



HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER: 202047

Tel: +880-2-333316214-6, Fax: +880-2-333310530

MEDICAL EXAMINATION CERTIFICATE

SURNAME NO. A. MOLLAH		FIRST NAME AND MD				MIDDLE NAME SHAHJAHAN			
ACE A	ND DATE OF BIRTH	PASSPOR	T NUMBER			SEAMAN'S	BOOK NUMBER		
DH	IAKA 1-Nov-1968	1	B000	19507			CO2006		
TIONA	LITY: BANGLADESHI SEX:	Male	☐ Female	VESSEL '	TYPE: OIL	/CHEM TANKER	TRADING AREA	: WC	RLD WID
	ENT HOME ADDRESS :			1000000000		CT NUMBER			
SARII	JBAGH, BASHABO SABUJBAGH,	DHAKA			RANK :			3	SINEER
OADOC	ADAGII, DAGIIADO GADOGDAGII,	DIARA			TO STATE .		OTILE	LIVE	MALLIN
Have y	ou ever had any of the following cond	ditions?							00/D1 VO
100	Condition	YES	NO/	Cond	ition	1	1	YES	NO
1	Eye/vision problem		VI	18 Sleep	problems				0
2	High blood pressure		1	19 Do yo	u smoke?				10
3	Heart/vascular disease		1/	2,000 200 750	tion/surgery			П	Do
4	Heart surgery		10		sy/seizures				60
5	Varicose veins		16.		ess/fainting				M
6	Asthma/bronchitis		5/		of conscious	nocc			16
			7/						2
7	Blood disorder		61		niatric proble	ms			21
8	Diabetes		12.	25 Depre					12
9	Thyroid problem		17		pted suicide			П	1/1
10	Digestive disorder		PI		of memory				9
11	Kidney problem		71	28 Balan	ce problem				
12	Skin problem		4		e headache:	S			DA
13	Allergies		61	30 Ear/n	ose/throat p	roblems			0/
14	Infectious/contagious diseases		1/		icted mobility				12.
15	Hernia		to		problems	9		D	1
16	Genital disorders		Z	0.000	tation				7
17			NA	STATE OF THE PARTY	ures/dislocat	ione			
	Pregnancy of the above questions were answere		1441	ENDING CARDENING	ires/disiocat	IONS		bod.	1
35	Have you ever been signed off as	sick or repatria	ated from a	ship?				YES	NO
35 36 37 38 39	Have you ever been signed off as a Have you ever been hospitalised? Have you ever been declared unfit has your medical certificate ever be Are you aware that you have any new t	for sea duty? een restricted nedical proble	or revoked' ms, disease	? s or illnesses'					NA NA NA NA
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35 36 37 38 39 40 41	Have you ever been signed off as a Have you ever been hospitalised? Have you ever been declared unfit has your medical certificate ever be Are you aware that you have any no you feel healthy and fit to perform the polynomial of the performance of the performan	for sea duty? een restricted nedical proble erform the du	or revoked' ms, disease	? s or illnesses'		pation?			NO WANDAGE
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		Vi: Unaided	sual acuity	lided	4		Visual	fields
H	Right ey			Left eye	-		Normal	Defective
Distant	rogincoy	Concy	6/6	6/1	Right (eve -		
Near			200	2	Leftey		/	
Visual acuity r	meets the s	standard laid dov	wn in STCW Code	Section A-1/9	YES /	and the same of th		
Colour vision	as per STC	CW CODE Section	on A-I/9:	Normal	☐ Doubtf	ful [□ Defective	
Date of last co	olour vision	test: Date (day/	'month/year)	4 APR 2024				
			Normal Abno	rmal			N	ormal+ Abnorma
Head			10/		se veins		18	
Sinuses, nose	e, throat		71		lar (inc. pedal		- 2	
Mouth/teeth			11		nen and visce	ra		21 -
Ears (general)			7.			882		7/ -
Tympanic mer	mbrane		1/1		not rectal exa	m)		7
Eyes	01/							
Opthalmoscop Pupils	РУ		4,		and lower ext			
Eye movemen	nt		12/		(C/S, T/S and ogic (full brief	11.000.000.0	80	
Lungs and che			12.			,		
Breast examin			NAM :	2 (24)	al appearance		102	
Heart			11/3/		appointmot			
			1 /					/
