

HAQUE & SONS LTD.

Accredited By BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER: H1330

MEDICAL EXAMINATION CERTIFICATE

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

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lave y	ou ever had any of the following cor	nditions?					
880	Condition	YES	NO _a Condi	tion		YES	NO
1	Eye/vision problem	П		problems			V
2	High blood pressure	П	4 /	smoke?			V
3	Heart/vascular disease			tion/surgery		D	W
4	Heart surgery			sy/seizures			W
5	Varicose veins		//	ess/fainting		[]	1
6	Asthma/bronchitis	D	/ .	f consciousness		(0)	1
7	Blood disorder			atric problems			1
8	Diabetes		25 Depres		(18/	1
9		П			0	I Jul	11
	Thyroid problem			oted suicide	211	531	1
10	Digestive disorder		I Service and the service and	f memory	[]]	1	1
11	Kidney problem			e problem	111		1
12	Skin problem		11'	headaches	11-17		1
13	Allergies			se/throat problem	ns		1
14	Infectious/contagious diseases		11	ted mobility	1		7
15	Hernia		32 Back p	roblems			9
12/22/09			11				41
16	Genital disorders		33 Amput	ation			4
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In Accordance with Medical Examination (Se**BMDG**) 855444ioMM248Q9-086and STCW 1978/1996 as Amended, MLC 2006

Revision: 5.1

General Physician
Radical Hospitals Limited

Revision Date: 24th July 2022

2 6 JAN 2024

DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

G Shipping Bangladesh Approved General Physician

Radical Hospitals Limited



MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Se	afarer's Name :(Last, first, mid	ddle) SAYED KAZI MD ABU	Gender: Male/Female*
	te of Birth: (<i>Day/month/year</i>) JAN-1988	Nationality: Place of Birth: BANGLADESHI CHANDPUR	
ecl:	aration of the recognized me	edical practitioner:	Yes No
1	Identification documents we	re checked at the point of examination?	103/10
2	Hearing meets the standard	s in STCW Code Section A-I/9?	
3	Unaided hearing satisfactory	P?	
4	Visual acuity meets the stan	dards in STCW Code Section A-I/9?	
5	Colour vision meets the star	ndards in STCW Code Section A-I/9?	
	Date of last colour	vision test: 2 6 JAN 2024	
6	Fit for look-out duty?		
	Is the seafarer free from any	medical condition likely to be aggravated by service at sea	a or

Temporary Unfit

to render the seafarer unfit for such service or endanger the life of person onboard?

9 Date of examination: (day/month/year) 10 Expiry of certificate: (day/month/year)

No limitations or restrictions on fitness?

If "no" specify limitations or restrictions

** Maximum two years from date of examination unless the seafarer is under the age of 18

2 6 JAN 2024

Date

8

Signature of Authorised Medical Practitioner Medical Practitioner's Official stamp (name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Amsgrd Signature of Seafarer







MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A - to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle, (BLOCK CAPITALS)	SAYED KAZI MD ABU			Gender: Male/Pentale
Date of Birth: day/month/year 01-JAN-1988		Nationa BANGL	ality: _ADESHI	
Type of ID documents: NRIC No. / Passport No.: B00079787	Dept: Deck / Engine / Catering / c Rank: FIRST ASSISTANT ENGINEE		Type of	ship: EMICALTANKE
Home Address: a-11 PROPERTY CREST, 66 NEW CIRCULAR ROAD, MALIBAGH, RAMNA MODEL, SHANTINAGAR-1217, DHAKA, BANGLADESH	Routine and emergency duties: BOTH		Trading / world w	area: e.g coastal vide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

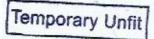
Ye	s No	, the second of	Yes No
Eye/vision problem	//	18. Sleep problem	
High blood pressure		19. Do you smoke, use alcohol or drugs?	7
Heart/vascular disease	1	20. Operation/surgery	7
Heart Surgery	/	21. Epilesy/seizures	V
Varicose veins/piles	1	22. Dizziness/fainting	1/
Asthma/bronchitis	1	23. Loss of consciousness	0
7. Blood disorder	1	24. Psychiatric problems	0
8. Diabetes	1/	25. Depression	V
9. Thyroid problem	1	26. Attempted suicide	V
10. Digestive disorder	1	27. Loss of memory	
11. Kidney problem	1	28. Balance problem	
12. Skin Problem	17.	29. Severe headaches	10
13. Allergies	17	30. Ear(hearing, tinnitus/nose/throat problem	
14. Infectious / contagious diseases	1/	31. Restricted mobility	
15. Hernia	1	32. Back or joint problem	
16. Genital disorder	17	33. Amputation	
17. Pregnancy	NA	34. Fracture/dislocations	

