

# SEAFARER'S MEDICAL EXAMINATION REPORT/ CERTIFICATE

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 Labor Convention, 2006.

|                                                                                                                                                                                                                                              |                                                                                                                               |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| SURNAME: <b>AL HARUN</b>                                                                                                                                                                                                                     | GIVEN NAME (S): <b>ABDULLAH</b>                                                                                               |  |
| NATIONALITY: <b>BANGLADESHI</b>                                                                                                                                                                                                              | ID DOCUMENT NO: <b>40/4823</b>                                                                                                |                                                                                     |
| DATE OF BIRTH: <b>11/09/1983</b>                                                                                                                                                                                                             | PLACE OF BIRTH: <b>NARAYANGANJ</b> SEX: <b>M</b>                                                                              |                                                                                     |
| MONTH <b>09</b> DAY <b>11</b> YEAR <b>1983</b>                                                                                                                                                                                               | CITY <b>NARAYANGANJ</b> COUNTRY: <b>BANGLADESH</b> <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE   |                                                                                     |
| EXAMINATION FOR DUTY AS:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OFFICER <input type="checkbox"/><br>RATING <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT:<br><b>Akam Villa, D-12, Larserow<br/>825 Wilson Road, Bandar, Bandar 1410.<br/>Narayanganj.</b> |                                                                                     |



DECLARATION OF APPROVED MEDICAL PRACTITIONER:  
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: ☒ YES ☐ NO

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

|                        |                         |                                      |                         |                                |                                   |
|------------------------|-------------------------|--------------------------------------|-------------------------|--------------------------------|-----------------------------------|
| HEIGHT<br><b>165cm</b> | WEIGHT<br><b>77kg</b>   | BLOOD PRESSURE<br><b>130/80 mmHg</b> | PULSE<br><b>78b/min</b> | RESPIRATION<br><b>19 b/min</b> | GENERAL APPEARANCE<br><b>Good</b> |
| VISION:                |                         | HEARING                              |                         |                                |                                   |
| WITHOUT GLASSES        | RIGHT EYE<br><b>6/6</b> | LEFT EYE<br><b>6/6</b>               | RIGHT EAR<br><b>MM</b>  |                                |                                   |
|                        |                         |                                      | LEFT EAR<br><b>MM</b>   |                                |                                   |
| WITH GLASSES           |                         |                                      |                         |                                |                                   |

COLOR TEST TYPE: BOOK ☒ LANTERN ☒ CHECK IF COLOR TEST IS YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒  
NORMAL

DATE OF LAST COLOR VISION TEST: **05 JUL 2024**

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

|                                |                                                                                                                         |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| HEAD AND NECK<br><b>Normal</b> | HEART (CARDIOVASCULAR)<br><b>Normal</b>                                                                                 |
| LUNGS<br><b>Normal</b>         | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>Yes</b> |

EXTREMITIES:  
UPPER **Normal** LOWER **Normal**

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO REQUIREMENTS? YES ☒ NO ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGREGATED 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: **Alharun** DATE: **05 JUL 2024**

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

ABDULLAH AL HARUN

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE:

YES ☒ NO ☐

HEARING MEETS THE STANDARDS IN SECTION A - 1/9:

YES ☒ NO ☐

UNAIDED HEARING SATISFACTORY:

YES ☒ NO ☐

VISUAL ACUITY MEETS STANDARDS IN SECTION A - 1/9:

YES ☒ NO ☐

COLOUR VISION MEETS STANDARDS IN SECTION A - 1/9:

YES ☒ NO ☐

TICK APPROPRIATE CHOICE: ☒ HE / ☐ SHE IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ ELECTRICAL ENGINEER (ELECTRICIAN) / ☐ RATING ☒ WITHOUT ANY / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS,(DU), DFM, Reg: A-55144

ADDRESS OF MEDICAL CENTER: RADICAL HOSPITALS LIMITED, SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

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

SIGNATURE OF PHYSICIAN:



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

DATE OF EXAMINATION: 05 JUL 2024

EXPIRY DATE OF CERTIFICATE: 04 JUL 2026

SEAFARER ACKNOWLEDGEMENT:

ABDULLAH AL HARUN

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



## MEDICAL REQUIREMENTS

This physical examination must be carried out not more than 24 months prior next medical check for a seafarer older than 18 years old and considered to be fit for duty without any restrictions. In case of any restriction found not preventing seafarer to fulfill his duties this physical examination should be carried out not more than 12 months prior next medical check. The examination 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 73/WHO/D.2/1997, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006. 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 and Conditions
  - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acnereal disease or neurosyphilis, AIDS, and/or the use of narcotic. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.
- 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/ water tender, oiler/motorman, pumpman, electrician, wiper, tankerman 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.

