



HAQUE & SONS LTD.

Head Office Tower, 1267/A, Goshaldanga, Agrabad C/A, Chattogram, Bangladesh.
Tel: +880 31 716214-6, Fax: +880 31 710530



Accredited By: BMDC
Accreditation No. A18713

PATIENT CONTROL NUMBER:
H030961

MEDICAL EXAMINATION CERTIFICATE

SURNAME MOLLA	FIRST NAME SOURAV	MIDDLE NAME
PLACE AND DATE OF BIRTH PABNA 28-Jan-2002	PASSPORT NUMBER A11163136	SEAMAN'S BOOK NUMBER T33533
NATIONALITY: BANGLADESHI SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESSEL TYPE: CHEM. TANKER	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: VILL. KULONIA, PO. DOGACHI, PS. PABNA SADAR, DIST. PABNA, BANGLADESH.	CONTACT NUMBER: 8801789333661 (SELF) / 0	RANK: MESSMAN

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 headache	<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	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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.

Shou
Signature of Seafarer

MEDICAL EXAMINATION

Weight **65 kg** Height (cm) **167 CM** BM **23** Blood Pressure: Systolic-**100 mm Hg** Diastolic **80 mm Hg** PULSE: **72 / M**

Ear	Hearing by Audiometry		Audiometry				Hearing by Whisper Test	
	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate	500	1000	2000	3000	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Right	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate					<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Left	<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		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6			<input checked="" type="checkbox"/>	
Near	NS	NS				<input checked="" type="checkbox"/>

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

Colour vision as per STCW Code Section A-1/9:

Normal Doubtful Defective

Date of last colour vision test: Date (day/month/year) 01 OCT 2023

	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 <i>N-A</i>	<input 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"/>

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NORMAL	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
ECG	NAD	BILIRUBIN	Alcohol Test	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD R/E		SGPT	URINE R/E	NAD
DC (differential count)	NAD	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	14.2	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGRÉN)	25	Morphine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	HIV / AIDS Test
WBC	7100	Amphetamine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	VDRL
BLOOD GLUCOSE LEVEL		Phencyclidine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Blood Type
RANDOM	95.0	Barbiturates	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Psychological Exam
HBA1C	5.1	Cocaine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Others (KUB Ultrasound)

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

Signature of Seafarer: [Signature] Name of Seafarer: SOURAV MOLLA Date: 01 OCT 2023

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

	Deck service	Engine service	Catering service	Other services
Fit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input 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: 01 OCT 2023 Valid Until: 30 SEP 2025

Dr. Paritosh Chakraborty
MBS (L), DML (S), CED (S),
Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: MOLLA		GIVEN NAME (S): SOURAV	
DATE OF BIRTH: DAY 28 MONTH 1 YEAR 2002		PLACE OF BIRTH CITY PABNA COUNTRY BANGLADESH	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input checked="" type="checkbox"/>		MAILING ADDRESS OF APPLICANT: VILL. KULONIA, PO. DOGACHI, PS. PABNA SADAR, DIST. PABNA, BANGLADESH.	
DECLARATION OF THE AUTHORIZED PHYSICIAN			
VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR — NORMAL
LEFT EYE	6/6	—	LEFT EAR — NORMAL
		<input checked="" type="checkbox"/> BOOK <input checked="" type="checkbox"/> LANTERN YELLOW NAD RED NAD GREEN NAD BLUE NAD	
Confirmation that identification documents were checked at the point of examination: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Hearing meets the standards in STCW Code, Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>			
Unaided hearing satisfactory? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Visual acuity meets standards in STCW Code, Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Colour vision meets standards in STCW Code, Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (the visual test is required every six years)			
Date of the last colour vision test (Day/Month/Year) 01 OCT, 2023			
Are glasses or contact lenses necessary to meet the required vision standards? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Able for watchkeeping? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Is applicant taking any non-prescription or prescription medications? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Hereby I declare that I am in knowledge of the contents of the Physical Examination.			
		SOURAV MOLLA	01 OCT 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: 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 AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)			
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 20-05-1986			
SIGNATURE OF PHYSICIAN: 		STAMP OF PHYSICIAN: Dr. Paritosh Chakraborty MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation), BMDC REG. NO. - A16713 Seafarers Medical Practitioner	DATE: 01 OCT 2023
EXPIRY DATE OF CERTIFICATE: 30 SEP 2025			
<i>This certificate is issued in compliance with the ILO/IMO Shipping DRAFT of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.</i>			