



República de Panamá
Republic of Panama
Autoridad Marítima de Panamá
Panama Maritime Authority

CERTIFICADO MÉDICO DE LA GENTE DE MAR
Medical Fitness Standards Certificate for Seafarers

04.2023.4729

No. Certificado

Este certificado se emite en conformidad con las disposiciones de la regla 1/9 del Convenio STCW, 1978, enmendado, y la norma A-1/2 del CTM, 2006, enmendado, y certifica que la gente de mar es apta para el servicio en el mar.

This certificate is issued in accordance with the provisions of the regulation 1/9 of the 1978 STCW Convention, as amended and the standard A-1/2 of the MLC, 2006, as amended, and certifies that seafarers are fit for sea service.

Apellido: Surname NAHA	Nombre: Given Name(s) SAGAR CHANDRA	Cédula / Pasaporte No. Id. Number/ Passport No. C/0/9452
Fecha de Nacimiento: Date of Birth Día Day 30 Mes Month 12 Año Year 1994	Nacionalidad: Nationality BANGLADESHI	Sexo: Gender ☒ Masculino Male ☐ Femenino Female

¿Confirmación de que se examinaron los documentos de identidad en el lugar del examen? Confirmation that identification documents were checked at the point of examination?	Yes ☒	No ☐
¿La audición cumple con el estándar? Hearing meets the standards?	☒	☐
¿La audición es satisfactoria sin ayuda? Unaided hearing satisfactory?	☒	☐
¿La agudeza visual cumple con el estándar? Visual acuity meets standards?	☒	☐
¿La visión cromática cumple con el estándar? Colour vision meets standards?	☒	☐
Fecha de la última prueba de visión cromática [Día/Mes/Año] Date of the last color vision test [Day/Month/Year]	07 SEP 2023	
¿Apto para cometidos de vigía? Fit for look out duties?	☒	☐
¿Existen limitaciones o restricciones respecto de la aptitud física? Si la respuesta es "sí", dar detalles de las limitaciones o restricciones. Limitations or restrictions on fitness? If "Yes", specify limitations or restrictions.	☐	☒
¿Está el marino libre de cualquier condición médica que pueda verse agravada por el servicio en el mar o discapacitarle para el desempeño de tal servicio o poner en peligro la salud de otras personas a bordo? 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 person on board?	☒	☐
Confirmo que he sido informado sobre el contenido del presente certificado y sobre el derecho a solicitar una revisión del dictamen, con arreglo a lo dispuesto en el párrafo 6 de la Sección A-1/9. I hereby confirm that I have been informed about the content of this certificate and of the right to a review in accordance with the paragraph 6 of Section A-1/9.	SAGAR NAHA Firma de la Gente de Mar Seafarer's Signature	

Fecha de emisión: Date of issue:	07 SEP 2023
Fecha de expiración: Date of expiry:	06 SEP 2025
Nombre del médico reconocido: Name of the recognized medical practitioner:	DR. MIR MD RAIHAN MBBS(DU)

Firma y sello del médico reconocido/Signature and stamp of the recognized medical practitioner

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



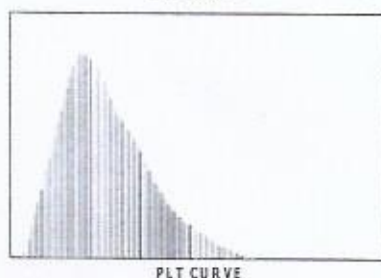
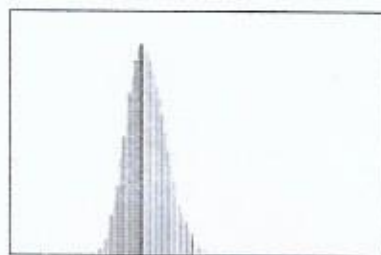
- El original de este certificado deberá estar disponible durante el servicio a bordo.
The original of this certificate must be kept available while serving on board ship.
- En caso de pérdida de este certificado, el titular deberá notificar a los puertos y a la Autoridad Marítima de Panamá.
In case of loss of this certificate, the holder should notify ports and the Panama Maritime Authority.
- La autenticidad de este certificado puede ser verificada contrastando a la Autoridad Marítima de Panamá.
The authenticity of this certificate can be verified contrasting the Panama Maritime Authority.

Id No : 0288 **Date** : 07-Sep-2023 **D.Date** : 07-Sep-2023
Patient's Name : SAGAR CHANDRA NAHA **Age** : 28Y 8M 8D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9452

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.4 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/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	184 /cumm	50-450/cumm
Total RBC Count	4.64 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.2 %	M: 40-54%, F:37-47%
MCV	84.5 fL	76 - 94 fL
MCH	31.0 pg	27 - 32 pg
MCHC	36.7 g/dL	29 - 34 g/dL
RDW	12.9 %	11 - 16 %
PDW	14.2 fL	35 - 56 fL
Total Platelete Count (PC)	2,47,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.220 %	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	DIA23090288	Received Date	07/09/2023
Patient's Name	SAGAR CHANDRA NAHA		
Patient's Age	28Y 8M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9452
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	27 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.

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

Bill No	DIA23090288	Received Date	07/09/2023
Patient's Name	SAGAR CHANDRA NAHA		
Patient's Age	28Y 8M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9452
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	Negative
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RADICAL
HOSPITAL
LIMITED

Checked By



Medical Technologis
Radical Hospitals Ltd.



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

Bill No	DIA23090288	Received Date	07/09/2023
Patient's Name	SAGAR CHANDRA NAHA		
Patient's Age	28Y 8M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/9452
Sample	Urine		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/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

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Patient's Name	SAGAR CHANDRA NAHA		
Patient's Age	28Y 8M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9452
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. : 23090288 Receive: 07/09/2023 Print: 07/09/2023
Patient's Name : **SAGAR CHANDRA NAHA**
Age : 28 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.

