



HAQUE & SONS LTD.



Accredited By BMCC Accreditation No. A16713

PATIENT CONTROL NUMBER: H514

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME		MIDDLE NAME		
ISLAM	MD.	MD.		ARIFUL	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER		SEAMAN'S BOOK NUMBER		
BRAHMANBARIA 20-Dec-19	A02761330)	T31170		
NATIONALITY: BANGLADESHI SE	X: Male Female V	ESSEL TYPE : CH	EM. TANKER TRADING		
PERMANENT HOME ADDRESS :		CONTA	ACT NUMBER: 0	170-4470937 (SELF)/01	
OOCTOR BARI, WORD NO. 1, VILL. S DIST. BRAHMANBARIA. BANGLADES		KASBA, RANK	:	Oiler	

	HANDANIA 20-DEC-1994	✓ Male		NESSEL TV	PE : CHEM. TANKER TR.	ADING AREA · WORLD	WIDE
NATIONA		✓ Male	Female	e IAEOOEF II	CONTACT NUMBER :	0170-4470937 (SEL	F)/017
	ENT HOME ADDRESS :				CONTACT NUMBER.	0170-4470307 (022	1 11011
	BARI, WORD NO. 1, VILL. SHAHPU	R, P.O. MIR	SHAHPUR	R, P.S. KASBA,	RANK:	Oiler	
DIST. BRA	AHMANBARIA. BANGLADESH.						e de la Marcine
Have y	ou ever had any of the following cond	litions?					
						YES NO	~ 7
	Condition	YES	NO	Conditi			
1	Eye/vision problem		N	18 Sleep pr			
2	High blood pressure			19 Do you			
3	Heart/vascular disease		N		on/surgery		
4	Heart surgery		ď		//seizures		
5	Varicose veins				ss/fainting	4 5	3/
6	Asthma/bronchitis		Ø		consciousness		
7	Blood disorder		ĽY .	*	tric problems		/
8	Diabetes	4	DY	25 Depress	sion	IN/a/F	- /2
9	Thyroid problem		M	26 Attempt	ed suicide		1
10	Digestive disorder		□ .		memory		
11	Kidney problem				problem		
12	Skin problem			29 Severe	headaches		
13	Allergies			30 Far/nos	a/throat problems		/
14	Infectious/contagious diseases		⊠⁄.	Kestrick	ed mobility		V
15	Hernia		A	32 Back pr	oblems		/
16	Genital disorders		All many	83 Amputa	tiol		
17	Pregnancy N.A	P		34 Fracture	/dislocations		<i>Y</i>
35 36 37 38 89	Have you over been signed of as Have you over been hospitalised? Have you ever been declared until Has you medical cartificate ever be Are you aware may you have any mo you feer healthy and fit to be Are you allergic to any medications.	for sea duty een restricte edical proble rform the	? d or revoke ems, disea	ed? ses or illnesses?	sition/occupation?		Y Y Y Y
Comme	Fit F	or Duty	On Boa	rd Ship			
42	Are you taking any non-prescription	or prescript	ion medica	ations?]
	please list the medications taken and						
Lhereb	v authorize the release of all my previ	ous medical	records fro	om any health pro	ofessionals, health institution	ons and public authorities	3
to Dr. F	Paritosh Chakraborty (approved med	dical praction	ner) I also (certify that my his	tory contained above is tru	e and any false stateme	nt
	Signature of Seafarer						
MEDICAL	EXAMINATION					A	
Weight	8014 Height (cm)142 CM	вм 27 в	Blood Pres	sure: Systolic-12	D MMJ Diastolic SOMA		-01-01-01-01-01-01-01-01-01-01-01-01-01-
Ear	Hearing by Audiometry		Audiome	etry	Hearing by Whisper	Test	
Right	Adequate ☐ Inadequate	500		000 3000		dequate	
3	14/				TV Adequate □ Ina	dequatel	

Ear		Audiometry
Right	Adequate	☐ Inadequate
Left	Adequate	☐ Inadequate

500	1000	2000	3000
			100
	A. N		

Hearing by V	Vhisper Test
Adequate	☐ Inadequate
Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9? YES

