



HAQUE & SONS LTD.

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

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



Accredited By : BMDC
Accreditation No : A-55144

PATIENT CONTROL NUMBER
HSL-004461

MEDICAL EXAMINATION CERTIFICATE

SURNAME TAMAL	FIRST NAME AND IJAZ AHMAD	MIDDLE NAME KHAN
PLACE AND DATE OF BIRTH DHAKA 21-Oct-1990	PASSPORT NUMBER EG0358345	SEAMAN'S BOOK NUMBER C/O/6319
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VI. SSF TYPE : BULK CARRIER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : KHILKHET, UTTOR PARA, BONOPURA ABASIK PROKOLPO, DHAKAI, BANGLADESH.	CONTACT NUMBER : 01557670151 (SELF)	RANK : 2ND ENGINEER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

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

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

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

Signature of Seafarer

MEDICAL EXAMINATION

Weight 80 kg	Height (cm) 162	BMI 30.4	Blood Pressure: Systolic 120 Diastolic 80	PULSE: 78/min																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th>Hearing by Audiometry</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☐ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☐ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>					Ear		Audiometry				Hearing by Whisper Test			Hearing by Audiometry	500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate	
Ear		Audiometry				Hearing by Whisper Test																														
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Right	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate																														
Left	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate																														
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☐ NO ☐																																				

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6			☒	☐
Near					☒	☐

Visual acuity meets the standard laid down in STCW Code Section A-1/9: ☒ YES / NO ☐ NO

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 22 JAN 2024

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

RESULTS OF ANCILLARY EXAMINATIONS			
Chest X Ray	☒	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana
ECG	☒	BILIRUBIN	Alcohol Test
BLOOD R/E	☒	SGPT	URINE R/E
DC(differential count)	☒	SGOT	OTHERS
HAEMOGLOBIN (HGB)	☒	DRUG AND ALCOHOL TEST	
ESR (WESTEROREN)	☒	Morphine	HBsAg
WBC	☒	Amphetamine	HIV / AIDS Test
BLOOD GLUCOSE LEVEL	☒	Phencyclidine	VDRL
RANDOM	☒	Barbiturates	Blood Type
HBA1C	☒	Cocaine	Psychological Exam
			Others(KUB Ultrasound)

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

Signature of Seafarer	IAJAH AHMAD KHAN TAMAL Name of Seafarer	22 JAN 2024 Date
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Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

☒ Yes ☐ No

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

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

Fitness Date: <u>22 JAN 2024</u>	Valid Until: <u>21 JAN 2026</u>
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DR. MIR MD. RAIHAN
Medical Officer (Seafarer) / General Physician

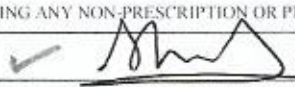
In Accordance with Medical Examination (Seafarers) Convention, 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME TAMAL			GIVEN NAME(S) IJAZ AHMAD KHAN		
DATE OF BIRTH 10 21 1990 MONTH DAY YEAR			PLACE OF BIRTH DHAKA BANGLADESH CITY COUNTRY		SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐			MAILING ADDRESS OF APPLICANT: KHILKHET, UTTOR PARA, BONOPURA ABASIK PROKOLPO, DHAKA BANGLADESH		
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE					
HEIGHT 162 cm	WEIGHT 80 kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78 /min	RESPIRATION 19 /min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR my LEFT EAR my	
COLOR TEST TYPE: BOOK ☒ LANTERN ☐ IS COLOR TEST NORMAL? ☒ Yes ☐ No (IF "NO" EXPLAIN ON PAGE 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒					
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal		
LUNGS Normal			SPEECH (DECK NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes		
EXTREMITIES: UPPER Normal			LOWER Normal		
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES ☐ NO ☒					
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☒					
SIGNATURE OF APPLICANT 			DATE OF EXAMINATION 22 JAN 2024		EXPIRY DATE 21 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: IJAZ AHMAD KHAN TAMAL					
FIT FOR DUTY ON BOARD SHIP NAME OF APPLICANT					
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☒ NO ☐					
SEAFARER IS FOUND TO BE: ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:					
NAME AND DEGREE OF PHYSICIAN DR. MIR. MD. RAIHAN, MBBS (DU) DFM. CCD (BIRDEM) P.G.T. (OPHH)					
ADDRESS RADICAL HOSPITALS LTD, 35, SHAH MAKHUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.					
NAME OF PHYSICIAN'S CERTIFYING DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 6-May-2014					
SIGNATURE OF PHYSICIAN 			DATE 22 JAN 2024		

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training,

Certification and Watchkeeping for Seafarers, 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

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



MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

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

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-I, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

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

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

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

DETAILS OF MEDICAL EXAMINATION

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

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



DR. MIR. MD. RAIHAN
MBBS (DU), DEM. CCD (Birmen), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician MI-105M
Radical Hospitals Limited.

