | LOWER <b>Normal</b> |
|-------------------------------------|---------------------|

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes ☐ No ☒

IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

|                                                                                                               |                                           |                                   |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------|
| SIGNATURE OF APPLICANT<br> | DATE OF EXAMINATION<br><b>16 SEP 2023</b> | EXPIRY DATE<br><b>15 SEP 2025</b> |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------|

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **SAIFUL ISLAM**

**FIT FOR DUTY ON BOARD SHIP**

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐

SEAFARER IS FOUND TO BE: ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD RAIHAN MBBS, DFM**

ADDRESS **RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY **DG SHIPPING BANGLADESH**

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

|                                                                                                               |                            |
|---------------------------------------------------------------------------------------------------------------|----------------------------|
| SIGNATURE OF PHYSICIAN<br> | DATE<br><b>16 SEP 2023</b> |
|---------------------------------------------------------------------------------------------------------------|----------------------------|

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

**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



MI-105M



## MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) **Hearing**
  - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) **Eyesight**
  - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
  - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) **Dental**
  - Seafarers must be free from infections of the mouth cavity or gums.
- (d) **Blood Pressure**
  - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) **Voice**
  - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) **Vaccinations**
  - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) **Diseases or Conditions**
  - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) **Physical Requirements**
  - Applicants for able seafarer, bosun, GP-I, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
  - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

### IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

### DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent certificate.  
(See RMI MG 7-47-1, §3.3).

16 SEP 2023



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

Crew Medical Declaration Form

Name: SAIFUL ISLAM

Date of Birth: 22/08/1979

Rank: ETO

Joining Vessel: \_\_\_\_\_

1. Have you been hospitalized in the last 12 months? YES / NO

2. Have you undergone any Surgery in the past? YES / NO

3. Are you currently suffering from any illness or injury? YES / NO

4. Are you currently taking any kind of medication (Allopathy, homeopathy or Ayurvedic?) YES / NO

5. Are you carrying any kind of medication (Allopathy, homeopathy or Ayurvedic) on -board the vessel?  
YES / NO

If you have answered YES to any of the questions above, please provide full details of:

Any medical condition(s)/ illness or injury (Please specify here)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

& Medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: DR. MIR. MD. RAIHAN  
MBBS (DU), DFM, CCD (Birm), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited

Clinic Name: \_\_\_\_\_

Doctor's Signature: [Signature]

Seafarer's Signature: [Signature]

Date Completed: 16/09/2023

Note: Kindly use the back page in case required to mention details.





**Id No** : 0710  
**Patient's Name** : SAIFUL ISLAM  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-c/o/5663  
**Date** : 16-Sep-2023  
**Age** : 44Y 0M 29D  
**D.Date** : 16-Sep-2023  
**Gender** : Male

### 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>14.2</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>08</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>7500</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>65</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>30</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>03</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>150</b> /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>4.61</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>37.4</b> %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>81.1</b> fL        | 76 - 94 fL                                                                                         |
| MCH                                | <b>30.8</b> pg        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>38.2</b> g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>12.5</b> %         | 11 - 16 %                                                                                          |
| PDW                                | <b>46.5</b> fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>1,70,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>10.0</b> fL        | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>00</b> %           | 0.1 - 0.4 %                                                                                        |
| Bleeding Time(BT)                  | <b>00</b> %           | 10 - 18 %                                                                                          |
| Cloting Time(CT)                   | <b>00</b> %           | 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        | DIA23090710                                           | Received Date | 16/09/2023      |
| Patient's Name | SAIFUL ISLAM                                          |               |                 |
| Patient's Age  | 44Y 0M 29D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/5663 |
| Sample         | BLOOD                                                 |               |                 |

**SEROLOGICAL REPORT**

| <u>Test Name</u>         | <u>Result</u> |
|--------------------------|---------------|
| HIV 1 & 2 (Method : ICT) | Negative      |

**RADICAL**  
**HOSPITAL**  
LIMITED

Checked By

Medical Technologists  
Radical Hospitals Ltd.

