HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880 31 716214-6, Fax : +880 31 710530

Accredited By : BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
H2065

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME	MIDDLE NAME
BISWAS	JOYDEV	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
BAGERHAT 25-Dec-1997	A02608203	CO10099

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CHEM. TANKER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS: VIL-SHUVODIA,PO-SHUVODIA,PS-FAKIRHAT DIST-BAGERHAT

CONTACT NUMBER : 01727793229(F)/01727793

RANK : 3RD OFFICER

Have you ever had any of the following conditions?

	Condition	YES	NO
1	Eye/vision problem	☐	☑
2	High blood pressure	☐	☑
3	Heart/vascular disease	☐	☑
4	Heart surgery	☐	☑
5	Varicose veins	☐	☑
6	Asthma/bronchitis	☐	☑
7	Blood disorder	☐	☑
8	Diabetes	☐	☑
9	Thyroid problem	☐	☑
10	Digestive disorder	☐	☑
11	Kidney problem	☐	☑
12	Skin problem	☐	☑
13	Allergies	☐	☑
14	Infectious/contagious diseases	☐	☑
15	Hernia	☐	☑
16	Genital disorders	☐	☑
17	Pregnancy	☐	N/A
18	Sleep problems	☐	☑
19	Do you smoke?	☐	☑
20	Operation/surgery	☐	☑
21	Epilepsy/seizures	☐	☑
22	Dizziness/fainting	☐	☑
23	Loss of consciousness	☐	☑
24	Psychiatric problems	☐	☑
25	Depression	☐	☑
26	Attempted suicide	☐	☑
27	Loss of memory	☐	☑
28	Balance problem	☐	☑
29	Severe headaches	☐	☑
30	Ear/nose/throat problems	☐	☑
31	Restricted mobility	☐	☑
32	Back problems	☐	☑
33	Amputation	☐	☑
34	Fractures/dislocations	☐	☑

If any of the above questions were answered "yes", please give details.

Additional questions

		YES	NO
35	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36	Have you ever been hospitalised?	☐	☑
37	Have you ever been declared unfit for sea duty?	☐	☑
38	Has your medical certificate ever 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 medications?	☐	☑

Comments: FIT FOR DUTY ON BOARD SHIP

42	Are you taking any non-prescription or prescription medications?	☐	☑

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. Mir Md. Raihan** (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

JOYDEV BISWAS
Signature of Seafarer

MEDICAL EXAMINATION

Weight 80kg Height (cm) 170 BMI 27.6 Blood Pressure: Systolic 120 mm Diastolic 80 mm PULSE: 78/m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☐ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-I/9 ? YES ☑ NO ☐

To be cont'd on page 2

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-I/9 YES / NO

Colour vision as per STCW CODE Section A-I/9: ☐ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 22 APR 2024

	Normal	Abnormal		Normal	Abnormal
Head	✓	☐	Varicose veins	☐	☐
Sinuses, nose, throat	✓	☐	Vascular (inc. pedal pulses)	✓	☐
Mouth/teeth	✓	☐	Abdomen and viscera	✓	☐
Ears (general)	✓	☐	Hernia	✓	☐
Tympanic membrane	✓	☐	Anus (not rectal exam)	✓	☐
Eyes	✓	☐	G U system	✓	☐
Opthalmoscopy	✓	☐	Upper and lower extremities	✓	☐
Pupils	✓	☐	Spine (C/S, T/S and L/S)	✓	☐
Eye movement	✓	☐	Neurologic (full brief)	✓	☐
Lungs and chest	✓	☐	Psychiatric	✓	☐
Breast examination	N/A	☐	General appearance	✓	☐
Heart	✓	☐	Skin	✓	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	MD	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☐	✓ Negative
ECG	MD	BILIRUBIN	0.57		Alcohol Test	☐ Positive	☐	✓ Negative
BLOOD R/E		SGPT	25		URINE R/E			MD
DC(differential count)	MD	SGOT	20		OTHERS			
HAEMOGLOBIN (HGB)	14.4	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☐	✓ Nonreactive
ESR (WESTERGREN)	07	Morphine	☐ Positive	✓ Negative	HIV / AIDS Test	☐ Reactive	☐	✓ Nonreactive
WBC	8500	Amphetamine	☐ Positive	✓ Negative	VDRL	☐ Reactive	☐	✓ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	✓ Negative	Blood Type			O+ve
RANDOM	5.5	Barbiturates	☐ Positive	✓ Negative	Psychological Exam			MD
HBA1C	5.2%	Cocaine	☐ Positive	✓ Negative	Others(KUB Ultrasound)			MD

