

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

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 MAKDUM AVENUE, UTTARA, DHAKA-1230.

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

Name: Mayhedi Atiul Alam Sex: Male Serial No: _____

Date of Birth: 10/04/1994 PP/CDC: A0350060

Vessel: MT TIAN MINCH

Type: _____

Rank: Oilier

Route: _____

Home Address: 181B block B Road-03, Future town, Mohammadpur Dhaka.

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							
<u>175cm</u>	<u>78kg</u>	<u>41/42</u>	<u>120/70mm</u>	<u>78/min</u>	<u>16/min</u>	<u>Good</u>							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	<u>6/6</u>		Normal	Right Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>					
Left Eye	<u>6/6</u>		Abnormal	Left Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal		<u>9</u>				<u>9</u>				

Systemic Examination

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done		Respiratory system	/
Eyes	/				Cardiovascular system	/
Ears / Nose / Throat	/				Per Abdomen	/
Teeth / Oral Cavity	/				Genito-urinary system	/
Musculo-Skeletal system	/				Others	/
Nervous system	/				Hernia / Hydrocoele	/
Reflexes	/				Varicose Veins	/
Skin	/				Fissure/Fistula/Piles	/

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>15.6</u> gm%	14-16 gm %	Colour
Total WBC count	<u>9,500</u> cu.mm	4000-11000 / cu.mm	Specific Gravity
New 65 % Lymph	<u>51</u> %	Eos <u>03</u> %	pH
Malan parasite	<u>NOT FOUND</u>	Ba <u>00</u> %	Albumin
ESR	<u>06</u> mm / 1st hour	1-15 mm / hr	Sugar
SGPT	<u>12</u> U/L	9-43 U / L	Bile pigment
S.Cholesterol	<u>NIE</u> mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	<u>NIE</u> mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS <u>5.4</u> PPBS	upto 125 mg %	RBC cells
HbsAg	<u>NEGATIVE</u>		Leucocytes
HIV I & II	<u>NEGATIVE</u>		Others
VDRL	<u>NOT RUN</u>		
Others		GGTP U/L	
Blood Group			Spirometry: <u>Normal</u>

ECG: Normal TMT: NIE

X-Ray Chest: Normal

Drugs of Abuse: NEGATIVE

USG: NIE

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in _____ days / weeks / months.

Remarks / Recommendations

I, _____ certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 25 SEP 2023

Candidate's Signature

Official Stamp

Doctor's Signature

Date: 26-09-23

26 SEP 2023

04.2023.4831



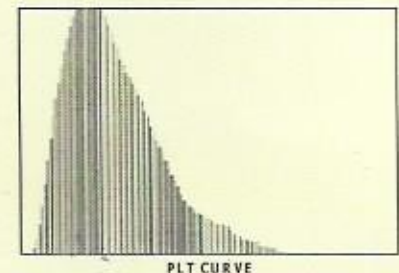
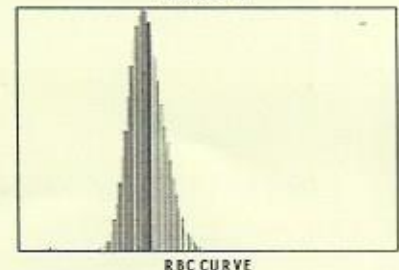
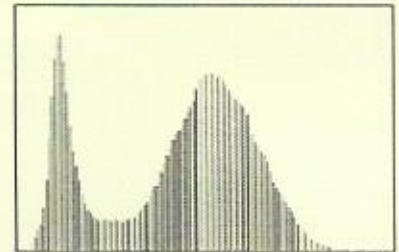
DR. MIR MD RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 1169 **Date** : 26-Sep-2023 **D.Date** : 26-Sep-2023
Patient's Name : ATIUL ALAM MAYHEDI **Age** : 29Y 5M 16D **Gender**: Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:PA0350060

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.6 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)	9,500 /cumm	
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	190 /cumm	50-450/cumm
Total RBC Count	5.15 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.8 %	M: 40-54%, F:37-47%
MCV	79.2 fL	76 - 94 fL
MCH	30.3 pg	27 - 32 pg
MCHC	38.2 g/dL	29 - 34 g/dL
RDW	11.8 %	11 - 16 %
PDW	15.2 fL	35 - 56 fL
Total Platelete Count (PC)	2,71,000 /cumm	150,000-450,000/cumm
MPV	8.8 fL	7.0 - 11.0 fL
PCT	0.238 %	0.1 - 0.6 %
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	DIA23091169	Received Date	26/09/2023
Patient's Name	ATIUL ALAM MAYHEDI		
Patient's Age	29Y 5M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:	PA0350060
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.4 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	18.0 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.

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 Medical Technologist
 Radical Hospitals Ltd.


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



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Sample	BLOOD		

SEROLOGICAL REPORT

Test NameResult

HBsAg (Method : (ICT)	Negative
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RADICAL
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Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23091169	Received Date	26/09/2023
Patient's Name	ATIUL ALAM MAYHEDI		
Patient's Age	29Y 5M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD (BIRDEM), PGT (Eye), DFM CDC NO: PA0350060		
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION MICROSCOPIC 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 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	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

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 Radical Hospitals Ltd.

2

Dr. Sumaiya Khatun
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 Associate Professor
 Dept. of Microbiology
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radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA230901169	Received Date	26/09/2023
Patient's Name	ATIUL ALAM MAYHEDI		
Patient's Age	29Y 5M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:PA0350060		
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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 230901169 Receive: 26/09/2023 Print: 26/09/2023
Patient's Name : **ATIUL ALAM MAYHEDI**
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: 23091357

26-09-2023 15:26:20

Patric Almon
Male 59 Years

Diagnosis Information:

Sinus tachycardia
Normal ECG except for rate

P	: 94	ms
PR	: 168	ms
QRS	: 94	ms
QT/QTc	: 330/434	ms
P/QRS/T	: 57/59/44	°
RV5/SVI	: 1.006/1.052	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 230901169 Receive: Print: 26/09/2023
Patient's Name : ATIUL ALAM MAYHEDI
Age : 29 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 95 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

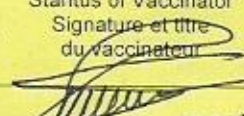
Page 1 of 1

**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 Atiul Alam date of birth 10-04-94 Sex Male
JE Soussigne' (e) certifie que Mayhedi 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 26 SEP 2023	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur 	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre ro du lot	Official-sump of vaccinating centre Cachet officiel du centre de vaccination
1	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		
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 a eu lieu la vaccination 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, à dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme le lieu de signature.

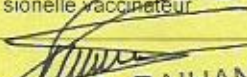
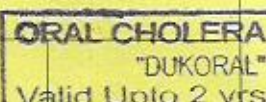
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il

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

This is to certify that Aliul Alam date of birth 10-04-94 sex Male
JE Soussigne' (e) certifie que Mayhadi (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 ia date indiquée

Date	Signature and professional Status of Vaccinator	Approved Stamp
1	Signature et qualite professionnelle vaccinateur	Cecket d'authentification
2	 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.	 
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, au cours de cette période de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d' un pelerin le present certificate dottlaire mention de deux injections partiquees a sept jours d' intervaile et sa validite cofillmence lejour de la seconde. injection;

De cachet d'authentification doit être conforme au modèle présent sur 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 ne lui effectera validité.