



HAQUE & SONS LTD.



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

Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMD
Accreditation No. A55144

PATIENT CONTROL NUMBER:
HS3930FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME RAHMAN	FIRST NAME AND MOHAMMAD	MIDDLE NAME SHAMSUR
PLACE AND DATE OF BIRTH MYMENSINGH 22-Feb-1977	PASSPORT NUMBER EG0080824	SEAMAN'S BOOK NUMBER CO3930
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : CRUDE OIL TANKER TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : CHAKRAMPUR, TRISHAL, TRISHAL, MYMENSINGH, BANGLADESH		CONTACT NUMBER : 8801710805404
		RANK : MASTER

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?	☐	☒
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 problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

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?	☐	☒
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? ☐ YES ☒ NO

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 practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight	80 kg	Height (cm)	163	BMI	29.3	Blood Pressure: Systolic	130 mm	Diastolic	80 mm	PULSE	78 / 3
Ear	Hearing by Audiometry										
Right	☐ Adequate	☐ Inadequate	Audiometry								
Left	☐ Adequate	☐ Inadequate	500 1000 2000 3000								
			N/A								
			Hearing by Whisper Test								
			☐ Adequate ☐ Inadequate								
			☒ Adequate ☐ Inadequate								
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐											

	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☐ YES / NO☐ Doubtful☐ Defective

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

12 FEB 2024

	Visual fields	
	Normal	Defective
	☒	☐
Right eye	☒	☐
Left eye	☒	☐

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

RESULTS OF ANCILLARY EXAMINATIONS

RESULTS OF ANCILLARY EXAMINATIONS									
Chest X-Ray	<i>normal</i>	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☒ Negative		
ECG	<i>normal</i>	BILIRUBIN	<i>0.58</i>		Alcohol Test	☐ Positive	☒ Negative		
BLOOD R/E		SGPT	<i>N/E</i>		URINE R/E	<i>normal</i>			
DC(differential count)	<i>normal</i>	SGOT	<i>25</i>		OTHERS				
HAEMOGLOBIN (HGB)	<i>15.2</i>	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☒ Nonreactive		
ESR (WESTERGREN)	<i>0.7</i>	Morphine	☐ Positive	☒ Negative	HIV / AIDS Test	☐ Reactive	☒ Nonreactive		
WBC	<i>9000</i>	Amphetamine	☐ Positive	☒ Negative	VDRL	☐ Reactive	☒ Nonreactive		
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☒ Negative	Blood Type	<i>O+(VE)</i>			
RANDOM	<i>5.7</i>	Barbiturates	☐ Positive	☒ Negative	Psychological Exam	<i>normal</i>			
HBA1C	<i>5.2%</i>	Cocaine	☐ Positive	☒ Negative	Others(KUB Ultraso	<i>N/E</i>			

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

12 FEB 2024

MOHAMMAD SHAMSUR RAHMAN

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	☒	☐	☐	☐
Unfit	☐	☐	☐	☐
☒ 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:

12 FEB 2024

Valid Until:

11 FEB 2026

DR. M. R. RAHMAN, Authorized Physician

In Accordance with Medical Examination Regulations (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Medical Exam Form
CONFIDENTIAL FORM

Pre-sea Exam ☒ Periodic Exam ☐

Name (last, first, middle): RAHMAN, MOHAMMAD SHAMSUR

Date of birth (day/month/year): 22 / 02 / 1977 Sex: male female ☒ ☐

Home address: CHAKRAMPUR, TRISHAL, TRISHAL, MYMENSINGH, BANGLADESH

Passport No./Discharge Book No.: EG0080824

Department (deck/engine/radio/food handling/other): DECK

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): CRUDE OIL

TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

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. Sleeping problems	☐	☒
2. High blood pressure	☐	☒	19. Do you smoke?	☐	☒
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 problems	☐	☒
16. Genital disorders	☐	☒	33. Amputation	☐	☒
17. Pregnancy	☐	☒	34. Fractures/dislocations	☐	☒