And the second s	NCILLARY	EXAMINATION		L A DED ELDIO	TION TEOT		Lela	
Chest X-Ray ECG		ma		L (LIVER FUNC	HON TEST)	Marijuana Alaskal Tast		sitive Negative
ECG	BLOOD R	11/1	BILIRUBIN	100	2	Alcohol Test URINE R/E	□ Pos	sitive Negative
DC(differential		- MA	SGOT	29	2	ORINE R/E	OTHERS	101
HAEMOGLOE		11/1/20		AND ALCOHOL	TES#	HBsAg		activ Nonreactiv
ESR (WESTE		20	Morphine	□ Positive □		HIV / AIDS Test		activ D Nonreactiv
WBC		Dina	Amphetamine		Negative	VDRL		activ Nonreactiv
BLOOF	D GLUCOS	SE LEVEL	Phencyclidine	□ Positive □		Blood Type		B-(VE)
RANDOM		5:3	Barbiturates	☐ Positive ☐	-	Psychological Ex	am _	MAD
HBA1C		5.2%	Cocaine	□ Positive	Negative	Others(KUB Ultra	sound	ME
ereby I declare t	hat I am in	knowledge of th	ne contents of the F	hysical examina	tions:	1935/11		
/ <i>2</i>	1/2.			MD SHAHJAH	IAN MOLLAR		74	APR 2024
grature of Seafa	arer	is .		Name of S				Date
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		V-12						
n the basis of the		e's personal dec	Paration, my clinica		d the diagnost	tic test results recor		declare the examine
the basis of the		e's personal dec	it for lookout duties	Engine sery	0	Not fit for lo	okout duties	Other services
n the basis of the		e's personal dec	it for lookout duties	Engine sen	0	Not fit for loc	okout duties	Other services
n the basis of the		e's personal dec	it for lookout duties	Engine sery	0	Not fit for lo	okout duties	Other services
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	MEDICAL CER	RTIFICATE FOR	RPERSON	NEL SERVIC	E ON BOARD	N.
SURNAME: MOLLA	AH	GIV	EN NAME (S):	MD. SHAHJ	AHAN	
DATE OF BIRTH:		PLACE	OF BIRTH			SEX
DAY 1	MONTH 11 YEAR	1968 CITY	DHAKA	COUNTRY	BANGLADESH	MALE 🗸 FEMALE 🗌
POSITION ON BOAF MASTER DECK OFFICER ENGINEERING OFFI RADIO OPERATOR RATING		100 SABU	NG ADDRESS ABUJBAGH, JBAGH, DHA LADESH.		VT:	
DECLARATION OF	THE AUTHORIZED PHYSIC	IAN				
	VISION		COLOR	TEST TYPE		HEARING
RIGHT EYE	WITHOUT GLASSES —	WITH GLASSES	YELLOW	OK VTERN WRED (1) WBLUEGY (1)	RIGHT EAR	D 20
LEFT EYE		00-0	7 11	-	CEFTEAR M	900
	ntification documents were o		/			
	andards in STCW Code, Se		NO.	NOT APLICA	BLE[_]	
Unaided hearing satis	CONTROL TODAY		1			
Visual acuity meets s	tandards in STCW Code, S	ection A-1/9? YES] NO [
Colour vision meets s	standards in STCW Code, S	ection A-1/9? YES	No □			
(the visual test it is re	equired every six years)	sage y				
Date of the last colou	ır vision test: (Day/Month/Ye	ear) 2 4 A	PR/2024	1		
Are glasses or contact	ct lenses negessary to meet	the required vision s	tandards? YES	NO.		
Able for watchkeepin	g? YES NO					
Is applicant taking an	ny non-prescription or prescr	iption medications? Y	ES NO	2		
Is the seafarer free fr the health of other pe		kely to be aggravated	by service at s	ea or to render th	e seafarers unfit for s	such service or to endanger
Hereby I declare that	I am in knowledge of the co	nntents of the Physica			24	APR 2024
Signature of	Applicant	Name of Applic	cant	7	Date	
	IATE CHOICE: (HE / SHE FFICER / RADIO OPERA F		ATHOUT ANY	WITH THE F		
NAME AND DECRE	E OF PHYSICIAN: DR. MIF	MD BAILAN M	RRS/DII)	REG NO A FE	144	
	HOSPITALS LIMITED, 35, S					ESH.
CONTRACTOR OF THE PROPERTY OF	AN'S CERTIFICATING AUTI				1 - 1 - 1	22002
	YSICIAN'S CERTIFICATE:	57-1000-000-000				
SIGNATURE OF PH			P OF PHYSICIA	AN: AN PORTING	2460 E	2 4 APR 2024 DATE:
EXPIRY DATE OF C		23 APR		1/3/		M Market Circum
		s certificate is issued wention, 1978, as am	The state of the s	The same of the sa		

