



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880 2-333316214-6, Fax : +880-2 333310530



Accredited By: BMD
Accreditation No: A-55144

PATIENT CONTROL NUMBER
HSL-004016

MEDICAL EXAMINATION CERTIFICATE

SURNAME RASEL		FIRST NAME AND MD ILIAS		MIDDLE NAME
PLACE AND DATE OF BIRTH BOGURA 10-Nov-1991		PASSPORT NUMBER A01766301		SEAMAN'S BOOK NUMBER C/O/6853
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VISIT TYPE : CONTAINER	TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : VILL-PASCHIM SINGRA, P.O-SANTAHAR-5891, P.S-ADAMDIGHI, DIST.-BOGURA RAJSHAHI, BANGLADESH.			CONTACT NUMBER : 01720335864 (SELF)	
			RANK : APPRENTICE OFFICER	

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	☐	☒	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?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Rasel

Signature of Seafarer

MEDICAL EXAMINATION

Weight 62kg	Height (cm) 160	BM 24.7	Blood Pressure: Systolic 110mm Diastolic 70mm	PULSE 78b/min																								
<table border="1"> <tr> <th colspan="2">Ear</th> <th colspan="4">Hearing by Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>☒ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> </tr> </table>					Ear		Hearing by Audiometry				Hearing by Whisper Test		Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000	☒ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate
Ear		Hearing by Audiometry				Hearing by Whisper Test																						
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000	☒ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate																					
Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate																					
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																												

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

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) **12 JUL 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	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X Ray		BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECC		BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	
DC (differential count)		SGOT	OTHERS	
HAEMOGLOBIN (HGB)	15.3	DRUG AND ALCOHOL TEST		
ESR (WESTERGRÉN)	08	Morphine	☐ Positive ☒ Negative	HBsAg
WBC	10200	Amphetamine	☐ Positive ☒ Negative	HIV / AIDS Test
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	VDRL
RANDOM	5.5	Barbiturates	☐ Positive ☒ Negative	Blood Type
HBA1C	5.9%	Cocaine	☐ Positive ☒ Negative	Psychological Exam
				Others (KUB Ultrasound)

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

MD ILIAS RASEL
Name of Seafarer

12 JUL 2024

Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

	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: 12 JUL 2024

11 JUL 2026

DR. MIR. MD. RAIHAN
Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1996 (No. 10) and STCW 1978/1996 as Amended, MLC 2006
 Revision : 5.1
 General Physician
 Radical Hospitals Limited

Revision Date : 24th July 2022

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RASEL		GIVEN NAME (S): MD ILIAS	
DATE OF BIRTH: DAY 10 MONTH 11 YEAR 1991		PLACE OF BIRTH CITY BOGURA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: VILL-PASCHIM SINGRA P.O-SANTAHAR, P.S-ADAMDIGHI DIST.-BOGURA BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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 APPLICABLE ☐

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) **12 JUL 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.

Rasel

MD ILIAS RASEL

12 JUL 2024

Signature of Applicant

Name of Applicant

Date

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

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR. MD. RAIHAN, MBBS (DU) DFM. CCD (BIRDEM) P.G.T. (OPHIH)	
ADDRESS: RADICAL HOSPITALS LTD, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.	
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)	
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014	
SIGNATURE OF PHYSICIAN <i>[Signature]</i>	STAMP OF PHYSICIAN: 
EXPIRY DATE OF CERTIFICATE: 11 JUL 2026	DATE: 12 JUL 2024

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 (Birm), PGT (Ophth)

BMDG A-55144, MMC-BSD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD ILIAS RASEL

RANK : APPRENTICE OFFICER

CDC NO : C/O/6853

DOB : 10-Nov-1991

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

- 1 Have you ever had coronary thrombosis or certain types of heart surgery?
- 2 Are you suffering from any heart-related complications?
- 3 Are you a diabetic?
- 4 If you are diabetic, do you need injections of insulin for diabetes?
- 5 Have you ever had a stroke, or unexplained loss of consciousness?
- 6 Have you ever been treated for a mental or nervous problem?
- 7 Are you an alcoholic, or have you had alcohol or drug addiction problems?
- 8 Do you have any hearing difficulties or are you using any hearing aid?
- 9 Have you ever suffered from any STD (Sexually Transmitted Disease)?
- 10 Are you aware of any other health condition that could affect your fitness for seafaring employment?

YES	NO
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel and will bear all the expenses as may incur as a direct result of such concealment.

