



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

Accredited By : BMOC Accreditation No. A 55144

PATIENT CONTROL NUMBER: HS4361 FF

### MEDICAL EXAMINATION CERTIFICATE

	ENO.P	FIRST NAME AND			MIDDLE NAME		
'E AI	ALI ND DATE OF BIRTH	DASSDOD		AMMAD	FORHAD		
	JGONJ 1-Jan-1980	PASSPORT NUMBER A07532215			SEAMAN'S BOOK NUMBER CO4361		
	ALITY: BANGLADESHI SEX:	Male	☐ Female		ULK CARRIER TRAD	100000000000000000000000000000000000000	RLD WI
0.1000.00	ENT HOME ADDRESS :				TACT NUMBER :	0088 01673	
I, BE	ELKUCHI , TAMAI-6730, SIRAJGAN	IJ, BANGLAD	DESH	RANI	<:	CHIEF ENG	INEER
ive y	ou ever had any of the following con	ditions?			1997		
- 153	Condition	YES	NO	Condition		YES	NO
1	Eye/vision problem		ET.	18 Sleep problems	3		
2	High blood pressure		B	19 Do you smoke?			4
3	Heart/vascular disease			20 Operation/surg	ery		4
4	Heart surgery			21 Epilepsy/seizur	es		446
5	Varicose veins		U	22 Dizziness/fainti	ng		7
6	Asthma/bronchitis		9	23 Loss of conscio	ousness	(0)	ď
7	Blood disorder		ď	24 Psychiatric pro	blems	19 ~	艺
8	Diabetes		ď	25 Depression	-	10/0	PP-PP
9	Thyroid problem		Ø,	26 Attempted suic		11761	
10	Digestive disorder		মূল দুন	27 Loss of memor			
11	Kidney problem		9	28 Balance proble	w / / / /	110	9
12	Skin problem		<b>d</b> ,	29 Severe headac	thès \\	100	T.
13	Allergies		٢,	30 Ear/nose/throa	t problems		(I)
14	Infectious/contagious diseases		Y	31 Restricted mob	oility V		0
15	Hernia		4	32 Back problems			B
16	Genital disorders		1	33 Amputation			B
17	Pregnancy	Da .	MAG-	34 Fractures/dislo	cations		19
00	Have you ever been signed off as	eick or repatri	isted from	a chin?		YES	NO
35 36	Have you ever been bosnitalised?	sick of depair	iated ironi	a snip:			
36 37	Have you ever been hospitalised?	1 -		a stilp:			7
36	Have you ever been hospitalised? Have you ever been declared unfi	t for sea duty?	?				ď
36 37	Have you ever been hospitalised? Have you ever been declared unfi Has your medical certificate ever	t for sea duty? been restricted	d or revok	ed?			A A
36 37 38	Have you ever been hospitalised? Have you ever been declared unfi Has your medical certificate ever Are you aware that you have any	t for sea duty? been restricted medical proble	d or revoke	ed? ses or illnesses?	ccupation?		口有可吸用
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Near			100			Left eye		_	
Visual acuity	meets the star	ndard laid down	n in STCW (	Code S	Section A-1/9	YES /N			
	as per STCW				Normal	□ Doubtfu		fective	
Date of last	colour vision te	st: Date (day/m	nonth/year) _	18	APR, 2024				
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225 35			Normal A					Norma	
Head	120		-		Varicose	100000	66 00	. [	. 0
Sinuses, nos	e, throat					r (inc. pedal p		19	
Mouth/teeth			G.		Abdome	n and viscera	1	19	
Ears (genera			<b>B</b>		Hemia			R	
Tympanic me	embrane				Anus (no	ot rectal exan	n)	Ц.	
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Breast exam	ination	1	1/14			appearance			110
Heart					Skin			1 Max	16
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and the second s		1170		ICAL	(LIVER FUNCTI	ON (EST)	Marijuana		Negetive
ECG		10011	BILIRUBIN		0.3	4	Alcohol Test	Positive	Negative
	BLOOD R/E	- 8	SGPT		26	110	URINE R/E	1	M
DC(differenti	al count)	1100	SGOT		20	111	0	OTHERS	
HAEMOGLO	BIN (HGB)	12-8	DRU	JG AN	D ALCOHOL TI		HBsAg	Reactive	Nonfeactiv
ESR (WEST	THE RESERVE OF THE PERSON NAMED IN COLUMN	90 N	Morphine	. 1	Positive		HIV / AIDS Test		Nonreactiv
WBC		The second secon	Amphetamine	1 /	Positive		VDRL		Nonreactiv
Color Color Service Color Colo	D GLUCOSE L		Phencyclidine		Positive		Blood Type		
RANDOM	D OLOGOSE L			1 1	- 72				(VE)
-			Barbiturates Cocaine	11			Psychological Exam		011
HBA1C		50%	Jocaine	V	D Positive	vegative	Others(KUB Ultrasound	0	1
reby I declare	that I am in kn	owledge of the	contents of	the Pl	nysical examinat	ions:		10	APR 2024
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	fitness for ser			distant.	evamination and	the diagnos	tic test results recon	ded above, I d	eclare the
the basis of t	he examinee's		aration, my d	anicai	examination and				
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In Accordance with Medical Examination PRID A S 5 CONTROL 1978/1996 as Amended, MLC 2006

