



HAQUE & SONS LTD.

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



Accredited By : BMDC
Accreditation No. A16713

PATIENT CONTROL NUMBER:
201045

MEDICAL EXAMINATION CERTIFICATE

SURNAME SIKDER		FIRST NAME MOHAMMED		MIDDLE NAME KAMAL PASHA	
PLACE AND DATE OF BIRTH COMILLA 5-Mar-1962		PASSPORT NUMBER A10956542		SEAMAN'S BOOK NUMBER BSC0362	
NATIONALITY : BANGLADESHI		SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		VESSEL TYPE : CHEM. TANKER TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : SIKDER BARI, VILL. HARIPUR, P.S. KACHUA, P.O. MAZIGACHA, DIST. COMILLA, BANGLADESH.				CONTACT NUMBER : 01816154939 (SELF)/0181	
				RANK : BOSUN	

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 problems	<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? 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.

Samuel
Signature of Seafarer

MEDICAL EXAMINATION

Weight **74 kg** Height (cm): **172 cm** BM **25** Blood Pressure: Systolic: **110 mmHg** Diastolic: **80 mmHg** 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
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			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/24	6/18	6/6	6/6
Near	8/6	NG	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) **04 SEP 2024**

	Visual fields	
	Normal	Defective
Right eye	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left eye	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	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	NORMAL	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
ECG	NAD	BILIRUBIN	Alcohol Test	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD R/E		SGPT	URINE/R/E	NAD
DC (differential count)	NAD	SGOT	DRUG AND ALCOHOL TEST	OTHERS
HAEMOGLOBIN (HGB)	13.6		Morphine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
ESR (WESTERGRÉN)	15.0		Amphetamine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
WBC	7800		Rheocyclidine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD GLUCOSE LEVEL	135.0		Barbiturate	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
RANDOM	188%		Cocaine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
HBA1C			HBsAg	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
			HIV / AIDS Test	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
			VDRL	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
			Blood Type	B + VE
			Psychological Exam	NORMAL
			Others (KUB Ultrasound)	NAD

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

Signature of Seafarer

MOHAMMED KAMAL PASHA SIKDER
Name of Seafarer

04 SEP 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

Fit	Deck service	Engine service	Catering service	Other services
Unfit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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: **04 SEP 2024**

Valid Until: **03 SEP 2026**

Dr. Paritosh Chakraborty
 MBBS (CU), DMU (SUB), CCD (Birm)
 Director (Health Foundation)
 BMDC REG No. - A16713