



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaldanga, Agrabad C/A, Chattogram, Bangladesh.

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



Accredited By : BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
HS6759FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME HASNAEN	FIRST NAME AND MOHAMMAD SHAIKH	MIDDLE NAME AL
PLACE AND DATE OF BIRTH RAJSHAHI 6-Mar-1990	PASSPORT NUMBER A13169450	SEAMAN'S BOOK NUMBER C/O/6759
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER
PERMANENT HOME ADDRESS : FLAT NO-A-101, PLOT KA/115/6/1, DOKKHINPARA, MOHAKHALI, BANANI, GULSHAN - 1212, DHAKA, BANGLADESH.		TRADING AREA : WORLD WIDE
CONTACT NUMBER : 01743402920 (SELF)		RANK : 1ST ASST ENGINEER

Have you ever had any of the following conditions?

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

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

Additional questions

Question	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 practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight: 70kg	Height (cm): 165	BM: 27.5	Blood Pressure: Systolic: 110mm Diastolic: 70mm	PULSE: 84/min
Ear	Hearing by Audiometry	Audiometry		
Right	☐ Adequate ☐ Inadequate	500	1000	2000
Left	☐ Adequate ☐ Inadequate	3000		
		Hearing by Whisper Test		
		☐ Adequate ☐ Inadequate		
		☐ Adequate ☐ Inadequate		
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐				

Visual acuity				Visual fields	
Unaided		Aided		Normal	Defective
Distant	Right eye	Left eye	Right eye	Left eye	
	6/6	6/6			
Near					

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) **30 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	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X Ray	MD	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	MD	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	MD
DC(differential count)	MD	SGOT		
HAEMOGLOBIN (HGB)	14.2			
ESR (WESTERGREN)	05	DRUG AND ALCOHOL TEST		OTHERS
WBC	8900	Morphine	☐ Positive ☒ Negative	HBsAg
BLOOD GLUCOSE LEVEL		Amphetamine	☐ Positive ☒ Negative	HIV / AIDS Test
RANDOM	5.8	Phencyclidine	☐ Positive ☒ Negative	VDRL
HBA1C	5.2%	Barbiturates	☐ Positive ☒ Negative	Blood Type
		Cocaine	☐ Positive ☒ Negative	Psychological Exam
				Others(KUB Ultrasound)

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

Signature of Seafarer

MOHAMMAD SHAIKH AL HASNAEN

Name of Seafarer

30-Apr-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: **30 APR 2024**

Valid Until:

29 APR 2026

Name and Signature of Authorized Physician

DR. MIR. MD. RAHMAN

In Accordance with Medical Examination (Seafarers Convention 1978/1996) and STCW 1978/1996 as Amended, MLC 2006

DG Shipping Bangladesh Approved

General Physician
Radical Hospitals Limited

Revision Date : 24th July 2022

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **HASNAEN**

GIVEN NAME (S): **MOHAMMAD SHAIKH AL**

DATE OF BIRTH:

DAY **6** MONTH **3** YEAR **1990**

PLACE OF BIRTH

CITY **RAJSHAHI** COUNTRY **BANGLADESH**

SEX

MALE ☒ FEMALE ☐

POSITION ON BOARD:

MASTER ☐

DECK OFFICER ☐

ENGINEERING OFFICER ☒

RADIO OPERATOR ☐

RATING ☐

MAILING ADDRESS OF APPLICANT:

FLAT NO-A-101, PLOT KA/115/6/1, DOKKHINPARA, MOHAKHALI, BANANI, GULSHAN - 1212, DHAKA.

BANGLADESH.

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION

WITHOUT GLASSES

WITH GLASSES

RIGHT EYE

6/6

—

LEFT EYE

6/6

—

COLOR TEST TYPE

☐ BOOK

☐ LANTERN

YELLOW **MB**

RED **MB**

GREEN **MB**

BLUE **MB**

HEARING

RIGHT EAR **MB**

LEFT EAR **MB**

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **30 APR, 2024**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

MOHAMMAD SHAIKH AL HASNAEN

30-Apr-2024

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT / ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR. MD. RAIHAN, MBBS (DU) DFM. CCD (BIRDEM) P.G.T. (OPHIH)**

ADDRESS: **RADICAL HOSPITALS LTD, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-MAY-2014**

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE:

30 APR 2024

EXPIRY DATE OF CERTIFICATE:

