

# HAQUE & SONS LTD.



Accredited By BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel: +880-2-333316214-6, Fax: +880-2-333310530

PATIENT CONTROL NUMBER
HS3221FF

## MEDICAL EXAMINATION CERTIFICATE

	JE G. NO. P.	FIRST NA		KM		MIDDLE NAME	SHIHAB	
	ND DATE OF BIRTH	PASSPO	PASSPORT NUMBER			SEAMAN'S BOOK		
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	230, BANGLADESH	OK-7, 011A	IKA, UTTAK	A WEST,	RANK		CHIEF EN	SINEER
lave y	rou ever had any of the following con	ditions?						
	Condition	YES	NO.	Con	dition		YES	NO
1	Eye/vision problem		1		p problems		П	*
2	High blood pressure	П			ou smoke?		U	11,
3	Heart/vascular disease	13	14		ation/surger		11	P
4	Heart surgery	1.1	مليا	111 (5000)	psy/seizure:			H
5	Varicose veins	П		95,765	ness/fainting			ď,
6	Asthma/bronchitis		19	53252 332	of consciou			K.
7	Blood disorder		4	2007/80 mm 5000 mm/s	hiatric proble	ems	D	Ú,
8	Diabetes	П		10000000 00000000	ession			ď
9	Thyroid problem	1.1	1		npted suicid	e	[]	ď
10	Digestive disorder		14	The control of the property of	of memory		1.1	17
11	Kidney problem		14		nce problem		[.]	4
12	Skin problem		1		re headach	•	1.3	4
13	Allergies		1	The state of the s	iose/throat			1
14	Infectious/contagious diseases			120 March 1980 March 1	ricted mobili	ty	(I)	X
15	Hernia		14		problems		П	13
16	Genital disorders	П	ν.		utation			11/
17	Pregnancy of the above questions were answere	П	NIA		ures/disloca	itions	П	- 13
dditio	onal questions		##O:				VES	NO
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35 36	Have you ever been signed off as Have you ever been hospitalised?			112			[]	
35 36 37	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfi	t for sea duty	n	a ship?			11 12 13	1
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# Medical Exam Form CONFIDENTIALFORM Pre-seaExam PeriodicExam