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

MEDICAL CERTIF	ICATE FOR F	PERSONNEL SERVICE	ON BOARD				
SURNAME: ALI	GIVE	GIVEN NAME (S): MOHAMMAD FORHAD					
DATE OF BIRTH:	PLACE (	OF BIRTH		SEX			
DAY 1 MONTH 1 YEAR 19	80 CITY	SIRAJGONJ COUNTRY	BANGLADESH	MALE 🗸 FEMALE 🗌			
POSITION ON BOARD:  MASTER  DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR  RATING	HOUSE BANGL	G ADDRESS OF APPLICANT -4, ROAD-8, BLOCK-D, MIR ADESH.		(A-1216.			
DECLARATION OF THE AUTHORIZED PHYSICIAN	10						
VISION		COLOR TEST TYPE		HEARING			
RIGHT EYE	///	BOOK LANTERN YELLOWMS REDMAS	RIGHT EAR	tus)			
LEFT EYE	6126	GREEN MAY BLUEMAY	LEFT EAR				
Confirmation that identification documents were chec	ked at the point of	examination: YES NO					
Hearing meets the standards in STCW Code, Section	n A-1/9? YES-	NO NOT APLICABL	.E				
Unaided hearing satisfactory? YES NO							
Visual acuity meets standards in STCW Code, Section	on A-1/9? YES-	NO 🗌					
Colour vision meets standards in STCW Code, Section	on A-1/9? YES	NO [					
(the visual test it is required every six years)	10 400	2021					
Date of the last colour vision test: (Day/Month/Year)	18, APR :	14/14					
Are glasses or contact lenses necessary to meet the	required vision star	ndards? YES NO					
Able for watchkeeping? YES NO							
Is applicant taking any non-prescription or prescriptio	n medications? YE	s NO					
Is the seafarer free from any medical condition likely endanger the health of other persons on board? YES		y service at sea or to render the s	seafarers unfit fo	r such service or to			
Hereby I declare that I am in knowledge of the content	nts of the Physical I	Examination.					
Moi	HAMMAD FORH	IAD ALI	18	APR 2024			
Signature of Applicant	Name of Applica	nt _	Date				
CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:  FIT FOR DUTY ON BOARD SHIP							
NAME AND DEGREE OF PHYSICIAN: DR. MIR MI	D. RAIHAN· M R	B.S.(D.U.), REG. NO. A-551/	14				
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH M							
NAME OF PHYSICIAN'S CERTIFICATING AUTHOR							
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06	05-2014			1.0.0.000			
Annie -		Hosolo Posolo		18 APR 2024			
SIGNATURE OF PHYSICIAN:		OF PHYSICIAN:	2	DATE:			
EXPIRY DATE OF CERTIFICATE:		R 2026	\$//				
		compliance with the Feat Estenti ed and the Maritime Labour Con					

DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited

Certificate No.	4.2024.6347	
	MEDICAL FITNESS EXAMINATIONS	92
STO	OF SEAFARERS at Shipping (Medical Examination) Rules 2000; at W code I/9 and MLC 2006 – Reg 1.2 And an the medical examinations of seafarers ILO/IMO/JMS/2011/12	CONTRACTOR OF THE PARTY OF THE
Family Name	ALI	* HOSTITALS
Given Names	MOHAMMAD FORHAD	18 18
Rank and department	CHIEF ENGINEER, ENGINE	NO. R
Date of birth (day/month/year)	01-JAN-1980 Sex: Male Fer	nale
Nationality	BANGLADESHI	
Home address	HOUSE-4, ROAD-8, BLOCK-D, MIRPUR- 11, DHAKA -1216	
Residence & Mobile No:	0088 01673-541614	
Passport No./Discharge Book No.	A07532215, C/O/4361	
Type of ship (container, tanker, passenger, fishing)	BULK CARRIER	
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE	
Condition 1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease 4. Heart surgery 5. Varicose veins	Yes No Condition Yes  18. Sleep problems  19. Do you smoke; use alcohol or drugs?  20. Operation/surgery  21. Epilepsy/seizures	
Varicose veins     Asthma/bronchitis	22. Dizziness/fainting	
7. Blood disorder	24. Psychiatric problems	
8. Diabetes	25. Depression	
Thyroid problem	26. Attempted suicide	1 5/
Digestive disorder	25. Attempted salidate	
11. Kidney problem	28. Balance problem	
12. Skin problem	29. Severe headaches	
13. Allergies	30. Ear/nose/throat problems	į
14. Infectious/contagious diseases	☐ ☐ 31. Restricted mobility ☐	
15. Hernia	☐ ☑ 32. Back or joint problems ☐	1 14
16. Genital disorders	33. Amputation	
17. Pregnancy	☐ √ 34. Fractures/dislocations ☐	
If any of the above questi	ons were and "yes", please give details.	

Page 1 of 4

LWI 08 - Form CO 10 Revision Number: 01



Additional q	uestions
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		Ye	No
		s	
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?		4
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	Ø	
41.	Are you allergic to any medications?		1
Con	nments:		
	FIT FOR DUTY ON BOARD SHIP		
	Annual Management of the Control of		
42.	Are you taking any non-prescription or prescription medications?		
	· · · · · · · · · · · · · · · · · · ·	2	

I MOHAMMAD FORHAD ALI holding Passport/Seaman Book No A07532215 / CO4361 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

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

Signature of examinee:

Date (day/month/year)

18 APR 2024

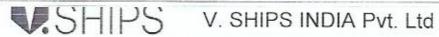
Witnessed by: (Signature)

Name: (typed or printedBMDC A-55144, MMC-BGD-016

DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) 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).

