



HAQUE & SONS LTD.

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

PATIENT CONTROL NUMBER
201157

MEDICAL EXAMINATION CERTIFICATE

SURNAME NOOR		FIRST NAME MOHAMMED		MIDDLE NAME SHAH	
PLACE AND DATE OF BIRTH CHITTAGONG 31-Dec-1968		PASSPORT NUMBER B00571737		SEAMAN'S BOOK NUMBER T34982	
NATIONALITY : BANGLADESHI		SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		VESSEL TYPE : CHEM. TANKER TRADING AREA : WORLD WIDE	
PERMANENT HOME-ADDRESS : C/O. KUNSU MIA TANDAL HOUSE, NISCHINTA PARA, SOUTH MIDDLE HALISHAHAR, P.O. ANANDA BAZAR, P.S. BANDAR, DIST. CHITTAGONG,				CONTACT NUMBER : 01811609422 (SELF)	
				RANK : OILER #1	

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 checked="" type="checkbox"/>	<input 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 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)
Tab. Vildagliptin + Metformin Hydro - 50/850mg = 0+0+1- After meals.

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.

Mohel. Shohorzon
Signature of Seafarer

MEDICAL EXAMINATION

Weight **80kg** Height (cm) **167cm** BM **28** Blood Pressure: Systolic **120mmHg** Diastolic **80mmHg** PULSE: **72/M**

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

	Visual acuity				Visual fields	
	Unaided		Aided		Right eye	Left eye
	Right eye	Left eye	Right eye	Left eye		
Distant			6/6	6/6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Near			NS	NS		

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) 25 JUN 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"/>

Breast examination: N.A

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>NORMAL</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Manjuana	<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>NORMAL</u>
DC(differential count)	<u>NAD</u>	SGOT	DRUG AND ALCOHOL TEST	OTHERS
HAEMOGLOBIN (HGB)	<u>13.2</u>	Morphine	HBsAg	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
ESR (WESTERGREY)	<u>15.0</u>	Amphetamine	HIV / AIDS Test	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
WBC	<u>9.500</u>	Phencyclidine	VDRL	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
BLOOD GLUCOSE LEVEL		Barbiturates	Blood Type	<u>O + VE</u>
RANDOM	<u>182.0</u>	Cocaine	Psychological Exam	<u>NORMAL</u>
HBA1C	<u>8.2%</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: Mohammed Shah Noor
 Name of Seafarer: MOHAMMED SHAH NOOR
 Date: 25 JUN 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

<input checked="" type="checkbox"/> Fit	Deck service	Engine service	Catering service	Other services
<input type="checkbox"/> Unfit	<input type="checkbox"/>	<input checked="" 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: 25 JUN 2024 Valid Until: 24 JUN 2026

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME NOOR	GIVEN NAME(S) MOHAMMED SHAH	
DATE OF BIRTH 12 31 1968 MONTH DAY YEAR	PLACE OF BIRTH CHITTAGONG	BANGLADESH CITY COUNTRY
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"/>	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
MAILING ADDRESS OF APPLICANT: C/O. KUNSU MIA TANDAL HOUSE, NISCHINTA PARA, SOUTH MIDDLE HALISHAHAR, P.O. ANANDA BAZAR, P.S. BANDAR, DIST. CHITTAGONG, BANGLADESH.		

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

HEIGHT 167 CM	WEIGHT 80 Kg	BLOOD PRESSURE 120/80 mmHg	PULSE 72/m	RESPIRATION 18/m	GENERAL APPEARANCE GOOD
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VISION: WITHOUT GLASSES RIGHT EYE <u>6/6</u> / LEFT EYE <u>6/6</u> WITH GLASSES <u>6/6</u> / <u>6/6</u>	HEARING: RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>
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COLOR TEST TYPE: BOOK LANTERN IS COLOR TEST NORMAL? Yes No (IF "NO" EXPLAIN ON PAGE 2)

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes No

HEAD AND NECK NAD	HEART (CARDIOVASCULAR) NAD
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LUNGS CLEAR	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? YES
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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

SIGNATURE OF APPLICANT <u>Mohd. Shah Noor</u>	DATE OF EXAMINATION 25 JUN 2024	EXPIRY DATE 24 JUN 2026
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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: MOHAMMED SHAH NOOR
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 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 BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 20-May-1986

SIGNATURE OF PHYSICIAN <u>Dr. Paritosh Chakraborty</u>	DATE 25 JUN 2024
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This certificate is issued by authority of the Maritime Administrator in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Dr. Paritosh Chakraborty
 MBBS (CU), DMU (SUB), CCD (Birdem)
 CCCD (Heart Foundation)
 BMDCC REG. NO. A16713
 Seafarers Medical Practitioner
 Approved by D.G. Shipping Dhaka.