| REPORT OF MEDICAL E As per Merchant Shipping (Medical | XAMINATION (| OF SEAFA | RER BY AN | APPROVED ME | DICAL EXAMI | NER. |
|--|--|----------------------|---|--|---|------------|
| the supplied to a supplied to | DR. MIR MD. RAIH | | | 120 CONVENCION 147 (MLC | 2000) | |
| 35 SHAH | I MAKHDUM | AVENUE | AL LIMITE E, UTTAR | A, DHAKA-123 | 30. | |
| TEL: +88027920116, +8 | | 000. EM | | | /ahoo.com | |
| Date of Birth: 01/04 | BDULLAH First Name / 1983 F | PP/CDC: _C/ | Initial | M Serial No: | | |
| Vessel: Home Address: House = 42 | | Type: C | III tanker | Route: | WORLDWI | DE |
| HOUSE -03, | ROAD-05, | SECTOR | -12, ()(- | land, DHAK | A | |
| Company Name : Thome | | | | | The second | |
| Medical History | The second secon | | e following to | the best of your kn | Candidate | Examiner |
| Is there any past / present history o the following | Declaration Yes No | Record | | | Declaration | Record |
| Severe one-sided headaches (Migraine) | | | Hemia / Hydrocoel | le / Appendicitis | Yes No | Yes No |
| Head Injury / Concussion / Loss of Memmory Fits / Epilepsy / Dizziness / Fainting | 9 | | Asthama / Bronchit | oressure / Heart disease is / Tuberculosis | | |
| Eye / Vision Problems (Glasses, etc.) Hearing Impairment | - X | | Allergy / Skin disea Infection / Contagi | ise ious Disease | - | |
| Ear / Nose / Throat problems Stomach / Bowel disorders | 7 | | Addication to alcoh | ol / drugs / tobacco | | |
| Gall stones / Kidney disorders | V | | Major / Minor Oper | ion / Injury / Amputation ration | - | - 3 |
| Jaundice / Liver Disease Piles / Varicose veins | | : 3 | Diabetes Nervous / Mental d | tisease / Sleep disorder | 1 | |
| Blood Disorder Female Disorder | 1 | 7 | Mallignant disease Signed off on med | (Cancer) ical grounds / Declared Unfit. | 1 2 | |
| Notes Medical Examination | | | | resi gresitary business office | | |
| | Insp-Exp Blood Press | ure in mm of Hg | PulseBeats / m | nyn Resp.Rate / mig/ | General Cond | tion |
| 170m 7915. 43 | 3-41 [30/ | 8r mm | 188/ | nin 19 5/nin | ar | ~ |
| Distant Vision Unserected Co Right Eye | rrected Field of | | | z 500 1000 2000 3 | 3000 4000 5000 | 6000 8000 |
| Left Eye 611 | Abno | rmal | | 3 20 20 20 | | |
| Colour Vision Ishihara Other | | Abnormal Abnormal | Hearing - | Right Ear | Left | ear |
| Systemic Examination Norma | il Abnormal | No | otes | | Norma | Abnormal |
| Eyes | FIT | EOD CE | SERVICE | Respiratory system Cardiovascular sys | | |
| Ears / Nose / Throat Teeth / Oral Cavity | - | | | Per Abdomen Genito-urinary sys | | |
| Manuaus mustom | AS | CH.E | Mak- | Others Hemia / Hydrocoe | - | |
| Reflexes Skin | AS | PER MLC | 2006 | Varience Veinc | | |
| Investigations | LEnnar | nced (TARI | Medicals d | one Fissure/Fistula/Pile | es . | 1 |
| Blood Res | AND THE RESIDENCE OF THE PARTY | Normal | Urine | | | |
| Hemoglobin Total WBC count | gm% 14-16 gn 2 cu.mm 4000-110 | n % 000 / cu.mm | Colour Specific Gravity | SITU | | |
| Neu 60 % Lymp 24 % Ed Malarial parasite | 05 03 Ba 00 | | pH Albumin | ALC. | | |
| ESR SGPT SOU/L | mm / 1st hour 1 15 m | m / hr | Sugar Bile pigment | 116 | (a) | - |
| S.Cholesterol IS 9 mg/di | 145260 | mg / dll | Bile salts | | 4.3 | |
| Blood Sugar RBS 5: 4 | Upto 200 PPBS upto 125 | | Occult blood RBC cells | NIT | | |
| HIV1&II | have | | Leucocytes Others | | | Alle |
| Others 7 | 01) 100 | GGTP U/L | Spirometry | : 10 | SHEDY. | A-UI |
| Blood Group | 110 | | Drugs of | 100 1500 10 | THOUNE NO | |
| ECG: Norm | TMT: N | 0 | Abuse: | regalive 1 | HOSPITALS | шшш |
| X-Ray Chest: | tonm | | USG: | vonmer (| G (6) | |
| Result of Medical Examination On the basis of the examinee's history, classification of the examinee's history, classification of the examinee's history, classification of the examination of the examinat | linical examination and | | | | lare the examinee me | dically |
| Remarks / | cont remaile | nay unit | Should be re-exan | nined in days / t | weeks / months. | |
| Recommendations I, Doctor's Name: DR.MIR SID, RAJHAN certify | that all information requin | ed under Annexure | E & F of M.S. (Media | cal Examination) Rules 2000 | is incorperated in this Co | ertificate |
| | 8 APR 2026 | | | | Jalle | |
| Candidate's Signature | | Offici | al Stamp | the state of the s | Dector's signature: | |
| Date: 19.04.2024 | | (a)Hos | iolo | M885 (DI | MIR. MD. RA | GT (Ophth) |
| 19 APR 2024 | | N Pay | | DG Ship | A-55144, MMC-B pp.ng Bangladesh A General Physician adical Hospitals Lim | Approved |