If you answer "yes" to any of the above questions, please provide details:

Temporary Unfit

Additional questions	Yes No
35. Have you ever been signed off as sick or repatriated from a ship?	
36. Have you ever been hospitalized?	

37. Have you ever been declared unfit for sea duty? 38. Has your medical certificate even 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 medication? 42. Are you using any non-prescription or prescription medication? 43. If you answer "yes", please list the medications taken, the purpose(s) and the dosage: 44. If you answer "yes", please list the medications taken, the purpose(s) and the dosage: 45. JAN 2024 DR. MIR. MD. RAIHAN Name and Signature of Seafarer DR. MIR. MD. RAIHAN Name and Signature of Seafarer DR. MIR. MD. RAIHAN Name and Signature of Seafarer DR. MIR. MD. RAIHAN Name and Signature of Seafarer DR. MIR. MD. RAIHAN Name and Signature of Seafarer Name and Signature of Seafarer DR. MIR. MD. RAIHAN Name and Signature of Seafarer Name and Signature of Seafarer DR. MIR. MD. RAIHAN Name and Signature of Seafarer Name and Signature of Seafarer DR. MIR. MD. RAIHAN Name and Signature of Seafarer Name and Signature of Seafarer DR. MIR. MD. RAIHAN Name and Signature of Seafarer				
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40. Do you feel healthy and fit to perform the duties of your designated position/occupation? 41. Are you allergic to any medication? 42. Are you using any non-prescription or prescription medication? If you answer "yes", please list the medications taken, the purpose(s) and the dosage: The you answer "yes", please list the medications taken, the purpose(s) and the dosage: DR. MIR. MD. RAIHAN Date Signature of Seafarer Name and Standard Standard Approved General Physician Description any health professional, health institutions and public authorities to Dr 26 JAN 2024 DR. MIR. MD. RAIHAN Name and Standard			US 15 15 15 15 15 15 15 15 15 15 15 15 15	
41. Are you allergic to any medication? 42. Are you using any non-prescription or prescription medication? If you answer "yes", please list the medications taken, the purpose(s) and the dosage: thereby declare that the personal declaration above is a true statement to the best of my knowledge. 26 JAN 2024 DR. MIR. MD. RAIHAN Date Signature of Seafarer Name and Signature 55 of wilding angledesh Approved General Physician hereby authorize the release of all my previous medical records (including my rest of all my previous and public authorities to Dr. 26 JAN 2024 DR. MIR. MD. RAIHAN Institutions and public authorities to Dr. 26 JAN 2024 DR. MIR. MD. RAIHAN Name and Signature of Seafarer	39. Are you aware that	at you have any medical problems, d	liseases or illnesses?	
42. Are you using any non-prescription or prescription medication? If you answer "yes", please list the medications taken, the purpose(s) and the dosage: thereby declare that the personal declaration above is a true statement to the best of my knowledge. 2 6 JAN 2024 DR. MIR. MD. RAIHAN Name and Shipping Bangladesh Approved General Physician hereby authorize the release of all my previous medical records (including market statement) Medical ertificate) from any health professional, health institutions and public authorities to Dr 2 6 JAN 2024 DR. MIR. MD. RAIHAN Name and Shipping Bangladesh Approved General Physician DR. MIR. MD. RAIHAN Name and Shipping Bangladesh Approved General Physician DG Shipping Bangladesh Approved General Physician DG Shipping Bangladesh Approved General Physician			ur designated position/occupation?	V
