



HAQUE & SONS LTD.

DNV IODEDO

Accredited By : BMDC Accreditation No. A16713

aque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880 31 716214-6, Fex: +880 31 710530

PATIENT CONTROL NUMBER: H1937

MEDICAL EXAMINATION CERTIFICATE

SURNAME	LEIDOTAMAE				
ALMAMUN	FIRST NAME	MD.	MIDDLE NAM	E	
PLACE AND DATE OF BIRTH	PASSPORT N		SEAMANIS BO	OOK NUMBER	
COMILLA 12-Aug		A01883494		T32144	
NATIONALITY: BANGLADESHI	SEX: / Male		PE : CHEM. TANKER TR		ORLD WIE
PERMANENT HOME ADDRESS:			CONTACT NUMBER :	01835-304936	
O. JALIL DRACTOR BARI, VILL.	CHAYKOT, PO. CHANDIN	A, PS. CHANDINA,	RANK :		***************************************
IST. COMILLA, BANGLADESH.			RANK:	AB	
U					
Have you ever had any of the follo	owing conditions?				
Condition	YES NO	0 - 199		VEO	NO.
1 Eye/vision problem		Conditi 18 Sleep p		YES	NO
2 High blood pressure	0 X 0 X 0 X	18 Sleep pi			
3 Heart/vascular disease		19 Do you			15
4 Heart surgery		20 Operation	on/surgery		0
5 Varicose veins			/seizures		1
6 Asthma/bronchitis			s/fainting	a	
1			consciousness	- 17	
7 Blood disorder 8 Diabetes		24 FSycilla	ric problems	(1)	-
		25 Depress		11/1	The same
injuste production	- 7 <u>0</u>	26 Attempte	ed suicide	ノレス	المحالب
10 Digestive disorder		27 Loss of		11/0	
11 Kidney problem	0 4	28 Balance		(11)	9
12 Skin problem	0 4 0 4 0 4 0 4	29 Several	eadaches \	Do 0	3
13 Allergies		30 Ear/nose	throat problems		
14 Infectious/contagious dis		Restricte	dynability		B/
15 Hernia		32 Back pro	blems		
16 Genital disorders		83 Amputat			0
	NA PY		/dislocations		3
If any of the above questions were	answered "yes", please giv	e details.			
	2 ((2)11)				
Additional questions	HISH				
	1111 0			YES	NO.
35 Have you ever been signe	ed of as sick or repatriated	from a ship?			0
36 Have you ever been hosp	italised?				0
37 Havelyou ever been decla					के कि कि कि
	te ever been restricted or re				40/
39 Are you aware that you ha	ive any medical problems, o	diseases or illnesses?			4
40 Do you feet healthy and	fit to perform the duties	of your designated posi-	tion/occupation?	V	굼
41 Are you allergic to any me	dications?				4
Comments:	Fit For Duty On	Board Ship			
42 Are you taking any non-pri	escription or prescription me			П	N
If yes, please list the medications ta					
,, ,	men and the purpose(s) and	1 003agc(3)			
I hereby authorize the release of all	my previous medical record	ds from any health prof	essionals, health institution	ns and public author	ities
to Dr. Paritosh Chakraborty (appr	oved medical practioner) I a	also certify that my histo	ory contained above is true	e and any false state	ment
will disqualify me from my employm	ent, benefits and claims.		, , , , , , , , , , , , , , , , , , , ,		
Amount					
Signature of Seafarer					
DICAL EXAMINATION					-
Veight 4 kg Height (cm) 17	3 CM BM 23 Blood F	Pressure: Systolic-126	mm H Diastolic 27 mm	H PULSE: 721.M	
ar Hearing by Audiometry		ometry	Hearing by Whisper To		
ight Adequate I Inadequ		2000 3000	Adequate 🗆 Inade		
.eft 🛛 🗹 Adequate 🔲 Inadequ	uate		Adequate 🗆 Inade	equate	

