



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:
HS6758FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME HOSSAIN	FIRST NAME AND MD. IMRAN	MIDDLE NAME
PLACE AND DATE OF BIRTH MANIKGONJ 17-Mar-1991	PASSPORT NUMBER EG0322308	SEAMAN'S BOOK NUMBER C/O/6758
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL-FORDNAGAR, PO-JOYMANTOP, PS-SINGAIR, DIST-MANIKGANJ, BANGLADESH.		CONTACT NUMBER : 01961505284 (SELF)
		RANK : CHIEF 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.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 78 kg	Height (cm) 168	BM 27.6	Blood Pressure: Systolic 120 mm	Diastolic 80 mm	PULSE: 78 bpm																								
<table border="1"> <tr> <td colspan="2">Ear</td> <td colspan="2">Hearing by Audiometry</td> <td colspan="2">Audiometry</td> <td colspan="2">Hearing by Whisper Test</td> </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		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		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 ☒ YES / NO ☐ NO

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

Date of last colour vision test: Date (day/month/year) 01 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	<u>NAD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	<u>NAD</u>	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	URINE R/E	<u>NAD</u>	
DC (differential count)	<u>NAD</u>	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	<u>13.7</u>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<u>96</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<u>7200</u>	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	<u>O+ve</u>
RANDOM	<u>5.3</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	<u>NAD</u>
HBA1C	<u>5.0%</u>	Cocaine	☐ Positive ☒ Negative	Others (KUB Ultrasound)	<u>NAD</u>

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

 Signature of Seafarer	MD. IMRAN HOSSAIN Name of Seafarer	1-Jul-2024 Date
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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
☒	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: 01 JUL 2024	Valid Until: 30 JUN 2025
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Name and Signature of Authorized Physician

DR. MIR. MD. RAHMAN

In Accordance with Medical Examination of Seafarers (1978/1996 Code of Practice 78) and STCW 1978/1996 as Amended, MLC 2006

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician
Radical Hospitals Limited.

Revision Date : 24th July 2022



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. IMRAN HOSSAIN

RANK : CHIEF OFFICER

CDC NO : C/O/6758

DOB : 17-Mar-1991

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	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 *	☐	☒

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. I will bear all the expenses as may incur as a direct result of such concealment.

Date : 01 JUL 2024

Signed :


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



The Crew Member

* If yes, mention details below:-

Medical Information: (医療情報) * Please check the appropriate items.
該当する二項にノ印を記入して下さい。

1. ALLERGIES: (アレルギー)
☐ Urticaria (hives) (じんましん)
☐ Asthma (ぜんそく)
☐ Other (その他)
☐ Drug allergies (name): (薬品名)
☐ Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

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

Surgery: (手術)

When? (時期)

Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE),.....(Yes/No): (持続/有無)

Name of illness: (病名)

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

4. DAILY LIFE HABITS: (日常生活)

- (1) Alcohol intake: (飲酒)
☐ Do not drink (式まない)
☐ Drink 2-3 times a week (週に2〜3回)
☐ Drink every evening (常夜)
☐ 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____ (19____年に禁煙)
☐ Smoke _____ cigarettes a day (1日平均____本吸ふ)
- (3) Bowel movements: (排便)
☐ Regular (規則的)
☐ Irregular (不規則)
☐ Constipated (便秘)
- (4) Dietary preferences: (食嗜好)
☐ Meat (肉類)
☐ Fish (魚類)
☐ Only (偏り)
☐ Sweet (甘い)
☐ Meat (肉類)
☐ Fish (魚類)
☐ Only (偏り)
- (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 (眠らない)
☐ 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)
☐ Putting on weight (増えてきた)
☐ Losing weight (減ってきた)



DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CDD (Blink), PGT (Ophth)
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01 JUL 2024

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)
☐ Cancer / part (癌 / 部位)
☐ Diabetes (糖尿病)
☐ Hypertension (高血圧症)
☐ Cerebral Apoplexy (脳卒中)
☐ Liver disease (肝臓疾患)
☐ Other: Name of disease (病名):

F M
F M
F M
F M
F M
F M
F M

B B
B B
B B
B B
B B
B B
B B

S S
S S
S S
S S
S S
S S
S S

Briefly enter any special comments to the Attending Physician in English.

