

### 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 BMDC
Accreditation No.A-55144

PATIENT CONTROL NUMBER H412

### MEDICAL EXAMINATION CERTIFICATE

RMANENT HOME ADDRESS:  I SHARODA GOSH ROAD, NAWMOHAL, MYMENSINGH, BANGLADESH.  RANK: CHIEF OFFICE  RANK: C	AMENSHINGH   20-Jun-1985   EG0563306   C/075130   C/0	RNAM	AMIN	FIRST NA	MD SA	DRU	L		MIDDLE NAME			
Mail	TONALITY: BANGLADESH  SEX:	ACE AN	ND DATE OF BIRTH	PASSPOR					SEAMAN'S BOO	K NUMBE	R	
RMANENT HOME ADDRESS:  I SHARODA GOSH ROAD, NAWMOHAL, MYMENSINGH, BANGLADESH.  Condition  YES NO  Condition  YES NO  Condition  YES NO  Eye/vision problem  Steep problems  Heart/vascular disease  Heart surgery  Heart surgery  Varicose veins  Diabetes  Diabetes  Diabetes  Diabetes  Diabetes  Diabetes  Diabetes  Attempted suicide  Digestive disorder  Midrop problem  Digestive disorder  Allergies  Allergies  Allergies  Allergies  Allergies  Allergies  Allergies  Allergies  Allergies  Additional questions  Additional questions  Are you aver been hospitalisaised?  Are you allergiet to any medications?  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  CHIEF OFFICEI  RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  CHIEF OFFICEI  ANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  CHIEF OFFICEI  RANK: CHIEF OFFICEI  CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  CONTACT NUMBER: 01761-999855 (St. RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI  RANK: CHIEF OFFICEI	RMANENT HOME ADDRESS: SHARODA GOSH ROAD, NAWMOHAL, MYMENSINGH, BANGLADESH.  CHIEF OFFICER  RANK: CHIEF OFFICER  RANK: CHIEF OFFICER  CHIEF OFFICER  CHIEF OFFICER  CHIEF OFFICER  RANK: CHIEF OFFICER  CHIEF OFFICER  CHIEF OFFICER  RANK: CHIEF OFFICER  CHIEF OFFIC		ARTHUR DESTRUCTION OF THE PROPERTY OF THE PROP		20000000		The second secon					
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Have you ever had any of the following conditions?    Condition	Have you ever had any of the following conditions?   Condition   YES NO   Condition   YES NO   Eye/vision problem	RMANE	ENT HOME ADDRESS:					CONTA	CT NUMBER :	0176	1-9098	55 (Self)
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4 Heart surgery	Heart surgery  Varicose veins  Varicose veins  Asthmal/bronchitis  Asthmal/bronchitis  Blood disorder  Blood disorder  Blood disorder  Thyroid problem  Blood disorder  Allergies  Allergies  Allergies  Allergies  Allergies  Allergies  Bear of Genital disorders  Bry and a sick or repatriated from a ship?  Have you ever been hospitalised?  Have you ever been hospitalised?  Are you aware that you have any medical problems, diseases or illnesses?  FIT FOR DUTY ON BOARD SHIP				7.77							10000000
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14 Infectious/contagious diseases	14 Infectious/contagious diseases								C0000V			17
15 Hemia	15 Hernia				3742077			10 10 10 LONG 15 V				
16 Genital disorders	16 Genital disorders				0.000				У			
17 Pregnancy	If any of the above questions were answered 'yes', please give details.  Additional questions  Test No				227/8						200	
