



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880 31 716214-6, Fax : +880 31 710530



Accredited By - BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
H981

MEDICAL EXAMINATION CERTIFICATE

SURNAME: AMIN		FIRST NAME: RUHUL		MIDDLE NAME	
PLACE AND DATE OF BIRTH SIRAJGANJ 8-Oct-1994		PASSPORT NUMBER A11410420		SEAMAN'S BOOK NUMBER CO8456	
NATIONALITY: BANGLADESHI	SEX: ☒ Male ☐ Female	VESSEL TYPE: CHEM. TANKER		TRADING AREA: WORLD WIDE	
PERMANENT HOME ADDRESS: HOUSE NO.52, VILL. DELUAKANDI, PO. ADACHAKI, PS. BELKUCHI, DIST. SIRAJGANJ.				CONTACT NUMBER: +8801727468173 (SELF)	
				RANK: 2ND OFFICER	

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?	☐	☒
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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) 168	BMI 24.8	Blood Pressure: Systolic 110 mm	Diastolic 80 mm	PULSE: 78b/m																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="2">Hearing by Audiometry</th> <th colspan="2">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th>Right</th> <th>Left</th> <th>Adequate</th> <th>Inadequate</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> </tr> </thead> <tbody> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☒</td> <td>☒</td> <td>☒</td> <td>☒</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☐</td> <td>☐</td> <td>☒</td> <td>☒</td> <td>☒</td> <td>☒</td> </tr> </tbody> </table>						Ear		Hearing by Audiometry		Audiometry		Hearing by Whisper Test		Right	Left	Adequate	Inadequate	500	1000	2000	3000	☐	☐	☐	☐	☒	☒	☒	☒	☐	☐	☐	☐	☒	☒	☒	☒
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☐	☐	☐	☐	☒	☒	☒	☒																														
☐	☐	☐	☐	☒	☒	☒	☒																														
Hearing meets the standards as laid down in STCW Code Section A-1/9? YES ☒ NO ☐																																					

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	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)

22 APR 2024

	Visual fields	
	Normal	Defective
	☒	☒
Right eye	☒	☐
Left eye	☒	☐

YES / NO

☐ Doubtful☐ Defective

	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	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☒ Negative
ECG	NAD	BILIRUBIN	0.50	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	22	URINE R/E	NAD
DC(differential count)	NAD	SGOT	18	OTHERS	
HAEMOGLOBIN (HGB)	14.5	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	07	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	5.510	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	04/15
RANDOM	5.2	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	NAD
HBA1C	5.0%	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)	NAD

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

Signature of Seafarer

Name of Seafarer

22 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: 22 APR 2024

Valid until:

21 APR 2026

Name and Signature of Authorized Physician

DR. MIR. MD. RAHAN

In Accordance with Medical Examination (3000) and STCW 1978/1996 as Amended, MLC 2006

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

Revision Date : 24th July 2022

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME AMIN	GIVEN NAME(S) RUHUL
DATE OF BIRTH 10 8 1994 MONTH DAY YEAR	PLACE OF BIRTH SIRAJGANJ BANGLADESH CITY COUNTRY SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: RAFIQUE HOUSING, 4B, HOUSE NO: 57/2, R: 10 SHAKERTEK, ADABAR, DHAKA BANGLADESH.

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 168cm	WEIGHT 70kg	BLOOD PRESSURE 110/80 mmHg	PULSE 78 b/min	RESPIRATION 19 b/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR MM LEFT EAR MM	

COLOR TEST TYPE: BOOK ☐ LANTERN ☒ IS COLOR TEST NORMAL? ☒ Yes ☐ No (IF "NO" EXPLAIN ON PAGE 2)

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

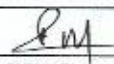
HEAD AND NECK Normal	HEART (CARDIOVASCULAR) Normal
LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes
EXTREMITIES: UPPER Normal	LOWER Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES ☐ NO ☒

IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☒

SIGNATURE OF APPLICANT 	DATE OF EXAMINATION 22 APR 2024	EXPIRY DATE 21 APR 2026
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THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

RUHUL AMIN

NAME OF APPLICANT

FIT FOR DUTY ON BOARD SHIP

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS) YES ☒ NO ☐

SEAFARER IS FOUND TO BE ☐ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER ☒ DECK OFFICER ☐ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144	
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH MAKHUM AVENUE, SECTOR-12 UTTARA, DHAKA-1230, BANGLADESH	
NAME OF PHYSICIAN'S CERTIFYING DG SHIPPING BANGLADESH	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 6-May-2014	
SIGNATURE OF PHYSICIAN 	22 APR 2024 DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watch-keeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.



All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certified physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).

(b) Eyesight

- Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations

- All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.

(g) Diseases or Conditions

- 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.

(h) Physical Requirements

- Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.
(See RMI MG 7-47-1, §3.3).

1. COMPLETE PHYSICAL EXAMINATION, INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION A) Complete Blood Count B) Blood Sugar Estimation C) Serological Test (VDRL)
D) Hepatitis B Surface Antigen Test (HbsAg), E) Urinysis 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



DR. MIR. MD. RAIHAN

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

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved MI-105M

General Physician
Radical Hospitals Limited.

