

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE



This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name : (Last, first, middle) BAPPY MD SADDAM HOBBAIN		Gender: Male/Female* <input checked="" type="checkbox"/> Male
Date of Birth: (Day/month/year) 21/12/1992	Nationality: BANGLADESHI	Place of Birth: JHENAIDAH

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Hearing meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Unaided hearing satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Visual acuity meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Colour vision meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Date of last colour vision test:	05 SEP 2023	
6	Fit for look-out duty?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	No limitations or restrictions on fitness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year)	05 SEP 2023	
10	Expiry of certificate: (day/month/year) <small>** Maximum two years from date of examination unless the seafarer is under the age of 18</small>	04 SEP 2025	

05 SEP 2023

Date


Signature of Authorised
Medical Practitioner

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

Medical Practitioner's Official stamp
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.



Signature of Seafarer

* delete as appropriate

**04.2023.4722**

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

MPA
SINGAPORE

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name : (Last, first, middle) BAPPY MD SADDAM HOSSAIN (BLOCK CAPITALS)		Gender: Male/Female* <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: day/month/year 21/12/1992	Place of Birth: JHENAIDAH	Nationality: BANGLADESHI	
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: B00227071	Dept: Deck / Engine / Catering / others Rank: 2ND OFFICER	Type of ship:	
Home Address: DHULIA, ADARSHA ANDULIA HARJNAKUNDA - 7310 JHENAIDAH	Routine and emergency duties:	Trading area: e.g. coastal / worldwide accurately.	

*For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		<input checked="" type="checkbox"/>	18. Sleep problem		<input checked="" type="checkbox"/>
2. High blood pressure		<input checked="" type="checkbox"/>	19. Do you smoke, use alcohol or drugs?		<input checked="" type="checkbox"/>
3. Heart/vascular disease		<input checked="" type="checkbox"/>	20. Operation/surgery		<input checked="" type="checkbox"/>
4. Heart Surgery		<input checked="" type="checkbox"/>	21. Epilepsy/seizures		<input checked="" type="checkbox"/>
5. Varicose veins/piles		<input checked="" type="checkbox"/>	22. Dizziness/fainting		<input checked="" type="checkbox"/>
6. Asthma/bronchitis		<input checked="" type="checkbox"/>	23. Loss of consciousness		<input checked="" type="checkbox"/>
7. Blood disorder		<input checked="" type="checkbox"/>	24. Psychiatric problems		<input checked="" type="checkbox"/>
8. Diabetes		<input checked="" type="checkbox"/>	25. Depression		<input checked="" type="checkbox"/>
9. Thyroid problem		<input checked="" type="checkbox"/>	26. Attempted suicide		<input checked="" type="checkbox"/>
10. Digestive disorder		<input checked="" type="checkbox"/>	27. Loss of memory		<input checked="" type="checkbox"/>
11. Kidney problem		<input checked="" type="checkbox"/>	28. Balance problem		<input checked="" type="checkbox"/>
12. Skin Problem		<input checked="" type="checkbox"/>	29. Severe headaches		<input checked="" type="checkbox"/>
13. Allergies		<input checked="" type="checkbox"/>	30. Ear(hearing, tinnitus/nose/throat problem)		<input checked="" type="checkbox"/>
14. Infectious / contagious diseases		<input checked="" type="checkbox"/>	31. Restricted mobility		<input checked="" type="checkbox"/>
15. Hernia		<input checked="" type="checkbox"/>	32. Back or joint problem		<input checked="" type="checkbox"/>
16. Genital disorder		<input checked="" type="checkbox"/>	33. Amputation		<input checked="" type="checkbox"/>
17. Pregnancy	N/A		34. Fracture/dislocations		<input checked="" type="checkbox"/>

If you answer "yes" to any of the above questions, please provide details:



Additional questions

	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		<input checked="" type="checkbox"/>
36. Have you ever been hospitalized?		<input checked="" type="checkbox"/>
37. Have you ever been declared unfit for sea duty?		<input checked="" type="checkbox"/>
38. Has your medical certificate even been restricted or revoked?		<input checked="" type="checkbox"/>
39. Are you aware that you have any medical problems, diseases or illnesses?		<input checked="" type="checkbox"/>
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input checked="" type="checkbox"/>	
41. Are you allergic to any medication?		<input checked="" type="checkbox"/>
42. Are you using any non-prescription or prescription medication?		<input checked="" type="checkbox"/>

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

Yes No

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

05 SEP 2023

Date


Signature of Seafarer


DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.
Name and Signature of Witness

Yes No

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. MIR. MD. RAIHAN.

05 SEP 2023

Date


Signature of Seafarer


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Name and Signature of Witness



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

No

Yes Type Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant		
Near	NS	NS	Near		

Visual fields

	Normal	Defective
Right eye	/	
Left eye	/	

Colour Vision (please tick)

Not tested Normal Doubtful Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	172 (cm)	Weight	73 (kg)
Pulse rate	(per minute) 78	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	110	Diastolic (mm Hg)	70
Urinalysis: Glucose	Nil	Protein:	Nil
Blood:	Nil		