If you answer "yes", please list the medications taken, the purpose(s) and the dosage: thereby declare that the personal declaration above is a true statement to the best of my knowledge. 2 6 JAN 2024 DR. MIR. MD. RAIHAN MBS (DU), priv. CCD (Bridging, PGT) (Opith) Name and Signature-Soft (Winds SSO-016 DG Shipping Banjadesh Approved General Physician hereby authorize the release of all my previous medical records (including right as to select a state of the control of the c	41. Are you allergic to	any medication?	The Control of the Co	
DR. MIR. MD. RAIHAN Date Signature of Seafarer Name and Seafarer Seafarer Signature of Seafarer Institutions and public authorities to Dr. 2.6 JAN 2024 DR. MIR. MD. RAIHAN Name and Seafarer Name and Seafarer Seafarer Seafarer General Physician hereby authorize the release of all my previous medical records (including marical Seafarer Medical ertificate) from any health professional, health institutions and public authorities to Dr. 2.6 JAN 2024 DR. MIR. MD. RAIHAN DR. MIR. MD. RAIHAN Name and Seafarer	42. Are you using any	non-prescription or prescription me	dication?	
Date Signature of Seafarer Name and Signature of Seafarer Signature of Seafarer Signature of Seafarer Name and Signature of Seafarer Signature of Seafarer Signature of Seafarer Name and Signature of Seafarer Signature of Seafarer Signature of Seafarer Signature of Seafarer Name and Signature of Seafarer Signature of Seafa	If you answer "yes", p	lease list the medications taken, the	purpose(s) and the dosage:	
DR. MIR. MD. RAIHAN MBBs (DU) DFM. CCD (Birdem) PGI (Ophth) Signature of Seafarer Name and Sampaure 5044 WMC BGD-016 DG Shipping Bangladesh Approved General Physician PGI (Including Including Includin		he personal declaration above is	a true statement to the best of my kn	nowledge.
Date Signature of Seafarer Name and Sampaure of Seafarer Nedical records (including rily last Seafarer Medical ertificate) from any health professional, health institutions and public authorities to Dr 2 6 JAN 2024 DR. MIR. MD. RAIHAN Signature of Seafarer Name and Sampaure of Seafarer Name and Sampaur	Z O JAN LOL.	ma v v	DR MIR MD R	AIHAN
Phereby authorize the release of all my previous medical records (including my rast Searare) Medical ertificate) from any health professional, health institutions and public authorities to Dr 2 6 JAN 2024 DR. MIR. MD. RAIHAN Signature of Seafarer Name and Shipping Bangladesh Approved General Physician	D. (-		Appendix Dell CCD (Rimlem)	PGT (Contro)
Phereby authorize the release of all my previous medical records (including my rast Searare) Medical ertificate) from any health professional, health institutions and public authorities to Dr 2 6 JAN 2024 DR. MIR. MD. RAIHAN Signature of Seafarer Name and Shipping Bangladesh Approved General Physician	Date	Signature of Seafarer	Name and Samature of Williams	Approved
Partificate) from any health professional, health institutions and public authorities to Dr 26 JAN 2024 Date DR. MIR. MD. RAIHAN Name and Shipping Bangladesh Approved General Physician	hereby authorize the	release of all my previous medic	General Physicia	П
DR. MIR. MD. RAIHAN Date Signature of Seafarer Name and Shipping Bangladesh Approved General Physician				
Date Signature of Seafarer Name and Ships (1) DFM CCD (Bridger PST (Ophth)) DG Shipping Bangladesh Approved General Physician	2 6 JAN 2024		Tu .	
DG Shipp.ng Bangladesh Approved General Physician		Amsyel	DR. MIR. MD. R	AIHAN
	Date	Signature of Seafarer	DG Shipp.ng Bangladesh General Physicia	in