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



Additional questions

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 35. Haveyou ever been signed offas sick or repatriated from a ship? | ☐ | ☒ |
| 36. Haveyou ever been hospitalized? | ☐ | ☒ |
| 37. Haveyou ever been declared unfit forseaduty? | ☐ | ☒ |
| 38. Has your medical certificate ever been restricted or revoked? | ☐ | ☒ |
| 39. Areyou awarethat you have anymedical problems, diseases or illnesses? | ☐ | ☒ |
| 40. Do you feel healthyand fit to perform theduties of your designated position/occupation? | ☒ | ☐ |
| 41. Areyou allergic to anymedications? | ☐ | ☒ |

Comments.

FIT FOR DUTY ON BOARD SHIP

42. Areyou takingany non-prescription or prescription medications? ☐ ☒

If yes, pleaselist themedications taken and thepurpose(s) and dosage(s).

I herebycertifythat the personal declaration aboveis a truestatement to thebest of myknowledge.

Signatureof examinee: _____

Date (day/month/year): **12 FEB /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 Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

I herebyauthorize 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).

Signatureof examinee: _____

Date (day/month/year): **12 FEB /2024**

Witnessed by: (Signature) _____

Name:(Typed or printed) _____

DR. MIR. MD. RAIHAN
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Radical Hospitals Limited.

Date & Contact details for previous medical examination (if known):) _____



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	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	✓			
Near	15	15	✓			

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colorvision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 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

Height: 165 (cm) Weight: (kg) 80 (kg) Pulse rate: 78 /minute Rhythm: Regular.
Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Normal Abnormal

Head			Skin		
Sinuses, nose, throat	☒	☐	Varicose veins	☒	☐
Mouth/teeth	☒	☐	Vascular(inc. pedal pulses)	☒	☐
Ears (general)	☒	☐	Abdomen and viscera	☒	☐
Tympanicmembrane	☒	☐	Hernia	☒	☐
Eyes	☒	☐	Anus (not rectal exam.)	☒	☐
Ophthalmoscopy	☒	☐	G-U system	☒	☐
Pupils	☒	☐	Upper and lower extremities	☒	☐
Eyemovement	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Lungs and chest	☒	☐	Neurologic (full brief)	☒	☐
Breast examination	N/A	☐	Psychiatric	☒	☐
Heart	☒	☐	General appearance	☒	☐

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 12 FEB 2024

Results: Normal chest xray



Urinalysis: Glucose: Nil Protein: Nil

Blood Analysis: Hepatitis B Test Negative, V.D.R.L. Non Reactive
Immunodeficiency Virus Anti bodies Negative

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

Test Blood + urine Result Normal

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

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 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 ☒

Describe restrictions (eg. Specific positions, type of ship, trade area)

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

Medical certificate's date of expiration (day/month/year): 11 FEB 2026

Date of examination (day/month/year): 12 FEB 2024

Number of Medical Certificate: _____ Official stamp: _____

Signature of medical practitioner: _____

Name of medical examiner: (Typed or printed) _____

Address of medical practitioner: _____

Authorized by: DG SHIPPING BANGLADESH (competent authority)

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Biderm), PGT (Ophth)
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.



SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE

CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (LONo.73) as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME RAHMAN	GIVEN NAME(S) MOHAMMAD SHAMSUR	
NATIONALITY BANGLADESHI	ID DOCUMENT NO: C/O/3930	
DATE OF BIRTH 02 MONTH 22 DAY 1977 YEAR	PLACE OF BIRTH MYMENSINGH CITY BANGLADESH COUNTRY	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☒ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: CHAKRAMPUR, TRISHAL, TRISHAL, MYMENSINGH, BANGLADESH	

DECLARATION OF APPROVED MEDICAL PRACTITIONER:

I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

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

HEIGHT 165cm	WEIGHT 80kg	BLOOD PRESSURE 120/80mmHg	PULSE 78b/min	RESPIRATION 19b/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6	HEARING: RT. EAR LEFT EAR				
COLOR TEST TYPE: BOOK ☒ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☐ RED ☐ GREEN ☐ BLUE ☐					

DATE OF LAST COLOR VISION TEST: 12 FEB 2024

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☐ 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 ☒IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ No ☒

12 FEB 2024

SIGNATURE OF APPLICANT

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 SHAMSUR RAHMAN

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: 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 / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN _____

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.

