



# HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880 31 716214-6, Fax : +880 31 710530



Accredited By : BMDC  
Accreditation No. A 50144

PATIENT CONTROL NUMBER  
H1458



## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                 |                                               |                                       |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|
| SURNAME<br><b>FAYSAL</b>                                                                                        | FIRST NAME<br><b>AMIR</b>                     | MIDDLE NAME                           |
| PLACE AND DATE OF BIRTH<br><b>SATKHIRA 1-Aug-1994</b>                                                           | PASSPORT NUMBER<br><b>A11633025</b>           | SEAMAN'S BOOK NUMBER<br><b>CO9212</b> |
| NATIONALITY : <b>BANGLADESHI</b> SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | VESSEL TYPE : <b>CHEM. TANKER</b>             | TRADING AREA : <b>WORLD WIDE</b>      |
| PERMANENT HOME ADDRESS :<br><b>VILL-JATPUR, PO-JATPUR HUT PS-TALA, DIST-SATKHIRA.</b>                           | CONTACT NUMBER : <b>+8801611463439 (SELF)</b> | RANK : <b>2ND ASSISTANT ENGINEER</b>  |

Have you ever had any of the following conditions?

| Condition                         | YES                      | NO                                  | Condition                   | YES                      | NO                                  |
|-----------------------------------|--------------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|
| 1 Eye/vision problem              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18 Sleep problems           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 High blood pressure             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19 Do you smoke?            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Heart/vascular disease          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20 Operation/surgery        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Heart surgery                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21 Epilepsy/seizures        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Varicose veins                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 Dizziness/fainting       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Asthma/bronchitis               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23 Loss of consciousness    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Blood disorder                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24 Psychiatric problems     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Diabetes                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25 Depression               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Thyroid problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26 Attempted suicide        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Digestive disorder             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27 Loss of memory           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Kidney problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28 Balance problem          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 Skin problem                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29 Severe headaches         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Allergies                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 Ear/nose/throat problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 Infectious/contagious diseases | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31 Restricted mobility      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Hernia                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32 Back problems            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Genital disorders              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33 Amputation               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Pregnancy                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34 Fractures/dislocations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

### Additional questions

|                                                                                              | YES                                 | NO                                  |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 35 Have you ever been signed off as sick or repatriated from a ship?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                     |                          |                                     |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

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.

Amir fayzal

Signature of Seafarer

### MEDICAL EXAMINATION

|                                                                                                                                           |                                                                       |                    |                                                                       |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------|------------------|
| Weight: <b>75kg</b>                                                                                                                       | Height (cm): <b>178</b>                                               | BMI: <b>23.6</b>   | Blood Pressure: Systolic: <b>100</b> Diastolic: <b>70</b>             | PULSE: <b>78</b> |
| Ear                                                                                                                                       | Hearing by Audiometry                                                 | Audiometry         | Hearing by Whisper Test                                               |                  |
| Right                                                                                                                                     | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | 500 1000 2000 3000 | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                  |
| Left                                                                                                                                      | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                    | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                  |
| Hearing meets the standards as laid down in STCW Code Section A-1/9.7 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                                                       |                    |                                                                       |                  |

|         | 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☐ DefectiveDate of last colour vision test: Date (day/month/year) 13 FEB 2024

|  | Visual fields                       |                                     |
|--|-------------------------------------|-------------------------------------|
|  | Normal                              | Defective                           |
|  | Right eye                           | Left eye                            |
|  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
|  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

☒ YES / NO☐ Doubtful☐ Defective

|                       | Normal                              | Abnormal                 |                              | Normal                              | Abnormal                 |
|-----------------------|-------------------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|
| Head                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Varicose veins               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sinuses, nose, throat | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vascular (inc. pedal pulses) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mouth/teeth           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Abdomen and viscera          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ears (general)        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hernia                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tympanic membrane     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Anus (not rectal exam)       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eyes                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G-U system                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ophthalmoscopy        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upper and lower extremities  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pupils                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spine (C/S, T/S and L/S)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eye movement          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Neurologic (full brief)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lungs and chest       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Psychiatric                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Breast examination    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | General appearance           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heart                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Skin                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

