



HAQUE & SONS LTD.

Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.
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Accredited By : BMDC
Accreditation No : A16713

PATIENT CONTROL NUMBER:
<NO>

MEDICAL EXAMINATION CERTIFICATE

SURNAME RAHMAN	FIRST NAME MOHAMMED	MIDDLE NAME ZIAUR
PLACE AND DATE OF BIRTH CHITTAGONG 20-Aug-1979	PASSPORT NUMBER A07657949	SEAMAN'S BOOK NUMBER T30053
NATIONALITY : BANGLADESHI SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		VESSEL TYPE : CHEM. TANKER TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : C/O FAYZE ULLAH SOKANIR BARI, VILL: NORTH PATENGA, EAST KATGOR, P.O: MIDDLE PATENGA, P.S: PATENGA, DIST: CHITTAGONG, BANGLADESH.		CONTACT NUMBER : 01817740399 (SELF)/0181
		RANK : BOSUN

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	34 Fracture/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 signed off as sick or repatriated from a ship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Have you ever been hospitalized?	<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 checked="" type="checkbox"/>	<input 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? YES NO

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 practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

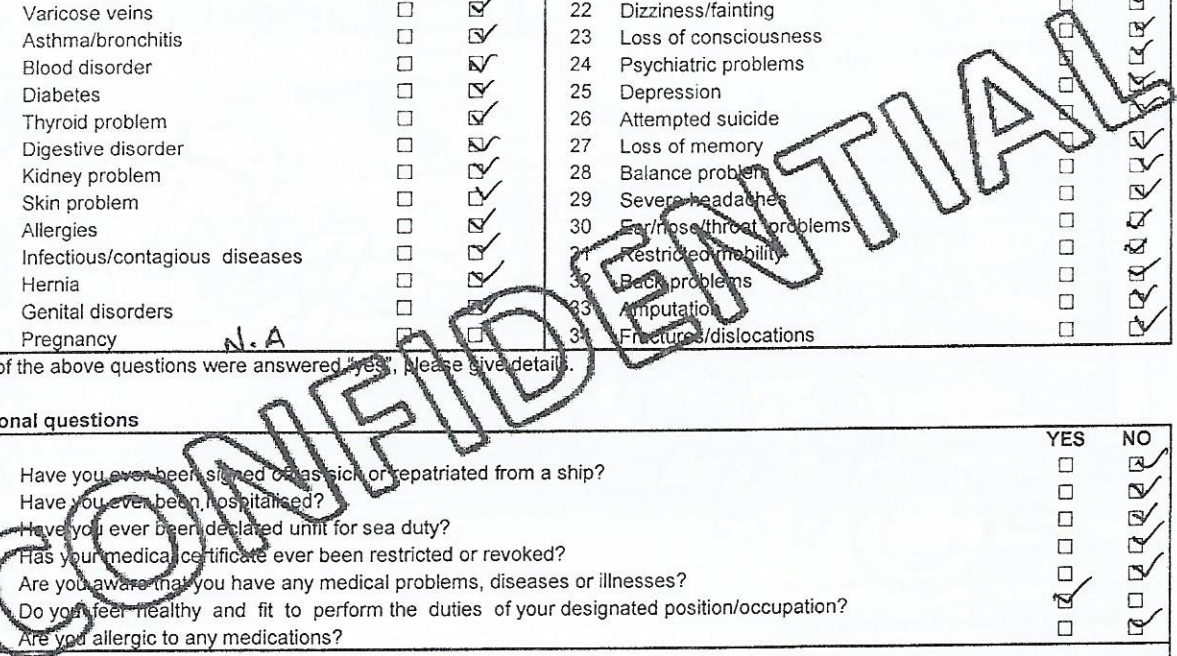
Signature of Seafarer

MEDICAL EXAMINATION

Weight **78kg** Height (cm) **165cm** BM **28** Blood Pressure: Systolic-**120mmHg** Diastolic **90mmHg** PULSE: **72/M**

Ear	Hearing by Audiometry		Audiometry				Hearing by Whisper Test	
	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate	500	1000	2000	3000	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Right	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate					<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Left	<input 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				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant					<input checked="" type="checkbox"/>	
Near			6/6	6/6	<input checked="" 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) **15 OCT 2024**

