



HAQUE & SONS LTD.



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Accredited By : BMDC
Accreditation No. A 22639

PATIENT CONTROL NUMBER:
H031117

MEDICAL EXAMINATION CERTIFICATE

SURNAME HRIDOY	FIRST NAME MD	MIDDLE NAME FORHATUL ISLAM
PLACE AND DATE OF BIRTH RANGAMATI 16-Mar-2000	PASSPORT NUMBER A00704177	SEAMAN'S BOOK NUMBER T34626
NATIONALITY : BANGLADESHI SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESSEL TYPE : CHEM. TANKER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL. HAZIR PARA, WARD NO 2, PO. P O - EAST JOARA, PS. P S - CHANDANAISH, DIST. CHATTOGRAM, BANGLADESH.		CONTACT NUMBER : 8801859141311 (SELF)
		RANK : WIPER TRAINEE

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/aeizures	<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.

Forhatul

Signature of Seafarer

MEDICAL EXAMINATION

Weight *67kg* Height (cm) *177* BM21.40 Blood Pressure: Systolic- *110* Diastolic *70* PULSE: *72/w*

Ear	Hearing by Audiometry	
Right	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	
Left	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate	
<input 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			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Near					<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 Defective

Date of last colour vision test: Date (day/month/year) 19 OCT 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>Not</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
ECG	<u>✓</u>	BILIRUBIN	Alcohol Test <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD R/E	<u>✓</u>	SGPT	URINE R/E
DC (differential count)	<u>Not</u>	SGOT	OTHERS
HAEMOGLOBIN (HGB)	<u>✓</u>	DRUG AND ALCOHOL TEST	
ESR (WESTERGREN)	<u>✓</u>	Morphine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
WBC	<u>✓</u>	Amphetamine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
BLOOD GLUCOSE LEVEL	<u>✓</u>	Phencyclidine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
RANDOM	<u>Not</u>	Barbiturates	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
HBA1C	<u>✓</u>	Cocaine	<input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative
			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 <u>B+</u>
			Psychological Exam <u>Not</u>
			Others (KUB Ultraso) <u>✓</u>

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

Forhatul MD FORHATUL ISLAM HRIDYOY 19 OCT 2022
 Signature of Seafarer 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

	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: 19 OCT 2022 Valid Until: 18 OCT 2024

In Accordance with Medical Examination (Seafarers) Convention 1944, No. 28 and STCW Code A/1.9 as Amended, MLC 2006
 Revision : 5.1 Revision Date : 24th July 2022

Dr. Md. Rafiqul Islam
 Seafarer's Medical Examiner
 Approved By *D.G.S.*
 Regd No : A 22539