	Normal	Abnormal
Head	/	
Sinus, nose, throat	/	
Mouth/teeth	/	



Ears (general)	/	
Tympanic membrane	/	
Eyes	/	
Ophthalmoscopy	/	
Pupils	/	
Eye movement	/	
Lungs and chest	/	
Breast examination	N/A	
Heart	/	
Skin	/	
Varicose Vein	/	
Vascular (inc. pedal pulse)	/	
Abdomen and viscera	/	
Hernia	/	
Anus (not rectal exam)	/	
G-U system	/	
Upper and lower extremities	/	
Spine (C/s, T/S, L/S)	/	
Neurologic (full/brief)	/	
Psychiatric	/	
General appearance	/	

Chest X-ray

Not performed

Performed on (day/month/year): 05 SEP 2023

Results: Normal

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

Test Blood + urine Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea (please tick)

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

Fit for look out duty

Unfit for lookout duty

Visual aid required

Visual aid not required

<input checked="" type="checkbox"/>	Deck Service	Engine Service	Catering Service	Other Service
Fit				
Unfit				



Without restrictions With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

05 SEP 2023



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

Date

Signature of
Medical Practitioner

Medical Practitioner's name, licence number, address

Address

Address

Address



MEDICAL EXAMINATION REPORT

For New Applicants:

1. The Medical Examination may be done in Singapore by any registered General Practitioner (GP). Applicants who are in their home countries/places of residence may have their Medical Examination and HIV test done in their home countries/places of residence at any medical clinic licensed to carry out such tests. If HIV testing is done in Singapore, it may be carried out with either rapid or ELISA tests.

For Renewal Applicants:

1. The Medical Examination MUST be done in Singapore by any registered GP. HIV testing may be done with either rapid or ELISA tests.

Notes for All:

1. This Medical Examination Report is to be completed by a registered doctor and returned to the examinee. The original copy of the laboratory report for HIV and the X-ray report must be attached to this Medical Examination Report only if the medical examination and testing is carried out overseas.
2. The laboratory report for HIV and the X-ray report submitted to the Immigration & Checkpoints Authority should be within THREE MONTHS from the date of the issue of the reports.

I Personal Particulars

1. Name (as in the passport): MD SADDAM HOSSAIN BAPPY
2. Sex: M / F 3. Date of Birth: 21-12-1992 4. Nationality/Citizenship: BANGLADESHI
3. Passport No.: B00227071 6. FIN (if applicable):

M	0	2	1	0	9	1	7	K
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7. Address in Singapore: _____

II Medical Examination

I certify that the above-named has undergone a chest x-ray and the result of his/her chest X-ray is as indicated (with a [√]):-

- | | Yes | No |
|--|--------------------------|-------------------------------------|
| 1. TB (Chest X-ray)*
Any evidence of active TB detected?
[*Pregnant Women are exempted from Chest X-Ray] | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

I certify that I have tested the above-named and the result of his/her HIV test is indicated below (with a tick [√]):-

- | | Positive | Negative/ Non-Reactive |
|----------|--------------------------|-------------------------------------|
| 2. HIV : | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Name of Examining Doctor (IN BLOCK LETTERS): _____

Signature :  Clinic's Stamp & Address: DR. MIR. MD. RAIHAN

Date: 05 SEP 2023 Telephone Number : _____

MCR no: _____

NOTE: For persons screened overseas, the name in the laboratory report for HIV and the X-ray report must be according to the name shown in the Passport.

DECLARATION

I, _____ (name) declare that the above is not applicable to me as I have submitted a medical report** containing the above information to Immigration & Checkpoints Authority / Ministry of Manpower*** (not more than two years ago) when I was granted the _____ (pass type) on _____ (dd/mm/yy) valid till _____ (dd/mm/yy)


Signature & Date

** Those who were previously exempted from submitting the X-ray report because of pregnancy are required to submit a X-ray report certified by a Singapore registered GP, if you are not pregnant now.

*** Delete where necessary.

WARNING:

IT IS AN OFFENCE UNDER THE IMMIGRATION ACT TO MAKE ANY FALSE STATEMENT, REPRESENTATION OR DECLARATION

Version 5 (Jul 20)



Id No : 23090224	Date : 05-Sep-2023	D.Date : 06-Sep-2023
Patient's Name : MD SADDAM HOSSAIN BAPPY	Age : 30Y 8M 15D	Gender : Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6440		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	58 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	36 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	164 /cumm	50-450/cumm
Total RBC Count	4.18 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.4 %	M: 40-54%, F:37-47%
MCV	89.5 fL	76 - 94 fL
MCH	33.7 pg	27 - 32 pg
MCHC	37.7 g/dL	29 - 34 g/dL
RDW	11.4 %	11 - 16 %
PDW	15.6 fL	35 - 56 fl
Total Platelete Count (PC)	2,34,000 /cumm	150,000-450,000/cumm
MPV	8.0 fL	7.0 - 11.0 fL
PCT	0.208 %	0.1 - 0.0%

Checked by

 Medical Technologist


Dr. Sumaiya Khatun
 MBBS,MD(Gold Medalist) (BSMMU)
 Associate Professor
 Dept. Of Microbiology
 East West Medical College & Hospital.

Bill No	DIA23090224	Received Date	06/09/2023
Patient's Name	MD SADDAM HOSSAIN BAPPY		
Patient's Age	30Y 8M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6440
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

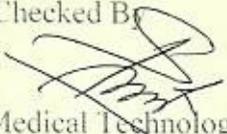
Result

HIV 1 & 2 (Method : (ICT)

Negative

RADICAL
HOSPITAL
LIMITED

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.	: 23090224	Receive:05/09/2023	Print: 05/09/2023
Patient's Name	: MD SADDAM HOSSAIN BAPPY		
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