



HAQUE & SONS LTD.

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

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Accredited By: BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
200890



MEDICAL EXAMINATION CERTIFICATE

SURNAME BAR		FIRST NAME MOHAMMAD		MIDDLE NAME RASHIDUL	
PLACE AND DATE OF BIRTH CHANDPUR 1-Dec-1972		PASSPORT NUMBER B00086064		SEAMAN'S BOOK NUMBER CO2908	
NATIONALITY: BANGLADESHI		SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESSEL TYPE: CHEM. TANKER		TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: 274, SEPAIBAGH, KHILGAON, DHAKA-1219, BANGLADESH				CONTACT NUMBER: 01711561792 (BROTHER)	
				RANK: MASTER	

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

Question	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"/>
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Rashidul

Signature of Seafarer

MEDICAL EXAMINATION

Weight **73.5** Height (cm) **168** BMI **25.8** Blood Pressure: Systolic **120/90** Diastolic **80/60** PULSE: **80/min**

Ear	Hearing by Audiometry	
Right	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Left	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES NO

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant			6/6	6/6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Near					<input checked="" type="checkbox"/>	<input type="checkbox"/>

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A-1/9: Normal Doubtful Defective

Date of last colour vision test: Date (day/month/year) 08 FEB 2024

	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	<input checked="" type="checkbox"/>	BIO CHEMICAL (LIVER FUNCTION TEST)	Manjuana	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative		
ECG	<input checked="" type="checkbox"/>	BILIRUBIN	Alcohol Test	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative		
BLOOD R/E	<input checked="" type="checkbox"/>	SGPT	URINE R/E	<input checked="" type="checkbox"/>			
DC(differential count)	<input checked="" type="checkbox"/>	SGOT	OTHERS				
HAEMOGLOBIN (HGB)	<input checked="" type="checkbox"/>	DRUG AND ALCOHOL TEST			HBsAg	<input type="checkbox"/> Reactive	<input checked="" type="checkbox"/> Nonreactive
ESR (WESTERGREIN)	<input checked="" type="checkbox"/>	Morphine	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	HIV / AIDS Test	<input type="checkbox"/> Reactive	<input checked="" type="checkbox"/> Nonreactive
WBC	<input checked="" type="checkbox"/>	Amphetamine	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	VDRL	<input type="checkbox"/> Reactive	<input checked="" type="checkbox"/> Nonreactive
BLOOD GLUCOSE LEVEL	<input checked="" type="checkbox"/>	Phencyclidine	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	Blood Type	<input checked="" type="checkbox"/>	
RANDOM	<input checked="" type="checkbox"/>	Barbiturates	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	Psychological Exam	<input checked="" type="checkbox"/>	
HBA1C	<input checked="" type="checkbox"/>	Cocaine	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	Others(KUB Ultrasound)	<input checked="" type="checkbox"/>	

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

MOHAMMAD RASHIDUL BAR 08 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 checked="" type="checkbox"/>	<input 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

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

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

Fitness Date: 08 FEB 2024 Valid Until: 07 FEB 2026

DR. MIR MD. RAHMAN
 Name and Signature of a Qualified Physician

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME BAR		GIVEN NAME(S) MOHAMMAD RASHIDUL	
DATE OF BIRTH 12 1 1972 MONTH DAY YEAR		PLACE OF BIRTH CHANDPUR BANGLADESH CITY COUNTRY	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EXAMINATION FOR DUTY AS: MASTER <input checked="" type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OFFICER <input type="checkbox"/> RATING <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: 10, NORTH CIRCULAR ROAD (3RD FLOOR), HIATIR POOL (NEAR BIUTERGOLI MOSQUE), DIST: DHAKA-1205, BANGLADESH BANGLADESH.	

