

DR. ATM ANWARUL HAQUE MBBS, CCD, DMU

Authorized by DOS, Govt. of Bangladesh

Marine Health Care

Ka-196/1/B, Tetultola, Khilkhet, Dhaka-1229, Bangladesh

Tel: 01907798505-6, 0248956864, E-mail: marinehcpl@gmail.com

Certificate No: PH-0102/21

SEAFARER MEDICAL CERTIFICATE

[As per STCW Reg. 1/9 & ILO CONVENTION 147 (1976) & MLC-2006]

Seafarer's Name in Full (Last, First, Middle) AFRAD MD ASHRAFUL HOQUE		Sex: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: (day/month/year) 07/08/1994	Nationality: BANGLADESHI	Passport No. / CDC No: e/010201
Position on Board: C/E	Mailing Address of Applicant: DHANUA, DHANUA. SHIBPUR, NARSINGDI	

Declaration of the authorized medical practitioner:

	Yes	No
1. Identification documents were checked at the point of examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Hearing meets the standards in STCW Code Section A-1/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Unaided hearing Satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Visual acuity meets the standards in STCW Code Section A-1/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Colour vision meets the standards in STCW code Section A-1/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date of last colour vision test:	12 OCT 2021	
6. Fit for lookout duty?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. No Limitations or restrictions on fitness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "No" specify limitations or restrictions:		
9. Date of examination: (day/ month/year)	12 OCT 2021	
10. Expiry of certificate (day/ month/year) Maximum two year from date of examination unless the seafarer is under the age of 18	11 OCT 2023	

12 OCT 2021

Date

Signature of Medical Practitioner
DR. ATM ANWARUL HAQUE M.B.B.S, CCD, DMU

Dr. ATM Anwarul Haque
MBBS, CCD (BIRDEM)
Reg. no. A27902
Authorised by DOS (BD)
Marine Health Care
Dhaka

I have been informed of the content of the certificate and of the right to a review.

Signature of the Seafarer



DR. ATM ANWARUL HAQUE MBBS, CCD, DME

Authorized by DOS, Govt. of Bangladesh



RECORD OF SEAFARERS FOR MEDICAL EXAMINATION

Name (Last, First, Middle) AFRAB MDASHRAFUL HOQUE
 Date of Birth (day/month/year): 07/08/1994 Sex: Male Female
 Home address: DHANVA, DHANVA, SHIBPUR, NARSINADI

Passport/Discharge Book No: C/019201 Department /deck/(engine)/food handling/other): C/E
 Routine or Emergency duties: _____
 Type of ship (container, tanker, passenger, fishing): CONTAINER Trade area (e.g. coastal, tropical, worldwide): WW

EXAMINEE'S PERSONAL DECLARATION (ASSISTANCE SHOULD BE OFFERED BY MEDICAL STAFF)

Have you ever had any of the allowing conditions?

SL	Condition	Yes	No	SL	Condition	Yes	No
1	Eye vision problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	Sleep problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	High blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	Do you smoke, use alcohol or drugs?	<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/piles	<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	Loss of consciousness	<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 problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28	Balance problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Skin problems	<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 (hearing/tinnitus) 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 or joint 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 checked="" type="checkbox"/>	34	Fractures/dislocation	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above questions were answered "yes", please give details (separate sheet can be used)

Additional Questions:		Yes	No	Yes	No		
35	Have you ever been signed off as sick or repainted from a ship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	39	Are you aware that you have any medical problems, diseases or illness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	Have you ever been hospitalized?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	40	Do you feel healthy and fit to perform the duties of your designed position/occupation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
37	Have you ever been declared unfit for sea duty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	41	Are you allergic to any medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38	Has your medical certificate ever been restricted or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

Comments (separate sheet can be used):

42	Are you taking any non-prescription or prescription medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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If yes, please list the medication taken and the purpose (s) and dosage (s), (separate sheet can be used)

The seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or the endanger the health of other persons on board.

I hereby certify that the personnel declaration above is a true statement to the best of my knowledge.

I also hereby authorize the ease of all my previous medical records from any health professional, health, institutions and public authorities to **Dr. ATM Anwarul Haque** (Authorized medical practitioner by Department of Shipping, Govt of Bangladesh).

Signature of examinee: Ashraf Date (day/month/year): 12/10/2021

Witnessed by (Name): Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Signature: [Signature]

Date and contact details for previous medical examination (if known): _____
 Reg. no. A27902
 Authorized by DOS (BD)
 Marine Health Care
 Dhaka

MEDICAL EXAMINATION

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6		<input checked="" type="checkbox"/> BOOK <input type="checkbox"/> LANTERN Yellow <input checked="" type="checkbox"/> Red <input checked="" type="checkbox"/> Green <input checked="" type="checkbox"/> Blue <input checked="" type="checkbox"/>	RIGHT EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>
LEFT EYE	6/6			

Clinical Data:

Height: 168 (cm) Weight: 67 (kg) Pulse rate: (Per Minute) 66 Rhythm: REGULAR
 Blood pressure: Systolic: 110 (mm of Hg) Diastolic: 75 (mm of Hg)
 Urinalysis: Glucose: NIL Protein: NIL Blood: NIL

