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

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

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

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

Name: RANA (Surname) MOHAMMAD (First Name) MASUD (Middle Initial) Sex: M Serial No:

Date of Birth: 21 / 09 / 1973 PP/CDC: C10/2577 Rank: MASTER

Vessel: GLENDA MELODY Type: OIL/CHEM. TANKER Route: WORLD WIDE

Home Address: HOUSE-17/22, BANK TOWN, SAVAR, DHAKA-1347, BANGLADESH

Company Name: ISHIMA PTE LTD, SINGAPORE

Medical History

Please answer the following to the best of your knowledge.

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

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp (cms)	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
172 cm	78 Kg.	92-41	120/80 mmHg	78/min	19/min	Fair

Distant Vision	Uncorrected	Corrected	Field of Vision
Right Eye		6/6	Normal
Left Eye		6/6	Abnormal

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Hearing	Right Ear	Left ear
	4	4

Systemic Examination

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

Notes

FIT FOR SEA SERVICE
AS MASTER
AS PER MLC 2006
Enhanced GARD Medicals done

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

Investigations

Blood	Result	Normal
Hemoglobin	15.7 gm%	14-16 gm %
Total WBC count	5.300 cu.mm	4000-11000 / cu.mm
Neu 60 % Lymp 35 % Eos 03 Ba 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	08 mm / 1st hour	1-- 15 mm / hr
SGPT	N/E U/L	9--43 U / L
S.Cholesterol	N/E mg/dl	145--260 mg / dl
S.Triglycerides	N/E mg/dl	upto 200 mg /dl
Blood Sugar	RBS 5.8 PPBS ,	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others		GGTP U/L
Blood Group		

Urine	
Colour	Sw
Specific Gravity	
pH	
Albumin	Nil
Sugar	Nil
Bile pigment	
Bile salts	
Occult blood	
RBC cells	Nil
Leucocytes	
Others	

Spirometry: N/D

Drugs of Abuse: Negative

USG: Normal

DR. MIR MD RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-55144

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

X-Ray Chest: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically

Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

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

This certificate is valid till: 19 JAN 2026

Candidate's Signature Official Stamp Doctor's signature:

Date: 20 JAN 2024

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

04.2024.5669

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.

PHYSICAL EXAMINATION REPORT/CERTIFICATE

DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
RANA	MOHAMMAD	MASUD

DATE OF BIRTH	PLACE OF BIRTH	SEX
MONTH 09 DAY 21 YEAR 1973	CITY CHANDPUR COUNTRY BANGLADESH	MALE ☒ FEMALE ☐

EXAMINATION FOR DUTY AS:

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

MAILING ADDRESS OF APPLICANT:
HOUSE - 17/22, BANK TOWN, SAVAR, DHAKA - 1347, BANGLADESH.

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

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
172cm	78kg.	120/80 mmHg	78 b/min	19 b/min	Good.

VISION:

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

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

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

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

HEARING:
RT. EAR WNL LEFT EAR WNL

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

EXTREMITIES:
UPPER Normal LOWER Normal

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.
NO.

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

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MOHAMMAD MASUD RANA (NAME OF APPLICANT)

FIT FOR DUTY ON BOARD SHIP

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

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

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

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014

SIGNATURE OF PHYSICIAN DATE OF EXAMINATION: 20 JAN 2024

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

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

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

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

(a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.

(b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.

(c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(d) An applicant's blood pressure must fall within an average range, taking age into consideration.

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

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

(g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.

(h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.
2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count
   B) Blood Sugar Estimation
   C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg)
   E) Urinlysis F) Drug Test G) Alcohol Test
3. X - RAY EXR PA VIEW
4. E.C.G. TEST
5. EYE EXAMINATION FOR V/A & C/V

20 JAN 2024

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

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Radical Hospitals Limited.

d'Amico Ship Ishima India Private Limited

MEDICAL QUESTIONNAIRE

PART – I

Place/ date: DHAKA/ 20 JAN 2024

I undersigned MOHAMMAD MASUD RANA passport No.: EG0065136 proposed for assignment on M/V GLENDA MELODY declare under my own responsibility the illness suffered in the past and furthermore all undergone surgical treatments.

