



HAQUE & SONS LTD.

Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.
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Accredited By BMD
Accreditation No. A16713

PATIENT CONTROL NUMBER
<NO>

MEDICAL EXAMINATION CERTIFICATE

SURNAME ISLAM		FIRST NAME KHALEDUL		MIDDLE NAME
PLACE AND DATE OF BIRTH GOPALGANJ 20-Aug-2000		PASSPORT NUMBER A01738449		SEAMAN'S BOOK NUMBER T34546
NATIONALITY : BANGLADESHI		SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESSEL TYPE : CHEM. TANKER TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : VIL. PROVAKARDI, PO. MUKSUDPUR-8140, PS. MUKSUDPUR, DIST. GOPALGANJ, BANGLADESH.			CONTACT NUMBER : 8801795615403 (SELF)	
			RANK : WIPER	

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

35 Have you ever been signed off as sick or repatriated from a ship?	YES	NO
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?
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.

[Signature]
Signature of Seafarer

MEDICAL EXAMINATION

Weight **88 kg** Height (cm) **165 CM** BM **25** Blood Pressure: Systolic-**110 mmHg** Diastolic **70 mmHg** PULSE: **72/M**

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			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near	NS	NS		

	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) 27 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 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	<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>14.8</u>		HBsAg	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
ESR (WESTERGRN)	<u>20</u>	Morphine	HIV / AIDS Test	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
WBC	<u>5200</u>	Amphetamine	VDRL	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
BLOOD GLUCOSE LEVEL		Rheocyclidine	Blood Type	<u>B+VE</u>
RANDOM	<u>98-0</u>	Barbiturate	Psychological Exam	<u>NORMAL</u>
HBA1C	<u>5.7</u>	Cocaine	Others (KUB Ultrasound)	<u>NAD</u>

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

Signature of Seafarer

KHALEDUL ISLAM
Name of Seafarer

27 JUN 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
<input checked="" type="checkbox"/> Fit	<input type="checkbox"/>	<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: 27 JUN 2024

Valid Until: 28 JUN 2026

Chakraborty
Name and Signature of Authorized Physician

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME ISLAM			KHALEDUL		
DATE OF BIRTH 8 20 2000 MONTH DAY YEAR			PLACE OF BIRTH GOPALGANJ BANGLADESH 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: VIII. PROVAKARDI, PO. MUKSUDPUR-8140, PS. MUKSUDPUR, DIST. GOPALGANJ, BANGLADESH. BANGLADESH.		

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

HEIGHT 165cm	WEIGHT 68kg	BLOOD PRESSURE 110/70 mmHg	PULSE 72/m	RESPIRATION 18/m	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6	LEFT EYE 6/6	HEARING: RT. EAR NORMAL LEFT EAR NORMAL	
COLOR TEST TYPE: BOOK <input checked="" 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>					
HEAD AND NECK NAD			HEART (CARDIOVASCULAR) NAD		
LUNGS CLEAR			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? YES		
EXTREMITIES: UPPER NORMAL LOWER NORMAL					
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

Khaled
SIGNATURE OF APPLICANT

27 JUN 2024
DATE OF EXAMINATION

26 JUN 2026
EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

KHALEDUL ISLAM

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 / BOOK 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

Paritosh Chakraborty
MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)
A16713

27 JUN 2024
DATE

This certificate is issued by authority of the Maritime Administrator and 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.