



SEAFARER MEDICAL CERTIFICATE

Dr. Paritosh Chakraborty

MBBS (CU), DMU (SUB), CCD (Birdem)

CCCD (Heart Foundation)

BMDC REG. NO.- A16713

Seafarers Medical Practitioner

Approved by D.G. Shipping Dhaka.

Chamber :

IDEAL PATHOLOGY

162, Sk. Mujib Road, Mostafa Plaza (2nd Floor)

Badamtoly, Mazar Gate, Agrabad, Chattogram.

Contact No. : 01711-171054



Consultant Doctor : Shipping & Crew manning Agencies :

This Certificate is issued by the undersigned authorized Medical practitioner By the Director General, Department of Shipping Dhaka Bangladesh, to the named seafarer in compliance with requirements of regulation 1/9, Section A - 1/9 and section B-1/9, of the STCW 95 convention as amended in 2010, Guideline B.1.2.1. of the MLC 2006 and Guidelines on the medical examination of seafarer's 2013 Published by ILO.

FORMAT FOR RECORDING MEDICAL EXAMINATIONS OF SEAFARERS

Name (last, first, middle) : SUMMON MD

Date of birth (day/month/year): 07 / 06 /2002 Sex: ☒ Male ☐ Female

Home address : BRAHMAN SHASON, ZAHIDGANJ, GHATAIL, TANGAIL.

Passport No./seafarer's book No: T/34125

Department : (deck/engine/radio/food handling/other): DECK

Rank : _____

Routine and emergency, duties (if known) : BOTH

Type of ship (e.g.container, Tanker, passenger): _____

Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

EXAMINEE'S PERSONAL DECLARATION

(Assistance Should Be Offered By Medical Staff)

Have you ever had any of the following conditons?

Condition	YES	NO	Condition	YES	NO
1. Eye / Vision Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Digestive disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Highblood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Kidney problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Skin problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Varicose veins/Piles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Infectious/contagius diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Asthma/Brorchitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Hernia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Blood Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Genital disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Do You smoke, use Alcohol or Drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

19.	Operation/surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27.	Severe headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20.	Epilepsy/ seizures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.	Ear (hearing/tinnitus) Nose/Throat problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21.	Dizziness/fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29.	Depression	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22.	Loss of consciousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30.	Restricted mobility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23.	Psychiatric Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31.	Back or joint problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24.	Attempted suicide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32.	Amputation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25.	Loss of memory	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33.	Fractures/dislocations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26.	Balance problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34.	Sleep problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above questions were answered "Yes" , please give details

	Additional questions	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 eve been declared unfit for 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 illness?	<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"/>
42.	Is the seafarer suffering from any medical condition likely to be aggravated by Service at sea or to render the seafarer unfit or to endanger the health of other person on board?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

FIT FOR DUTY ON BOARD SHIP

	Additional questions	YES	NO
43.	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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee : _____

Date (day/month/year) : 09/04/2025 Dr. Paritosh Chakraborty
MBBS (CU), DMU (SUB), CCD (Birdem)
CCCD (Heart Foundation)
BMDC REG No.- A16713

Witnessed by: (Signature) [Signature] Seafarers Medical Practitioner
Approved by D.G. Shipping Dhaka
Website: <http://www.drparitosh.com>

Name: (typed or printed): Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)

I hereby authorize the release of all my previous medical records from any health professionals,
health, institutions and public authorities to Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)
(The approved medical practitioner).

Signaturer of examinee : _____

Date (day/month/year) : 09/04/2025 Dr. Paritosh Chakraborty
MBBS (CU), DMU (SUB), CCD (Birdem)
CCCD (Heart Foundation)
BMDC REG No.- A16713

Witnessed by: (Signature) [Signature] Seafarers Medical Practitioner
Approved by D.G. Shipping Dhaka
Website: <http://www.drparitosh.com>

Name : (Typed or printed) : Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)

Date and contact details for previous medical examination (if known) : N/A

MEDICAL EXAMINATION

SIGHT

Use of glasses or contact lenses: Yes/No (if yes, specify which type and for what purpose)

	Visual acuity						Visual fields		
	Unaided			Aided			Eye	Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular			
Distant	6/6	6/6	6/6				Right	✓	
Near	N5	N5	N5				Left	✓	