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



V. SHIPS INDIA Pvt. Ltd.

Certificate No:

MEDICAL CERTIFICATE FOR SERVICE AT SEA

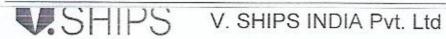
Merchant Shipping (Medical Examination) Rules 2000; STCW code I/9 MLC 2006 – Reg 1.2 And ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12

Family Name	MOLLAH		RADIE HOSPITA
Given Names	MD	SHAHJAHAN	TO LTD
Date of birth (day/month/year)	01-NOV-1968	Sex: Male F	emale No. A
Nationality	BANGLADESHI		

Date of birtir (day/inontri/year)	01-NOV-1900	Sex. Iviale	☐ Female	10.1
Nationality	BANGLADESHI			
			Yes No	NA
Confirmation that identification docur examination			1	
Hearing satisfactory and meets the s and MLC 2006 1.2-6 (a):	tandards in STCW C	ode, section A-I/9		
Jnaided hearing satisfactory?				
/isual acuity satisfactory and meets and MLC 2006 1.2- 6 (a)?	standards in STCW (Code, section A-I/9		
Colour vision satisfactory and meets and MLC 2006 1.2- 6 (a)?	standards in STCW	Code, section A-I/9		
•		83		
have evaluated the above named e	xaminee according to		ation or other require	month
On the basis of the examinee's pe	rsonal declaration r			
esults recorded above, I certify that				
kely to be agarnyoted by senior of	one sediater correct	neu is not suriering	i nom any medi	Lai cor
kely to be aggravated by service at ealth of other persons on board and				endang
Fit for look-out duty	☐ Not fit for look-out	duty		
Deck serv		Catering service	e Other service	200
≠it Deck serv	T1			.00
Unfit			H	
Without restrictions	✓ ☐ With rest	rictions		
Visual aid required	Yes No	ICIONS		
Chest X-ray	normal	Пп	ot performed	
Bacteriological stool test	negative	22/20/000	H. M.	
Parasitical stool test	12 /	0.000	ot performed	
	negative satisfact		ot performed	
Vaccination records			be renewed	
Describe any restrictions (e.g., sp	ecine position, type o	i silip, trade area):		
RADICAL HOS	PITAL LIMITED	2	4 APR 2024	
Place of examination:Uttate, Dhak	a, Bangladesh Date (di	ay/month/year)		ā
Medical certificate's date of expira				
Official stamp (also print name of	medical examiner in	ot legible)	RAIHAN	
Signature of medical examiner: _	Him	BMDC A-55144. M	rdem), PGT (Ophth) MC-BGD-016	
Authorised by:	Laure	DG Shipping Banglad (competentiable Radical Hospita	hiolaty)	
I acknowledge and confirm that I I a review in accordance with parag		of the content of the	certificate and o	of the r
Examinee's signature:	ed in the presence of the r	medical evaminer		
(To be sign		neurcai examiner)		
	HOSOIL	0		