29 APR 2026

This certificate is issued in compliance with the requirements

of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

DR. MIR. MD. RAIHAN

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

BIMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: HASNAEN		GIVEN NAME (S): MOHAMMAD SHAIKH AL	
DATE OF BIRTH: DAY 6 MONTH 3 YEAR 1990		PLACE OF BIRTH CITY RAJSHAHI COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: FLAT NO-A-101, PLOT KA/115/6/1, DOKKHINPARA, MOHAKHALI, BANANI, GULSHAN - 1212, DHAKA. BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	☒ BOOK ☒ LANTERN YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	RIGHT EAR MB
LEFT EYE	6/6	—		LEFT EAR MB

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **30 APR 2024**

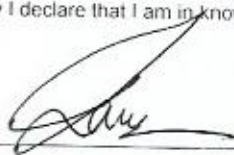
Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☐ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.



MOHAMMAD SHAIKH AL HASNAEN

30-Apr-2024

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

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General Physician

Medical Information: (医療情報) * Please check the appropriate items.
該当する二項にチェックを入れて下さい。

1. ALLERGIES: ☐ Urticaria (hives) ☐ Asthma
(アレルギー) (じんましん) (ぜんそく) ☐ Other (その他)

2. Drug allergies (name): ☐ Food allergies (name): ☐
(薬品名) (食品名)

2. PAST HISTORY: (病歴)

(1) Past serious illness: ☐ (既往疾患) Age (年齢):

Surgeon (手術) When:

(2) Past serious illness: ☐ (既往疾患) Age (年齢):

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)

Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

30 APR 2024

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Ibiden), PGD (Ophth)

BMDC A-55144, MMIC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない) ☐ Drink 2-3 times a week (週に2~3回) ☐ Drink every evening (毎日)

☐ Heavy drinker (強飲) ☐ Moderate drinker (中程度) ☐ Light drinker (弱飲)

(2) Smoking: (喫煙) ☐ Never smoke (吸わない) ☐ Just smoking in 19 _____ 19 _____ 年、に付煙

☐ smoke _____ cigarettes a day (1日平均 _____ 本吸ふ)

(3) Bowel movements: ☐ Regular (規則的) ☐ Irregular (不規則) ☐ Constipated (便秘)

(4) Dietary preferences: (食事の好み) ☐ Meat (肉類) ☐ Fish (魚類)

☐ Salty (塩辛) ☐ Sweet (甘) ☐ Only (糖々)

(5) Exercise: (運動) ☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)

(6) Sleep: (睡眠) ☐ Sleep well (よく眠る) ☐ Have Sleeplessness (眠れない)

☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重) ☐ Constant (変わらない) ☐ Putting on weight (太ってきこ)

☐ Losing weight (やせてきこ)



5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister

(父) (母) (兄弟) (姉妹)

☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer / Part (癌/部位)	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other: Name of disease (病名)	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.

(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: 30 APR 2024

Signature: (署名)

(Card holder) (本人)

MEDICAL RECORDS

(Write in block letters)

秘

Name of Company: _____ Tel: _____ FAX: _____ Nationality: BANGLADESHI
(所属会社) (国籍)Name: MOHAMMAD SHAIKH ALI Sex: (性別) M/F
(氏名) given name (名) family name (姓) HOBNIEN (男/女)Name of Position: RAIE Date of Birth: 26-05-1990
(職位) (生年月日) (D-M-Y)

Height: 165 cm Weight: 75 kg age 20 (20 才) kg

Pulse: 80/min Normal breathing rate: 19 /min Normal temperature: _____ C
(脈拍/分) (正常呼吸数/分) (平熱)Blood pressure: 120/70 Blood type: B+ RH+ Single/Married
(血圧) (血液型) (独身/既婚)Blood sugar: (血糖値) _____ mg/dl $\times 0.05625 =$ _____ mmol/L
Uric acid: (尿酸値) _____ mg/dl $\times 0.05914 =$ _____ mmol/L

DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CDD (Bdemb), PGD (Donth)

BMDG A-55144, MIMC-BGD-016

DG Shilpang Bangladesh Approved

General Physician

Radical Hospitals Limited





HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MOHAMMAD SHAIKH AL HASNAEN

RANK : 1ST ASST ENGINEER

CDC NO : C/O/6759

DOB : 06-Mar-1990

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart-related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment ?	☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel, and will bear all the expenses as may incur as a direct result of such concealment.