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?	Additional questions  The second of the above questions were answered "yes", please give details.  Additional questions  The second of the above questions were answered "yes", please give details.  The second of the above questions were answered "yes", please give details.  The second of the above questions were answered "yes", please give details.  The second of the above questions were answered "yes", please give details.  The second of the above questions were answered "yes", please give details.  The second of the above questions were answered "yes", please give details.  The second of the above questions were answered "yes", please give details.  The second of the above questions were answered "yes", please give details.  The second of the above questions were answered "yes", please give details.  The second of the above questions were answered "yes", please give details.  The second of the above questions were answered "yes", please give details.  The second of the above questions were answered "yes", please give details.  The second of the sec								J. 222			/
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Distant	Gib	be				Right	ève		
Near		-				Left		-	-
Visual acuity mee	its the standar	rd laid do	own in STCV	V Code S	Section A-1	1/9 LYES			
Colour vision as p	per STCW CC	DE Sec	tion A-I/9:	-47	Normal	LI Doub	tful 🗆 [	Defective	
Date of last colou	r vision test: [	Date (da <sub>)</sub>	y/month/year	,18 JJ	JL 2024	-11			
A THE STATE OF	N. C. C.								
Head			Normal	Abnorm		400.000		Nor	-
Sinuses, nose, the	roat		w			nicose veins			
Mouth/teeth			137		Δh	scular (inc. peda domen and visce	I puises)	L	[ 0
Ears (general)			14	11		mia	era .		
Tympanic membra	ane		1	O	1000	us (not rectal exa	lm)		
Eyes						U system	,		
Opthalmoscopy			4			per and lower ex	tremities		
Pupils			<b>Ø</b>	E1	Sp	ine (C/S, T/S and	IL/S)		
Eye movement			O,		Ne	urologic (full brie	f)		
Lungs and chest	200		M	D	Ps	ychiatric			
Breast examination Heart	in.		MA	- 13		neral appearanc	9	Ę	
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Chest X-Ray		mal		MICAL	INCO CU	HOTION TEOR			
ECG		mal	BILIRUBIN	MICAL (I	LIVERTU	NCTION TEST)	Marijuana		Negative
BLC	OD R/E	mac	SGPT	-	25.0		Alcohol Test	☐ Positiv	Negative
DC(differential cou		mel	SGOT	-	22.0		URINE R/E		LA
HAEMOGLOBIN (		ines	COLON MARKET	SLIG AND	ALCOHO		LIDAA	OTHERS	
ESR (WESTERGE			Morphine			Negative	HBsAg HIV / AIDS Test		Nonreactiv
WBC		900	Amphetamir			Negative Negative	VDRL VDRL		Nonreactiv
BLOOD GL	UCOSE LEVE	EL.	Phencyclidir			Negative	Blood Type		Nonreactive
RANDOM			Barbiturates		THE RESERVE AND ADDRESS OF THE PARTY OF THE	Megative	Psychological Exar		met
HBA1C	9.	8%.	Cocaine			Negative	Others(KUB Ultras		6 Bonal
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the basis of the exa		onal dec			xaminatio				declare the
the basis of the exa		onal dec	claration, my		xaminatio	and the diagno	stic test results recor		declare the
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### MARITIME AND PORT AUTHORITY OF SINGAPORE

### SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, mid		e III II a Tita	Gender:
	AMIN MD. SADRUL		Måle/Female*
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:	
20-Jun-1985	BANGLADESHI	MY	MENSHINGH

Declaration of the recognized medical practitioner:

40.00		Yes	No
1	Identification documents were checked at the point of examination?	/	
2	Hearing meets the standards in STCW Code Section A-I/9?	/	
3	Unaided hearing satisfactory?	V	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	1	1
5	Colour vision meets the standards in STCW Code Section A-I/9?	-	-
	Date of last colour vision test: 18 JUL 2024	-	
6	Fit for look-out duty?	1	
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	/	7
8	No limitations or restrictions on fitness?	-	-
	If "no" specify limitations or restrictions		
		é	
9	Date of examination: (day/month/year) 18 JUL 2024		
10	Expiry of certificate: (day/month/year)  ** Maximum two years from date of examination unless the seafarer is under the age of 18		

18 JUL 2024

Date

Signature of Authorised Medical Practitioner

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

Medical Practitioner's Official stamp (name, licence number, address etc)

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

Signature of Seafarer

delete as appropriate





## MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

### RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS)	AMIN MD. SADRUL			Gender: Male/Female*
Date of Birth: day/month/year 20-Jun-1985	Place of Birth: MYMENSHINGH	Nationa		GLADESHI
Type of ID documents: NRIC No. / Passport No.: EG0563306	Dept: Deck / Engine / Catering / o Rank: CHIEF OFFICER	thers	Type of	
Home Address: 95/1 SHARODA GOSH ROAD, NAWMOHAL, MYMENSINGH, BANGLADESH.	Routine and emergency duties: BOTH		Trading / world v	area: e.g coastal vide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	es.	No		Yes No	)
Eye/vision problem		1	18. Sleep problem		/
High blood pressure		-	19. Do you smoke, use alcohol or drugs?		7.
<ol><li>Heart/vascular disease</li></ol>		-	20. Operation/surgery		
Heart Surgery		-	21. Epilesy/seizures		-
5. Varicose veins/piles		-	22. Dizziness/fainting		
6. Asthma/bronchitis		-	23. Loss of consciousness		
7. Blood disorder		-	24. Psychiatric problems		100
8. Diabetes		-	25. Depression		7
Thyroid problem		_	26. Attempted suicide		3
10. Digestive disorder			27. Loss of memory	6	-
11. Kidney problem		2	28. Balance problem		+
12. Skin Problem			29. Severe headaches		
13. Allergies		_	30. Ear(hearing, tinnitus/nose/throat problem		Ī
14. Infectious / contagious diseases		U	31. Restricted mobility		
15. Hernia			32. Back or joint problem		77
16. Genital disorder			33. Amputation		-
17. Pregnancy	N	A	34. Fracture/dislocations		

If you answer	"yes"	to any	of the	above	questions,	please	provide	details:
---------------	-------	--------	--------	-------	------------	--------	---------	----------

Additional questions	Yes No
35. Have you ever been signed off as sick or repatriated from a ship?	
36. Have you ever been hospitalized?	

37. Have you ever been declared unfit for sea duty?		-
38. Has your medical certificate even been restricted or revoked?		V
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 medication?		-
42. Are you using any non-prescription or prescription medication?		

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

18 JUL 2024

Date

Signature of Seafarer

DR. MTR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

Radical Hospitals Limited.

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr.

1 R JUL 2024

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved and Sagleat Presiden Witness

Name and Radical Hospitals Limited

an B – Res					
y <mark>esight</mark> se of glasses	or contact ler	ises			
No					
Yes T	уре		Purpose	*********	
sual Acuity					
	Unaided			Aided	
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Distant	616	bello	Distant		
Near	NS	15	Near		
sual fields					
	Norma	al	Defective		
Right eye					
Left eye	/				
Not tes		Normal	Doubtful	De	fective
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earing Pu	re tone and a	udiometry (th	reshold values 2,000 Hz		fective
Not test earing Put Right ear	re tone and a	udiometry (th	reshold values	iņ dB)	fective
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Ears (general)					
Tympanic membrane					
Eyes	~				
Ophthalmoscopy	~				
Pupils	~				
Eye movement					
Lungs and chest					
Breast examination	NIA				
Heart	11/10				
Skin					
Varicose Vein					
Vascular (inc. pedal pul	se)				
Abdomen and viscera					- 4
Hernia	<u> </u>				
Anus (not rectal exam)	5				
G-U system					
Upper and lower extren	nities 5				
Spine (C/s, T/S, L/S)					
Neurologic (full/brief)					
Psychiatric	_				
General appearance					
hest X-ray  Not performed		d on (day/month		rry	
Not performed  other diagnostic test(s)	Results:		cher	rry	
other diagnostic test(s)	Results: ) and result(s):	Normal Results: 170	cher	s for any limitation	ns.
Not performed  Other diagnostic test(s) est Blood + C	Results: ) and result(s):  comments and assessr  for service at sea (plearer's personal declara	Results: // Result	with reasons		
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Without restrictions	With restrictions	
escription of restrictions (	(e.g. specific position, type of ship, trading area etc.)	