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

HEIGHT 168cm	WEIGHT 73kg	BLOOD PRESSURE 120/80mmHg	PULSE 70b/min	RESPIRATION 20/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6		LEFT EYE 6/6	
HEARING:		RT. EAR Pass		LEFT EAR Pass	
COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input checked="" type="checkbox"/> IS COLOR TEST NORMAL? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (IF "NO" EXPLAIN ON PAGE 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal		
LUNGS Normal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes		
EXTREMITIES: UPPER Normal			LOWER Normal		

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes No

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

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

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

Rashid **08 FEB 2024** **07 FEB 2026**
SIGNATURE OF APPLICANT DATE OF EXAMINATION EXPIRY DATE

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **MOHAMMAD RASHIDUL BAR**
NAME OF APPLICANT

FIT FOR DUTY ON BOARD SHIP

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

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

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144**

ADDRESS **RADICAL HOSPITALS LIMITED 35, SHAH MAKHUM AVENUE, SECTOR-12 UTTARA, DHAKA-1230, BANGLADESH**

NAME OF PHYSICIAN'S CERTIFYING **DG SHIPPING BANGLADESH**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06-May-2014**

SIGNATURE OF PHYSICIAN  **08 FEB 2024**
DATE

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

Rev. Mar/2022

DR. MIR MD. RAIHAN

MBBS (DU), DFM, CCD (Brdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

MEDICAL REQUIREMENTS



MI-105M

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.

(e) Voice

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

(f) Vaccinations

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

(g) Diseases or Conditions

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.

(h) Physical Requirements

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

IMPORTANT NOTE:

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

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

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

DETAILS OF MEDICAL EXAMINATION

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

1. COMPLETE PHYSICAL EXAMINATION, INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION A) Complete Blood Count, B) Blood Sugar Estimation C) Serological Test (VDRL)

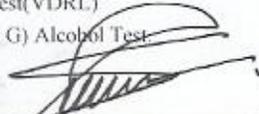
D) Hepatitis B Surface Antigen Test (HbsAg), E) Urinysis F) Drug Test G) Alcohol Test

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

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




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



HAQUE & SONS LTD.



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

Name	MOHAMMAD RASHIDUL BAR	Date	7-Feb-2024
Age	51	Sex	MALE
Passport No	B00086064	CDC No	CO2908
Sample	BLOOD	Rank	MASTER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	CONCERTO	ZAO GALAXY	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	27-08-2023	07-02-2024	-
Serum Bilirubin	0.7	0.65	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	32	21	Up to 37 U/L
Serum S.G.P.T.	28	28	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



Doctor Seal & Signature

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

Id No : 0182	Date : 06-Feb-2024	D.Date : 07-Feb-2024
Patient's Name : MOHAMMAD RASHIDUL BAR	Age : 51Y 2M 6D	Gender : Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/ 2908		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.2 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	29 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	184 /cumm	50-450/cumm
Total RBC Count	5.0 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42 %	M: 40-54%, F:37-47%
MCV	78 fL	76 - 94 fL
MCH	29 pg	27 - 32 pg
MCHC	31 g/dL	29 - 34 g/dL
RDW	12 %	11 - 16 %
PDW	36 fL	35 - 56 fl
Total Platelete Count (PC)	2,40,000 /cumm	150,000-450,000/cumm
MPV	9.0 fL	7.0 - 11.0 fL
PCT	0.10 %	0.1 - 0.2 %
Bledding 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	DIA24020182	Received Date	07/02/2024
Patient's Name	MOHAMMAD RASHIDUL BAR		
Patient's Age	51Y 2M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 2908
Sample	BLOOD		

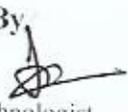
BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.9 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.65 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	28.0 U/L	Up to 40 U/L
HbA1C	5.2 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

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	DIA24020182	Received Date	07/02/2024
Patient's Name	MOHAMMAD RASHIDUL BAR		
Patient's Age	51Y 2M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 2908
Sample	BLOOD		

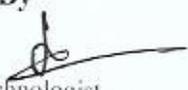
SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT))	Negative
HIV 1 & 2 (Method : (ICT))	Negative
VDRL	Non-reactive
<u>BLOOD GROUPING RESULT</u>	
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	DIA24020182	Received Date	07/02/2024
Patient's Name	MOHAMMAD RASHIDUL BAR		
Patient's Age	51Y 2M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 2908
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC 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 REQUEST CRYSTALS & 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	DIA24020182	Received Date	07/02/2024
Patient's Name	MOHAMMAD RASHIDUL BAR		
Patient's Age	51Y 2M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 2908
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. ZAO GALAXY

