HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Gosria Idarga, Agrabad C/A, Chattogram, Bangladesh
Tel: +880-2-3333-6214-6, Fax: +880-2-333310530

Accredited by JCI
Accreditation No: A 55144

PATIENT CONTROL NUMBER
202134

DR. MIR MD. RAIHAN
MEDICAL OFFICER
HAQUE & SONS HOSPITALS LTD.
REG. NO. A-55144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
SIDDIQUY	MOHAMMAD	SABBIR RIZVI
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
MYMENSHINGH 15-Dec-1980	EG0181544	CO4227

NATIONALITY: BANGLADESHI | SEX: ☑ Male ☐ Female | VESSEL TYPE: OIL TANKER | TRADING AREA: WORLD WIDE

PERMANENT HOME ADDRESS:
HOUSE-04, BOUNDARY ROAD, MYMENSINGH SADAR, MYMENSINGH SADAR, MYMENSING, BANGLADESH

CONTACT NUMBER: 00881712930195

RANK: CHIEF 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)

Tab. Rosuva 20mg Tab. Utomax 0.4mg Tab. FXR 10mg

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 72kg Height (cm) 164 BMI 27.1 Blood Pressure: Systolic 120mm Diastolic 80mm PULSE: 80bpm

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-1/9 ? YES ☑ NO ☐

Cont'd from page 1

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

Visual acuity meets the standard laid down in STCW Code Section A-1/9: ✓ 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) 31 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	NA	☐	General appearance	☑	☐
Heart	☑	☐	Skin	☑	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☑ Negative
ECG	NAD	BILIRUBIN	0.5	Alcohol Test	☐ Positive ☑ Negative
BLOOD R/E		SGPT	22	URINE R/E	NAD
DC(differential count)	NAD	SGOT	24	OTHERS	
HAEMOGLOBIN (HGB)	14.5	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☑ Nonreactive
ESR (WESTERGREN)	07	Morphine	☐ Positive ☑ Negative	HIV / AIDS Test	☐ Reactive ☑ Nonreactive
WBC	8100	Amphetamine	☐ Positive ☑ Negative	VDRL	☐ Reactive ☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☑ Negative	Blood Type	A+(VE)
RANDOM	5.8	Barbiturates	☐ Positive ☑ Negative	Psychological Exam	NAD
HBA1C	5.27	Cocaine	☐ Positive ☑ Negative	Others(KUB Ultrasound)	NAD

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

Signature of Seafarer	Name of Seafarer	Date
[signature]	MOHAMMAD SABBIR RIZVI SIDDIQUY	31 JAN 2024

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: 31 JAN 2024 Valid Until : 30 JAN 2026

Name and Signature of Authorized Physician

DR. MIR. MD. RAIHAN
MBBS (DU), BCS (Health), CCD (BIRDEM)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 73) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: SIDDIQUY	GIVEN NAME (S): MOHAMMAD SABBIR RIZVI
DATE OF BIRTH: DAY 15 MONTH 12 YEAR 1980	PLACE OF BIRTH: CITY MYMENSHINGH COUNTRY BANGLADESH
SEX: MALE ☑ FEMALE ☐	

POSITION ON BOARD:
- MASTER ☐
- DECK OFFICER ☐
- ENGINEERING OFFICER ☑
- RADIO OPERATOR ☐
- RATING ☐

MAILING ADDRESS OF APPLICANT:
FLAT NO: 1102, BUILDING-2, CHARMVILLE APARTMENT,
169, GREEN ROAD, DHAKA, BANGLADESH

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	—	6/6	☑ BOOK ☑ LANTERN	RIGHT EAR
LEFT EYE	—	6/6	YELLOW RED GREEN BLUE	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) 31 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
	MOHAMMAD SABBIR RIZVI SIDDIQUY	31 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; M.B.B.S.(D.U.), REG. NO. A-55144

ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-2014

SIGNATURE OF PHYSICIAN: | STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved | DATE: 31 JAN 2024

EXPIRY DATE OF CERTIFICATE: 30 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.