Seafarer's declaration on personal consumption of prescribed medicines

Employee's Family Name: TAMAL

Date of Birth: 21-OCT-1990

First and Middle Name: IJAZ AHMAD KHAN

Position: 2ND ENGINEER

Medical Certificate No.: 04.2024.5673

Expiry Date: 21 JAN 2026

I declare that I am consuming the following medication prescribed by my family doctor to treat my pre-existing illness and that I am not carrying any other medication during this contract.

No psychotropic drugs have been prescribed and / or will be consumed.

Name of Drug	Dosage	Type of pre-existing illness

I have considered the possible safety risk related to the consumption of the above-mentioned medicines whilst on duty & confirm that the above medicines will not have adverse effects.

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



Date 22 JAN 2024

Name of Doctor

Medical clinic rubber stamp

Signature of Doctor



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.

GOODWOOD PRE-EMPLOYMENT MEDICAL EXAMINATION GUIDELINES

- (1) The following document shall be updated by the Approved Medical examiner
(2) The document shall be reviewed by the executive while updating the embarkation checklist

Date
21-01-2024

Seafarer details

Name

IJAZ AHMAD KHAN TAMAL

Passport Number

EG0358345

Sr. No.	TESTS TO BE CONDUCTED	Passed	Failed
	Basic Tests:		
1	Medical History & Physical Examination	✓	
2	Optical Test For Visual Acuity	✓	
3	Dental Examination & Oral Hygiene Report (issued by a dentist)	✓	
4	CBC (Complete Blood Count) with differential count	✓	
5	Urine Analysis - with microscopic examination	✓	
6	Chest X-Ray PA View	✓	
7	Blood Type (A, B, O, Rh Factor)	✓	
8	Psychological Evaluation (to be done by an accredited psychologist)	✓	
9	Hearing Test / Audiometry	✓	
10	VDI/RPR	✓	
11	HIV Screening	✓	
12	HbsAg (Hepatitis B virus screening)	✓	
13	Colour Vision Test (Ishihara Test)	✓	
14	ECG (Electro Cardiograph)	✓	
15	Fasting Blood Sugar (FBS)	✓	
16	Creatinine (Kidney Function Test)	✓	
17	BUA (Blood Uric Acid) (Only for seafarers 40 years of age and older)	✓	
18	Triglycerides (Only for seafarers 40 years of age and older)	✓	
19	Total Cholesterol (Only for seafarers 40 years of age and older)	✓	
20	BMI - Less than 30	✓	
	Enhanced Medical Examination:		
21	ESR	✓	
22	2 Hours Post Prandial Test	✓	
23	SGOT	✓	
24	SGPT	✓	
25	(KUB) Kidney Ureter Bladder Abdominal Radiograph	✓	
26	Peak Flow Meter	✓	
27	Malarial Smear	✓	
28	Drug & Alcohol Test Screening (Methamphetamine, Cannabinoids & Alcohol Test)	✓	
29	BUN (Kidney Function Test)	✓	
30	HbA1c	✓	
31	Ultrasound (Liver, Gallbladder, Hepato-Biliary Tree, Kidney, Ureters, Urinary Bladder) by a qualified radiologist	✓	
32	Stool Culture (Only for food handlers)	✓	
	Optional Tests (Cost of optional tests are borne by the seafarer)		
33	TPHA - (If Positive for VDRL)	✓	
34	HbeAg - (if positive for HbsAg but with normal liver enzymes)	✓	

NOTE :

In addition to above the flag state requirements must be complied with.