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

JOYDEV BISWAS — Signature of Seafarer

JOYDEV BISWAS — Name of Seafarer

22-04-2024 — 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	✓ ☐	☐	☐	☐
Unfit	☐	☐	☐	☐

✓ ☐ 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: 22 APR 2024 — Valid Until: 21 APR 2026

DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (Bkdem), PGT (Cphil)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Name and Signature of Authorized Physician

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME	GIVEN NAME(S)	
BISWAS	JOY DEV	
DATE OF BIRTH: 12 (MONTH) 25 (DAY) 1997 (YEAR)	PLACE OF BIRTH: BAGERHAT (CITY) BANGLADESH (COUNTRY)	SEX: ☑ MALE ☐ FEMALE

EXAMINATION FOR DUTY AS:
- MASTER ☐
- DECK OFFICER ☑
- ENGINEERING OFFICER ☐
- RADIO OFFICER ☐
- RATING ☐

MAILING ADDRESS OF APPLICANT:
VIL-SHUVODIA,PO-SHUVODIA,PS-FAKIRHAT
DIST-BAGERHAT

BANGLADESH.

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
170cm	80 kg.	120/80 mmHg	78 /min	19 /min	Good

VISION: RIGHT EYE / LEFT EYE — HEARING:
WITHOUT GLASSES: 6/6 6/6
WITH GLASSES: / — RT EAR: Normal — LEFT EAR: Normal

COLOR TEST TYPE: BOOK | LANTERN | IS COLOR TEST NORMAL? Yes | No (IF "NO" EXPLAIN ON PAGE 2)

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☑

HEAD AND NECK	HEART (CARDIOVASCULAR)
Normal	Normal
LUNGS	SPEECH (DECK NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
Normal	Yes.

EXTREMITIES: UPPER: Normal LOWER: Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH **WHO** RECOMMENDATIONS? Yes | No |

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES | NO |

IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF OR PAGE 3

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES | NO |

JOYDEV BISWAS	22 APR 2024	21 APR 2026
SIGNATURE OF APPLICANT	DATE OF EXAMINATION	EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO JOYDEV BISWAS (NAME OF APPLICANT)

FIT FOR DUTY ON BOARD SHIP

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☑ NO ☐

SEAFARER IS FOUND TO BE: ☑ FIT / ☐ NOT FIT FOR DUTY AS A: ☐ MASTER / ☑ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☑ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144

ADDRESS: RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE, SECTOR 12 UTTARA, DHAKA-1230, BANGLADESH

NAME OF PHYSICIAN'S CERTIFICATING: DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 6-May-2014

SIGNATURE OF PHYSICIAN: 22 APR 2024 (DATE)

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

DR. MIR. MD. RAIHAN
MBBS (DU). DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

MEDICAL REQUIREMENTS

MI-105M

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems, and/or injuries. In addition, the following minimum requirements shall apply.

(a) Hearing
- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).

(b) Eyesight
- Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental
- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure
- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations
- All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.

(g) Diseases or Conditions
- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.

(h) Physical Requirements
- Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.
(See RMI MG 7-47-1, §3.3).