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

Medical Exam Form

CONFIDENTIAL FORM

Pre-seaExam ☑ PeriodicExam ☐

Name (last,first,middle): SIDDIQUY MOHAMMAD SABBIR RIZVI

Date of birth (day/month/year): 15-DEC-1980 Sex: male ☐ female ☑

Home address: FLAT NO:1102, BUILDING-2,CHARMVILLE APARTMENT,169,GREEN ROAD, DHAKA, BANGLADESH

Passport No./Discharge Book No.: EG0181544

Department (deck/engine/radio/food handling/other): ENGINE

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OIL TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

Examinee's personal declaration

(Assistanceshould beoffered bymedical staff)

Haveyou ever had anyof thefollowingconditions:

	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem	☐	☑	18.	Sleepingproblems	☐	☑
2.	High blood pressure	☐	☑	19.	Do you smoke?	☐	☑
3.	Heart/vasculardisease	☐	☑	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.	Psychiatricproblems	☐	☑
8.	Diabetes	☐	☑	25.	Depression	☐	☑
9.	Thyroid problem	☐	☑	26.	Attempted suicide	☐	☑
10.	Digestivedisorder	☐	☑	27.	Loss of memory	☐	☑
11.	Kidneyproblem	☐	☑	28.	Balanceproblem	☐	☑
12.	Skin problem	☐	☑	29.	Severeheadaches	☐	☑
13.	Allergies	☐	☑	30.	Ear/nose/throat problems	☐	☑
14.	Infectious/contagious diseases	☐	☑	31.	Restricted mobility	☐	☑
15.	Hernia	☐	☑	32.	Back problems	☐	☑
16.	Genital disorders	☐	☑	33.	Amputation	☐	☑
17.	Pregnancy	☐	☑	34.	Fractures/dislocations	☐	☑

If anyof theabovequestions wereanswered "yes," pleasegive details below.

Medical Hospital Ltd. ISO Shipping Bangladesh Approved

Additional questions

		Yes	No
35.	Haveyou ever been signed offas sick or repatriated from a ship?	☐	☑
36.	Haveyou ever been hospitalized?	☐	☑
37.	Haveyou ever been declared unfit forseaduty?	☐	☑
38.	Has your medical certificate ever been restricted or revoked?	☐	☑
39.	Areyou awarethat you have anymedical problems, diseases or illnesses?	☐	☑
40.	Do you feel healthyand fit to perform theduties of your designated position/occupation?	☑	☐
41.	Areyou allergic to anymedications?	☐	☑

Comments.

FIT FOR DUTY ON BOARD SHIP

42. Areyou takinganynon-prescription or prescription medications? ☑ ☐

If yes, pleaselist themedications taken and thepurpose(s) and dosage(s).

Tab. Rosuva 20mg Tab. Utromax 0.4mg

Tab. FXR 1 0mg

Iherebycertifythat the personal declaration aboveis a truestatement to thebest of myknowledge.

Signatureof examinee: _____

Date (day/month/year): 31 JAN 2024

Witnessed by: *(Signature)* _____

Name:*(Typed or printed)*

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.

Iherebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessionals,health institutions and public authorities to Dr._____(theapproved medical examiner).

Signatureof examinee: _____

Date (day/month/year): 31 JAN 2024

Witnessed by: *(Signature)* _____

Name:*(Typed or printed)* _____

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.

Date & Contact details for previous medical examination (if known):) __

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

MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

Visual Acuity						
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant				6/6	6/6	
Near				N5	N5	

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colorvision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz		
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	✓	
Left ear	✓	

Height: 164 (cm) Weight:(kg) 73 (kg) Pulse rate: 78 (/minute) Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

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

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 31 JAN 2024

Results: Normal

Radical Hospital Ltd. As Per-MLC-2006 Seafarer Bangladesh Approved

Urinalysis: Glucose: Nil Protein: Nil

Blood Analysis: Hepatitis B Test Negative V.D.R.L Non Reactive.
Immunodeficiency Virus Anti bodies _____

Other diagnostic test(s) and result(s):
Test *Result*

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☑ Yes ☐ No

Assessment of fitness forserviceat sea

On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic test results recorded above, Idecl arethe examineemedically:

☑ Fit for lookout duty ☐ Not fit for look-out duty

	Deck service	Engine service	Cateringservice	Other services
Fit	☐	☑	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☑ With restrictions ☐

Visual aid required: Yes ☑ o ☐

Describe restrictions (eg. Specific positions, type of ship, trade area)

Action taken bymedical examiner (e.g., referral): _____

Medical certificate's dateof expiration (day/month/year): ___/ 30 JAN 2026 /_____

Date ofexamination (day/month/year): 31 JAN 2024 /_____

Number of Medical Certificate: Official stamp:

Signature of medical practitioner: _____

Name of medical examiner: *(Typed or printed)* 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.

Address of medical practitioner:: _____

Authorized by: DR SHAHRIAR BD. (competent authority)

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

SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE

CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME: SIDDIQUY	GIVEN NAME(S): MOHAMMAD SABBIR RIZVI
NATIONALITY: BANGLADESHI	ID DOCUMENT NO: C/O/4227
DATE OF BIRTH: 15 (MONTH) 12 (DAY) 1980 (YEAR)	PLACE OF BIRTH: MYMENSINGH (CITY) BANGLADESH (COUNTRY)
SEX: ☑ MALE ☐ FEMALE	
EXAMINATION FOR DUTY AS: ☐ MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING	MAILING ADDRESS OF APPLICANT: FLAT NO: 1102, BUILDING-2, CHARMVILLE APARTMENT,169, GREEN ROAD, DHAKA, BANGLADESH

DECLARATION OF APPROVED MEDICAL PRACTIONER:
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
164cm	75kg	120/80mmHg	80bpm	20/m	Good

VISION:
WITHOUT GLASSES — RIGHT EYE: / LEFT EYE: /
WITH GLASSES — 6/6 / 6/6

HEARING:
RT. EAR: NAD LEFT EAR: NAD

COLOR TEST TYPE: BOOK ☐ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☑ RED ☑ GREEN ☑ BLUE ☑

DATE OF LAST COLOR VISION TEST: 31 JAN 2024

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☐ NO ☐

HEAD AND NECK: Normal	HEART (CARDIOVASCULAR): Normal
LUNGS: Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes

EXTREMITIES: UPPER: Normal LOWER: Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES ☑ NO ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
YES ☐ NO ☑

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☑

SIGNATURE OF APPLICANT — DATE: 31 JAN 2024

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXA[illegible]

Radical Hospital Ltd. DG Shipping Bangladesh Approved AMC-2008

BERNHARD SCHULTE SHIPMANAGEMENT

Form No: QHSE PSRM 18

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MOHAMMAD SABBIR RIZVI SIDDIQUY

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES ☒ NO ☐

SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER / RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF 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.

ADDRESS RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 14 MAY 2014

SIGNATURE OF PHYSICIAN :

DATE OF EXAMINATION: 31 JAN 2024

EXPIRY DATE OF CERTIFICATE : 30 JAN 2026

SEAFARER ACKNOWLEDGMENT

I, MOHAMMAD SABBIR RIZVI SIDDIQUY (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.

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

MEDICAL REQUIREMENTS

All applicants for an officer certificate Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document or application for certification of special qualifications. This physical examination must be carried out not more than 24 months immediately preceding applications for an officer certificate, certification of special qualifications or a seafarer's book. The examinations shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO WHO D.2/1997*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

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

(a) Hearing

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight

- Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.

(h) Physical Requirements

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers. Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician, alternatively the examining physician may attach a form similar or identical to the model provided – Medical Exam Form).

31 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.