NAR MI

Certificate No:	_ NIMLIM REQUIRE	EMENTS FOR:	6
			TIONS
PRE-SEA AND PERIODIC	OF SEAFAR		TIONS
Merchan	or SEAFAR nt Shipping (Medical Exan		COMP.
) sto	CW code I/9 and MLC 20	06 - Reg 1.2 And	THIR MI
Family Name	MOLLAH	of seafarers ILO/IMO/JMS/201	11/12 /5/ RADI L *
Given Names	MD SHAHJAHAI	NI	12 LID (2)
COROLINA CONTRACTOR OF THE PARTY OF THE PART	CHIEF ENGINE		NO. A.50
Rank and department	01-NOV-1968	Sex: Male	☐ Female
Date of birth (day/month/year)	01-NOV-1966	Sex. Male	Female
Nationality	BANGLADESHI		
Home address	100 SABUJBAG DHAKA, BANGL	H, BASHABO, SAB .ADESH	UJBAGH,
Residence & Mobile No:	0088 01735-606	474	
Passport No./Discharge Book No.	B00019507, C/C	0/2006	
Type of ship (container, tanker, passenger, fishing)	CHEMICAL / OII	L TANKER	
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE		
A. EXAMINEE'S PERSONAL DI (Assistance should be offered by medical Have you ever had any of the following)	al staff)		
Condition	Yes No	Condition	Yes No
 Eye/vision problem 	☐ 18. SI	eep problems	
High blood pressure		o you smoke; use cohol or drugs?	
Heart/vascular disease	☐ ☐ 20. O _I	peration/surgery	
4. Heart surgery	☐ ☐ 21. Ep	oilepsy/seizures	
Varicose veins	☐ △ /22. Di	zziness/fainting	
Asthma/bronchitis	☐ 	oss of consciousnes	s 🗆 🗸
Blood disorder	☐ ☐ 24. Ps	sychiatric problems	
8. Diabetes	☐ ☐ 25. De	epression	
Thyroid problem	☐ ☐/26. At	tempted suicide	
Digestive disorder	☐ Ø _/ 27. Lo	oss of memory	
Kidney problem	☐ ☐ 28. Ba	alance problem	
12. Skin problem	☐ ☐ 29. Se	evere headaches	
13. Allergies		ar/nose/throat oblems	
 Infectious/contagious diseases 	☐ ⊿ 31. Re	estricted mobility	
15. Hernia	☐ Ø 32. Ba	ack or joint problem	s D Ø1
16. Genital disorders	☐ ☐ 33. Ar	mputation	
17. Pregnancy	□ 16 34. Fr	ractures/dislocations	
If any of the above questi	ions were senswere	"yes", please give	e details.



				l acuity	.о	ree, ope	cify which typ		al fields
		Unaide	d		Aided				
	Right eye	Left eye	Bino- cular	Right eye	Left eye	Bino- cular		Normal	Defective
Distant				6/6	616	/	Right eye	9 /	
Near				15	NS		Left eye		9
Method	of Testin	ıg Coloı	ur visior	ı:	4) 4 (4)	Bı	shirara Plates	Lante	rn Test
Colour v Hearing:] Not tes	sted	Norr	nal	☐ Doi	ubtful 🗌 Defe	ective	
Pure tone	e and aud						Speech and v		the state of the s
Right	500 H	2 10	00 Hz	2000 Hz	z 3000	HZ	Right ear	Normal	Whisper
ear Left ear	20	2	20	20			Left ear		
Clinical I	Findinas	:							
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Pulse rat	е		76	2 (7 minu	ite) Rh	ythm	120	MI	2_
Blood pre Systolic	essure	,	120	mm	Hg Dia	stolic	80		mm Hg
Urinalys	is								
Glucose:	1	//		rotein:	M	/	Blood:	MI	
			Nor	mal Abn	-			Normal	Abnormal
			_ ^ [ricose ve			
Head			1	1/	_ Vas	scular (ir	nc. pedal puls	es)	4 🖳
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Sinuses, Mouth/ted Ears (ger Tympanid Eyes Opthalmo Pupils Eye move Lungs an	eth neral) c membra oscopy ement id chest	ane			Hell And G-Up Spi Nei	domen a rnia us (not ro U system per and ine (C/S, urologic ychiatric	ectal exam) n lower extremi , T/S and L/S) (full brief)	College Colleg	
Sinuses, Mouth/ted Ears (ger Tympanid Eyes Opthalmo Pupils Eye move Lungs an Breast ex	eth neral) c membra oscopy ement id chest	ane			Hell Anu G-U Spi Nei Psy	domen a rnia us (not ri U system per and ine (C/S, urologic ychiatric es	ectal exam) n lower extremi , T/S and L/S) (full brief)	College Colleg	
Sinuses, Mouth/ted Ears (ger Tympanid Eyes Opthalmo Pupils Eye move Lungs an Breast ex Heart	eth neral) c membra oscopy ement id chest kaminatio	ane			Hell And G-Up Spin Net Psy Pile Ski	domen a rnia us (not ri U system per and ine (C/S, urologic ychiatric es	ectal exam) n lower extremi , T/S and L/S) (full brief)	College Colleg	
Head Sinuses, Mouth/ter Ears (ger Tympanic Eyes Opthalmo Pupils Eye move Lungs an Breast ex Heart Hydrocel	eth neral) c membra oscopy ement nd chest kaminatio	ane		To the perform	Hell And G-Up Spi Spi Pile Ski Ge	domen a rnia us (not ri U system per and ine (C/S, urologic ychiatric es	ectal exam) n lower extremi , T/S and L/S) (full brief)	College Colleg	