Medical examiner's declaration

Upon review of the findings of the above mentioned tests; I hereby declare the seafarer

Remarks by medical examiner

FIT FOR DUTY ON BOARD SHIP

Fit ☒
Unfit ☐
For sea service
select applicable box



Id No : 0370 **Date** : 21-Jan-2024 **D.Date** : 21-Jan-2024
Patient's Name : IJAZ AHMAD KHAN TAMAL **Age** : 33Y 3M 0D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/6319

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.2 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	30 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	138 /cumm	50-450/cumm
Total RBC Count	5.0 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41 %	M: 40-54%, F:37-47%
MCV	77 fL	76 - 94 fL
MCH	29 pg	27 - 32 pg
MCHC	33 g/dL	29 - 34 g/dL
RDW	12.2 %	11 - 16 %
PDW	36 fL	35 - 56 fL
Total Platelete Count (PC)	2,65,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.11 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %


Checked By
Medical Technologist


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



Bill No	DIA24010370	Received Date	21/01/2024
Patient's Name	IJAZ AHMAD KHAN TAMAL		
Patient's Age	33Y 3M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6319
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	4.7 mmol/l	4.2 – 6.4 mmol/l
Serum Creatinine	0.88 mg/dl	0.3 - 1.3 mg/dl
Serum Uric Acid	5.0 mg/dl	3.4-7.0 mg/dl
Serum Cholesterol	195 mg/dl	up to 200 mg/dl
Serum Triglyceride	112 mg/dl	150 mg/dl

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA24010370	Received Date	21/01/2024
Patient's Name	IJAZ AHMAD KHAN TAMAL		
Patient's Age	33Y 3M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6319
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

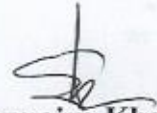
Result

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

<u>BLOOD GROUPING Result</u>	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist.
Radical Hospital Ltd.


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

Bill No	DIA24010370	Received Date	21/01/2024
Patient's Name	IJAZ AHMAD KHAN TAMAL		
Patient's Age	33Y 3M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6319
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-3/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24010370	Received Date	21/01/2024
Patient's Name	IJAZ AHMAD KHAN TAMAL		
Patient's Age	33Y 3M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6319
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.


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

AUDIOLOGICAL REPORT

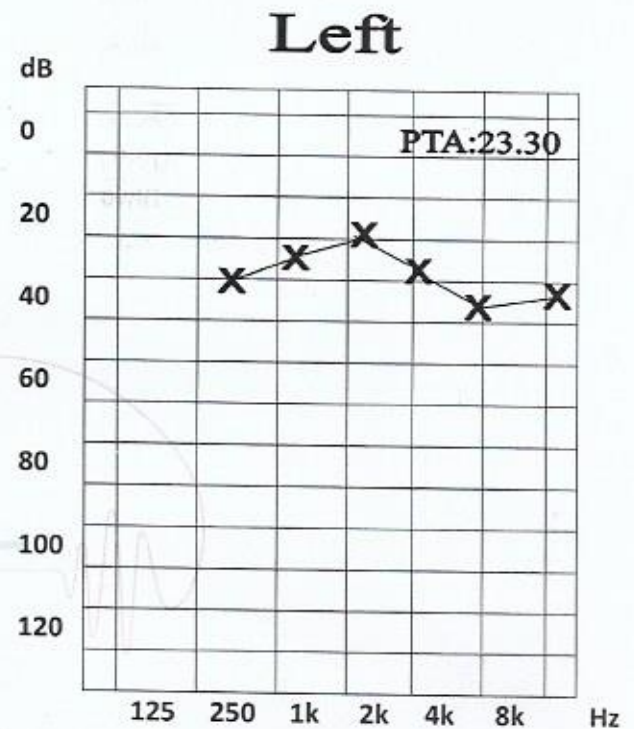
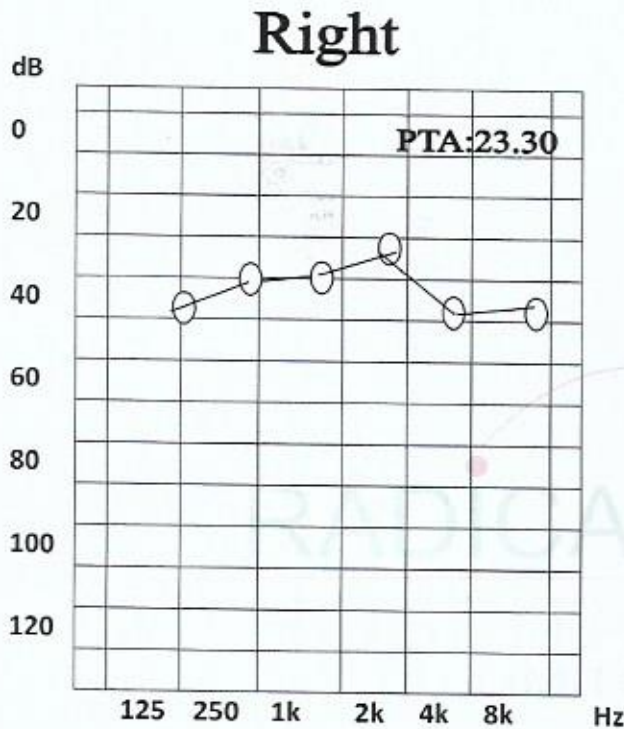
Patient Name : IJAZ AHMAD KHAN TAMAL

