

# IDEAL PATHOLOGY

162, SK. MUJIB ROAD, MOSTAFA PLAZA (2ND FLOOR), BADAMTOLY MAZAR GATE, AGRABAD, CHITTAGONG. PHONE : 031-717519, MOBILE : 01881 022725, 01711 304974

## Medical Certificate of Fitness for Offshore Work

(Issued in accordance with Oil and Gas UK Guidelines)

Name	MD SOHAG GAZI
Date of Birth	14 APRIL 1982
Occupation	AB
<i>This individual has been examined in accordance with Oil and Gas UK Guidelines and is Medically Fit for Unrestricted Offshore Work</i>	
Examining Physician	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by D.G. Shipping Dhaka. Website : <a href="http://www.drsabrinamostafa.com">http://www.drsabrinamostafa.com</a>
OGUK PIN	
Date of Examination	18 <sup>TH</sup> September 2021
Date of Expiry of Certificate	17 <sup>TH</sup> September 2023
Signature/Stamp	 Dr. Sabrina Mostafa M.B.B.S. (D.U) IDEAL PATHOLOGY 162, Sk. Mujib Road, Mostafa Plaza (2nd Floor), Badamtoly, Mazar Gate, Agrabad, Chattogram.



## REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147

DR SABRINA MOSTAFA, MBBS (DU)

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Name: GAZI MD SOHAG Sex: MALE Serial No: \_\_\_\_\_  
 Date of Birth: 14 / APRIL / 1982 PP/CDC: A D0135299 Rank: AB  
 Vessel: \_\_\_\_\_ Type: \_\_\_\_\_ Route: \_\_\_\_\_  
 Home Address: MADDA KHONTAKATA, KHONDAKATA - 9330, SARANKHOLA, BAGERHAT.

Company Name: \_\_\_\_\_

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record		Candidate Declaration	Examiner Record	
	Yes	No	Yes	No			
	Severe one-sided headaches (Migraine)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Head Injury / Concussion / Loss of Memory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	High / Low blood pressure / Heart disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fits / Epilepsy / Dizziness / Fainting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asthma / Bronchitis / Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye / Vision Problems (Glasses, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Allergy / Skin disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing Impairment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Infection / Contagious Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ear / Nose / Throat problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Addiction to alcohol / drugs / tobacco	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stomach / Bowel disorders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fracture / Dislocation / Injury / Amputation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gall stones / Kidney disorders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Major / Minor Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jaundice / Liver Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Piles / Varicose veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nervous / Mental disease / Sleep disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blood Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Malignant disease (Cancer)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Female Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signed off on medical grounds / Declared Unfit	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mmHg	Pulse-Beats / min	Resp.Rate / min	General Condition
160 CM	66 KG	mm	120/75 mmHg /	72/m	18/m	GOOD

Systemic Examination	Notes
Head & Neck	Respiratory system
Eyes	Cardiovascular system
Ears / Nose / Throat	Per Abdomen
Teeth / Oral Cavity	Genito-urinary system
Musculo-Skeletal system	Others
Nervous system	Hemia / Hydrocoele
Reflexes	Varicose Veins
Skin	Fissure/Fistula/Piles

Blood	Result	Normal	Urine
Hemoglobin	13.8 gm%	14-16 gm %	Colour
Total WBC count	8,800 cu.mm	4000-11000 / cu.mm	Specific Gravity
Hemo	58 % Lymph	00 % No	PH
Malarial parasite	34 % Eos	02 %	Albumin
ESR	12 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	32.0 U/L	9-43 U / L	Bile pigment
S.Cholesterol	mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS 98.0 mg/dl/PPBS	upto 125 mg %	RBC cells
HESAg	NEGATIVE		Leucocytes
HIV I & II	Non-Reactive		Others
VDRL	N.E		NAD
Others	NAD		GGTP U/L
Blood Group	"B" Positive		

EKG	NORMAL	TMT	
X-Ray	Chest NORMAL	Drugs of Abuse	NEGATIVE
		USG	N.E

**Result of Medical Examination**  
 On the basis of the examinee's history, clinical examination and diagnostic tests, I, Doctor's Name, DR. SABRINA MOSTAFA, hereby declare the examinee medically fit. Unfit - Temporarily unfit - Permanently unfit - Should be re-examined in \_\_\_\_\_ days / weeks / months.

Remarks / Recommendations: **Fit For Duty On Board Ship**  
 I, Doctor's Name DR. SABRINA MOSTAFA, certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this certificate.  
 This certificate is valid till 17/09/2023 (VALID FOR 2 YEARS FROM THE DATE OF EXAMINATION)  
 Candidate's Signature \_\_\_\_\_ Official Stamp \_\_\_\_\_  
 Date 18/09/2021



DR. SABRINA MOSTAFA  
 MBBS (D.U)  
 Reg. No. BMDC, Dhaka A-68208  
 Seafarer's Medical Practitioner  
 Approved by, D.G. Shipping, Dhaka.