



HAQUE & SONS LTD.



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Accredited By : BMDC
Accreditation No. A16713

PATIENT CONTROL NUMBER:
H348

MEDICAL EXAMINATION CERTIFICATE

SURNAME KADER	FIRST NAME MD.	MIDDLE NAME ABDUL
PLACE AND DATE OF BIRTH COMILLA 1-Jan-1988	PASSPORT NUMBER A00172075	SEAMAN'S BOOK NUMBER T30365
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 ABDUL JABBAR (S.I.), VILL: BHAISHER KOT, P.O: MOHANPUR BAZAR P.S: DEBIDWAR, DIST. COMILLA, BANGLADESH.	CONTACT NUMBER: 01727355547 (SELF)/0172	
RANK:		NO. 1 OILER

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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. Olmesartan 10mg = 1+0+0

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.

[Signature]
Signature of Seafarer

MEDICAL EXAMINATION

Weight **73kg** Height (cm) **172cm** BM **24** Blood Pressure: Systolic **130mmHg** Diastolic **90mmHg** PULSE: **72/min**

Ear	Hearing by Audiometry		Audiometry				Hearing by Whisper Test	
	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate	500	1000	2000	3000	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Right	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
Left	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>

Hearing meets the standards as laid down in STCW Code Section A-1/9? YES NO



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

Visual acuity meets the standard laid down in STCW Code Section A-1/9 YES / NO Normal Doubtful Defective

Colour vision as per STCW CODE Section A-1/9: Normal Doubtful Defective

Date of last colour vision test: Date (day/month/year) 26 SEP 2023

	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"/>

N.A

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>12.6</u>	DRUG AND ALCOHOL TEST		
ESR (WESTERGRN)	<u>10.0</u>	Morphine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	HBsAg
WBC	<u>6100</u>	Amphetamine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	HIV / AIDS Test
BLOOD GLUCOSE LEVEL		Phencyclidine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	VDRL
RANDOM	<u>110.0</u>	Barbiturates	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Blood Type
HBA1C	<u>5.5%</u>	Cocaine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Psychological Exam
				Others (KUB Ultrasound)

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

MD. ABDUL KADER
 Signature of Seafarer Name of Seafarer

26 SEP 2023
 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
Fit	<input type="checkbox"/>	<input checked="" 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: 26 SEP 2023 Valid Until: 25 SEP 2025

Dr. Raitosi Chakraborty
 Name and Signature of the Medical Practitioner
 M.B.B.S. (General Medicine) (M.D. in Dermatology)
 S.M.C. (M.C.P.) (M.C.P.) (M.C.P.)
 Seafarers Medical Practitioner
 Approved by D.G. Shipping Dhaka.



PHYSICAL EXAMINATION REPORT/CERTIFICATE
MARITIME ADMINISTRATOR
 CONFIDENTIAL DOCUMENT
REPUBLIC OF THE MARSHALL ISLANDS

SURNAME KADER			GIVEN NAME(S) MD. ABDUL		
DATE OF BIRTH 1 MONTH 1 DAY 1988 YEAR			PLACE OF BIRTH COMILLA CITY BANGLADESH 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: C/O ABDUL JABBAR (S.I.), VILL: BHAISHER KOT, P.O: MOHANPUR BAZAR P.S: DEBIDWAR, DIST. COMILLA, BANGLADESH.		

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

HEIGHT 172CM	WEIGHT 73Kg.	BLOOD PRESSURE 130/90mmHg	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 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: *Kader* DATE OF EXAMINATION: **26 SEP 2023** EXPIRY DATE: **25 SEP 2025**
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **MD. ABDUL KADER**
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 / COOKING / CHIEF COOK / COOK WITHOUT ANY RESTRICTIONS / WITH THE FOLLOWING RESTRICTIONS:
No Restrictions

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 AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)

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

SIGNATURE OF PHYSICIAN: *Dr. Paritosh Chakraborty* DATE: **26 SEP 2023**

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Regulations, 1946 (ILO No. 73)

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This physical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.
 An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.
 Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1 of RMI MG-7-47-1.)

1. COMPLETE PHYSICAL EXAMINATION, INCLUDING HEARING TEST. **NORMAL**
2. PATHOLOGICAL EXAMINATION A) Complete Blood Count. B) Blood Sugar Estimation C) Serological Test (VDRL) **NAD**
 D) Hepatitis B Surface Antigen Test (HbsAg), E) Urinysis F) Drug Test G) Alcohol Test. **NORMAL**
3. X-RAY ENR PA VIEW **NAD**
4. E.C.G. TEST **NORMAL**
5. EYE EXAMINATION FOR V/A & C/V **NAD**

(Signature)
Dr. Palitossi Chakraborty
 MBBS (GD), DMO (SU), CCD (Bldem)
 CCCD (Heart Foundation)
 Seafarers Medical Practitioner
 Approved by D.G. Shipping Dhaka.

REV. 08/2017

26 SEP 2023

Valid For Two Years

MI-105M