04.2024.6352

MEDICAL EXAMINATION REPORT/CERTIFICATE MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

| REPUBLIC OF THE MAR | RSHALL ISLANDS |
|---------------------|----------------|
|---------------------|----------------|

| CURVINE CONTRACTOR | 1 | - | IODIATOS | T. C. |
|--|-------------------------|-----------------|------------------------|----------------------------|
| SURNAME MASUD | GIVEN NA | ME(S) A | BOULLAH AL | |
| DATE OF BIRTH | PLACE OF | BIRTH | | SEX |
| O4 O1 1983 MONTH DAY YEAR | CITY D | HAKA | BANGLADESH | MALE DEMALE |
| EXAMINATION FOR DUTY AS: | MAILING. | ADDRESS OF A | | |
| MASTER DECK OFFICER | HOUSE | -03, RO | AD -OS, SECTO | R-12, UTTARA |
| ENGINEERING OFFICER | DHAVA | | ., ., | 1 (1) 0 [[/]()] |
| RADIO OFFICER | | · (| | |
| MEDICAL EXAMINATION (SEE REVERSE SIDE FOR M | JEDICAL RE | QUIRÉMENTS) | STATE DETAILS O | N REVERSE SIDE |
| HEIGHT WEIGHT BLOOD PRESSURE PULSE | - T | RESPIRATION | . GENERAL APPEA | |
| 170 79 130/80 mm/m 78 8 | min | 193/ | min Co | |
| VISION: RIGHT EYE LEFT EYE WITHOUT GLASSES | | HEARING: | | |
| WITH GLASSES / | | RT. EAR | N) LEFT E | AR MY |
| COLOR TEST TYPE: BOOK LANTERN IS COL | LOR TEST NO | ORMAL? — | TYES □ No (IF "N | O" EXPLAIN ON PAGE 2) |
| ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRE | | | YES NO P | |
| HEAD AND NECK | | HEART (CA | RDIOVASCULAR) | |
| Manun | | ** | Norma | |
| LUNGS | | SPEECH (DEC | CK/NAVIGATIONAL OF | TCER AND RADIO QFFICER) |
| Monno | | IS SPEECH UNIMP | AIRED FOR NORMAL VOICE | COMMUNICATION? |
| EXTREMITIES: | | | 1 | Du. |
| UPPER Normal | | LOWER | Non | my |
| IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDA | ATIONS? | YES 🗎 | No 🗌 | |
| IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVAT | ED BY WORK | | | M/HER UNFIT FOR SERVICE AT |
| SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOAI IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM O | | Yes No | T | |
| IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDIC | | YES 🗌 | No | |
| N. H. | | 1 Q ADD | 2021 | 1 8 APR 2026 |
| SIGNATURE OF APPLICANT | | DATE OF EXAMIN | NATION | EXPIRY DATE |
| THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAM | | | | |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION | WAS GIVE | NTO: N | MSUD ABDULL | AH AL |
| THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISE | ON BOA | KU SHIP | NAME OF APPLICANT (SUR | RNAME, GIVEN NAME(S)) |
| SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY AS | SASE (OR VII SAD MAS | RUSES FOR CO | V OFFICER / From | |
| RADIO OFFICER / RATING / CHIEF COOK / COO | OK WITH | OUT ANY RES | TRICTIONS / WITH T | THE FOLLOWING |
| RESTRICTIONS: | | | | |
| NAME AND DEGREE OF PHYSICIANDR. MIR MD RAIH. | AN MBBS, | DFM | | |
| ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH MA | AKHDUM A | VENUE SECT | OR-12, UTTARA, DH | AKA-1230 |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DO | G SHIPPING | G BANGLADE | SH | |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE. 06 MAY | 7 2014 | | | |
| SIGNATURE OF PHYSICIAN | | | | 1 9 APR 2024 |
| This certificate is issued by authority of the Motton Administrator and in | | | | DATE |

