



# HAQUE & SONS LTD.



Haque Tower, 1267/A, Goshaldanga, Agrabad C/A, Chattogram, Bangladesh.  
Tel : +880 31 716214-6, Fax : +880 31 710530

Accredited By: BMDC  
Accreditation No. A16713

PATIENT CONTROL NUMBER  
<NO>

## MEDICAL EXAMINATION CERTIFICATE

SURNAME <b>HOSSAIN</b>		FIRST NAME <b>SHAKHAYET</b>		MIDDLE NAME	
PLACE AND DATE OF BIRTH <b>FENI 19-Sep-1998</b>		PASSPORT NUMBER <b>A03452458</b>		SEAMAN'S BOOK NUMBER <b>T34544</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>VILL. YEAKUB PUR, PO. AYAKUBPUR ATIM KHANA, PS. DAGONBHUIYAN DIST. FENI. BANGLADESH</b>				CONTACT NUMBER: <b>01857097839 (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	<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 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 practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

SHAKHAYET

Signature of Seafarer

### MEDICAL EXAMINATION

Weight **60 kg** Height (cm) **168 CM** BM **21** Blood Pressure: Systolic **110/89 mmHg** Diastolic **80 mmHg** PULSE: **72 bpm**

Ear	Hearing by Audiometry
Right	<input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
Left	<input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
<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



# MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME <b>HOSSAIN</b>	GIVEN NAME(S) <b>SHAKHAYET</b>	
DATE OF BIRTH 9                      19                      1998 MONTH                  DAY                      YEAR	PLACE OF BIRTH <b>FENI</b> <b>BANGLADESH</b> 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: <b>AIMAN PALACE #56/A, BIRINCHI, FENI SADAR, FENI, BANGLADESH.</b>  <b>BANGLADESH.</b>	

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

HEIGHT <b>168 CM</b>	WEIGHT <b>60 kg</b>	BLOOD PRESSURE <b>110/80 mm Hg</b>	PULSE <b>72 /m</b>	RESPIRATION <b>18 /m</b>	GENERAL APPEARANCE <b>GOOD</b>
VISION: WITHOUT GLASSES      RIGHT EYE      LEFT EYE <b>6/6                      6/6</b>		HEARING: RT. EAR <b>NORMAL</b> LEFT EAR <b>NORMAL</b>			
WITH GLASSES <b>-                      -</b>		COLOR TEST TYPE: BOOK <input 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  No

HEAD AND NECK <b>NAD</b>	HEART (CARDIOVASCULAR) <b>NAD</b>
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LUNGS <b>CLEAR</b>	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>YES</b>
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EXTREMITIES:  
UPPER      **NORMAL**                      LOWER      **NORMAL**

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes  No

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? YES  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  NO

<u>SHAKHAYET</u> SIGNATURE OF APPLICANT	<u>25 JUL 2024</u> DATE OF EXAMINATION	<u>24 JUL 2026</u> EXPIRY DATE
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THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: SHAKHAYET HOSSAIN  
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	<u>Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)</u>	
ADDRESS	<u>Ideal Pathology. 162, SK. Mujib Road, Mostafa Plaza (2/F), Badamtoly Mazir Gate, Agrabad C/A, Chattogram.</u>	
NAME OF PHYSICIAN'S CERTIFICATING	<u>BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)</u>	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	<u>20-May-1986</u>	
SIGNATURE OF PHYSICIAN	<u><i>Dr. Paritosh Chakraborty</i></u>	<u>25 JUL 2024</u> DATE