## HAQUE & SONS LTD.

Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880 31 716214-6, Fex: +880 31 710530

Accreditation No. A16713

PATIENT CONTROL NUMBER: H206

## MEDICAL EXAMINATION CERTIFICATE

Asymptonia MLC-2006

ACE AND		FIRST NAM			MIDDLE NAME	EMRAN	
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		PASSPOR	T NUMBER	30766	SEAWAN S BOC	CO4734	
BOG TIONALI		✓ Male	Female	VESSEL TYPE : CI	HEM. TANKERITRA		WORLD WID
	NT HOME ADDRESS :	iviale	1 cinale		ACT NUMBER :	01717-85694	
	•						IGINEER
UZGAR	I, EDGAH LANE, DIST. BOGRA.			RANK		On. EN	- CHILLIN
Have yo	u ever had any of the following cor	nditions? +					
	Condition	YES	NO	Condition		YE	
1	Eye/vision problem		13/	18 Sleep problems		. [	/
2	High blood pressure		<b>I</b>	19 Do you smoke?			1/
3	Heart/vascular disease		<b>□</b> ⁄	20 Operation/surg	(Y0.5)		- 1
4	Heart surgery		₽′	21 Epilepsy/seizur			
5	Varicose veins		Ø	22 Dizziness/fainti	ng	garden .	2
6	Asthma/bronchitis		Ø	23 Loss of conscio	ousness	~ \rac{1}{2}	1 2
7	Blood disorder		4	24 Psychiatric pro	olems		1 A
8	Diabetes		✓ .	25 Depression			J VO
9	Thyroid problem		<b>'</b>	26 Attempted suic	de		
10	Digestive disorder		8	27. Loss of memor		117	D N
11	Kidney problem		Ø	28 Balance proble		111 0	
12			<b>Ø</b>	29 Severe fleadad		11	
	Skin problem		<b>Z</b> /,	30 Ear/nose/throa		Mar.	D N
13	Allergies	The state of the s					<u> </u>
14	Infectious/contagious diseases			81 Restricted mot			5
15	Hernia		The state of the s	32 Back problems			
16	Genital disorders		CACA	33 Amputation			VI
17	Pregnancy N A  f the above questions were answe	<b>2</b>	, "N_ N,	34 Fractures/dislo	cations		
Additio		e bickor kena	triated from	a shin?			ES NO
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		NB	WI	6 6	6/6	Right eye			Defective
	visual acuity m	eets the standard	laid down in or	No	_ N5	Left eye	V		
	Colour vision a	eets the standard s per STCW COD	E Soation A	CW Code Se	ection A-1/9	YES /NO		7	
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	Date of last cold	our vision test: Dat		0 1		□ Doubtful	☐ Defe	ctive	
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	Head		Norm		al				
-	Sinuses, nose, th	roat	N.	- 0	Varicose	Veine		Normal	Abnorm
	Mouth/teeth			. 🗆	Vascular	line		<b>N</b>	
11	Ears (general)		Ø		Abdomon	(inc. pedal pulses)		19	
11	Tympanic membr	ane	N		Hernia	and viscera			
11	Eyes		Ø					D.	
11	Opthalmoscopy		19	0	Anus (not	rectal exam)			
11	Pupils		~		G-U syste	m			
11					Upper and	lower extremis:		8	
1	Eye movement		N. C.		Spine (C/S	T/S and L/S)		No.	
11	Lungs and chest				Neurologic	(full bring)		M	
11	Breast examination	N.A	8		Psychiatric	(ruii brief)		ď _	
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1 1	BLOOD GLUC	7.2	Amphetamih		Nega	tive HIV / AIDS Te	- 151	eactiv (1) No	nreactive
11	RANDOM		Rhencyclidin		sitive in Nega		LUIR	eactivi rying	Dron-II
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"	-7170	50 X	Cocaine	- 1 HUTPO	sitive W Negat	ive Psychological			Juve
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No. 78) and Stollies For Bouseation mended, MLC 2006