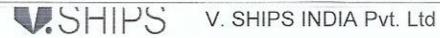




				al acuity			ify which typ	-	sual fields
		Unaided	t	T	Aided				
	Right eye	Left eye	Bino- cular	Right eye	Left eye	Bino- cular		Norm	al Defectiv
Distant				666	616		Right ey	/e	
Vear				15	M		Left eye		
	of Testin			Norr	*************		hirara Plate		tern Test
Hearing: Pure tone		diometry	(thresh	old value	s in dB)	S	Speech and	whisper te	est (metres)
	500 H	z 100	00 Hz	2000 Hz	3000			Normal	Whisper
light ar	20	21	J	مع			Right ear	4	4
eft ear	20		20	20			Left ear	4	4
Clinical I	Findings								
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ulse rate		78		( / minu		ythm •		egula	- 1
Blood pre Systolic	essure	13	O	mm	Hg Dia	stolic	81		mm H
Jrinalys	s					1 -1			1 1
lucose:		Nil		rotein:	(175)	lit	Blood:	ſ	711
			Nor	mal Abn				Norm	al Abnorma
			_ 1			icose vei		t	1 1
	Sinuses, nose, throat			4 -	-	Vascular (inc. pedal pulses) Abdomen and viscera			<b>4</b>   4
Sinuses,	Mouth/teeth					omen an	id viscera		<b></b>
Sinuses, Mouth/tee	eth	d fact	Fore (general)						
inuses, louth/tee ars (ger	eth neral)	- Sec. 21				mia	atal	1	1 0
inuses, Mouth/tee ars (ger ympanid	eth	- Sec. 21		7 -	Anu	us (not re	ctal exam)	Ţ,	
inuses, louth/tee ars (ger ympanic yes	eth neral) c membra	- Sec. 21			Anu G-L	us (not re J system			
inuses, Mouth/tee ars (ger ympanid yes Opthalmo	eth neral) c membra	- Sec. 21			Anu G-U	us (not re J system per and lo	ower extrem		
inuses, flouth/tee ars (ger ympanio yes opthalmo upils	eth neral) membra oscopy	- Sec. 21			Anu G-U	us (not re J system per and lo ne (C/S,	ower extrem		
inuses, flouth/tee ars (ger ympanic yes opthalmo upils ye move	eth neral) c membra oscopy	- Sec. 21			Anu G-L Upp Spi	us (not red) J system per and lo ne (C/S, urologic (f	ower extrem		
inuses, louth/tee ars (ger ympanio yes pthalmo upils ye move ungs an	eth neral) c membra oscopy ement d chest	ane			Anu G-U Upp Spi Nei	us (not red) J system per and lo ne (C/S, urologic (to rchiatric	ower extrem		
inuses, flouth/tectars (ger ympanic yes opthalmo upils ye move ungs an treast ex	eth neral) c membra oscopy	ane			Anu G-U Dp Spi Nei Psy Pile	us (not red) J system per and lo ne (C/S, including the contrologic (for the control contro	ower extrem		
Mouth/tee Ears (ger Tympanic Eyes Opthalmo Pupils Eye move Lungs an	eth neral) c membra oscopy ement d chest aminatio	ane			Anu G-U Dp Spi Net Psy Pile	us (not red) J system per and lo ne (C/S, urologic (i rchiatric es n	ower extrem T/S and L/S full brief)		
Sinuses, Mouth/tee Ears (ger Tympanic Eyes Opthalmo Pupils Eye move Lungs an Breast ex Heart Hydrocele	eth neral) c membra oscopy ement d chest caminatio	ane			Anu G-U Dp Spi Nei Psy Pile Ski Gei	us (not red) J system per and lo ne (C/S, including the contrologic (for the control contro	ower extrem T/S and L/S full brief)		
Sinuses, Mouth/tee Ears (ger Tympanic Eyes Opthalmo Pupils Eye move Jungs an Breast ex	eth neral) c membra oscopy ement d chest caminatio	ane			Anu G-U Dp Spi Net Psy Pile Ski Get	us (not red) J system per and lo ne (C/S, urologic (forchiatric es n neral app	ower extrem T/S and L/S full brief) earance	(i) [	18 APR 200

Page 3 of 4

LWI 08 - Form CO 10 Revision Number: 01



Test	/	Result	
Blood Tests – tick in box if done- readings seperately issued*1	CBC, Blood VD Sugar – Random		od ESR 🔼, Blood
Haemoglobin "Hb" *1			g/dl
Hepatitis B *3	HB (ab) □+ve ve ∕	- HB (ag)	☐ +ve
Bacteriological stool test*4	not performed	negative	positive positive
Parasitical stool test*5	not performed	negative	positive positive
ECG (only for crew above 40 years)	Notan	ul	
HIV *2 (+ve or -ve)	real	Ma	
Medical examiner's comments:	FIT FOR DUTY O	N BOARD SHIP	E 0
*2 not compulsory *4 re	e's personal declar l above, I certify tha y to be aggravated b	for all food handlers for all food handlers og physical capa ation, my clinica t the seafarer co by service at sea	from tropical climates  abilities:  al examination and incerned is not suffi or to render the sea
the examinee medically:	2. Tanaharan 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 - 1970 -	was story was live	odard and hence de
Fit for look-out duty	☐ Not fit for lo	ok-out duty	
Deck service	Engine service	Catering service	Other services
Fit 🔲	4		
Unfit			
☐ Without restrictions	☐ With	restrictions	
Describe restrictions (e.g., spec	ific position, type of s	ship, trade area):	
Place of examination: REDICAL Date (day/month/year)18_		ED 17 APR 20	026
Medical certificate's date of expi	iration (day/month/ye		<u></u>
Date medical certificate issued (	(day/month/year):	18 APR 2024 /	
Official stamp (also print name of	of medical examiner	- PIV. IVIII	R. MD. RAIHAN
Signature of medical examiner:		BMDC A-55 DG Shipping Gen	5144, MMC-BGD-016 Bangladesh Approved heral Physician
Medical practitioner information	(name, license num	ber, address).	l Hospitals Limited
NAME: MIR MD. RAIHAN; M.B.	D C(D II ) DEC NO	A FE444	



