

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED.

35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: BADSHA SHAHJAHAN Sex: M Serial No: _____

Date of Birth: 18/22/1993 PP/CDC: 210/8698 Rank: 4/E

Vessel: MS. TALENT BLU Type: BUCK FARRIER Rank: 9/E Route: WORLDWIDE

Home Address: SWALPABAHIRDLA, MANSHAR, RUPSHAR, KATHUNDA

Company Name :

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following

Candidate Declaration

Examiner
Record

Candidate Declaration

Examiner
Record

	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		☒		☒	Hernia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High / Low blood pressure / Heart disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / Bronchitis / Tuberculosis		☒		☒
Eye / Vision Problems (Glasses, etc.)		☒		☒	Allergy / Skin disease		☒		☒
Hearing Impairment		☒		☒	Infection / Contagious Disease		☒		☒
Ear / Nose / Throat problems		☒		☒	Addiction to alcohol / drugs / tobacco		☒		☒
Stomach / Bowel disorders		☒		☒	Fracture / Dislocation / Injury / Amputation		☒		☒
Gall stones / Kidney disorders		☒		☒	Major / Minor Operation		☒		☒
Jaundice / Liver Disease		☒		☒	Diabetes		☒		☒
Piles / Varicose veins		☒		☒	Nervous / Mental disease / Sleep disorder		☒		☒
Blood Disorder		☒		☒	Malignant disease (Cancer)		☒		☒
Female Disorder		☒		☒	Signed off on medical grounds / Declared Unfit		☒		☒
Notes		☒		☒					

Medical Examination

Height	Weight in Kgs	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition
168cm	72kg	40	21	120/70mm	72b/min	14b/min	Good

Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	12	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal	Left Ear	dB	20	20	20					

Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	Left ear
	Other	Normal	Abnormal			

Systemic Examination

Head & Neck																																																																																																
-------------	---	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--

[illegible]

Nervous system	///	AS PER MLC 2006	///
Reflexes	///	Enhanced GARD Medicals done	///
Skin	///		///

Investigations

Blood	Result	Normal	Urine
Hemoglobin	14.0 gm%	14-15 gm %	Colour
Total RBC count	4.5		5.0

WBC	8.000	cu.mm	4000-11000 / cu.mm	Specific Gravity	1.021
Hgb	12.0	gm/dl	12-16 gm/dl	pH	7.4
Hct	37.0	%	37-47 %	Albumin	4.0
Neu	64	%	40-70 %	Bilirubin	0.2
Lym	31	%	20-40 %	SGOT	0.0
Eos	03	%	0-05 %	SGPT	0.0
Ba	00	%	0-02 %	Alkaline Phosphatase	100
Mo	02	%	0-05 %	Urea Nitrogen	10.0
Malonal parasite	NOT FOUND				
Esp	NOT FOUND				

SGPT	22 U/L	1-15 mm/hr	Sugar	9
S.Cholesterol	mg/dl	9-43 U/L	Bile pigment	9
S.Triacylglycerols	mg/dl	145-260 mg/dl	Bile salts	9
		normal 2000 mg/dl	Bilirubin	9

Blood Sugar	RBS	5.6	PPBS	upto 200 mg %	Occult blood	2
HbsAg				upto 125 mg %	RBC cells	2
HIV 1 & 2					Leucocytes	2

VDRL		Others	
Others		Spirometry:	
Blood Group			

ECG: Normal TMT: N/E
X-Ray Chest: Normal
Abuse: Negative

X-Ray	Chest:	150mm	USG:	WTE	
Result of Medical Examination On the basis of the examination history and physical examination, the following results are reported:					

On the basis of the examinee's history, clinic

Fit	Unfit	Temporarily unfit	Permanently unfit	Should be re-examined in	days / weeks / months.
Remarks / Recommendations					

This certificate is valid till: 26 SEP 2025

Candidate's Signature:  Official Stamp:  Doctor's signature: 

Date: 27 SEP 2022

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Uphm)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved

04.2023.4839

04.2023.4839



MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA

SURNAME: BADSHA	GIVEN NAME (S): SHAHJAHAN	
DATE OF BIRTH: DAY 18 MONTH 11 YEAR 1993	PLACE OF BIRTH CITY KHULNA COUNTRY BANGLA DESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: VILL: SWALPABAHIRDIA P.O: MANSHA, P.S: RUPSHA DIST: KHULNA, BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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)

Date of the last colour vision test: (Day/Month/Year) **27 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.