Date : 30 APR 2024

Signed :

The Crew Member

* If yes, mention details below:-

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

ID NO : 24040666

Date : 30/04/2024

Patient's Name : MOHAMMAD SHAIKH AL HASNAEN

Age : 34Y 1M 24D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/6759

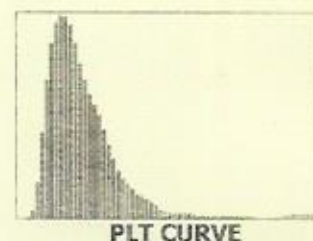
Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	14.7	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	05	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	8,900	/cumm	4,000 - 11,000 /cumm
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	60	%	(40 - 75)%
Lymphocytes	30	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSINOPHIL COUNT	356	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	272,000	/cumm	1,50,000-4,50,000 /cumm
MPV	9.7	fL	7.0 -11.0 fL
PDW-CV	16.7	%	10 - 18 %
PCT	0.26	%	0.10 - 0.28
P-LCR	26.7	%	9.00 - 45.00%
P-LCC	73	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	6.41	m/μL	M: 4.5-6.5, F: 3.8-5.8 m/ μL
HCT/PCV	48.1	%	M: 40-54%, F: 37-47%
MCV	75	fL	76-94 fL
MCH	23	pg	27-32 pg
MCHC	30.6	g/dL	29-34 g/dL
RDW SD	46	fL	30.0-57.0 fL
RDW CV	18.1	%	10-16%



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

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

Bill No	DIA24040666	Received Date	30/04/2024
Patient's Name	MOHAMMAD SHAIKH AL HASNAEN		
Patient's Age	34Y 1M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6759
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.55 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	5.1 %	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	DIA24040666	Received Date	30/04/2024
Patient's Name	MOHAMMAD SHAIKH AL HASNAEN		
Patient's Age	34Y 1M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6759
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING RESULT

ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By

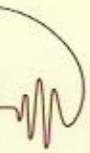
Medical Technologist.
Radical Hospital Ltd.**Dr. Sumaiya Khatun**

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24040666	Received Date	30/04/2024
Patient's Name	MOHAMMAD SHAIKH AL HASNAEN		
Patient's Age	34Y 1M 24D	Patient's Sex	Male
Ref by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6759
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.

Bill No	DIA24040666	Received Date	30/04/2024
Patient's Name	MOHAMMAD SHAIKH AL HASNAEN		
Patient's Age	34Y 1M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6759
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	1-2/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.



