



# HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.  
Tel : +880 31 716214-6, Fax : +880 31 710530

Accredited By : BMDC  
Accreditation No. A 55144

PATIENT CONTROL NUMBER:  
202315

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                 |                                                |                                       |
|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|
| SURNAME<br><b>KHAN</b>                                                                                          | FIRST NAME<br><b>MD. RAJIB</b>                 | MIDDLE NAME<br><b>ALI</b>             |
| PLACE AND DATE OF BIRTH<br><b>KUSHTIA 15-Apr-1984</b>                                                           | PASSPORT NUMBER<br><b>B00012793</b>            | SEAMAN'S BOOK NUMBER<br><b>CO4628</b> |
| NATIONALITY : <b>BANGLADESHI</b> SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | VESSEL TYPE : <b>CHEM. TANKER</b>              | TRADING AREA : <b>WORLD WIDE</b>      |
| PERMANENT HOME ADDRESS :<br><b>6/31/1 M. U. BHUIYAN ROAD, KUSHTIA-7000, BANGLADESH.</b>                         | CONTACT NUMBER : <b>+8801798-540022 (SELF)</b> | RANK : <b>MASTER</b>                  |

I have you ever had any of the following conditions?

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

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

### Additional questions

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

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                     |                          |                                     |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

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 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 <b>74.5</b>                                                                                                                        | Height (cm) <b>167</b>                                                | BMI <b>26.5</b>                                                                  | Blood Pressure: Systolic <b>120/00</b> Diastolic <b>80/00</b> | PULSE: <b>78/00</b> |      |
| Ear                                                                                                                                       | Hearing by Audiometry                                                 | Audiometry                                                                       |                                                               |                     |      |
| Right                                                                                                                                     | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | 500                                                                              | 1000                                                          | 2000                | 3000 |
| Left                                                                                                                                      | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                                                                                  |                                                               |                     |      |
|                                                                                                                                           |                                                                       | Hearing by Whisper Test                                                          |                                                               |                     |      |
|                                                                                                                                           |                                                                       | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                                                               |                     |      |
|                                                                                                                                           |                                                                       | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                                                               |                     |      |
| Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                                                       |                                                                                  |                                                               |                     |      |

| Visual acuity |          |           |          | Visual fields |          |           |
|---------------|----------|-----------|----------|---------------|----------|-----------|
| Unaided       |          | Aided     |          | Normal        |          | Defective |
| Right eye     | Left eye | Right eye | Left eye | Right eye     | Left eye |           |
| Distant       | 6/6      | 6/6       |          | Right eye     | Left eye |           |
| Near          |          |           |          |               |          |           |

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

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

Date of last colour vision test: Date (day/month/year) 01 JAN 2024

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

#### RESULTS OF ANCILLARY EXAMINATIONS

|                        |                                     |                                    |                                                                                |                                                                                |
|------------------------|-------------------------------------|------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Chest X-Ray            | <input checked="" type="checkbox"/> | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana                                                                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| ECG                    | <input checked="" type="checkbox"/> | BILIRUBIN                          | Alcohol Test                                                                   | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| BLOOD R/E              | <input checked="" type="checkbox"/> | SGPT                               | URINE R/E                                                                      | <input checked="" type="checkbox"/>                                            |
| DC(differential count) | <input checked="" type="checkbox"/> | SGOT                               | OTHERS                                                                         |                                                                                |
| HAEMOGLOBIN (HGB)      | <input checked="" type="checkbox"/> | DRUG AND ALCOHOL TEST              |                                                                                | HBsAg                                                                          |
| ESR (WESTERGREN)       | <input checked="" type="checkbox"/> | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test                                                                |
| WBC                    | <input checked="" type="checkbox"/> | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL                                                                           |
| BLOOD GLUCOSE LEVEL    | <input checked="" type="checkbox"/> | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type                                                                     |
| RANDOM                 | <input checked="" type="checkbox"/> | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam                                                             |
| HBA1C                  | <input checked="" type="checkbox"/> | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others(KUB Ultrasound)                                                         |

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

|                           |                                               |                            |
|---------------------------|-----------------------------------------------|----------------------------|
| <br>Signature of Seafarer | <b>MD. RAJIB ALI KHAN</b><br>Name of Seafarer | <b>01 JAN 2024</b><br>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:

|                                                            |                |                                                     |                  |
|------------------------------------------------------------|----------------|-----------------------------------------------------|------------------|
| <input checked="" type="checkbox"/> Fit for lookout duties |                | <input type="checkbox"/> Not fit for lookout duties |                  |
| Fit                                                        | Deck service   | Engine service                                      | Catering service |
| Unfit                                                      | Other services |                                                     |                  |
| <input checked="" type="checkbox"/> Without restrictions   |                | <input type="checkbox"/> 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?