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

3.53		Vi	isual acuity		1	Visu	al fields
		Unaided		Aided		Normal	Defective
	Right ey				Dight ove	-	
Distant	6/12	E/12	- 6/6 NS	0/6	Right eye Left eye		
Near	N A		own in STCW Co		YES / NO		
Visual acuity	meets the s	CW CODE Sec	fion A-I/9.	Normal	□ Doubtful	☐ Defective	
Colour vision	as per 510	JAA CODE Sec	4				
Date of last of	colour vision	test: Date (day	y/month/year) _	0, FEB 20	025		
			. /	normal			Normal Abnormal
Head					se veins		
Sinuses, nos	se, throat		8		lar (inc. pedal pulse	es)	rd o
Mouth/teeth				Section 1	nen and viscera		-,
Ears (genera	al)		¥/	☐ Hernia			7
Tympanic m	embrane				(not rectal exam)		42
Eyes			2		and lower extremiti	ioc	
Opthalmosco	opy .		abadola la		(C/S, T/S and L/S)		00000
Pupils	ont		7	1//*	logic (full brief)		d
Eye moveme Lungs and cl			3	☐ Psych			A () □
Breast oxam		N.A	0.,		al appearance	- 7	A//10-
Heart				□ · ∶ Skin		~ 1	Mal In
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							DVI
1000	**						
RESULTS OF A	ANCILLARY	EXAMINATIO	NS		<u> </u>	~11 /17	ositive 🗀 Negative
Chest X-Ray	/	NORMAL		AL (LIVER FUNC		1 1 1	Positive Megative
ECG		NAD	BILIRUBIN	0.50		hiol Test\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NAT
No. of the last	BLOOD R		SGPT	28-0	- 110m	OTHE	
DC(differenti		NAD	SGOT	AND ALCOHOL	TEST HBs	1886	Reactiv Nonreactive
HAEMOGLO		14.3	Morphine	Positive V	NAGRIVA HIV		Reactiv Nonreactive
ESR (WEST	ERGREN)	8600	Amphetamine	Positive			Reactiv Nonreactive
	D GLUCOS		Phercyclidine	Rositive D		od Type	BITVE
RANDOM	D OLOGOO	94.0	Barbiturate	Positive D		chological Exam	NORMAL
HBA1C		(4.8/1	Cocaina	Positive E		ers(KUB Ultrasound)	NAD
		181	1111				
ereby I declare	that Lamin	knowledge of	the contents of th	e Physical examin	ations:		
	- [[1111				1	0 FEB 202
Alma	11)) ~		MD. ALN	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN		Date
gnature of Son	ıfarec —			Name of S	eafarer		Date
11							
ssessment or	Titress for	service at sea	:	ical avamination a	nd the diagnostic te	est results recorded ab	ove, I declare the
n the basis of the caminee medic		es personai de	ciaradon, my clin	noai examination a	and the diagnostic te		
ammee moole	elly.	Ŋ Fit	for lookout dutie	s		Not fit for lookout dut	
/		Dec	ck service	Engine ser	vice C	atering service	Other services
nfit							
/		300 180					
18	Without	restrictions		□ With r	estrictions		
			Barrellian in the broad	aggravated by can	vice at sea or to rer	nder the seafarer unfit	for such service or to
the Seafarer fr	ree from any	medical condi	tions likely to be a	aggravated by ser	vice at sea of to lef	nder the seafarer unfit	
ndanger the ho	aith of other	persons on bo	Yes	No			
			100				
			لـــــــا				
operibo restatot	long (c.g. c.	necific position	, type of ship, trac	de area): No	Restricti	ons	
escribe routrict	ions (e.g., s)	pecific position,	, type of sinp, trac				
tion taken by r	medical exa	miner (e.g., refe	erral):	*	•		
HOIT LAKEIT DY I	TOUICAI CAAI				00 5	CD 2027	
Fitness Date	101	-EB 202	5		Until: U9	ED ZUZI	
			0.532 	Mm) -	hakraborty		
				- itosh C	CCD (Birden)		
			Name any	of Stored Library	Haracan Physician 3		