NO

		Visu	al acuity					Visual fiel	ds
	Una	aided		Aide			Norma	al	Defective
	Right eye	Left eye	Right e	ye	Left eye			"	Bologive
Distant	6/6	6/6				Right eye	V		
Near	WS	I NS				Left eye	~		
Visual acuity	meets the stan	dard laid down	in STCW C	ode Se	ection A-1/9	WES INO			
		CODE Section			Normal	Doubtful	□ Defe	ective	
	• ****			22	DEC 200	1			
Date of last co	olour vision tes	st: Date (day/m	onth/year) _	در کے	B DEC 202	.4			
			Normal Al	bnorm:	al Varicose ve	ina		Norm	al Abnorma
Head			A					~	
Sinuses, nose	a, throat				The state of the s	nc. pedal pulses	5)	7	
Mouth/teeth			7		Abdomen a	ind viscera		~/ ~/	
Ears (general					Hernia			- LT	^
Tympanic me	mbrane				Anus (not r			<u> </u>	/ -
Eyes			d		G-U systen			5	- 📙
Opthalmosco	ру		N.			lower extremitie	es	~ (P	
Pupils			अववव्वव्वव्			T/S and L/S)		.4	
Eye movemen	nt				Neurologic	(full brief)		(2)	
Lungs and ch	est	٨	ď		Psychiatric				
Breast examir	10000000	1			General ap	pearance			
Heart	,		M		Skin		artis.	M	11
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								42	<u>〜</u>
	NCILLARY EX		DIO CUEMI	CAL (IVER FUNCTION	TEST) Mani			Negative
Chest X-Ray				CAL (L					Negative
ECG			LIRUBIN	70	0.60				
	BLOOD R/E		GPT		29.0	LANKIN	IER/E		AD
DC(differentia			GOT	2	The state of the s	1115	7,000	THERS	A 16:
HAEMOGLOE		3.6			ALCOHOL TEST		-		Nonreactiv
ESR (WESTE			orphine		D Positive D No.				Nønreactiv
WBC	19	100 An	nphetamine	1 1/1	Positive DiNog				Nonreactiv
BLOOD	GLUCOSE LE		ner cyclidina		Rositive L'Aleg		Туре		+VE
RANDOM	21	2.0 NB	rbiturate	1 NE	Positive Neg	ative Psyc	hological Exam	NOR	MAL
HBA1C	8:	472 100	ocaine	TO	Positive Neg	ative Other	rs(KUB Ultrasound)		VAD
		11/11	111						
eby I declare the	hat Lamin kno	wledge of the	contents of t	he Phy	ysical examination:	3:		000	.=.
		111						231	DEC 202
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In Accordance with Medical Examination (Seafarers) Convention (Seafarers) (Sea

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: ISLAM		GIVI	EN NAME (S): MD. ARIFUL		
GURNAINE. IOLAIN					OFY.
DATE OF BIRTH:		PLACE	OF BIRTH		SEX
DAY 20	MONTH 12 YEAR		BRAHMANBARIA COUNTRY		MALE FEMALE
POSITION ON BOAR	₹D:		NG ADDRESS OF APPLICAN		a remove the line
MASTER			OR BARI, WORD NO. 1, VILI		
DECK OFFICER		P.S. K	ASBA, DIST. BRAHMANBAR	IA. BANGLADI	ESH.
ENGINEERING OFFI	CER				
RADIO OPERATOR		BANG	LADESH.		
RATING					
DECLARATION OF	THE AUTHORIZED PHYSIC	CIAN		T.	
	VISION		COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GLASSES	ВООК		C A
RIGHT EYE	616		LANTERN	RIGHT EAR	-NORMAL
			YELLOW NAD RED NA		
LEFT EYE	676		GREEN NADBLUE NA	LEFT EAR	-NORMAL
	4470				-1017
	ntification documents were		-/ -	LE []	
	andards in STCW Code, Se	ction A-1/9? YES	NO NOT APLICAB		
Unaided hearing satis		Ц			
	tandards in STCW Code, S		NO D		
Colour vision meets s	standards in STCW Code, S	section A-1/9? YES	NO 🗆		
(the visual test it is re	quired every six years)	0 0 00	-0 0001		
Date of the last colou	r vision test: (Day/Month/Ye	ear) <u>Z3Ut</u>	EC 2024		
Are glasses or contac	ct lenses necessary to meet	the required vision st	andards? YES \(\Boxed{1} \) NO \(\overline{\Omega} \)	•	
Able for watchkeepin	g? YES 🕅 NO 🔲				
ls applicant taking an	y non-prescription or prescr	iption medications? Y	es 🗆 no 💆		
Is the seafarer free freendanger the health of	om any medical condition lik of other persons on board?	kely to be aggravated ⟨ES ☐ NO	by service at sea or to render the	seafarers unfit fo	r such service or to
Hereby I declare that	I am in knowledge of the co	ontents of the Physica	I Examination.		
22	1	MD. ARIFUL IS	SLAM	00000	2 0001
	P			2 3 DEC	2024
				Det	
Signature of		Name of Applic		Date	
CIRCLE APPROPI ENGINEERING OF	ATE CHOICE: (HE / 8HE FICER / RADIO OPERA	E) IS FOUND TO B TOR / RATING) (V	E (FIT / NOT FIT) FOR DUTY VITHOUT ANY / WITH THE F	OLLOWING) RI No Res	ESTRICTIONS: trictions
Fit	For Duty On Board	Ship			
NAME AND DEGREE	OF PHYSICIAN: Dr. Pari	tosh Chakraborty,	MBBS (CU), DMU (SUB), CCD (Birdem), CCCD	(Heart Foundation)
			aza (2/F), Badamtoly Mazir C		
			ESH MEDICAL AND DENTAL		
	YSICIAN'S CERTIFICATE:		M.	,	<u> </u>
		7	Dr. Paritosh Ch	akraborty	_
	M	1	MBBS (CU), DMU (SUB) CCCD (Heart Fo P OF PHYSICIAN MDC REG N	undation)	DATE: 23 DEC
SIGNATURE OF PH		- 0 0000	Seafarers Medical	Pracutionel	DATE: - U DEU
EXPIRY DATE OF C		C 2026	Approved by D.C. Sh Wobses http://www	ipping Dhaka Jorpaniest Ohio	
	This o	certificate is issued in	n compliance with the requiremen	nts	
	of the STCW Conve	ention, 1978, as amen	eded and the Maritime Labour Co	nvention, 2000.	