\*\*\*\*\*\*\*\*\*

18 JUL 2024

Date

Signature of Medical Practitioner 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

Medical Practitioner's name, licence number, address





ID NO : 24070477

Patient's Name: MD.SADRUL AMIN

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/5130

Specimen : Blood

Date : 18/07/2024

Age : 39Y3M12D

Sex : Male

# (Relevent estimations were carried out by KT-44 Haematology Analyzer with checked manually ) HAEMATOLOGY REPORT

Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	14 06	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	8,900	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils Lymphocytes	57 33	%	(40 - 75)% (20-45)%	WBC CURVE
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	- At
Basophil	00	%	0-1 %	I A
TOTAL CIR. EOSIONOPHIL COUNT	356	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	245,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	9.8	fL	7.0 -11.0 fL	
PDW-CV	16	%	10 - 18 %	PLT CURVE
PCT	0.24	%	0.10 - 0.28	. I. COMIL
P-LCR	26	%	9.00 - 45.00%	A
P-LCC	64	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	5.71	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	46.1	%	M: 40-54%, F: 37-47%	
MCV	80.6	fL	76-94 fL	
MCH	24.5	pg	27-32 pg	RBC CURVE
MCHC	30.4	g/dL	29-34 g/dL	KDC CURVE
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	17.9	%	10-16%	

Checked By....... Medical Technologist. Redical Hospital Ltd. Uttara, Dhaka. Dr. S.M.Shariar Rizvi MBBS,MD(BSMMU) Consultant Dept.Of Microbiology Redical Hospital Ltd.



Bill No	DIA24070477	Received	Data	16/07/	2024
Patient's Name	MD. SADRUL AMIN	Received Da		Date 16/07/2024	
Patient's Age	39Y 3M 12D	F	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT			DC NO	
Sample	BLOOD	(Lyc),Di W		DC NO	C/O/5130

## BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Creatinine Uric Acid	0.95 mg/dl 4.0 mg/dl	0.3 - 1.3 mg/dl 3.8 - 8.0 mg/dl
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
Serum AST (SGOT)	22.0U/L	Up to 37 U/L
HbA1C	4.8 %	4.2 - 6.7 %
Lipid profile		
Serum Cholesterol Serum HDL- Cholesterol Serum Triglyceride Serum LDL- Cholesterol	155 mg/dl 38 mg/dl 130 mg/dl 91 mg/dl	up to 200 mg/dl >35 mg/dl upto 220 mg/dl <130 mg/dl

### 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.



Test Name

Bill No	DIA24070477	Received	Date	16/07/2	2024
Patient's Name	MD. SADRUL AMIN			1 13131	
Patient's Age	39Y 3M 12D	F	Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(	(Eye),DFM	С	DC NO	C/O/5130
Sample	BLOOD		*		

### SEROLOGICAL REPORT

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

Result

TPHA	1 100	Negative	
MALARIA			

OOD GROUPING RESULT	A 1	
ABO Blood Group	"O" (+ve)	
Rh(D)Factor	Positive	-

Checked By

Medical Technologist. Radical Hospital Ltd.



Bill No	DIA24070477	Received D	ate 16/07/2	2024
Patient's Name	ID. SADRUL AMIN			
Patient's Age	39Y 3M 12D	ient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFM	CDC NO	C/O/5130
Sample	BLOOD	200000000000000000000000000000000000000		

#### URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-2/HPF

### CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
	LAMIL	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	é
B.J. Protein	Not Done	Hippurate crystal	Nil	

CheckerBy

Medical Technologist. Radical Hospital Ltd.



Test Name

Bill No	DIA24070477	Received Da	ate 16/07/2	2024	
Patient's Name	MD. SADRUL AMIN	DRUL AMIN			
Patient's Age	39Y 3M 12D	BM 12D Patient's			
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFM	CDC NO	C/O/5130	
Sample	BLOOD				

### SEROLOGICAL REPORT

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

Result

VDRL Non-reactive

TPHA Negative

MALARIA Negative

BLOOD GROUPING RESULT	A 1	
ABO Blood Group	"O" (+ve)	
Rh(D)Factor	Positive	

Checked By

Medical Technologist. Radical Hospital Ltd.