I understand that, giving such type of information, I'll allow the Doctor appointed by the Owner for my pre-joining medical visit who will support me with eventual additional exams he might suggest for my personal health and benefit.

1.Any pre-existing medical conditions requiring medication?

- o NO
- o YES/details : _____

2. Are you taking any prescribed/ non prescribed medicines?

- o NO
- o YES/details : _____

3. Head injury / Concussion / Loss of Memory /Vertigo?

- o NO
- o YES/details : _____

4. Fits / Epilepsy / Dizziness / Fainting / Migraine?

- o NO
- o YES/details : _____

5. Eye Vision impairment / Cataract /Eye diseases/ Injury?

- o NO
- o YES/details : _____

6. Ear Drum perforation, discharge / Ear diseases /Surdity?

- o NO
- o YES/details : _____

7. Stomach / Bowel disorders / Gastric or duodenal ulcers?

- o NO
- o YES/details : _____

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8. Kidney & Urinary tract disorders / Kidney Stones/ Biliary Calcolous?

- ✓ NO
- YES/details : _____

9. Jaundice / Liver diseases / Hepatitis / Gall stones?

- ✓ NO
- YES/details : _____

10. Piles / Varicose veins / anal fistula / Fissure / Haemorrhoid?

- ✓ NO
- YES/details : _____

11. Diabetes / Thyroid diseases / Endocrine disorders?

- ✓ NO
- YES/details : _____

12. Hernia / Hydrococele / Appendicitis?

- ✓ NO
- YES/details : _____

13. High / Low Blood pressure / Heart Diseases /Legs circulation diseases/ Hypertension?

- ✓ NO
- YES/details : _____

14. Asthma / Bronchitis / Tuberculosis /Sinusitis?

- ✓ NO
- YES/details : _____

15. Allergy / Skin diseases?

- ✓ NO
- YES/details : _____

16. Infections / Contagious Diseases / Venereal diseases?

- ✓ NO
- YES/details : _____

17. Addition to Tobacco / Alcohol / Drugs?

- ✓ NO
- YES/details : _____

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18. Fractures / Dislocations / Injury / Amputation?

- NO
- YES/details : _____

19. Tonsillitis?

- NO
- YES/details : _____

20. Muscoloskeletal Diseases / Arthritis of Joints / Backache /Artrosis/ Rheumatism?

- NO
- YES/details : _____

21. Nervous / Mental Diseases / Sleep disorders / Depression / Anxiety?

- NO
- YES/details : _____

22. Gastritis/ Duodenitis/Nephritis/ Pleurisy?

- NO
- YES/details : _____

23. Malignant Diseases (Cancer)?

- NO
- YES/details : _____

24. Signed Off on Medical grounds in past?

- NO
- YES/details : _____

25.Have you been declared UNFIT in the past?

- NO
- YES/details : _____

26.Any other medical issues or major/minor surgeries you would like to declare/discuss?

- NO
- YES/details : _____

27. Back or Joint Problem?

- NO
- YES/details : _____

28. Do you have any Dental Issues?

- ✓ NO
- YES/details : _____

29. Do you have any Family history of Hypertension, IHD, Diabetes any major illness?

- ✓ NO
- YES/details : _____

30. Do you have any communication problem?

- ✓ NO
- YES/details : _____

31. Disease or condition of the muscular or skeletal system?

- ✓ NO
- YES/details : _____

32. Have you ever been hospitalized?

- ✓ NO
- YES/details : _____

33. Are you aware that you have any medical problems, diseases or illness?

- ✓ NO
- YES/details : _____

34. Do you feel healthy and fit to perform the duties of your designated position/occupation?

- ✓ NO
- YES/details : _____

35. Do you have any injury or injuries causing persistent incapacity, pain or trouble?

- ✓ NO
- YES/details : _____

36. Are there any aspects of your health which may affect your capacity to work?

- ✓ NO
- YES/details : _____

Examining Physician's comments – FIT FOR DUTY ON BOARD SHIP

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

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"I the Examinee declare that I have understood the contents of the PEME (pre-employment medical examination) Clinical + Laboratory investigations to be conducted on my employer's behalf. I authorise & permit the employer's Doctors to conduct my medical examination, any /all physical examinations & diagnostic testing and release all my medical records to concern authorities. I hereby certify that the personal declaration above is true statement to the best of my knowledge & shall be the basis of my medical examinations as a part of PEME."