Part B - Re	sult of medic	al examina	tions		
Eyesight Use of glasse	es or contact ler	nses			
□ No					
				5,43	
Yes	Туре		. Purpose		
Visual Acuity	/				
	Unaided			Aided	
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant			Distant	616	616
Near			Near		
Visual fields					•
	Norma		Defective	7	
Right eye					
Left eye			1.0	- 1	
Hearing	re tone and a	idiomotry (th	aresheld values i	n dD\	٦
Fu	500 Hz	1,000 Hz	reshold values i	3,000 Hz	+
Right ear	20	20	20	0,000112	The section of
Left ear	20	20	20		1
Speech and	whisper test (r	metres)	2 Fax	Paris	ugareT.
	No	rmal	Wh	isper	10.50
Right ear	_				
Left ear					of trestiti ii.
Clinical Findi	ings			Temp	orary Unfit
Height	172	(cm)	Weight >	25 (kg)	245404
Pulse rate		minute) ラ	Rhythm	20	201615
	sure Systolic (r Glucose :	nm Hg) ノミ か/ Protei		(mm Hg) &	207
		Norma	al Abnormal		
Head		10.11	5 Abriorita		
Sinus, nose	, throat	1/	A Hospa		
Mouth/teeth		1/	1		
			F (489 00 MLG 2008)	8	

her diagnostic test(s) and st	Results; result(s): ents and assess and by Uv positive rvice at sea (place) result(s): Unfit for I Unfit for I Catering	ease tick)	with reasons for Ship Jub	any limitations. as his yucandial uschemia
her diagnostic test(s) and st	Results; result(s): ents and assess and by Uv positive rvice at sea (ple personal declara re the seafarer i Unfit for I	Results:	with reasons for ship Jub	any limitations. as his yucandial uschemia
her diagnostic test(s) and st	Results; result(s): ents and assess and by Uv posi five rvice at sea (ple personal declara re the seafarer	Results:	with reasons for ship Jub	any limitations. as his yucandial uschemia
her diagnostic test(s) and st Blood lest Blood lest Medical practitioner's comme Tempo re ETT +est Ls sessment of fitness for se the basis of the seafarer's particular test	Results; result(s): ents and assess anily Uv posi five rvice at sea (placersonal declara	Results:	with reasons for Ship Jub	any limitations. as his yucandial uschemia
her diagnostic test(s) and st	Results; result(s): ents and assess anily Uv posi five	Results:	with reasons for Ship Jub	any limitations. as his yucandial uschemia
her diagnostic test(s) and st	Results; result(s): ents and assess anily Uv	Results:	ral Nonn	u_
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ner diagnostic test(s) and	Results;	NGDY	ral Nonn	u
her diagnostic test(s) and	Results;	NGDY	ral Nonn	u
ner diagnostic test(s) and	Results; result(s):	NGDM	ul	
	Results:		,,	
Not performed	~		,,	
Not performed	Performe	ed on (day/mon	tn/year):4.9.	
est X-ray			26	JAN 2024
			day of the	
General appearance			W see	
sychiatric	1/			
Spine (C/s, T/S, L/S) Veurologic (full/brief)	+// $+$			
Jpper and lower extremities	1/			
S-U system	1/			
nus (not rectal exam)	1/1			
Hernia				
Abdomen and viscera	//			
'ascular (inc. pedal pulse)	1/			
aricose Vein	1/			
skin	//			
leart	1/2			
Breast examination	M.			
ungs and chest	/			44
ye movement	1/			
upils	1			
	1/1			
	10			
yes				
ars (general) ympanic membrane yes phthalmoscopy	1/1			

Unfit

Without rest	trictions 💭	With restrictions	
Description of r	estrictions (e.g. spe	ecific position, type of ship, trading area	a etc.)
	Temporar	ry Unfit	
2 6 JAN 2024	5)	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.	<u></u>
Date	Signature of Medical Practiti	Medical Practitioner's name, I	icence number, address







Id No : 0287

Patient's Name: KAZI MD ABU SAYED

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/5838

Date: 16-Jan-2024

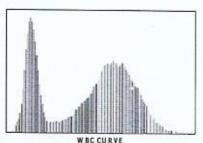
D.Date: 16-Jan-2024

Age: 36Y 0M 15D Gender: Male

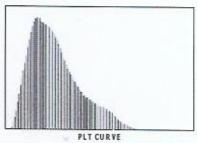
Haematology Report

& checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb) ESR(Westergreen)	15.7 gm/dl 10 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		0,000 10,000,0011111
Neutrophils	70 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	25 %	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	198 /cumm	50-450/cumm
Total RBC Count	5.00 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.0 %	M: 40-54%, F:37-47%
MCV	84.0 fL	76 - 94 fL
MCH	31.4 pg	27 - 32 pg
MCHC	37.4 g/dL	29 - 34 g/dL
RDW	12.7 %	11 - 16 %
PDW	16.4 fL	35 - 56 fl
Total Platelete Count (PC)	1,89,000 /cumm	150,000-450,000/cumm
MPV	9.3 fL	7.0 - 11.0 fL
PCT	0.176 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
	1.00	-0 10



