

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

RADICAL HOSPITAL LIMITED.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Company Name :

Please answer the following to the best of your knowledge.

Examiner Record

Medical Examination

Systemic Examination

Investigations



Dr. A. K. Singh

Result of Medical Examination	
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Remarks / Recommendations

I, Doctor's Name: DR. MR. MD. RAHAN 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: **28 APR 2026**

Official Stamp

Date:

29 APR 2024

Doctor's signature: _____

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

04.2024.6441

ID NO : 24040636

Date : 29/04/2024

Patient's Name : IMTIYAZ UDDIN AHMED

Age : 33Y00M0D

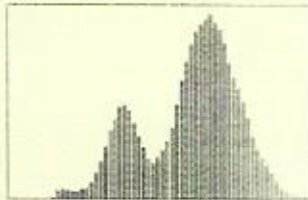
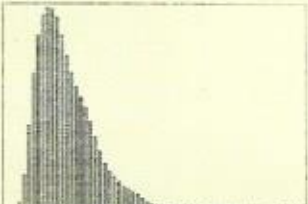
Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/6781

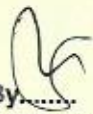
Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	14.9 g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	05 mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	11,700 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	65 %	(40 - 75)%	
Lymphocytes	24 %	(20-45)%	
Monocytes	07 %	(2-10)%	
Eosinophils	04 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	468 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	246,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	11.7 fL	7.0 -11.0 fL	
PDW-CV	16.4 %	10 - 18 %	
PCT	0.29 %	0.10 - 0.28	
P-LCR	37.1 %	9.00 - 45.00%	
P-LCC	91 x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	5.36 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	47.9 %	M: 40-54%, F: 37-47%	
MCV	89.4 fL	76-94 fL	
MCH	27.8 pg	27-32 pg	
MCHC	31.1 g/dL	29-34 g/dL	
RDW SD	60 fL	30.0-57.0 fL	
RDW CV	19.8 %	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	DIA24040636	Received Date	29/04/2024
Patient's Name	IMTIYAZ UDDIN AHMED		
Patient's Age	33Y 00M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6781
Sample	BLOOD		

BIOCHEMISTRY REPORT

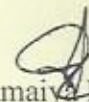
<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	27.0 U/L	Up to 40 U/L

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 Hospitals Ltd.


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



Bill No	DIA24040636	Received Date	29/04/2024
Patient's Name	IMTIYAZ UDDIN AHMED		
Patient's Age	33Y 00M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6781
Sample	BLOOD		

SEROLOGICAL REPORT

Test NameResult

HBsAg (Method : (ICT)	Negative
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Checked By

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



Bill No	DIA24040636	Received Date	29/04/2024
Patient's Name	IMTIYAZ UDDIN AHMED		
Patient's Age	33Y 00M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6781
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

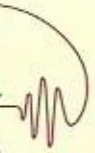
Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

 Medical Technologis
 Radical Hospitals Ltd.

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

East West Medical College and Hospital



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Patient's Name	IMTIYAZ UDDIN AHMED		
Patient's Age	33Y 00M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/G/6781
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic 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 Hospitals Ltd.

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

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24040636 Receive: Print: 29/04/2024
Patient's Name : IMTIYAZ UDDIN AHMED
Age : 33 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 98 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

