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
H2209

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
NAYEEM	MD. MEHEDI	HASAN
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
DHAKA 31-May-1998	B00712313	C/O/10254
NATIONALITY : BANGLADESHI	SEX : ☑ Male ☐ Female	VESSEL TYPE : CONTAINER / TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL-UTTAR KURALIA, PO-KASHIGANJ, PS-BORHANUDDIN, DIST-BHOLA, BANGLADESH.	CONTACT NUMBER : +8801521320927 (SELF),	
	RANK : 3RD ASST 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	☐	N/A	34	Fractures/dislocations	☐	☑

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

Additional questions

		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?	☐	☑

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. Mir Md. Raihan** (approved medical practioner) 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 82 Height (cm) 174 BM 27.0 Blood Pressure: Systolic 120mm Diastolic 80mm PULSE: 78/m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☑ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-I/9 ? YES ☑ NO ☐

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-I/9 ☑ YES / ☐ NO

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

Date of last colour vision test: Date (day/month/year) 14 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	✓	☐
Opthalmoscopy	✓	☐	Upper and lower extremities	✓	☐
Pupils	✓	☐	Spine (C/S, T/S and L/S)	✓	☐
Eye movement	✓	☐	Neurologic (full brief)	✓	☐
Lungs and chest	✓	☐	Psychiatric	✓	☐
Breast examination	N/A	☐	General appearance	✓	☐
Heart	✓	☐	Skin	✓	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	Normal	BIO CHEMICAL (LIVER FUNCTION TEST)				Marijuana	☐ Positive	☑ Negative	
ECG	Normal	BILIRUBIN	0.52			Alcohol Test	☐ Positive	☑ Negative	
BLOOD R/E		SGPT	25.0			URINE R/E	NAD		
DC(differential count)	NAD	SGOT	19.0			OTHERS			
HAEMOGLOBIN (HGB)	14.6	DRUG AND ALCOHOL TEST				HBsAg	☐ Reactive	☑ Nonreactive	
ESR (WESTERGREN)	07	Morphine	☐ Positive	☑ Negative		HIV / AIDS Test	☐ Reactive	☑ Nonreactive	
WBC	7200	Amphetamine	☐ Positive	☑ Negative		VDRL	☐ Reactive	☑ Nonreactive	
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative		Blood Type	A+ve		
RANDOM	5.4	Barbiturates	☐ Positive	☑ Negative		Psychological Exam	NAD		
HBA1C	5.2	Cocaine	☐ Positive	☑ Negative		Others(KUB Ultrasound)	N/E		

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

Signature of Seafarer

MD. MEHEDI HASAN NAYEEM
Name of Seafarer

14-Jan-2024
Date

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: 14 JAN 2024 Valid Until : 13 JAN 2026

Name and Signature of Authorized Physician

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.

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **NAYEEM**	GIVEN NAME (S): **MD. MEHEDI HASAN**
DATE OF BIRTH: DAY **31** MONTH **5** YEAR **1998**	PLACE OF BIRTH CITY **DHAKA** COUNTRY **BANGLADESH**
SEX: MALE ☑ FEMALE ☐	
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: **76/1B OMERA HOUSE, BARUNTAK BALUGHAT DHAKA CANTONMENT, DHAKA BANGLADESH.**

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	6/6	—	☑ BOOK ☑ LANTERN YELLOW ~~~ RED ~~~ GREEN ~~~ BLUE ~~~	RIGHT EAR ~~~
LEFT EYE	6/6	—		LEFT EAR ~~~

Confirmation that identification documents were checked at the point of examination: YES ☑ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☑ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) ___ / 14 JAN 2024

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☑

Able for watchkeeping? YES ☑ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☑

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☑ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

Signature of Applicant	Name of Applicant	Date
	MD. MEHEDI HASAN NAYEEM	14-Jan-2024

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR. MD. RAIHAN, MBBS (DU) DFM. CCD (BIRDEM) P.G.T. (OPHIH)**

ADDRESS: **RADICAL HOSPITALS LTD, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-MAY-2014**

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved DATE: **14 JAN 2024**

EXPIRY DATE OF CERTIFICATE: **13 JAN 2026**

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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

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DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. MEHEDI HASAN NAYEEM RANK : 3RD ASST ENGINEER