## RESULTS OF ANCILLARY EXAMINATIONS

|                        |              |                                    |                                                                                |                        |                                                                                   |                                                                                   |
|------------------------|--------------|------------------------------------|--------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Chest X-Ray            | <u>1000</u>  | BIO CHEMICAL (LIVER FUNCTION TEST) |                                                                                |                        | Marijuana                                                                         | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative    |
| ECG                    | <u>1000</u>  | BILIRUBIN                          | <u>0.54</u>                                                                    |                        | Alcohol Test                                                                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative    |
| BLOOD R/E              |              | SGPT                               | <u>19</u>                                                                      |                        | URINE R/E                                                                         | <u>1000</u>                                                                       |
| DC(differential count) | <u>1000</u>  | SGOT                               | <u>24</u>                                                                      |                        | OTHERS                                                                            |                                                                                   |
| HAEMOGLOBIN (HGB)      | <u>15.3</u>  | DRUG AND ALCOHOL TEST              |                                                                                |                        | HBsAg                                                                             | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN)       | <u>0.6</u>   | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test        | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |                                                                                   |
| WBC                    | <u>6.200</u> | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL                   | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |                                                                                   |
| BLOOD GLUCOSE LEVEL    |              | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type             | <u>0000</u>                                                                       |                                                                                   |
| RANDOM                 | <u>5.4</u>   | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam     | <u>1000</u>                                                                       |                                                                                   |
| HBA1C                  | <u>5.24</u>  | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others(KUB Ultrasound) | <u>1000</u>                                                                       |                                                                                   |

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

Amir faysal

AMIR FAYSAL

13 FEB 2024

Signature of Seafarer

Name of Seafarer

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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unfit | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

☒ 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                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

Action taken by medical examiner (e.g., referral):

Fitness Date: 13 FEB 2024

Valid Until:

12 FEB 2026

Name and Signature of Authorised Physician

MBBS (DU), DFM, CCD (Birm), PGT (Opmm)

In Accordance with Medical Examination (Seafarers) Regulations 2000 and STCW 1978/1996 as Amended, MLC 2006

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited



# HAQUE & SONS LTD.

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



|             |             |        |                        |
|-------------|-------------|--------|------------------------|
| Name        | AMIR FAYSAL | Date   | 13-Feb-2024            |
| Age         | 29          | Sex    | MALE                   |
| Passport No | A11633025   | CDC No | CO9212                 |
| Sample      | BLOOD       | Rank   | 2ND ASSISTANT ENGINEER |

## BIOCHEMISTRY REPORT COMPARE

|                     |                |                |                 |
|---------------------|----------------|----------------|-----------------|
| Vessel Name:        | CONCERTO       | NAEBA GALAXY   |                 |
|                     | After Sign-Off | Before Sign-On | Reference Range |
| Date of Report      | 25-05-2023     | 13-02-2024     | -               |
| Serum Bilirubin     | 0.67           | 0.52           | 0.2 - 1.1 mg/dl |
| Serum S.G.O.T/A.S.T | 18             | 24             | Up to 37 U/L    |
| Serum S.G.P.T.      | 24             | 19             | Up to 42 U/L    |

DOCTOR'S REMARKS:

No Restrictions



Doctor Seal & Signature

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

**Id No** : 0352 **Date** : 13-Feb-2024 **D.Date** : 13-Feb-2024  
**Patient's Name** : AMIR FAYSAL **Age** : 29Y 6M 12D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/ 9212

### Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>15.3</b> gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>06</b> mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>6,200</b> /cumm    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>64</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>31</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>03</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>124</b> /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.02</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>41</b> %           | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>78</b> fL          | 76 - 94 fL                                                                                         |
| MCH                                | <b>90</b> pg          | 27 - 32 pg                                                                                         |
| MCHC                               | <b>31</b> g/dL        | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>12</b> %           | 11 - 16 %                                                                                          |
| PDW                                | <b>48</b> fL          | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>3,53,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>8.0</b> fL         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.01</b> %         | 0.1 - 0.2 %                                                                                        |
| Bleeding Time(BT)                  | %                     | 10 - 18 %                                                                                          |
| Cloting Time(CT)                   | %                     | 0.1- 0.2 %                                                                                         |