Date : 12 JUL 2024

Signed :

Rasel

The Crew Member

* If yes, mention details below:-

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

5. FAMILY HISTORY: (家族歴)

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

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

Briefly enter any special comments to the Attending Physician in English.
(医師に伝える特別なコメントを、英語で簡潔に)

MEDICAL RECORDS
(Write in block letters)

Name of Company: _____ Nationality: BANGLADESH
(所属会社) (国籍)
Tel: _____ Fax: _____
Name: MD RAHMAN RAHAN Sex: M
(氏名) (性別)
given name (姓) family name (姓)
Name of Position: PROF
(職種)
Date of Birth: 10-11-91
(生年月日) (D-M-Y)

Height: 160 cm Weight: 60 kg
(身長) (体重)
Pulse: 70 min Normal breathing rate: 12 /min Normal temperature: 36.5 °C
(脈拍) (正常呼吸数/分) (正常体温)

Blood pressure: 100/70 mmHg Blood type: A+ Rh: + Single Married
(血圧) (血液型) (未婚/既婚)

Blood sugar: (血糖値) _____ mg/dl > 0.5625 = _____ mmol/l
Uric acid: (尿酸値) _____ mg/dl > 0.5914 = _____ mmol/l

Date: 12 JUL 2024 Signature (署名): Rael
(Card holder) (本人)

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CDD (Bircem), PGT (Opht)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited



秘

Medical information: (医療情報) * Please check the appropriate items.

該当する二つ以上を記入して下さい。

1. ALLERGIES: (アレルギー)
- Urushiol (hives) (じんましん)
- Other (その他)

- Drug allergies (name): (薬名)
- Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

(1) Past serious illness: 主な既往症 Age (年齢)

(2) Surgery: (手術)

When?

Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Year): (持續/有無)

Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一投薬品名)

12 JUL 2024

4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake: (飲酒)

- Do not drink (飲まない)
- Drink 2-3 times a week (週に2-3回)
- Heavy drinker (強い)
- Moderate drinker (中程度)
- Light drinker (弱い)

(2) Smoking: (喫煙)

- Never smoke (吸わない)
- Quit smoking in 19...年以降
- Smoke cigarettes a day (1日平均...本吸う)

(3) Bowel movements: (排便)

- Regular (規則的)
- Irregular (不規則)
- Constipated (便秘)

(4) Dietary preferences: (食の好み)

- Meat (肉類)
- Fish (魚類)
- Salty (塩辛)
- Sweet (甘い)
- Only (偏った)

(5) Exercise: (運動)

- Often (よくする)
- Sometimes (時々)
- Never (しない)

(6) Sleep: (睡眠)

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

(7) Weight: (体重)

- Constant (変わらない)
- Losing weight (減っていく)



DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Bridem), PGT (Optic)

BMDG A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited



ID NO : 24070325

Date : 12/07/2024

Patient's Name : MD.ILIAS RASEL

Age : 32Y 8M 2D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/6853

Sex : Male

Specimen : Blood

(Relevant estimations were carried out by KT-44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	15.3 g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	08 mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	10,200 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	59 %	(40 - 75)%	
Lymphocytes	32 %	(20-45)%	
Monocytes	05 %	(2-10)%	
Eosinophils	04 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	408 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	150,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	14.8 fL	7.0 -11.0 fL	
PDW-CV	18.5 %	10 - 18 %	
PCT	0.22 %	0.10 - 0.28	
P-LCR	55.5 %	9.00 - 45.00%	
P-LCC	83 x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	5.26 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	48.1 %	M: 40-54%, F: 37-47%	
MCV	91.4 fL	76-94 fL	
MCH	29.1 pg	27-32 pg	
MCHC	31.8 g/dL	29-34 g/dL	
RDW SD	54 fL	30.0-57.0 fL	
RDW-CV	17.9 %	10-16%	

Checked By: 
 Medical Technologist
 Radical Hospital Ltd.
 Uttara, Dhaka.

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

Bill No	DIA24070325	Received Date	12/07/2024
Patient's Name	MD ILIAS RASEL		
Patient's Age	32Y 8M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6853
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.53 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27.0 U/L	Up to 40 U/L
Serum AST (SGOT)	24.0U/L	Up to 37 U/L
HbA1C	5.1 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.


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

Bill No	DIA24070325	Received Date	12/07/2024
Patient's Name	MD ILIAS RASEL		
Patient's Age	32Y 8M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6853
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING RESULT

ABO Blood Group	"A" (+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.

Bill No	DIA24070325	Received Date	12/07/2024
Patient's Name	MD ILIAS RASEL		
Patient's Age	32Y 8M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6853
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	DIA24070325	Received Date	12/07/2024
Patient's Name	MD ILIAS RASEL		
Patient's Age	32Y 8M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6853
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.



REF: MV. ONE HOUSTON

DATE: 12/07/2024

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

EYE EXAMINATION REPORT

NAME: MD ILIAS RASEL

RANK: APP OFF

CDC NO: C/O/6853

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

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

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

ID:

Mr. Bill Rod
Male 52 years
mmHg

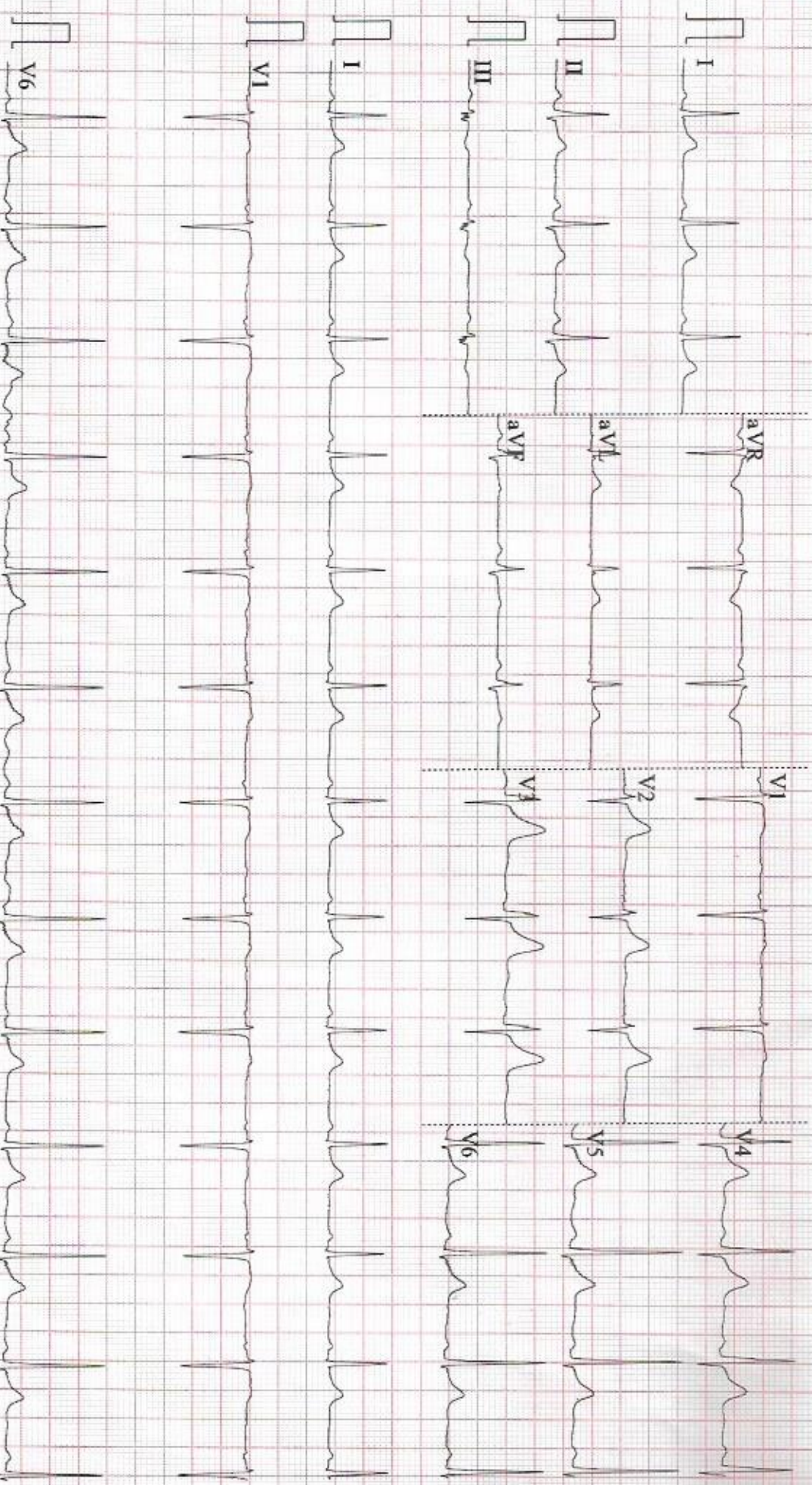
12-07-2024 22:09:42

HR : 75 bpm
P : 100 ms
PR : 144 ms
QRS : 84 ms
QT/QTc : 352/394 ms
P/QRS/T : 55/26/16 °
RV5/SVI : 1.896/1.151 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070325 Receive: 12/07/2024 Print: 12/07/2024
Patient's Name : MD ILIAS RASEL
Age : 32 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.

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Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations				
			X-ray	ECG	Urine	Blood	LFT
12 JUL 2024	Mr. Oric MCC-701	110/70 80	Normal	Normal	Normal	Normal	Normal

4

Completed by Company's M.O.

		Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign
Creatinine	USG				
				DR. M.B. MD. RAIHAN MBBS (D), DPM, CCD (Internal), PGD (Ortho) BMDG A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	

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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

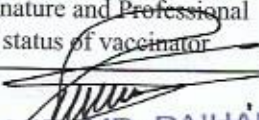
This is to certify that
whose signature follows

Rasel

Date of birth 10-11-1991 Sex Male

MD. ILIAS RASEL

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
12 JUL 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birm), PGT (Ophth) BMDA A 5144 MMC-RGD-016 CC, Uniting Bangladesh Approved General Physician Medical Hospitals Limited.	
2		

3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

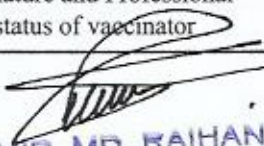
This is to certify that
whose signature follows

Date of birth 10-11-1997 Sex Male

Rasel

MD. ILIAS RASEL

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 12 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.		
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.