RBC CURVE



Medical Technologist

Cloting Time(CT)

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

0.1-0.2 %



Bill No	DIA24010287	Received Date	16/01	/2024
Patient's Name	KAZI MD ABU SAYED			
Patient's Age	36Y 0M 15D	Patier	t's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM- C/O/	5838	
Sample	BLOOD			

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Randum Blood Sugar (RBS) HbA1C	5.0 mmol/l 5.2%	3.5 – 7.8 mmol/l <6.5 %
Serum Creatinine Serum Uric Acid	0.70 mg/dl 4.4 mg/dl	0.3 - 1.3 mg/dl 3.4-7.0 mg/dl
Liver Function Test Serum Bilirubin (Total) Serum ALT (SGPT) Serum AST (SGOT) Serum Alkaline Phosphatase	0.5 mg/dl 22.0 U/L 20.0 U/L 161 U/L	0.2 - 1.1 mg/dl Up to 40 U/L Up to 37 U/L Up to 270 U/L
Lipid profile Serum Cholesterol Serum HDL- Cholesterol Serum Triglyceride Serum LDL- Cholesterol	155 mg/dl 35 mg/dl 130 mg/dl 93 mg/dl	up to 200 mg/dl >35 mg/dl 50 - 150 mg/dl <130 mg/dl

REMARKS (IF ANY)

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

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun BBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital



Bill No	DIA24010287	Received Date 16/01/202		
Patient's Name	KAZI MD ABU SAYED		1.0.03	
Patient's Age	36Y 0M 15D	Patier	it's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFM- C/O/	5838	
Sample	BLOOD		30.7570	

SEROLOGYCAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative	
HBsAg (Method: (ICT)	Negative	
HCV (Method : (ICT)	Negative	
VDRL	Non-reactive	
TPHA	Negative	
MP	Not found	

OOD GROUPINGResult	THE RESERVE OF THE PERSON OF T	
ABO Blood Group	"O" (+ve)	
Rh(D)Factor	Positive	

Checked By

Medical Technologist, Radical Hospitals Ltd. Dr. Sumarya Khatun MBBS, MD (Microbiology) Assistant Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA24010287	Received Date 16/01/20		2024
Patient's Name	KAZI MD ABU SAYED			
Patient's Age	36Y 0M 15D	Patient's Sex		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM- C/O/58	338	
Sample	URINE	CONTRACTOR OF THE CONTRACTOR O		100

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. Sumalya Khafun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.



Test Name

Propoxyphene

DIA24010287	Received Date	16/01	/2024
KAZI MD ABU SAYED			
36Y 0M 15D	Patient	's Sex	Male
Dr. Mir Md. Raihan MBBS,(DU),CCI	D(BIRDEM),PGT(Eye),DFM- C/O/5	838	
URINE			
	KAZI MD ABU SAYED 36Y 0M 15D Dr. Mir Md. Raihan MBBS,(DU),CCI	KAZI MD ABU SAYED 36Y 0M 15D Patient Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM- C/O/56	KAZI MD ABU SAYED 36Y 0M 15D Patient's Sex Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM- C/O/5838

Result

Negative

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

	z cot i tallic	Acoust
	Drug Level of Urine	
	Cocaine	Negative
	Morphine	Negative
	Marijuana	Negative
	Barbiturates	Negative
	Amphetamines	Negative
	Phencyclidine	Negative
	Alcohol	Negative
22	Benzodiazepines	Negative
	Methadone	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.