SL	Condition	Normal	Abnormal	SL	Condition	Normal	Abnormal
1	Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	13	Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Sinuses, nose, throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	Varicose veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Mouth/teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15	Vascular (Inc, Pedal Pulse)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Ears (general)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	Abdomen and viscera	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Tympanic membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	17	Hernias	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	Anus (not rectal exam).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Ophthalmoscope	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19	G-U system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	Upper and lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Eye movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21	Spine (C/S, T/S, and L/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	Lungs and chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22	Neurologic (full brief)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Breast examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23	Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24	General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Chest X-ray: Not Performed Performed (day/month/year): 12 OCT 2021
 Result: NORMAL

Other diagnostic tests and results (if any):

Test <u>CBR</u>	Result: <u>NORMAL</u>	Test <u>VDR</u>	Result: <u>NON REACTIVE</u>	Test _____	Result: _____
Test <u>CREATININE</u>	Result: <u>0.9</u>	Test <u>FBS</u>	Result: <u>6.5</u>	Test _____	Result: _____
Test <u>SAPT</u>	Result: <u>14.0</u>	Test <u>EKG</u>	Result: <u>NORMAL</u>	Test _____	Result: _____

DRUGS AND ALCOHOL

i. Cocaine	Positive/Negative: <u>Negative</u>	ii. Barbiturates	Positive/Negative: <u>Negative</u>	iii. Amphetamines	Positive/Negative: <u>Negative</u>
iv. Phencyclidine	Positive/Negative: <u>Negative</u>	v. Morphine	Positive/Negative: <u>Negative</u>	vi. Marijuana	Positive/Negative: <u>Negative</u>
vii. Opiates	Positive/Negative: <u>Negative</u>	viii. Alcohol	Positive/Negative: <u>Negative</u>	ix. Cannabinoids	Positive/Negative: <u>Negative</u>
x. Benzodiazepines	Positive/Negative: <u>Negative</u>	xi. Propoxyphene	Positive/Negative: <u>Negative</u>	xii. Methadone	Positive/Negative: <u>Negative</u>

Vaccination (s): Yellow Fever Batch no _____ Date of issue _____ Date of Expire _____
 Others: Batch/ card No _____ Date of issue _____ Date of Expire _____
 Pregnancy test (female only): Positive Negative N/A

Assessment of fitness for service at sea based on the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

<input checked="" type="checkbox"/> Fit for - out duty	<input type="checkbox"/> Not fit for look-out duty
<input checked="" type="checkbox"/> Without restrictions <input type="checkbox"/> With restrictions	<input type="checkbox"/> Visual aid required Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Describe resections (e.g. specific positions, type of ship, trade area):	

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:
Fit For Duty On Board Ship

Name of medical practitioner (typed or printed): Dr. ATM Anwarul Haque (Authorized by DOS, Govt. of Bangladesh)
 License number of medical practitioner: A 27902



Signature of Medical Practitioner:
Dr. ATM Anwarul Haque
 MBBS, CCD (BIRDEM)
 Reg. no. A27902 Page 3/3
 Authorised by DOS (BD)
 Marine Health Care
 Dhaka



MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

ANNEX B

MPA
SINGAPORE

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS) AFRAD MD ASHRAFUL NOQUE		Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female*
Date of Birth: day/month/year	Place of Birth: NARSINGDI	Nationality: BANGLADESHI
Type of ID documents: NRIC No. / Passport No.: EA0383575	Dept: Deck / <input checked="" type="radio"/> Engine / Catering / others Rank: 4 TH ENGINEER	Type of ship: CONTAINER
Home Address: DHANUA, DHANUA SHIBPUR NARSINGDI	Routine and emergency duties: BOTH	Trading area: e.g coastal <input checked="" type="radio"/> world wide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

		Yes	No			Yes	No
1. Eye/vision problem			<input checked="" type="checkbox"/>	18. Sleep problem			<input checked="" type="checkbox"/>
2. High blood pressure			<input checked="" type="checkbox"/>	19. Do you smoke, use alcohol or drugs?			<input checked="" type="checkbox"/>
3. Heart/vascular disease			<input checked="" type="checkbox"/>	20. Operation/surgery			<input checked="" type="checkbox"/>
4. Heart Surgery			<input checked="" type="checkbox"/>	21. Epilepsy/seizures			<input checked="" type="checkbox"/>
5. Varicose veins/piles			<input checked="" type="checkbox"/>	22. Dizziness/fainting			<input checked="" type="checkbox"/>
6. Asthma/bronchitis			<input checked="" type="checkbox"/>	23. Loss of consciousness			<input checked="" type="checkbox"/>
7. Blood disorder			<input checked="" type="checkbox"/>	24. Psychiatric problems			<input checked="" type="checkbox"/>
8. Diabetes			<input checked="" type="checkbox"/>	25. Depression			<input checked="" type="checkbox"/>
9. Thyroid problem			<input checked="" type="checkbox"/>	26. Attempted suicide			<input checked="" type="checkbox"/>
10. Digestive disorder			<input checked="" type="checkbox"/>	27. Loss of memory			<input checked="" type="checkbox"/>
11. Kidney problem			<input checked="" type="checkbox"/>	28. Balance problem			<input checked="" type="checkbox"/>
12. Skin Problem			<input checked="" type="checkbox"/>	29. Severe headaches			<input checked="" type="checkbox"/>
13. Allergies			<input checked="" type="checkbox"/>	30. Ear(hearing, tinnitus/nose/throat problem)			<input checked="" type="checkbox"/>
14. Infectious / contagious diseases			<input checked="" type="checkbox"/>	31. Restricted mobility			<input checked="" type="checkbox"/>
15. Hernia			<input checked="" type="checkbox"/>	32. Back or joint problem			<input checked="" type="checkbox"/>
16. Genital disorder			<input checked="" type="checkbox"/>	33. Amputation			<input checked="" type="checkbox"/>
17. Pregnancy			<input checked="" type="checkbox"/>	34. Fracture/dislocations			<input checked="" type="checkbox"/>