1. COMPLETE PHYSICAL EXAMINATION, INCLUDING HEARING TEST.
2. PATHOLOGICAL EXAMINAT A) Complete Blood Count, B) Blood Sugar Estemation C) Serological Test(VDRL)
   D) Hepatitis B Surface Antegen Test(HbsAg), E) Urinlysis F) Drug Test G) Alcohol Test
3. X - RAY EXR PA VIEW
4. E.C.G. TEST
5. EYE EXAMINATION FOR V. A & C/V

Radical Hospital Ltd. Approved Shipping Bangladesh

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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Rev. Mar/2022 22 APR 2024 MI-105M

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME	GIVEN NAME(S)	
BISWAS	JOYDEV	
DATE OF BIRTH: 12 (MONTH) 25 (DAY) 1997 (YEAR)	PLACE OF BIRTH: BAGERHAT (CITY) BANGLADESH (COUNTRY)	SEX: ☑ MALE ☐ FEMALE

EXAMINATION FOR DUTY AS:
- MASTER ☐
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- RATING ☐

MAILING ADDRESS OF APPLICANT:
VIL-SHUVODIA,PO-SHUVODIA,PS-FAKIRHAT
DIST-BAGERHAT

BANGLADESH.

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
170cm	80 kg.	120/80 mmHg	78 s/min	19 t/min	Good

VISION:

	RIGHT EYE	LEFT EYE
WITHOUT GLASSES	6/6	6/6
WITH GLASSES		

HEARING: RT. EAR NAD LEFT EAR NAD

COLOR TEST TYPE: BOOK ☐ LANTERN ☐ IS COLOR TEST NORMAL? ☐ Yes ☐ No (IF "NO" EXPLAIN ON PAGE 2)

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☐

HEAD AND NECK	HEART (CARDIOVASCULAR)
Normal	Normal
LUNGS	**SPEECH** (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
Normal	Yes.

EXTREMITIES: UPPER Normal LOWER Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH **WHO** RECOMMENDATIONS? Yes ☐ No ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES ☐ NO ☐

IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF THIS ON PAGE 2

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JOYDEV BISWAS	22 APR 2024	21 APR 2026
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Rev. Mar/2022

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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Radical Hospitals Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

MI-105M

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2. PATHOLOGICAL EXAMINATION A) Complete Blood Count, B) Blood Sugar Estemation C) Serological Test(VDRL) D) Hepatitis B Surface Antegen Test(HbsAg), E) Urinlysis F) Drug Test G) Alcohol Test.
3. X - RAY EXR PA VIEW
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

22 APR 2024

HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga,
Agrabad C/A, Chattogram, Bangladesh.
Tel: +88 02333316214-6

Name	JOYDEV BISWAS	Date	22-Apr-2024
Age	26	Sex	MALE
Passport No	A02608203	CDC No	CO10099
Sample	BLOOD	Rank	3RD OFFICER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	GINGA LEOPARD	ZAO GALAXY	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	29-11-2023	22-04-2024	-
Serum Bilirubin	0.54	0.57	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	22	20	Up to 37 U/L
Serum S.G.P.T.	25	25	Up to 42 U/L

DOCTOR'S REMARKS:	No Restrictions

Radical Hospital Ltd. As Per-MLC-2005 DG Shipping Bangladesh Approved

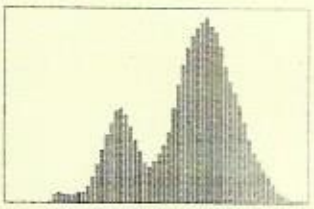
Doctor Seal & Signature
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO	**: 24040473**	**Date**	**: 22/04/2024**
Patient's Name	**: JOYDEV BISWAS**	**Age**	**: 26Y 3M 28D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10099**	**Sex**	**: Male**
Specimen	**: Blood**		

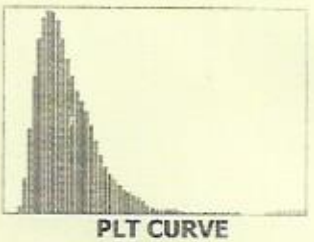
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