(受診医師へ特に伝えたいこと、英語で簡潔に)

MEDICAL RECORDS
(Write in block letters)

Name of Company: Tel: Fax: Nationality: Bengali (国籍)
Name: DDP MURRAY HOSEMAN Sex (性別): M (男/女)
given name (名): family name (姓):
Name of Position: Date of Birth: 170391 (生年月日) (D-M-Y)

Height (身長): 168 cm Weight (体重): 78 kg at age 20 (20才時) kg
Pulse (脈拍 / 分): 78 min Normal breathing rate (正常呼吸数 / 分): 18 ml/min Normal temperature (平熱): °C

Blood pressure (血圧): 120/80 mmHg Blood type (血液型): O Rh () Single Married (独身/既婚)

Blood sugar (血糖値): mg/dl $\times 0.05625 =$ mmol/l
Uric acid (尿酸値): mg/dl $\times 0.05914 =$ mmol/l

Date: 01 JUL 2024 Signature (署名): (Card holder) (本人)



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Biden), PGD (Ophth)
BMDCA-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO : 24070015

Date : 01/07/2024

Patient's Name : MD IMRAN HOSSAIN

Age : 33Y3M14D

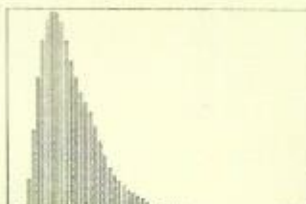
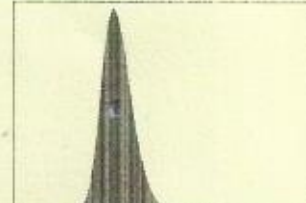
Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/6758

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)	13.1	g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	06	mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	7,500	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	51	%	(40 - 75)%	
Lymphocytes	37	%	(20-45)%	
Monocytes	07	%	(2-10)%	
Eosinophils	05	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	375	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	217,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	13.9	fL	7.0 -11.0 fL	
PDW-CV	17.3	%	10 - 18 %	
PCT	0.3	%	0.10 - 0.28	
P-LCR	49.8	%	9.00 - 45.00%	
P-LCC	108	x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	4.61	m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	41.5	%	M: 40-54%, F: 37-47%	
MCV	90	fL	76-94 fL	
MCH	28.3	pg	27-32 pg	
MCHC	31.5	g/dL	29-34 g/dL	
RDW SD	52	fL	30.0-57.0 fL	
RDW CV	17.6	%	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	DIA24070015	Received Date	01/07/2024
Patient's Name	MD IMRAN HOSSAIN		
Patient's Age	33Y 3M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6758
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	27.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	30.0 U/L	Up to 40 U/L
HbA1C	5.0 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

Medical Technologist,
Radical Hospital Ltd.


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

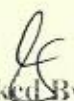
Bill No	DIA24070015	Received Date	01/07/2024
Patient's Name	MD IMRAN HOSSAIN		
Patient's Age	33Y 3M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6758
Sample	BLOOD		

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	"O" (+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	DIA24070015	Received Date	01/07/2024
Patient's Name	MD IMRAN HOSSAIN		
Patient's Age	33Y 3M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6758
Sample	URINE		

DRUG ABUSE TEST

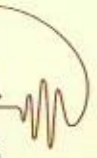
METHOD: Immunochromato graphic Assay (Rapid one Step Test)

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.



Bill No	DIA24070015	Received Date	01/07/2024
Patient's Name	MD IMRAN HOSSAIN		
Patient's Age	33Y 3M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6758
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	NIL
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-2/HPF

MICROSCOPIC EXAMINATION

CHEMICAL EXAMINATION

CASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	Nil	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUEST

CRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Cal. Oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Tripple Phos	Nil

Checked By

 Medical Technologist.
 Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Assistant Professor

Dept. of Microbiology

East West Medical College and Hospital.

REF: MV. ONE MEISHAN

DATE: 01/07/2024

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

EYE EXAMINATION REPORT

NAME: MD IMRAN HOSSAIN

RANK: CH.OFF

CDC NO: C/O/6758

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:

01-07-2024 15:16:10

Male 53 Years

mmHg

Diagnosis Information:

Sinus rhythm

rSr(V1) - probable normal variant

Normal ECG

HR : 68 bpm

P : 98 ms

PR : 148 ms

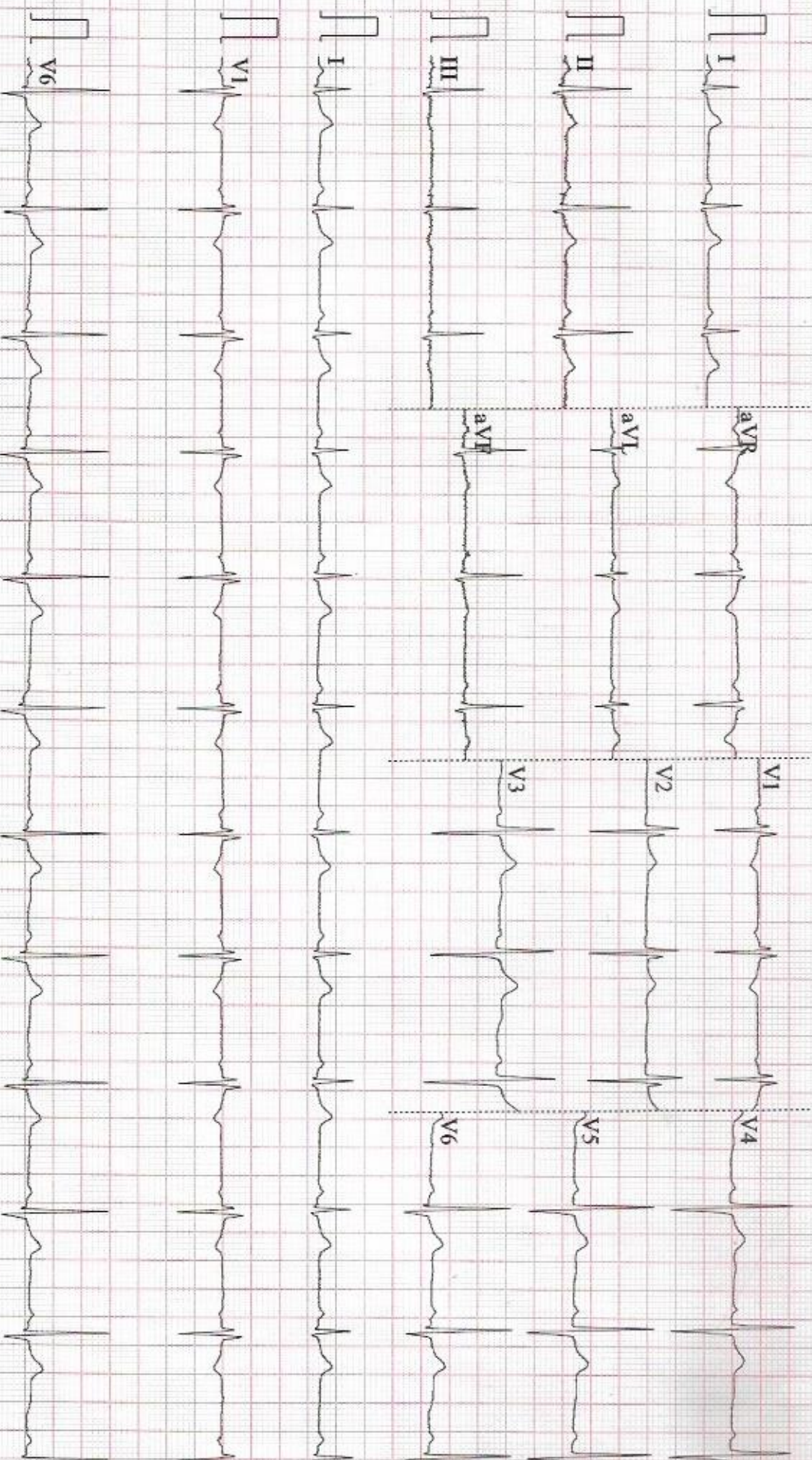
QRS : 90 ms

QT/QTc : 372/396 ms

P/QRS/T : 36/68/21 °

RV5/SV1 : 1.41/0.764 mV

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♡68

SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070015 Receive: 01/07/2024 Print: 01/07/2024
Patient's Name : MD IMRAN HOSSAIN
Age : 33 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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
01 JUL 2024	Mr. OYE RAHAN	120/80 90	23 Dec	23 Dec	23 Dec	23 Dec	23 Dec

8

Completed by Company's M.O.

Creatinine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
				DR. MIRWAJID RAIHAN MBBS (D), DPM, CCD (Bkchem), PGD (Optn) BMDCC A-55144, MNC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	

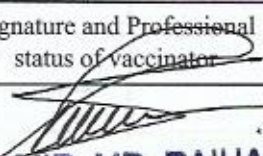
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

MD. IMRAN HOSSAIN AGAINST YELLOW-FEVER

This is to certify that } Date of birth 17-MAR-1991 Sex MALE
whose signature follows }

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
14 DEC 2022	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birm), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.		
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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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION MD-IMRAN HOSSAIN AGAINST CHOLERA

This is to certify that

whose signature follows

Date of birth 17-MAR-1991 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
14 DEC 2022	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	
27 AUG 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	
01 JUL 2024	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	
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