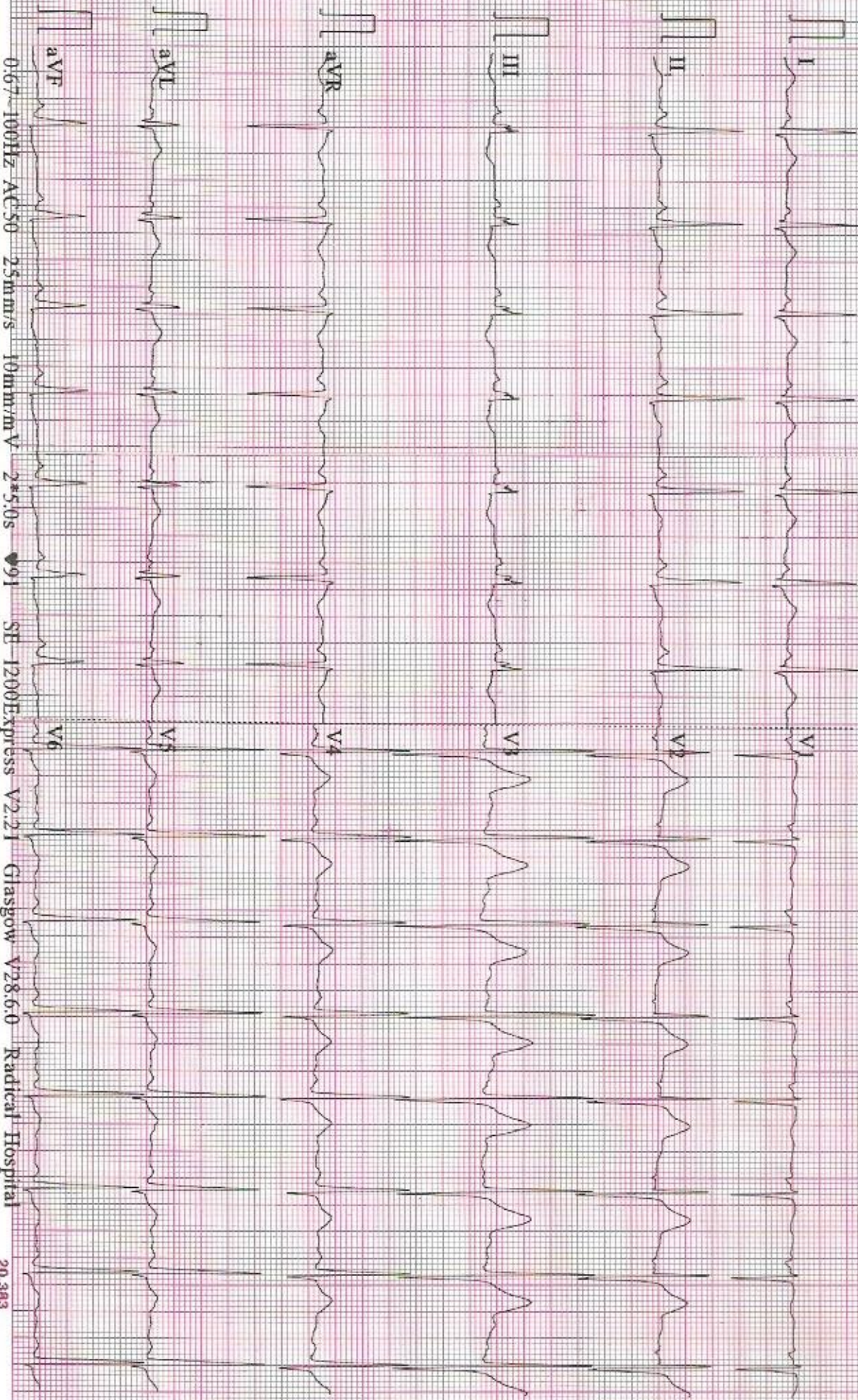


Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

ID: 186
07-09-2023 14:24:59
Male 87 Years
HR : 91 bpm
P : 114 ms
PR : 134 ms
QRS : 90 ms
QT/QTc : 352/433 ms
P/QRS/T : 62/47/-4 °
RV5/SV1 : 2.099/1.091 mV

Diagnosis Information:
Sinus rhythm
Inferior ST-T abnormality is nonspecific
Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23090288 Receive: Print: 07/09/2023
Patient's Name : **SAGAR CHANDRA NAHA**
Age : 28 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 91 b/min
Rhythm : Regular
P-Wave : Normal
P-R Interval : Normal
QRS Complex : Normal
ST. Segment : Is electric
T. Wave : Normal

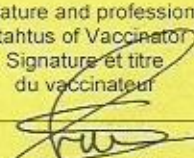
Impression : Findings are within normal limit.



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

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

This is to certify that SAGAR CHANDRA NAHA date of birth 30/12/1994 Sex M
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____
Whose signature follows SAGAR NAHA
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 vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numerc ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
07 SEP 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Rajshahi 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 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 est 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 ré vaccination, au cours de la période de dix ans, le jour de cette ré vaccination.

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

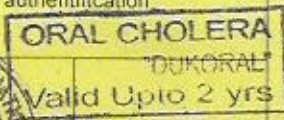
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il

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

This is to certify that SWAR CHANDRA MAHA date of birth 30/12/1994 Sex M
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____

Whose signature follows SWAR CHANDRA MAHA
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- sionnelle vaccinateur	Approved Stamp Cachet d'authentification
07 SEP 2023	DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Bdcm), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 
1		
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 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 partielles à sept jours d'intervalle et sa validité commence 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 qu'il comporte peut affecter sa validité.