REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,
35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: RAHMAN (Surname) MD (First Name) MAHFUJUR (Middle Initial) Sex: M Serial No:

Date of Birth: 01 / 01 / 1976 PP/CDC: C10/3857 Rank: CIE

Vessel: MT UNITED VENTURE Type: TANKER Route: W.W

Home Address: H-160 RAMCHANDRAPUR, RAJSHAHI - 6100

Company Name : BANGLADESH

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addicition to alcohol / drugs / tobacco		✓		✓
Stomach / Bowel disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall stones / Kidney disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Varicose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Mallignant disease (Cancer)		✓		✓
Female Disorder		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓

Notes

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp cms	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
170cm	80 Kg.	43-41	120/84 mm	78 b/m	19 b/m	Gd

Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20					
Left Eye	6/6	✓	Abnormal	Left Ear	dB	20	20	20					

Colour Vision				Hearing	Right Ear	Left ear
Ishihara		Normal ✓	Abnormal			
Other		Normal	Abnormal		4	4

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS CH. ENGR
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	13.3 gm%	14-16 gm %	Colour	Stw
Total WBC count	7100 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu 56 % Lymp 34 % Eos 02 Ba 00 % Mo 08 %			pH	
Malarial parasite	Not Found		Albumin	Nil
ESR	06 mm / 1st hour	1- - 15 mm / hr	Sugar	Nil
SGPT	22 U/L	9--43 U / L	Bile pigment	
S.Cholesterol	mg/dl	145--260 mg / dl	Bile salts	
S.Triglycerides	mg/dl	upto 200 mg /dl	Occult blood	
Blood Sugar	RBS PPBS	upto 125 mg %	RBC cells	Nil.
HbsAg	Negative		Leucocytes	
HIV I & II	Negative		Others	
VDRL	Non Reactive			
Others		GGTP U/L	**Spirometry:**	N/D
Blood Group			**Drugs of Abuse:**	Negative.

PHOTO

ECG : Normal. **TMT:** N/D.

X-Ray Chest: Normal chest xray **USG:** Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically Fit / Unfit / Temporarily unfit / Permanently unfit / Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 19 APR 2026

Candidate's Signature

Official Stamp

Doctor's signature:

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.

Date: 20 APR 2024

Radical Hospital LTD. As Per MLC-2006 DG Shipping Bangladesh Approved

04.2024.6357

PHYSICAL EXAMINATION REPORT/CERTIFICATE

DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
RAHMAN	MD MAHFUJUR	

DATE OF BIRTH (MONTH / DAY / YEAR)	PLACE OF BIRTH (CITY / COUNTRY)	SEX
01 / 01 / 1976	RAJSHAHI / BANGLADESH	MALE ☑ FEMALE ☐

EXAMINATION FOR DUTY AS:

MASTER	☐	RATING	☐
MATE	☐	MOU DECK	☐
ENGINEER	☑	MOU ENGINE	☐
RADIO OFF	☐	SUPERNUMERARY	☐

MAILING ADDRESS OF APPLICANT:

H-160 RAMCHANDRAPUR,
RAJSHAHI - 6100

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
170cm	80kg.	120/80 mmHg	78/min	18 b/min.	Gen

VISION:

	RIGHT EYE	LEFT EYE
WITHOUT GLASSES	6/6	6/6
WITH GLASSES		

DATE OF LAST COLOR VISION TEST (Month/Day/Year) 20 APR 2024 Testing Required every 6 years

COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☑ NO ☐

COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL YELLOW ☑ RED ☑ GREEN ☑ BLUE ☑

HEARING:

RT. EAR Normal LEFT EAR Normal

HEAD AND NECK	HEART (CARDIOVASCULAR)
Normal	Normal
LUNGS	**SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?**
Normal	Normal

EXTREMITIES:

UPPER Normal LOWER Normal

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.

No

SIGNATURE OF APPLICANT	DATE OF EXAM	EXPIRY DATE
	20 APR 2024	19 APR 2026

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MD MAHFUJUR RAHMAN (NAME OF APPLICANT)

FIT FOR DUTY ON BOARD SHIP

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN MBBS(DU), DFM REG:A-55144

ADDRESS RADICAL HOSPITAL LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA,DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014

SIGNATURE OF PHYSICIAN _____ DATE OF EXAMINATION: 20 APR 2024

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.

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

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Radical Hospital Ltd. DG Shipping Bangladesh Approved

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.

(b) 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.

(c) 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 seafarer deck, 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, able seafarer engine 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.
2. 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

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20 APR 2024

Radical Hospital Ltd. As Per-MLC-2006 Shipping Bangladesh Approved

V.SHIPS V. SHIPS INDIA Pvt. Ltd.