Name (last, first, middle): UDDIN A K M SHIIIAB  Date of birth (day/month/year): 01/01/1975 Sex: male female		VV/25-00					100	1-
Home address: HOUSE#08, ROAD-21, SECTOR-07, UTTARA, UTTARA WEST, DHAKA-1230, BANGLAT Passport No./Discharge Book No.: A13541048  Department (deck/engine/radio/food handling/other): ENGINE Routine and emergency duties (if known):  Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OIL/CHEMI TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE  Examinee's personal declaration (Assistanceshould beoffered bymedical staff) Haveyou ever had anyof thefollowingconditions:  Condition  Yes No Condition Yes No Condition Yes Sleepingproblems  18. Sleepingproblems  2. High blood pressure 19. Do you smoke? 3. Heart/vasculardisease 19. Do you smoke? 3. Heart surgery 20. Operation/surgery 21. Epilepsy/seizures 22. Dizziness/fainting 23. Loss of consciousness 24. Psychiatricproblems 25. Depression 26. Attempted suicide 27. Loss of memory 28. Balanceproblem 29. Severeheadaches 29. Severeheadaches 20. Condition 20. Operation/surgery 21. Epilepsy/seizures 22. Dizziness/fainting 23. Loss of consciousness 24. Psychiatricproblems 25. Depression 26. Attempted suicide 27. Loss of memory 28. Balanceproblem 29. Severeheadaches 30. Ear/nose/throat problems	Nam	e (last,first,middle): UDDIN A K	MSI	ШАВ				
Passport No./Discharge Book No.: A13541048  Department (deck/engine/radio/food handling/other): ENGINE  Routine and emergency duties (if known):  Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OII./CHEMI  TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE  Examinee's personal declaration (Assistanceshould beoffered bymedical staff)  Haveyou ever had anyof thefollowingconditions:  Condition  Yes No Condition  Yes No Condition  Yes Sleepingproblems  18. Sleepingproblems  2. High blood pressure  3. Heart/vasculardisease  4. Heart surgery  5. Varicose veins  6. Asthma/bronchitis  7. Blood disorder  8. Diabetes  9. Thyroid problem  10. Digestivedisorder  11. Kidneyproblem  12. Skin problem  13. Allergies  Diabetes  14. Loss of memory  15. Loss of memory  16. Attempted suicide  17. Loss of memory  18. Sleepingproblems  19. Do you smoke?  10. Digestivedisorder  10. Digestivedisorder  11. Kidneyproblem  12. Skin problem  13. Allergies  30. Ear/nose/throat problems	Date	of birth (day/month/year): 01/01/	1975	Sex:	ma	ile female	П	
Department (deck/engine/radio/food handling/other): ENGINE  Routine and emergency duties (if known):  Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OII/CHEMIT TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE  Examinee's personal declaration (Assistanceshould beoffered bymedical staff) Haveyou ever had anyof thefollowingconditions:  Condition  Yes No Condition  Yes Sleepingproblems  18. Sleepingproblems  2 High blood pressure  3 Heart/vasculardisease  4 Heart surgery  5 Varicose veins  6 Asthma/bronchitis  7 Blood disorder  8 Diabetes  9 Thyroid problem  10 Digestivedisorder  11 Kidneyproblem  22 Skin problem  23 Loss of memory  14 Loss of memory  15 Loss of memory  16 Attempted suicide  17 Loss of memory  18 Balanceproblem  29 Severcheadaches  30 Ear/nose/throat problems	Hom	ne address: HOUSE#08, ROAD-21,SE	ECTOR	-07,UTTA	RA,UT	TARA WEST, DHAKA-1230, B	SANGLA	DESH
Routine and emergency duties (if known):  Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OII/CHEMITANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE  Examinee's personal declaration (Assistanceshould beoffered bymedical staff)  Haveyou ever had anyof thefollowing conditions:  Condition  Yes No Condition  Yes Sleeping problems  18. Sleeping problems  2. High blood pressure  3. Heart/vasculardisease  4. Heart surgery  5. Varicose veins  6. Asthma/bronchitis  7. Blood disorder  8. Diabetes  9. Thyroid problem  10. Digestivedisorder  11. Kidney problem  12. Skin problem  13. Allergies  14. Candition  Yes No Condition  Y	Pass	port No./Discharge Book No.: A13	354104	8				
Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OIL/CHEMITANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE  Examinee's personal declaration (Assistanceshould beoffered bymedical staff) Haveyou ever had anyof thefollowingconditions:  Condition  Yes No Condition  Yes 1. Eye/vision problem 2. High blood pressure 3. Heart/vasculardisease 4. Heart surgery 5. Varicose veins 6. Asthma/bronchitis 7. Blood disorder 8. Diabetes 9. Thyroid problem 12. Skin problem 13. Allergies 14. Cossed memory 15. Condition 16. Attempted suicide 17. Loss of memory 18. Blanceproblem 19. Do you smoke? 10. Diperstingly problems 11. Kidneyproblem 12. Skin problem 12. Skin problem 13. Allergies 13. Allergies 14. Condition 15. Condition 16. Asthma/bronchitis 16. Asthma/bronchitis 17. Loss of memory 18. Sleepingproblems 19. Do you smoke? 10. Diperstingly problems 19. Do you smoke? 19. Do you smoke? 19. Do you smoke? 10. Diperstingly problems 19. Do you smoke? 19. Do you smoke? 10. Diperstingly problems 19	Depa	artment (deck/engine/radio/food har	ndling/	other): E	NGIN	E		
TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE         Examinee's personal declaration       (Assistanceshould beoffered bymedical staff)         Haveyou ever had anyof thefollowingconditions:       Condition       Yes       No       Condition       Yes         1. Eye/vision problem       18. Sleepingproblems       2       19. Do you smoke?       3         2. High blood pressure       20. Operation/surgery       4       4. Heart surgery       21. Epilepsy/seizures         3. Varicose veins       22. Dizziness/fainting       3       6. Asthma/bronchitis       23. Loss of consciousness         7. Blood disorder       24. Psychiatricproblems       3         8. Diabetes       25. Depression       3         9. Thyroid problem       26. Attempted suicide       3         10. Digestivedisorder       27. Loss of memory       3         11. Kidneyproblem       28. Balanceproblem       3         12. Skin problem       29. Severeheadaches       3         13. Allergies       30. Ear/nose/throat problems	Rout	line and emergency duties (if know	n):					
TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE         Examinee's personal declaration       (Assistanceshould beoffered bymedical staff)         Haveyou ever had anyof thefollowingconditions:       Condition       Yes       No       Condition       Yes         1. Eye/vision problem       18. Sleepingproblems       2       19. Do you smoke?       3         2. High blood pressure       20. Operation/surgery       4       4. Heart surgery       21. Epilepsy/seizures         3. Varicose veins       22. Dizziness/fainting       3       6. Asthma/bronchitis       23. Loss of consciousness         7. Blood disorder       24. Psychiatricproblems       3         8. Diabetes       25. Depression       3         9. Thyroid problem       26. Attempted suicide       3         10. Digestivedisorder       27. Loss of memory       3         11. Kidneyproblem       28. Balanceproblem       3         12. Skin problem       29. Severeheadaches       3         13. Allergies       30. Ear/nose/throat problems	Туре	of ship (eg. Bulkcarrier, chemica	al/oil/ga	as tanker.	conta	tiner, other cargo ships): OH	/CHEM	ICAL
Examinee's personal declaration  (Assistanceshould beoffered bymedical staff)  Haveyou ever had anyof thefollowingconditions:  Condition  Yes  No  Condition  Yes  1. Eye/vision problem  2. High blood pressure  3. Heart/vasculardisease  4. Heart surgery  5. Varicose veins  6. Asthma/bronchitis  7. Blood disorder  8. Diabetes  9. Thyroid problem  10. Digestivedisorder  11. Kidneyproblem  12. Skin problem  13. Allergies  Condition  Yes  No  Condition  Yes  No  Condition  Yes  18. Sleepingproblems  19. Do you smoke?  19. Do you smoke?  19. Do you smoke?  19. Do you smoke?  10. Diyout surgery  11. Epilepsy/seizures  12. Epilepsy/seizures  12. Dizziness/fainting  12. Loss of consciousness  13. Allergies  14. Psychiatricproblems  15. Depression  16. Attempted suicide  17. Loss of memory  18. Diabetes  19. Diyout surgery  19. Do you smoke?  10. Dizziness/fainting  10. Dizziness/fainting  10. Digestivedisorder  10. Digestivedisorder  11. Kidneyproblem  12. Skin problem  12. Skin problem  13. Allergies  14. Sleepingproblems  15. Various surgery  16. Attempted suicide  17. Loss of memory  18. Sleepingroblems  19. Do you smoke?  10. Dizziness/fainting								
1. Eye/vision problem 18. Sleepingproblems   2. High blood pressure 19. Do you smoke?   3. Heart/vasculardisease 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. Psychiatricproblems   8. Diabetes 25. Depression   9. Thyroid problem 26. Attempted suicide   10. Digestivedisorder 27. Loss of memory   11. Kidneyproblem 28. Balanceproblem   12. Skin problem 29. Severeheadaches   13. Allergies 30. Ear/nose/throat problems	(Ass.	istanceshould beoffered bymedic		***				
2. High blood pressure		Condition	Yes	No		Condition	Yes	No
3. Heart/vasculardisease	1.	Eye/vision problem			18.	Sleepingproblems		
4. Heart surgery	2.	High blood pressure	Ц		19.	Do you smoke?		9
5. Varicose veins	3.	Heart/vasculardisease		4	20.	Operation/surgery		
6. Asthma/bronchitis	4.	Heart surgery		1	21.	Epilepsy/seizures		4
7. Blood disorder	5.	Varicose veins		7	22.	Dizziness/fainting		
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14. Infectious/contagious diseases	13.	Allergies			30.	Ear/nose/throat problems		
	14.	Infectious/contagious diseases		II,	31.	Restricted mobility		
15. Hernia 32. Back problems	15.	Hernia		ď.	32.	Back problems		
16. Genital disorders 33. Amputation	16.	Genital disorders			33.	Amputation		
17. Pregnancy 34. Fractures/dislocations	17.	Pregnancy		MA	34.	Fractures/dislocations		
If anyof theabovequestions wereanswered "yes," pleasegive details below.	If an	vof theahoveguestions wereasseur	red "…	as " plans	ogivo :	details below		