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



|                |                                                       |                 |            |
|----------------|-------------------------------------------------------|-----------------|------------|
| Bill No        | DIA23090710                                           | Received Date   | 16/09/2023 |
| Patient's Name | SAIFUL ISLAM                                          |                 |            |
| Patient's Age  | 44Y 0M 29D                                            | Patient's Sex   | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |                 |            |
| Sample         | URINE                                                 | CDC NO:C/O/5663 |            |

### 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 Technologists  
Radical Hospitals Ltd.

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

|                |   |                                      |         |              |
|----------------|---|--------------------------------------|---------|--------------|
| Patient's Name | : | SAIFUL ISLAM                         |         |              |
| Age            | : | 44 Yrs                               | Date    | : 16/09/2023 |
| Sex            | : | Male                                 | CDC NO: | C/O/5663     |
| Referred by    | : | Dr. Mir Md. Raihan - MBBS, (DU), DFM |         |              |

## Psychometric Test

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

Poor: &lt;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



Date: 16/09/2023

**EYE EXAMINATION REPORT**

|       |              |           |                 |
|-------|--------------|-----------|-----------------|
| NAME: | SAIFUL ISLAM |           |                 |
| AGE:  | 44 YRS       | RANK: ETO | CDC NO:C/O/5663 |

VISUAL ACUITY:                      RIGHT                      LEFT

UNAIDED

6/2

6/6

AIDED

COLOUR VISION:    NORMAL / BLIND

OPINION                      :    UNFIT / FIT FOR EMPLOYMENT ON BOARD

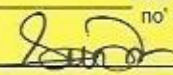


Dr. Mir Md. Raihan  
 MBBS, PGT (Ophthalmology)  
 Assistant Registrar (EX)  
 East west Medical College & Hospital

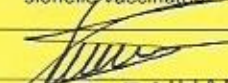
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA  
CERTIFICAT INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION  
CON IRE LE CHOLERA**

**SAIFUL ISLAM**

This is to certify that JE Soussigne' (e) certifie que | date of birth | **22.08.1979** | Sex | **M**  
no' (e) le | | sexe |

Whose signature follows |  |  
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 fievre jaune a ia date indiquee.

|                            |                                                                                                                                                                                                  |                                                                                                                                                       |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date<br><b>23 DEC 2022</b> | Signature and professional<br>Status of Vaccinator<br>Signature et qualite profess-<br>sionelle vaccinateur<br> | Approved Stamp<br>Cechet<br>d'authentification<br><b>ORAL CHOLERA</b><br>"DUKORAL"<br>Valid Upto 2 yrs                                                |
| 2                          | <b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited        | <br><b>TYPHOID VACCINATION</b><br>"TYPHERIX"<br>VALID UPTO ONE YEARS |

|                         |                                                                                                                                                                                                                                                                                |                                                                                                                          |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 3<br><b>16 SEP 2023</b> | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited | <b>TYPHOID VACCINATION</b><br>"TYPHERIX"<br>VALID UPTO ONE YEARS<br><b>ORAL CHOLERA</b><br>"DUKORAL"<br>Valid Upto 2 yrs |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

The validity of this certificate shall be valid 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 validite de ce certificate couvre une periode 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 cette revaccination.

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

De 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 certificate ou l'omission d'une quelconque des mentions qui il comporte peut affecter sa validité.



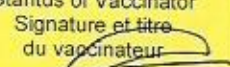
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST YELLOW FEVER  
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION  
CONTRE LA FIEVRE JAUNE**

**SAIFUL ISLAM**

This is to certify that JE Soussigne' (e) certifie que \_\_\_\_\_ date of birth / no' (e) le 22.08.1979 Sex / sexe M

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 fièvre jaune a la date indiquée.

| Date        | Signature and professional<br>Stahtus of Vaccinator<br>Signature et titre<br>du vaccinateur                                                                                                                                                                                 | Manufacturer<br>and batch<br>no of vaccine<br>Fabricant du<br>vaccin et numbre<br>ro du lot | Official sump of vaccinating centre<br>Cachet officiel du centre de vaccination   |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 23 DEC 2022 | <br><b>DR. M. R. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGD (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shippng Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |            |  |
| 1           |                                                                                                                                                                                                                                                                             |                                                                                             |                                                                                   |
| 2           |                                                                                                                                                                                            |                                                                                             |                                                                                   |
| 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 this 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 of ten 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 certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre où il a été administré a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, au contraire, dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant que considérer comme l'équivalent du lieu de signature.

Toute altération ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.