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		ollowing			Yes	No	Yes	No	200000				Yes	No	Yes	No
evere one-side Head Injury / O	oncussion /	Loss of Mer				-		-	Hemia / Hydro High / Low blo	coele / App od pressun	endicitis e / Heart dis	ase				-
Fits / Epilepsy / Eye / Vision Pro				-	-	5		1	Asthama / Bron Allergy / Skin d		perculosis			-/		-
Hearing Impair	ment			2		1			Infection / Con	tagious Dis		VIV.		-		-
Ear / Nose / Th Stomach / Bow	el disorders		481			5		-	Addication to all Fracture / Dislo	cation / In		ation	1 500	-		-
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Piles / Varicose	veins					-		1	Nervous / Ment	tal disease	/ Sleep disor	der		-		
Blood Disorder Female Disorde						=		1	Mallignant dise Signed off on r	ase (Cano nedical gro	er) unds / Deda	red Unfit		->		-
Notes Medical E	vamin	ation			31			E			alle Mineral	107.55777.5				
Height		ght in Kgs	Chest I	nsp-Exp	Blood	Pressure	e in mm	of Hg	PulseBeats	/min T	Resp.Rate	min I	Gene	ral Condi	tion	_
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Head & Neck	LAGIIII	nacion		rantom							Respirato	ry system	· ·	Norma	AUIT	Jimai
Eyes Ears / Nose / T	hroat		-		- $ $ $ $ $ $	FIT F	OR	SEA	SERVI	CE	Cardiova Per Abdo	scular syste men	em	-	-	
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S.Cholesterol			U/L mg/dl			-43 U / L 5260 m	g/dl		Bile pigment Bile salts				d	12.2	-	/
S.Triglycerides Blood Sugar		RBS	mg/dl	PPBS 1	up	to 200 m	ig /dl		Occult blood RBC cells		6117		3		1	
HbsAg		KOS	me	200	e lub	> 123 111	y 70	7016	Leucocytes		NII	- //	a MD	-	7	
HIV I & II VDRL		1	Who !	372	200	_			Others		. N .	1/0	-	A	10	Yall
Others Blood Group		-	9.2	0			GGTP U	I/L	Spiromet	ry:	NO	10/	RADICAL S	Z		Vine
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Result of	Medic	al Exam	inatio			1									or enter	-
On the basis					minatio	n and di	agnosti	ic tests	I,Dr. M.	IR MD Ra	ihan , he	eby decla	re the exami	inee me	dically	
Fit	Unfit		porarily u			manenti			Should be re-e	xamined i			eeks / mont		(0)	
Remarks / Recommenda	ations						Novies						,)	
I, Doctor's Nan This certific	ate is val	MD, RAIHA id till:	2 4 JA	at all info	ormation	required	under A	nnexure	E & F of M.S. (N	fedical Exa	mination) Ru	les 2000 is	incorporated	is O	ertificate	2
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Date: 23	5.01.	202	4				/	Sal H	OSOGO			DIADO	U), DFM, CCI A-55144	MANC	BGD.	-016
	JAN 20						lic	2/	MC-2008			DO Sh	General	eleces!	0.000	oved
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MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA

SURNAME: Isla	m	GIVI	EN NAME (S): Khairul	
	200 MILES	DI A	CE OF BIRTH	SEX
DATE OF BIRTH: DAY 05 MONTH	11 YEAR 1992	CITY		MALE T FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICE RADIO OPERATOR RATING		hi	ling address of applicant: Jhschol road, G rain, Dhaka -120	iandaria, Kadomtoli
DECLARATION OF THE	AUTHORIZED PHYSICIA	AN		
	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSE	BOOK	
RIGHT EYE	-	616	LANTERN YELLOW WY RED W	PI RIGHT EAR WH
LEFT EYE	1 <u> </u>	616	GREEN MY BLUEM	LEFT EAR NO
Confirmation that identifi	ication documents were ch	ecked at the point	of examination: YE9 NO]
Hearing meets the stand	lards in STCW Code, Secti	on A-1/9? YES [NO NOT APLI	CABLE
Unaided hearing satisfac	ctory? YES NO			
Visual acuity meets stan	dards in STCW Code, Sec	tion A-1/9? YES	□ NO □	
Are glasses or contact le Able for watchkeeping? Is applicant taking any n Is the seafarer free from endanger the health of o Hereby I declare that I a	non-prescription or prescrip any medical condition like other persons on board? Yearm in knowledge of the con-	tion medications? ly to be aggravate NO [tents of the Physic	yes NO	eafarers unfit for such service or to 25.01.24 Date AS A (MASTER / DECK OFFCIER
ENGINEERING OFFICE	ER / RADIO OPERATOR /	RATING) (WITHO	OUT ANY WITH THE FOLLOWING) YON BOARD SHIP	RESTRICTIONS:
NAME AND DECORES				C. A 55144
			AN MBBS,(DU), DFM RE OR-12, UTTARA, DHAKA	
		65.A40.00 A10.84.14	HIPPING BANGLADESH	1-1230
	SICIAN'S CERTIFICATE:	TOTAL STREET,	AY-2014	
SIGNATURE OF PHYS	4	/ 	AMP OF PHYSICIAN:	2 5 JAN 2024
EXPIRY DATE OF CER	RTIFICATE:	2 4 JAN 202	6	
	This certificate is issued	by the Panama Ma	ritime Authority in compliance and men	equirements
MBBS (DU) BMDC A DG Shipp	MIR. MD. RAIHAI DFM, CCD (Birdem), PGT (Opht A-55144, MMC-BGD-016 Dang Bangladesh Approve General Physician	N h)	nded and the Maritime Labour Conventio	on, 2006.