Bill No	DIA24070477	Received Dat	e 16/07/	2024
Patient's Name	MD. SADRUL AMIN			
Patient's Age	39Y 3M 12D	Patie	nt's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFM	CDC NO	C/O/5130
Sample	STOOL			

STOOL ANALYSIS

Physical Examination:

Color : Brown

Consistency : Soft

Worm : Nil

Mucus : NIL

Blood : Nil

Chemical Examination:

Reaction : Acid

Occult Blood Test (OBT) : Not done

Reducing Substance (RS) : Not done

Microscopic Examination:

Ova : Not found Mucus flakes : Nil

Cyst : Not found Cyst of Giardia : Not found

Protozoa (Trophozoite) : Not found Macrophage : Not found

Larva : Not found Fat Globules : Nil

Epithelial Cell : Nil Vegetable Cell : (+)

Pus Cell : Nil Starch : Nil

RBC : Nil Muscle fibre : Nil

Checked

Medical Technologist, Radical Hospitals Ltd. Uttara, Dhaka. Dr. Sumaiya Khatun MBBS, MD (Microbiology)

Assistant Professor Dept. of Microbiology

East West Medical College and Hospital



Nature of Specimen	:				1 - 1
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU), DFM			
Sex	:	Male			
Age	:	39 Yrs	Date	:	18/07/2024
Patient's Name	:	MD SADRUL AMIN	ID NO	1	24070477

### PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6 FEV = 5 FEV/FVC = 80%

Comments: Normal Lung Function

Dr. Mir Md. Raihan

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



Patient's Name		MD SADRUL AMIN		
Age		39 Yrs	Date	: 18/07/2024
Sex	3.70	Male	CDC NO:C/O	
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DI	U), <b>DFM</b>	

## Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor /Good /very good /excellent
Verbal Reasoning test	Poor /Good /yery good /excellent
Inductive reasoning test	Poor /Good /very good /excellent
Diagrammatic Reasoning test	Poor /Goød /very good /excellent
Logical Reasoning test.	Poor /Good /very good /excellent
Error checking test	Poor /Good /very good /excellent
2.Skill Test	Poor /Goød /very good /excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFF
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor /Good /very good /excellent
Assumptions	Poor /Good /very good /excellent
Deductions	Poor /Goød /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



			ID NO	1:	24070477
Patient's Name	:	MD SADRUL AMIN	Date	:	18/07/2024
	1:	39 Yrs			
Age Sex	:	Male Dr. Mir Md. Raihan MBBS,(DU),	CCD (BIRDEM).PGT	(Ey	e),DFM
Referred by	:		Donorts		

# **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 Hygine : Normal

Comments: Normal

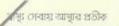
Dr. Mir Md. Raihan

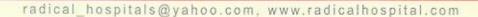
MBBS (DU), DFM, CCD (Birdem), PGT(opth) Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited







Patient ID	24070477	Voucher No	The state of the s		
Test Name	USG OF KUB	Delivery Date	18/07/2024		
Patient Name	MD. SADRUL AMIN				
Age	39 Yrs	Sex	Male		
Refd. By	Dr. Mir Md. Raihan MBBS,(DU	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

### THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 10.5 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 11.0 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated. .

URETER: There is no dilatation in both ureter.

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

No intravesicle lesion is seen

PROSTATE: Is normal in size, volume is-12.7 cc regular in shape.

Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Suggestive of - Normal study.

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

Advanced Training on TVS Consultant Sonologist





## DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

24070477

Receive: 18/07/2024

Print: 18/07/2024

Patient's Name

MD SADRUL AMIN

Age

**39 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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

### AUDIOLOGICAL REPORT

Patient Name : MD SADRUL AMIN

Age

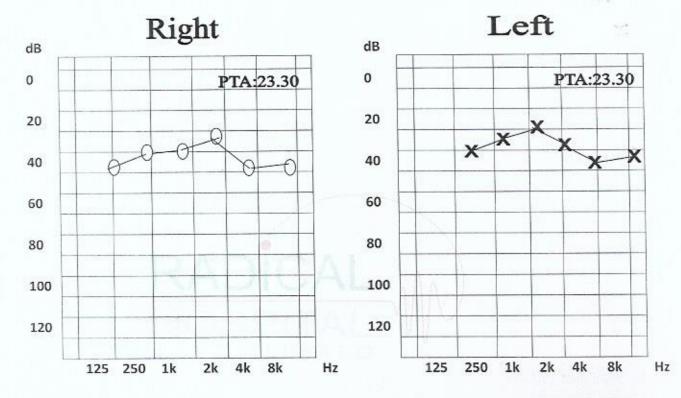
: 39 Yrs

Address

: RHL, UTTARA

Referred By

: Dr. Mir Md. Raihan , MBBS,(DU), DFM



0-25= Normal Hearing.