### DETAILS OF MEDICAL 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).

05 JUL 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

# PHYSICAL EXAMINATION REPORT/CERTIFICATE

## DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

### THE REPUBLIC OF LIBERIA

|                                                                 |  |                                                   |                                                                                 |
|-----------------------------------------------------------------|--|---------------------------------------------------|---------------------------------------------------------------------------------|
| LAST NAME OF APPLICANT <b>AL HARUN</b>                          |  | FIRST NAME <b>ABDULLAH</b>                        | MIDDLE INITIAL                                                                  |
| DATE OF BIRTH<br>MONTH <b>09</b> DAY <b>11</b> YEAR <b>1983</b> |  | PLACE OF BIRTH<br>CITY <b>NARAYANGANJ</b> COUNTRY | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| EXAMINATION FOR DUTY AS:                                                                                                                                                                                                                                                                            |                                                                                                                                  | MAILING ADDRESS OF APPLICANT: |
| MASTER <input type="checkbox"/> RATING <input type="checkbox"/><br>MATE <input type="checkbox"/> MOU DECK <input type="checkbox"/><br>ENGINEER <input checked="" type="checkbox"/> MOU ENGINE <input type="checkbox"/><br>RADIO OFF <input type="checkbox"/> SUPERNUMERARY <input type="checkbox"/> | <b>Akam Villa, D-12, Lasercrow,<br/>                 825 Wilson Road, Bandar, Bandar-1410,<br/>                 Narayanganj.</b> |                               |

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

|                     |                    |                                |                      |                            |                                |
|---------------------|--------------------|--------------------------------|----------------------|----------------------------|--------------------------------|
| HEIGHT <b>165cm</b> | WEIGHT <b>77kg</b> | BLOOD PRESSURE <b>130/80mm</b> | PULSE <b>78b/min</b> | RESPIRATION <b>19b/min</b> | GENERAL APPEARANCE <b>Good</b> |
|---------------------|--------------------|--------------------------------|----------------------|----------------------------|--------------------------------|

|                            |                      |                     |
|----------------------------|----------------------|---------------------|
| VISION:<br>WITHOUT GLASSES | RIGHT EYE <b>6/6</b> | LEFT EYE <b>6/6</b> |
| WITH GLASSES               |                      |                     |

DATE OF LAST COLOR VISION TEST (Month/Day/Year) **05 JUL 2024** Testing Required every 6 years

COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☒ NO ☐

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

|                                   |                        |
|-----------------------------------|------------------------|
| HEARING:<br>RT. EAR <b>Normal</b> | LEFT EAR <b>Normal</b> |
|-----------------------------------|------------------------|

|                             |                                      |
|-----------------------------|--------------------------------------|
| HEAD AND NECK <b>Normal</b> | HEART (CARDIOVASCULAR) <b>Normal</b> |
|-----------------------------|--------------------------------------|

|                     |                                                                                                                          |
|---------------------|--------------------------------------------------------------------------------------------------------------------------|
| LUNGS <b>Normal</b> | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>Yes.</b> |
|---------------------|--------------------------------------------------------------------------------------------------------------------------|

|                                     |                     |
|-------------------------------------|---------------------|
| EXTREMITIES:<br>UPPER <b>Normal</b> | LOWER <b>Normal</b> |
|-------------------------------------|---------------------|

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.

|                                           |                                 |                                |
|-------------------------------------------|---------------------------------|--------------------------------|
| SIGNATURE OF APPLICANT <b>[Signature]</b> | DATE OF EXAM <b>05 JUL 2024</b> | EXPIRY DATE <b>04 JUL 2026</b> |
|-------------------------------------------|---------------------------------|--------------------------------|

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **ABDULLAH AL HARUN**  
**FIT FOR DUTY ON BOARD SHIP** (NAME OF APPLICANT)

HE (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD. RAIHAN MBBS(DU), DFM REG:A-55144**

ADDRESS **RADICAL HOSPITAL LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY **DG SHIPPING BANGLADESH**

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

SIGNATURE OF PHYSICIAN **[Signature]** DATE OF EXAMINATION: **05 JUL 2024**

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over-18 years of age and for no more than one (1) year for those under 18 years of age.