his 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 Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

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



MI-105M

MEDICAL REQUIREMENTS

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 certificated 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.
- (c) 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)
 - 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.

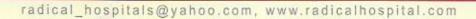
DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent (See RMI MG 7-17-1, §3.3).

> 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.

19 APR 2024







ID NO : 24040391

Patient's Name: ABDULLAH AL MASUD

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/0/4332

Specimen : Blood

Date : 19/04/2024

Age : 41Y0M18D

Sex : Male

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

HAEMATOLOGY REPORT

| * Mindeline | Total Consumer | Aller and the Real Property and | DESCRIPTION OF THE PROPERTY OF | |
|------------------------------------|----------------|---------------------------------|---|---------------|
| Parameter | R | esults | Reference Values | Histogram |
| Haemoglobin(Hb) ESR(Westergren) | 15.1 05 | 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 | 8,600 | /cumm | 4,000 - 11,000 /cumm | |
| DIFFERENTIAL COUNT Neutrophils | 68 | % | (40 - 75)% | stantil Harts |
| ymphocytes | 24 | % | (20-45)% | WBC CURVE |
| Monocytes | 05 | % | (2-10)% | |
| Eosinophils | 03 | % | (1-6)% | Д. |
| Basophil | 00 | % | 0-1 % | |
| TOTAL CIR. EOSIONOPHIL COUNT | 258 | /cumm | 40 - 450 /cumm | |
| FOTAL PLATELET COUNT(PC) | 254,000 | /cumm | 1,50,000-4,50,000 /cumm | |
| MPV | 10.3 | fL | 7.0 -11.0 fL | |
| PDW-CV | 16.5 | % | 10 - 18 % | PLT CURVE |
| PCT | 0.26 | % | 0.10 - 0.28 | |
| P-LCR P-LCC | 30 | % | 9.00 - 45.00% | A |
| -100 | 76 | x10^3/uL | 13 - 129 x10^3/uL | |
| RBC COUNT | 5.63 | m/ul | M: 4.5-6.5, F: 3.8-5.8 m/ul | |
| HCT/PCV | 48.0 | % | M: 40-54%, F: 37-47% | |
| 1CV | 85.3 | fL | 76-94 fL | |
| MCH . | 26.9 | pg | 27-32 pg | RBC CURVE |
| MCHC | 31.5 | g/dL | 29-34 g/dL | KDC COKVE |
| RDW SD | 44 | fL | 30.0-57.0 fL | |
| RDW CV | 15.5 | % | 10-16% | |

