



HAQUE & SONS LTD.
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Accredited By : BMDC
Accreditation No. A16713

PATIENT CONTROL NUMBER:
<NO>

MEDICAL EXAMINATION CERTIFICATE

SURNAME AFSAR	FIRST NAME MOHAMMAD	MIDDLE NAME NURUL
PLACE AND DATE OF BIRTH CHITTAGONG 1-Feb-1987	PASSPORT NUMBER A08173952	SEAMAN'S BOOK NUMBER T30253
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. MANIK SHOWDAGOR BARI, VILL. EAST SHONAI, P.O. HEAKO BAZAR, P.S. VUJPUR (FATIKCHARI), DIST. CHITTAGONG, BANGLADESH.		CONTACT NUMBER : 01818-764267 (SELF)/018
RANK :		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 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input type="checkbox"/>	<input checked="" 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 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 of Seafarer

MEDICAL EXAMINATION

Weight **65 kg** Height (cm) **163 cm** BM **24** Blood Pressure: Systolic **110 mmHg** Diastolic **80 mmHg** PULSE: **72/m**

Ear	Hearing by Audiometry	Audiometry				Hearing by Whisper Test	
Right	<input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	500	1000	2000	3000	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Left	<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		Right eye	Left eye
	Right eye	Left eye	Right eye	Left eye		
Distant	6/12	6/12	6/6	6/6	✓	
Near	N5	N5	N5	N5		✓

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

YES / NO

Date of last colour vision test: Date (day/month/year) **21 OCT 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 N.A	<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"/>

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	ABNORMAL	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
ECG	NAD	BILIRUBIN	0.55	Alcohol Test	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD R/E	NAD	SGPT	39.0	URINE R/E	NAD
DC (differential count)	NAD	SGOT	23.0	OTHERS	
HAEMOGLOBIN (HGB)	14.0	DRUG AND ALCOHOL TEST		HBSAg	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
ESR (WESTERGREN)	10.0	Morphine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	HIV / AIDS Test	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
WBC	5900	Amphetamine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	VDRL	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
BLOOD GLUCOSE LEVEL		Mhercyclidine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Blood Type	D + VE
RANDOM	120.0	Barbiturate	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Psychological Exam	NORMAL
HBA1C	6.2	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: MOHAMMAD NURUL AFSAR Name of Seafarer: _____ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deck service	Engine service	Catering service	Other services
Unfit	<input type="checkbox"/>	<input checked="" 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: **21 OCT 2024** Valid Until: **20 OCT 2026**

Name and Signature of Medical Examiner: Dr. Poojesh Chakraborty
 M.D. (Gen. Med.), D.M. (Gen. Med.), SCD (Biomd)
 CCDC (Heart & Lung), CCDC (Heart & Lung)
 BMDC REG. No. - 216713
 Medical Examiner's Stamp
 Shipping Marks

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: AFSAR	GIVEN NAME (S): MOHAMMAD NURUL	
DATE OF BIRTH: DAY 1 MONTH 2 YEAR 1987	PLACE OF BIRTH CITY CHITTAGONG COUNTRY BANGLADESH	SEX MALE <input checked="" type="checkbox"/> FEMALE <input 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: RAFIQ BHUIYAN VILLA, 595 PATHAN BARI ROAD, UTTAR DAKTAR PARA, FENI, BANGLADESH. BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	<u>6/12</u>	<u>6/6</u>	<input checked="" type="checkbox"/> BOOK <input checked="" type="checkbox"/> LANTERN YELLOW <u>NAD</u> RED <u>NAD</u> GREEN <u>NAD</u> BLUE <u>NAD</u>	RIGHT EAR <u>NORMAL</u>
LEFT EYE	<u>6/12</u>	<u>6/6</u>		LEFT EAR <u>NORMAL</u>

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) 21 OCT 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.

	MOHAMMAD NURUL AFSAR	21 OCT 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:

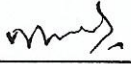
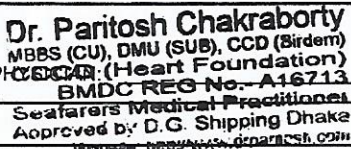
No Restrictions **Fit For Duty On Board Ship**

NAME AND DEGREE OF PHYSICIAN: Dr. Paritosh Chakraborty, 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 PHYSICIAN'S CERTIFICATE: 20-05-1986

SIGNATURE OF PHYSICIAN: 	STAMP OF PHYSICIAN: 	DATE: 21 OCT 2024
EXPIRY DATE OF CERTIFICATE: 20 OCT 2026		

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