ADDRESS **RADICAL HOSPITAL LIMITED**
Uttara, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 04 MAY 2014

SIGNATURE OF PHYSICIAN :



DATE OF EXAMINATION: _____ 12 FEB 2024

EXPIRY DATE OF CERTIFICATE : 11 FEB 2026

SEAFARER ACKNOWLEDGMENT

I, MOHAMMAD SHAMSUR RAHMAN (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF
THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.



MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certified 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 24 months immediately preceding applications for an officer certificate, certification of special qualifications or a seafarer's book. The examinations shall be conducted in accordance with the International Labor Organization/World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. 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 physicians 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:

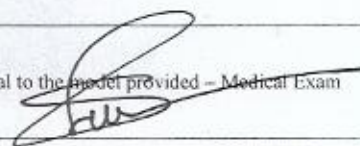
- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
 - 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. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. 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/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, *International Travel and Health, Vaccination Requirements and Health Advice*, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall 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 forable seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fireman/watertender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' 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 report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMS own minimum criteria for fitness, set out in the procedure manuals.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided - Medical Exam Form).



12 FEB 2024

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



Id No : 0314 **Date** : 12-Feb-2024 **D.Date** : 12-Feb-2024
Patient's Name : MOHAMMAD SHAMSUR RAHMAN **Age** : 46Y 11M 20 **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/3930

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.2 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,000 /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	30 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	180 /cumm	50-450/cumm
Total RBC Count	5.01 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	34 fL	35 - 56 fL
Total Platelete Count (PC)	2,10,000 /cumm	150,000-450,000/cumm
MPV	10.0 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.5 %
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	DIA24020314	Received Date	12/02/2024
Patient's Name	MOHAMMAD SHAMSUR RAHMAN		
Patient's Age	46Y 11M 20	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3930
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.58 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	25.0 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	DIA24020314	Received Date	12/02/2024
Patient's Name	MOHAMMAD SHAMSUR RAHMAN		
Patient's Age	46Y 11M 20	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3930
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	"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	DIA24020314	Received Date	12/02/2024
Patient's Name	MOHAMMAD SHAMSUR RAHMAN		
Patient's Age	46Y 11M 20	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3930
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	1-3/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	DIA24020314	Received Date	12/02/2024
Patient's Name	MOHAMMAD SHAMSUR RAHMAN		
Patient's Age	46Y 11M 20	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3930
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 Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