Additiona	I questions
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35.	Haveyou ever been signed offas sick or repatriated from a ship?		Yes N
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 illness		
40.	Do you feel healthyand fit to perform theduties of your designated position/occupation?	ses?	
41.	Areyou allergic to anymedications?		ПР
42.	FIT FOR DUTY ON BOARD SHIP		
	Areyou takinganynon-prescription or prescription medications?  s, pleaselist themedications taken and thepurpose(s) and dosage(s).		
If ye	s, pleaselist themedications taken and thepurpose(s) and dosage(s).  ebycertifythat the personal declaration above is a truestatement to thebe	est of myknov	wledge.
If ye Ihere Signa Date	ebycertifythat the personal declaration above is a truestatement to thebe ature of examinee:  (day/month/year):  O 5 JAN 2024  DR. MIR. MD.  MSBS (DU), DFM. CCD (Bin BMDC A-55144, MB DG Shipping Bangled	. RAIHAN dem), PGT (Ophth) MC-BGD-016 desh Approved	wledge.
If ye	ebycertifythat the personal declaration above a truestatement to thebe ature of examinee:  (day/month/year):  (day/month/year):	. RAIHAN dem), PGT (Ophth) MC-BGD-016 desh Approved sician Is Limited.	wledge.
If ye.  Ihere Signa Date Witne Name	ebycertifythat the personal declaration above a truestatement to the beature of examinee:  (day/month/year):  O 5 JAN 2024  DR. MIR. MD.  MBBs (DU), DFM. CCD (Bin BMDC A-55144, MB DG Shipp.ng Banglad General Phy	RAIHAN dom), PGT (Ophth) MC-BGD-016 desh Approved sician is Limited.	
If ye.  Ihere Signa Date Witne Name Iherei institu	ebycertifythat the personal declaration above a truestatement to thebe ature of examinee:  (day/month/year):  essed by: (Signature)  e:(Typed or printed)  byauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprutions and public authorities to Dr.	RAIHAN dom), PGT (Ophth) MC-BGD-016 desh Approved sician is Limited.	ealth
If ye.  Ihere Signa Date Witne Name Iherei institu	cbycertifythat the personal declaration above a truestatement to the beature of examinee:  (day/month/year):  DR. MIR. MD  MBBS (DU), DFM. CCD (Bir  BMDC A-55144, Mh  DG Shipping Banglad  General Phy  Radical Hospital  byauthorizethereleaseofallmy previous medical records from any health prutions and public authorities to Dr.  cal examinee:  (day/month/year):  DR. MIR. MD  Seneral Phy  Radical Hospital  byauthorizethereleaseofallmy previous medical records from any health prutions and public authorities to Dr.  cal examinee:  (day/month/year):  DR. MIR. MIR. MIR. MIR. MIR. MIR. MIR. MI	RAIHAN  dem), PGT (Ophth) MC-BGD-016 lesh Approved sician is Limited.  rofessionals,h  (the:	ealth
If ye.  Ihere Signa Date Witne Name Iherel institute medic Signa Date (	ebycertifythat the personal declaration above a truestatement to the beature of examinee:  (day/month/year):  essed by: (Signature)  e:(Typed or printed)  byauthorizethereleaseofallmyprevious medical records from any healthprutions and public authorities to Dr.  cal examinee: (day/month/year):  0 5 JAN 2024  DR. MIR. MD.  BMDC A-55144, Mb.  BMDC A-55144	RAIHAN dem), PGT (Ophth) MC-BGD-016 desh Approved sician Is Limited.  Tofessionals,h  (the:  O. RAIHAN Birdem), PGT (Ophth) MC-BGD-016 adesh Approved	ealth

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### MEDICAL EXAMINATION

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Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)...

			Visual Acui	ty				Visua	al fields
	Unaided			Aided				Normal	Defective
	Right	Left		Right	Left		Right		
	eye	eye	Binocular	eye	eye	Binocula	ir eye		
Distant	6/6	606	-				Left eye		
Near	10	19							
1000	rvision:	□ N	ot tested		Vormal	Dou	btful [	Defectiv	ve
Hear		e and aud	io metry (thre	shold va	lues in dB)		Speech and (metres)	d whisper t	est
	500 Hz	1,000 H		1	000 Hz			Normal	Whisper
Right ear	20	211	20				Right ear	4	4
Left ear	20	20	20				Left ear	4	4.
Head Sinus	ses, nose, tl	hroat		7	Skin Varicose	e veins		1	
Head		7/0/7	ormal Abno		Skin			rmal Abi	
		hroat							
0.0000000000000000000000000000000000000	th/teeth			1		r(inc. pedal			
	(general)					n and visce	ra		
	panicmemb	orane			Hernia				
Eyes				]		ot rectal exa	ım.)		
Opth	almoscopy				G-U sys			1	
Pupil	s		B [		Upper a	nd lower ex	tremities		
Eyen	novement			15461	Spine (C	S, T/S and	L/S)	7	
Lung	s and ches	t	P [		Neurolo	gic (full bri	ef)	I,	
Breas	st examina	tion 🗸	MA I		Psychiat	ric			
Hear	t			1	General	appearance		5 JAN 20	21
Ches	t X-ray:	☐ Not p	erformed	Porf	ormed on (	day/month/	year):/	J JAN ZU	<u> </u>
R	esults:		Normal	c	nrent-	ry			
				22.7	Hosoir	/	18		



	S: Hepatitis B Test Negere, V.D.R.L Non Rover
	Immunodeficiency Virus Anti bodies
Other diagr	nostic test(s) and result(s):  Result Normal.
Medical Examine	FIT FOR DUTY ON BOARD SHIP
Vaccination	n status recorded: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Assessment of fitness forserviceat sea
	s of theexaminee's personal declaration, myclinical examination and the diagnostic te orded above, Ideclarethe examineemedically:
	Fit for lookout duty Not fit for look-out duty
Fit	eck service Engine service Cateringservice Other services
Unfit	Without restrictions With restrictions
	Visual aid required: Yes o
Describe restricti	ons (eg. Specific positions, type of ship, trade area)
Action take	en bymedical examiner (e.g., referral):
Medical ce	ertificate's dateof expiration (day/month/year): / 0 4 JAN 2026
Date ofexa	mination (day/month/year): 0 5 JAN 2024
Number of	Medical Certificate: Official stamp:
Signature	of medical practitioner:  DR. MIR. MD. RAIHAN  MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
5	medical examiner: (Typed or printed) DG Shipping Bangladesh Approved RADICAL HOSPITAL LIMITED General Physician Baddesh Approved RECA-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Baddesh Recalled Hospitals Limited
	medical practitioner. State, bridge participant
Authorized	d by: DG CHAPING BIHOLOTTO (competent authority)