Checked 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 | DIA24040391 | Received Date 19/04/2024 | | 2024 |
|----------------|--|--------------------------|--------|------------|
| Paţient's Name | ABDULLAH AL MASUD | | | 55.00 (SNA |
| Patient's Age | 41Y 0M 18D | 18D Pati | | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT | (Eye),DFM | CDC NO | C/O/4332 |
| Sample | BLOOD | | | 1 |

BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|--|---|--|
| Fasting Blood Sugar (FBS) HbA1C | 5.0 mmol/l 5.4% | 4.2 – 6.4 mmol/l <6.5 % |
| Serum Creatinine Serum Uric Acid | 0.93 mg/dl 4.7 mg/dl | 0.3 - 1.3 mg/dl 3.4-7.0 mg/dl |
| Liver Function Test Serum Bilirubin (Total) Serum ALT (SGPT) Serum AST (SGOT) Serum Alkaline Phosphatase | 0.59 mg/dl 30.0 U/L 26.0 U/L 171 U/L | 0.2 - 1.1 mg/dl Up to 40 U/L Up to 37 U/L Up to 270 U/L |
| Lipid profile Serum Cholesterol | 150mg/dl | to 200 / !! |
| Serum HDL- Cholesterol | 159mg/dl 40 mg/dl | up to 200 mg/dl 35-55 mg/dl |
| Serum Triglyceride | 150 mg/dl | 50 - 150 mg/dl |
| Serum LDL- Cholesterol | 89 mg/dl | <130 mg/dl |

Checked By

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



| Bill No | DIA24040391 | Received Date 19/04/202 | | 2024 |
|----------------|---|-------------------------|--------|----------|
| Patient's Name | ABDULLAH AL MASUD | | | |
| Patient's Age | 41Y 0M 18D | Pat | | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(| (Eye),DFM | CDC NO | C/O/4332 |
| Sample | BLOOD | 1000 | | |

SEROLOGICAL REPORT

| Test Name | Result |
|-----------|--------|
| | |

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

| OD GROUPINGResult | |
|-------------------|-----------|
| ABO Blood Group | "A" (+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 | DIA24040391 | Received Date 19 | | 19/04/2024 | |
|----------------|--|------------------|-------------|------------|--|
| Patient's Name | ABDULLAH AL MASUD | | | | |
| Patient's Age | 41Y 0M 18D | Par | tient's Sex | Male | |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT | (Eye),DFM | CDC NO | C/O/4332 | |
| 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 |
| | 1100 | 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 | DIA24040391 | Received Date 19/04/2024 | | 2024 |
|----------------|---|--------------------------|----------|----------|
| Patient's Name | | , see a batte | | 1021 |
| Patient's Age | 41Y 0M 18D | Patie | nt's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(| Eye),DFM | CDC NO | C/O/4332 |
| Sample | URINE | ## G | | 12,41,52 |

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

| Test Name | Result |
|---------------------|----------|
| Drug Level of Urine | |
| Cocaine | Negative |
| Morphine | Negative |
| Marijuana Marijuana | Negative |
| Barbiturates | Negative |
| Amphetamines | Negative |
| hencyclidine | Negative |
| lcohol | Negative |
| enzodiazepines | Negative |
| Methadone | Negative |
| ropoxyphene | Negative |

Checked By

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



| Bill No | DIA24040391 | Received Date | | 9 19/04/2024 | |
|----------------|--|---------------|----|--------------|----------|
| Patient's Name | ABDULLAH AL MASUD | | | | |
| Patient's Age | 41Y 0M 18D | Patie | | | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT | (Eye),DFM | CD | CNO | C/O/4332 |
| Sample | STOOL | | | 2000 | |

