

# HAQUE & SONS LTD.



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

PATIENT CONTROL NUMBER:  
H031038

## MEDICAL EXAMINATION CERTIFICATE

SURNAME <b>AZAM KHAN</b>		FIRST NAME <b>A. B. M.</b>		MIDDLE NAME <b>GIASH UDDIN</b>	
PLACE AND DATE OF BIRTH <b>CHITTAGONG 6-Sep-1981</b>		PASSPORT NUMBER <b>EG0196141</b>		SEAMAN'S BOOK NUMBER <b>CO4179</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: <b>C/O MOTIULLAH KHAN SHAHEBS HOUSE, VILL &amp; P.O - MIRZAPUR, P. S - HATHAZARI, DIST - CHITTAGONG</b>				CONTACT NUMBER: <b>01815648803 (SELF)</b>	
				RANK: <b>CH.ENG</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	<input type="checkbox"/>	<input checked="" 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 signed as sick 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 checked="" type="checkbox"/>	<input type="checkbox"/>
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input type="checkbox"/>	<input checked="" 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) # **Tab. Bisoprolol 2.5mg - 1 + 0 + 0**  
# **Tab. Clopidogrel 75mg = 0 + 0 + 1**  
# **Tab. Aspirin 75mg = 0 + 1 + 0**

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.

*GA*  
Signature of Seafarer

### MEDICAL EXAMINATION

Weight **73kg** Height (cm) **165 CM** BM **2.6** Blood Pressure: Systolic **110mmHg** Diastolic **85mmHg** PULSE: **72/m**

Ear	Hearing by Audiometry		Audiometry				Hearing by Whisper Test	
Right	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate	500	1000	2000	3000	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Left	<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	<input checked="" type="checkbox"/>
Left eye	<input checked="" type="checkbox"/>	<input 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) 19 AUG 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	<u>NORMAL</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
ECG	<u>NAD</u>	BILIRUBIN	Alcohol Test	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD R/E		SGPT	URINE R/E	<u>NAD</u>
DC(differential count)	<u>NAD</u>	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	<u>14.4</u>	DRUG AND ALCOHOL TEST		
ESR (WESTERGREN)	<u>13.3</u>	Morphine	HBsAg	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
WBC	<u>7.2</u>	Amphetamine	HIV / AIDS Test	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
BLOOD GLUCOSE LEVEL		Rheycyclidine	VDRL	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
RANDOM	<u>115.2</u>	Barbiturate	Blood Type	<u>O + VE</u>
HBA1C	<u>5.2</u>	Cocaine	Psychological Exam	<u>NORMAL</u>
			Others(KUB Ultrasound)	<u>NAD</u>

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

Signature of Seafarer

A. B. M. GIASH UDDIN AZAM KHAN  
Name of Seafarer

19 AUG 2024  
Date

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: 19 AUG 2024

Valid Until: 18 AUG 2026

Chakraborty  
Name and Signature of Authorizing Physician



# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: AZAM KHAN	GIVEN NAME (S): A. B. M. GIASH UDDIN	
DATE OF BIRTH: DAY 6 MONTH 9 YEAR 1981	PLACE OF BIRTH CITY CHITTAGONG COUNTRY BANGLADESH	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input checked="" type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: 1/2, C.D.A COLONY, MEHEDIBAG, CHITTAGONG  BANGLADESH.	

VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	<input checked="" type="checkbox"/> BOOK <input checked="" type="checkbox"/> LANTERN	RIGHT EAR — <u>NORMAL</u>
LEFT EYE	6/6	—	YELLOW <u>NAD</u> RED <u>NAD</u> GREEN <u>NAD</u> BLUE <u>NAD</u>	LEFT EAR — <u>NORMAL</u>

Confirmation that identification documents were checked at the point of examination: YES  NO

Hearing meets the standards in STCW Code, Section A-1/9? YES  NO  NOT APPLICABLE

Unaided hearing satisfactory? YES  NO

Visual acuity meets standards in STCW Code, Section A-1/9? YES  NO

Colour vision meets standards in STCW Code, Section A-1/9? YES  NO

(the visual test it is required every six years)  
Date of the last colour vision test: (Day/Month/Year) 19 AUG, 2024


Are glasses or contact lenses necessary to meet the required vision standards? YES  NO

Able for watchkeeping? YES  NO

Is applicant taking any non-prescription or prescription medications? YES  NO

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board?  YES  NO

Hereby I declare that I am in knowledge of the contents of the Physical Examination.


A. B. M. GIASH UDDIN AZAM KHAN
19 AUG 2024

Signature of Applicant
Name of Applicant
Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:  
No Restrictions

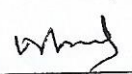
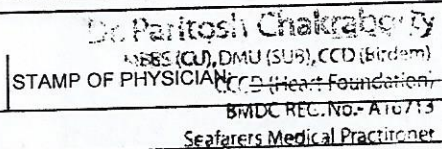
**Fit For Duty On Board Ship**

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 CERTIFICATING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 20-05-1986

SIGNATURE OF PHYSICIAN:  STAMP OF PHYSICIAN:  DATE: 19 AUG 2024

EXPIRY DATE OF CERTIFICATE: 18 AUG 2026 BMDCC REG. NO.- A10/13  
Seafarers Medical Practitioner

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.