



HAQUE & SONS LTD.

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Accredited By : BMDC Accreditation No. A-55144

MEDICAL EXAMINATION CERTIFICATE

PATIENT CONTROL NUMBER:
HSL-002709

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2	High blood pressure		//		smoke?				1/
3	Heart/vascular disease		11		on/surger			0	1/2
5	Heart surgery		21		y/seizures				1/
6	Varicose veins Asthma/bronchitis		71		ss/fainting consciou			(a)	6/
7	Blood disorder		7/		tric proble			\ \bar{\alpha}	1/1
8	Diabetes	Ö	7.	25 Depres		1113	(1 2	1
9	Thyroid problem	D	8		sion ted suicide		1	10	1
10	Digestive disorder	П	1		memory	1	(1)	1	1
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12	Skin problem		70		headache		111	0 0	6/
13	Allergies		4/2		e/throat		10		6.
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WBC	6	300	Amphetami	ine	D Positive Z		VDRL		activ Nonreact
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reby I declare tha	it I am in kn	owledge of t	he contents	of the Pl	hysical examin	ations:			
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In Accordance with Medical Examination (Seafarers) Connected Plansique 78) and STCW 1978/1996 as Amended, MLC 2006

Revision: 5.1 Revision Date: 24th July 2022

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

LAST NAME OF	APPLICANT	r.	FIRST NAME	PUBLIC OF LIBERI	MIDDLE INITIAL
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This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

DATE OF EXAMINATION:

6-May-14

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 year

RLM-I05M ANNEX 2

SIGNATURE OF PHYSICIAN

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE

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

Rev0 - 09/01/2023

23 APR 2024

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 seafaring profession. In addition, the following minimum requirements shall apply:

- (a) 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 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.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (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 EXAMINA	ATION INCLUDING HEARING TEST.
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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

RLM-105M ANNEX 2 3 APR 2024



DR. AMTR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician 09/01/2023
Radical Hospitals Limited

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE	REPUBL	IC OF I	IREDIA
LILE	RETUDL	IL OF L	ADERIA

	NT	FIRST NAME		MIDDLE INITIAL
CHANDA		PARTHO		
DATE OF BIRTH		PLACE OF BIRTH		SEX
3 12	1991	NETROKONA	BANGLADESH	
MONTH DAY	YEAR	CITY	COUNTRY	MALE FEMALE
EXAMINATION FOR DUT	Y AS:		MAILING ADDRESS OF APE	PLICANT:
MASTER	RATING		VILL-HOGLA, PO-HOGLA	500 CONTRACTOR (CONTRACTOR (CO
MATE	MOU DECK		PS-PURBADHALA, DIST-N	ETROKONA
ENGINEER	MOU ENGINE			
RADIO OFF	SUPERNUME	RARY	BANGLADESH.	
MEDICAL EXAMINAT	ION (SEE PAGE 2	STATE DETAILS	ON PAGE 2	
HEIGHT WEIGH	IT BLOOD PR	ESSURE P	ULSE RESPIRATION	GENERAL APPEARANCE
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VISION:	RIGHT EYE.	LEET EYE	1	acc -
WITHOUT GLASSES	6/2	1 6/14	3	
WITH GLASSES	Ele O	1 6000	_	
DATE OF LAST COLOR V	ISION TEST (Month	/Day/Year) 73 A	PR 2024 Testing Requ	uired every 6 years
COLOR VISION MEETS S				NO II-
COLOR TEST TYPE: BOOK	LANTERN CHECK	IF COLOR TEST IS NO	DRMAL YELLOW	RED GREEN BLUE
	AR M	20	LEFT YEAR	NASO
RT.1	EAR	20 HE	LEFT YEAR EART (CARDIOVASCULAR)	NED
HEAD AND NECK	AR IVE VOTTOR	D rel H	LEFT YEAREART (CARDIOVASCULAR)	NO MIL.
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RT. I HEAD AND NECK LUNGS EXTREMITIES: UPPER IS APPLICANT SUFFERING OR LIKELY TO ENDANG EXAMINATION ON PAGE MIGNATURE OF THIS SIGNATURE O	OF PHYSICIAN I HOSPITALS LT I'S CERTIFICATIN	BE AFFIXED IN THE AMINATION WAS COOR DUTY ON I FOR DUTY AS A: (A) DR. MIR. MD. FOR DUTY ON I FOR DUTY AS A: (A) DR. MIR. MD. FOR DUTY AS A: (A) DR. MIR. MD. FOR DUTY AS A: (A)	EART (CARDIOVASCULAR) EECH (DECK/NAVIGATIONAL SPEECH UNIMPAIRED FOR NO LOWER LOWER LOWER E AGGRAVATED BY, OR TO R ON BOARD? IF YES, EXPLAIN 23-Apr-2024 DATE OF EXAM E PRESENCE OF THE EXAMIN GIVEN TO: BOARD SHIP (NAME OF MASTER, MATE, ENGINEER, ENG	ENDER HIM UNFIT FOR SERVICE AT SEAN IN DETAILS OF MEDICAL 22 APR 2026 EXPIRY DATE ING PHYSICIAN. PARTHO CHANDA F APPLICANT) RADIO OFFICER, RATING, MOU DECK, CCD (BIRDEM) P.G.T. (OPHIH) 12, UTTARA, DHAKA-1230.