**DR. MIR. MD. RAIHAN**  
 MBBS (DU), DFM, CCD (Siderm), PGT (Ophth)  
 BMDC A-55144, MMC-BGD-816  
 DG Shipping Bangladesh Approved  
 General Physician  
 Radical Hospitals Limited



## MEDICAL REQUIREMENT

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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seafarer deck, bosun, GP-I, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count

B) Blood Sugar Estimation

C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HbsAg)

E) Urinylsis F) Drug Test G) Alcohol Test

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

05 JUL 2024

2



DR. MIR. MD. RAIHAN

MBBS (DUI), DPM, CCD (Bedam), PGD (Diplom)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

Rev 0 - 09/01/2023

## CHEMICAL BLOOD SCREENING CERTIFICATE

| Seafarer's Information                                            |                                   |
|-------------------------------------------------------------------|-----------------------------------|
| Seafarer's Name (Last, First, Middle)<br><b>AL HARUN ABDULLAH</b> | Sex (Male/Female)<br><b>Male</b>  |
| Date of Birth (Day/Month/Year)<br><b>11/09/1983</b>               | Nationality<br><b>Bangladeshi</b> |

This is to confirm that the above-mentioned seafarer will be sailing / have sailed\* onboard ASP Ship's Group managed chemical Carriers has undergone a complete chemical blood screening to provide any signs on chemical exposure either,

- ☒ Prior to joining vessel
- ☐ After signing off from chemical cargoes carried onboard (see attached form V-CCH-003 – Blood Test for Chemicals)

| Declaration of the recognized medical practitioner                                                                                                                                                                                 |                                     |    |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----|-----|
|                                                                                                                                                                                                                                    | Yes                                 | No | N/A |
| 1 Identification documents were checked at the point of examination?                                                                                                                                                               | <input checked="" type="checkbox"/> |    |     |
| 2 All values within reference level?                                                                                                                                                                                               | <input checked="" type="checkbox"/> |    |     |
| If "No", please specify.                                                                                                                                                                                                           |                                     |    |     |
| 3 Is the seafarer free from any medical condition (Based only on the Chemical Blood Screening) likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person on-board? | <input checked="" type="checkbox"/> |    |     |
| 4 Date of chemical blood test (Day/Month/Year)                                                                                                                                                                                     | <b>05 JUL 2024</b>                  |    |     |
| 5 Expiry of certificate (Day/Month/Year)**                                                                                                                                                                                         | <b>04 JUL 2025</b>                  |    |     |

Seafarer has been found fit / unfit\* for service at sea:

**05 JUL 2024**



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

Date/ Place

Signature of Authorised Person

Official Stamp of Issuing Authority  
(Name, Address etc.)

### FOR SEAFARER

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



Signature of Seafarer

A medical examination report containing the medical history, clinical findings and other diagnostic tests and results of the seafarer is contained in a separate document.

If you are sick for more than 30 days or your medical fitness changes significantly during your leave, you should contact an approved doctor (preferably the one who issued the certificate) for medical review and inform your local crewing office.

**Id No** : 0106 **Date** : 05-Jul-2024 **D.Date** : 05-Jul-2024  
**Patient's Name** : ABDULLAH AL HARUN **Age** : 40Y 2M 29D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/4823

### 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>16.5</b> gm/dl   | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr. |
| <b>ESR(Westergreen)</b>            | <b>04</b> mm/1st hr | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm                        |
| <b>Total WBC Count(TC)</b>         | <b>6500</b> /cumm   |                                                                                                                           |
| <b>Differential WBC Count (DC)</b> |                     |                                                                                                                           |
| Neutrophils                        | <b>66</b> %         | Child: 25-66 %, Adult: 40-75 %                                                                                            |
| Lymphocytes                        | <b>29</b> %         | Child: 52-62 %, Adult: 20-50 %                                                                                            |
| Monocytes                          | <b>02</b> %         | Child: 03-07 %, Adult: 02-10 %                                                                                            |
| Eosinophils                        | <b>03</b> %         | Child: 01-03 %, Adult: 01-06 %                                                                                            |
| Basophils                          | <b>00</b> %         | Adult: 00-01 %                                                                                                            |
| Total Gr. Eosinophils              | <b>195</b> /cumm    | 50-450/cumm                                                                                                               |
| <b>Total RBC Count</b>             | <b>5.1</b> m/ul     | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                                                |
| <b>HCT/PCV</b>                     | <b>42</b> %         | M: 40-54%, F:37-47%                                                                                                       |
| <b>MCV</b>                         | <b>80</b> fL        | 76 - 94 fL                                                                                                                |
| <b>MCH</b>                         | <b>28</b> pg        | 27 - 32 pg                                                                                                                |
| <b>MCHC</b>                        | <b>31</b> g/dL      | 29 - 34 g/dL                                                                                                              |
| <b>RDW</b>                         | <b>12</b> %         | 11 - 16 %                                                                                                                 |
| <b>PDW</b>                         | <b>36</b> fL        | 35 - 56 fL                                                                                                                |
| <b>Total Platelete Count (PC)</b>  | <b>195000</b> /cumm | 150,000-450,000/cumm                                                                                                      |
| <b>MPV</b>                         | <b>9.0</b> fL       | 7.0 - 11.0 fL                                                                                                             |
| <b>PCT</b>                         | <b>0.1</b> %        | 0.1 - 0.0 %                                                                                                               |
| <b>Bleeding Time(BT)</b>           | <b>%</b>            | 10 - 18 %                                                                                                                 |
| <b>Cloting Time(CT)</b>            | <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        | DIA24070106                                           | Received Date | 05/07/2024 |
| Patient's Name | ABDULLAH AL HARUN                                     |               |            |
| Patient's Age  | 40Y 2M 29D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/4823   |
| Sample         | BLOOD                                                 |               |            |

