



HAQUE & SONS LTD.

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Accredited By: BMDG
Accreditation No. A. 22639

PATIENT CONTROL NUMBER:
202322

MEDICAL EXAMINATION CERTIFICATE

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|
| SURNAME DEY | FIRST NAME MANNA | MIDDLE NAME |
| PLACE AND DATE OF BIRTH COXS BAZAR 1-Apr-1982 | PASSPORT NUMBER EF0706085 | SEAMAN'S BOOK NUMBER T31940 |
| NATIONALITY: BANGLADESH SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | VESSEL TYPE: CHEM. TANKER | TRADING AREA: WORLD WIDE |
| PERMANENT HOME ADDRESS: C/O MADHU SUDHAN DEY, VILL. DULAHAZARA (UTTAR PARA), P.O. DULAHAZARA, P. S. CHAKORIA, DIST. COXS BAZAR, BANGLADESH. | CONTACT NUMBER: 01819950212 (SELF)/0171 | RANK: OILER #1 |

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 Hear/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 <i>N/A</i> | <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 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. Md Rafiqul Islam (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.

Manna
Signature of Seafarer

MEDICAL EXAMINATION

Weight **73 Kg** Height (cm) **174** BM **24.1** Blood Pressure: Systolic **120/15** Diastolic **80/15** PULSE **72/1**

| 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"/> | <i>N/A</i> | <i>N/A</i> | | | <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 | | Normal | Defective |
| Right eye | Left eye | Right eye | Left eye | Right eye | Left eye |
| Distant | 6/6 | 6/6 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Near | NP | NP | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Visual acuity meets the standard laid down in STCW Code Section A-1/9: 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) 21 SEP 2022

| | 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 | <u>NP</u> | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana | <input type="checkbox"/> Positive | <input checked="" type="checkbox"/> Negative |
| ECG | <u>G</u> | BILIRUBIN | Alcohol Test | <input type="checkbox"/> Positive | <input checked="" type="checkbox"/> Negative |
| BLOOD R/E | <u>G</u> | SGPT | URINE R/E | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DC(differential count) | <u>NP</u> | SGOT | OTHERS | | |
| HAEMOGLOBIN (HGB)) | <u>G</u> | DRUG AND ALCOHOL TEST | | HBsAg | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN) | <u>G</u> | Morphine | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| WBC | <u>G</u> | Amphetamine | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL | <u>NP</u> | Phencyclidine | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type | <u>OFIVE</u> |
| RANDOM | <u>NP</u> | Barbiturates | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam | <u>NP</u> |
| HBA1C | <u>NP</u> | Cocaine | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others(KUB Ultrasound) | <u>NP</u> |

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

Manna Signature of Seafarer MANNA DEY Name of Seafarer 21 SEP 2022 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):

Action taken by medical examiner (e.g., referral):

Fitness Date: 21 SEP 2022 Valid Until: 20 SEP 2024

Md. Rafiqul Islam Name and Signature of Authorized Physician