Head	<input checked="" type="checkbox"/>	Normal	<input type="checkbox"/>	Abnormal	Varicose veins	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>	Abnormal
Sinuses, nose, throat	<input checked="" type="checkbox"/>				Vascular (inc. pedal pulses)	<input checked="" type="checkbox"/>			
Mouth/teeth	<input checked="" type="checkbox"/>				Abdomen and viscera	<input checked="" type="checkbox"/>			
Ears (general)	<input checked="" type="checkbox"/>				Hernia	<input checked="" type="checkbox"/>			
Tympanic membrane	<input checked="" type="checkbox"/>				Anus (not rectal exam)	<input checked="" type="checkbox"/>			
Eyes	<input checked="" type="checkbox"/>				G-U system	<input checked="" type="checkbox"/>			
Ophthalmoscopy	<input checked="" type="checkbox"/>				Upper and lower extremities	<input checked="" type="checkbox"/>			
Pupils	<input checked="" type="checkbox"/>				Spine (C/S, T/S and L/S)	<input checked="" type="checkbox"/>			
Eye movement	<input checked="" type="checkbox"/>				Neurologic (full brief)	<input checked="" type="checkbox"/>			
Lungs and chest	<input checked="" type="checkbox"/>				Psychiatric	<input checked="" type="checkbox"/>			
Breast examination	<input checked="" type="checkbox"/>				General appearance	<input checked="" type="checkbox"/>			
Heart	<input checked="" type="checkbox"/>				Skin	<input checked="" type="checkbox"/>			

Heart: 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	Alcohol Test	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD R/E	NAD	SGPT	URINE R/E	NAD
DC(differential count)	NAD	SGOT	DRUG AND ALCOHOL TEST	
HAEMOGLOBIN (HGB)	13.7		Morphine	<input checked="" type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
ESR (WESTERGRN)	20.0		Amphetamine	<input checked="" type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
WBC	8200		Mephedrone	<input checked="" type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD GLUCOSE LEVEL			Barbiturate	<input checked="" type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
RANDOM	129		Cocaine	<input checked="" type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
HBA1C	5.1		OTHERS	
			HIV/AIDS Test	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
			VDRL	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
			Blood Type	B + VE
			Psychological Exam	NORMAL
			Others(KUB Ultrasound)	NAD

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

Signature of Seafarer: MOHAMMED ZIAUR RAHMAN Date: **15 OCT 2024**
 Name of Seafarer

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

Fit	<input checked="" type="checkbox"/>	Deck service	<input type="checkbox"/>	Engine service	<input type="checkbox"/>	Catering service	<input type="checkbox"/>	Other services	<input type="checkbox"/>
Unfit	<input type="checkbox"/>		<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: **15 OCT 2024** Valid Until: **14 OCT 2026**

Dr. Paritosh Chakraborty
 MBBS (CU), DMU (SUB), CCD (Birdem)
 Name and Signature of Authorized Physician (Foundation)

MEDICAL EXAMINATION REPORT/CERTIFICATE
MARITIME ADMINISTRATOR
 CONFIDENTIAL DOCUMENT
REPUBLIC OF THE MARSHALL ISLANDS

SURNAME RAHMAN		GIVEN NAME(S) MOHAMMED ZIAUR	
DATE OF BIRTH 8 20 1979 MONTH DAY YEAR		PLACE OF BIRTH CHITTAGONG 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 type="checkbox"/> RADIO OFFICER <input type="checkbox"/> RATING <input checked="" type="checkbox"/>		MAILING ADDRESS OF APPLICANT: C/O FAYZE ULLAH SOKANIR BARI, VILL: NORTH PATENGA, EAST KATGOR, P.O: MIDDLE PATENGA, P.S: PATENGA, DIST: CHITTAGONG, BANGLADESH. BANGLADESH.	

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

HEIGHT 165CM	WEIGHT 78KG	BLOOD PRESSURE 120/90 mm Hg	PULSE 72/m	RESPIRATION 18/m	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES RIGHT EYE / LEFT EYE WITH GLASSES <u>6/6</u> / <u>6/6</u>		HEARING: RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>			
COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input checked="" type="checkbox"/> IS COLOR TEST NORMAL? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (IF "NO" EXPLAIN ON PAGE 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
HEAD AND NECK <u>NAD</u>			HEART (CARDIOVASCULAR) <u>NAD</u>		
LUNGS <u>CLEAR</u>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>YES</u>		
EXTREMITIES: UPPER <u>NORMAL</u> LOWER <u>NORMAL</u>					
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

SIGNATURE OF APPLICANT _____ DATE OF EXAMINATION **15 OCT 2024** EXPIRY DATE **14 OCT 2026**

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MOHAMMED ZIAUR RAHMAN
 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 _____ DATE **15 OCT 2024**