"My signature on this Medical Form confirms my consent, declarations & statement given above."

Candidates / Examinee's Signature & Date 20 JAN 2024

PART – II

(In case any candidate is talking any prescription medicines & as per Dr's opinion he may work with talking these medicines then below FORM is a must)

Declaration

I the undersigned Mr MOHAMMAD MASUD RANA understand that I have been issued FIT to Work certificate so that I may take up employment with my Employer on the understanding that I will be responsible for talking prescribed medicines for the condition of.....N/A.....

The Company Doctor has carefully explained to me my medical condition.

I hereby agree to ensure that I will follow their instruction & that I will take responsibility for making arrangements to secure a full contract supply of medicines prescribed to me prior to and during the course of employment with my Employer. Should any complications arise as a result of my failure to seek the medicines and take same as prescribed, my Employers shall not be held responsible.

The full implications of non-compliance with this understanding have been fully explained to me and I confirm that I understand the same.

Candidate's signature & date 20 JAN 2024

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

MEDICAL FITNESS CERTIFICATE

FOR EMPLOYMENT AT SEA

This medical certificate is issued based on Medical Examination done in accordance with STCW regulation I/9 or ILO -147 (1976) ILO Marine Labour Convention 2006 (MLC 2006)

SURNAME	First Name	Middle Name
RANA	MOHAMMAD	MASUD

DATE OF BIRTH			MALE	FEMALE
D 21	M 09	Y 1973	MALE	

OCCUPATION : (Tick relevent Box)

Deck:	MASTER	Engine:		Catering:		Other: (specify)

HOME ADDRESS

HOUSE-17/22, BANK TOWN, SAVAR, DHAKA-1347, BANGLADESH

Nationality	PASSPORT NO. / SEAMAN'S BOOK NO.
BANGLADESH	EG0065136

I confirm the following is satisfactory for duties to be performed

Hearing	Sight	Colour Vision: Defective: Yes	No	Fit for Look-out Duties: Yes	No
✓	✓			✓	

Visual Aids: (Tick if Worn)

Spectacles	Contact lenses

On the basis of the examinees personal declaration, my clinical examination and Diagnostic test results recorde on Medical Examination Form, I declare the examinee is not suffering from any medical condition likely to aggravated by service at sea or to endanger the health of other persons on board:

FIT For employment at sea	Restrictions (if any) :	UNFIT For employment at sea
✓	FIT FOR DUTY ON BOARD SHIP	

Medical Certificate's Date of Examination:			Validity	Medical Certificate's Date of Expiration:		
D 20	M 01	Y 2024		D 19	M 01	Y 2026

Examiner's Signature:

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

I acknowledge that I have been advised of the content of the Medical Examination Form.
Examinee's Signature:

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

RADICAL HOSPITAL LIMITED

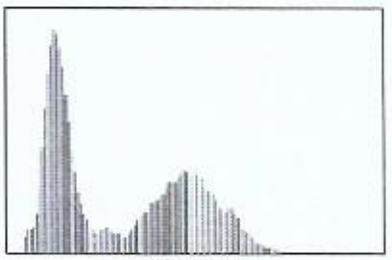
radical_hospitals@yahoo.com, www.radicalhospital.com

Id No	: 0333	**Date :** 20-Jan-2024	**D.Date :**	20-Jan-2024
Patient's Name :	MOHAMMAD MASUD RANA	**Age :** 50Y 3M 30D	**Gender:**	Male
Specimen	: Blood			
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O/ 2577			