Checked By  
Medical Technologist

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



|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA24020352                                           | Received Date | 13/02/2024 |
| Patient's Name | AMIR FAYSAL                                           |               |            |
| Patient's Age  | 29Y 6M 12D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/ 9212  |
| Sample         | BLOOD                                                 |               |            |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.4 mmol/L | 4.2 – 6.4 mmol/L |
| Serum Bilirubin (Total)  | 0.51 mg/dl | 0.2 - 1.1 mg/dl  |
| Serum ALT (SGPT)         | 19.0 U/L   | Up to 40 U/L     |
| Serum AST (SGOT)         | 24.0 U/L   | Up to 37 U/L     |
| HbA1C                    | 5.2 %      | 4.0- 6.0 %       |

### REMARKS (IF ANY)

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

Checked By

Medical Technologist,  
Radical Hospital Ltd.

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

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA24020352                                           | Received Date | 13/02/2024 |
| Patient's Name | AMIR FAYSAL                                           |               |            |
| Patient's Age  | 29Y 6M 12D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/ 9212  |
| Sample         | BLOOD                                                 |               |            |

## SEROLOGICAL REPORT

| Test Name                    | Result       |
|------------------------------|--------------|
| HBsAg (Method : (ICT)        | Negative     |
| HIV 1 & 2 (Method : (ICT)    | Negative     |
| VDRL                         | Non-reactive |
| <b>BLOOD GROUPING RESULT</b> |              |
| 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        | DIA24020352                                           | Received Date | 13/02/2024 |
| Patient's Name | AMIR FAYSAL                                           |               |            |
| Patient's Age  | 29Y 6M 12D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/ 9212  |
| Sample         | URINE                                                 |               |            |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | RBC         | Nil     |
| Appearance | Clear      | Pus Cells   | 0-2/HPF |
| Sediment   | Nil        | Epithelial  | 1-3/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        | DIA24020352                                           | Received Date | 13/02/2024 |
| Patient's Name | AMIR FAYSAL                                           |               |            |
| Patient's Age  | 29Y 6M 12D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/ 9212  |
| Sample         | URINE                                                 |               |            |

### DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

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

#### Drug Level of Urine

|                 |          |
|-----------------|----------|
| Cocaine         | Negative |
| Morphine        | Negative |
| Marijuana       | Negative |
| Barbiturates    | Negative |
| Amphetamines    | Negative |
| Phencyclidine   | Negative |
| Alcohol         | Negative |
| Benzodiazepines | Negative |
| Methadone       | Negative |
| Propoxyphene    | Negative |

Checked By

Medical Technologist.  
Radical Hospital Ltd.