|                                         |                             |
|-----------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------------------------------|-----------------------------|

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

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

|                                  |                                 |
|----------------------------------|---------------------------------|
| Fitness Date: <b>01 JAN 2024</b> | Valid Until: <b>31 DEC 2025</b> |
|----------------------------------|---------------------------------|

**DR. MIR. MD. RAJIB ALI KHAN**  
 MBBS (D), DPM, CCB (Blood), BSc (Hons)  
 MBBS (D), CPM, CCB (Blood), BSc (Hons)  
 DG Shipping Bangladesh Approved  
 General Physician  
 Radical Hospitals Limited.



# HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaidanga,  
Agrabad C/A, Chattogram, Bangladesh.  
Tel: +88 02333316214-6

|             |                    |        |            |
|-------------|--------------------|--------|------------|
| Name        | MD. RAJIB ALI KHAN | Date   | 1-Jan-2024 |
| Age         | 39                 | Sex    | MALE       |
| Passport No | B00012793          | CDC No | CO4628     |
| Sample      | BLOOD              | Rank   | MASTER     |

## BIOCHEMISTRY REPORT COMPARE

|                     |                |                |                 |
|---------------------|----------------|----------------|-----------------|
| Vessel Name:        | GINGA LEOPARD  | DIVA           |                 |
|                     | After Sign-Off | Before Sign-On | Reference Range |
| Date of Report      | 05-12-2023     | 01-01-2024     | -               |
| Serum Bilirubin     | 0.70           | 0.62           | 0.2 - 1.1 mg/dl |
| Serum S.G.O.T/A.S.T | 23             | 24             | Up to 37 U/L    |
| Serum S.G.P.T.      | 34             | 26             | Up to 42 U/L    |

DOCTOR'S REMARKS:

No Restrictions



Doctor Seal & Signature

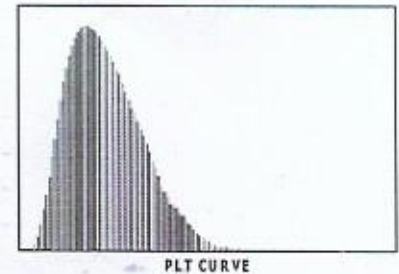
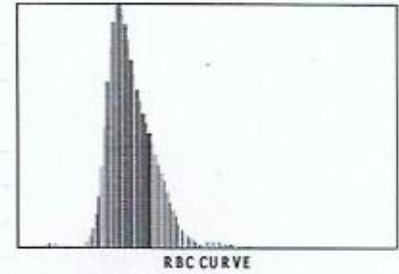
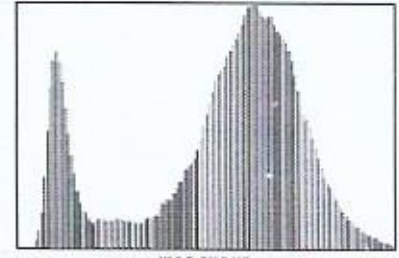
DR. MIR. MD. RAIHAN  
MBBS (DU), DFM, CCD (Biderm), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited

**Id No** : 0007 **Date** : 01-Jan-2024 **D.Date** : 01-Jan-2024  
**Patient's Name** : MD RAJIB ALI KHAN **Age** : 39Y 8M 16D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/4628

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>13.7 gm/dl</b>     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>05 mm/1st hr</b>   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>6,000 /cumm</b>    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>60 %</b>           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>36 %</b>           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>02 %</b>           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02 %</b>           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00 %</b>           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>120 /cumm</b>      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.04 m/ul</b>      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>40.4 %</b>         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>80.2 fL</b>        | 76 - 94 fL                                                                                         |
| MCH                                | <b>27.2 pg</b>        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>33.9 g/dL</b>      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>12.6 %</b>         | 11 - 16 %                                                                                          |
| PDW                                | <b>13.7 fL</b>        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>2,88,000 /cumm</b> | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>9.8 fL</b>         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.184 %</b>        | 0.1 - 0.6 %                                                                                        |
| Bleeding Time(BT)                  | <b>%</b>              | 10 - 18 %                                                                                          |
| Clotting Time(CT)                  | <b>%</b>              | 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        | DIA24010007                                           | Received Date | 01/01/2024       |
| Patient's Name | MD RAJIB ALI KHAN                                     |               |                  |
| Patient's Age  | 39Y 8M 16D                                            | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO: C/O/4628 |
| Sample         | BLOOD                                                 |               |                  |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.0 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total)  | 0.61 mg/dl | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 24.0 U/L   | Up to 37 U/L     |
| Serum ALT (SGPT)         | 26.0 U/L   | Up to 40 U/L     |
| HbA1C                    | 5.1 %      | 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 Hospitals Ltd.