# V. SHIPS INDIA Pvt. Ltd.

Certificate No: \_\_\_\_\_\_04.2024.6347 MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000; STCW code I/9 MLC 2006 - Reg 1.2 And

Given Names	ALI		* (HOSPITALS)
	MOHAMMAD	FORHAD	THE LTD IS
Date of birth (day/month/year)	01-JAN-1980	Sex: Male	Female NO A-53
Nationality	BANGLADESHI		
onfirmation that identification docum	ents were checked	at the point of	Yes No NA
amination	icino were enconed	at the point of	
earing satisfactory and meets the st d MLC 2006 1.2-6 (a):	andards in STCW C	ode, section A-I/9	
naided hearing satisfactory?			
sual acuity satisfactory and meets s	standards in STCW	Code, section A-I/9	
olour vision satisfactory and meets	standards in STCW	Code, section A-I/9	1/
d MLC 2006 1.2- 6 (a)?		50 	
Deck serv  Fit Unfit  Without restrictions	Not fit for look-out ice Engine servi	Catering servic	ce Other services
Chest X-ray Bacteriological stool test	normal negative	e 🔲 no	ot performed ot performed
Chest X-ray Bacteriological stool test Parasitical stool test Vaccination records	normal negative	e	The state of the s
Chest X-ray Bacteriological stool test Parasitical stool test Vaccination records Describe any restrictions (e.g., spe	normal negative negative satisfact ecific position, type of the satisfact examiner if	tory to  tory to  of ship, trade area):  lay/month/year) 18  r) 17 APR 2026  not legib DR. MIR  BMDC A-55  DG Shipp.ng  Gene  (competent auto	APR 2024/  APR 2024/  MD. RAIHAN  CCD (Birdem), PGT (Ophth)  144, MMC-BGD-016 Bangladesh Approved eral Physician Hospitals Limited hority)



ID NO : 24040366

Patient's Name: MOHAMMAD FORHAD ALI

366 Date: 18/04/2024

Age : 43Y 7M 10D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/4361 Sex : Male

Specimen : Blood

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

### HAEMATOLOGY REPORT

Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	12.8 09	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	5,100	/cumm	4,000 - 11,000 /cumm	A JIII
DIFFERENTIAL COUNT				
Neutrophils	50	%	(40 - 75)%	
ymphocytes	38	%	(20-45)%	WBC CURVE
Monocytes	07	%	(2-10)%	
Eosinophils	05	%	(1-6)%	de
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	255	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	165,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	14.5	fL	7.0 -11.0 fL	
PDW-CV	17.5	%	10 - 18 %	PLT CURVE
PCT P-LCR	0.18	%	0.10 - 0.28	
P-LCC	55.3 69	% x10^3/uL	9.00 - 45.00%	1
7-200	09	XIO. JUL	13 - 129 x10^3/uL	A
RBC COUNT	4.19	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	39.8	%	M: 40-54%, F: 37-47%	
MCV	95.1	fL	76-94 fL	
MCH	29.6	pg	27-32 pg	RBC CURVE
MCHC	31.2	g/dL	29-34 g/dL	TO COLLE
RDW SD	60	fL	30.0-57.0 fL	
RDW CV	18.9	%	10-16%	

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.



Bill No	DIA24040366	Received	Date	18/04/2	2024
Patient's Name	MOHAMMAD FORHAD ALI	110001100	Date	10/04/2	2024
Patient's Age	43Y 7M 10D	F	Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN			DC NO	C/O/4361
Sample	BLOOD	// (=) - // - // - // - // - // - // - // -		DC NO	C/O/4361

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.51 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26.0 U/L	Up to 40 U/L
Serum AST (SGOT)	19.0 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. Li



Bill No	DIA24040366	Pagained D	oto   40/04/		
Patient's Name	MOHAMMAD FORHAD ALI	Received Date		18/04/2024	
Patient's Age	43Y 7M 10D	Pati	ient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO				
Sample	BLOOD	(2)0),51 101	CDC NO	C/O/4361	

# SEROLOGICAL REPORT

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

RADICAL (M)

Checked By

Medical Technologist. Radical Hospital Ltd. The second



Bill No	DIA24040366	Received Date		18/04/2024	
Patient's Name	MOHAMMAD FORHAD ALI	110001100	Date	10/04/2	2024
Patient's Age	43Y 7M 10D	F	Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT			DC NO	C/O/4361
Sample	BLOOD			20.140	C/O/4301