the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years

RLM-I05M ANNEX 2 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BCD-016

Rev0 - 09/01/2023

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

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 scafarer'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 seafaring 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 venereal 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 (g) 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. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

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

RI.M-105M ANNE 2 3 APR 2024



MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Op BMDC A-5514R-MMO/BOD DIE DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited

上 Light drinker 場(1) 11 Nest (1781) □ Sometimes take sleeping pills, etc. (時中通訊展機圖) こ Punting on weight エカスをこ | Have Sleeplessness (組化ない) 「野田」 およ 川 二 Drink every evening (報告) T Constipated uigarettes a day : L B 平均 | Moderate drinker (中國河) □ Sometimes (3条々) | Sweet (#1.1) · Near · 河鴉 61: Out amoking in 19 □ Do not drink : 政策会(*) T irregular (記事は、 (3) Weight, (体質) こ Constant (現わられ) こ Losing weight (やまてきこ) - Never smoke after the □ Sleep well・臭く疑る) □ Drink 3-3 times a week :國江 2 ~ 3回) 1 Olden (2(18) 二班班 美男二 4. D.VILY LIFE HABITS: (日常生活) 口 Heavy Jrinker 课1: (4) Dietary preferences: 大勢の名字) Zeguiar Z T simoke | Have insomnia · 下地(四) (1) Alcohol intake; (東國) (3) Bowel movements. C) Smeking: (鴻湖) (s) Evereise: (運動) (b) Sleep; (階號) DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Blidem), PGT (Ophth) DG Shipping Bangladesh Approved BMDC A-55144, MMC-BGD-016 Radical Hospitals Limited General Physician Age Name (s) of medicine (s) used for the above disease (s). (上記符得に使用した一般集品名) I Other (計量) When? 数池上の口載コン部を超入コハドがこ 3. PRESENT ILLNESS ICHRONIC DISEASE).....(Nev.Yの): (特徴/推禁) 23 APR 2024 T Food allergies (name): Medical information: (医疫情報) * Please check the appropriate items. (食品公) (ナイルベ) = Asthara (1) Past scrivus illness; 三社院住還) · Age (年齡) ☐ Unicana thives] (さいれらい) 2. P.NST HISTORY: (角型) Name of illness: (特別名) Drug allergres inamel: 「Aurgeny 」 中央

I. ALLERGIES: (レフラルー)

(多品质)

Briefly enter any special comments to the Attending Physician in English. (曼妙運頭へ特に伝えたいこと、英語で顕微し、 □ Diabetes (極限例) □ Hean disease (心囊病) 5. FAMILY HISTORY: (素族區) || Other: Name of disease (統化) - Liver disease (肝臓疾患) 二 Cerebral Apoplexy (施卒中) Hypertension (美食用品) Cancer 'part (第/相行) Notation: F = father, M = mother, B = brother, S = sister Date: 23 APR 2024 Signature (8-6) (部) (新茶) (Card holder) (本人) 6 5 6 6 6 6 6 500000 四日本財団 #5 Unic acid: (原設庫) Blood sugar (長韓國) Blood pressure Height: (中年)200 cm Weight: (年春) & Name of Company: Name of Position Name (所属他刊 Q'min Normal breathing rate given name (4) (用無局段的/化) (血質量) _mg/d1>: 0.05914= mg/dl × 0.05625= MEDICAL RECORDS (Write in block Letters)

family name (%E)

