

HAQUE & SONS LTD.

Office Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
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Accredited By : BMDG
Accreditation No. A16713

PATIENT CONTROL NUMBER:
H1101

MEDICAL EXAMINATION CERTIFICATE

SURNAME BHUIYAN	FIRST NAME MD. SAMSUL	MIDDLE NAME ARIFIN
PLACE AND DATE OF BIRTH FENI 23-Nov-1994	PASSPORT NUMBER A07829641	SEAMAN'S BOOK NUMBER CO8549
NATIONALITY : BANGLADESHI SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESSEL TYPE : CHEM. TANKER TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : 462/1 BHUIYAN MONJIL, RAMPUR, WARD NO-16, FENI POST OFFICE, FENI SADAR, FENI.		CONTACT NUMBER : 01790-697152 (SELF)/0179
RANK :		2ND OFFICER

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 N-A	<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 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]

Signature of Seafarer

MEDICAL EXAMINATION

Weight **90kg** Height (cm) **174 cm** BM **29** Blood Pressure: Systolic **120 mmHg** Diastolic **80 mmHg** PULSE: **92/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
N.A			

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	Normal	Defective
	Right eye	Left eye	Right eye	Left eye			
Distant			6/6	6/6		<input checked="" type="checkbox"/>	
Near			N/S	N/S		<input checked="" type="checkbox"/>	

Visual acuity meets the standard laid down in STCW Code Section A-1/9 YES / NO NO

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

Date of last colour vision test: Date (day/month/year) 04 JAN 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 <i>N.A</i>	<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"/>

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))	15.0	DRUG AND ALCOHOL TEST		
ESR (WESTERGRN)	07	Morphine	<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative	HBSAg
WBC	7700	Amphetamine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	HIV / AIDS Test
BLOOD GLUCOSE LEVEL		Phencyclidine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	VDRL
RANDOM	100.0	Barbiturates	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Blood Type
HBA1C	5.2%	Cocaine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Psychological Exam
				NORMAL
				NAD

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

MD. SAMSUL ARIFIN BHUIYAN

Signature of Seafarer: [Signature] Name of Seafarer: MD. SAMSUL ARIFIN BHUIYAN Date: 04 JAN 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

	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: 04 JAN 2024 Valid Until: 03 JAN 2026

Name and Signature of Authorized Physician: [Signature]

MIBBS (COM) (M.C.) (Health Foundation) BMDCC REGISTRATION 1978/1996 as Amended, MLC 2006

Seafarers Medical Practitioner Approved by D.G. Shipping Dhaka.

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: BHUIYAN	GIVEN NAME (S): MD. SAMSUL ARIFIN	
DATE OF BIRTH: DAY 23 MONTH 11 YEAR 1994	PLACE OF BIRTH CITY FENI COUNTRY BANGLADESH	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <input checked="" type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: 462/1 BHUIYAN MONJIL, RAMPUR, WARD NO-16, FENI POST OFFICE, FENI SADAR, FENI. 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 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) 0, 4 JAN 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 seafarers 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.

 _____ Signature of Applicant	MD. SAMSUL ARIFIN BHUIYAN _____ Name of Applicant	04 JAN 2024 _____ Date
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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:

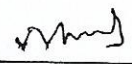
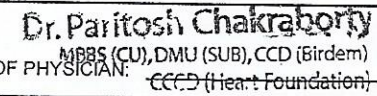
Fit For Duty On Board Ship

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: 	DATE: <u>04 JAN 2024</u>
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EXPIRY DATE OF CERTIFICATE: 03 JAN 2026

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