D.Date: 25-Jan-2024

Gender: Male

radical_hospitals@yahoo.com, www.radicalhospital.com

Id No : 0472

Patient's Name: KHAIRUL ISLAM

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/8004

Haematology Report

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

Date: 25-Jan-2024

Age: 31Y 2M 20D

Parameter Name	Results	/thic-One Auto Haematology Analyzer & checked manually) Reference Range
Hemoglobin (Hb)	14.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year):
Differential WBC Count (DC)		6,000-18,000/cumm
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	34 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	285 /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	77 fL	76 - 94 fL
MCH	33 pg	27 - 32 pg
MCHC	33.4 g/dL	29 - 34 g/dL
RDW	12.0 %	11 - 16 %
PDW	36 fL	35 - 56 fl
Total Platelete Count (PC)	3,10,000 /cumm	150,000-450,000/cumm
4PV	8.9 fL	7.0 - 11.0 fL
PCT	0.10 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
loting 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.



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24010472	Received Da			2024
Patient's Name	KHAIRUL ISLAM				46
Patient's Age	31Y 2M 20D	Pat		Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFN	/ C	DC NO	C/O/8004
Sample	BLOOD				1

SEROLOGICAL REPORT

Test Name

Result

HBaAg (Method : (ICT)		Negative	
HIV	(Method : (ICT)	Negative	

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumarya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



radical_hospitals@yahoo.com, www.radicalhospital.com

Test Name

Bill No	DIA24010472	Received Date			2024
Patient's Name	KHAIRUL ISLAM				
Patient's Age	31Y 2M 20D Pa		Patients	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),P	GT(Eye),DFN	1 C	DC NO	C/O/8004
Sample	URINE	W 128 A			

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24010472	Received Date 25			2024
Patient's Name	KHAIRUL ISLAM			194	
Patient's Age	31Y 2M 20D	Pa		Patient's Sex Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	С	DC NO	C/O/8004
Sample	URINE				the second
The state of the s					

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-2/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.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010472 Receive:25/01/2024 Print: 25/01/2024

Patient's Name : KHAIRUL ISLAM

Age : 31 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.

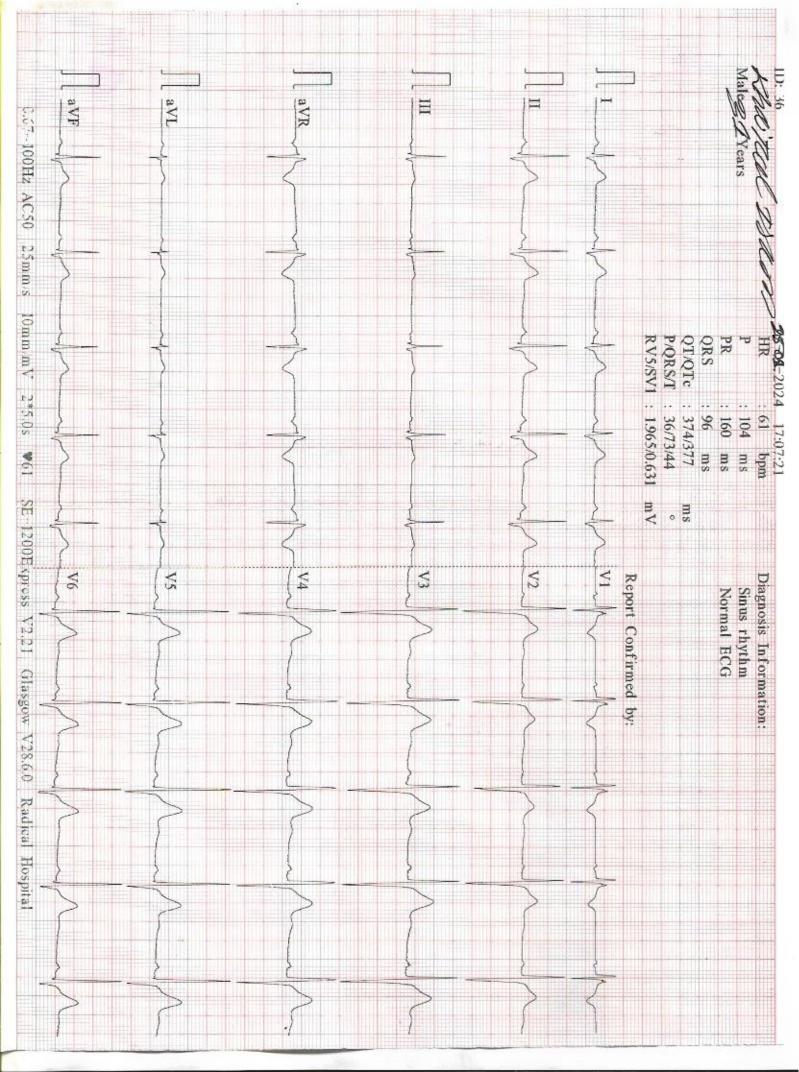
Bony thorax : Reveals no abnormality.