DATE: 07/02/2024

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

EYE EXAMINATION REPORT

NAME: MOHAMMAD RASHIDUL BAR

RANK: MASTER

CDC NO: C/O/2908

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6 6/6

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

Mohammed Raahid

Male 52 Years

HR : 90 bpm

p : 110 ms

PR : 138 ms

QRS : 82 ms

QT/QTc : 340/416 ms

P/QRST : 57/37/33 ms

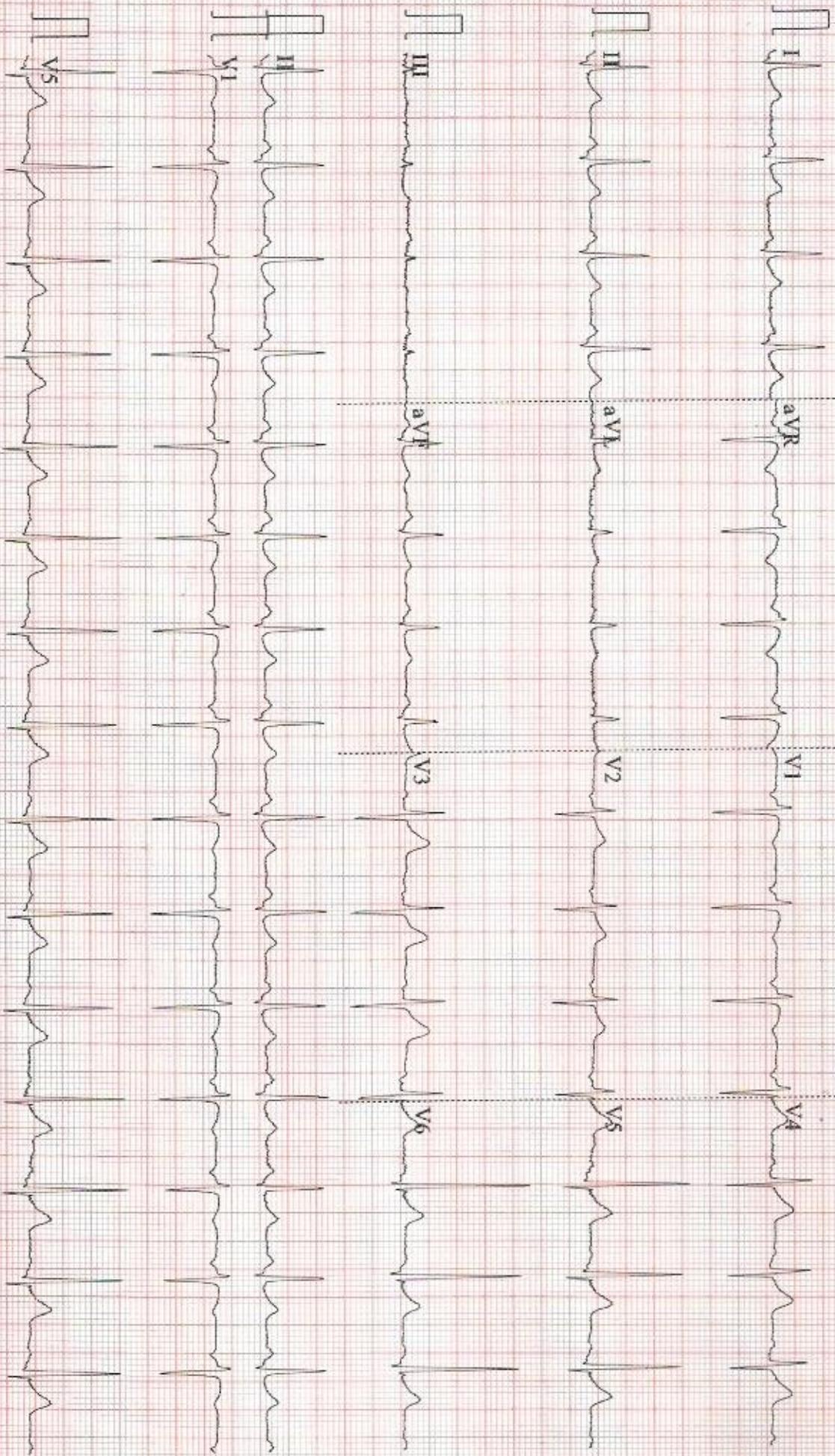
RV5/SV1 : 1.60/1.075 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24020182 Receive:07/02/2024 Print: 07/02/2024
Patient's Name : **MOHAMMAD RASHIDUL BAR**
Age : 51 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	24020182	Voucher Number	
Test Name	USG OF KUB	Delivery Date	07/02/2024
Patient Name	MAHAMMAD RASHIDUL BAR		
Age	51Y	Sex	MALE
Refd . By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 9.5 cm. 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.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 10.6 cm. 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. One echogenic structure of (9.7 X6.4)mm is noted at the upper calyx of the left kidney with posterior acoustic shadowing.