21/01/2024

Age : 33 Yrs

Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24010370 Receive: 21/01/2024 Print: 21/01/2024
Patient's Name : IJAZ AHMAD KHAN TAMAL
Age : 33 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

ID: 102

21-01-2024 17:58:33

Male 33 Years

HR : 120 bpm

P : 94 ms

PR : 122 ms

QRS : 74 ms

QT/QTc : 280/396 ms

P/QRS/T : 97/64/34 °

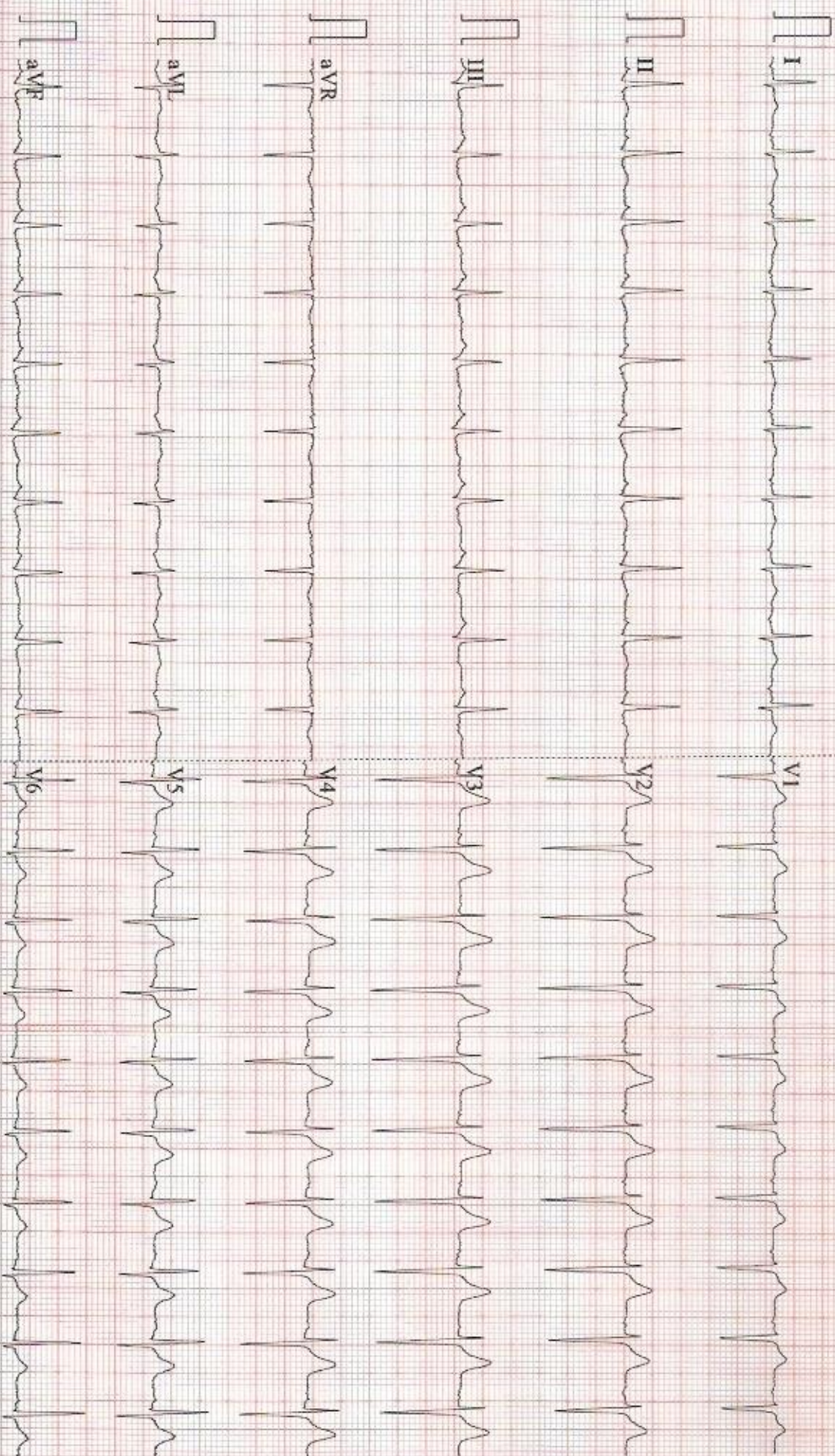
RV5/SV1 : 0.92/10.944 mV

Diagnosis Information:

Sinus tachycardia

Normal ECG except for rate

Report Confirmed by:





Patient's Name	:	IJAZ AHMAD KHAN TAMAL		
Age	:	33 Yrs	Date	: 21/01/2024
Sex	:	Male	CDC NO:C/O/6319	
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor / Good / very good / excellent
Verbal Reasoning test	Poor / Good / very good / excellent
Inductive reasoning test	Poor / Good / very good / excellent
Diagrammatic Reasoning test	Poor / Good / very good / excellent
Logical Reasoning test.	Poor / Good / very good / excellent
Error checking test	Poor / Good / very good / excellent
2.Skill Test	Poor / Good / very good / excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP / ESFJ / ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor / Good / very good / excellent
Assumptions	Poor / Good / very good / excellent
Deductions	Poor / Good / very good / excellent
Interpreting Information's	Poor / Good / very good / excellent
Inferences	Poor / Good / very good / excellent
5.Situational Judgment Test.	Poor / Good / very good / excellent

Poor: <6

~~Good: 6-7~~

very good: 7-8

excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

Patient's Name	:	IJAZ AHMAD KHAN TAMAL	ID NO	:	24010370
Age	:	33 Yrs	Date	:	21/01/2024
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygiene : Normal

Comments : Normal



Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT(opth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

REF: MV. MOJO

DATE: 21/01/2024

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

EYE EXAMINATION REPORT

NAME: IJAZ AHMAD KHAN TAMAL

RANK: 1A/ENG

CDC NO: C/O/6319

VISUAL ACUITY:

RIGHT

LEFT

6/6

6/6

UNAIDED

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION

: UNFIT / FIT FOR EMPLOYMENT ON BOARD



Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

IBN SINA D. LAB & CONSULTATION CENTER, UTTARA

TREADMILL STRESS TEST

ISO 9001:2015 Certified



I.D. No	: U32977	Received date	: 21 Jan 2024	Printed date	: 21 Jan 2024 09:14PM
Name of Pt.	: IJAZ AHMAD KHAN TAMAL	Age	: 33 y(s)	Sex	: Male
Ref. By	: RADICAL HOSPITAL LTD				
Ref. By	: ETT				

Total Exercise Time	: 09.00 Min	Max.HR attained	: 179 Bpm.
% of max. pred. HR	: 95 %	Max. Pred HR	: 187 Bpm.
Maximum BP	: 140/90 mmhg.	Max. work load attained	: 10.10 METS
Indication	: Screening for IHD.		
Risk Factors	: None.		
Reason for Termina.	: Attainment of THR.		
Test Profile	: BRUCE		
Symptoms	: None.		

Summary Result ⇒ NEGATIVE

Comments:

- ☐ IJAZ AHMAD KHAN TAMAL 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 shows no abnormality.
- ☐ ECG during exercise & recovery shows no significant ST depression.

Conclusion: Stress test is **NEGATIVE** for ECG evidence of provokable myocardial ischaemia.

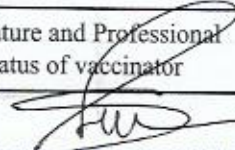


Dr. Md. Aminur Razzaque
MBBS. MD (Cardiology) NICVD,
Assistant Professor (Cardiology), NICVD
Advance training on Echocardiography JROP (India)
Consultant, IBN SINA D.Lab & Consultation center, Uttara.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that } Date of birth 21/10/1990 Sex MALE
whose signature follows }

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no. of vaccine	Official stamp of vaccination centre
22 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.		
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3			3 4
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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.

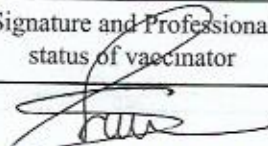
The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that } Date of birth 21/10/1990 Sex MALE
whose signature follows }

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
22 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.	
2		

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