### 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
		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.



Bill No	DIA24040366	Received Date 18		18/04/2024	
Patient's Name	MOHAMMAD FORHAD ALI		TO/	7112021	
Patient's Age	43Y 7M 10D	Pa	tient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO			O C/O/4361	
Sample	URINE		00,011	0 01-1501	

### 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. See

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. SIROCCO

DATE: 18/04/2024

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

## EYE EXAMINATION REPORT

NAME: MOHAMMAD FORHAD ALI RANK: CH.ENG CDC NO: C/O/4361

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

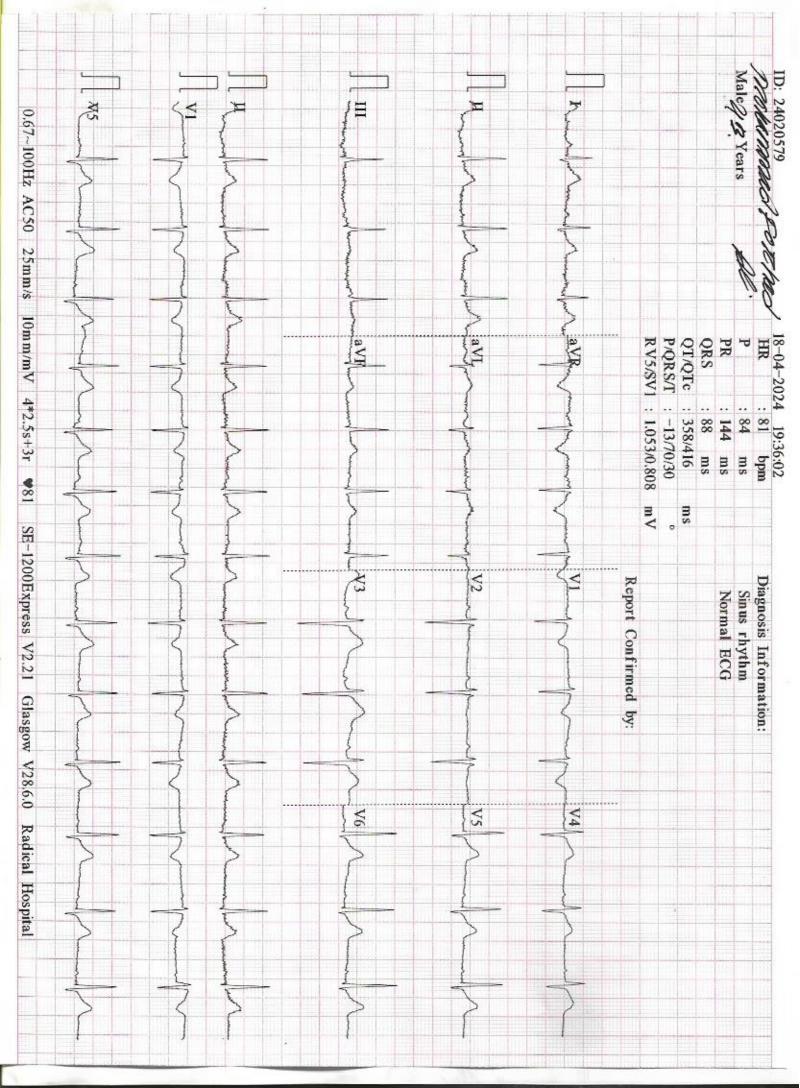
UNFIT / FIT FOR EMPLOYMENT ON BOARD

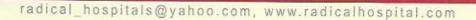
Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital







# **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No.

24040366

Receive: 18/04/2024

Print: 18/04/2024

Patient's Name

MOHAMMAD FORHAD ALI

Age

43 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 01-JAN-1980 Sex MALE

MOHAMMAD FORHAD ALL (40/4361)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp		
The last of the la	DG Shipping Bangladesh Approved General Physician	35, Stein Malchrium Avenus Avenus ANGLADES		
2 PR	DR. MIR. MD. RAIHAN MBBS (IDU), DFM, CCD (Birdem), PGT (Ophth BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	Stah Makhdum Sangaran		
3		3	4	
4			1 100	
5		5	6	
6			No.	
7		7	8	
8				

Continued overleaf Suite our erso