Certificate No: _____

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers **ILO/IMO/JMS/2011/12**

RECENT PHOTO

Family Name	MD MAHFUJUR		
Given Names	RAHMAN		
Date of birth (day/month/year)	01-01-1976	Sex: ☑ Male	☐ Female
Nationality	BANGLADESHI		

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	✓		
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	✓		
Unaided hearing satisfactory?	✓		
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	✓		
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	✓		

I have evaluated the above named examinee according to _____
(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☑ Fit for look-out duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☐	☑	☐	☐
Unfit	☐	☐	☐	☐

☑ Without restrictions ☐ With restrictions

Visual aid required ☐ Yes ☑ No

Chest X-ray ☑ normal ☐ not performed

Bacteriological stool test ☑ negative ☐ not performed

Parasitical stool test ☑ negative ☐ not performed

Vaccination records ☑ satisfactory ☐ to be renewed

Describe any restrictions (e.g., specific position, type of ship, trade area):

RADICAL HOSPITAL LIMITED

Place of examination Uttara, Dhaka, Bangladesh Date (day/month/year) 20 APR 2024

Medical certificate's date of expiration (day/month/year) 19 APR 2026

Official stamp (also print name of medical examiner if not legible):

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.

Signature of medical examiner: _____

Authorised by: DG SHIPPING BANGLADESH (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: _____
(To be signed in the presence of the medical examiner)

Radical Hospital Ltd. As Per MLC 2006 DG Shipping Bangladesh Approved

V.SHIPS V. SHIPS INDIA Pvt. Ltd

Certificate No: _____

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12

RECENT PHOTO

Family Name	MD MAHFUJUR
Given Names	RAHMAN
Rank and department	C/E
Date of birth (day/month/year)	01-01-1976 Sex: ☑ Male ☐ Female
Nationality	BANGLADESHI
Home address	H-160 RAMCHANDRAPUR, RAJSHAHI - 6100
Residence & Mobile No:	
Passport No./Discharge Book No.	C10/3857
Type of ship (container, tanker, passenger, fishing)	TANKER
Trade area (e.g., coastal, tropical, worldwide)	

A. EXAMINEE'S PERSONAL DECLARATION:

(Assistance should be offered by medical staff)

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; use alcohol or drugs?	☐	☑
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 or joint problems	☐	☑
16. Genital disorders	☐	☑	33.	Amputation	☐	☑
17. Pregnancy	☐	☑	34.	Fractures/dislocations	☐	☑

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

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Additional questions

		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 MD MAHFUJUR RAHMAN holding Passport/Seaman Book No C/0/3857 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

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

Signature of examinee: _____ Date (day/month/year) 20 APR 2024

Witnessed by: (Signature) _____ Name: (typed or printed) 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.

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).

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B. MEDICAL EXAMINATION

Sight:

Use of glasses or contact lenses: Yes ☐ / No ☑ (if yes, specify which type and for what purpose)

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular
Distant	6/6	6/6	✓			
Near	N5	N5	✓			

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Method of Testing Colour vision: ☑ Ishirara Plates ☑ Lantern Test ☑ Others

Colour vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing:

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings:

Height in cm	170	Weight in kg	80
Pulse rate	78 (/ minute)	Rhythm	Regular
Blood pressure Systolic	120 mm Hg	Diastolic	80 mm Hg

Urinalysis

Glucose:	Nil	Protein:	Nil	Blood:	Nil

	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	✓	☐
Opthalmoscopy	✓	☐	Upper and lower extremities	✓	☐
Pupils	✓	☐	Spine (C/S, T/S and L/S)	✓	☐
Eye movement	✓	☐	Neurologic (full brief)	✓	☐
Lungs and chest	✓	☐	Psychiatric	✓	☐
Breast examination	✓	☐	Piles	✓	☐
Heart	✓	☐	Skin	✓	☐
Hydrocele	✓	☐	General appearance	✓	☐

Chest X-ray	☐ Not performed	
	Performed on (day/month/year):	20 APR 2024
Results:	Normal chest X-ray	

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Other diagnostic test(s) and result(s):

Test	Result		
Blood Tests – tick in box if done- readings seperately issued*1	CBC ☑, Blood VDRL test ☑, Blood ESR ☐, Blood Sugar – Random ☑		
Haemoglobin "Hb" *1		g/dl	
Hepatitis B *3	HB (ab) ☐+ve ☐- ve	HB (ag) ☐ +ve	☑ -ve
Bacteriological stool test*4	☑ not performed	☐ negative	☐ positive
Parasitical stool test*5	☑ not performed	☐ negative	☐ positive
ECG (only for crew above 40 years)	Normal		
HIV *2 (+ve or -ve)	Neg		
Medical examiner's comments:	FIT FOR DUTY ON BOARD SHIP		