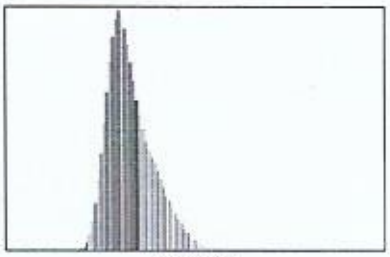
Haematology Report

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

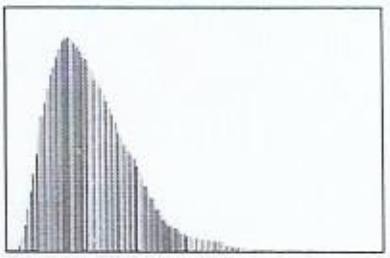
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.7** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**08** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**5,300** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**60** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**35** %	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	**106** /cumm	50-450/cumm
Total RBC Count	**4.97** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**39.3** %	M: 40-54%, F:37-47%
MCV	**79.1** fL	76 - 94 fL
MCH	**31.6** pg	27 - 32 pg
MCHC	**39.9** g/dL	29 - 34 g/dL
RDW	**12.6** %	11 - 16 %
PDW	**15.4** fL	35 - 56 fl
Total Platelete Count (PC)	**2,27,000** /cumm	150,000-450,000/cumm
MPV	**8.1** fL	7.0 - 11.0 fL
PCT	**0.184** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



WBC CURVE



RBC CURVE



PLT CURVE

Checked By
Medical Technologist

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24010333	Received Date	20/01/2024
Patient's Name	MOHAMMAD MASUD RANA		
Patient's Age	50Y 3M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/2577
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l

REMARKS (IF ANY)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24010333	Received Date	20/01/2024
Patient's Name	MOHAMMAD MASUD RANA		
Patient's Age	50Y 3M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/2577
Sample	**BLOOD**		

SEROLOGICAL REPORT

Test Name	Result
VDRL	Non-reactive
Malaria Parasite (ICT)	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.

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Bill No	DIA24010333	Received Date	20/01/2024
Patient's Name	MOHAMMAD MASUD RANA		
Patient's Age	50Y 3M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/2577
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	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	DIA24010333	Received Date	20/01/2024
Patient's Name	MOHAMMAD MASUD RANA		
Patient's Age	50Y 3M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/2577
Sample	**URINE**		

DRUG ABUSE TEST

METHOD: Immunochromatographic 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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24010333	Receive: Print: 20/01/2024		
Patient's Name	:	**MOHAMMAD MASUD RANA**			
Age	:	50 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	71 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