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CONFIDENTIAL DOCUMENT

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MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 168cm	WEIGHT 70kg	BLOOD PRESSURE 110/80 mmHg	PULSE 78/min	RESPIRATION 19/min	GENERAL APPEARANCE aw
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR nm LEFT EAR nm	
COLOR TEST TYPE: BOOK ☐ LANTERN ☐ IS COLOR TEST NORMAL? ☐ Yes ☐ No (IF "NO" EXPLAIN ON PAGE 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒					
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal		
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22 APR 2024
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Rev. Mar/2022

DR. MIR. MD. RAIHAN

M.B.B.S (DU), DPM, CCD (Biom), PG (Gen Med),
BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved
General Physician
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MI-105M

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3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V



DR. MIR. MD. RAIHAN

MBBS (D), DPM, CCD (Birm), PGD (Optim)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaidanga,
Agrabad C/A, Chattogram, Bangladesh.
Tel: +88 02333316214-6

Name	RUHUL AMIN	Date	22-Apr-2024
Age	29	Sex	MALE
Passport No	A11410420	CDC No	CO8456
Sample	BLOOD	Rank	2ND OFFICER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	RHAPSODY	ZAO GALAXY	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	22-08-2024	22-04-2024	-
Serum Bilirubin	0.60	0.50	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	22	18	Up to 37 U/L
Serum S.G.P.T.	25	22	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



Doctor Seal & Signature
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shippang Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO : 24040479

Date : 22/04/2024

Patient's Name : RUHUL AMIN

Age : 27Y 3M 9D

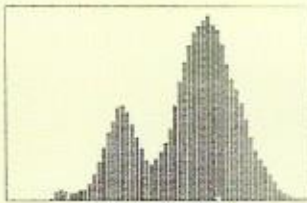
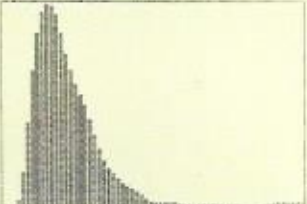
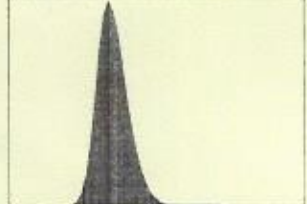
Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8456

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)	14.5 g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	07 mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	5,500 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	54 %	(40 - 75)%	
Lymphocytes	39 %	(20-45)%	
Monocytes	04 %	(2-10)%	
Eosinophils	03 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	165 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	212,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	10.9 fL	7.0 -11.0 fL	
PDW-CV	16.2 %	10 - 18 %	
PCT	0.23 %	0.10 - 0.28	
P-LCR	32.7 %	9.00 - 45.00%	
P-LCC	69 x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	5.95 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	49.1 %	M: 40-54%, F: 37-47%	
MCV	82.5 fL	76-94 fL	
MCH	24.4 pg	27-32 pg	
MCHC	29.5 g/dL	29-34 g/dL	
RDW SD	44 fL	30.0-57.0 fL	
RDW CV	16.1 %	10-16%	

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

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

Bill No	DIA24040479	Received Date	22/04/2024
Patient's Name	RUHUL AMIN		
Patient's Age	27Y 3M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8456
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.50 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	22.0 U/L	Up to 40 U/L
Serum AST (SGOT)	18.0 U/L	Up to 37 U/L
HbA1C	5.0 %	4.0- 6.0 %

REMARKS (IF ANY)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24040479	Received Date	22/04/2024
Patient's Name	RUHUL AMIN		
Patient's Age	27Y 3M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8456
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

BLOOD GROUPING Result

ABO Blood Group	"O" (+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	DIA24040479	Received Date	22/04/2024
Patient's Name	RUHUL AMIN		
Patient's Age	27Y 3M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8456
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
		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.

Bill No	DIA24040479	Received Date	22/04/2024
Patient's Name	RUHUL AMIN		
Patient's Age	27Y 3M 9D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8456
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
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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.

Patient ID	24040479	Voucher No	
Test Name	USG OF KUB	Delivery Date	22/04/2024
Patient Name	RUHUL AMIN		
Age	27 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.9 cm. The cortical Echogenicity are normal with clear cortico-medullary differentiation. The cortical Thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 10.6 cm. The cortical Echogenicity are normal with clear cortico-medullary differentiation. The cortical Thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.
 No intravesicle lesion is seen

PROSTATE: Normal in size volume is 12.9 cc & regular in shape. Echogenicity is homogenous.

COMMENT: Normal study.