	MED	DICAL CER	TIFICATI	E FOR	PERSONNEL SERVICE	ON BOAR)		
SURNAME: ALMAI	MUN			GIVI	EN NAME (S): MD.				
DATE OF BIRTH:				PLACE	OF BIRTH		SEX		
DAY 12	MONTH	8 YEAR	1996	CITY	COMILLA COUNTRY	BANGLADESH	MALE FEMALE		
POSITION ON BOAI				-	NG ADDRESS OF APPLICAN				
MASTER				Desiration management	ALIL DRACTOR BARI, VILL.				
DECK OFFICER				PO. CI	PO. CHANDINA, PS. CHANDINA, DIST. COMILLA,				
ENGINEERING OFF	ICER			BANG	LADESH.				
RADIO OPERATOR				BANG	LADESH.				
RATING		DIZED BUYOU							
DECLARATION OF			JAN		201 00 7507 7005	Г	HEADING		
		ISION			COLOR TEST TYPE		HEARING		
	WITHOU	T GLASSES	WITH GL	ASSES	воок				
RIGHT EYE		<u> 61</u> 2-	4	16	LANTERN	RIGHT EAR	-NORMAL		
					YELLOW NADRED NAD		-NORMAL		
LEFT-EYE		912		6/2	GREEN NAD BLUE NAD	LEFT EAR	-NORMAL		
Confirmation that ide	ntification do	cuments were c	hecked at th	e point of	examination: YES NO		to a with the same to an about		
Hearing meets the st	andards in S	TCW Code, Sec	ction A-1/9?	YES	NO NOT APLICABL	E 🗆			
Unaided hearing satis	sfactory? YE	s 🗹 no							
Visual acuity meets s	tandards in S	STCW Code, Se	ection A-1/9?	YES	NO 🗆				
Colour vision meets s	tandards in	STCW Code, Se	ection A-1/9	YES	NO 🗆				
(the visual test it is re-	quired every	six years)					,		
Date of the last colour			$_{ar)}$ 1	I,FEE	3,2025				
				vision sta	ndards? YES NO				
Able for watchkeeping		/							
Is applicant taking an	y non-prescri	iption or prescrip	otion medica	tions? YE	s 🗆 NO 🗹	1			
Is the seafarer free fro endanger the health o					y service at sea or to render the s	seafarers unfit fo	r such service or to		
Hereby I declare that	I am in know	ledge of the cor	ntents of the	Physical	Examination.				
1			MD.	ALMAMI	IN	1055	D 2025		
Almann	<i>J</i>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			IUFE	B 2025		
Signature of	Annlicant		Name	of Applica	nt	Date			
•		E. (DE / SHE		100.00	(FIT / NOT FIT) FOR DUTY F				
ENGINEERING OF	FICER / RA	ADIO OPERAT	OR / RAT	MG) (WI	THOUT ANY/WITH THE FO	LLOWING) RE	STRICTIONS:		
		or Duty Or			, NO KE	SUICUOI	15		
NAME AND DECREE					MBBS (CU), DMU (SUB), CCD (B	irdem) CCCD (Heart Foundation)		
					za (2/F), Badamtoly Mazir Ga				
					SH MEDICAL AND DENTAL		and the second s		
DATE OF ISSUE PHY									
				Dr	Paritosh Chakraborty	/			
SIGNATURE OF PHY	SICIAN:	why.		STAME	SS (CU), DMU (SUB), CCD (Birden SEPH (GIGAN Foundation	3	DATE: 1 0 FEB 20		
EXPIRY DATE OF CE	RTIFICATE:		B 202	App	afarers Medical Practitions proved by D.G. Shipping Dhak	2			
1	AA0.000***	This ce	rtificate is is	sued in c	compliance with the requirements				
100	of the	STCW Conven	tion, 1978, c	is amende	ed and the Maritime Labour Com	vention, 2006.			