*1 compulsory
*2 not compulsory
*3 required by the Company for all crew from endemic areas
*4 required by the Company for all food handlers
*5 required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☑ Fit for look-out duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☐	☑	☐	☐
Unfit	☐	☐	☐	☐

☑ Without restrictions ☐ With restrictions

Describe restrictions (e.g., specific position, type of ship, trade area):

Place of examination: UTTARA, DHAKA, Date (day/month/year) 20 APR 2024

Medical certificate's date of expiration (day/month/year) 19 APR 2026

Date medical certificate issued (day/month/year): 20 APR 2024

Official stamp (also print name of medical examiner if not legible): 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

Signature of medical examiner: _____

Medical practitioner information (name, license number, address): _____

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

CRW15 – CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME	POSITION ON BOARD
RAHMAN	MD MAHFUJUR	C/E

DATE OF BIRTH	PLACE OF BIRTH	SEX	ID DOCUMENT NO
01-01-1976	RAJSHAHI	MALE	C/0/3857

(PLEASE INDICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REFERENCE LEVEL)

TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☑	☐	LYMPHOCYTE COUNT	☑	☐
RED BLOOD CELL COUNT (RBC)	☑	☐	MONOCYTE COUNT	☑	☐
PLATELET COUNT (PLT)	☑	☐	EOSINOPHIL COUNT	☑	☐
HAEMOGLOBIN (HGB)	☑	☐	BASOPHIL COUNT	☑	☐
HAEMOTOCRIT (HCT)	☑	☐	GRANULOCIYTE COUNT	☑	☐
MEAN CORPUSCULAR VOLUME (MCV)	☑	☐	THROMBOCYTE COUNT	☑	☐
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	☑	☐	**BIOCHEMISTRY**	**YES**	**NO**
MEAN CORPULSCULAR HB. CONC (MCHC)	☑	☐	ASPARTATE AMINOTRANSFERASE (AST, SGOT)	☑	☐
MEAN PLATELET VOLUME (MPV)	☐	☐	ALANINE AMINOTRANSFERASE (ALT, SGPT)	☑	☐
RED BLOOD CELL DISTRIBTION WIDTH (RDW)	☑	☐	TOTAL BILIRUBIN	☑	☐
NEUTORPHIL COUNT	☐	☐		☐	☐

IF ANY OF THE ABOVE CHECMICAL-SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DETAILS BELOW. **COMMENTS (for abnormal result):**

Doctors Comments:

no abnormality found.

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20 APR 2024

MEDICAL EXAMINER
(SIGNATURE & PRINTED NAME)

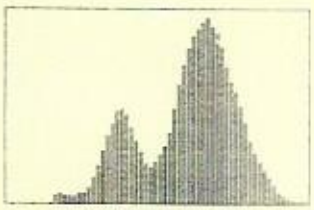
DATE OF EXAMINATION

ID NO	: 24040415	**Date**	: 20/04/2024
Patient's Name	: MD.MAHAFUJUR RAHMAN	**Age**	: 48Y3M19D
Ref. By	: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/3857	**Sex**	: Male
Specimen	: Blood		

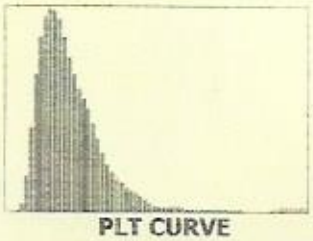
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

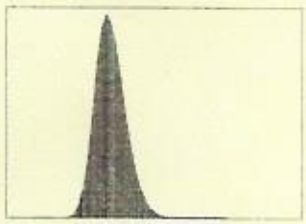
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**13.3**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**06**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**7,100**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	56	%	(40 - 75)%	
Lymphocytes	34	%	(20-45)%	
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**284**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**224,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	11.7	fL	7.0 -11.0 fL	
PDW-CV	16.9	%	10 - 18 %	
PCT	0.26	%	0.10 - 0.28	
P-LCR	38.7	%	9.00 - 45.00%	
P-LCC	86	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.5**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	44.8	%	M: 40-54%, F: 37-47%	
MCV	81.5	fL	76-94 fL	
MCH	24.2	pg	27-32 pg	
MCHC	29.7	g/dL	29-34 g/dL	
RDW SD	46	fL	30.0-57.0 fL	
RDW CV	17.3	%	10-16%	



WBC CURVE



PLT CURVE



RBC CURVE

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

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

Bill No	DIA24040415	Received Date	20/04/2024
Patient's Name	MD MAHAFUJUR RAHMAN		
Patient's Age	48Y 3M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/3857
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.54 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	28 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum Alkaline Phosphate	153 U/L	98 - 279 U/L

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	DIA24040415	Received Date	20/04/2024
Patient's Name	MD MAHAFUJUR RAHMAN		
Patient's Age	48Y 3M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/3857
Sample	BLOOD		

SEROLOGICAL REPORT

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

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	DIA24040415	Received Date	20/04/2024
Patient's Name	MD MAHAFUJUR RAHMAN		
Patient's Age	48Y 3M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/3857
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.