Color vision

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Ear	Pure tone and audiometry (threshold values in dB)					
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz		
Right	✓	✓	✓	✓		
Left	✓	✓	✓	✓		

Speech and whisper test (meters)

Ear	Normal	Whisper
Right	04	04
Left	02	02

Clinical Findings

Height : 170 (cm)

Weight : 65 (kg)

Pulse rate : 72 (/Minute)

Rhythm: REGULAR

Blood pressure : Systolic : 120 (mmHg) Diastolic : 80 (mmHg)

Urinalysis : Glucose : NIL Protein (Albumin) NIL Blood : NIL

	Normal	Abnormal		Normal	Abnormal
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinuses, Nose, Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mouth/Teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vascular (inc. Pedal pulses)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tympanic Membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G-U system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye Movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spine (C/S, T/S and L/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurologic (full/brief)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast examination N.A	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chest X-ray	<input type="checkbox"/> Not performed		<input checked="" type="checkbox"/> Performed (day/month/year) <u>09/04/2025</u>		

Results: NORMAL

Other Diagnostic Test (S) and Result+(S)

Test RBS Result NAD

Medical practitioner's comments and assessment of fitness, with reasons for any limitations :
FIT FOR DUTY ON BOARD SHIP

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 look-out ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other service
Fit	<input checked="" type="checkbox"/>	<input 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 Visual aid required ☐ Yes ☒ No

Describe restrictions (e.g. specific positions, type of ship, trade area)
NO RESTRICTIONS

Medical certificate's date of **Expiration** (day/month/year): 08 / 04 / 2027

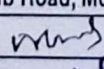
Date of medical certificate **Issued** (day/month/year) : 09 / 04 / 2025

Number of medical certificate : 01/09.04.2025

Name of medical practitioner (typed of printed) : Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)

Licence number of medical practitioner : Registration No. A-16713, BMDC, Dhaka, Bangladesh.

Address of medical practitioner : 162, Sk. Mujib Road, Mostafa Plaza (2nd Floor), Badamtoly, Mazar Gate, Agrabad, Chattogram.

Signature of medical practitioner : 

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Website: <http://www.drparitosh.com>

IDEAL PATHOLOGY

162, SK. MUJIB ROAD, MOSTAFA PLAZA (2ND FLOOR), BADAMTOLY MAZAR GATE, AGRABAD,
CHATTOGRAM. PHONE : +8802 333327519, MOBILE : 01881 022725, 01711 304974

Id.No : 15

Date : 09.04.2025

Patient's Name : MD SUMMON.

Age : 23 Yrs Sex : Male


Rank : DECK

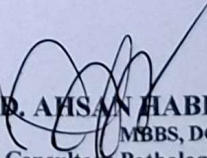
CDC NO : T/34125

BLOOD REPORT

Analysis carried out by auto Hematology Analyzer Mind ray BC-2800

Name of the test(s)	Result	Normal Range
Hemoglobin (HGB)	14.5 g/dl % 14.5g/dl 100%	HGB : 11-16 gm/dl (Male) 11-14 gm/dl (Female)
ESR (Westergren)	05 mm fall in 1 st hour	ESR : Men = < 50 yrs=15 mm/hr & > 50 yrs =20 mm/hr. Woman = < 50 yrs =20 mm/hr & > 50 yrs =30 mm/hr.
Total Leucocytes Count (WBC)	8,300 Per.cu.mm.	WBC : 4.0 - 11.0 Thousand /cu. Mm.
Platelet Count (PLT)	Per.cu.mm.	PLT : 1, 50,000 - 4, 00,000 /cu.mm.
Erythrocytes Count (RBC)	Per.cu.mm.	RBC : 3.5-5.5 million /cu.mm (Male) 3.4-5.4 million /cu.mm (Female)
Cir. Eosinophil Count		CEC : 40 - 400 /cu.mm
Differential Count.		Differential Count.
Neutrophil	58 %	40 - 70 %
Lymphocyte	36 %	20 - 40 %
Monocyte	02 %	02 - 10 %
Eosinophil	04 %	01 - 06 %
Basophil	00 %	00 - 01 %
Granulocyte	%	50 - 75 %
Blood HCT (PCV)	%	HCT(PCV) : 37 - 54 % (M) 35 - 40 % (F)
Blood MCV	fl	MCV : 80 - 100 fl
Blood MCH	pg	MCH : 27 - 34 pg
Blood MCHC	g/dl	MCHC : 32 - 36 g/dl
Blood MPV	fl	MPV : 08 - 15 fl
Blood RDW	%	RDW : 11 - 16 %
VDRL	Non - Reactive	VDRL : Non - Reactive
Blood Group	" A "	
Rh-D	Positive	