**SEROLOGICAL REPORT**

|      |              |
|------|--------------|
| VDRL | Non-reactive |
|------|--------------|

Checked By

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

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA24070106                                           | Received Date | 05/07/2024 |
| Patient's Name | ABDULLAH AL HARUN                                     |               |            |
| Patient's Age  | 40Y 2M 29D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               |            |
| Sample         | URINE                                                 |               |            |

**URINE ROUTINE EXAMINATION****PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

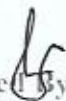
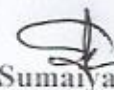
|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | RBC         | Nil     |
| Appearance | Clear      | Pus Cells   | 1-2/HPF |
| Sediment   | Nil        | Epithelial  |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

**CHEMICAL EXAMINATION CASTS / LPF**

|              |        |            |     |
|--------------|--------|------------|-----|
| Reaction     | Acidic | RBC        | Nil |
| Albumin      | Nil    | WBC        | Nil |
| Sugar        | Nil    | Epithelial | Nil |
| Ex.Phosphate | Nil    | Granular   | Nil |
|              |        | Hyaline    | Nil |

**ON REQUESTCRYSTALS & OTHERS**

|              |          |                   |     |
|--------------|----------|-------------------|-----|
| Bile Salt    | Not Done | Urates            | Nil |
| Bile Pigment | Not Done | Uric Acid         | Nil |
| Ketones      | Not Done | Calcium oxalate   | Nil |
| Urobilinogen | Not Done | Amor. Phos        | Nil |
| B.J. Protein | Not Done | Hippurate crystal | Nil |

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

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA24070106                                           | Received Date | 05/07/2024 |
| Patient's Name | ABDULLAH AL HARUN                                     |               |            |
| Patient's Age  | 40Y 2M 29D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               |            |
| Sample         | UEINE                                                 |               |            |

### 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.

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24070106 Receive: 05/07/2024 Print: 05/07/2024  
Patient's Name : ABDULLAH AL HARUN  
Age : 40 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM

**X-RAY OF CHEST (DIGITAL)**

Diaphragm : Both hemidiaphragm are normal in position.  
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

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

|                |   |                                                        |       |   |            |
|----------------|---|--------------------------------------------------------|-------|---|------------|
| Patient's Name | : | ABDULLAH AL HARUN                                      | ID NO | : | 24070106   |
| Age            | : | 40 Yrs                                                 | Date  | : | 05/07/2024 |
| Sex            | : | Male                                                   |       |   |            |
| Referred by    | : | Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM |       |   |            |

## Dental Examination Reports

### On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygiene : Normal

Comments : Normal



**Dr. Mir Md. Raihan**

MBBS (DU), DFM, CCD (Birdem), PGT(opth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

Date: 05/07/2024

## EYE EXAMINATION REPORT

|       |                   |              |                 |
|-------|-------------------|--------------|-----------------|
| NAME: | ABDULLAH AL HARUN |              |                 |
| AGE:  | 40 YRS            | RANK: CH.ENG | CDC NO:C/O/4823 |

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

|                |                                        |         |              |
|----------------|----------------------------------------|---------|--------------|
| Patient's Name | : ABDULLAH AL HARUN                    | Date    | : 05/07/2024 |
| Age            | : 40 Yrs                               | CDC NO: | C/O/4823     |
| Sex            | : Male                                 |         |              |
| Referred by    | : Dr. Mir Md. Raihan - MBBS, (DU), DFM |         |              |

## Psychometric Test

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

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

ID: *Abdullah Al-Hariri*

05-07-2024 14:46:59

Diagnosis Information:

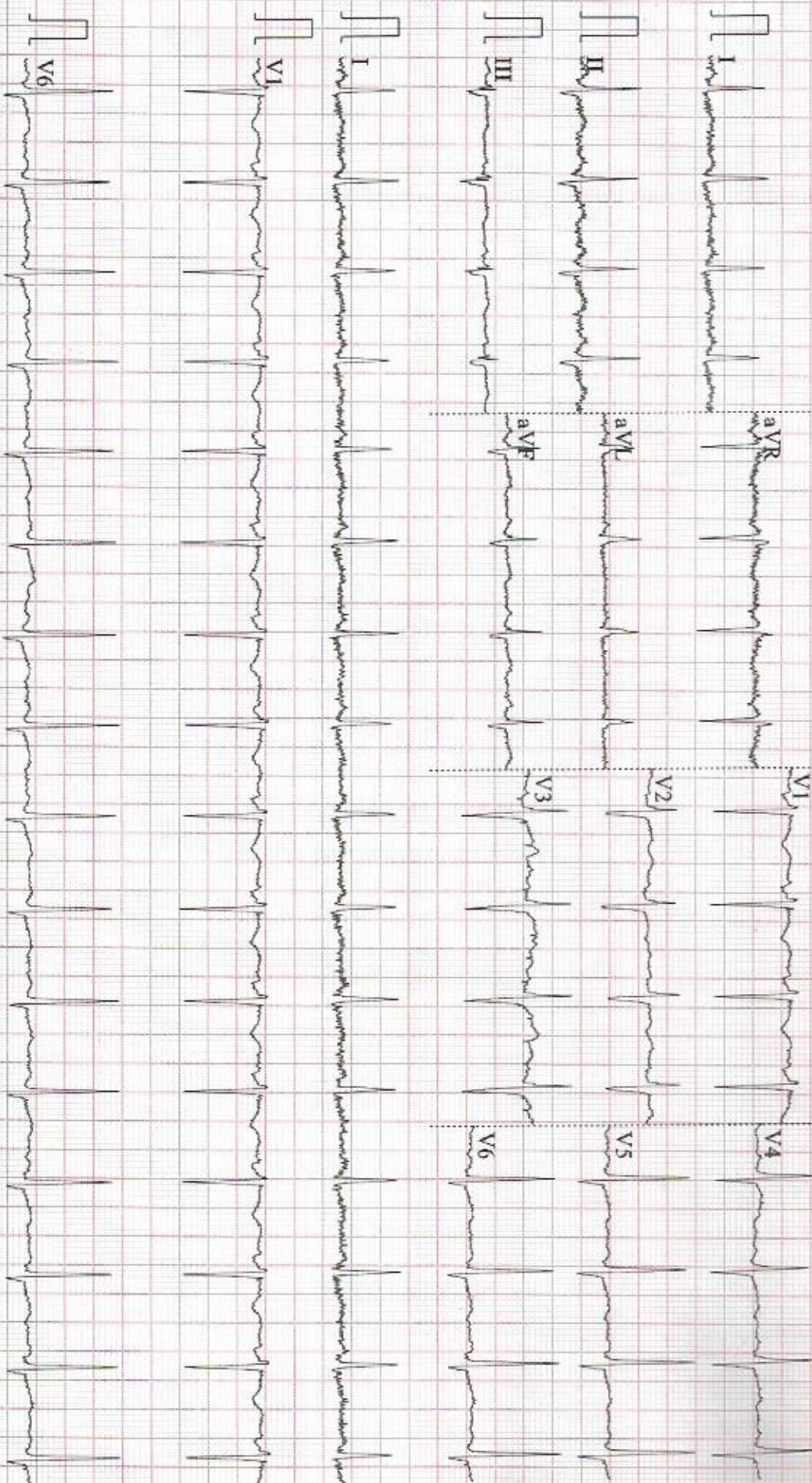
Sinus rhythm

Normal ECG

Male 40, Years  
mmHg

|         |               |     |
|---------|---------------|-----|
| HR      | : 94          | bpm |
| P       | : 114         | ms  |
| PR      | : 132         | ms  |
| QRS     | : 94          | ms  |
| QT/QTc  | : 364/456     | ms  |
| P/QRS/T | : 47/21/61    | °   |
| RV5/SV1 | : 1.484/1.276 | mV  |

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24070106 Receive: Print:05/07/2024  
Patient's Name : ABDULLAH AL HARUN  
Age : 40 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

**ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate : 94b/min  
Rhythm : Regular  
P-Wave : Normal  
P-R Interval : Normal  
QRS Complex : Normal  
ST. Segment : Is electric  
T. Wave : Normal

Impression : Findings are within normal limit.

  
**Dr. Debashish Paul**  
MBBS, MD (Cardiology)  
Associate Professor  
Department of Cardiology  
Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1