Patient's Name	:	KAZI MD ABU SAYED	ID NO	:	24010287
Age	:	36 Yrs	Date		16/01/2024
Sex	:	Male		1.	10/01/2024
Referred by	1:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:	12220 (20), 2111			

Dental Examination Reports

No

On Examination

1. Dental Caries Absent :

Calculus Absent :

Missing Absent

4. Gum Condition Normal

Filling

6. Root Canal Treatment No

7. Any Bridge/Denture/Crown No

Oral Hygine 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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. ARGENT DAISY

DATE: 16/01/2024

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

EYE EXAMINATION REPORT

NAME: KAZI MD ABU SAYED

RANK: 1A/E

CDC NO: C/O/5838

VISUAL ACUITY:

RIGHT

LEFT

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

AUDIOLOGICAL REPORT

Patient Name : KAZI MD ABU SAYED

16/01/2024

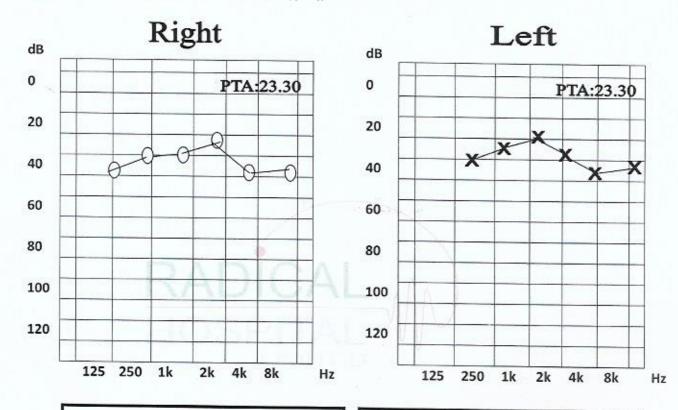
Age

: 36 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.

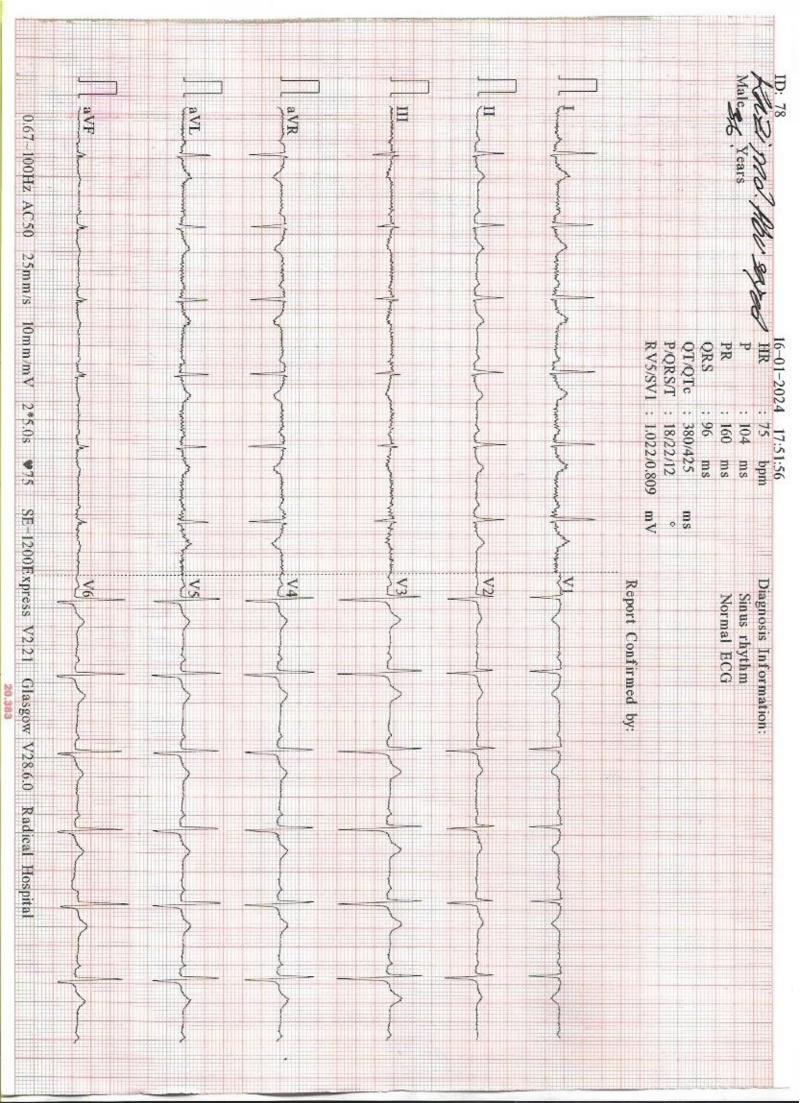
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
	Right Ear	Left Ear
Air MaskingOX		
Bone Masking AA	1	