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

Id No	: 0619	**Date :** 31-Jan-2024	**D.Date :** 31-Jan-2024
Patient's Name :	MOHAMMAD SABBIR RIZVI SIDDIQUY	**Age :** 39Y 10M 0D	**Gender:** Male
Specimen	: Blood		
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM- C/O/ 4227		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.5** 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)	**8,100** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**65** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**30** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**03** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**162** /cumm	50-450/cumm
Total RBC Count	**5.01** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**42** %	M: 40-54%, F:37-47%
MCV	**77** fL	76 - 94 fL
MCH	**33** pg	27 - 32 pg
MCHC	**33.4** g/dL	29 - 34 g/dL
RDW	**12.0** %	11 - 16 %
PDW	**36** fL	35 - 56 fl
Total Platelete Count (PC)	**1,88,000** /cumm	150,000-450,000/cumm
MPV	**8.9** fL	7.0 - 11.0 fL
PCT	**0.10** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By
Medical Technologist

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

Bill No	DIA24010619	Received Date	31/01/2024
Patient's Name	MOHAMMAD SABBIR RIZVI SIDDIQUY		
Patient's Age	39Y 10M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4227
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.56 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	24.0 U/L	Up to 37 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 CHEMICAL.

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	DIA24010619	Received Date	31/01/2024
Patient's Name	MOHAMMAD SABBIR RIZVI SIDDIQUY		
Patient's Age	39Y 10M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4227
Sample	**BLOOD**		

SEROLOGICAL REPORT

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

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 LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24010619	Received Date	31/01/2024
Patient's Name	MOHAMMAD SABBIR RIZVI SIDDIQUY		
Patient's Age	39Y 10M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4227
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/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. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24010619	Received Date	31/01/2024
Patient's Name	MOHAMMAD SABBIR RIZVI SIDDIQUY		
Patient's Age	39Y 10M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4227
Sample	**URINE**		

DRUG ABUSE TEST

METHOD: Immunochromato graphic 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 Hospital Ltd.

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

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

REF:	MT. TRANSKO YUDISHTIRA	DATE: 31/01/2024

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

EYE EXAMINATION REPORT

NAME:	MOHAMMAD SABBIR RIZVI SIDDIQUY	RANK: CH.ENG	CDC NO: C/O/4227

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED 6/6 6/6

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: 124

31-01-2024 16:04:32

Male 45 Years

HR	: 83	bpm	
P	: 104	ms	
PR	: 140	ms	
QRS	: 86	ms	
QT/QTc	: 360/423	ms	
P/QRS/T	: 76/74/24	°	
RV5/SV1	: 1.027/0.444	mV	

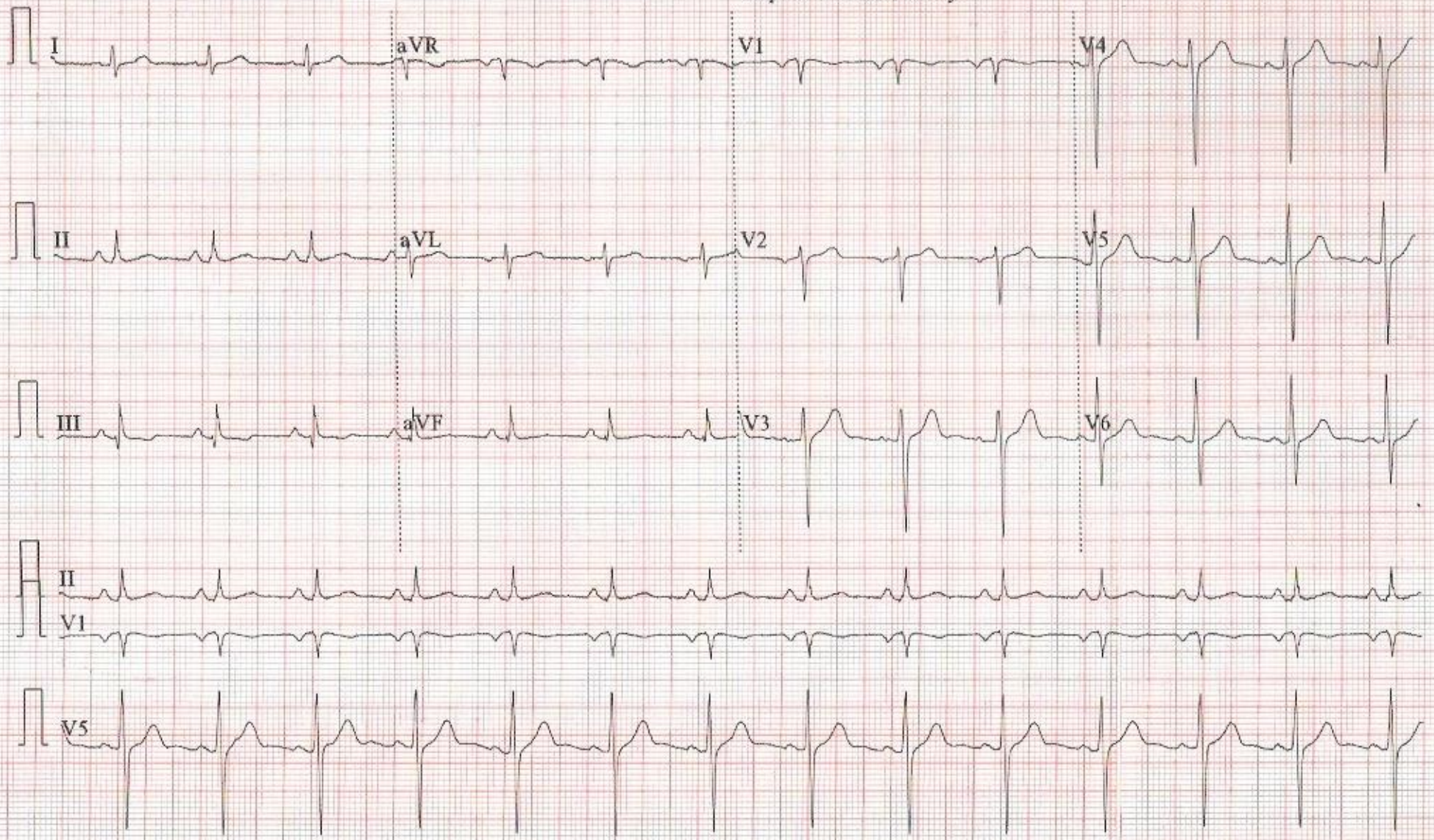
Diagnosis Information:

Sinus rhythm

Possible left atrial abnormality

Borderline ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥83 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24010619	Receive:31/01/2024	Print: 31/01/2024
Patient's Name	:	**MOHAMMAD SABBIR RIZVI SIDDIQUY**		
Age	:	43 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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	**MOHAMMAD SABBIR RIZVI SIDDIQUY**			
Age	:	**43 Yrs**	**Date**	:	**31/01/2024**
Sex	:	**Male**	**CDC NO:C/O/4227**		
Referred by	:	**Dr. Mir Md. Raihan - MBBS, (DU), DFM**			

Psychometric Test

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

Poor: <6 Good: 6-7 very good: 7-8 excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 15-12-1980 Sex MALE
MOHAMMAD SABBIR RIZVI SIDDIQUY

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 10 SEP 2020	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	
2 09 MAR 2022	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
3 06 DEC 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 31 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	6
7		7	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows } Date of birth 15-DEC-1980 Sex MALE
MUHAMMAD SABBER RIZVI SIDDIQUY

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

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
1 06 DEC 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.	YELLOW FEVER VACCINE L NO DAKAR	1 2 CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			3 4
4			

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.

অধ্যাপক ডাঃ মোঃ ফিরোজ আমিন
এমবিবিএস (ডিএমসি), এমডি (এন্ডোক্রাইনোলজি), এফএসিই (ইউএসএ)
ডায়াবেটিস, থাইরয়েড ও হরমোন রোগ বিশেষজ্ঞ
অধ্যক্ষ ও বিভাগীয় প্রধান
এন্ডোক্রাইনোলজি বিভাগ
বারডেম হাসপাতাল ও ইব্রাহীম মেডিকেল কলেজ
মোবাইল ০১৭১০২ (ডাক্তার)
০১৭৭৮ ৯৪০৪০৭ (অফিস)

চেম্বার ঃ
ল্যাবএইড ডায়াগনোস্টিক
বাড়ি-১, রোড-৪, ধানমন্ডি, ঢাকা-১২০৫
ফোন ঃ ০১৭৭৮ ৬১০২৯৩, ৮৬৩১১৭৭
ই-মেইল ঃ feroz_amin@yahoo.com
সিরিয়ালের জন্য ঃ ১০৬০৬ হটলাইন