26-40= Mild Hearing Loss.

41-55= Moderate Hearing Loss.

56-70= Moderately Severe Hearing Loss.

71-90= Severe Hearing Loss.

91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking O	X	
Bone Unmasking		
	Right Ear	Left Ear
Air MaskingOX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.



REF: MV. GINGA MERLIN

DATE: 18/07/2024

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

### EYE EXAMINATION REPORT

NAME: MD SADRUL AMIN

RANK: CHIEF OFF CDC NO: C/O/5130

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED

COLOUR VISION: NORMAL/BLIND

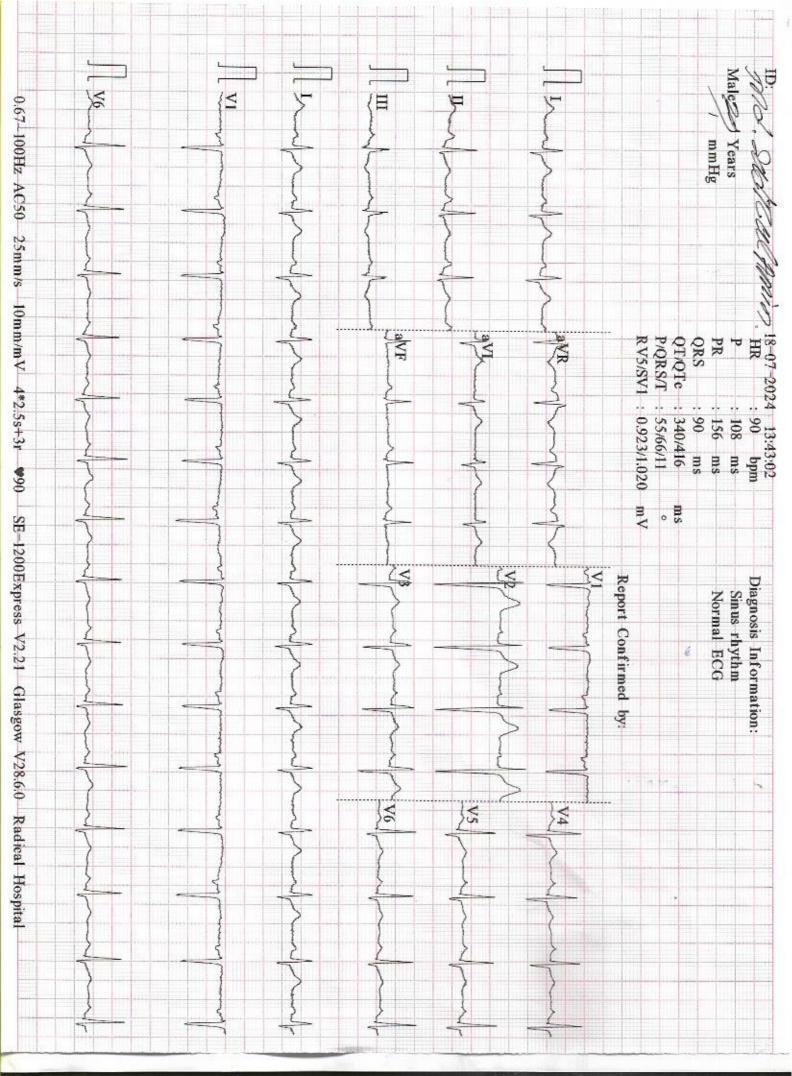
OPINION: UNFIT/FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



## TREADMILLSTRESS TEST

Patient ID	24070477	Test Date			
Patient Name	MD SADRUL AMIN	Age			Male
Attending Dr.	Dr. ROSEYAT PERVEEN	1,180	33 113	Jex	iviale

Total Exercise Time : 08:6 Min

Max.HR attained

: 168 bpm.

% of max.pred. hR

: 98 %

Max. Pred HR

: 169 bpm.

Maximum BP

: 150/90 mmHg.

Max. work load attained

:13.00METS.

