



# HAQUE & SONS LTD.

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Accredited by BMLR  
Accreditation No. 1167

PATIENT CONTROL NUMBER  
<NO>

## MEDICAL EXAMINATION CERTIFICATE

|   |  |   |
|---|--|---|
| SURNAME<br><b>KHAN</b>  | FIRST NAME<br><b>MD</b>  | MIDDLE NAME<br><b>JUNAYED</b>             |
| PLACE AND DATE OF BIRTH<br><b>BRAHMANBARIA 3-Jan-2002</b>   | PASSPORT NUMBER<br><b>A00663210</b>                              | SEAMAN'S BOOK NUMBER<br><b>T34545</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>VILL. CHAMPAKNAGAR, PO. NOORPUR - 3450, PS. BIJOYNAGAR, DIST. BRAHMANBARIA, BANGLADESH.</b> |  | CONTACT NUMBER: <b>01939882192 (SELF)</b> |
| RANK: <b>OS</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 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 off 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 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?  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 practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

*Imaged*

Signature of Seafarer

MEDICAL EXAMINATION

Weight **65 kg** Height (cm) **176 CM** BM **21** Blood Pressure: Systolic- **120 mmHg** Diastolic **80 mmHg** 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 |          |           |          | Visual fields                       |           |
|---------|---------------|----------|-----------|----------|-------------------------------------|-----------|
|         | Unaided       |          | Aided     |          | Normal                              | Defective |
|         | Right eye     | Left eye | Right eye | Left eye |                                     |           |
| Distant | 6/6           | 6/6      |           |          | <input checked="" type="checkbox"/> |           |
| Near    | NS            | NS       |           |          | <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

YES / NO

Doubtful

Defective

Date of last colour vision test: Date (day/month/year) **22 OCT 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"/> |

RESULTS OF ANCILLARY EXAMINATIONS

|                        |               |                                    |  |  |   |
|------------------------|---------------|------------------------------------|--|--|---|
| Chest X-Ray            | <b>NORMAL</b> | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana  | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |   |
| ECG                    | <b>NAD</b>    | BILIRUBIN                          | Alcohol Test   | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |   |
| BLOOD R/E              |               | SGPT                               | URINE R/E  | <b>NAD</b>   |   |
| DC(differential count) | <b>NAD</b>    | SGOT                               | OTHERS   |  |   |
| HAEMOGLOBIN (HGB)      | <b>14.1</b>   | DRUG AND ALCOHOL TEST              |  | HBSAg  | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN)       | <b>20.0</b>   | Morphine                           | <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative | HIV / AIDS Test  | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| WBC                    | <b>6600</b>   | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL   | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL    |               | Mhercyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type   | <b>B+VE</b>   |
| RANDOM                 | <b>92.0</b>   | Barbiturate                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam   | <b>NORMAL</b>   |
| HBA1C                  | <b>4.6%</b>   | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others(KUB Ultrasound)   | <b>NAD</b>  |

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

*Signature*  
Signature of Seafarer

**MD JUNAYED KHAN**  
Name of Seafarer

**22 OCT 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 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

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                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Describe restrictions (e.g., specific position, type of ship, trade area):

**No Restrictions**

Action taken by medical examiner (e.g., referral):

Fitness Date: **22 OCT 2024**

Valid Until: **21 OCT 2026**

*Signature*  
**Dr. Paritosh Chakraborty**  
MBBS (CU), DMU (SUB), CCD (Biderm)  
DCCS (Specialist)

## MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

|   |  |  |
|---|--|--|
| SURNAME: KHAN   | GIVEN NAME (S): MD JUNAYED   |  |
| DATE OF BIRTH:<br>DAY 3 MONTH 1 YEAR 2002   | PLACE OF BIRTH<br>CITY BRAHMANBARIA COUNTRY BANGLADESH   | SEX<br>MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
| POSITION ON BOARD:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input type="checkbox"/><br>RADIO OPERATOR <input type="checkbox"/><br>RATING <input checked="" type="checkbox"/> | MAILING ADDRESS OF APPLICANT:<br>VILL. CHAMPAKNAGAR, PO. NOORPUR - 3450,<br>PS. BIJOYNAGAR, DIST. BRAHMANBARIA, BANGLADESH.<br><br>BANGLADESH. |  |

### DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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) **22, OCT, 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.

*Junayed*

MD JUNAYED KHAN

**22 OCT 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:

**Fit For Duty On Board Ship**

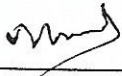
**No Restrictions**

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

**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  
 Web: <http://www.gmrbcsk.com>

DATE: **22 OCT 2024**

EXPIRY DATE OF CERTIFICATE: **21 OCT 2026**

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