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

|                |                                                       |               |                  |
|----------------|-------------------------------------------------------|---------------|------------------|
| Bill No        | DIA24010007                                           | Received Date | 01/01/2024       |
| Patient's Name | MD RAJIB ALI KHAN                                     |               |                  |
| Patient's Age  | 39Y 8M 16D                                            | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO: C/O/4628 |
| Sample         | BLOOD                                                 |               |                  |

## SEROLOGICAL REPORT

### Test Name

### Result

|                                     |              |
|-------------------------------------|--------------|
| HBsAg (Method : (ICT)               | Negative     |
| HIV 1 & 2 (Method : (ICT)           | Negative     |
| VDRL                                | Non-reactive |
| <b><u>BLOOD GROUPING Result</u></b> |              |
| ABO Blood Group                     | "B" (+ve)    |
| Rh(D)Factor                         | Positive     |

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        | DIA24010007                                           | Received Date | 01/01/2024       |
| Patient's Name | MD RAJIB ALI KHAN                                     |               |                  |
| Patient's Age  | 39Y 8M 16D                                            | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO: C/O/4628 |
| Sample         | URINE                                                 |               |                  |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | RBC         | Nil     |
| Appearance | Clear      | Pus Cells   | 0-1/HPF |
| Sediment   | Nil        | Epithelial  | 0-1/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 REQUEST CRYSTALS & 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 Hospitals Ltd.

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

|                |                                                       |               |                  |
|----------------|-------------------------------------------------------|---------------|------------------|
| Bill No        | DIA24010007                                           | Received Date | 01/01/2024       |
| Patient's Name | MD RAJIB ALI KHAN                                     |               |                  |
| Patient's Age  | 39Y 8M 16D                                            | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO: C/O/4628 |
| 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 Hospitals Ltd.

