

| | Visual acuity | | | |
|---------|---------------|----------|-----------|----------|
| | Unaided | | Aided | |
| | Right eye | Left eye | Right eye | Left eye |
| Distant | 6/12 | 6/12 | 6/6 | 6/6 |
| Near | N6 | N6 | N5 | N5 |

| | Visual fields | |
|----------|-------------------------------------|-------------------------------------|
| | Normal | Defective |
| | Right eye | <input checked="" type="checkbox"/> |
| Left eye | <input checked="" type="checkbox"/> | <input 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) 16 OCT 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 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 | <u>NORMAL</u> | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| ECG | <u>NAD</u> | BILIRUBIN | Alcohol Test | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| BLOOD R/E | <u>NAD</u> | SGPT | URINE R/E | <u>NORMAL</u> |
| DC(differential count) | <u>NAD</u> | SGOT | OTHERS | |
| HAEMOGLOBIN (HGB) | <u>14.3</u> | DRUG AND ALCOHOL TEST | | |
| ESR (WESTERGREN) | <u>13.1</u> | Morphine | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HBsAg |
| WBC | <u>7.1</u> | Amphetamine | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test |
| BLOOD GLUCOSE LEVEL | | Mephedrone | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL |
| RANDOM | <u>118.8</u> | Barbiturates | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type |
| HBA1C | <u>5.2</u> | Cocaine | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam |
| | | | | Others(KUB Ultrasound) |

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

Signature of Seafarer

MOHAMMAD ASRAF HOSSEN ROBIN

Name of Seafarer

16 OCT 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

| | Deck service | Engine service | Catering service | Other services |
|-------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Fit | <input type="checkbox"/> | <input checked="" 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: 16 OCT 2024

Valid Until: 15 OCT 2026

Name: Dr. Ash Chakraborty
 Signature: [Signature]
 Designation: Medical Examiner
 BMDCC No: 16710
 Approved by: D.G. Shipping Dhaka
 Website: http://www.dgshipping.gov.bd

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

| | | |
|--|--|---|
| SURNAME ROBIN | GIVEN NAME(S) MOHAMMAD ASRAF HOSSEN | |
| DATE OF BIRTH 1 MONTH 1 DAY 1987 YEAR | PLACE OF BIRTH CHATTOGRAM BANGLADESH 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 checked="" type="checkbox"/> RADIO OFFICER <input type="checkbox"/> RATING <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT: C/O SHOROVI, HOUSE NO. 13(1ST FLOOR), BLOCK - J, LANE - 1, ROAD NO. 1, P.O. & P.S. HALISHAHAR, DIST. CHITTAGONG, BANGLADESH. BANGLADESH. | |

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

| | | | | | |
|--|------------------------|--------------------------------------|--|----------------------------|-----------------------------------|
| HEIGHT 167 cm | WEIGHT 82 kg | BLOOD PRESSURE 120/80 mmHg | PULSE 72/m | RESPIRATION 18/m | GENERAL APPEARANCE GOOD |
| VISION: WITHOUT GLASSES RIGHT EYE 6/32' LEFT EYE 6/32' WITH GLASSES 6/6' 6/6' | | | HEARING: RT. EAR NORMAL LEFT EAR NORMAL | | |

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 **NAD** HEART (CARDIOVASCULAR) **NAD**

LUNGS **CLEAR** SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)
IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? **YES**

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 OCT 2024** **15 OCT 2026**
DATE OF EXAMINATION EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **MOHAMMAD ASRAF HOSSEN ROBIN**
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 CERTIFYING **BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)**

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

SIGNATURE OF PHYSICIAN _____ **16 OCT 2024**
DATE

Dr. Paritosh Chakraborty
MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)
CCCD Reg. No. - 16713
B.M.D.C. Medical Practitioner
Signature: _____
Approved by: _____
Website: <http://www.bmdc.gov.bd>