REF: MT. GEDE

DATE: 12/02/2024

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

EYE EXAMINATION REPORT

NAME: MOHAMMAD SHAMSUR RAHMAN

RANK: MASTER

CDC NO: C/O/3930

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

11-02-2024 14:16:56

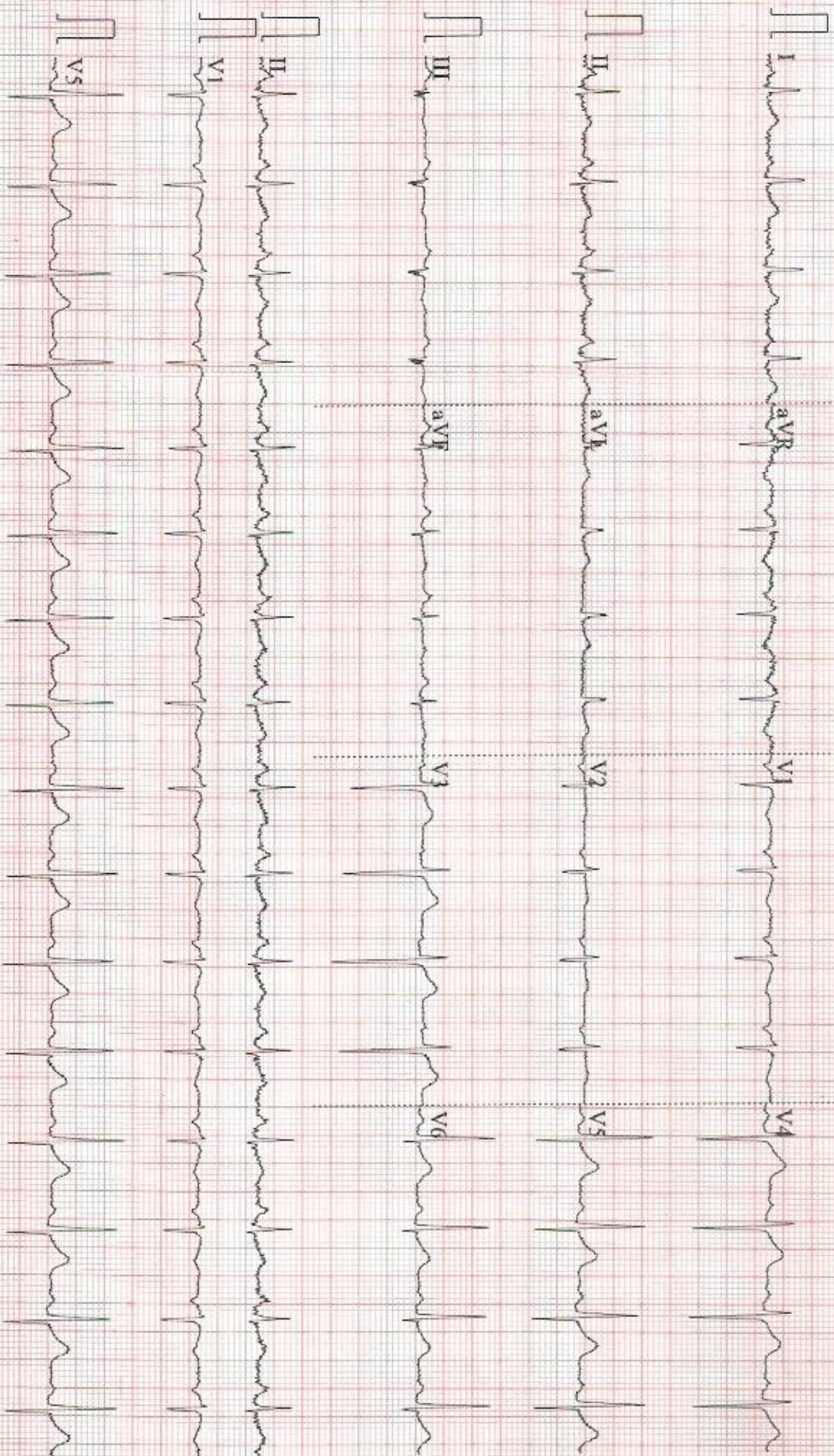
McKenna *Shannon*
male 46 Years *Edinburgh*

HR : 96 bpm
P : 102 ms
PR : 150 ms
QRS : 76 ms
QT/QTc : 340/430 ms
P/QRS/T : 59/17/25 °
RV5/SV1 : 1.165/0.637 mV

Diagnosis Information:

Sinus rhythm
Possible left atrial abnormality
Borderline ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s

10mm/mV

4*2.5s+3r

96

SE-1200Express V2.21

Glasgow V28.6.0

Radical Hospital

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24020314 Receive: 12/02/2024 Print: 12/02/2024
Patient's Name : **MOHAMMAD SHAMSUR RAHMAN**
Age : 46 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.

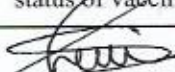
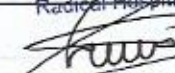
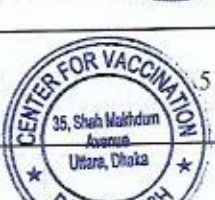
Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 22-FEB-1977 Sex MALE
MOHAMMAD SHAMSUR RAHMAN (CA/3930)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 22 NOV 2021	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
2 11 AUG 2022	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
3 09 JUL 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
4 12 FEB 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
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6		
7		
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