MADHU SUDHAN DEY M.T.(Lab)
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Ex - Laboratory in-charge.
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BIO-CHEMICAL REPORT


NAME OF TEST	RESULT	NORMAL VALUES
Serum Bilirubin.	0.58 mg/dl	Up to 1.1 mg / dl
Serum S.G.O.T/A.S.T	21.0 U/L	Up to 37.0 U/L at 37°C

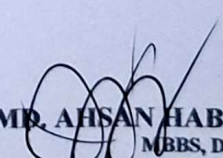
IMMUNOLOGY REPORT

NAME OF TEST	RESULT	NORMAL VALUES
HbsAg (Screening)	Negative	Negative.
HIV 1 & 2	Negative	Non – Reactive.

BLOOD GLUCOSE REPORT

NAME OF TEST	BLOOD GLUCOSE	C.U.SUGAR	
Random Blood Sugar(RBS)	101.0 mg/dl	Nil	< 140.0 mg/dl
HbA1c	5.1 %		4.5 – 6.3 %


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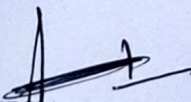
Age : 23 Yrs Sex : Male

Rank : DECK

CDC NO : T/34125

URINE REPORT

PHYSICAL EXAM.		MICROSCOPIC EXAM	
Quantity	: 60 ml.	Pus cell	: 0 – 3 / hpf
Colour	: Pl.Straw.	R.B.C	: N.Seen.
Appearance	: Cloudy	Epith Cell	: a few
Sediment	: Nil	Spermatozoa	: !
Reaction	: Acidic	Trichomonus	: N.Seen.
		Yeast	
CHEMICAL EXAM.		CRYSTALS.	
Sp. Gravity	: 1010	Calcium Oxalate	: a few
Albumin	: Trace	Uric Acid	: !
Sugar	: Nil	Urates	: N.Seen.
Ex. Of Phosp.	: Nil	Triple Phosphate	: !
Bile Salt		Amorph. Materials	: !
Bile Pigment			
Urobilinogen		CASTS	
Bilirubin	: N. D	Granular Cast	
Ketone Bodies		Ryaline Cast	: N.Seen.
Chyle		R.B.C Cast	
B. J. Protein		Pus Cell Cast	


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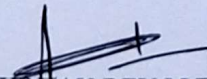
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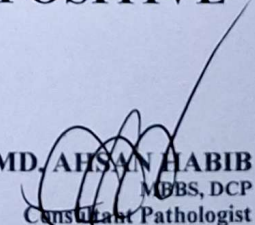
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DRUG & ALCOHOL ASSAY (QUALITATIVE ANALYSIS)

SAMPLE URINE

<u>TEST</u>	<u>RESULT</u>
COCAINE	NEGATIVE / POSITIVE
MORPHINE	NEGATIVE / POSITIVE
MARIJUANA	NEGATIVE / POSITIVE
BARBITURATES	NEGATIVE / POSITIVE
AMPHETAMINES	NEGATIVE / POSITIVE
PHENCYCLIDINE(PCP)	NEGATIVE / POSITIVE
ALCOHOL	NEGATIVE / POSITIVE