STOOL ANALYSIS

Physical Examination:

Color : Brown Consistency : Soft Worm : Nil

Mucus : Nil Blood : Nil

Chemical Examination:

Reaction : Acid

Occult Blood Test (OBT) : Not done

Reducing Substance (RS) : Not done

Microscopic Examination:

Ova : Not found Mucus flakes : Nil

Cyst : Not found Cyst of Giardia : Not found

Protozoa (Trophozoite) : Not found Macrophage : Not found Larva

: Not found Fat Globules : Nil Epithelial Cell : 1-2

Pus Cell-: 0-1 Starch : Nil

RBC : Nil Muscle fibre : Nil

Medical Technologis Radical Hospitals Ltd.

Dr. Sumarya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

:Nil

Vegetable Cell

East West Medical College and Hospital



| Patient's Name | 1 | ABDULLAH AL MASUD | | | |
|----------------|---|--------------------------------------|-----------------|---|------------|
| Age | : | 41 Yrs | Date | : | 19/04/2024 |
| Sex | : | Male | CDC NO:C/O/4332 | | 0/0/4332 |
| Referred by | : | Dr. Mir Md. Raihan - MBBS, (DU), DFM | | | |

Psychometric Test

| Test Name | Remarks | | |
|---|---------------------------------------|--|--|
| 1.APTITUDE TEST | | | |
| Numerical Reasoning test | Poor /Good /very good /excellent | | |
| Verbal Reasoning test | Poor /Good /very good /excellent | | |
| Inductive reasoning test | Poor /Good /very good /excellent | | |
| Diagrammatic Reasoning test | Poor /Goød /very good /excellent | | |
| Logical Reasoning test. | Poor /Goød /very good /excellent | | |
| Error checking test | Poor /Good /very good /excellent | | |
| | | | |
| 2.Skill Test | Poor /Good /very good /excellent | | |
| | | | |
| 3.Personality Test | INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFF | | |
| DADICA | | | |
| 4. Watson Glaser test(Critical Thinking Test) | - NA | | |
| Arguments | Poor /Good /yery good /excellent | | |
| Assumptions | Poor /Good /yery good /excellent | | |
| Deductions | Poor /Good /very good /excellent | | |
| Interpreting Information's | Poor /Good /very good /excellent | | |
| Inferences | Poor /Good /very good /excellent | | |
| 5.Situational Judgment Test. | Poor /Good /very good /excellent | | |

Poor: <6

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

radical_hospitals@yahoo.com, www.radicalhospital.com

AUDIOLOGICAL REPORT

Patient Name : ABDULLAH AL MASUD

19/04/2024

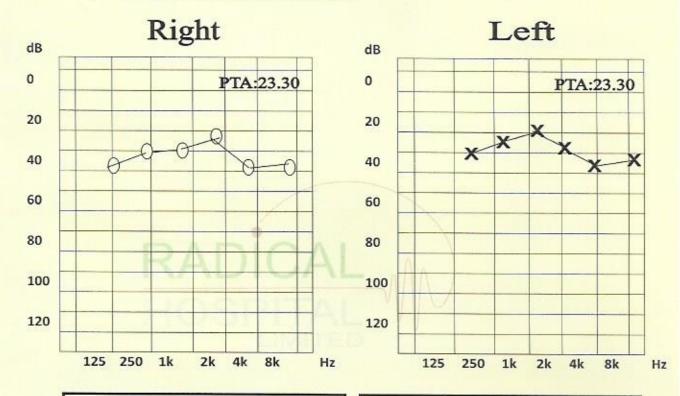
Age

: 41 Yrs

Address

: RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM



0-25= Normal Hearing.

26-40= Mild Hearing Loss.

41-55= Moderate Hearing Loss.

56-70= Moderately Severe Hearing Loss.

71-90= Severe Hearing Loss.

91-120= Profound Hearing Loss.

