* (c) Rummana Hague To

HAQUE & SONS LTD.

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e Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880 31 716214-6, Fex: +880 31 710530 Accredited By BMDC
Accreditation No A16713

PATIENT CONTROL NUMBER: H030986

MEDICAL EXAMINATION CERTIFICATE

AND DATE OF BIRTH PASSPORT NUMBER B00655297 SEAMAN'S BOOK NUMBER T32005 ATIONALITY BANGLADESHI SEX Male Female VISSEL TYPE CHEM. TANKER TRADING AREA WORLD D. MINING ADDRESS LUTTAR BHITABARIA, P.S. BHANDARIA, DIST. PIROJPUR, RANK NO. 1 OILER Have you ever-had any of the following oxidisions? Condition YES NO Condition YES NO. 1 OILER	SURNAME BOSHIR	FIRST NAME	MOHAMMAD	MIDDLE NAME	
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nature of Se	afarer	A.			Name of S	Seafarer			Date .
1 1	1			•					
sessment of	fitness for se	rvice at sea:							
the basis of	the examinee's	s personal decla	aration, my	clinical e	examination a	nd the diagnos	stic test results reco	ded above	e, I declare the
aminee medj		×		•					
		Fit fo	or lookout d	duties		Π,	Not fit for loo	cout duties) *
		Deck	service	1	Engine ser	vice	Catering service	9 1	Other services
					Y				П.
ofit .			Π.		[]				. 🛘
20.0									
· N	Without r	estrictions			With	estrictions			
							•		
the Seafarer	free from any n	nedical condition	ns likely to	be aggre	vated by sen	ice at sea or t	o render the seafare	er unfit for	such service or to
	ealth of other p		1000	~ = uggic					
	p		Yes		No		•		1.
		in the second	N	+					
			. L			*****			
poribo root-io	tions (e.g., spe	cific position +	ne of ship	trado ar	niA ice	Doct	- * *		- 20
scribe resino	dons (e.g., spe	cine position, ty	he of sub,	uade are	a) [NO	restric	ctions		
tion to the second	modical		· ·						
tion taken by	medical exami	ner (e.g., referr	al):				•		· · · · · · · · · · · · · · · · · · ·
	701	PR 2024		,	1 (7)	Umtil .	o ADD one	2	
		111/ /11/4			Valid	until /	K AFR /II/	7	
Fitness Dat	<u> </u>	11 11 110121			1 10110		11 194 17 / 11/		
Fitness Date	<u>. , , , , , , , , , , , , , , , , , , ,</u>			. 18	M.	" lordroll	11 01 1 707 (1)		

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and \$TCW 1978/1996 as Amended, MLC 2006

