



HAQUE & SONS LTD.



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

PATIENT CONTROL NUMBER:
H850

MEDICAL EXAMINATION CERTIFICATE

| | | |
|---|-------------------------------------|--|
| SURNAME RAHMAN | FIRST NAME KHALED | MIDDLE NAME BINN |
| PLACE AND DATE OF BIRTH FENI 2-Jan-1993 | PASSPORT NUMBER A07901091 | SEAMAN'S BOOK NUMBER T30697 |
| NATIONALITY : BANGLADESHI SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | VESSEL TYPE : CHEM. TANKER TRADING AREA : WORLD WIDE |
| PERMANENT HOME ADDRESS : BHUIYAN BARI, VILL. SONAPUR, PO. FAKIRHAT, PS. FENI SADAR, DIST. FENI, BANGLADESH. | | CONTACT NUMBER : 01739-962097 (SELF)/017 |
| RANK : | | AB |

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 N.A | <input 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 off as sick or repatriated from a ship? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalized? | <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.

Khaled Bin Rahman
Signature of Seafarer

MEDICAL EXAMINATION

Weight **71 kg** Height (cm) **177 cm** BM **22** Blood Pressure: Systolic **120 mmHg** Diastolic **80 mmHg** PULSE: **72/min**

| 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 |
| N.A | | | |

| 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 | | Normal | Defective |
| | Right eye | Left eye | Right eye | Left eye | | |
| Distant | 6/18 | 6/24 | 6/6 | 6/6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Near | N6 | N6 | N5 | N5 | <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) **23 DEC 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"/> |

N/A

RESULTS OF ANCILLARY EXAMINATIONS

| | | | | | |
|-------------------------|--------|------------------------------------|--|--|---|
| Chest X-Ray | NORMAL | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | |
| ECG | NAD | BILIRUBIN | 0.50 | Alcohol Test | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| BLOOD R/E | NAD | SGPT | 30.0 | URINE R/E | NAD |
| DC (differential count) | NAD | SGOT | 20.0 | OTHERS | |
| HAEMOGLOBIN (HGB) | 14.1 | DRUG AND ALCOHOL TEST | | HBsAg | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN) | 20.0 | Morphine | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV/AIDS Test | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| WBC | 7400 | Amphetamine | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL | 117.0 | Heroin/Cocaine | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type | A ₃ + VE |
| RANDOM | 5.2% | Barbiturates | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam | NORMAL |
| HBA1C | 5.2% | Cocaine | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others (KUB Ultrasound) | NAD |

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

Signature of Seafarer: Khaled Binn Rahman Name of Seafarer: KHALED BINN RAHMAN Date: 23 DEC 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: **23 DEC 2024** Valid Until: **22 DEC 2025**

Name and Signature of Authorizing Physician: Dr. Anand Chakraborty

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

| | | |
|---|---|---|
| SURNAME: RAHMAN | GIVEN NAME (S): KHALED BINN | |
| DATE OF BIRTH: DAY 2 MONTH 1 YEAR 1993 | PLACE OF BIRTH CITY FENI COUNTRY BANGLADESH | SEX MALE <input type="checkbox"/> FEMALE <input checked="" 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 checked="" type="checkbox"/> | MAILING ADDRESS OF APPLICANT: 219, MACCKA MOTORS, RAHAT COMPLEX, DEWAN DIGIR PAR, DEWANHAT, CHITTAGONG, BANGLADESH. BANGLADESH. | |

DECLARATION OF THE AUTHORIZED PHYSICIAN

| | VISION | | COLOR TEST TYPE | HEARING |
|-----------|-----------------|--------------|---|-------------------------|
| | WITHOUT GLASSES | WITH GLASSES | | |
| RIGHT EYE | 6/18 | 6/6 | <input checked="" type="checkbox"/> BOOK <input checked="" type="checkbox"/> LANTERN YELLOW NAD RED NAD GREEN NAD BLUE NAD | RIGHT EAR NORMAL |
| LEFT EYE | 4/24 | 6/6 | | LEFT EAR NORMAL |

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 APPLICABLE

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) **23 DEC 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.

Khaled Binn Rahman
KHALED BINN RAHMAN
23 DEC 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, MRES (CU), DMU (SUB), CCD (Ardem), CCCD (Heart Foundation)

ADDRESS: Ideal Pathology, 162, SK. Mujib Road, Mostafa Plaza (2/F), Badamtoly, Mezir 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: STAMP OF Dr. Paritosh Chakraborty DATE: **23 DEC 2024**

MRES (CU), DMU (SUB), CCD (Ardem)
 CCCD (Heart Foundation)
 BMDC REG No. - 110213
 Seafarers Medical Practitioner
 Approved by D.C. Shipping Dhaka

EXPIRY DATE OF CERTIFICATE: **22 DEC 2026**

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