Right Ear Left Ear

Air Unmasking OX

Bone Unmasking

Right Ear Left Ear

Air MaskingOX

Bone Masking $\Delta\Delta$

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040391 Receive:19/04/2024 Print: 19/04/2024

Patient's Name : ABDULLAH AL MASUD

Age : 41 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart : Normal in T.D.

Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

| Patient's Name | : | ABDULLAH AL MASUD | ID NO | : | 24040391 |
|----------------|---|---------------------------------|-----------------|-----|------------|
| Age | : | 41 Yrs | Date | : | 19/04/2024 |
| Sex | : | Male | | | |
| Referred by | : | Dr. Mir Md. Raihan MBBS,(DU),CC | D (BIRDEM),PGT(| Eye | e),DFM |

Dental Examination Reports

On Examination

1. Dental Caries : Absent

2. Calculus : Absent

3. Missing : Absent

4. Gum Condition : Normal

5. Filling : No

6. Root Canal Treatment : No

7. Any Bridge/Denture/Crown : No

8. Oral Hygine : Normal

Comments: Normal

Dr. Mir Md. Raihan

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

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited



| Patient ID | 24040391 | Voucher No | |
|--------------|-----------------------------|---------------|------------|
| Test Name | USG OF WHOLE ABDOMEN | Delivery Date | 19/04/2024 |
| Patient Name | Abdullah Al Masud | | |
| Age | 41 YRS | Sex | Male |
| Refd. By | Dr. Mir Md. Raihan MBBS,(DU | | (Eve) DEM |

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER: Is normal in size 13.9 cm, regular in shape and normal position. The echogenicity of the parenchyma is increased. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: Normal in size & regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE: Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN: Is normal in size (10.4x 4.7)cm and uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size RK- 10.7cm, LK-10.8 cm regular in shape. The cortical echogenicity are normal with clear cortico—medullar 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 normal. No intravesicle lesion is seen

PROSTATE: Is normal in size volume is 13.5 cc , regular in shape.

2.4.24

Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Fatty change in liver G-2.

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist

M

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040391 Receive: Print: 19/04/2024

Patient's Name : ABDULLAH AL MASUD

Age : 41 YRS

Refd. by : 41 YRS Sex

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 68 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1



| Patient's Name | : | ABDULLAH AL MASUD | ID NO | 1: | 24040391 |
|----------------|---|------------------------------------|-------------------|-----|--|
| Age | : | 41 Yrs | Date | 1: | 19/04/2024 |
| Sex | : | Male | | 1 | I STOCK WAS A STOCK OF THE PARTY OF THE PART |
| Referred by | : | Dr. Mir Md. Raihan MBBS,(DU),CCD(B | IRDEM),PGT(Eye),I | DFN | 1 |

FUNCTIONAL CAPACITY EVALUATION

1. SELF CARE TESTING

| NOT SIGNIFICANTLY LIMITED | MODERATELY LIMITED | NO EVIDENCE OF LIMITATIONS |
|---------------------------|---------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | NOT SIGNIFICANTLY LIMITED | NOT SIGNIFICANTLY LIMITED MODERATELY LIMITED |

2. CAPACITY TESTING

| CATEGORIES | NOT SIGNIFICANTLY LIMITED | MODERATELY LIMITED | NO EVIDENCE OF LIMITATIONS |
|----------------------|---------------------------|--------------------|----------------------------|
| SIT/STAND/WALK | | | |
| CLIMB LADDERS/STAIRD | | | |
| SQUAT PARTIAL/FULLY | | | |
| TWIST NECK/TRUNK | | | |
| KNEEL/CRAWL/BEND | | | |
| PUSH/PULL/CARRY | | 1 | |
| HANDLE/GRASP | DADIO | | 1 |