CDC NO : C/O/10254 DOB : 31-May-1998

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

		YES	NO
1	Have you ever had coronary thrombosis or certain types of heart surgery?		✓
2	Are you suffering from any heart·related cotnplications?		✓
3	Are you a diabetic ?		✓
4	If you are diabetic, do you need injectio.ns of insulin for diabetes?		N/A
5	Have you ever had a stroke, or unexplained loss of consciousness?		✓
6	Have you ever been treated for a mental.or nervous problem?		✓
7	Are you an alcoholic, or have you had alcohol or drug addiction problems?		✓
8	Do you have any hearing difficulties or arc you using any hearing aid?		✓
9	Have you ever suffered from any STD (Sexually Transmitted Disease)?		✓
10	Are you aware of any other health condition that could affect your fitness for seafaring employment *		✓

Ideclare that Iread above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowlede. true and complete. Ialso declare that Iam a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which Imay have concealed before joining vesse,l ?nd will bear all the expenses as may incur as a direct result of such concealment.

Date : 14 JAN 2024

Signed :

The Crew Member

* If yes, mention details bclow:-

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Medical information: （医療情報） * Please check the appropriate items.
該当する二項にイ印を記入して下さい。

1. ALLERGIES: （アレルギー）
□ Urticaria (hives) （じんましん）
□ Asthma （ぜんそく）
□ Other （その他）
□ Drug allergies (name): _____ （薬品名）
□ Food allergies (name): _____ （食品名）

2. PAST HISTORY: （病歴）
(1) Past serious illness: 三た既往症） * Age （年齢）

_____

(2) Surgery: （手術） When? _____

_____ （持病） Age （年齢）

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): （持病／有無）
Name of illness: （持病名）

_____

Name (s) of medicine (s) used for the above disease (s). （上記持病に使用した一般薬品名）

_____

14 JAN 2024

4. DAILY LIFE HABITS: （日常生活）
(1) Alcohol intake: （飲酒） □ Do not drink （飲まない）
□ Drink 2-3 times a week （週に2～3回） □ Drink every evening （毎日）
□ Heavy drinker （強い） □ Moderate drinker （中程度） □ Light drinker （弱い）

(2) Smoking: （喫煙） □ Never smoke （吸わない）
□ Quit smoking in 19_____ （19_____年に禁煙）
□ Smoke _____ cigarettes a day （1日平均 _____ 本吸う）

(3) Bowel movements: （便通） □ Regular （規則的） □ Irregular （不規則） □ Constipated （便秘）

(4) Dietary preferences: （食事の好み） □ Meat （肉類） □ Fish （魚類）
□ Salty （塩辛い） □ Sweet （甘い） □ Oily （脂っこい）

(5) Exercise: （運動） □ Often （よくする） □ Sometimes （時々） □ Never （しない）

(6) Sleep: （睡眠） □ Sleep well （良く眠る） □ Have Sleeplessness （眠れない）
□ Have insomnia （不眠症） □ Sometimes take sleeping pills, etc. （時々睡眠薬使用）

(7) Weight: （体重） □ Constant （変わらず） □ Putting on weight （ふとってきた）
□ Losing weight （やせてきた）

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

5. FAMILY HISTORY : (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer / part (癌/部位) _____	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other, Name of disease (病名) _____	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: 14 JAN 2024 Signature: (署名) _____
(Card holder) (本人)

日本財団 補助
The Nippon Foundation

<PRIVATE>

秘

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Nationality: Bangladesh
(所属会社) Tel _____ Fax _____ (国籍)

Name: MD MEHEDI HASAN MAZUMDER Sex: M/F
(氏名) given name (名) family name (姓) (男/女)

Name of Position: SAIE Date of Birth: 31-05-98
(職種) (生年月日) (D - M - Y)

Height: (身長) 174 cm Weight: (体重) 82 kg/at age 20: (20才時) _____ kg
Pulse: 78 /min Normal breathing rate: 14 /min Normal temperature: _____ C
(脈拍 /分) (正常呼吸数/分) (平熱)

Blood pressure: 120/80 Blood type: A+ /Rh ( ) Single/Married
(血圧) (血液型) (独身/既婚)

Blood sugar: (血糖値) _____ mg/dl × 0.05625 = (_____ mmol/l)
Uric acid: (尿酸値) _____ mg/dl × 0.05914 = (_____ mmol/l)

DR. MIR. MD. RAIHAN
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General Physician
Radical Hospitals Limited

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

Pre-Joining Medical Report to be

Completed by Company's M.O.