Additional questions

V. SHIPS INDIA Pvt. Ltd

		Ye s	No
35.	Have you ever been signed off as sick or repatriated from a ship?	П	
36.	Have you ever been hospitalised?	Ħ	1
37.	Have you ever been declared unfit for sea duty?		1
38.	Has your medical certificate ever been restricted or revoked?		6
39.	Are you aware that you have any medical problems, diseases or illnesses?		Ø
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	D	" 🗆
41.	Are you allergic to any medications?	П	N
42.	Are you taking any non-prescription or prescription medications?	Ш	1
	es, please list the medications taken and the purpose(s) and dosage(s)		
ereb	SHAHJAHAN MOLLAH holding Passport/Seaman Book No B000 by declare that I have made full disclosure of all of my medical history to form this clinic. I am aware that the information supplied by me forms the	the	docto

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

Signature of examinee:

the vessel or their authorized representatives.

Date (day/month/year)

2 4 APR 2024

Witnessed by: (Signature)

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)

Name: (typed or printed) BMDC A 55144, MMC-BOD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).





V. SHIPS INDIA Pvt. Ltd

Tes	st		Result	
Blood Tests – done- reading issued*1		CBC, Blood \ Sugar – Random		Blood ESR , Blood
Haemoglobin "H	b" *1			g/dl
Hepatitis B *3		HB (ab) +ve	Z - HB	(ag) +ve -ve
Bacteriological s	tool test*4	nøt performed	negati	ve positive
Parasitical stool	test*5	not performed	negati	ve positive
ECG (only for cre years)	w above 40	NOTA	mel	
HIV *2 (+ve or -v	e)	Neg	all	
Medical examine	er's comments:	FIT FOR DUTY	ON BOARD SH	IP
On the basis of diagnostic test referenced in the diagnostic test referenced in the examined metals.	fitness for ser- of the examine- esults recorded al condition likely rvice or to enda edically:	vice at sea included by the service of the service	ing physical of aration, my conat the seafare by service at other persons	ders from tropical climates capabilities: linical examination an er concerned is not suffice on to render the se on board and hence de
Fit for look-ou	ıt duty	☐ Not fit for	look-out duty	
1	Deck service	Engine service	Catering	Other services
₽it				
Unfit				
Without restri		☐ Wi	th restrictions f ship, trade ar	ea):
Date (day/month	/year) 2.4 _A	HOSPITALS LIMI	7 3 A	PR 2025
		day/month/year): _	2 4 APR 2	024
Official stamp (al	lso print name o	of medical examine		
Signature of med	dical examiner:	7	MBBS (DU) BMDC A	IIR. MD. RAIHAN DFM, CCD (Birdem), PGT (Ophth) A-55144, MMC-BGD-016
Medical practition	ner information	(name, license nu	nber, address	ong Bangladesh Approved Peneral Physician ical Hospitals Limited.
	DICAL HOSPI		35, SHAH MA	AKHDUM AVENUE,