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.



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010472 Receive: Print: 25/01/2024

Patient's Name : KHAIRUL ISLAM

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 61 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

Page 1 of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that
JE Soussigne (e) certifie que
Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a ete vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Signature and professional

Approved Stamp

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateure	Cec	Approved Stamp Cechet d'authentification		
UM 202	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.	B (various av) >		

30 RR 1823

DR. MIR. MD. RAIHAN
MBBS (DU). DF)M. 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



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

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

The approved stamp mentioned above must be in a from prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou.l o. mission d' une quelconque des mentions qu il comporte pe u.t effecter sa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST <u>YELLOW FEVER</u> CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that JE soussigne' (e) certific que KHAIRUL ISLAM

date of brith 05.11. 02 Sex

Sex }

Whose signature follows dont la signature suit

has on the Date indicated been vaccinated or revaccinated against yellow fever a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
16 JAN 2000	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	WER VACCINA NO DAKAR NO DAKAR	AGRABAD CIA CTG. **
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccinatio.

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

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

Ce certificate n' est valable que si le vaccin employe' a e' tc" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination ae' tc' habilite parl' adminstration sanitaire du territoire dans lequel' ce centre est siture'

La validité de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou, dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signe' par un me' decin de sa propre main, son cachet official ne pouvant etre conside' re' comme lenant lieu de signature.

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

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC



SL NO.___

04.2024.5697

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:				
	1			
Vame: Last ISLA.M	First KHAIRUL	Middle		
Gender: (Male/Female)MAL.£	1. Date: 25 0 1	Date: 25 01 2024		
Occupation: Deck/Engine/Catering	Rank:2.x.d	OFFICER		
ather's/ Husbad'sname:1.6.6	C.D.C No	C.D.C No. C./6/8004		
Mother's Name: KHA DIJA		Seaman ID No 0.5.0.0.6.6.6.4		
Address: House No:1.1.3		Passport No A 06826464		
Locality/Village: Mwa.d		NID No2374258719 Date of Birth:0.5-JI-1992 (DD/MM/YYYY)		
P.O. Gandaria				
P.S. Kademtoli	Table 2 and			
		(0.0)		
DECLARATION OF THE RECOGNI				
	artment of Shipping, Government of	the People's Republic o	f Bangladesh and co	
Confirmation that identificati	nt of examination	:YÉS/NO		
2. Hearing meets the standard		:YES/NO		
3. Unaided hearing satisfactor		:YES/NO		
4. Visual acuity meets standard		:YES/NO		
5. Colour vision meets standar		:VÉS/NO		
Date of last colour		2,5 JAN 2024		
6. Fit for lookout duties?		:YES/NO		
	y medical condition likely to be aggravat		^	
	rvice or to render the health of any other	er persons on board?	:XES/NO	
8. Any limitations or restrictions		7	:YES/NO	
ICA/EO IS IN IS IN	estrictions:			
If YES, specify limitations or re	RADICAL HOSPITAL LIMITED Uttura, Dhaka, Bangladesh			
Duties: Location/Vessel: Medical/Other:				

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. MTR. MD. RAIHAN
MB85 (DU), DFM, CCD (Birdem), PGT (Cphth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited

Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination 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:211997). 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 seafarers 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 whis pered 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 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (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 6/9 [20/30] (0.67) vision in
 one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without
 glasses of at least 6/60 [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/Navigational 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 useofnarcotics.
 Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

IMPORTANT NOTE:

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 fight 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 a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E 25 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