BMDC REG. No.- A16713 Revision Date: 24th July 2022

Seafarers Medical Practitioner

Approved by D.G. Shipping Dhaka,

	GIVE	GIVEN NAME (S): MD. EMRAN					
DATE OF BIRTH:	DI CO-						
DAY 26 MONTH 46 MINE		OF BIRTH		SEX			
12 TEAR 1900	CITY	BOGRA COUNTRY	BANGLADESH	MALE FEMALE			
POSITION ON BOARD:  MASTER		IG ADDRESS OF APPLICAN					
DECK OFFICER	VILL. P	KALAIKURA, PO. KALAIKUR	RIA,				
ENGINEERING OFFICER		AMDIGHI,					
RADIO OPERATOR	No. of the Contract of the Con	DIST. BOGRA. BANGLADESH.					
RATING							
DECLARATION OF THE AUTHORIZED PHYSICIAN							
VISION		COLOR TEST TYPE		HEARING			
WITHOUT GLASSES WITH	GLASSES	ВООК		TILAKING			
RIGHT EYE 624	6/6	LANTERN					
	4		RIGHT EAR	- NORMAL			
EFT EYE 6/24	<b>61</b> 3	YELLOW NAD RED NAD		- NORMAL.			
<u> </u>	6/6	GREEN NAD BLUE NAD	LEFT EAR	- NORMAL			
confirmation that identification documents were checked a		examination: YES Y NO					
learing meets the standards in STCW Code, Section A-1/	9? YES	NO NOT APLICABI	LE 🔲				
naided hearing satisfactory? YES MO							
isual acuity meets standards in STCW Code, Section A-1	1/9? YES	M NO II		<del></del>			
olour vision meets standards in STCW Code, Section A-		NO D					
he visual test it is required every six years)	no: ILO [						
rate of the last colour vision test: (Day/Month/Year)	0 1 IAN	, 2024					
	_ ·			7			
re glasses or contact lenses necessary to meet the requir	ed vision star	ndards? YES MO 🔲					
ble for watchkeeping? YES NO							
applicant taking any non-prescription or prescription med							
the seafarer free from any medical condition likely to be adanger the health of other persons on board? YES I	aggravated by	service at sea or to render the s	eafarers unfit for	Such conting or to			
24.0	.0		calaiers drift for :	such service or to			
ereby I declare that I am in knowledge of the contents of the	he Physical E	xamination.					
MD. FI	IRAN HOSS	SAIN					
MD. EN	MRAN HOSS	SAIN	0 1 JAN	2024			
Sind the same of t			0 1 JAN	2024			
Signature of Applicant Nam	e of Applican	t	Doto				
Signature of Applicant Nam RCLE APPROPIATE CHOICE: (HE / SHETIS FOUND	e of Applican		Date				
Signature of Applicant Nam RCLE APPROPIATE CHOICE: (HE / SHE) IS FOUL NGINEERING OFFICER / RADIO OPERATOR / RA	e of Applican ND TO BE (I	fit / NOT FIT) FOR DUTY A HOUT ANY / WITH THE FOL	Date				
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Signature of Applicant  Nam  IRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN  NGINEERING OFFICER / RADIO OPERATOR / RA  Fit Fo  AME AND DEGREE OF PHYSICIAN: Dr. Paritosh Chal  DDRESS: Ideal Patholozy. 162, SK. Mujib Road, Mo  AME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BA  ATE OF ISSUE PHYSICIAN'S CERTIFICATE: 20-05-1986	ne of Applican ND TO BE (I TING) (WIT  IT Duty O  kraborty, ME  pstafa Plaza  ANGLADES	FIT / NOT FIT) FOR DUTY A HOUT ANY / WITH THE FOLE IN BOARD Ship  BBS (CU), DMU (SUB), CCD (BIA (2/F), BACAMTOLY MAZIF GATH MEDICAL AND DENTAL COR.	Date S A (MASTER / LOWING) RES  rdem), CCCD (Have, Agrabad C/A	DECK OFFCIER / TRICTIONS:  Part Foundation) A. Chattogram. D.C.)			
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Signature of Applicant  Nam  RCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN  NGINEERING OFFICER / RADIO OPERATOR / RA  Fit Foun  ME AND DEGREE OF PHYSICIAN: Dr. Paritosh Chal  DDRESS: Ideal Patholozy. 162, SK. Mujib Road, Mo	e of Applican ND TO BE (I TING) (WIT IT Duty O kraborty, ME Distafa Plaza ANGLADES STAMP OF	FIT / NOT FIT) FOR DUTY A HOUT ANY / WITH THE FOLE IN BOARD Ship  BBS (CU), DMU (SUB), CCD (BIA (2/F), BACAMTOLY MAZIF GATH MEDICAL AND DENTAL COR.	Date S A (MASTER / LOWING) RES  rdem), CCCD (Hote, Agrabad C/A COUNCIL (B.M.)  rdem) ation;	DECK OFFCIER / TRICTIONS:  Part Foundation) A. Chattogram. D.C.)			