Sex: (1581)

Date of Birth 12-05-02

作作の日

(D-M-Y)

Nationalin 2

<PRIVATE> 洪

inis

Normal temperature:

2

Single Married (過數/院語)

mmol/()

mmol/()

__kg/at age 20: (20 才時)

J		



BR. MIR. MD. RAIHAN

DG Shipping Bangladesh Approved MBBS (DU), DFM, CCD (Birdam), PGT (Ophth) BMDC A-55144, MMC-BGD-016 General Physician Radical Hospitals Limited



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME (OF CREW:	PARTHO CHANE)A	RANK :	2ND OFFICE	ER	
CDC NO : C/O/6665			DOB :	12-Mar-1991			
HEAL	TH QUEST	TIONNAIRE					
PLEAS	E ANSWER I	FOLLOWING BY TI	CKING (✓) YES OR N	0		YES	NO
1	Have you	ever had coronary th	nrombosis or certain type	es of heart surg	ery?		
2	Are you su	ffering from any hea	art-related cotnplications	?			
3	Are you a	diabetic ?			Γ		
4	If you are o	diabetic, do you nee	d injectio.ns of insulin fo	r diabetes?	Г		
5	Have you	ever had a stroke, o	r unexplained loss of cor	nsciousness?	Γ		
6	Have you	ever been treated fo	r a mental.or nervous pr	oblem?	Г		
7	Are you an	alcoholic, or have	you had alcohol or drug a	addiction proble	ems?		
8	Do you hav	ve any hearing diffic	ulties or are you using a	ny hearing aid?	Г		\overline{A}
9	Have you	ever suffered from a	ny STD (Sexually Transi	mitted Disease)	1?		
10		vare of any other he employment *	alth condition that could	affect your fitne	ess for		
knowled consequ	le, true and iences in cas	complete. lalso of e of detection of an	and answered by ticking leclare that lam a hea y chronic disease or its p may incur as a direct re	olthy man and bast history whi	will be fully ch Imay have	responsible	for all the
Date :	-	23 APR 2024		Signed :	f. "	an	٤
* If yes,	mention deta	ils below:-	M8BS (DU), DFM, CCD (Birdem M8BS (DU), DFM, CCD (Birdem MMDC A-55144, MMC BMDC A-55144, MMC BMDC A-55144, MMC	ian	The	e Crew Memb	per
			Radical Hospitals	THIME -			

Revision: 5.1

Revision Date: 24th July 2022





ID NO : 24040499

Date: 23/04/2024

Patient's Name: PARTHO CHANDA

Age : 33Y 1M 11D

Ref. By

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/6665

Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	T 0	esults	D.6	Take 1
raidifecer	K	esuits	Reference Values	Histogram
Haemoglobin(Hb)	15.2	g/di	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	05	mm/1st hr		A
OTAL WBC COUNT	6,300	/cumm	4,000 - 11,000 /cumm	A Alla
DIFFERENTIAL COUNT				ALANNI
Neutrophils	60	%	(40 - 75)%	and the second
ymphocytes	30	%	(20-45)%	WBC CURVE
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	A
Basophil	00	%	0-1 %	A
TOTAL CIR. EOSIONOPHIL COUNT	252	/cumm	40 - 450 /cumm	
OTAL PLATELET COUNT(PC)	339,000	/cumm	1,50,000-4,50,000 /cumm	
MPV ,	9.9	fL	7.0 -11.0 fL	
PDW-CV	17	%	10 - 18 %	PLT CURVE
PCT P-LCR	0.34	%	0.10 - 0.28	
P-LCC	27.8	%	9.00 - 45.00%	A
	94	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	6.73	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	60.3	%	M: 40-54%, F: 37-47%	
MCV	89.6	fL	76-94 fL	
MCH CONTRACT	22.6	pg	27-32 pg	PRC CHOVE
4CHC	25.2	g/dL	29-34 g/dL	RBC CURVE
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	16.5	%	10-16%	