3. MENTAL FUNCTIONAL TESTING

| CATEGORIES | NOT SIGNIFICANTLY LIMITED | MODERATELY LIMITED | NO EVIDENCE OF LIMITATIONS |
|---|---------------------------|--------------------|----------------------------|
| UNDERSTANDING MEMORY OF LOCATION | | | |
| SUSTAINED CONCENTRATION AND PERSISTANCE | | | |
| SOCIALINTERACTION | | | /1 |
| ADAPTATION | | | 1 |

4. CARDIORESPIRATORY ENDURANCE TESTING

| CATEGORIES | NOT SIGNIFICANTLY LIMITED | MODERATELY LIMITED | NO EVIDENCE OF LIMITATIONS |
|-------------------------|---------------------------|--------------------|----------------------------|
| HEART RATE | | | |
| PULMONARY FUNCTION TEST | | | |
| - CONCION IEST | | | |

5. MUSCULOSKELETAL ETAL TESTING

| CATEGORIES | NOT SIGNIFICANTLY LIMITED | MODERATELY LIMITED | NO EVIDENCE OF LIMITATIONS |
|-------------------------------------|---------------------------|--------------------|----------------------------|
| WRIST FLEXION | | | |
| SENSIBILITY (TOUCHING OF WARM/COLD) | | | |

A POMIL COURS

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



| Patient's Name | 1 | ABDULLAH AL MASUD | ID NO | : | 24040391 |
|--------------------|---|-----------------------------------|-------|----|------------|
| Age | : | 41 Yrs | Date | : | 19/04/2024 |
| Sex | : | Male | | | |
| Referred by | : | Dr. Mir Md. Raihan MBBS,(DU), DFM | | | |
| Nature of Specimen | : | | | 57 | |

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6 FEV = 5 FEV/FVC = 80%

Comments: Normal Lung Function

Dr. Mir Md. Raihan

MBBS (DU) CCD(Birdem),PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved General Physician Radical Hospitals Limited



| Patient ID | 24040391 | Test Date | 2- | 19/04/2024 | | |
|--------------|-----------------------------|-----------|-----|------------|-----|------|
| Patient Name | ABDULLAH AL MASUD | | Age | 41 YRS | Sex | Male |
| Ref. By | Dr. Mir Md. Raihan MBBS (DI | J),DFM | | | | |

BMI REPORT

Body Mass Index = $\frac{\text{Weight in kg}}{\text{(Height in Meter)}^2}$

$$= \frac{79 \text{ kg}}{(1.70)^2}$$

= 27.3

BMI Categories

- ❖ Under Weight in = <18.5</p>
- ❖ Normal Weight= 18.5 24.9
- ❖ Over Weight=25 29.9
- Obeshyz = BMI of 30 or greater.

Fresh Control of the Control of the

Dr. Mir Md. Raihan

MBBS (DU,) CCD (Birdem), PGT (opth)
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Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

radical_hospitals@yahoo.com, www.radicalhospital.com

TREADMILLSTRESS TEST

| Patient ID | 24040391 | Test Date | 19-04-202 | 24 | |
|---------------|---------------------|-----------|-----------|-----|------|
| Patient Name | ABDULLAH AL MASUD | Age | 41 Yrs | Sex | Male |
| Attending Dr. | Dr. ROSEYAT PERVEEN | | ile. | | |

Total Exercise Time : 09:5 Min

Max.HR attained

: 167 bpm.

% of max.pred. hR

:98%

Max. Pred HR

: 168 bpm.

Maximum BP

: 160/90 mmHg.

Max. work load attained

:13.00METS.

Indication

: Screening for IHD.

Risk Factors

Reason for Termina

: Attainment of THR.

Test Profile

: BRUCE

Symptoms

Summary Result ⇒

NEGATIVE

Comments

- ABDULLAH AL MASUD performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion

: Stress test is NEGATIVE for ECG evidence of promotable myocardial ischemia.