· · · · · · · · · · · · · · · · · · ·	GIVE	EN NAME (S): MOHAMMAD		
DATE OF BIRTH:	BLACE	OF BIRTH		T
	E.			SEX .
DAY 20 MONTH 3 YEAR 1973 POSITION ON BOARD	CITY	PIROJPUR COUNTRY	BANGLADESH	MALE T FEMALE
MASTER T		NG ADDRESS OF APPLICAN		
DECK OFFICER		JTTAR BHITABARIA, PO. BI IANDARIA, DIST. PIROJPUI		011
NGINEERING OFFICER	1.0.0	IANDANIA, DIST. FINOSFOR	N, BANGLADE	эп.
ADIO OPERATOR				
ATING . D				
ECLARATION OF THE AUTHORIZED PHYSICIAN				
VISION		COLOR TEST TYPE		HEARING
WITHOUT GLASSES WITH G	LASSES	ВООК		
RIGHT EYE . 66		LANTERN	RIGHT EAR	- Topman
		YELLOW NAD RED NAD		- MAK IN
EFT EYE 6/6		GREEN NAD BLUE NAD		NORMAL
			LEFT EAR	- NORMAL
onfirmation that identification documents were checked at			<u>. </u>	
learing meets the standards in STCW Code, Section A-1/9	? YES [NO NOT APLICABI	LE 🔲	
naided hearing satisfactory? YES NO				
isual acuity meets standards in STCW Code, Section A-1/9	9? YES	M NO 🗆		
olour vision meets standards in STCW Code, Section A-1/s	9? YES	NO D	-	
he visual test it is required every six years)				
Pate of the last colour vision test: (Day/Month/Year)	9 APR	, 2024		
re glasses or contact lenses necessary to meet the required ble for watchkeeping? YES NO \(\sigma\)	d vision sta	ndards? YES LI NO M		
- · · · · · · · · · · · · · · · · · · ·				
s applicant taking any non-prescription or prescription medic				
the seafarer free from any medical condition likely to be ag	gravated by	y service at sea or to render the s	eafarers unfit for	such service or to
No				
ndanger the health of other persons on board 攻岳		Examination.		
No		Examination.	***	•
ereby I declare that I am in knowledge of the contents of the	e Physical E	Examination.	2 0 ADO	2021
ereby I declare that I am in knowledge of the contents of the	e Physical E		2 9 APR	2024
ereby I declare that I am in knowledge of the contents of the	e Physical E	SHIR		2024
Pereby I declare that I am in knowledge of the contents of the MOHAMIN Signature of Applicant Name	MAD BO	SHIR	Date	
ereby I declare that I am in knowledge of the contents of the MOHAMM Signature of Applicant Name IRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUN	MAD BO	SHIR Of (SIT / NOT SIT) FOR RUTY A	Date	
Signature of Applicant Name RCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN NGINEERING OFFICER / RADIO OPERATOR / RAT	MAD BO of Applicar ID TO BE (SHIR ot (FIT / N OT F IT) FOR DUTY A FHOUT ANY / WITH THE FOL	Date	/ DECK OFFCIER /
Signature of Applicant Name RCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN NGINEERING OFFICER / RADIO OPERATOR / RAJ Fit For Duty On Boa	MAD BO of Applicar ID TO BE (SHIR OF THOUT ANY / WITH THE FOLICE OF THE	Date S A (MASTER LOWING) RES LESTRICTIO	/ DECK OFFCIER / STRICTIONS: PNS
Signature of Applicant Name RCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN NGINEERING OFFICER / RADIO OPERATOR / RAT Fit For Duty On Boa	MAD BO of Applicar ID TO BE (CMG) (WIT	SHIR OF THE FOR DUTY A STREET OF THE FOR THE	Date S A (MASTER LOWING) RES CSTRICTIC	/ DECK OFFCIER / STRICTIONS: PDS
Signature of Applicant Name RCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN NGINEERING OFFICER / RADIO OPERATOR / RAT Fit For Duty On Boa ME AND DEGREE OF PHYSICIAN Dr. Paritosh Chakr DRESS Ideal Patholozy. 162, SK. Mujib Road, Mos	MAD BO of Applicar ID TO BE (JMG) (WIT) IT Ship raborty, M stafa Plaz	SHIR (FIT / NOT FIT) FOR DUTY A THOUT ANY / WITH THE FOL NO R BBS (CU), DMU (SUB), GCD (Bit) a (2/F), Badamtoly Mazir Ga	Date S A (MASTER LOWING) RES LESTRICTIC Irdem), CCCD (H	/ DECK OFFCIER / STRICTIONS: PIS Heart Foundation)
Signature of Applicant Name RCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN NGINEERING OFFICER / RADIO OPERATOR / RAT Fit For Duty On Boa ME AND DEGREE OF PHYSICIAN: Dr. Paritosh Chake DRESS Ideal Patholozy. 162, SK. Mujib Road, Mos ME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BAI	MAD BO of Applicar ID TO BE (JMG) (WIT) IT Ship raborty, M stafa Plaz	SHIR (FIT / NOT FIT) FOR DUTY A THOUT ANY / WITH THE FOL NO R BBS (CU), DMU (SUB), GCD (Bit) a (2/F), Badamtoly Mazir Ga	Date S A (MASTER LOWING) RES LESTRICTIC Irdem), CCCD (H	/ DECK OFFCIER / STRICTIONS: PIS Heart Foundation)
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Signature of Applicant Name IRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN NGINEERING OFFICER / RADIO OPERATOR / RAT Fit For Duty On Boa AME AND DEGREE OF PHYSICIAN Dr. Paritosh Chakr DDRESS Ideal Patholozy. 162, SK. Mujib Road, Mos AME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BAI ATE OF ISSUE PHYSICIAN'S CERTIFICATE: 20-05-1986	MAD BO of Applicar ID TO BE (MG) (WIT) IT Ship raborty, M stafa Plaz NGLADES	SHIR (FIT / NOT FIT) FOR DUTY A (FIT / NOT FIT) FOR DUTY A (FIT / NOT FIT) FOR DUTY A (FIT / NOT FIT) (Date S A (MASTER LOWING) RES LESTRICTIC Indem), CCCD (Hete, Agrabad C/COUNCIL (B.M.	/ DECK OFFCIER / STRICTIONS: PIS Reart Foundation) A, Chattogram. D.C.)
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