



# HAQUE & SONS LTD.

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Accredited By: BMDC  
Accreditation No: A16713

PATIENT CONTROL NUMBER  
H030986

## MEDICAL EXAMINATION CERTIFICATE

SURNAME <b>BOSHIR</b>		FIRST NAME <b>MOHAMMAD</b>		MIDDLE NAME	
PLACE AND DATE OF BIRTH <b>PIROJPUR 20-Mar-1973</b>		PASSPORT NUMBER <b>B00656297</b>		SEAMAN'S BOOK NUMBER <b>T32805</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>VILL. UTTAR BHITABARIA, PO. BHITABARIA, PS. BHANDARIA, DIST. PIROJPUR, BANGLADESH.</b>				CONTACT NUMBER: <b>8801750060749 (SELF)</b>	
				RANK: <b>NO. 1 OILER</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	<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)  
 \* Tab. Amlodipine + Atenolol 5/50mg - 1+0+0

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.

**BOSHIR**

Signature of Seafarer

### MEDICAL EXAMINATION

Weight **75 kg** Height (cm) **162 cm** BM **28** Blood Pressure: Systolic- **120 mmHg** Diastolic **80 mmHg** PULSE: **72/m**

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

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		Normal	Defective
Right eye	Left eye	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		✓	
Near	N5	N5			✓

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) **29 APR 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 <b>N-A</b>	<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	<b>NORMAL</b>	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
ECG	<b>NAD</b>	BILIRUBIN	<b>0.70</b>	Alcohol Test	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD R/E		SGPT	<b>30.0</b>	URINE R/E	<b>NORMAL</b>
DC (differential count)	<b>NAD</b>	SGOT	<b>19.0</b>	OTHERS	
HAEMOGLOBIN (HGB))	<b>14.0</b>	DRUG AND ALCOHOL TEST		HBSAg	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
ESR (WESTERGREN)	<b>20.0</b>	Morphine	<input checked="" type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	HIV / AIDS Test	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
WBC	<b>8900</b>	Amphetamine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	VDRL	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
BLOOD GLUCOSE LEVEL		Pheicyclidine	<input checked="" type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Blood Type	<b>A + VE</b>
RANDOM	<b>139.0</b>	Barbitrates	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Psychological Exam	<b>NORMAL</b>
HBA1C	<b>7.0 X</b>	Cocaine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Others (KUB Ultrasound)	<b>NAD</b>

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

**BOSHIR** **MOHAMMAD BOSHIR**  
 Signature of Seafarer Name of Seafarer

**29 APR 2024**  
Date

**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 type="checkbox"/>	<input checked="" 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: **29 APR 2024** Valid Until: **28 APR 2026**



## MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME BOSHIR	GIVEN NAME (S): MOHAMMAD	
DATE OF BIRTH DAY 20 MONTH 3 YEAR 1973	PLACE OF BIRTH CITY PIROJPUR 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. UTTAR BHITABARIA, PO. BHITABARIA, PS. BHANDARIA, DIST. PIROJPUR, BANGLADESH.	

### DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	<input checked="" type="checkbox"/> BOOK <input checked="" type="checkbox"/> LANTERN YELLOW NAD RED NAD GREEN NAD BLUE NAD	RIGHT EAR — NORMAL
LEFT EYE	6/6	—		LEFT EAR — NORMAL

Confirmation that identification documents were checked at the point of examination: YES  NO

Hearing meets the standards in STCW Code, Section A-1/9? YES  NO  NOT APPLICABLE

Unaided hearing satisfactory? YES  NO

Visual acuity meets standards in STCW Code, Section A-1/9? YES  NO

Colour vision meets standards in STCW Code, Section A-1/9? YES  NO

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 29 APR, 2024

Are glasses or contact lenses necessary to meet the required vision standards? YES  NO

Able for watchkeeping? YES  NO

Is applicant taking any non-prescription or prescription medications? YES  NO

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer's unfit for such service or to endanger the health of other persons on board? YES  NO

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

BOSHIR

MOHAMMAD BOSHIR

29 APR 2024

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:

Fit For Duty On Board Ship

No Restrictions

NAME AND DEGREE OF PHYSICIAN: Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), GCD (Birdem), CCED (Heart Foundation)

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

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

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 20-05-1986

SIGNATURE OF PHYSICIAN: [Signature]

STAMP OF PHYSICIAN: Dr. Paritosh Chakraborty  
MBBS (CU), DMU (SUB), GCD (Birdem), CCED (Heart Foundation)

DATE: 29 APR 2024

EXPIRY DATE OF CERTIFICATE: 28 APR 2026

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.