

HAQUE & SONS LTD.

DAY SHIP

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel:+880 31 716214-6, Fex:+880 31 710530 Accredited By BMOC Accreditation No. A 55144

PATIENT CONTROL NUMBER H970

MEDICAL EXAMINATION CERTIFICATE

RNAM	IE -	FIRST NAME		MIDDLE NAME	
	*** AHMED	MD		Programme Section 2	SANZID
	ND DATE OF BIRTH	PASSPORT NUMBER	NOTE IN CO.	SEAMAN'S BOO	K NUMBER
_	RAIL 5-May-1993	B008071	7.7		CO8427
20/000	ALITY: BANGLADESHI SEX:	☑ Male ☐ Female			DING AREA: WORLD W
MAIN	ENT HOME ADDRESS :		CONT	ACT NUMBER :	+8801920961122 (SEL
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	Condition	YES NO	Condition		YES NO.
1	Eye/vision problem				
2	High blood pressure	15 15 10 10 10 20 21	croop producting		
3	Heart/vascular disease	0 0, 20		v.	i i
4	Heart surgery	0 0 21			
5	Varicose veins				
6	Asthma/bronchitis				The state of the s
7	Blood disorder	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
8	Diabetes	/	and an overland by an and	ems	V 2/ L
9		/		and the same	11/3/8
10	Thyroid problem	,		e	
10000	Digestive disorder				DA
11	Kidney problem	D D 28			11 0 8
12	Skin problem	□ □ □ 29			70000
13	Allergies	□ d 30	The second secon	problems	
14	Infectious/contagious diseases	□ □ 131		fy.	
15	Hernia	0 0/ 32		0000	0 0,
16	Genital disorders	0 0 33	Amputation		
17	Pregnancy	U N98 34		ntions	0 0
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11 JAN 2024
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Other services

In Accordance with Medical Examinatio M985 (Dt) DEM CCD (Briden) 1767 (On)th 178) and STCW 1978/1996 as Amended, MLC 2006

BMDC A-55144, MMC-BGD-016

Revision Date: 24th July 2022

General Physician

Radical Hospitals Limited. Revision: 5.1

MEDICAL CI	ERTIFICATE FOR	PERSONNEL SERVICE	ON BOARD
fi 4º			
SURNAME: AHMED	GIV	EN NAME (S): MD SANZID	2 1/2
DATE OF BIRTH:	DI ACE	OF DIDTH	logy
		OF BIRTH	SEX
	AR 1993 CITY		BANGLADESH MALE 🗵 FEMALE
POSITION ON BOARD:	P200000000	NG ADDRESS OF APPLICANT KHARARIA, P.S. KHARARIA,	12.
DECK OFFICER	100 Sept. 100 Se	ALIA, DIST. NARAIL.	
ENGINEERING OFFICER			
RADIO OPERATOR	BANG	SLADESH.	
RATING			
DECLARATION OF THE AUTHORIZED PHY	YSICIAN	COLOR TEST TURE	HEADING
VISION		COLOR TEST TYPE	HEARING
WITHOUT GLASSE	S WITH GLASSES	ВООК	0.000
RIGHT EYE 61/20	<u> </u>		RIGHT EAR _ VVP
61		VELLOW WW RED WAY	222
LEFT EYE		GREEN MY BLUE	LEFT EAR
Confirmation that identification documents we	ere checked at the point o	of examination: YES NO	
Hearing meets the standards in STCW Code	Section A-1/9? YES	NO NOT APLICABLE	=
Unaided hearing satisfactory? YE8	10 🗌		
Visual acuity meets standards in STCW Code	e, Section A-1/9? YES	NO □	
Colour vision meets standards in STCW Cod	le, Section A-1/9? YES	NO [
(the visual test it is required every six years)			
Date of the last colour vision test: (Day/Month	n/Year) 1,1 JAI	N 2024	
Are glasses or contact lenses necessary to n	Visi e svers v	andards? YES NO NO	
Able for watchkeeping? YES NO	• • • • • • • • • • • • • • • • • • • •		
Is applicant taking any non-prescription or pre	escription medications? Y	ES NOT	
Is the seafarer free from any medical condition	on likely to be aggravated		eafarers unfit for such service or to
Hereby I declare that I am in knowledge of th		I Examination	
Thereby i declare that i am in knowledge of the	ie contents of the r hysica	LAMINIAUON,	
. ~	MD CANZID AL	IMED	44 1 2004
-Alasio	MD SANZID AF	IMIED	11-Jan-2024
WICKONS TO LINCOLD MICHAEL AND A	77 WHEN 15 THE WOOD PARTY		
Signature of Applicant	Name of Applic		Date
CIRCLE APPROPIATE CHOICE: (HE / ENGINEERING OFFICER / RADIO OPE			
	FIT FOR DUT	Y ON BOARD SHIP	
NAME AND DEGREE OF PHYSICIAN: DR.	MIR MD. RAIHAN; M.I	B.B.S.(D.U.), REG. NO. A-5514	4
ADDRESS: REDICAL HOSPITALS LIMITED, 3	5, SHAH MAKHDUM AVE	NUE, SECTOR-12, UTTARA, DHAKA	-1230, BANGLADESH.
NAME OF PHYSICIAN'S CERTIFICATING A	UTHORITY: DG SHIPP	ING BANGLADESH	
DATE OF ISSUE PHYSICIAN'S CERTIFICA	TE: 06-05-2014		
d	1	Scal Hos	11 JAN 2024
SIGNATURE OF PHYSICIAN:	STAME	P OF PHYSICIAN:	
EXPIRY DATE OF CERTIFICATE:	10 J	AN 2026	
	등이 하는 사람들이 가지 않아 있는 것이 없는 것이 없었다.	compliance with the requirements	
of the STCW Co		ded and the Maritime Labour Cons	vention, 2006.
DR, MIR. ML	irdom), PGT (Ophth)	- International Control	

BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.



HAQUE & SONS LTD.



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

Name	MD SANZID AHMED	Date	11-Jan-2024
Age	30	Sex	MALE
Passport No	B00807101	CDC No	CO8427
Sample	BLOOD	Rank	2ND ASST ENGINEER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	AZALEA GALAXY	GINGA CHEETAH	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	22-06-202	11-01-2029	팔
Serum Bilirubin	0.58	0.57	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	21	20	Up to 37 U/L
Serum S.G.P.T.	26	24	Up to 42 U/L

DOCTOR'S REMARKS:

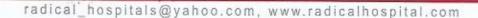
No Restrictions



Doctor Seal & Signature

DR. MIR. MD. RAIHAN
MB8S (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved
General Physician
Radical Hispitaton Lindbad 24th July 2022

Revision: 5.1





Id No

: 0194

Date: 11-Jan-2024 Age: 30Y 8M 6D

D.Date: 11-Jan-2024

Patient's Name: MOHAMMAD SANZID AHMED

Gender: Male

Specimen

: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/8427

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.4 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)	05 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6,600 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)	4200000	51 11 25 55 00 At 15 40 75 00
Neutrophils	61 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	34 %	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	132 /cumm	50-450/cumm
Total RBC Count	4.30 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.9 %	M: 40-54%, F:37-47%
MCV	85.8 fL	76 - 94 fL
MCH	31.2 pg	27 - 32 pg
MCHC	36.3 g/dL	29 - 34 g/dL
RDW	12.4 %	11 - 16 %
PDW	17.0 fl.	35 - 56 fl
Total Platelete Count (PC)	2,55,000 /cumm	150,000-450,000/cumm
MPV	9.1 fL	7.0 - 11.0 fL
PCT	0.232 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

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



Bill No	DIA24010194	Received Date	11/01/2024
Patient's Name	MOHAMMAD SANZID AHMED		***
Patient's Age	30Y 8M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/8427
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.1 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.51 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	20.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	24.0 U/L	Up to 40 U/L
HbA1C	5.0 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

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



Bill No	DIA24010194	Pageinal D. (1.776
Patient's Name	MOHAMMAD SANZID AHMED	Received Date	11/01/2024
Patient's Age			
r attent's Age	30Y 8M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CO	Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NC	
Sample	BLOOD	(BIRDEM),PGT(Eye),DFM	

SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
BLOOD GROUPING Result	AL AL
ABO Blood Group	"B" (+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.