Professor Dr. Feroz Amin
MBBS (DMC), MD (Endocrinology), FACE (USA)
Specialist in Diabetes, Thyroid & Hormonal Diseases
Professor & Head of the Department
Endocrinology Department
BIRDEM Hospital & Ibrahim Medical College
Mobile : 01715 010102 (Doctor)
01771 940407 (Office)

PN: 22020006

Date : 11-Dec-2022

Mr. Mohammad Sabbir Rizvi Siddiquy
[illegible] Y 10 M 9 D Gender: M, Address: green road, Phone: 01712930195

Wt(kg)	Ht(cm)	Temp(F)	BP(mm Hg)	Pulse	BMI	DM	HTN	CKD	IHD	Ratinopathy	F/DM	Thyroid
78.0						2021					Y	

[illegible] BIRDEM Hospital
Telemedicine : Parents Care : 01886506050

Address: green road / cadet/ Marinor
CC:
DM , dyslipidemia , frozen shoulder / left
Investigation: no

Treatment History : rosuva 20 0+0+1 , ecosprin ,

FBS 4BF 11.3 BL 6.1 AL 6.4 BD 6.8 AD 8.2

1. Linatab E / Emflolin/ Emlino / Empalina / Glympa (5/25)
   1+0+0 - চলবে -খাওয়ার আগে
2. FXR 10 mg tab/ Livacol/Livadox/ livcare
   0+0+1 - চলবে
3. Uromax 0.4 mg cap
   0+0+1 - চলবে
4. .
   rosuva 20 0+0+1 , ecosprin , - চলবে

75

Investigation Result
4BF 2 hrs after - 10.6
ALT (SGPT) - 44
CBC - 14.4
Creatinine - 87
Fasting blood sugar - 6.5
TSH - 1.27
HbA1C - 6.5
Lipid profile - 149 37 93 95
TSH - 1.83
USG of whole abdomen with PVR - fatty liver. BEP

মোবাইলঃ ০১৭৭৮৬১০২৯৩
আপনার চিকিৎসা সংক্রান্ত তথ্য অথবা
সিরিয়ালের নিয়ম জানার জন্য এই মোবাইল
নাম্বারে ফোন কিংবা মেসেজ পাঠাবেন

০১৭৭১৯৪০৪৭
01771940407
বারডেম এ সিরিয়ালের জন্য
রুম নং-১১১, বর্হিবিভাগ, বারডেম

[illegible] (HbA1c) ৭% এর নিচে রাখতে হবে। রক্তচাপ ১৩০/৮০ এর নিচে থাকতে হবে। উচ্চতা অনুযায়ী ওজন ঠিক রাখবেন। প্রতিদিন অন্তত ৩০ মিনিট হাঁটবেন। এমনভাবে হাঁটতে [illegible] হাঁটা শুরুর আগে ৫-১০ মিনিট শরীর গরম (Warm-Up)করে নিবেন এবং ৩০ মিনিট জোরে হাঁটার পর আবার ধীরে ধীরে হেঁটে শরীর ঠান্ডা (Cool Down)করে

[illegible] (৫/৬)	নাস্তার ২ ঘণ্টা পর (৭/৮)	দুপুরে খাওয়ার আগে (৫/৬)	দুপুরে খাওয়ার ২ ঘণ্টা পর (৭/৮)	রাতে খাওয়ার আগে (৫/৬)	রাতে খাওয়ার ২ ঘণ্টা পর (৭/৮)

রোগী দেখার সময় ঃ বিকাল ৫:০০ টা - রাত ৮:০০ টা। (বৃহস্পতি, শুক্রবার ও সরকারী ছুটির দিন বন্ধ)
For any Emergency Sead SMS to 01778-610293

অধ্যাপক ডাঃ মোঃ ফিরোজ আমিন
এমবিবিএস (ডিএমসি), এমডি (এন্ডোক্রাইনোলজি), এফএসিই (ইউএসএ)
ডায়াবেটিস, থাইরয়েড ও হরমোন রোগ বিশেষজ্ঞ
অধ্যাপক ও বিভাগীয় প্রধান
ডায়াবেটিস ও হরমোন বিভাগ
বারডেম হাসপাতাল ও ইব্রাহীম মেডিকেল কলেজ।
মোবাইল ঃ ০১৭১৫-০১০১০২ (ডাক্তার)
০১৭৭১-৯৪০৪০৭ (অফিস)

