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
H1573

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
ALI	MD. YUSUF	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
RANGPUR 10-Nov-1995	A00033709	C/O/9239
NATIONALITY : BANGLADESHI	SEX : ☑ Male ☐ Female	VESSEL TYPE : CONTAINER / TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS :	CONTACT NUMBER :	+8801679291681 (SELF)
VILL-SHATGARA, PO-SHAHER, PS-KOTWALI, DIST-RANGPUR, BANGLADESH.	RANK :	3RD ASST ENGINEER

Have you ever had any of the following conditions?

	Condition	YES	NO		Condition	YES	NO
1	Eye/vision problem	☐	☑	18	Sleep problems	☐	☑
2	High blood pressure	☐	☑	19	Do you smoke?	☐	☑
3	Heart/vascular disease	☐	☑	20	Operation/surgery	☐	☑
4	Heart surgery	☐	☑	21	Epilepsy/seizures	☐	☑
5	Varicose veins	☐	☑	22	Dizziness/fainting	☐	☑
6	Asthma/bronchitis	☐	☑	23	Loss of consciousness	☐	☑
7	Blood disorder	☐	☑	24	Psychiatric problems	☐	☑
8	Diabetes	☐	☑	25	Depression	☐	☑
9	Thyroid problem	☐	☑	26	Attempted suicide	☐	☑
10	Digestive disorder	☐	☑	27	Loss of memory	☐	☑
11	Kidney problem	☐	☑	28	Balance problem	☐	☑
12	Skin problem	☐	☑	29	Severe headaches	☐	☑
13	Allergies	☐	☑	30	Ear/nose/throat problems	☐	☑
14	Infectious/contagious diseases	☐	☑	31	Restricted mobility	☐	☑
15	Hernia	☐	☑	32	Back problems	☐	☑
16	Genital disorders	☐	☑	33	Amputation	☐	☑
17	Pregnancy	☐	N/A	34	Fractures/dislocations	☐	☑

If any of the above questions were answered "yes", please give details.

Additional questions

		YES	NO
35	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36	Have you ever been hospitalised?	☐	☑
37	Have you ever been declared unfit for sea duty?	☐	☑
38	Has your medical certificate ever been restricted or revoked?	☐	☑
39	Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☑	☐
41	Are you allergic to any medications?	☐	☑

Comments: FIT FOR DUTY ON BOARD SHIP

42	Are you taking any non-prescription or prescription medications?	☐	☑

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

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

Yusuf

Signature of Seafarer

MEDICAL EXAMINATION

Weight 70kg Height (cm) 170 BMI 24.2 Blood Pressure: Systolic 110 mm Hg Diastolic 80 mm Hg PULSE: 78 /m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☑ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ✓ YES / NO

Colour vision as per STCW CODE Section A-I/9. ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 11 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	☑	☐
Opthalmoscopy	☑	☐	Upper and lower extremities	☑	☐
Pupils	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Eye movement	☑	☐	Neurologic (full brief)	☑	☐
Lungs and chest	☑	☐	Psychiatric	☑	☐
Breast examination	N/A	☐	General appearance	☑	☐
Heart	☑	☐	Skin	☑	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☑ Negative
ECG	NAD	BILIRUBIN	0.67	Alcohol Test	☐ Positive ☑ Negative
BLOOD R/E		SGPT	27	URINE R/E	NAD
DC(differential count)	NAD	SGOT	32	OTHERS	
HAEMOGLOBIN (HGB)	14	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☑ Nonreactive
ESR (WESTERGREN)	10	Morphine	☐ Positive ☑ Negative	HIV / AIDS Test	☐ Reactive ☑ Nonreactive
WBC	7500	Amphetamine	☐ Positive ☑ Negative	VDRL	☐ Reactive ☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☑ Negative	Blood Type	A(+ve)
RANDOM	5.5	Barbiturates	☐ Positive ☑ Negative	Psychological Exam	NAD
HBA1C	5.2%	Cocaine	☐ Positive ☑ Negative	Others(KUB Ultrasound)	NAD

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

Yusuf	MD. YUSUF ALI	11-Jul-2024
Signature of Seafarer	Name of Seafarer	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:

☑ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit ✓	☐	☑	☐	☐
Unfit	☐	☐	☐	☐

☑ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	No
☑	☐

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date: 11 JUL 2024 Valid Until : 10 JUL 2026

DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMD/DG/0461
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Name and Signature of Authorized Physician

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **ALI**	GIVEN NAME (S): **MD. YUSUF**
DATE OF BIRTH: DAY **10** MONTH **11** YEAR **1995**	PLACE OF BIRTH: CITY **RANGPUR** COUNTRY **BANGLADESH**
SEX: MALE ☑ FEMALE ☐	
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: **VILL-SHATGARA, PO-SHAHER PS-KOTWALI, DIST-RANGPUR BANGLADESH.**

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION	WITHOUT GLASSES	WITH GLASSES	COLOR TEST TYPE	HEARING
RIGHT EYE	6/6	—	BOOK ☐ LANTERN ☑	RIGHT EAR: NAD
LEFT EYE	6/6	—	YELLOW, RED, GREEN, BLUE	LEFT EAR: NAD

Confirmation that identification documents were checked at the point of examination: YES ☑ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☑ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 11 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.