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SEAFARER'S MEDICAL	EXAMINATION REP	이 하는데 이렇게 오다른 사용보다 보면 하는데 있어요? 사람들이	
This certificate is issued by authority of the Maritime Administrator and inco LONo. 73), a samended, STCW Convention, 1978 as amended and the	mpliancewiththerequirement	ntsoftheMedicalExamination(	Scafarers (Convention1946(1
SURNAME UDDIN	GIVEN NAME(S) A K M SHIHAB		
NATIONALITY BANGLADESHI	ID DOCUMENT NO: C/O/3221		
DATE OF BIRTH  01 01 1.975  MONTH DAY YEAR	PLACE OF BIRTH NOAKHALI CITY	BANGLADESH	SEX FEMALE
EXAMINATION FOR DUTY AS:  MASTER  DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF AN HOUSE#08, ROAD-2 BANGLADESH	PUCANT: 1, SECTOR-07, UTTARA	, UTTARA, DHAKA,
DECLARATION OF APPROVED MEDICAL PRACTIONER: I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED:	: YES/NO		
MEDICAL EXAMINATION (SEE LAST PAGE FO	R MEDICAL REQUIREMENT	s) STATE DETAILS ON RE	EVERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE PULSE	RESPIRATION (S	Ob/ GENERAL APPEAR	ANCE
VISION: WITHOUT GLASSES  WITH GLASSES  COLOR TEST TYPE: BOOK TANTERN CHECK  DATE OF LAST COLOR VISION TEST: 0.5 JAN 202	RT. EAR	M) LEFT E	
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET	THE REQUIRED VISION	STANDARD? VES	NoFT
HEAD AND NECK	HEART (0	CARDIOVASCULAR)	m
LUNGS  EXTREMITIES:  UPPER  VON  VON  VON  VON  VON  VON  VON  VO	SPEECH (IS SPEECH UP	DECK/NAVIGATIONAL OFFICE	
EXTREMITIES: Nonm	1 LOWER		Norm/
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO	RECOMMENDATIONS	YES	No 🗌
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDAYES NO NO			
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION	CRIPTION MEDICATIONS	? YES	Na
Mal	As Par-MIC-2008	05	JAN 2024
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMI	1100	DAT	E



	7.102 T 31111 18
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	A K M SHIHAB UDDIN
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES	NO NAME OF APPLICANT
SEAFARER IS FOUND TO BE (LHT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS	ENGINEERING OFFICER / RADIO OFFICER /
NAME AND DEGREE OF PHYSICIAN  MBB (DU), DFM, CCD (Birdem), PGT (Opht BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approve General Physician Radical Hospitals Limited.	h) 5
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DO STATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	MYZOG
SIGNATURE OF PHYSICIAN :	
PATE OF EXAMINATION: 0 5 JAN 2024	
XPIRY DATE OF CERTIFICATE: 0 4 JAN 2026	
EAFARER ACKNOWLEDGMENT	
A K M SHIHAB UDDIN (NAME OF SEAFARER), CONFIRM THAT I HAV F CERTIFICATE AND THE RIGHT TO GET A REVIEW.	E BEEN INFORMED OF THE CONTENT





#### MEDICALREQUIREMENTS

Allapplicants for anoffice recrifticate. Seafarer's Identification and Record Book or certification of Special qualifications shall be required tohaveaphysical formmust completedmedical Medical Formcompleted bya certificated physician. The examinationreported onthis accompanytheapplicationforofficercertificate,applicationforseafarer'sidentitydocument,orapplicationforcertificationofspecial applicationsforanofficer qualifications Thisphysicalexaminationmustbecarriedoutnotmorethan 24 immediately preceding certificate, certification of special qualifications or a sea farer's book. The examination shall be conducted in accordance with the HealthOrganization.GuidelinesforConductingPre-seoandPeriodicMedicalFitness International Labor Organization World applicantisinsatisfactoryphysicaland ExaminationsforSeafarers(ILO/WHO/D.2/1997.Suchproofofexaminationmustestablishthatthe mentalconditionforthespecificduty assignment undertaken and is generally in possession of all body faculties necessary infulfilling the requirements of these a faring profession

Inconducting the examination, the certified physician should, where appropriate, examine the sea farer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
  - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbettercarat15 feet (4.57m) and in poorer ear at 5feet (1.52m).
- (b) Eyesight
  - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninonecyeandatleast20/40 (0.50)intheother Iffihe applicant wears glasses, hemist havevisionwithoutglasses ofat least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsred,green,blueand yellow.
  - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother. If the applicant wears glasses, hemust have vision without glasses of at least 20/200(0.10) in botheyes.
     Engineer and radio of ficer applicants must also be able to perceive the colors red, yellowand green.
- (c) Dental
  - Seafarers must befreefrominfections ofthemoutheavityor gums
- (d) BloodPressure
  - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration
- (e) Voice
  - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunumpairedfornormalvoice communication.
- Vaccinations
  - AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication,InternationalTraveland Health,VaccinationRequirementsandHealthAdvice,andshallbegivenadvicebythecertifiedphysicianonimmunizations aregiven, theseshall berecorded
- (g) Diseases or Conditions
  - Applicantsafflictedwithanyofthefollowing diseases or conditions shall be disqualified epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/ortheuse of narcotics.
- (h) Physical Requirements
  - Applicants/forableseaman.boson.GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysical requirements for adeck/navigational officer's certificate.
  - Applicants for fireman/watertender.oiler/motor.pumpman.electrician.wiper.tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

#### IMPORTANTNOTE

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 scafarer 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 - Modecal Exam Form)