Indication

: Screening for IHD.

Risk Factors

Reason for Termina

: Attainment of THR.

Test Profile

: BRUCE

Symptoms

Summary Result ⇒

NEGATIVE

Comments

- MD SADRUL AMIN performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion

: Stress test is NEGATIVE for ECG evidence of promotable myocardial ischemia.

Dr. ROSEYAT PER MBBS, MD (Cardiology), NICVD, Dhaka Consultant, IBN SINA D-Lab, Uttara, Dhaka

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

Date	Signature and Professional status of vaccinator	Approved	d Stamp
JAN 2014	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.	* O - 55°	Tetanus Vaccine "Tetavax Dose Complete
18 311	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A 55144 MMC-BGD-016 DG Shipping Bangladesh Approve General Physician Pedical Maspitals Limited.	11 35 Shab Maknoum	tanus Vaccine "Tetavax" se Completed
3		3	4
4			of distributions
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

Date of birth 20-JUN-1985 Sex MALE This is to certify that whose signature follows MD SAPRUL AMIN has on the date indicated been vaccinated or revaccinated against yellow-fever Signature and Professional Official stamp of Date Origin and batch status of vaccinator no, of vaccine vaccination centre 6 JAY 201 DR. MIR. MD MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Avenue Uttera, Dhak Radical Hospitals Limited. 2 3 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.

A SALE OF THE PARTY.

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

### ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC

Seafarer's Signature



SL NO. 0 4 . 2 0 2 4 . 7 0 1 8

DG Shipping Bangladesh Approved General Physician Name & Segical Hospitals Limited

### SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:	
Name: Last AMIN First MD SADRUL	Middle
Gender: (Male/Female). MALE Nationality: BANGLADESHI	Date: 18 JUL 2024
Occupation: Deck/Engine/Catering/Other (specify)DECK	
Father's/ Husbad'sname: MD QUHUL AMIN	
Mother's Name: FARKUN NAHAR	07 1010
Address: House No: 95/1 Street/ Road No: SHARODA GI	
Locality/Village: NOWMOHAL ROAD	NID No. 8202796796
PO: SADAR, MYMENSINGH	Date of Birth: 20:06-1985
PS: KOTOWALI , MYMENSINGH	(DD/MM/YYYY)
District: MYMENSINGH	(DD/MINUTTIT)
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of t	he People's Republic of Bangladesh and confirm
the followings:	ne i copie s republic oi bungiaucsii and commi
Confirmation that identification documents were checked at the point	t of examination :YES/NO
2. Hearing meets the standards in section A-I/9	VYES/NO
3. Unaided hearing satisfactory?	*YES/NO
4. Visual acuity meets standards in section A-I/9?	-YES/NO
5. Colour vision meets standards in section A-I/9?	ES/NO
Date of last colour vision test	18 JUL 2024
6. Fit for lookout duties?	€XES/NO
7. Is the seafarer free from any medical condition likely to be aggravate	ed by service at sea or to
render the seafarer unfit for service or to render the health of any other	
8. Any limitations or restrictions on fitness?	:YES/NØ
If YES, specify limitations or restrictions:	
Duties: Location/Vessel: Medical/Other:  RABICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladach	
9. Medical fitness category : Fit-No restriction Fit-Sub	bject to restrictions Unfit
10. Date of examination/Issue (DD/MM/YYYY). 18 JUL 2024	
	an 2 years from the date of examination".
I have read the contents of the certificate and have been informed of the right to review.	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 BMDC A-55144, MMC-BGD-016

#### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. 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/WHO/D.211997). 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 seafarers 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 whis pered 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 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (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 6/9 [20/30] (0.67) vision in
  one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without
  glasses of at least 6/60 [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 useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table 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/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

#### IMPORTANT NOTE:

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 fight of a copy to his/her 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 in Appendix1):

1. Complete physical Examination.

18 JUL 2024

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E

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



Bill ID	DIA24070477	Received Date	18/07/2024
Patient Name	MD. SADRUL AMIN		
Patient Age	39Y 03M 12D	Sex	Male
Ref. By	DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/5130		
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	

Medical Technologist. Radical Hospital Ltd.