

IDEAL PATHOLOGY

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

Medical Certificate of Fitness for Offshore Work

(Issued in accordance with Oil and Gas UK Guidelines)

Name	MOHAMMAD SHAFIQUOL ISLAM
Date of Birth	01 JAN 1993
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 : http://www.drsabrinamostafa.com
OGUK PIN	
Date of Examination	07 TH September 2021
Date of Expiry of Certificate	06 TH 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, Chittagong.



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

As per Merchant Shipping Medical Examination Rules 2000 and 5th / STCW code 1/9 and ILO convention 147

DR SABRINA MOSTAFA, MBBS (DU)

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162, SK. MUJIB ROAD, MOSTAFA PLAZA (2ND FLOOR), BADAMTOLY MAZIR GATE, AGRABAD, CHITTAGONG, PHONE: 031-717519.

Name: ISLAM MOHAMMAD SHAFIQUOL SOX: MALE Serial No: _____
 Date of Birth: 01 / JAN / 1993 PPODC: SR 0210128 Rank: AB
 Vessel: _____ Type: _____ Route: _____
 Home Address: HOSPITAL ROAD, WARD NO # 07, MATIRANGA, KHAGRACHHARI 4450, BANGLADESH

Medical History		Please answer the following to the best of your knowledge.				Examiner Record		Candidate Declaration		Examiner Record	
Is there any past / present history of any of the following	Candidate Declaration		Examiner Record		Yes	No	Yes	No	Yes	No	
	Yes	No	Yes	No							
Severe one-sided headaches (Migraine)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>					<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"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Eye / Vision Problems (Cataract, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hearing Impairment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<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"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Stomach / Bowel disorders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gen. Urinary / Kidney disorders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Jaundice / Liver Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Diabetes / All other ailments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Blood Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Female Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Height	Weight	Chest	Temp	Blood Pressure	Pulse	Respiratory	Gen. Exam
1.67 CM	67 KG	99	36.5	120/75 mmHg	72/min	18/min	GOOD

Distant Vision	Corrected	Field of Vision	Audiometry	Right Ear	Left Ear	Right Ear	Left Ear
Right Eye	6/6	Normal	500	2000	2000	2000	2000
Left Eye	6/6	Abnormal	500	2000	2000	2000	2000

Systemic Examination	Normal	Abnormal	Notes
Head & Neck	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Restrictions
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ears / Nose / Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chest / Cardiac	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Neurological system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gen. Urinary system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Reflexes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Spine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Investigations	Result	Normal	Urine
Hemoglobin	13.3 gm%	14-16 gm%	Color
Total WBC count	9,800 /mm ³	4000-11000 /mm ³	Specific Gravity
Neutrophils	49 %	50-70 %	pH
Eosinophils	4 %	1-5 %	Sugar
Lymphocytes	25.0 %	20-40 %	Bile pigment
Monocytes	2 %	2-8 %	Bile salts
S.T. Bilirubin	mg/dl	0-1.0 mg/dl	Occult blood
S.T. Urobilinogen	mg/dl	0-2.0 mg/dl	RBC cells
Blood Sugar	100 mg/dl	80-120 mg/dl	Leucocytes
Hemoglobin	13.3 gm%	14-16 gm%	Others
HIV 1 & 2	Non-Reactive		NAD
VDRL	N.F		
Tuberculin	Non-Reactive		
Blood Group	O+ Positive		

ECG	Chest	TMT	Spirometry
NORMAL	NORMAL	NORMAL	N.E

Result of Medical Examination
 On the basis of the examinee's history, clinical examination and diagnostic tests, I, Doctor's Name, hereby declare the examinee medically fit for _____ days / weeks / months.

Remarks / Recommendations: **Fit For Duty On Board Ship**
 Doctor's Name: DR. SABRINA MOSTAFA, MBBS (D.U), IDEAL PATHOLOGY, 162, SK. MUJIB ROAD, MOSTAFA PLAZA (2ND FLOOR), BADAMTOLY MAZAR GATE, AGRABAD, CHITTAGONG. This certificate is valid till 06/09/2023 (VALID FOR 2 YEARS FROM THE DATE OF EXAMINATION).
 Candidate's Signature: _____ Doctor's Signature: 

Date: 07/09/2021
 DR. SABRINA MOSTAFA
 MBBS (D.U)
 Reg. No. BMDC, Dhaka A 68208
 Seafarer's Medical Practitioner
 Approved by, D.G. Shipping, Dhaka.
 Website : <http://www.drsabrinamostafa.com>