0 5 JAN 2024



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



# Medical Exam Form CONFIDENTIALFORM Pre-seaExam PeriodicExam

Nar	me (last, first, middle): <u>UDDIN A k</u>	M SH	ПНАВ				
Dat	e of birth (day/month/year): 01 /01 /	1975	Sex:	ma	ale female		
Ног	me address: HOUSE#08, ROAD-21,S	ECTOR	-07,UTT	ARA,U	FTARA WEST.DHAKA-1230 B	ANGLA	DESI
	sport No./Discharge Book No.: AL						10.0000
Dep	partment (deck/engine/radio/food ha	ndling/	other):	ENGIN	E		
Rou	tine and emergency duties (if know	n):					
	e of ship (eg. Bulkcarrier, chemic		as tanke	r cont:	niner other cargo shine): OII	/CHEM	IIC A
	NKER Trade area (e.g., coastal, tro					#CHEIVI	IC.A
(As.	amince's personal declaration sistanceshould beoffered bymedia aveyou ever had anyof thefollowi						
	Condition	Yes	No		Condition	Yes	N
1,	Eye/vision problem		1	√18.	Sleepingproblems		[2
2.	High blood pressure		1	19.	Do you smoke?		
3.	Heart/vasculardisease			20.	Operation/surgery	П	7
4.	Heart surgery			21.	Epilepsy/scizures	П	1
5.	Varicose veins		D	22.	Dizziness/fainting		
	Asthma/bronchitis		P	23.	Loss of consciousness		
6.	Asuma/bronemus						
	Blood disorder			24.	Psychiatricproblems		
7.				24. 25.	Psychiatricproblems Depression		
7. 8.	Blood disorder				Depression		
7. 8. 9.	Blood disorder Diabetes			25.	Depression Attempted suicide		
7. 8. 9. 10.	Blood disorder Diabetes Thyroid problem			25. 26.	Depression Attempted suicide Loss of memory		
7. 8. 9. 10.	Blood disorder Diabetes Thyroid problem Digestivedisorder			25. 26. 27.	Depression Attempted suicide		
7. 8. 9. 10. 11.	Blood disorder Diabetes Thyroid problem Digestivedisorder Kidneyproblem			25. 26. 27. 28.	Depression Attempted suicide Loss of memory Balanceproblem Severeheadaches		
7. 8. 9. 10. 11. 12.	Blood disorder Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem			25. 26. 27. 28. 29.	Depression Attempted suicide Loss of memory Balanceproblem		
7. 8. 9. 10. 11. 12. 13.	Blood disorder Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem Allergies			25. 26. 27. 28. 29. 30.	Depression Attempted suicide Loss of memory Balanceproblem Severeheadaches Ear/nose/throat problems		
6. 7. 8. 9. 10. 11. 12. 13. 14.	Blood disorder Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem Allergies Infectious/contagious diseases			25. 26. 27. 28. 29. 30. 31.	Depression Attempted suicide Loss of memory Balanceproblem Severeheadaches Ear/nose/throat problems Restricted mobility		





Add	litional questions	Yes	No
35.	Haveyou ever been signed offas sick or repatriated from a ship?	P-	H
36.	Haveyou ever been hospitalized?		
37.	Haveyou ever been declared unfit forseaduty?		ď
38.	Has your medical certificate ever been restricted or revoked?		8
39.	Areyou awarethat you have anymedical problems, diseases or illnesses?		
40.	Do you feel healthyand fit to perform theduties of your designated position/occupation?	V	
41.	Areyou allergic to anymedications?		
Coi	FIT FOR DUTY ON BOARD SHIP		
42.	Areyou takinganynon-prescription or prescription medications?		1/
The	erebycertifythat the personal declaration aboveis a truestatement to thebest of	myknowled	ge.
Sig	gnatureof examiñee:		
.0037	ite (day/month/year): 05 JAN 2024 /	DAIHAN	
	itnessed by: (Signature)  MBBS.(DU), DFM, CCD (Bin	AC-BGD-016	
Na	ame:(Typed or printed)  DG Shipp.ng Banglad General Phys Radical Hospital	sician	
in	erebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofes stitutions and public authorities to Dr. edical examiner).	sionals,healtl (theapp	n roved
Si	gnatureof examinee:		
D	LIGHT OF THE PERSON OF THE PER	MD. RAIH	Opmin)
W	itnessed by: (Signature)	144, MMC-BGD Bangladesh App eral Physician	roved
N	ame:(Typed or printed)Radical	Hospitals Limited	
D	rate & Contact details for previous medical examination (if known):		

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### MEDICAL EXAMINATION

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Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