Page 4 of 4

CRW15 - CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME	EGIP.		POSITION ON BO	ARD
MOLLAH	MD SHAHJAHA			CHIEF ENGINEER	
DATE OF BIRTH	PLACE OF BIRT	TH	SEX	ID DOCUMENT N	0
01-NOV-1968	DHAKA	ATE DELOW IE 1	MALE THE LISTED TESTS ARE WITHIN THE REFERENCE LEVE	C/O/2006	-
	TELEASE INDICA	ATE BELOW IF	THE LISTED TESTS ARE WITHIN THE REPERENCE LEVE	1	i
TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	D		LYMPHOCYTE COUNT	10,	
RED BLOOD CELL COUNT (RBC)	Z,		MONOCYTE COUNT	6	
PLATELET COUNT (PLT)	Ø,		EOSINOPHIL COUNT	6	
HAEMOGLOBIN (HGB)	Z,		BASOPHIL COUNT	4	
HAEMOTOCRIT (HCT)	D		GRANULOCIYTE COUNT	Ø	
MEAN CORPUSCULAR VOLUME (MCV)	D,		THROMBOCYTE COUNT	D.	
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	Ø		BIOCHEMISTRY	YES	NO
MEAN CORPULSCULAR HB. CONC (MCHC)	P		ASPARTATE AMINOTRANSFERASE (AST, SGOT)	0,	
MEAN PLATELET VOLUME (MPV)	6		ALANINE AMINOTRANSFERASE (ALT, SGPT)	Z,	
RED BLOOD CELL DISTRIBTION WIDTH (RDW)	D/		TOTAL BILIRUBIN	Ø	
NEUTORPHIL COUNT	Ø				
COMMENTS (for abnormal result):	, acoop lest ind	ICATES NEGA	TIVE RESPONSE TO CLINICAL TEST PARAMETERS,	PLEASE GIVE DE IA	LO BELOW.
Doctors Comments:	n 1	Mars	pmilet f te	3012	/
		BMDC A-5 DG Shipp n Ge	R. MD. RAIHAN FM. CCD (Birdem), PGT (Ophth) 15144, MMC-BGD-016 16 gangladesh Approved 17 geral Physician 18 Hospitals Limited	2 4 APR 2024	
MEDICAL EXAMINER	₹	, , , , , , , , , , , , , , , , , , , ,	DATE OF EXAM	MINATION	
(SIGNATURE & PRINTED			UNIT OF EACH	OVER THE REAL PROPERTY.	





ID NO : 24040522

Patient's Name: MD.SHAHJAHAN MOLLAH

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/2006

Specimen : Blood

Ref. By

Date : 24/04/2024

Age : 55Y5M23D

Sex : Male

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

HAEMATOLOGY REPORT

*MONITORIES	E VENEZUE COCCOSCIO	DESCRIPTION OF THE PARTY OF THE		
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	14.2 04	g/dl 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	9,100	/cumm	4,000 - 11,000 /cumm	
Neutrophils Lymphocytes Monocytes Eosinophils Basophil	58 34 05 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	273 199,000 13.6 17.4	/cumm /cumm fL %	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 %	
P-LCR P-LCC	0.27 49.1 98	% % x10^3/uL	0.10 - 0.28 9.00 - 45.00% 13 - 129 x10^3/uL	PLT CURVE
RBC COUNT HCT/PCV MCV MCH	4.78 43.4 90.8 29.6	m/ul % fL pg	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL 27-32 pg	A
MCHC RDW SD RDW CV	32.6 48 16.2	g/dL fL %	29-34 g/dL 30.0-57.0 fL 10-16%	RBC CURVE

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

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



Bill No	DIA24040522	Received	d Date	24/04/2	2024
Patient's Name	MD SHAHJAHAN MOLLAH				
Patient's Age	55Y 5M 23D		Patient's	s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	ST(Eye),DFM	C	DC NO	C/O/2006
Sample	BLOOD				THE STATE OF THE S

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	28.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	34.0 U/L	Up to 40 U/L
HbA1C	5.2 %	4.2 - 6.7 %

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.



Test Name

Bill No	DIA24040522	Receive	d Date	24/04/2	2024
Patient's Name	MD SHAHJAHAN MOLLAH				
Patient's Age	55Y 5M 23D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		1 0	DC NO	C/O/2006
Sample	BLOOD				

SEROLOGICAL REPORT

A ddernation and Adminis	All the second s	
HBs Ag (Method : (ICT)	Negative	
	7.7	

Result

Tibo rig (metriod : (101)		
HIV 1 & 2 (Method : (ICT)	Negative	
VDRL	Non-reactive	

Checker

Medical Technologist, Radical Hospital Ltd. Dr. Sumalya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24040522	Received	Received Date 24/04/		/2024	
Patient's Name	MD SHAHJAHAN MOLLAH	O SHAHJAHAN MOLLAH				
Patient's Age	55Y 5M 23D	5Y 5M 23D Patient		Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC N				C/O/2006	
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	0-1/HPF

CHEMICAL EXAMINATION CASTS / LPF

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

CheckeeBy

Medical Technologist, Radical Hospital Ltd. Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24040522	Received	Date	24/04/2	2024
Patient's Name	MD SHAHJAHAN MOLLAH				
Patient's Age	55Y 5M 23D	I	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO			DC NO	C/O/2006
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