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



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



Bill No	DIA24040499	Received	Date	23/04/2	2024	
Patient's Name	PARTHO CHANDA					
Patient's Age	33Y 1M 11D			Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO C/O/666					
Sample	BLOOD					

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.50 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	24.0 U/L	Up to 40 U/L
Serum AST (SGOT)	17.0 U/L	Up to 37 U/L
HbA1C	5.2 %	4.0- 6.0 %

REMARKS (IF ANY)

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

Checked By

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



Test Name

Bill No	DIA24040499	Receive	d Date	23/04/2	2024
Patient's Name	PARTHO CHANDA				
Patient's Age	33Y 1M 11D		Patient's	s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCI	D(BIRDEM),PGT(Eye),DFN	л C	DC NO	C/O/6665
Sample	BLOOD		1/02		DOTTE AL COMPANS A

SEROLOGICAL REPORT

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

Result

OOD GROUPINGResult	
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	DIA24040499	Received Da	te 23/04/2	2024
Patient's Name	PARTHO CHANDA	. iodolfed Ba	20/04/2	2024
Patient's Age	33Y 1M 11D	Patie	ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT		CDC NO	C/O/6665
Sample	URINE	(-7-),	CDCINO	C/O/0003

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

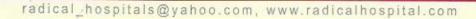
Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

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

Dept. of Microbiology
East West Medical College a

East West Medical College and Hospital.





Bill No	DIA24040499	Received I	Date	23/04/2	2024
Patient's Name	PARTHO CHANDA	100000000000000000000000000000000000000		TO NOT VACOUS OF	10.00-20
Patient's Age	33Y 1M 11D	Pa	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF	RDEM),PGT(Eye),DFM	С	DC NO	C/O/6665
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.

Strong L	III o	1	1.						
	\ P	106 ms	S	Sinus rhythm	ation:				
Services of the services of th	PR		7 :	Normal ECG					
	QRS	10000							
	QT/QTc	368/403	ms						
	RV5/SV1	98	mV						
			Report	ort Confirmed	d by:				
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REF: MV ONE INTELLIGENCE

DATE: 23/04/2024

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

EYE EXAMINATION REPORT

NAME: PARTHO CHANDA RANK: 2nd OFFICER CDC NO: CO6665

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.

24040499

Receive:23/04/2024

Print: 23/04/2024

Patient's Name Age

PARTHO CHANDA

33 YRS

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

Pre-Joining Medical Report to be

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RAIHAN dem) PGI (Ophth) MC-BGD-016 slician slician	RAIHAN Indom), PGT (Ophin) IMC-BGD-D16 Ideah Approved Valcient	RAIH	agn.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA Date of birth 12.03.1991 This is to certify that whose signature follows Lot. Clork. Clark - PARTHO CHANDA has on the date indicated been vaccinated or revaccinated against Cholera Signature and Professional Date Approved Stamp status of yaccinator 35, Shah Makh Uttera, Dhaka BMDC A-55144 DG Shipping Bar ANGLADY 08 KR 2021 DR. MR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping bungtidesh Approved Redical Physician Radical Hospiyara D.O.B. 35, Shah Makhdum DR. MIR. MD. Avenue MBBS (DU), DFM. CCD (Birdem), PGT (Ophra) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. DR. MR. MD. RAIHAN MBBS (DLI), DEM. CCD (Birdem), PGT (Ophth) 35, Shah Makhdur HYYN BMDC A-55144, MMC-BGD-016 Uttara, Dhaka DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited 7 7 8 Continued overleaf Suite our erso

Blood Group

Rh Factor

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
NAL OF	DR. MIR. MD. RAIHAN MBS (DU), DFM, CCD (Birdeny, PGT (Opith) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	L NO CONTROL OF THE PROPERTY O	35, Shah Makhdun Avenus UHare, Dhaka
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Organiza the territe The valid vaccinati	ificate is valid on only if the vaccition and if the vaccinating centre has been in which that centre is situated. It of this certificate shall extend for on or in the extent of a revaccination.	as been designated by th	e health administration for
mai icva	Cination.	15-08-141	

Blood Group

Rh Factor

PPT No. :_