Dr. ROSEYAT PERVEEN MBBS, MD (Cardiology), NICVD, Dhaka Consultant, IBN SINA D-Lab, Uttara, Dhaka



Date: 19/04/2024

EYE EXAMINATION REPORT

| NAME: | ABDULLAH AL MASUD | | |
|-------|-------------------|--------------|-----------------|
| AGE: | 41 YRS | RANK: CH.ENG | CDC NO:C/O/4332 |

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

600

60b.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION

| CERTIFICAT INTERNATIO | | ERA 01 04 1983 | |
|--|---------------------|-----------------------|---|
| ARTHUL AHAL M | ASUD date of | birth Sex | M |
| This is to certify that IE Soussigne (e) certifie que | 20 (0) (| g sexc | |
| Whose signature follows | / (1) The | | |
| dont la signature suit | - and or revacci | nated against Cholera | |
| Date indicated bee | n vaccinated of re- | 1. data indiquee | |

has on the Date indicated been vaccinated of revaccinated against Cholera a ete vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

| F | on the le vaccin | Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateur Dr. A. K. Volume and professional Status of Vaccinator Signature et qualite profess- sionelle Vaccinateur Our U. Zamal MBB 4081 (BMDC) Con Mant Pathologist New Popular Medical Services | Approved Stamp Cechet d'authentification 2 |
|----|------------------|--|--|
| 19 | APRINT | DR. MR. MD. RAIHAN MBBS (DU). DFM. CCD (Birdem). PGT (Ophth) MBBS (DU). DFM. CCD (Birdem). PGT (DPM. CCD (Birdem). | Stah Mahdum Stah M |

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of two years, on

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that the date of that revaccination. two injections have been given at an interval of seven days and its validity shall commence from

The approved stamp mentioned above must be in a form prescribed by the health adminstration the date of the second injection.

Any amendment of this certificate or erasure or failure to complete any part of it, may render it of the territory in which the vaccination is perfored.

La validity dece certificate couvre une period de deux annees commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de deux

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire annees jour de cette revaccination. mention de deux injections parti quees a sept jours d'intervalle et sa validite commence le jour dela

De cachet d'authentification doit etre canforme au modele present per l'administration sanitaite seconde injection:

Toute correction ou rature sur le certificate ou l o, mission d'une quelconque des mentions qu du territoire ou la vaccination est effectuee. it comporte pe ut effecter sa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER

CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION

| A CONTRE LA | FIEVRE JAUNE |
|---|--|
| ABDULLAH AL CONTRE LA This is to certify that AL CONTRE LA | date of birth 01.04.1283 |
| JE soussigne' (e) certifie que | no' (e) de sexe |
| Whose signature follows 1 | (1/ Hw _ |
| dont la signature suit | VIA |
| has on the Date in Bastod bean constructed as | and the state of t |

has on the Date indicated been vaccinated or revaccinated against yellow fever a etc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

| | Date | Signature and professional Status of Vaccinator Signature et titre du vaccinateur | Manufacturer and batch no of vaccine Fabricant du vaccin et nunne'ro du lot | Official stamp of Cachet officiel du o | vaccinating centre entre de vaccination |
|-----|------|--|--|---|--|
| X | 2/2 | Dr. A.K.M. Corus MBBS, M. Phil Path Fleg No. 1993 | Zamak EVEA | ANCO PROPERTY. | OPU P |
| , , | 2 | Consultan Patholog New Popular Medical Se | rvices ** | A Indiana | AL SE |
| | 3 | | | 3 | 4 |
| | 4 | | | | |

This certificate is valid only if the vaccine used has been approved by the world Health Organization and 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 life of person vaccinated beginning ten days after the date of vaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificate n'est valable que si le vaccin emp;oye' a e' tc" approve" par l'Organisation Mondiale de la Sante" et sile centre de vaccination ae'tc' habilite parl' adminstration sanitaire du territoire dans lequel'ee centre est siture'.

La validite' de ce certificat couvre vie entie're du sujet vaccine' commencant dix joursapres la date de la vaccination,

Ce certificate do it etre signe' par un me'decin de sa propre main, son cachet offiicial ne pouvant etre conside' re' comme lenant lieu de signature.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validite.