			Visual Ac					Visua	al fields
	Unaided	1		Aided				Normal	Defective
Distant	Right eye 6/6	Left eye	Binocular	Right eye	Left	Binocular	Right eye Left eye		
Near	NS	NS	/				Left eye		
Colo Hear	rvision:	□ No	ot tested		√ormal	Doubtf	ul [	] Defectiv	/e
	Pure ton	e and audi	o metry (thi	reshold va	lues in dB)		Speech and (metres)	l whisper to	est
	500 Hz	1,000 H		1	000 Hz		(metres)	Normal	Whisper
Right ear	20	20	2:	>			Right ear	_	- Trinsper
Left ear	2	. 20	2.	0			Left ear		
	d pressure:			30 (m	m Hg) Dias		ythm: <u>Fe</u> が・ Noi	(mn	n Hg) ormal
			lic:1	30 (m	1		γυ .	200	
Head		No	lic:1	30 (m	1	stolic: 5	γυ .	200	
Head Sinus Mout	ses, nose, tl h/teeth	No	lic:1	30 (m	m Hg) Dias Skin Varicose Vascular(	veins  veine, pedal pul	Noi	200	
Head Sinus Mout Ears (	ses, nose, th h/teeth (general)	No hroat [	lic:1	30 (m	m Hg) Dias  Skin  Varicose  Vascular( Abdomer	veins	Noi	200	
Head Sinus Mout Ears (	ses, nose, tl h/teeth	No hroat [	lic:1	30 (m	m Hg) Dias Skin Varicose Vascular( Abdomer Hernia	veins (inc. pedal pul	Nor	200	
Head Sinus Mout Ears ( Tymp Eyes	ses, nose, the h/teeth (general) panicmemb	No nroat [	lic:1	30 (m	m Hg) Dias Skin Varicose Vascular( Abdomen Hernia Anus (no	veins (inc. pedal pul ) and viscera	Nor	200	
Head Sinus Mout Ears ( Tymp Eyes Optha	ses, nose, the h/teeth (general) panicmemb	No nroat [	lic:1	30 (m	M Hg) Dias  Skin  Varicose  Vascular(  Abdomen  Hernia  Anus (no)  G-U syste	veins (inc. pedal pul ) and viscera  t rectal exam.	Noi	200	
Head Sinus Mout Ears ( Tymp Eyes Optha Pupils	ses, nose, the h/teeth (general) conicmember almoscopy s	No nroat [	lic:1	30 (m	m Hg) Dias  Skin  Varicose  Vascular(  Abdomen  Hernia  Anus (not)  G-U syste  Upper and	veins (inc. pedal pul n and viscera t rectal exam. em d lower extrer	Nor	200	
Head Sinus Mout Ears ( Tymp Eyes Optha Pupil:	ses, nose, the h/teeth (general) panicmembalmoscopy s	No hroat [ [ ] [ ] [ ] [ ]	lic:1	30 (m	m Hg) Dias  Skin  Varicose  Vascular(  Abdomer  Hernia  Anus (no)  G-U syste  Upper and  Spine (C/	veins (inc. pedal pul n and viscera t rectal exam. em d lower extrer S, T/S and L/	Nor	200	
Head Sinus Mout Ears ( Tymp Eyes Optha Pupil: Eyem Lungs	ses, nose, the h/teeth (general) conicmember almoscopy s	No nroat [	lic:1	30 (m	m Hg) Dias  Skin  Varicose  Vascular( Abdoment  Hernia  Anus (not  G-U syste  Upper and  Spine (C/  Neurolog	veins (inc. pedal pul n and viscera t rectal exam. em d lower extrer (S, T/S and L/) ic (full brief)	Nor	200	
Head Sinus Mout Ears ( Tymp Eyes Optha Pupil: Eyem Lungs	ses, nose, the h/teeth (general) confirmember almoscopy is novement and chest at examinat	No nroat [	lic:1	30 (m	m Hg) Dias  Skin  Varicose  Vascular( Abdoment  Hernia  Anus (not  G-U syste  Upper and  Spine (C/  Neurolog  Psychiatri	veins (inc. pedal pul n and viscera t rectal exam. em d lower extrer (S, T/S and L/) ic (full brief)	Nor	TMAI Abr	
Head Sinus Mout Ears ( Tymp Eyes Optha Pupil: Eyem Lungs Breas Heart	ses, nose, the h/teeth (general) confirmember almoscopy is novement and chest at examinat	nroat [	lic:1	30 (m	Skin Varicose Vascular( Abdomen Hernia Anus (no) G-U syste Upper and Spine (C/ Neurolog Psychiatr General a	veins (inc. pedal pul n and viscera t rectal exam. em d lower extrer S, T/S and L/ ic (full brief)	North	200	

BERNHARD SCHULTT	
SHIPMANAGEMENT	

Urinalysis: Glucose: All Protein: MI,
Blood Analysis: Hepatitis B Test Negem., V.D.R.L Non Revenus Immunodeficiency Virus Anti bodies
Other diagnostic test(s) and result(s):  Test Bluck Hitcime Result Normal.
Medical Examiners comments:  FIT FOR DUTY ON BOARD SHIP
Vaccination status recorded: Yes No
Assessment of fitness forserviceat sea
On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic test results recorded above, Ideclarethe examineemedically:
Fit for lookout duty Not fit for look-out duty
Deck service Engine service Cateringservice Other services
Fit
Unfit
Without restrictions With restrictions
Visual aid required: Yes o
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral):
Medical certificate's dateof expiration (day/month/year):///
Date of examination (day/month/year): 0 5 JAN 2024
Number of Medical Certificate: Official stamp:
Signature of medical practitioner: MBBS (DU), DFM, CCD (Birdem), PGT (Oph
Name of medical examiner: (Typed or printed)  RADICAL HOSPITAL LIMITED  Radical Hospitals Limited.  DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.
Address of medical practitioner:: Unara, Dhaka, Bangladash
Authorized by: The SHAPING BANGAMAL (competent authority)
Sea Hosolo



This	SEAFAI	RER'S MEDICAL	EXAMINATION REP	PORT/CERTIFICATE	
certificatersissuedbyau	thorityoftheMaritime STCW Convention.	Administratorandine	compliancewiththerequireme theMaritimeLabourConventi	entsoftheMedicalExamination	(Scafarers)Convention1946(I
SURNAME UDDIN			GIVEN NAME(S) A K M SHIHAB		
NATIONALITY BANGLADESHI			ID DOCUMENT NO: C/O/3221		
DATE OF BIRTH  01  MONTH	01 DAY	1975 YEAR	PLACE OF BIRTH NOAKHALI CITY	BANGLADESH COUNTRY	SEX FEMA
EXAMINATION FOI MASTER DECK OFFICE ENGINEERIN RADIO OFFICE RATING	R G OFFICER		MAILING ADDRESS OF AI HOUSE#08, ROAD-2 BANGLADESH	PPLICANT:	, UTTARA, DHAKA,
DECLARATION OF APPRICATION OF APPRICA	OVED MEDICAL PRA IFICATION DOCUME	CTIONER: NTS WERE CHECKED	VES/NO		
MEDICA	L EXAMINATION	(SEE LAST PAGE FO	R MEDICAL REQUIREMENTS	S) STATE DETAILS ON RE	EVERSE SIDE
HEIGHT WEIGH	BLOOD PRES		8 6/2 RESPIRATION		
WITHOUT GLASSES WITH GLASSES COLOR TEST TYP		25 1411	RT, FAR  IF COLOR TEST IS NORMAL  2024	YELLOW RED	GREEN BLUE
ARE GLASSES OR COM	TACT LENSES NEC	ESSARY TO MEET	THE REQUIRED VISION S	TANDARD? YES	No
HEAD AND NECK			HEART (C	ARDIOVASCULAR)	nmy
LUNGS	~	Norme Vonn1	SPEECH (DIS SPEECH UNIT	DECK/NAVIGATIONAL OFFICE MPAIRED FOR NORMAL VOICE COM	R AND RADIO OFFICER)
EXTREMITIES: UPPE	R	Lonn	LOWER _		Vonny.
IS APPLICANT VACCIN	ATED IN ACCORDA	NCE WITH WHO	RECOMMENDATIONS?	YES	No
IS APPLICANT SUFFERI HIM/HER UNFIT FOR S YES NO	NG FROM ANY DIS ERVICE AT SEA OF	SLASE LIKELY TO B ELIKELY TO ENDAM	F AGGRAVATED BY WOR NGER THE HEALTH OF OT	KING ABOARD A VESSEL, THER PERSONS ON BOARD	OP TO BENDER
IS APPLICANT TAKING	ANY NON-PRESCR	IPTION OR PRESCI	RIPTION MEDICATIONS?	YES	No []
	SIGNATURE OF	APPLICANT	Scal Hospital		JAN 2024
THIS SIGNATURE SHOULD			ING PHENOLOGIAN.	DATE	