চেম্বার ঃ
ল্যাবএইড ডায়াগনস্টিক
বাড়ি-১, রোড-৪, ধানমন্ডি, ঢাকা-১২০৫
ফোন ঃ ০১৭৭৮ ৬১০২৯৩, ৮৬৩১১৭৭
ই-মেইল ঃ feroz_amin@yahoo.com
সিরিয়ালের জন্য ঃ ১০৬০৬ হটলাইন

Professor Dr. Feroz Amin
MBBS (DMC), MD (Endocrinology), FACE (USA)
Specialist in Diabetes, Thyroid & Hormonal Diseases
Professor & Head of the Department
Diabetes & Endocrinology Department
BIRDEM Hospital & Ibrahim Medical College
Mobile : 01715-010102 (Doctor)
01771-940407 (Office)

PN: 23100006 Date : 01-Oct-2023

Name: Mohammad Sabbir Rizvi Siddiquy
Age: 43 Y 0 M 0 D Gender: M, **Address:** green road/ cadet/ Mariner, **Phone:** 01712930195

Wt(kg)	Ht(cm)	Temp(F)	BP(mm Hg)	Pulse	BMI	DM	HTN	CKD	IHD	Ratinopathy	F/DM	Thyroid
74.0			110/80									

Parents care – 01886506050/ online , ,01766662050- serial
sitara.

Address : green road , cadet/ Mariner
CC:
DM , dyslipidemia , frozen shoulder / left

F4.4 ABF 8.6 BL 4.1 AL 7.3 BD 4.9 AD 7.8

1. Linatab E / Emfolin / Glympa /Emlino/Empalina tab / Emazid L
1+0+0 - চলবে -খাওয়ার আগে
2. FXR tab/ Livacol / Llvcare / Obecol
0+0+1 - চলবে -খাবারের পর
3. Rosuvastatin (Rosuva 10mg /Rolip 10)
0+0+1 - চলবে
4. Ecosprin 75
0+1+0 - চলবে

Investigation Result
ALT (SGPT) - 29
CBC - 15.5
Creatinine - 77
HbA1C - 6.8
Lipid profile - 174,42,115,84
TSH - 1.29

VSG a whole abdomen

ALT
HBA1C
CBC
Fasting

০১৭৭১৯৪০৪০৭
01771940407
বারডেম এ সিরিয়ালের জন্য
রুম নং-১১১, বর্হিবিভাগ, বারডেম

তিন মাসের গড় ডায়াবেটিস (HBA1c) ৭% এর নিচে রাখতে হবে। রক্তচাপ ১৩০/৮০ এর নিচে থাকতে হবে। উচ্চতা অনুযায়ী ওজন ঠিক রাখবেন। প্রতিদিন অন্তত ৩০ মিনিট হাঁটবেন। এমনভাবে হাঁটতে হবে যাতে আপনার Pulse বৃদ্ধি পায়। হাঁটা শুরুর আগে ৫-১০ মিনিট শরীর গরম (Warm-Up)করে নিবেন এবং ৩০ মিনিট জোরে হাঁটার পর আবার ধীরে ধীরে হেঁটে শরীর ঠান্ডা (Cool Down)করে নিবেন

তারিখ	খালি পেটে (৫/৬)	নাস্তার ২ ঘণ্টা পর (৭/৮)	দুপুরে খাওয়ার আগে (৫/৬)	দুপুরে খাওয়ার ২ ঘণ্টা পর (৭/৮)	রাতে খাওয়ার আগে (৫/৬)	রাতে খাওয়ার ২ ঘণ্টা পর (৭/৮)

রোগী দেখার সময় ঃ বিকাল ৫:০০টা - রাত ৮:০০টা (শনি, রবি, মঙ্গল ও বুধবার)
·For any Emergency Send SMS 0778-610293