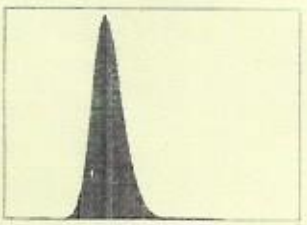
Parameter	Results		Reference Values
Haemoglobin(Hb)	**14.1**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**07**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**8,500**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	63	%	(40 - 75)%
Lymphocytes	30	%	(20-45)%
Monocytes	04	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**255**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**176,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	14.7	fL	7.0 -11.0 fL
PDW-CV	17.5	%	10 - 18 %
PCT	0.24	%	0.10 - 0.28
P-LCR	55.4	%	9.00 - 45.00%
P-LCC	90	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**4.74**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	45.7	%	M: 40-54%, F: 37-47%
MCV	96.5	fL	76-94 fL
MCH	29.7	pg	27-32 pg
MCHC	30.8	g/dL	29-34 g/dL
RDW SD	52	fL	30.0-57.0 fL
RDW CV	16.6	%	10-16%



WBC CURVE



PLT CURVE



RBC CURVE

Checked By.....
Medical Technologist.
Redical Hospital Ltd.
Uttara,Dhaka.

Dr. Sumaiya Khatun
MBBS,MD (Gold Medilist) (BSMMU)
Associate Professor
Dept.Of Microbiology
East West Medical College & Hospital.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24040473	Received Date	22/04/2024
Patient's Name	JOYDEV BISWAS		
Patient's Age	26Y 3M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10099
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.57 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
Serum AST (SGOT)	20.0 U/L	Up to 37 U/L
HbA1C	5.2 %	4.0- 6.0 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

Bill No	DIA24040473	Received Date	22/04/2024		
Patient's Name	JOYDEV BISWAS				
Patient's Age	26Y 3M 28D	Patient's Sex	Male		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10099		
Sample	**BLOOD**				

SEROLOGICAL REPORT

Test Name	Result
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPINGResult	
ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

Bill No	DIA24040473	Received Date	22/04/2024
Patient's Name	JOYDEV BISWAS		
Patient's Age	26Y 3M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10099
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-2/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

Bill No	DIA24040473	Received Date	22/04/2024
Patient's Name	JOYDEV BISWAS		
Patient's Age	26Y 3M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10099
Sample	**URINE**		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

Patient ID	24040473	Voucher No	
Test Name	USG OF KUB	Delivery Date	22/04/2024
Patient Name	JOYDEV BISWAS		
Age	26 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 9.7 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. *P-C systems are not dilated.*

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 11.3 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. *P-C systems are not dilated.*

URETER: There is no dilatation in both ureter .

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.
No intravesicle lesion is seen

PROSTATE: Normal in size, volume is- 8.1 cc regular in shape. Echogenicity is homogenous.
No area of calcification is seen.

COMMENT: Suggestive of Normal study.

AA 22.04.24

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae &Obs)
Advanced Training on TVS
Consultant Sonologist

ID: 24020579

22-04-2024 14:37:40

Joyce Brenda

Male 26 Years

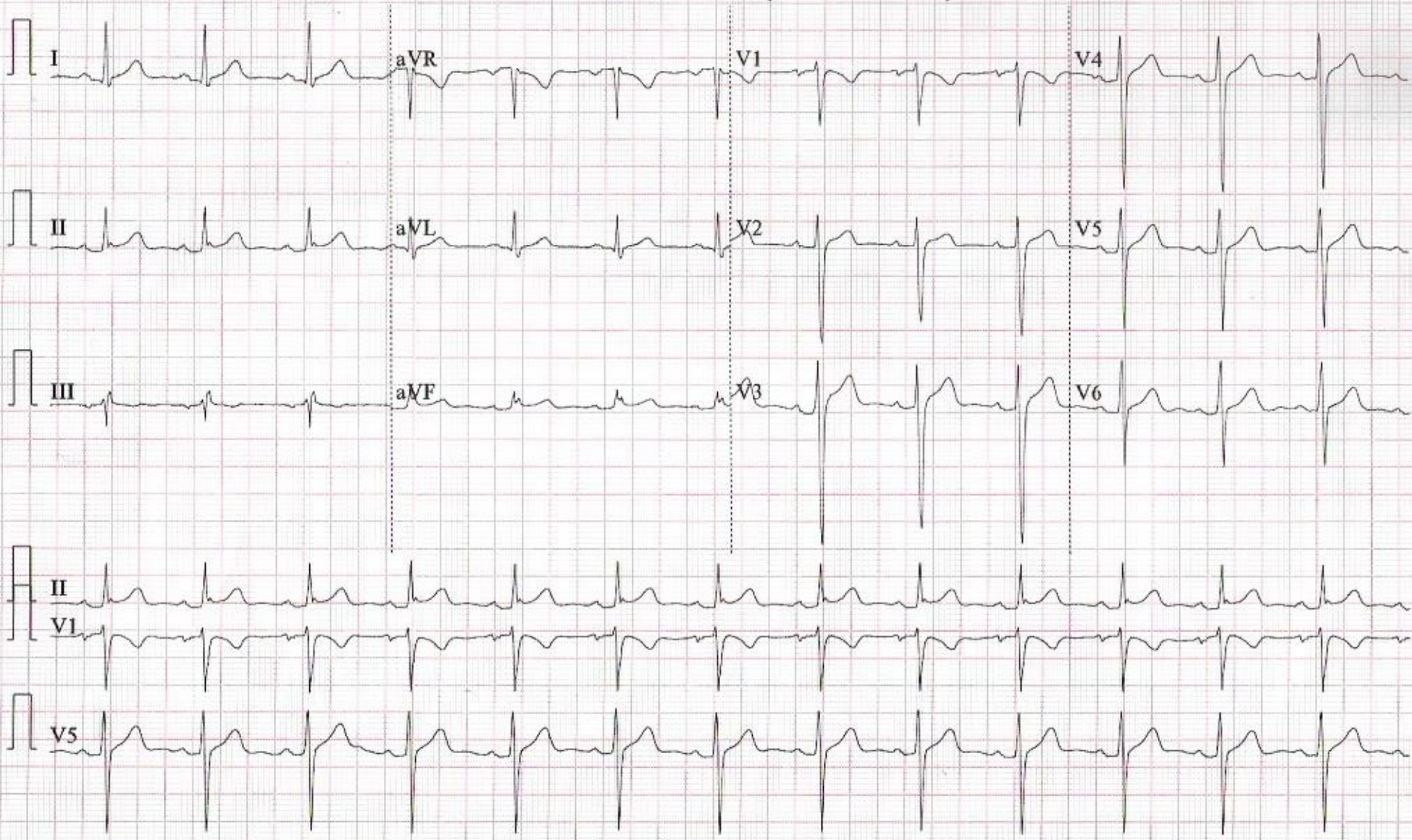
HR	: 80	bpm	
P	: 106	ms	
PR	: 166	ms	
QRS	: 94	ms	
QT/QTc	: 364/420	ms	
P/QRS/T	: 13/31/28	°	
RV5/SV1	: 0.796/0.995	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥80 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24040473	Receive:22/04/2024	Print: 22/04/2024
Patient's Name	:	**JOYDEB BISWAS**		
Age	:	26 YRS	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : **Normal chest skiagram.**

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

REF:	MT. ZAO GALAXY	DATE: 22/04/2024

M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	JOYDEB BISWAS	RANK: 3RD OFF	CDC NO: C/O/10099

VISUAL ACUITY: RIGHT LEFT

UNAIDED 6/6 6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

JOYDEV BISWAS

This is to certify that } Date of birth 25-DEC-1997 Sex MALE
whose signature follows }

JOYDEV BISWAS

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1	16 SEP 2018 DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	CENTER FOR VACCINATION 35, SHAH MAKHDUM ROAD AGRABAD CTG. BANGLADESH	
2	12 MAY 2022 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
3	07 MAY 2023 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	4
5	22 APR 2024 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	6
7		7	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

✓ JOYDEV BISWAS

This is to certify that whose signature follows } Date of birth 25-DEC-1997 Sex MALE

✓ JOYDEV BISWAS

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
1 16 SEP 2018	DR. M. AYUBUR RAHMAN M.B.B.S, P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	YELLOW-FEVER VACCINE 1313	1 2 CENTER FOR VACCINATION 24 SH. MUJIB ROAD AGRABAD,CTG BANGLADESH
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.