ID: 24020579

29-04-2024 10:29:56

Male 55 Years

Mr. Yacobin Ahmed

98 bpm

P : 96 ms

PR : 140 ms

QRS : 74 ms

QT/QTc : 324/414 ms

P/QRS/T : 50/70/10 °

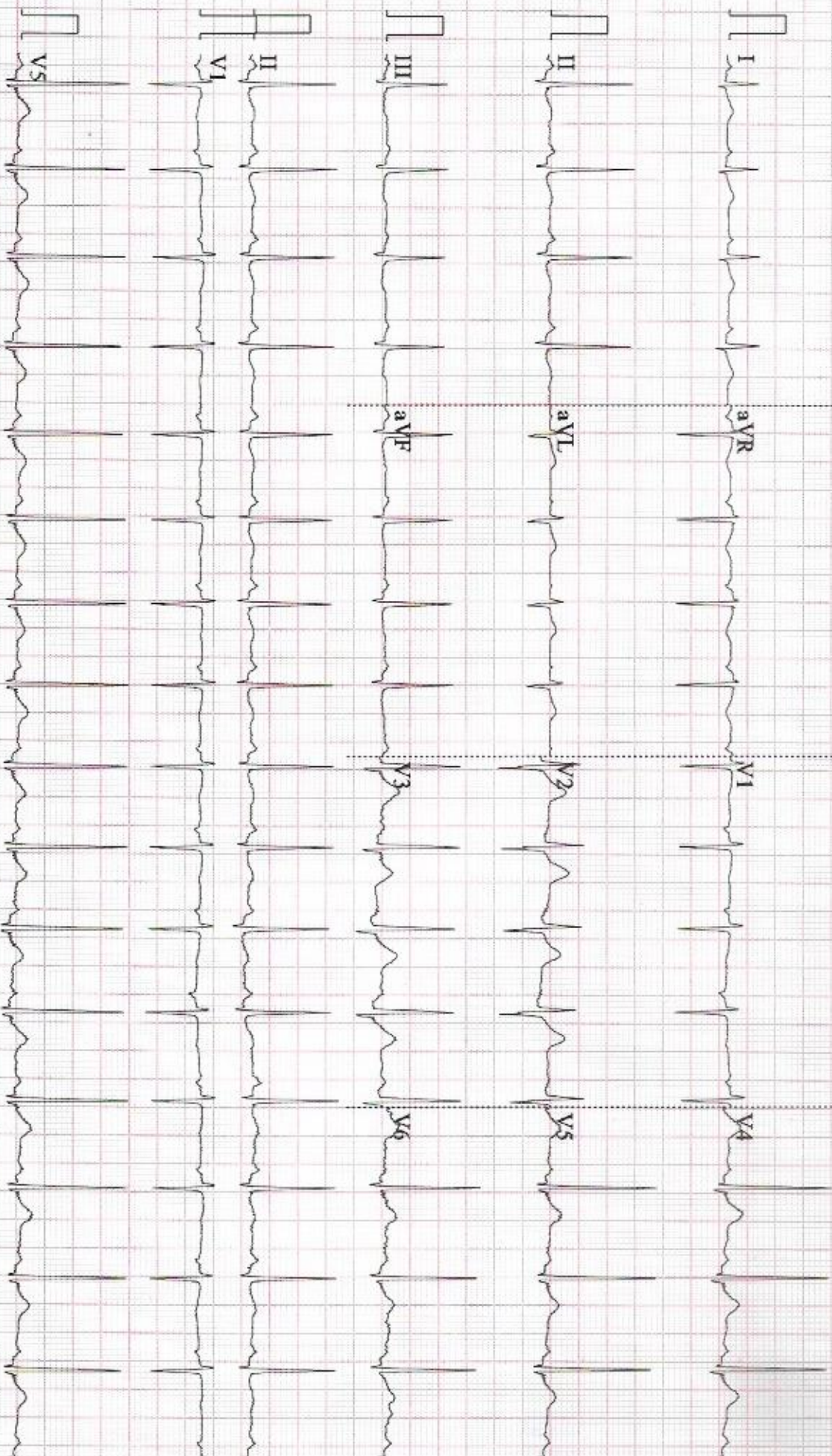
RV5/SV1 : 1.96/0.878 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

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Age : 33 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

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CON TRE LE CHOLERA**

This is to certify that
JE Soussigne' (e) certifie que

Gontiyaz Uddin Ahmad
date of birth
no' (e) le

03/03/1991

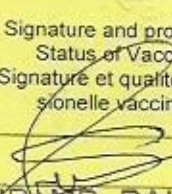
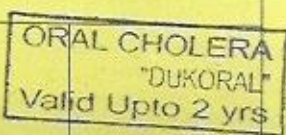
Sex
sexe

Male

Whose signature follows
dont la signature suit

[Signature]

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
1	 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	 
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 event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 performed.

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

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de la seconde injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections espacées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présenté par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validité.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that
JE Soussigne' (e) certifie que

Imtiaz Uddin Ahmad
date of birth
no' (e) le

03/03/1991

Sex
sexe

Male

Whose signature follows
don't la signature suit

[Signature]

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar 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 num'ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
29 APR 2024	<i>[Signature]</i> DR. MIR. MD. RAIHAN MBBS (DML), DEM. CCD (Birm), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
1			
2			
3			
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 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 such period of ten years, from the date of the revaccination.

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 erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une ré vaccination, ou, à compter de dix ans, le jour de cette ré vaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant que servir comme lieu de signature.

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