



# HAQUE & SONS LTD.



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Accredited By: BMDC  
Accreditation No. A16713

PATIENT CONTROL NUMBER:  
H030934

## MEDICAL EXAMINATION CERTIFICATE

SURNAME <b>HOSSAIN</b>	FIRST NAME <b>MD YUSUF</b>	MIDDLE NAME
PLACE AND DATE OF BIRTH <b>PABNA 6-Jun-1997</b>	PASSPORT NUMBER <b>EF0441776</b>	SEAMAN'S BOOK NUMBER <b>T33515</b>
NATIONALITY: <b>BANGLADESHI</b> SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESSEL TYPE: <b>CHEM. TANKER</b> TRADING AREA: <b>WORLD WIDE</b>	
PERMANENT HOME ADDRESS: <b>PABNA</b>	CONTACT NUMBER: <b>+8801726884320 (SELF)</b>	
VILL.: <b>CHARADANGA P.O.: KORAN SUNNA MISSION P.S.: ATAIKULA DIST.:</b>	RANK: <b>AB</b>	

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"/>
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 <b>N.A</b>	<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

Question	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 hospitalised?	<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?  YES  NO

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Paritosh Chakraborty** (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

### MEDICAL EXAMINATION

Weight **68 kg** Height (cm) **162 cm** BM **25** Blood Pressure: Systolic **110 mm Hg** Diastolic **70 mm Hg** PULSE: **72 /m**

Ear	Hearing by Audiometry	
Right	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Left	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate

Audiometry			
500	1000	2000	3000
<b>N.A</b>			

Hearing by Whisper Test	
<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9?  YES  NO

Visual acuity					Visual fields	
	Unaided		Aided		Right eye	Left eye
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Near	NS	NS			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Visual acuity meets the standard laid down in STCW Code Section A-1/9:  Normal  Doubtful  Defective

Colour vision as per STCW CODE Section A-1/9:  Normal  Doubtful  Defective

Date of last colour vision test: Date (day/month/year) 16 JUL 2024

	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"/>

N.A

**RESULTS OF ANCILLARY EXAMINATIONS**

Chest X-Ray	<b>NORMAL</b>	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
ECG	<b>NAD</b>	BILIRUBIN	<b>0.78</b>	Alcohol Test	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD R/E	<b>NAD</b>	SGPT	<b>39.0</b>	URINE/R/E	<b>NAD</b>
DC (differential count)	<b>15.0</b>	SGOT	<b>25.0</b>	DRUG AND ALCOHOL TEST	
HAEMOGLOBIN (HGB)	<b>15.0</b>	Morphine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	HBSAg	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
ESR (WESTERGREN)	<b>07</b>	Amphetamine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	HIV / AIDS Test	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
WBC	<b>5600</b>	Rheocyclidine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	VDRL	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
BLOOD GLUCOSE LEVEL	<b>08.0</b>	Barbiturate	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Blood Type	<b>B+VE</b>
RANDOM	<b>403</b>	Cocaine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Psychological Exam	<b>NORMAL</b>
HBA1C	<b>4.8</b>			Others (KUB Ultrasound)	<b>NAD</b>

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer: MD YUSUF HOSSAIN Name of Seafarer: MD YUSUF HOSSAIN Date: 16 JUL 2024

**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 lookout duties  Not fit for lookout duties

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

Without restrictions  With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes  No

Describe restrictions (e.g., specific position, type of ship, trade area): **No Restrictions**

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

Fitness Date: 16 JUL 2024 Valid Until: 15 JUL 2026

Name and Signature of Authorizing Physician: Dr. Chakraborty

# MEDICAL EXAMINATION REPORT/CERTIFICATE

## MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

### REPUBLIC OF THE MARSHALL ISLANDS

SURNAME <b>HOSSAIN</b>	GIVEN NAME(S) <b>MD YUSUF</b>
DATE OF BIRTH 6                      6                      1997 MONTH                  DAY                      YEAR	PLACE OF BIRTH <b>PABNA</b> <b>BANGLADESH</b> CITY    COUNTRY SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OFFICER <input type="checkbox"/> RATING <input checked="" type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>VILL.: CHARADANGA P.O.: KORAN SUNNA MISSION</b> <b>P.S.: ATAIKULA DIST.: PABNA</b>  <b>BANGLADESH.</b>

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

HEIGHT <b>162 CM</b>	WEIGHT <b>68 KG</b>	BLOOD PRESSURE <b>110/70 mmHg</b>	PULSE <b>72/m</b>	RESPIRATION <b>18/m</b>	GENERAL APPEARANCE <b>GOOD</b>
VISION: WITHOUT GLASSES <u>6/6</u> / <u>6/6</u> WITH GLASSES                      -                      /                      -			HEARING: RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>		

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 <b>NAD</b>	HEART (CARDIOVASCULAR) <b>NAD</b>
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LUNGS <b>CLEAR</b>	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>YES</b>
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EXTREMITIES:  
UPPER NORMAL                                      LOWER NORMAL

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	16 JUL 2024 DATE OF EXAMINATION	15 JUL 2026 EXPIRY DATE
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THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MD YUSUF HOSSAIN  
NAME OF APPLICANT

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: **No Restrictions**                                      **Fit For Duty On Board Ship**

NAME AND DEGREE OF PHYSICIAN    Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)

ADDRESS    Ideal Pathology. 162, SK. Mujib Road, Mostafa Plaza (2/F), Badamtoly Mazir Gate, Agrabad C/A, Chattogram.

NAME OF PHYSICIAN'S CERTIFICATING    BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE    20-May-1986

SIGNATURE OF PHYSICIAN	16 JUL 2024 DATE
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This certificate is issued by authority of the Maritime Administrator and is in conformity 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.