	A K M SHIHAB UDDIN
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	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 RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTION	/ ENGINEERING OFFICER / RADIO OFFICER /
DR. MIR. MD. RAIHA MBBS (DU), DFM, CCD (Birdem), PGT (Opl BMDC A-55144, MMC-BGD-01 DG Shipping Bangladesh Approv General Physician Radical Hospitals Limited.	nth) 16
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DOS 100	WN BD MT 2014
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	/ - //.
SIGNATURE OF PHYSICIAN :	
DATE OF EXAMINATION: 0 5 JAN 2024	
EXPIRY DATE OF CERTIFICATE : 0 4 JAN 2026	
SEAFARER ACKNOWLEDGMENT	
I, A K M SHIHAB UDDIN (NAME OF SEAFARER), CONFIRM THAT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.	I HAVE BEEN INFORMED OF THE CONTE





#### MEDICALREQUIREMENTS

All applicants for an office recruit icate. Sea farer's Identification and Record Book or certification of Special qualifications shall be required tohaveaphysical examinationreported onthis Medical Formcompleted bya certificated physician: The completedmedical formmust accompanytheapplicationforofficercertificate, applicationforseafarer's identity document, or application for certificate, application for seafarer's identity document, or application for certificate, application for seafarer's identity document, or application for certificate, application for seafarer's identity document, or application for seafarer identity document. Or application for seafarer identity document, or application for seafarer identit qualifications Thisphysical examination must be carried out not more than 24 months immediately preceding applicationsforanofficer certificate.certificationofspecialqualificationsoraseafarer/sbook/Theexaminationshall/beconductedinaccordancewiththe International Labor Organization World HealthOrganization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Scafarers (ILO WHO D.2:1997. Such proof of examination must establish that the applicantisinsatisfactory physical and mentaleon dition for the specified uty assignment undertaken and is generally in possession of all body faculties necessary infulfilling the requirements of the seafaring profession.

Inconductingtheexamination,thecertifiedphysicianshould,whereappropriate,examinetheseafarer'spreviousinedicalrecords (including vaccinations) and information on occupational history, noting any diseases, including alcoholor drug-related problems and/or injuries Inaddition, the following minimum requirements shall apply:

- (a) Hearing
  - Allapplicantsmusthavehearingunimpairedfornomalsoundsandbeeapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m)
- (b) Eyesight
  - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninonecycandatleast20/40 (0.50)intheother. If the applicant wears glasses, hemust havevisionwithoutglasses of at least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingtheodorsred.green.blueand.yellow.
  - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother. If the applicant wears glasses, hemust have vision without glasses of at least 20/200(0.10) in botheyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellowand green.
- (c) Dental
  - Seafarers must befreefrominfections ofthemoutheavityor gums
- (d) BloodPressure
  - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration
- (e) Voice
  - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalvoice communication.
- (f) Vaccinations
  - AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication.InternationalTraveland
    Health, VaccinationRequirementsindHealthAdvice, and shall be given advice by the certified physician on immunizations are given, these shall be recorded
- (g) Diseases or Conditions
  - Applicantsafflicted with any of the following diseases or conditions shall be disqualified epilepsy, insanity, senifity, alcoholism, tuberculosis, acute venereal disease or neurosyphilis. AIDS, and/or theuse of narcoties
- (h) Physical Requirements
  - Applicants/orableseaman,bosun,GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysicalrequirements/or adeck/navigational officer/s certificate
  - Applicants for fireman/watertender,oiler/motor,pumpman,electrician,wiper,tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate

#### IMPORTANTNOTE

The scafarer 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 scafarer 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'.

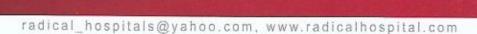
#### EXAMINATION

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

0 5 JAN 7074



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





Id No : 0086 Date: 05-Jan-2024 D.Date: 05-Jan-2024

Patient's Name: A K M SHIHAB UDDIN Age: 47Y 10M 14 Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O/ 3221

## **Haematology Report**

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

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)	<b>16.3</b> 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)	<b>05</b> mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	ıL
Total WBC Count(TC)	<b>7,100</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)	11.5-7-9-1-00		
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	34 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %	W BC CURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	1
Basophils	00 %	Adult: 00-01 %	II.
Total Cir. Eosinophils	142 /cumm	50-450/cumm	- III
Total RBC Count	<b>5.17</b> m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	39.7 %	M: 40-54%, F:37-47%	
MCV	76.8 fL	76 - 94 fL	
MCH	<b>31.5</b> pg	27 - 32 pg	
MCHC	41.1 g/dL	29 - 34 g/dL	R B C CU R Y E
RDW -	14.0 %	11 - 16 %	A
PDW	15.1 fL	35 - 56 fl	AL.
Total Platelete Count (PC)	2,54,000 /cumm	150,000-450,000/cumm	
MPV	8.0 fL	7.0 - 11.0 fL	
PCT	0.203 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	

Checked Py Medical Technologist Dr. Sumaiya I

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	DIA24010086	Received Date	05/01/2024
Patient's Name	A K M SHIHAB UDDIN		The .
Patient's Age	47Y 10M 14	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	M),PGT(Eye),DFM	CDC NO: C/O/3221
Sample	BLOOD		

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.51 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	24.0 U/L	Up to 37 U/L
HbA1C	5.0 %	4.2 - 6.7 %

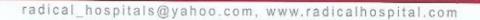
#### REMARKS (IF ANY)

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	DIA24010086	Received Date	05/01/2024
Patient's Name	A K M SHIHAB UDDIN		
Patient's Age	47Y 10M 14	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEI	M),PGT(Eye),DFM	CDC NO: C/O/3221
Sample	BLOOD	The state of the s	

## SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

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	DIA24010086	Received Date	05/01/2024
Patient's Name	A K M SHIHAB UDDIN		·
Patient's Age	47Y 10M 14	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)	,PGT(Eye),DFM	CDC NO: C/O/3221
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\_hospitals@yahoo.com, www.radicalhospital.com

DIA24010086	Received Date	05/01/2024
A K M SHIHAB UDDIN	8.74	
47Y 10M 14	Patient's Sex	Male
Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFM	CDC NO: C/O/3221
URINE		
	A K M SHIHAB UDDIN  47Y 10M 14  Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	A K M SHIHAB UDDIN  47Y 10M 14 Patient's Sex  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

#### 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.





# **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 240100086 Receive:05/01/2024 Print: 05/01/2024

Patient's Name : A K M SHIHAB UDDIN

Age : 48 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.