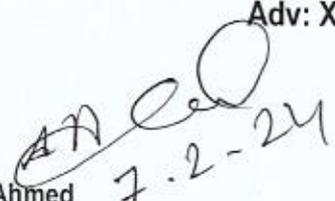
URETER: There is no dilatation in both ureter .

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

PROSTATE: Enlarged in size, volume is 37.0 cc, regular in shape. Echogenicity is homogenous.
No area of calcification is seen.

COMMENT: Suggestive of-1) Left renal calculus.
2) Enlarged Prostate

Adv: X-ray KUB.


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



ID. No	: D459357	Received date	: 8 Feb 2024	Printed date	: 8 Feb 2024 10:54AM
Patient Name	: RASHEDUL	Age	: 52 y(s)	Sex	: Male
Exam	: ECHO COLOUR DOPPLER	Ref. By	: SELF		

Thank you for the courtesy of this kind referral

ECHOCARDIOGRAPHY REPORT (2-D & M-mode, Doppler & Colour Doppler)

MEASUREMENTS:

IVST	07	mm	LVIDd	44	mm	EDV		ml	MVA		cm ²
PWT	07	mm	LVIDs	29	mm	ESV		ml	MPA		mm
RVWT		mm	FS	34	%	EF	64	%	E/A		
RV			LA	34	mm	AO	27	mm	MV ring		mm
RA			PA			ACS	16	mm	AV ring		mm

DESCRIPTION:

- LV- Cavity size and wall thickness are within normal limits with good left ventricular function.
- LA- Normal.
- RV- Normal RV systolic function. TAPSE – 17 mm.
- RA- Normal.
- PA- Normal.
- IAS- Intact.
- IVS- Intact.

- All cardiac valves are normal in appearance and motion.
- No pericardial pathology.
- No thrombus, vegetation or any other intracardiac mass seen.
- No intracardiac shunt detected.
- Atrioventricular, Ventriculoarterial & great arteries relationship normal.
- Pulmonary & systemic venous drainage normal.

IBN SINA DIAGNOSTIC & IMAGING CENTER

House-48, Road-9/A, Dhanmondi, Satmasjid Road, Dhaka-1209.

Test Date: 08/02/2024 10:50

Test Type: Treadmill (Bruce) Tel: 84115270-2, 48114040-1 Fax: idic@ibnsinatrust.com

