



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:
H031294

MEDICAL EXAMINATION CERTIFICATE

SURNAME		FIRST NAME		MIDDLE NAME	
		MD SHOHANUR		RAHMAN	
PLACE AND DATE OF BIRTH		PASSPORT NUMBER		SEAMAN'S BOOK NUMBER	
NATORE 15-Dec-2005		A08520225		T36417	
NATIONALITY : BANGLADESHI		SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESSEL TYPE : CHEM. TANKER TRADING AREA : WORLD WIDE		
PERMANENT HOME ADDRESS :			CONTACT NUMBER : +8801324090490 (SELF)		
VILL: SOLOIPARA, PO: PAKA, PS: BAGATIPARA, DIST: NATORE			RANK : OS		

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 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

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)

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.

Shohanur

Signature of Seafarer

MEDICAL EXAMINATION

Weight 61 kg Height (cm) 172 CM BM 2-D Blood Pressure: Systolic 100 mmHg Diastolic 70 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			Normal	Defective
Right eye	Left eye	Right eye	Left eye			
Distant	6/6	6/6			✓	
Near	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

Date of last colour vision test: Date (day/month/year) **04 SEP 2024**

	Normal	Abnormal		Normal	Abnormal
Head	✓	<input type="checkbox"/>	Varicose veins	✓	<input type="checkbox"/>
Sinuses, nose, throat	✓	<input type="checkbox"/>	Vascular (inc. pedal pulses)	✓	<input type="checkbox"/>
Mouth/teeth	✓	<input type="checkbox"/>	Abdomen and viscera	✓	<input type="checkbox"/>
Ears (general)	✓	<input type="checkbox"/>	Hernia	✓	<input type="checkbox"/>
Tympanic membrane	✓	<input type="checkbox"/>	Anus (not rectal exam)	✓	<input type="checkbox"/>
Eyes	✓	<input type="checkbox"/>	G-U system	✓	<input type="checkbox"/>
Ophthalmoscopy	✓	<input type="checkbox"/>	Upper and lower extremities	✓	<input type="checkbox"/>
Pupils	✓	<input type="checkbox"/>	Spine (C/S, T/S and L/S)	✓	<input type="checkbox"/>
Eye movement	✓	<input type="checkbox"/>	Neurologic (full brief)	✓	<input type="checkbox"/>
Lungs and chest	✓	<input type="checkbox"/>	Psychiatric	✓	<input type="checkbox"/>
Breast examination	N.A	<input type="checkbox"/>	General appearance	✓	<input type="checkbox"/>
Heart	✓	<input type="checkbox"/>	Skin	✓	<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	N.A	BILIRUBIN	0.58	Alcohol Test	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD R/E		SGPT	23.0	URINE/R/E	N.A
DC(differential count)	N.A	SGOT	18.0	OTHERS	
HAEMOGLOBIN (HGB)	14.3	DRUG AND ALCOHOL TEST		HBsAg	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
ESR (WESTERGREN)	05	Morphine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	HIV / AIDS Test	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
WBC	8500	Amphetamine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	VDRL	<input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive
BLOOD GLUCOSE LEVEL		Rheocyclidine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Blood Type	A+VE
RANDOM	88.0	Barbiturate	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Psychological Exam	NORMAL
HBA1C	4.7	Cocaine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative	Others(KUB Ultrasound)	N.A

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

Signature of Seafarer: Shohanur MD SHOHANUR RAHMAN Date: 04 SEP 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: **04 SEP 2024** Valid Until: **03 SEP 2026**

Shantanosh Chakraborty
 Name and Signature of the Medical Examiner (BIRDEM)
 DR. SHANTANOSH CHAKRABORTY
 CC-101, Heart Research Institute
 BMD - Medical Practitioner
 Shipping Agents: