

HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER
HSL-002445

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel: +880-2-333316214-6, Fax: +880-2-333310530

MEDICAL EXAMINATION CERTIFICATE

	BISWAS	1	AME AND N	ID.		MIDDLE NAME	RAJU	
ACE A	ND DATE OF BIRTH	PASSPO	RT NUMBER			SEAMAN'S BO		
PA	ABNA 24-Aug-1996		A010				T31838	
	LITY: BANGLADESHI SEX	Male	☐ Female	V	ESSEL TYPE	: BULK CARRIER TRA	DING AREA: WO	RLD WIL
ERMAN	ENT HOME ADDRESS:					CONTACT NUMBER :	0088 01856	187603
YEDPU	R, AMINPUR, SYEDPUR-6682,	PABNA, BANG	LADESH		F	RANK :	ABLE BODY	SEAMAI
Have y	ou ever had any of the following	conditions?						
	Condition	YES	NO - I		Condition		YES	NO
1	Eye/vision problem	D	NO	18	Sleep prob		, co	E-
2	High blood pressure	Ö	9	19	Do you sm			
3	Heart/vascular disease		9	20	Operation/s			
4	Heart surgery			21	Epilepsy/se			D.
5	Varicose veins		8	22	Dizziness/f		0	9
6	Asthma/bronchitis			23		nsciousness		is
7	Blood disorder			24	Psychiatric			8
8	Diabetes		13	25	Depression	-		B
9	Thyroid problem		D/	26	Attempted			19
10	Digestive disorder			27	Loss of me			19
11	Kidney problem	0	0	28	Balance pr			D/
12	Skin problem		ď	29	Severe hea			0
13	Allergies		M	30	1907 111	roat problems	0	0
14	Infectious/contagious disease	s 🗆	ď.	31	Restricted	A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1		D
15	Hernia		ď	32	Back proble		0	
16	Genital disorders		ď	33	Amputation			1
17	Pregnancy		MA	- 34	Fractures/c			
Additio	of the above questions were answ					18310	YES	NO
35	Have you ever been signed off		triated from a	ship?				1
36	Have you ever been hospitalise							B
37	Have you ever been declared							8
38	Has your medical certificate ev							Z
39	Are you aware that you have a							9
40	Do you feel healthy and fit to		duties of your	desig	gnated position	on/occupation?		
41	Are you allergic to any medical	tions?				1 12 5		4
Comme	ents:	FIT FOR DU	TY ON BO	ARI	SHIP			
42	Are you taking any non-prescri				2			~
If yes, p	please list the medications taken	and the purpose	e(s) and dosa	ige(s)		2200 11 (1997)		

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.

	Rain	/:									
31	Signature o	of Seafarer									
MEDICAL	EXAMINATION										
Weigh	7013 Hei	ight (cm)//7 E	BM25-0	Blood P	ressure	: Systolic-	1100	√ Diastoli	c 80 m	PULSE:	183h
	///	, 0,	1-2-7-19-1-7-2						-)	7
Ear	Hearing by	Audiometry		Audi	ometry		_ Ho	earing by \	Whisper Te	st	-
Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000		Adequate	☐ Inade	quate	
Left	☐ Adequate	☐ Inadequate		7			0 /	Adequate	☐ Inade	quate	
Hearin	g meets the stand	dards as laid down in	STCW Co	de Secti	on A-1/9	9? YES	10	1	NO [1	

Distant Near Visual acuity meet Colour vision as per Date of last colour Head Sinuses, nose, three Mouth/teeth Ears (general) Tympanic membra Eyes Opthalmoscopy Pupils Eye movement Lungs and chest Breast examination Heart RESULTS OF ANCIL Chest X-Ray ECG	s the stander STCW ovision tes Dat LARY EX DD R/E nt) JCOSE LE	AMINATION	wn in STCW (on A-I/9. /month/year) /month/ye	Abnorm	Left eye Section A-1/S Normal 2 APR 20 nal Variate Vasa Abda Herr Anus G-U Upp Spin Neur Psyc Gen Skin (LIVER FUN	cose veins cular (inc. per comen and vishia s (not rectal e system er and lower e (C/S, T/S a rologic (full brothiatric eral appearar	dal pulses) cera exam) extremities nd L/S) nief) nce Marijuana	Normal Defection OTH st	Normal Positive Positive Positive Reactive	Abnorma Abnorma Negative Nogative Nogative
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ereby I declare that I Rand ignature of Seafarer ssessment of fitnes in the basis of the exa		5:2	Barbiturates			□ Negative	Blood Type		O÷()	
ereby I declare that I Ram ignature of Seafarer ssessment of fitnes in the basis of the exa	3	5:0-1	0		□ Positive	□ Negative	Psychological	Exam	N	20
ignature of Seafarer			Cocaine		□ Positive	□ Negative	Others(KUB U		18	E
ssessment of fitnes	am in kno	wledge of th	ne contents of	the Ph	nysical exam	inations:				
ssessment of fitnes					MD BA II	J BISWAS			22 AP	D 2021
ssessment of fitnes					Name of					n ZUZ4 Date
n the basis of the exa					Name of	ocaratel				odie
xaminee medically:			daration, my d	dinical	examination	and the diag	nostic test results i	recorded :	above. I dec	clare the
		_					AND THE PROPERTY OF THE PROPER	- A. 3 P. 10 3 L. 5 L. 5 L. 6		
] Fit fo	for lookout dut	ties			Not fit for	lookout di	uties	
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nfit				1_						
W W	ithout res	trictions			With	restrictions				
			121-1-1-1							
the Seafarer free fro ndanger the health of				e aggr	avaled by Se	nvice at sea	or to render the se	ararer unf	III TOF SUCH S	service or to
	F-70		Yes	TI	No					
				1 1	0	+:				
escribe restrictions (e	.g., specif	fic position, t	type of ship, tr	rade ar	rea):					
ction taken by medica	l examine	er (e.a., refer	rral):							
		1000	- 10 Company		_/					
Fitness Date:		LLAP	PR 2024		Valid	FUntil:	2	1 APR	2026	
					Kur	>				

In Accordance with Medical Examination (Settle-of-space Medical Examination (Settle-o Revision Date: 24th July 2022

Revision: 5.1

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

	2000/E202		BLIC OF LIBERIA	1
LAST NAME OF APPL	ICANT	FIRST NAME		MIDDLE INITIAL
BISWAS	11, 50-31-55	MD RAJU		
DATE OF BIRTH		PLACE OF BIRTH		SEX
8 2	24 1996	PABNA	BANGLADESH	
MONTH D	AY YEAR	CITY	COUNTRY	MALE FEMALE
EXAMINATION FOR D	OUTY AS:		MAILING ADDRESS OF	APPLICANT:
MASTER	RATING		SAYEDPUR, AMINPUR,	SYEDPUR-6682,
MATE	MOU DECK		PABNA, BANGLADESH	
ENGINEER	MOU ENGIN	E		
RADIO OFF	SUPERNUME	RARY		
MEDICAL EXAMIN.	ATION (SEE PAGE :	2) STATE DETAIL:	S ON PAGE 2	
HEIGHT WEI	GHT BLOOD P	RESSURE I	PULSE / RESPIRATION	ON GENERAL APPEARANCE
167m 70	10/	so muy	180/min 19	bothin au
VISION:	RIGHT EYE	LEFT EYE	1	7
WITHOUT GLASSES	611	1 611	3	
WITH GLASSES		1	_	
DATE OF LAST COLO	R VISION TEST (Mont	h/Day/Year)	ADD 2021 Testing R	equired every 6 years
COLOR VISION MEET	S STANDARDS IN ST	CW CODE, TABLE A	-1/9? YES	NO 🗆
COLOR TEST TYPE: BOO	K * LANTERN * CHECK	IF COLOR TEST IS NO	ORMAL YELLOW	RED GREEN BLUE
				See E
HEARING R	T. EAR	M	LEFT YEAR	~~~
HEAD AND NECK	don	A CONTRACTOR OF THE PROPERTY O	EART (CARDIOVASCULAR)	Norm 1
LUNGS	Non	- 10 March 1900 1900 1900 1900 1900 1900 1900 190	[경영화] [1] 요리 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	IAL OFFICER AND RADIO OFFICER NORMAL VOICE COMMUNICATION?
EXTREMITIES:	1			1
UPPER	No	nny	LOWER	Norm 1
	NGER THE HEALTH O			D RENDER HIM UNFIT FOR SERVICE AT SEA AIN IN DETAILS OF MEDICAL
D.C.	,		2 2 APR 2024	2 1 APR 2026
SIGNATUR	E OF APPLICANT	 9 8	DATE OF EXAM	EXPIRY DATE
		BE AFFIXED IN TH	E PRESENCE OF THE EXAM	NOT A TOTAL CONTROL OF THE CONTROL O
THIS IS TO CERTIFY T				MD. RAJU BISWAS
THIS IS TO CERTIFY I			N BOARD SHIP	
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MOU ENGINE OF SUPE NAME AND DEGRE		DR. MIR MD. R	AIHAN; M.B.B.S.(D.U.).	
			The state of the s	
ADDRESS REDIC	AL HOSPITALS LIMI	TED, 35, SHAH MAK	HDUM AVENUE, SECTOR-1	2, UTTARA, DHAKA-1230, BANGLADESH.
NAME OF PHYSICIA	AN'S CERTIFICATIN	IG AUTHORITY R I	EGISTRATION NO.: A-5	5144, B.M.D.C, DHAKA, BANGLADESH
DATE OF ISSUE OF	PHYSICIAN'S CERT	TIFICATE 8-	Jun-14	A MARKANI NA
SIGNATURE OF PHY	YSICIAN /		DATE OF EX	AMINATION: 2 2 APR 2024
This certificate is issu	ed by authority of the	Deputy Commission	ner of Maritime Affairs, R.I.	. and in compliance with the requirements of
The Medical Certifica			006 for the Medical Examina years from the date of the Ex	ation of Seafarers. x amination for those over 18 years of age and
	for no	more than one (1) y	ear for those under 18 years	Hoso
RLM-105M ANNEX	MBBS (DU), DF	R. MD. RAIH	Ophth) //o	Rev0 - 09/01/2023
	BMDC A-5	5144, MMC-BGD- g Bangladesh Appr	016	(APS-MECANN) S
	Ge	g Bangladesh Appr neral Physician al Hospitals Limited	1	Bandado Bandado

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the scafaring profession. In addition, the following minimum requirements shall apply:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and (c) at least 20/50 in the other, If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venercal disease or neurosyphilis, AIDS and/or the use of narcotics.
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1.	COM	TELE	PHYSIC	AL EXAMINA	TION INCLUDE	NG HEARING 11	ESI.
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2. PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface 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

MIR MD

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

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Rev0 - 09/01/2023





PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

	T	E REPUBLIC OF LIBERIA	
LAST NAME OF APPLICANT		T NAME	MIDDLE INITIAL
BISWAS	MD	RAJU	
DATE OF BIRTH	PLAC	CE OF BIRTH	SEX
8 24	1996 PAB	NA BANGLADESH	
MONTH DAY	YEAR CITY	COUNTRY	MALE FEMALE
EXAMINATION FOR DUTY A	NS:	MAILING ADDRESS OF AF	PPLICANT:
MASTER	RATING	SAYEDPUR, AMINPUR, S	YEDPUR-6682,
MATE	MOU DECK	PABNA, BANGLADESH	
ENGINEER	MOU ENGINE		
RADIO OFF	SUPERNUMERARY		
MEDICAL EXAMINATION	N (SEE PAGE 2) STA	TE DETAILS ON PAGE 2	
HEIGHT WEIGHT	BLOOD PRESSUR		GENERAL APPEARANCE
167m 7016	110/or mm		min aw
VISION: RI	IGHT EYE	LEFT EYE	
WITHOUT GLASSES	616	616	
WITH GLASSES	3.0		
DATE OF LAST COLOR VISIO	ON TEST (Month/Day/Y	car) on ann con Testing Rec	quired every 6 years
		- LL APR 2024	
COLOR VISION MEETS STAN			NO L
COLOR TEST TYPE, BOOK 1 LAI	NTERN * CHECK IF COL	OR TEST IS NORMAL YELLOW	RED GREEN BLUE
HEARING RT, EAR		LEFT YEAR	MM
HEAD AND NECK	Lonny	HEART (CARDIOVASCULAR)	Almama. 1
			1 104111
LUNGS	donne		L OFFICER AND RADIO OFFICER) NORMAL VOICE COMMUNICATION
	donne		
EXTREMITIES: UPPER	Nonne	IS SPEECH UNIMPAIRED FOR N	NORMAL VOICE COMMUNICATION FO
EXTREMITIES: UPPER IS APPLICANT SUFFERING F OR LIKELY TO ENDANGER 1		LOWER IKELY TO BE AGGRAVATED BY, OR TO IF FERSONS ON BOARD? IF YES, EXPLAIN	NORMAL VOICE COMMUNICATION FOR
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DR. MIR. MD. RAIHAN

MBBS (DII) DFM. CCD (Bledem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

RLM-l05M ANNEX 2

Rev0 - 09/01/2023

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- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

- 1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.
- 2. PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface 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

MBBS (DU), DFM, CCD (Birdem), PGT (Ophthi-

BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approver General Physician

Radical Hospitals Limited

Rev0 - 09/01/2023

22 APR 2024

RLM-I05M ANNEX 2

radical_hospitals@yahoo.com, www.radicalhospital.com



ID NO : 24040474

Patient's Name: MD RAJU BISWAS

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-T/31838

Specimen : Blood

Ref. By

Date: 22/04/2024

Age : 27Y 7M 29D

Sex : Male

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

HAEMATOLOGY REPORT

- Ebrasinia	CALIFORNIA CONTRACTOR	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	PRODUCTOR OF STREET	
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	15.8 04	g/di mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT DIFFERENTIAL COUNT	9,700	/cumm	4,000 - 11,000 /cumm	AAR
Neutrophils Lymphocytes Monocytes Eosinophils Basophil	73 20 04 03 00	% % % %	(40 - 75)% (20-45)% (2-10)% (1-6)% 0-1 %	WBC CURVE
TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC) MPV PDW-CV PCT P-LCR P-LCC	291 217,000 9.1 16.5 0.2 21.8 47	/cumm /cumm fL % % % x10^3/uL	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 % 0.10 - 0.28 9.00 - 45.00% 13 - 129 ×10^3/uL	PLT CURVE
RBC COUNT HCT/PCV MCV MCH MCHC RDW SD RDW CV	5.5 49.2 89.4 28.8 32.2 46 15.8	m/ul % fL pg g/dL fL %	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL 27-32 pg 29-34 g/dL 30.0-57.0 fL 10-16%	RBC CURVE

Medical Technologist. Redical Hospital Ltd. Uttara, Dhaka. Dr. Surnaiya Khatun MBBS,MD (Gold Medilist) (BSMMU) Associate Professor Dept.Of Microbiology East West Medical College & Hospital.



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24040474	Received Da	ate 22/04/2	2024
Patient's Name	MD RAJU BISWAS			and the same of th
Patient's Age	27Y 7M 29D	Pati	ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(B	IRDEM),PGT(Eye),DFM	CDC NO	T/31838
Sample	BLOOD			

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.54 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	23.0 U/L	Up to 37 U/L
HbA1C	5.0 %	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	DIA24040474	Received	d Date	22/04/2	2024
Patient's Name	MD RAJU BISWAS				
Patient's Age	27Y 7M 29D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	RDEM),PGT(Eye),DFM	С	DC NO	T/31838
Sample	BLOOD				

SEROLOGICAL REPORT

Test Name Result

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



Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor

Dept. of Microbiology
East West Medical College and Hospital.



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24040474	Received Da	ate 22/04/	2024
Patient's Name	MD RAJU BISWAS	received Da	zz/04/	2024
Patient's Age	27Y 7M 29D	Pati	ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(CDC NO	100000000000000000000000000000000000000
Sample	URINE	(2)0/,0/ 10/	CDC NO	T/31838

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. HSL VARNA

DATE: 22/04/2024

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

EYE EXAMINATION REPORT

NAME: MD RAJU BISWAS RANK: AB CDC NO: T/31838

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

RADICAL

AIDED

COLOUR VISION:

NORMAL / BLIND

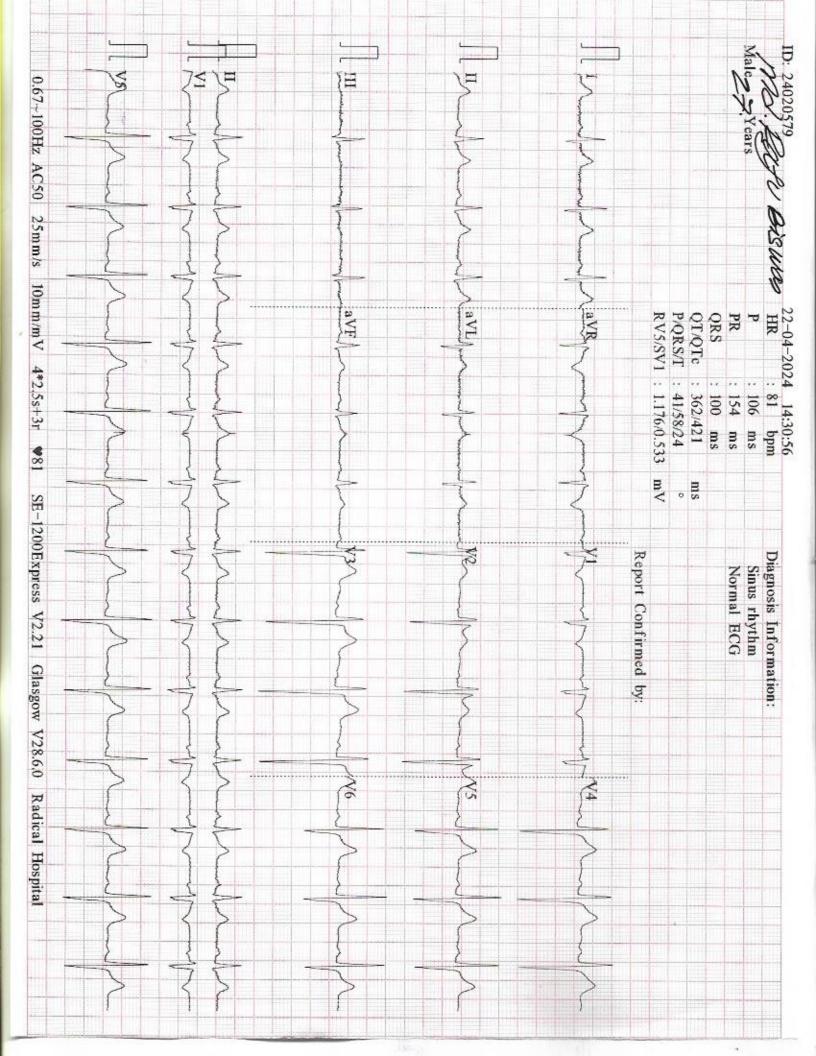
OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

24040474

Receive:22/04/2024

Print: 22/04/2024

Patient's Name

MD RAJU BISWAS

Age

27 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 24.08.1996 Sex

RAJU has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
EN FEB 200	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	AGNUANO CA CTG CANGLINGES	
02 15	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	ACPASAD CALL OTO	
3 418	DR. MTR. MD. RAIHAN MEDS (DU), DEM. CCD (Birdem), PGT (Ophth)	S FOR VACOUNTS AS Sheeth Maidrelaum (S)	
4	MBBS (BU), DFM, CCD (Brostin), BMDC A-55144, MMC-BGD-646 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	Avenue Uttara, Dhaka	
18 3m	DR. SABRINA MOSTAFA MBBS (D.U)	GAGNARAD BA	
Ma CAMAP 3	Reg. No. BMDC, Dhaka A 68208 Seafarer's Medical Practitioner Approved by, B.G. Shipping, Dhaka.	SANCL MODEL	
APR	DR. MR. MD. RAHLAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	35, Shah Makhdum Avenue Uttara, Dhaka	
8	110000	TOLIN .	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth 24-08-1996

Sex MALE

RAJU 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
20 FEB 200	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	TEVER LACOLNA AND AND AND AND AND AND AND AND AND A	1 2 ROR VACCIONAL CTG. AGRIERAD CA. CTG. CTG. AGRIERAD CA. CTG. CTG. CTG. CTG. AGRIERAD CA. CTG. CTG
2	Not be the fine and the same of the same o		
3	Seatarer's Medical Practitioner Approved by D.G. Sterring Cours	- Senorios	3 4
4	DR SABRINA MOSTAFA Mas (0 u) Reg (No BMDC, Dhain A-basus	Carrier Car	

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. 76.63 - 82.43

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