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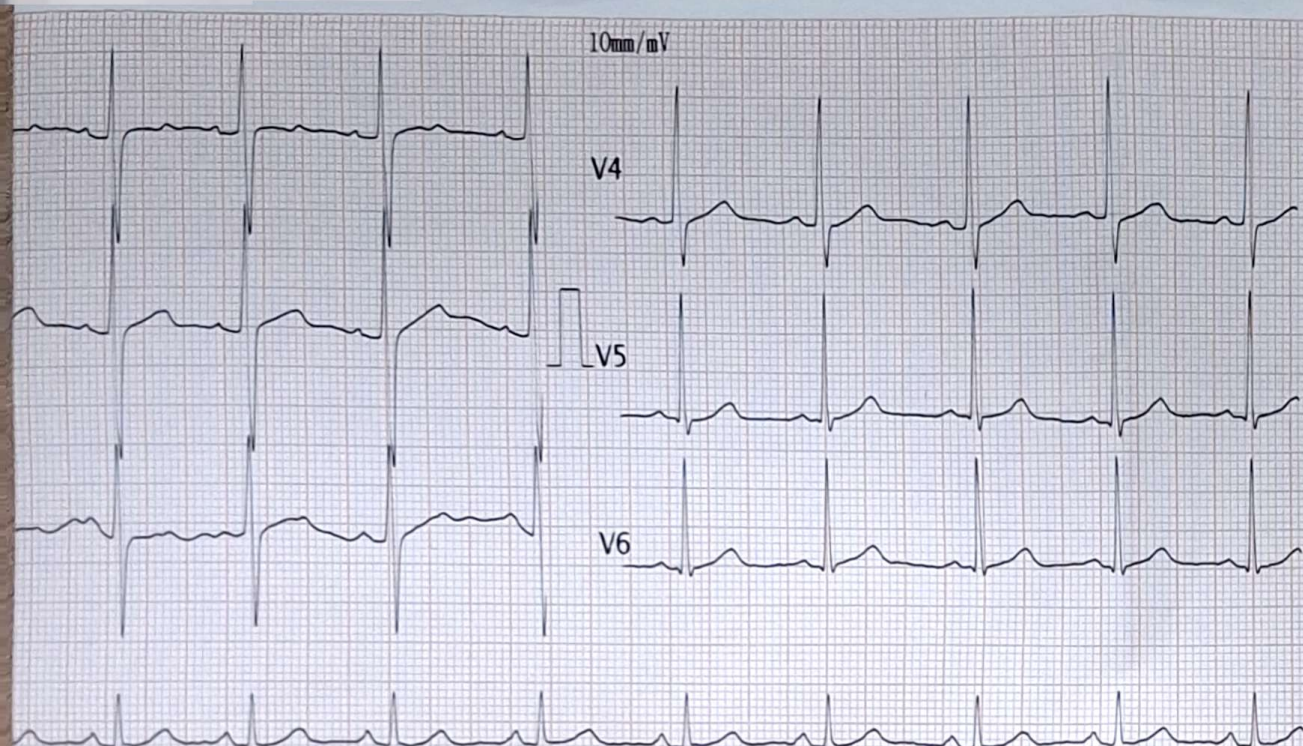
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X – RAY REPORT

Chest P/A View

Bony Thorax	: Reveals no abnormality
Trachea	: Central in Position
Diaphragm	: Normal in position, contour and definition. Both CP Angles are clear.
Heart	: Normal in transverse diameter.
Lungs	: Both lung fields are clear.
Hilo- mediastinal shadow	: Exhibits no abnormality.
Impression	: Normal Chest Skiagram.


Dr. KRISHNA KISHORE SAHA
MBBS. M Phil (Radiology
& Imaging)
Associate Professor
Southern Medical College
& Hospital.



Vent. Rate(BPM) : 83

<ECG Analysis Result> ID-15

PR Int.(ms) : 134
P/QRS/T Int.(ms) : 103 103 175
QT/QTc Int.(ms) : 360 428
P/QRS/T Axis(Deg.) : 50 13 12
RV1/SV5 Amp.(mV) : 1.11 0.17
RV5/SV1 Amp.(mV) : 1.57 1.35

800 Normal Sinus Rhythm
213 Mild Left Axis Deviation
*** Normal ECG ***

MD SUMMON

V2.33 Technician :

Note: Unconfirmed Report Need to Review.

ST LEVEL(mV)

I	II	III	aVR	aVL	aVF
+0.01	+0.00	-0.01	-0.00	+0.01	+0.00
V1	V2	V3	V4	V5	V6
+0.05	+0.08	+0.06	+0.02	+0.01	+0.00

<FEKTYLN

999900004181 = Y GRAPHIC CONTROLS / cm/kg / 205mmHg