**Dr. Sumaiya Khatun**

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

REF: MT. DIVA

DATE: 01/01/2024

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

### EYE EXAMINATION REPORT

NAME: MD RAJIB ALI KHAN

RANK: MASTER

CDC NO: C/O/4628

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

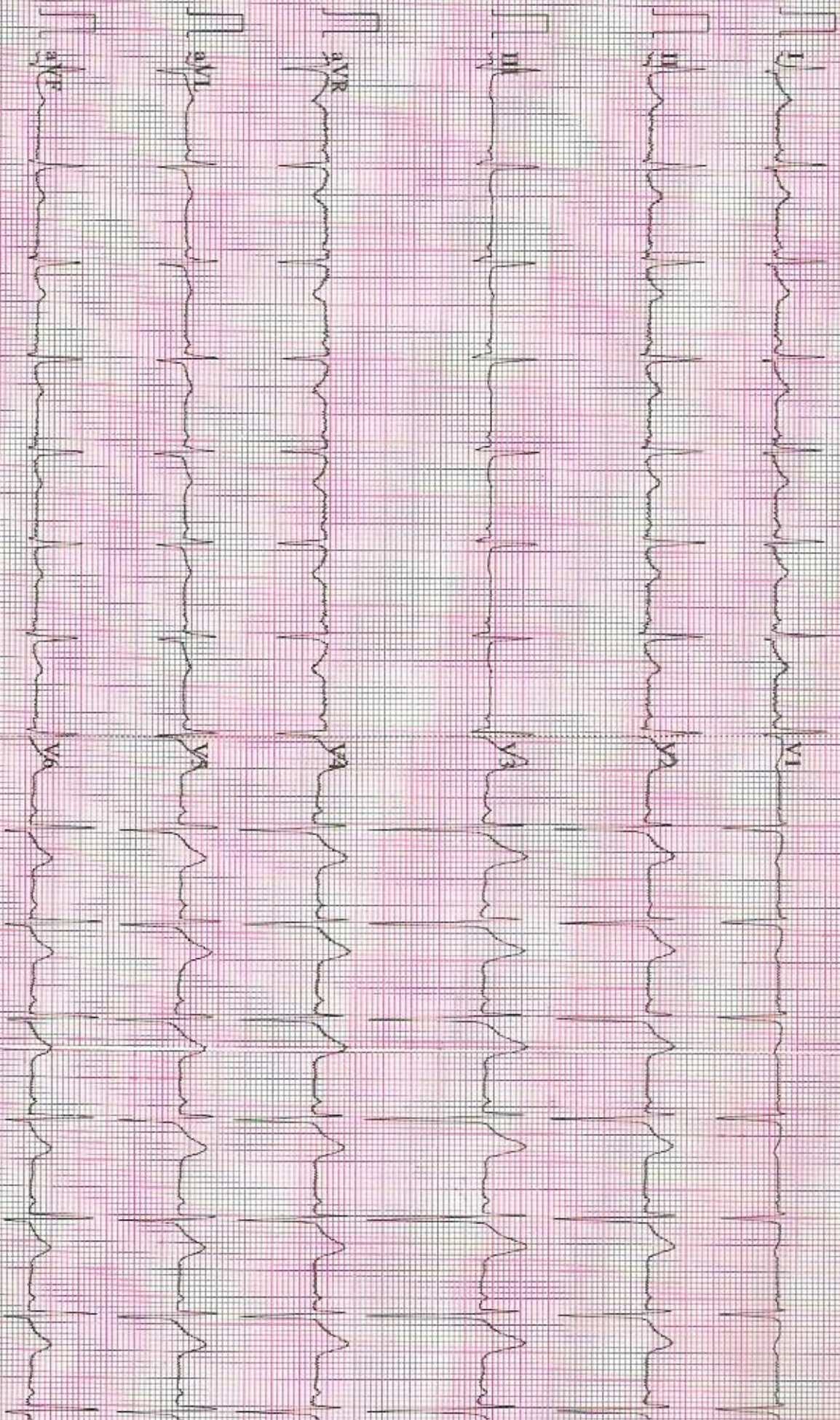

Dr. Mir Md. Raihan  
 MBBS, PGT (Ophthalmology)  
 Assistant Registrar (EX)  
 East west Medical College & Hospital

ID: 1001  
Male, 59 years

01-01-2024 16:17:49  
HR 85 bpm  
P 90 ms  
PR 124 ms  
QRS 88 ms  
QT/QTc 360/428 ms  
P/QRS/T 3.5/4.2/6 °  
RV5/SV1 : 0.660/1.086 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24010007 Receive: 01/01/2024 Print: 01/01/2024  
Patient's Name : **MD RAJIB ALI KHAN**  
Age : 39 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 ID   | 24010007                                              | Voucher No    |            |
| Test Name    | USG OF KUB                                            | Delivery Date | 01/01/2024 |
| Patient Name | MD. RAJIB ALI KHAN                                    |               |            |
| Age          | 39 YRS                                                | Sex           | Male       |
| Refd. By     | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               |            |

**THANK YOU FOR THE COURTESY OF THIS REFERRAL**

**RT KIDNEY:** - Is normal in size regular in shape and position. Bipolar length 8.9 cm. The cortical Echogenicity are normal with clear cortico-medullary differentiation. The cortical Thicknesses are normal. The renal sinus shows normal echogenicity and thickness.  
*P-C systems are not dilated.*

**LT KIDNEY:** - Is normal in size regular in shape and position. Bipolar length 9.0cm. The cortical Echogenicity are normal with clear cortico-medullary 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 regular and within normal limit.

No intravesicle lesion is seen

**PROSTATE:** Normal in size volume is 21.6 cc & regular in shape. Echogenicity is homogenous.  
 No area of calcification is seen.

**COMMENT:** Normal study.



**Dr. Farzana Rahman**  
 MBBS,DMU,DU,PGT  
 Consultant Sonologist KC hospital

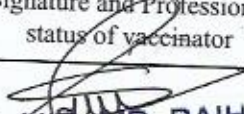
# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MD RAIHAN  
ALI KHAN

This is to certify that  
whose signature follows

Date of birth 15-04-1984 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

| Date        | Signature and Professional status of vaccinator                                                                                                                                                                                                                                 | Approved Stamp                                                                     |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 23 JUN 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |   |
| 01 JAN 2024 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |

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