Date of Exam	Ship Assigned	B.P./ Pulse	Pathological investigations							Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
			X-ray	ECG	Urine	Blood	LFT	Creatine	USG				
03 JUL 2019	MV HOUSTON BRIDGE	BP 135/70 mm Hg P 72/m	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	N/E	N/E			DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11920	
19 DEC 2019	MV HANOI BRIDGE	BP 120/80 mm Hg P 72/m	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL	NOT DONE	NOT DONE			DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
14 JAN 2022	MV. ONE HOUSTON	PULSE 78 b/m. BP. 120/80 mm/g.	CHEST PA	CHEST PA	CHEST PA	CHEST PA	CHEST PA					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.	
15 MAR 2023	MV. ONE HANOI	BP 120/70 mm Hg Pulse 78/m	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL					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.	
14 JAN 2024	MV. ONE HONG KONG	BP 120/80 mm Hg Pulse 80/m	Normal	Normal	Normal	Normal	Normal					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.	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

md. Mehedi Hasan Joy 31-05-1998 Male

This is to certify that whose signature follows } Date of birth _____ Sex _____

✓ _____ has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 03 JUL 2019	DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	CENTER FOR VACCINATION 74 SK MUJIB ROAD AGRABAD,CTG BANGLADESH	
2 19 DEC 2019	DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	CENTER FOR VACCINATION 74 SK MUJIB ROAD AGRABAD,CTG BANGLADESH	
3 14 JAN 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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	4
5 15 MAR 2023	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	6
7 14 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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	8

Continued overleaf Suite our erso

REF:	MV. ONE HONG KONG	DATE: 14/01/2024

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

EYE EXAMINATION REPORT

NAME:	MD MEHEDI HASAN NAYEEM	RANK: 3A/ENG	CDC NO: C/O/10254

VISUAL ACUITY: RIGHT LEFT

UNAIDED 6/6 6/6.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24010236	Receive:14/01/2024	Print: 14/01/2024
Patient's Name	:	**MD MEHEDI HASAN NAYEEM**		
Age	:	25 YRS	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

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

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

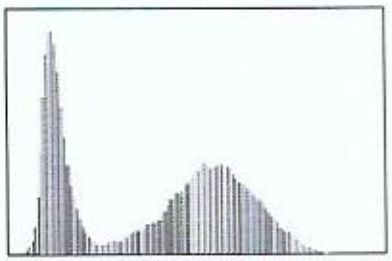
This report has been electronically signed.

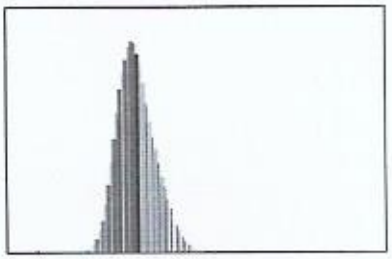
Id No : 0236	**Date :** 14-Jan-2024	**D.Date :** 14-Jan-2024
Patient's Name : MD MEHEDI HASAN NAYEEM	**Age :** 25Y 7M 13D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O/ 10254		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.6** 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)	**07** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**7,200** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**62** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**33** %	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	**144** /cumm	50-450/cumm
Total RBC Count	**4.91** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**39.4** %	M: 40-54%, F:37-47%
MCV	**80.2** fL	76 - 94 fL
MCH	**29.7** pg	27 - 32 pg
MCHC	**37.1** g/dL	29 - 34 g/dL
RDW	**12.7** %	11 - 16 %
PDW	**15.2** fL	35 - 56 fl
Total Platelete Count (PC)	**2,90,000** /cumm	150,000-450,000/cumm
MPV	**8.0** fL	7.0 - 11.0 fL
PCT	**0.232** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %


WBC CURVE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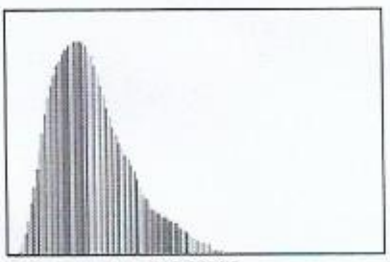
PLT CURVE

Checked By
Medical Technologist

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RADICAL HOSPITAL LIMITED

Bill No	DIA24010236	Received Date	14/01/2024
Patient's Name	MD MEHEDI HASAN NAYEEM		
Patient's Age	25Y 7M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/10254
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.4 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.52 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	19.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
HbA1C	5.2 %	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.
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Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
BLOOD GROUPING Result	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

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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

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Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-2/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

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