Dr. Asma Ahmed
 MBBS,CMU,DMU
 PGT(Gynae & obs)
 Advanced Training on TVS
 Consultant Sonologist

REF:	MT. ZAO GALAXY	DATE: 22/04/2024
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M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	RUHUL AMIN	RANK: 2 ND OFF	CDC NO: C/O/8456
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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

22-04-2024 14:38:06

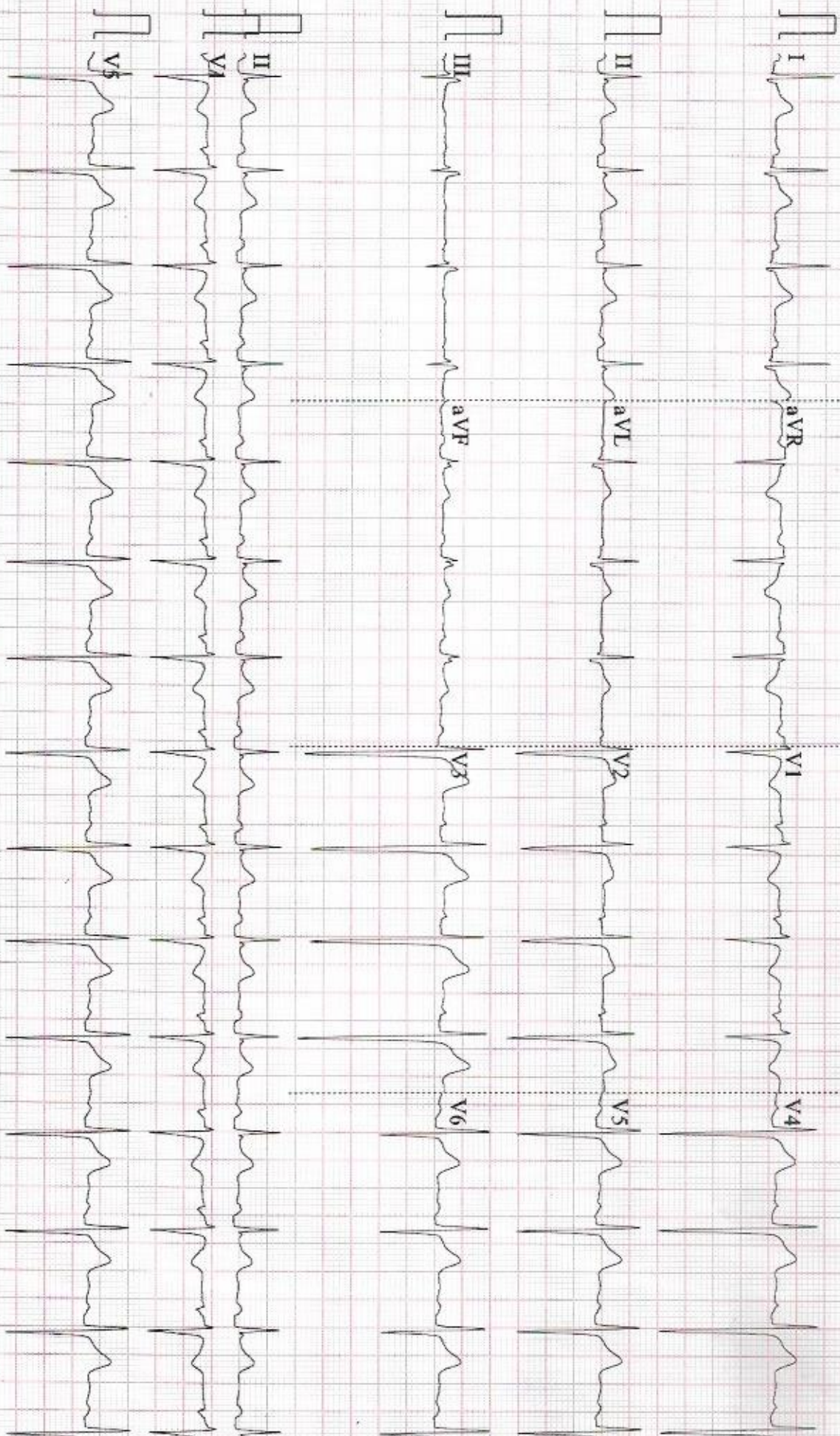
Robert Amiri
Male 27 Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 86	bpm
P	: 102	ms
PR	: 160	ms
QRS	: 94	ms
QT/QTc	: 362/433	ms
P/QRS/T	: 37/31/31	°
RV5/SV1	: 0.79/0.980	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040479 Receive: 22/04/2024 Print: 22/04/2024
Patient's Name : **RUHUL AMIN**
Age : 27 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS, (DU), CCD (BIRDEM), PGT (Eye), DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.



Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

Certificate (continued) ~~Certificate (quite)~~

9

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



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



The Validity of this certificate shall extend for a period of two years commencing six days after the first injection or the vaccine or in event of a revaccination within such period of two years on the date of that revaccination.

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

[illegible]

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

Rahul Anwar
This is to certify that
whose signature follows

Date of birth 08.10.1994 Sex MALE

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

Date	Signature and Professional status of vaccinator	Approved Stamp
1	<i>[Signature]</i> Dr. Mohd.G. Mostafa M.B.B.S. Regd No A9486 Medical Officer, BSCIC Chittagong, Bangladesh	
2	<i>[Signature]</i>	
3	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.	
4	<i>[Signature]</i> DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taller Chemist 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
5	<i>[Signature]</i>	
6	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.	
7	<i>[Signature]</i>	
8	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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