REF: MV. ONE HANOI

DATE: 30/04/2024

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

EYE EXAMINATION REPORT

NAME: MOHAMMAD SHAIKH AL HASNAEN

RANK: 1A/ENG

CDC NO: C/O/6759

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

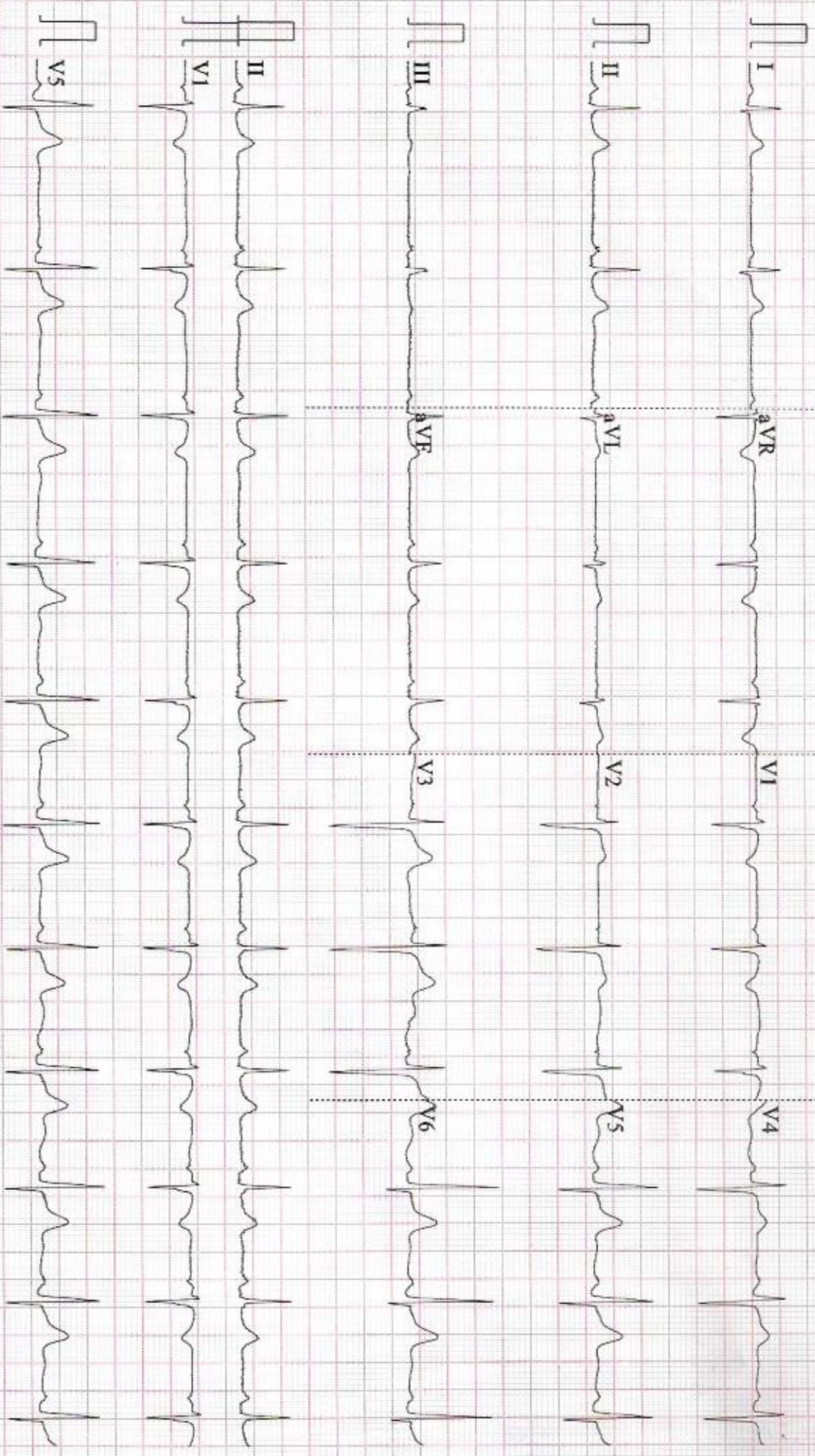
Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: 24020579
Mohammad Shauk
Male 34 Years *Al-Haram*

30-04-2024 16:04:41
HR : 63 bpm
P : 98 ms
PR : 144 ms
QRS : 86 ms
QT/QTc : 400/410 ms
P/QRS/T : 47/60/41 °
RV5/SV1 : 1.10/4.0.807 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040666 Receive: 30/04/2024 Print: 30/04/2024
Patient's Name : **MOHAMMAD SHAIKH AL HASNAEN**
Age : 34 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.

Page of 1

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations				
			X-ray	ECG	Urine	Blood	LFT
05 JUN 2012	MV HLSINMA BRIDGE	120/80 72/min	20x24	20x24	20x24	20x24	20x24
03 JAN 2013	MV LIONS BRIDGE	120/80 72/min	20x24	20x24	20x24	20x24	20x24
01 FEB 2015	MV HOUSTON BRIDGE	120/80 72/min	20x24	20x24	20x24	20x24	20x24
06 JAN 2016	MV HONG KONG BRIDGE	120/80 72/min	20x24	20x24	20x24	20x24	20x24
19 FEB 2017	MV HONG KONG BRIDGE	120/80 72/min	20x24	20x24	20x24	20x24	20x24
06 DEC 2017	MV HONG KONG BRIDGE	120/80 72/min	20x24	20x24	20x24	20x24	20x24

Completed by Company's M.O.

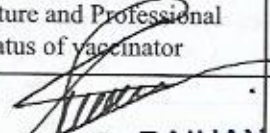
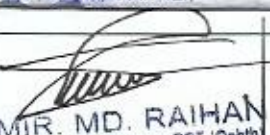
Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
				DR. M. AYUBUR RAHMAN MBBS, PGD (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
				DR. M. AYUBUR RAHMAN MBBS, PGD (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
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				DR. M. AYUBUR RAHMAN MBBS, PGD (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 06-MAR-1990 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 05 AUG 2021	 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.	
18 OCT 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.	
3 30 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.	
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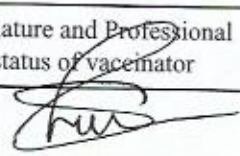


INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 06-MAR-1990 Sex MALE

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
10 OCT 2002	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			
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.