CheckerBy

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: MT. AMI DATE: 24/04/2024

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

EYE EXAMINATION REPORT

NAME: MD SHAHJAHAN MOLLAH RANK: CH.ENG CDC NO: C/O/2006

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL /-BLIND>

OPINION

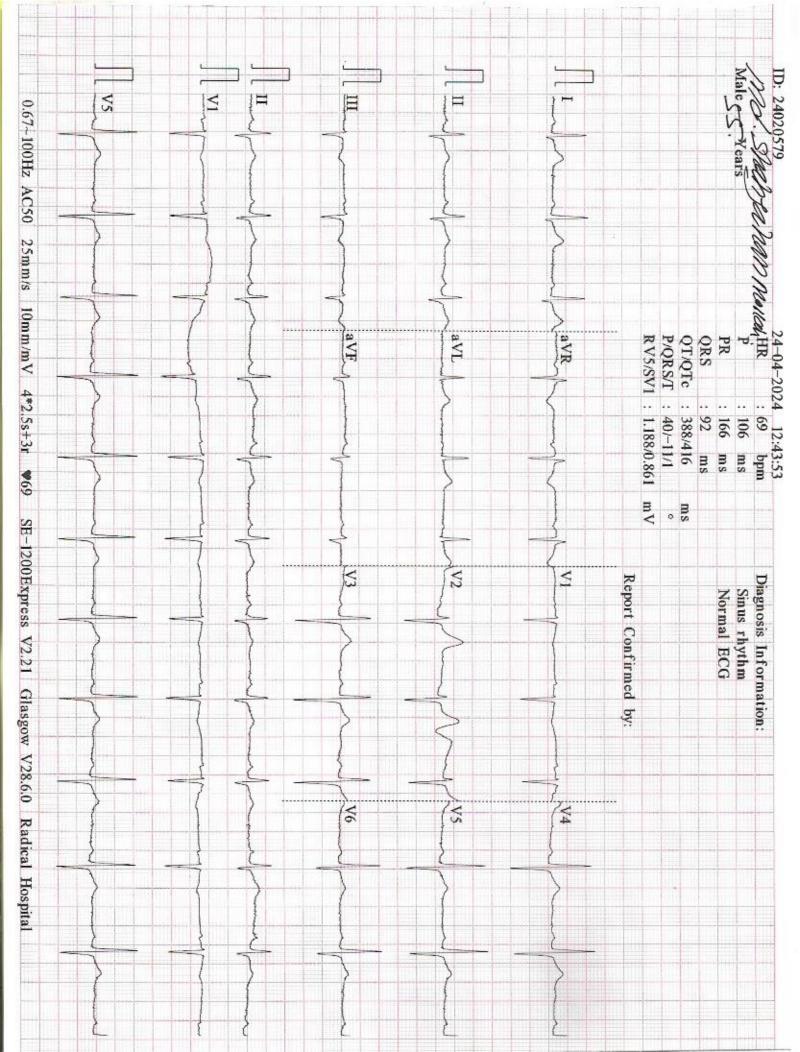
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040522 Receive:24/04/2024 Print: 24/04/2024

Patient's Name : MD SHAHJAHAN MOLLAH

Age : 55 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 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.

Page of 1

Certificate (continued) Certificate (quite)		
9 DHAY 2013	DR. MAR. MID. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016	35, Shah Makhdum Avenus Litiera, Dhaka	10
1	DG Shipping Bangladesh Approved General Physician Radical Hospitals Cumina	PANGLADES COR VACCO	
10/ # NAW JA	MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved	35, Shah Makhdum Avenue Uttara, Dhaka	
The Validity first injection date of that re	Radical Hospitals Limited of this certificate shall extend for a period or the vaccine or in event of a revaccinate	of two within such period	on of two years on the
The approved	I stamp mentioned above must be in a form	m prescribed by the	health administration

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine	THE LANGE	Physician's Signature
5 3	1. 意义是是一多。		
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	是 计算法 100分子	E & E	E FEET TERM
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E .E	· 医多种 第二年 。	E = 1 1	THE RESIDENCE
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E E	· 医多足 等温度上	E-E-E-E	三 野鱼鱼 医肾 蘭 贈 問
AG DA	在學問告望出位司	图 表 图 图	一足引力 日 五 美 縣 日
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