SHAHJAHAN BADSHA

27 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. MIR MD. RAIHAN MBBS, (DU), DFM REG: A-55144**

ADDRESS: **RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH**

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

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE: **27 SEP 2023**

EXPIRY DATE OF CERTIFICATE:

26 SEP 2025

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

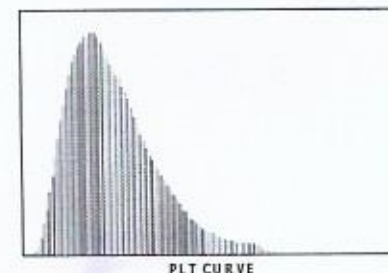
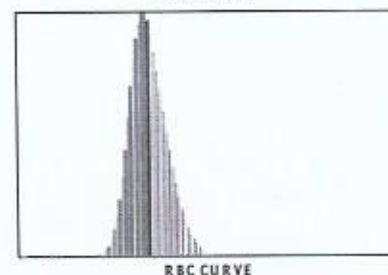
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Biom), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 1216 **Date** : 27-Sep-2023 **D.Date** : 27-Sep-2023
Patient's Name : SHAHJAHAN BADSHA **Age** : 29Y 10M 9D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8698

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.9 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)	7,900 /cumm	
Differential WBC Count (DC)		
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	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	158 /cumm	50-450/cumm
Total RBC Count	5.24 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.0 %	M: 40-54%, F:37-47%
MCV	80.2 fL	76 - 94 fL
MCH	28.4 pg	27 - 32 pg
MCHC	35.5 g/dL	29 - 34 g/dL
RDW	12.0 %	11 - 16 %
PDW	15.7 fL	35 - 56 fL
Total Platelete Count (PC)	3,14,000 /cumm	150,000-450,000/cumm
MPV	8.6 fL	7.0 - 11.0 fL
PCT	0.270 %	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	DIA23091216	Received Date	27/09/2023
Patient's Name	SHAHJAHAN BADSHA		
Patient's Age	29Y 10M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8698
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	22.0 U/L	Up to 40 U/L

REMARKS (IF ANY)

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

Checked By



Medical Technologis
Radical Hospitals Ltd.

2
Dr. Sumaiya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23091216	Received Date	27/09/2023
Patient's Name	SHAHJAHAN BADSHA		
Patient's Age	29Y 10M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8698		
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	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

Bill No	DIA23091216	Received Date	27/09/2023
Patient's Name	SHAHJAHAN BADSHA		
Patient's Age	29Y 10M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8698		
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
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23091216	Received Date	27/09/2023
Patient's Name	SHAHJAHAN BADSHA		
Patient's Age	29Y 10M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8698
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.


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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 230901216 Receive: 27/09/2023 Print: 27/09/2023
Patient's Name : **SHAHJAHAN BADSHA**
Age : 30 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: 23091362

27-09-2023 13:28:04

Male 30 Years

Shahid Mahmood

HR : 80 bpm

P : 114 ms

PR : 148 ms

QRS : 88 ms

QT/QTc : 360/416 ms

P/QRS/T : 59/50/21 °

RV5/SV1 : 1.432/0.266 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 230901216 Receive: Print: 27/09/2023
Patient's Name : SHAHJAHAN BADSHA
Age : 30 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 80 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

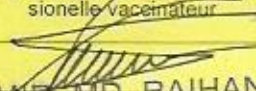
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CON TRE LE CHOLERA**

SHAHJAHAN BADSHA

This is to certify that JE Soussigne (e) certifie que _____ date of birth / 18/11/1993 Sex / MALE
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 fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualité profes- sionnelle vaccinateur	Approved Stamp Cachet d'authentification
1	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGD (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 cette revaccination.

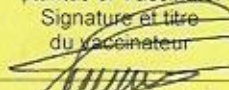
Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

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 il comporte peut en affecter la validité.

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

SHAHBAHAN BADSAA
This is to certify that _____ date of birth 28/10/1990 Sex MALE
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____
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 Status of Vaccinator Signature et titre du vaccineur	Manufacturer and batch no of vaccine Fabricant du vaccin et numero du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
27 SEP 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bldem), PGT (Opht) 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 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 employe a ete approuve par l'organisation Mondiale de la sante et si le centre de vaccination a ete designe par l'administration sanitaire du territoire dans lequel ce centre est situe.

La validite de ce certificat couvre une periode de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, a compter de dix ans, le jour de cette revaccination.

Ce certificat doit etre signe par un medecin de sa propre main, son cachet officiel ne pouvant etre considere comme tenant lieu de signature.

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