Test Name

Bill No	DIA24010194	D 1D	
Patient's Name	MOHAMMAD SANZID AHMED	Received Date	11/01/2024
Patient's Age	30Y 8M 6D	Patient's Sex	Mole
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE		Male
Sample	URINE	M),FGT(Eye),DFM	CDC NO: C/O/8427

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24010194	Received Date	11/01/2024
Patient's Name	MOHAMMAD SANZID AHMED	11 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18	**
Patient's Age	30Y 8M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/8427
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	0-1/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 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.



REF: MT. GINGA CHEETAH

DATE: 11/01/2024

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

EYE EXAMINATION REPORT

NAME: MD SANZID AHMED

RANK: 2A/ENG

CDC NO: C/O/8427

VISUAL ACUITY:

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AIDED

COLOUR VISION:

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NORMAL / BLIND

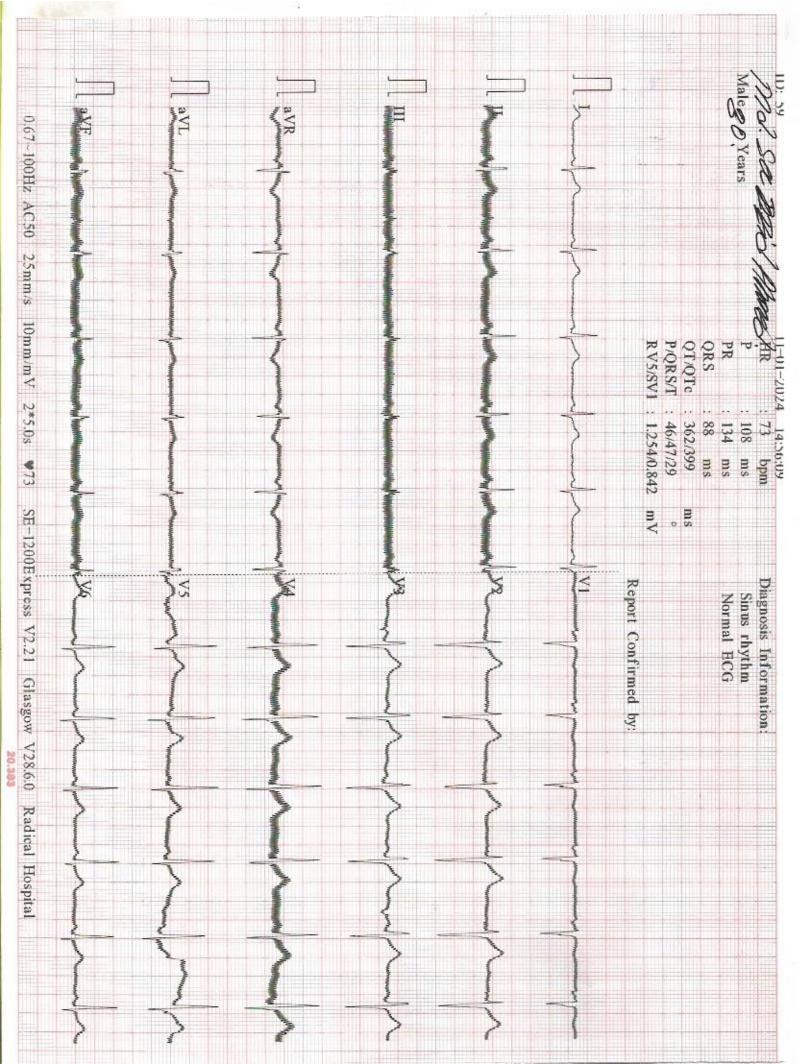
OPINION

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. : 24010194 Receive:11/01/2024 Print:11/01/2024

Patient's Name : MD SANZID AHMED

Age : 30 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	24010194	Voucher No	
Test Name	USG OF KUB	Delivery Date	11/01/2024
Patient Name	MD. SANZID AHMED	185	
Age	30 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 –8.6 cm. 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.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 10.0 cm. 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.

URETER: There is no dilatation in both ureter.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size, volume is 13.5 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Suggestive of Normal study.

Dr. Asma Ahmed MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist

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

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

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

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine	Physician's Signature
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