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

REF: MT. NAEBA GALAXY

DATE: 13/02/2024

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

**EYE EXAMINATION REPORT**

NAME: AMIR FAYSAL

RANK: 2A/ENG

CDC NO: C/O/9212

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: 125

Male 29 Years

13-02-2024 15:36:19

HR : 70 bpm

P : 104 ms

PR : 156 ms

QRS : 92 ms

QT/QTc : 384/415 ms

P/QRS/T : 29/23/18 °

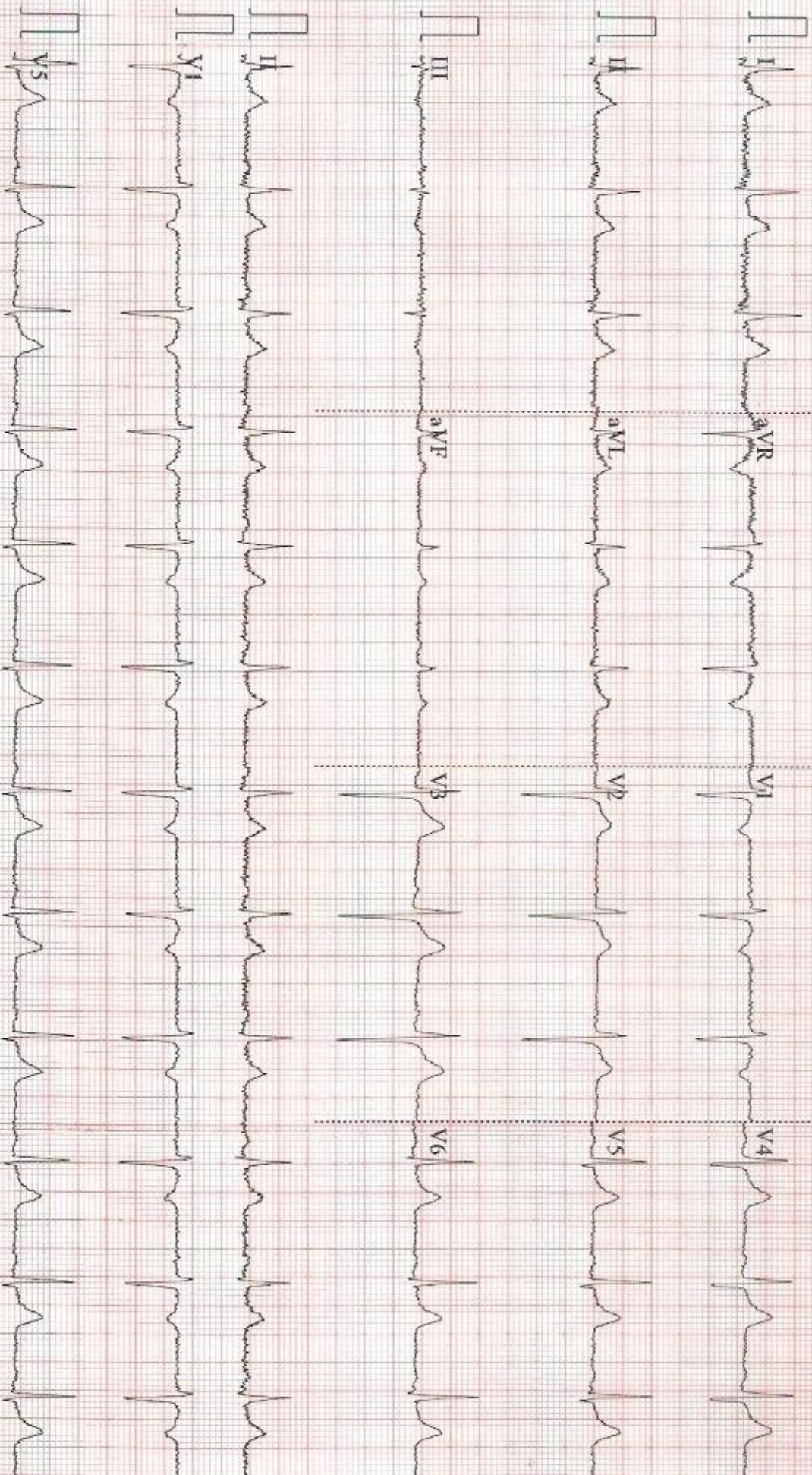
RV5/SVI : 1.018/0.951 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24020352 Receive: 13/02/2024 Print: 13/02/2024  
Patient's Name : **AMIR FAYSAL**  
Age : 29 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

|              |                                                       |               |            |
|--------------|-------------------------------------------------------|---------------|------------|
| Patient ID   | 24020352                                              | Voucher No    |            |
| Test Name    | USG OF KUB                                            | Delivery Date | 13/02/2024 |
| Patient Name | AMIR FAYSAL                                           |               |            |
| Age          | 29 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 8.9cm. 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 9.5 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 15.2 cc & regular in shape. Echogenicity is homogenous.

**COMMENT:** Normal study.

*AA 13.02.24.*  
 Dr. Asma Ahmed  
 MBBS,CMU,DMU  
 PGT(Gynae & obs)  
 Advanced Training on TVS  
 Consultant Sonologist

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13 FEB 2021

**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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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]