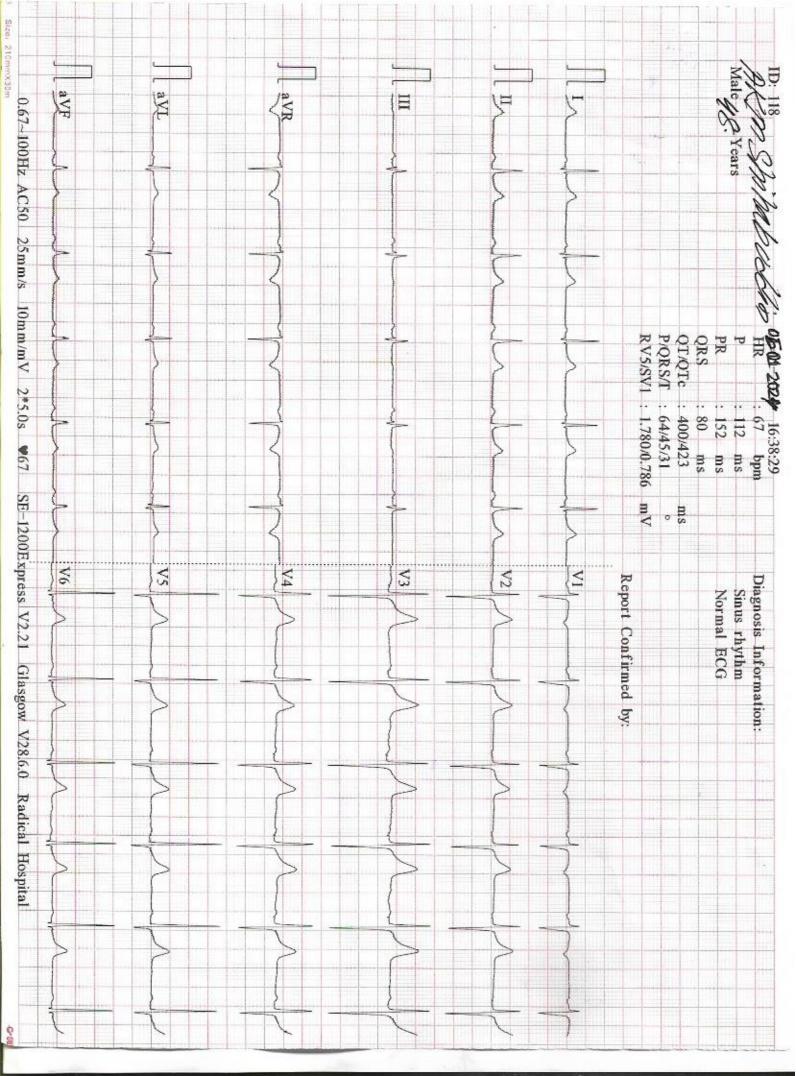
Lung fields are clear.

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





radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: OAK EXPRESS

DATE: 05/01/2024

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

## EYE EXAMINATION REPORT

NAME: A K M SHIHAB UDDIN

RANK: CH.ENG

CDC NO: C/O/3221

VISUAL ACUITY:

RIGHT

LEFT

Cel

UNAIDED

AIDED

COLOUR VISION:

1

NORMAL / BLIND

OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital

Certificate	(continued) Certificate (quite)	OR VACO	
OS JAN 201	DR. MR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipo ng Bangladesh Approved	35, Shah Makhdum Avenue 1 Harn, Dheka	10
0	DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	* BANGLADEST	19
10	Compared Superior Comments		

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

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

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

#### OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine	S .	Physician's Signature
			F S R
			7 4 1 W F
		32.11.5	
			下 - E 医部 19
			· · · · · · · · · · · · · · · · · · ·

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

_	Signature and Professional status of vaccinator	Approved Stamp
1/200	DR. MIR MD. RAIHAN MBBS (DU). Reg. No. A-55144 General Physician Radical Hospitals Ltd.	SAN MARCH POR SHAPE SHAP
AUG DIA	DR. MIR MD RAIHAN MBBS (DU), Reg. No A-55144 DG Shipping Approved General Physician	S, Shah Mo And Shah Mark And Care Brown Diska
3 NH 7	MSRS (JU), DPM, CCD (Birden), PGT (Ophh) BMDC A-55144, MMC-BGD-016 DG Shipping Bangiadesh Approved	SS, Stub Maldonian American Maldonian American Maldonian
5 🔏	Radical Hospitals Limited	R FOR VACCING
5 P	Radical Hospitals Limited.	35, Shafi Makhdum Avenue  Uttara, Dhaka  #  BANGLADCST
7 AL	DR. MIR. MD. RAIHAN	S FOR VACCIANA S Shah Makhidam S

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

Date of birth 01.01.1975 Sex

This is to certify that

M'

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
1007 2013	DR. MIR MD. RAIHAN MBBS (DU). Reg. No. A-55144 General Physician Radical Hospitals Ltd.	THE VERY POOL TO THE POOL TO T	TER FOR LACCINATION AND AND AND AND AND AND AND AND AND AN
			-
2	The state of the s	CEVE	FOR VACCIA
WHY TO	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144. MMC-BGD-016 BMDC A-55144. MMC-BGD-016 DG Shipping Bangladesh Approved DG Shipping Bangladesh Approved	ON L NO FE	35, Sheh Malchdom Average Uttava, Dhalan
4	DG Shipping Barrial Physician General Physician Radical Hospitals Limited.		SANGLADES

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated 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 date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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