EXERCISE STRESS TEST REPORT

Patient: RASHEDUL

ID: D 459357

Age: 52

Sex: Male

Height: _____

Weight: _____

Physician: PROF DR KH SHAHEED HOSSAIN Referring: SELF

Bed No.: _____

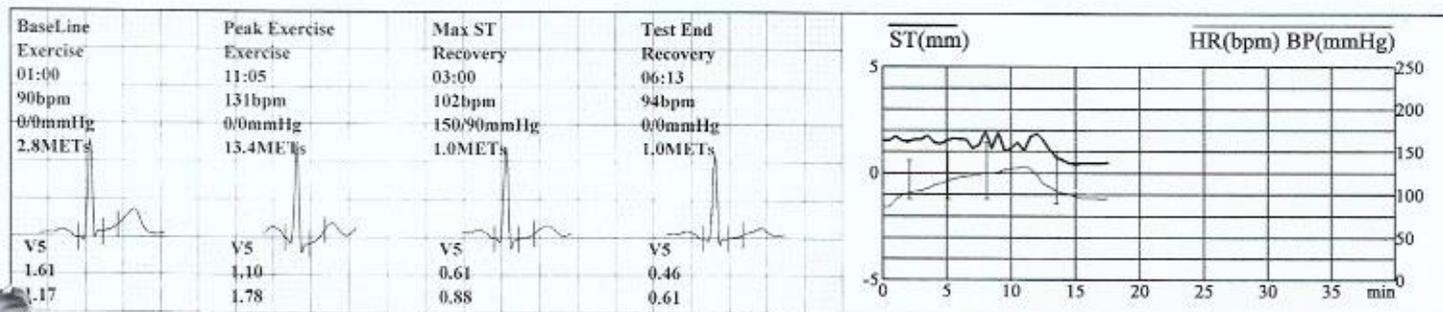
Indication: IHD Screening

Medication: _____

The reason for terminating Exercise was Target 13 METs obtained

Exercise Test Summary

Phase	Stage	Time (min:sec)	Total Time (min:sec)	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (*100)	ST V6(mm)	Comment
Standing		00:57		0.0	0.0	1.0	84	130/90	109	1.03	
Exercise	1	03:00	03:00	1.7	10.0	4.7	108	140/95	151	1.07	
	2	03:00	06:00	2.5	12.0	7.2	121	150/95	181	0.93	
	3	03:00	09:00	3.4	14.0	10.2	127	160/95	203	0.88	
	4	02:05	11:05	4.2	16.0	13.4	134			0.37	
Recovery	1	01:00		0.0	0.0	7.4	107			0.46	
		01:00		0.0	0.0	1.2	103			0.27	
		01:00		0.0	0.0	1.0	100	150/90	150	-0.12	
		01:00		0.0	0.0	1.0	95			-0.10	
		01:00		0.0	0.0	1.0	93			-0.02	
		01:13		0.0	0.0	1.0	92			0.05	



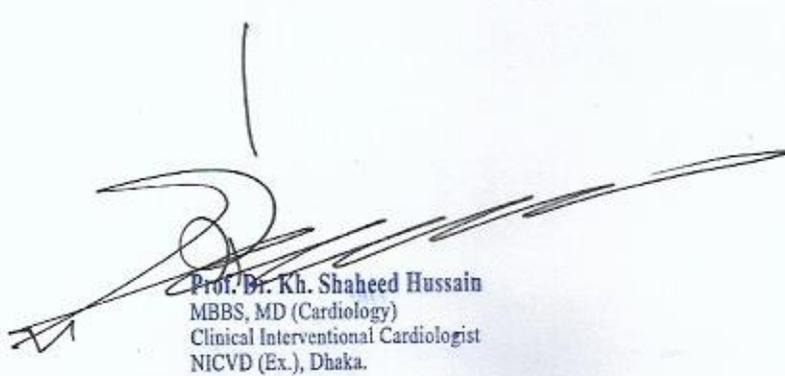
CONCLUSION

Exercise capacity was good.

Positive hemodynamic but sluggish chronotropic responses to exercise.

No significant ST depression was seen during exercise or recovery period.

Stress test is **NEGATIVE** for ECG evidence of provokable myocardial ischemia.

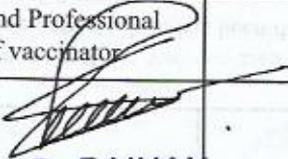
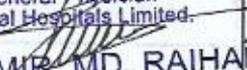
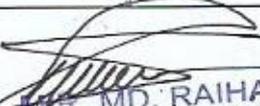

Prof. Dr. Kh. Shaheed Hussain
 MBBS, MD (Cardiology)
 Clinical Interventional Cardiologist
 NICVD (Ex.), Dhaka.

Physician Confirmation: _____

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that } Date of birth 01/12/1972 Sex MALE
 whose signature follows } MOHAMMAD RASHIDUL BAR

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 <i>22 DEC 2020</i>	 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 <i>25 MAR 2022</i>	 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.		
3 <i>22 FEB 2023</i>	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		4
4 <i>08 FEB 2024</i>	 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.		6
6			
7		7	8
8			

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