



HAQUE & SONS LTD.

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Accredited By: BMDC
Accreditation No. A16713

PATIENT CONTROL NUMBER:
<NO>

MEDICAL EXAMINATION CERTIFICATE

SURNAME HOSSAIN		FIRST NAME MARUF		MIDDLE NAME
PLACE AND DATE OF BIRTH CUMILLA 17-May-2002		PASSPORT NUMBER A07892614		SEAMAN'S BOOK NUMBER CO12744
NATIONALITY : BANGLADESHI	SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESSEL TYPE : CHEM. TANKER		TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL- CHIKHATIA, PO- RAZAPUR, PS- MANOHARGANJ DIST- CUMILLA.			CONTACT NUMBER : +8801609196040 (SELF)	
			RANK :	CADET-DK

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 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 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)

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.

Maruf
Signature of Seafarer

MEDICAL EXAMINATION

Weight **74 kg** Height (cm) **173 cm** BM **24** Blood Pressure: Systolic **120 mmHg** Diastolic **80 mmHg** PULSE: **72 /m**

Ear	Hearing by Audiometry				Hearing by Whisper Test	
Right	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate	500	1000	2000	3000
Left	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate	N.A.			

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES NO

Visual acuity					Visual fields		
		Unaided		Aided			
	Right eye	Left eye	Right eye	Left eye	Normal	Defective	
Distant	6/6	6/6			<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Near	NS	NS			<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) **21 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 N.A	<input checked="" 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	NORMAL	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
ECG	NAD	BILIRUBIN	Alcohol Test	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
BLOOD R/E		SGPT	URINE/E	NAD
DC(differential count)	NAD	SGOT	DRUG AND ALCOHOL TEST	
HAEMOGLOBIN (HGB)	14.8	Morphine	HBSAg	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
ESR (WESTERGREN)	10	Amphetamine	HIV / AIDS Test	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
WBC	5200	Mephedrone	VDRL	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
BLOOD GLUCOSE LEVEL		Barbiturate	Blood Type	B+VE
RANDOM	98.0	Cocaine	Psychological Exam	NORMAL
HBA1C	4.8%		Others(KUB Ultrasound)	NAD

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

Signature of Seafarer: _____ Name of Seafarer: **MARUF HOSSAIN** Date: **21 OCT 2024**

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

Describe restrictions (e.g., specific position, type of ship, trade area): **No Restrictions**

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

Fitness Date: **21 OCT 2024** Valid Until: **20 OCT 2026**

Dr. Paritosh Chakraborty
 MBBS (CU), DMU (SUS), CCD (Bardem)
 Name and Signature of Authorizing Officer (Seafarers Medical Practitioner)
 BMDG REG No. A16713

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: HOSSAIN		GIVEN NAME (S): MARUF	
DATE OF BIRTH: DAY 17 MONTH 5 YEAR 2002		PLACE OF BIRTH CITY CUMILLA 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 type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: VILL- CHIKHATIA, PO- RAZAPUR, PS- MANOHARGANJ DIST- CUMILLA. BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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) 21, 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.

Maruf

MARUF HOSSAIN

21 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:

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: [Signature]

STAMP OF PHYSICIAN

Dr. Paritosh Chakraborty
 MBBS (CU), DMU (SUB), CCD (Birdem)
 CCCD (Heart Foundation)
 BMDC REG No. A16743
 Seafarers Medical Practitioner
 Approved by D.G. Shipping Dhaka
 Web: <http://www.dgpcrsc.gov.bd>

DATE: 21 OCT 2024

EXPIRY DATE OF CERTIFICATE: 20 OCT 2026

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