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

24010287

Receive: 16/01/2024

Print: 16/01/2024

Patient's Name

KAZI MD ABU SAYED

Age

36 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



Patient's Name		KAZI MD ABU SAYED	ID NO	:	24010287
Age	:	36 Yrs	Date		16/01/2024
Sex	:	Male	Date		10/01/2024
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU), DFM			
Nature of Specimen	:	7, -7, -2.22	-		

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6 FEV = 5 FEV/FVC = 80%

Comments: Normal Lung Function

Dr. Mir Md. Raihan

MBBS (DU) CCD(Birdem),PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved General Physician Radical Hospitals Limited

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	;	KAZI MD ABU SAYED			
Age	:	36 Yrs	Date	: 16/01/2024	
Sex	:	Male		NO:C/O/5838	
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM		10.0/3838	

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 /Sood /very good /excellent	
Logical Reasoning test.	Poor /Good /very good /excellent	
Error checking test	Poor /Ggod /very good /excellent	
	, ,	
2.Skill Test	Poor /Good /very good /excellent	
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFF	
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	
	od: 7-8 excellent: 8-10	

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

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





Patient ID	24010287	Voucher No	T
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	16/01/2024
Patient Name	KAZI MD ABU SAYED		
Age	36 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(maio

LIVER: Is normal in size 13.4 cm, regular in shape and normal position. The echogenicity of the parenchyma is increased. Intrahepatic biliary channel are not dilated. No focal lesion is seen. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: Mildly contracted, visible lumen clear.

PANCREASE: - Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN:- Is normal in size (10.3 x 3.9)cm and uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size RK-11.0cm, LK-11.5 cm regular in shape. The cortical echogenicity are normal with clear cortico—medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

URINARY BLADDER: Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Normal in size & volume is 10.7 cc, regular in shape . Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Suggestive of -Fatty change in liver . Grade- I.

Dr. Asma Ahmed 16 01-24

MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS

Consultant Sonologist





IBN SINA D. LAB & CONSULTATION CENTER, I TREADMILL STRESS TEST

ISO 9001:2015 Certified



LD. No.

U27213

Received date: 16 Jan 2024

Age: 36 y(s)

Printed date: 16 Jan 2024 08:29PM

Name of Pt. :

KAZI MD ABU SAYED

Sex: Male

Ref. By

RADICAL HOSPITAL LTD

Ref. By

Total Exercise Time : 09:01 Min Max.HR attained

171 Bpm.

% of max. pred. HR:

%

Max. Pred HR

Bpm.

Maximum BP

140/90 mmhg.

Max. work load attained: 10.40 METS

Indication

: Screening for IHD.

Risk Factors

: Nil

Reason for Termina.: Attainment of THR & ECG changes.

Test Profile

: BRUCE

Symptoms

: Nil

Summary Result ⇒

POSITIVE

Comments:

- KAZI MD ABU SAYED 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 changes.
- ECG at rest shows no abnormality.
- Significant ST depression in leads II, III, aVF & V5-V6 during stage 3.

Conclusion

: Stress test is POSITIVE for ECG evidence of provocable myocardial ischemia.



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 CHOLERA

gamsi Cholera 5		has on the date indicated been vac	
Stamp	Approved	Signature and Professional status of vaccinator	Date
etanus Vaccin "Tetava ose Complete	(C) home	DR. MTR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radicel Hospitals Limited.	I THE
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6	5		6
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that	Date of birth 01-JAN-1988 Sex MALB
whose signature follows	KAZIMD. ABUSAYBD (C/0/5838
	instal been unadirected or expressionated assignst collection for the

Date	Signature and Professional status of vescinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
6 JAMES	DR. MIR. MD. RAIHAN MB8S (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp-ng Bangladesh Approved General Physician Radical Hospitals Limited.	L NO DAKAR	35, Shah Makhdum Avenue Uttare, Dhoka
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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.