If you answer "yes" to any of the above questions, please provide details:

Additional questions

	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		<input checked="" type="checkbox"/>
36. Have you ever been hospitalized?		<input checked="" type="checkbox"/>



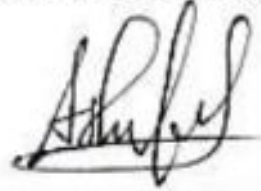
37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even been restricted or revoked?		✓
39. Are you aware that you have any medical problems, diseases or illnesses?		✓
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
41. Are you allergic to any medication?		✓
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

12 OCT 2021

Date



Signature of Seafarer

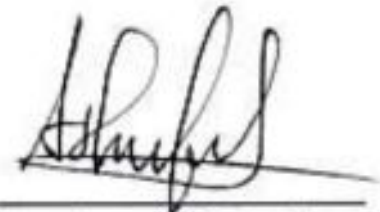


Name and Signature of Witness

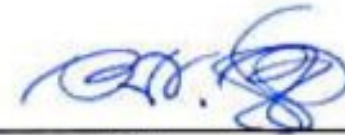
I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. ATM ANWARUL HAQUE.

12 OCT 2021

Date



Signature of Seafarer



Name and Signature of Witness

Dr. ATM Anwarul Haque
MBBS, CCD (BIRDEM)
Reg. no. A27902
Authorised by DOS (BD)
Marine Health Care
Dhaka



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

No

Yes Type Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant 6/6	6/6	6/6	Distant		
Near 9	9	9	Near		

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision (please tick)

Not tested Normal Doubtful Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear				
Left ear				

Speech and whisper test (metres)

	Normal	Whisper
Right ear	✓	
Left ear	✓	

Clinical Findings

Height (cm)	168	Weight (kg)	67
Pulse rate (per minute)	66	Rhythm	REGULAR
Blood Pressure Systolic (mm Hg)	110	Diastolic (mm Hg)	75
Urinalysis: Glucose :	NIL	Protein: NIL	Blood: NIL

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	



Ears (general)		
Tympanic membrane		
Eyes		
Ophthalmoscopy		
Pupils		
Eye movement		
Lungs and chest		
Breast examination		
Heart		
Skin		
Varicose Vein		
Vascular (inc. pedal pulse)		
Abdomen and viscera		
Hernia		
Anus (not rectal exam)		
G-U system		
Upper and lower extremities		
Spine (C/s, T/S, L/S)		
Neurologic (full/brief)		
Psychiatric		
General appearance		

Chest X-ray

Not performed

Performed on (day/month/year): 12 OCT 2021

Results: NORMAL

Other diagnostic test(s) and result(s):

Test CBE, VDRL, S4PT, FBS, ECG

Results: NORMAL

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

Fit For Duty On Board Ship

Assessment of fitness for service at sea (please tick)

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

Fit for look out duty

Unfit for lookout duty

Visual aid required

Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit		✓		
Unfit				



Without restrictions

With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

12 OCT 2021

Date



Signature of
Medical Practitioner

Dr. ATM Anwarul Haque
MBBS, CCD (BIRDEM)
Reg. no. A27902
Authorised by DOS (BD)
Marine Health Care
Dhaka

Medical Practitioner's name, licence number, address



M P A
SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, middle) AFRAD MD ASHRAFUL HOQUE		Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female*
Date of Birth: (Day/month/year) 07/08/1994	Nationality: BANGLADESHI	Place of Birth: NARSINADI

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Hearing meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Unaided hearing satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Visual acuity meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Colour vision meets the standards in STCW Code Section A-I/9?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date of last colour vision test:		12 OCT 2021	
6	Fit for look-out duty?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	No limitations or restrictions on fitness?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "no" specify limitations or restrictions			
9	Date of examination: (day/month/year)	12 OCT 2021	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	11 OCT 2023	

12 OCT 2021

Date

Signature of Authorised
Medical PractitionerDr. ATM Anwarul Haque
MBBS, CCD (BIRDEM)
Reg. no. A27902
Authorised by DOS (BD)
Marine Health Care
DhakaMedical Practitioner's Official stamp
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

* delete as appropriate



Page 1 of 1