Bill No	DIA24040415	Received Date	20/04/2024
Patient's Name	MD MAHAFUJUR RAHMAN		
Patient's Age	48Y 3M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/3857
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.

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

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Date: 20/04/2024

EYE EXAMINATION REPORT

NAME:	MD MAHAFUJUR RAHMAN		
AGE:	40 YRS	RANK: CH.ENG	CDC NO:C/O/3857

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24040415	Receive:20/04/2024	Print: 20/04/2024
Patient's Name	:	**MD MAHAFUJUR RAHMAN**		
Age	:	40 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.

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

AUDIOLOGICAL REPORT

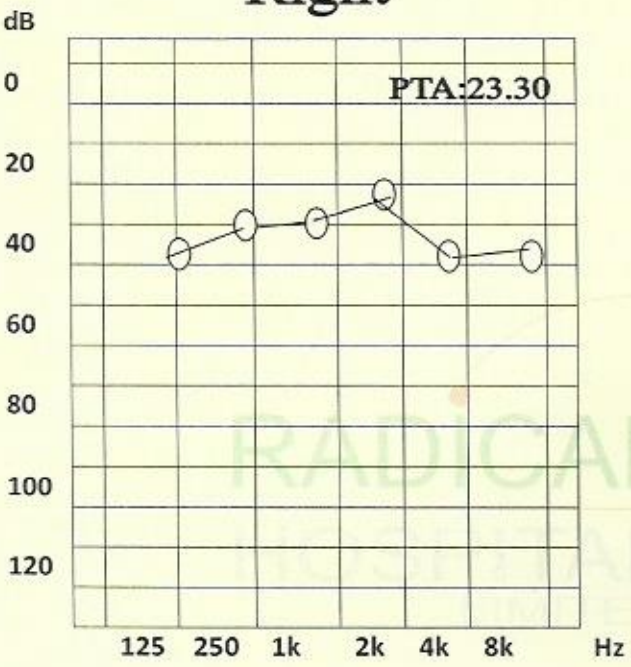
Patient Name : **MD MAHAFUJUR RAHMAN** **20/04/2024**

Age : **40 Yrs**

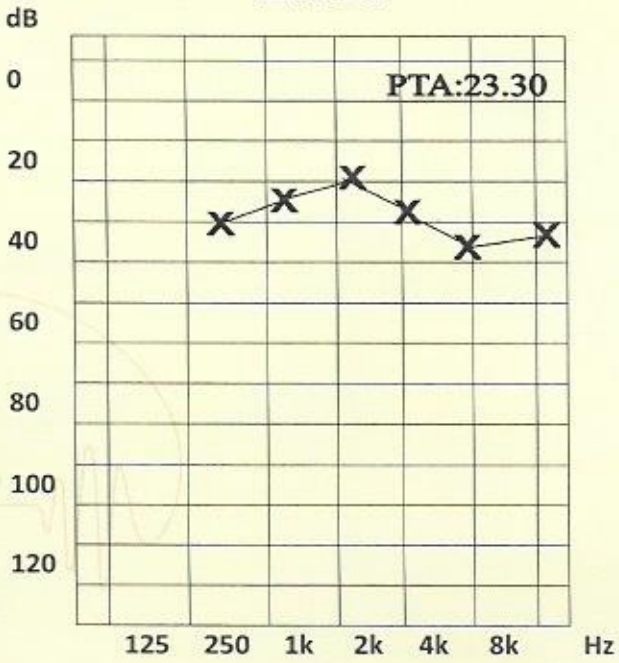
Address : RHL, UTTARA

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

Right



Left



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 ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA

This is to certify that MD MAHFUJUR RAHMAN date of birth 01-01-1976 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	20 APR 2024 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.	CENTER FOR VACCINATION 16, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
3		
4		

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 ev6nt of revaccination within such period of two years, on the date of that revaccination.

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

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cettc revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per l, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou I o. mission d' une quclconquc des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

MD MAHFUJUR RAHMAN

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 01-01-1976 | Sex / sexe: MALE

Whose signature follows / don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1	20 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	YELLOW FEVER VACCINE L NO DAKAR 9265	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

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

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

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par I' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il