



# HAQUE & SONS LTD.



Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.  
Tel : +880 31 716214-6, Fax : +880 31 710530

Accredited By: BMDC  
Accreditation No. A16713

PATIENT CONTROL NUMBER:  
H2155

## MEDICAL EXAMINATION CERTIFICATE

|   |  |   |                                 |  |  |
|---|--|---|---------------------------------|--|--|
| SURNAME<br><b>ISLAM</b>   |  | FIRST NAME<br><b>MD.</b>                      |                                 | MIDDLE NAME<br><b>MUKTADIR</b>                                     |  |
| PLACE AND DATE OF BIRTH<br><b>NATORE 5-Dec-2000</b>   |  | PASSPORT NUMBER<br><b>A05620863</b>           |                                 | SEAMAN'S BOOK NUMBER<br><b>T32430</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:<br><b>C/O.: KHADEMUL ISLAM, HOLDING NO.- NHD040, VILL.: KAKFO, P.O.: TOMALTOLA, P.S.: BAGATIPARA, DIST- NATORE, BANGLADESH.</b> |  |   |                                 | CONTACT NUMBER: <b>01723-521543 (SELF)/017-</b>                    |  |
|   |  |   |                                 | RANK: <b>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 <b>N.A</b>           | <input 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 shipped 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---|--------------------------|-------------------------------------|

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 practioner) 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 **75 kg** Height (cm) **177 CM** BM **23** Blood Pressure: Systolic-**110 mmHg** Diastolic **80 mmHg** PULSE: **72 /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 |
| <b>N.A</b> |      |      |      |

| 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 |          |           |          |
|---------|---------------|----------|-----------|----------|
|         | Unaided       |          | Aided     |          |
|         | Right eye     | Left eye | Right eye | Left eye |
| Distant | 6/6           | 6/6      |           |          |
| Near    | N5            | N5       |           |          |

|           | Visual fields |           |
|-----------|---------------|-----------|
|           | Normal        | Defective |
| Right eye | ✓             |           |
| Left eye  | ✓             |           |

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) **04 SEP 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"/> |

N.A

**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                          | 0.50   | Alcohol Test   | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative    |
| BLOOD R/E               |        | SGPT                               | 21.0   | URINE/R/E  | NAD   |
| DC (differential count) | NAD    | SGOT                               | 17.0   | OTHERS   |   |
| HAEMOGLOBIN (HGB)       | 14.0   | DRUG AND ALCOHOL TEST              |  | HBsAg  | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN)        | 20.0   | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test  | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| WBC                     | 6200   | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL   | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL     |        | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type   | B+VE  |
| RANDOM                  | 91.0   | Barbiturate                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam   | NORMAL  |
| HBA1C                   | 4.7    | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others (KUB Ultrasound)  | NAD   |

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

Signature of Seafarer: MD. Muktadir Islam Name of Seafarer: MD. Muktadir Islam Date: 04 SEP 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 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: **04 SEP 2024** Valid Until: **03 SEP 2026**

Name and Signature of Medical Examiner: Peritosh Chakraborty  
 (Seafarer's Medical Examiner No. 1934)