ID: 93

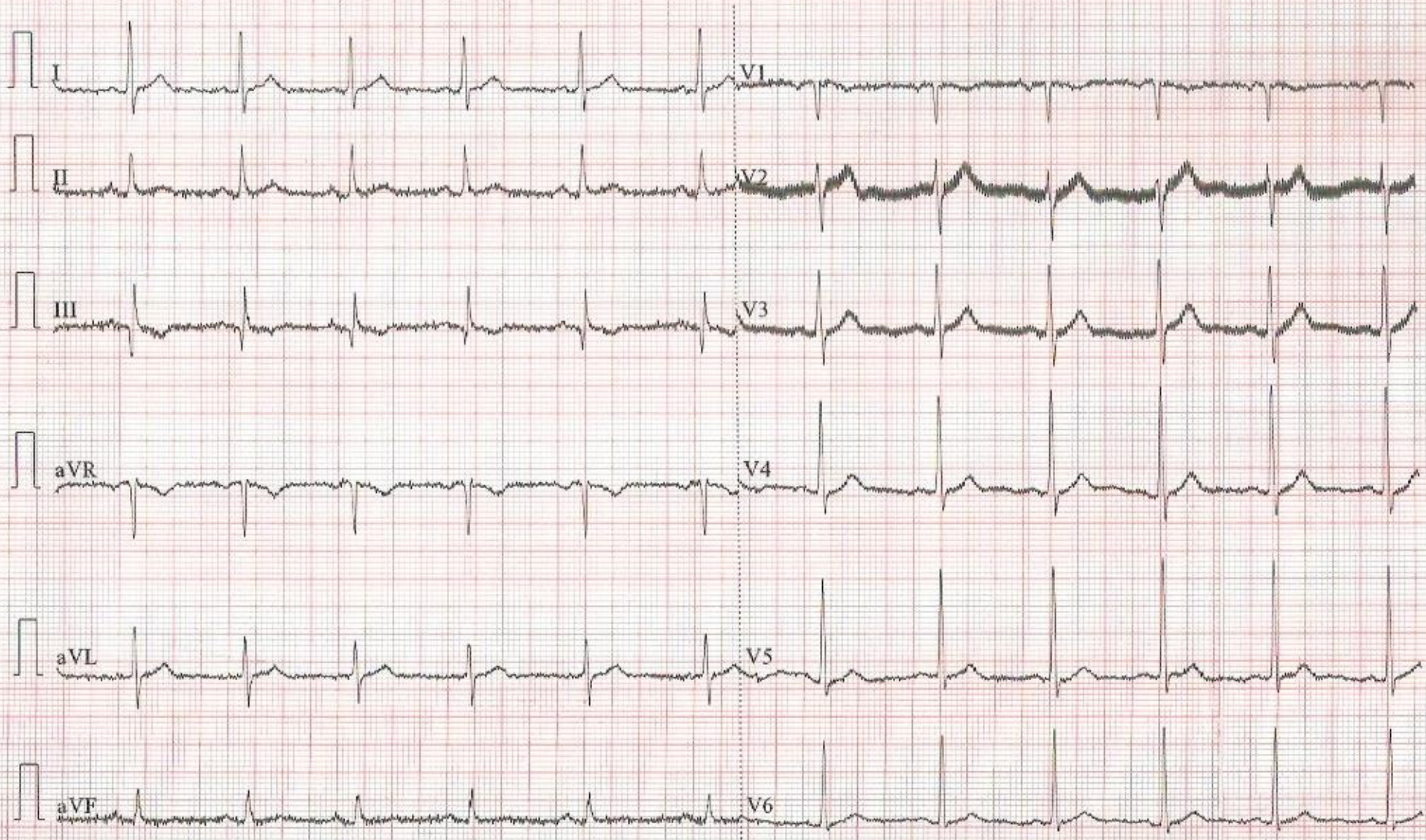
20-01-2024 10:27:32

Male Years

HR	: 71	bpm	
P	: 112	ms	
PR	: 166	ms	
QRS	: 90	ms	
QT/QTc	: 362/394	ms	
P/QRS/T	: 61/44/11	°	
RV5/SV1	: 2.016/0.696	mV	

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥71 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24010333	Receive:20/01/2024	Print: 20/01/2024
Patient's Name	:	**MOHAMMAD MASUD RANA**		
Age	:	50 YRS	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm	:	Both hemidiaphragm are normal in position. C-P angles are clear.
Heart	:	Normal in T.D.
Lung	:	Lung fields are clear.
Bony thorax	:	Reveals no abnormality.
Comments	:	**Normal chest skiagram.**

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

This report has been electronically signed.

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RADICAL HOSPITAL LIMITED

TREADMILLSTRESS TEST

Patient ID	24010333	Test Date	20-01-2024		
Patient Name	MOHAMMAD MASUD RANA	Age	50 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

Total Exercise Time : 09:0 Min
Max.HR attained : 166 bpm.
% of max.pred. hR : 98 %
Max. Pred HR : 166 bpm.
Maximum BP : 160/90 mmHg.
Max. work load attained :13.10METS.
Indication : Screening for IHD.
Risk Factors :
Reason for Termina : Attainment of THR.
Test Profile : BRUCE
Symptoms :
Summary Result ⇒ **NEGATIVE**
Comments :

- **MOHAMMAD MASUD RANA** performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion : Stress test is **NEGATIVE** for ECG evidence of promotable myocardial ischemia.

Dr. ROSEYAT PERVEEN
MBBS, MD (Cardiology), NICVD, Dhaka
Consultant, IBN SINA D-Lab, Uttara, Dhaka

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

This is to certify that / JE Soussigne' (e) certifie que: Rana Mohammad Masud — date of birth / no' (e) le: SEP 21, 1973 — Sex / sexe: M

Whose signature follows / don't la signature suit:

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

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1 20 JAN 2024	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

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

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

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

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

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

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

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

Toute eoreciion ou rabire sur le certificate ou l'omission d' une quelconque des mentions ...

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

This is to certify that RANA MOHAMMAD MASUD date of birth SEP 21, 1973 Sex M
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows
dont la signature suit

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

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
20 JAN 2024	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
3		
4		

CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the ev6nt of revaccination within such period of two years, on the date of that revaccination.

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

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

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

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

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

Toute correction ou rahfc sur le certificate ou l o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.