Yusuf	MD. YUSUF ALI	11-Jul-2024
Signature of Applicant	Name of Applicant	Date

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

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR. MD. RAIHAN, 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 CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)**

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

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved _____ DATE: 11 JUL 2024

EXPIRY DATE OF CERTIFICATE: 10 JUL 2026

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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

HAQUE & SONS LTD

DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. YUSUF ALI RANK : 3RD ASST ENGINEER

CDC NO : C/O/9239 DOB : 10-Nov-1995

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 cotnplications?		✓
3	Are you a diabetic ?		
4	If you are diabetic, do you need injectio.ns of insulin for diabetes?		N/A
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 *		✓

Ideclare that Iread above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowlede. true and complete. Ialso declare that Iam 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 Imay have concealed before joining vesse.l ?nd will bear all the expenses as may incur as a direct result of such concealment.

Date : 11 JUL 2024

Signed : YUSUF

The Crew Member

* If yes, mention details below:-

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General Physician
Radical Hospitals Limited

日本財団 The Nippon Foundation 補助

<PRIVATE>

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MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Nationality: Bangladesh
(所属会社) Tel: _____ Fax: _____ (国籍)

Name: MD. YUSUF ALI Sex: (性別) M/F
(氏名) given name (名), family name (姓) (男／女)

Name of Position: BME Date of Birth 10-12-1995
(職種) (生年月日) (D - M - Y)

Height: (身長) 170 cm Weight: (体重) 70 kg/at age 20: (20 才時) _____ kg

Pulse: 78 /min Normal breathing rate: 19 /min Normal temperature: _____ C
(脈拍／分) (正常呼吸数／分) (平熱)

Blood pressure: 110/80 mm Blood type: A+VE (RH ( ) Single/Married
(血圧) (血液型) (独身／既婚)

Blood sugar: (血糖値) _____ mg/dl × 0.05625 = (_____ mmol/()

Uric acid: (尿酸値) _____ mg/dl × 0.05914 = (_____ mmol/()

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 (肝臓病患)	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.
(受診医師へ特に伝えたいこと、英語で簡潔に)

11 JUL 2024

Date: _____ Signature: (署名) YUSUF
(Card holder) (本人)

DR. MIR. MD. RAIHAN
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Radical Hospital Ltd. As Per-MLC-2008 DG Shipping Bangladesh Approved

Medical information: （医療情報） * Please check the appropriate items.
該当する二欄にレ印を記入して下さい

1. ALLERGIES: （アレルギー） ☐ Uricaria (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）

_____

(2) Surgery: （手術） When? _____

_____ （時期） Age （年齢）

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No)? （持病／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般薬品名）

_____

11 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） ☐ Drink every evening （毎日） ☐ 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 _____ 本吸う）

(3) Bowel movements: （便通） ☐ Regular （規則的） ☐ Irregular （不規則） ☐ Constipated （便秘）

(4) Dietary preferences: （食事の好み） ☐ Meat （肉類） ☐ Fish （魚類） ☐ Salty （塩辛い） ☐ Sweet （甘い） ☐ Oily （脂っこい）

(5) Exercise: （運動） ☐ Often （よくする） ☐ Sometimes （時々） ☐ Never （しない）

(6) Sleep: （睡眠） ☐ Sleep well （良く眠る） ☐ 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 （変わらず） ☐ Putting on weight （太ってきた） ☐ Losing weight （やせてきた）

DR. MIR. MD. RAIHAN
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

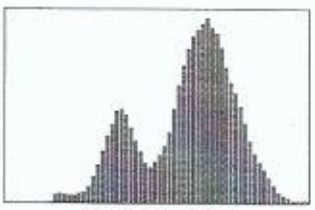
Radical Hospital Ltd. As Per MLC 2006 DG Shipping Bangladesh Approved

ID NO	**: 24070289**	**Date**	**: 11/07/2024**
Patient's Name	**: MD YUSUF ALI**	**Age**	**: 28Y8M1D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/9239**	**Sex**	**: Male**
Specimen	**: Blood**		

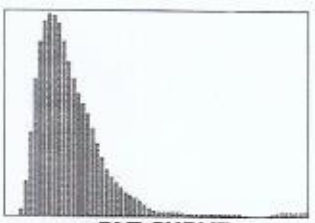
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

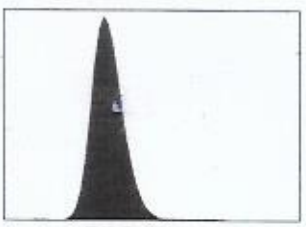
Parameter	Results		Reference Values
Haemoglobin(Hb)	**14**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**10**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**7,500**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	66	%	(40 - 75)%
Lymphocytes	26	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**225**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**354,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	9.4	fL	7.0 -11.0 fL
PDW-CV	16.1	%	10 - 18 %
PCT	0.33	%	0.10 - 0.28
P-LCR	23.4	%	9.00 - 45.00%
P-LCC	83	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**5.36**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	46.4	%	M: 40-54%, F: 37-47%
MCV	86.5	fL	76-94 fL
MCH	26.1	pg	27-32 pg
MCHC	30.2	g/dL	29-34 g/dL
RDW SD	54	fL	30.0-57.0 fL
RDW CV	19.1	%	10-16%



WBC CURVE



PLT CURVE



RBC CURVE

Checked By.....
Medical Technologist.
Redical Hospital Ltd.
Uttara,Dhaka.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070289	Received Date	11/07/2024
Patient's Name	MD YUSUF ALI		
Patient's Age	28Y 8M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9239
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)	0.67 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27 U/L	Up to 40 U/L
Serum AST (SGOT)	22 U/L	Up to 37 U/L
HbA1C	5.2 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070289	Received Date	11/07/2024
Patient's Name	MD YUSUF ALI		
Patient's Age	28Y 8M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9239
Sample	BLOOD		

SEROLOGYCAL REPORT

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

BLOOD GROUPINGResult	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

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	DIA24070289	Received Date	11/07/2024
Patient's Name	MD YUSUF ALI		
Patient's Age	28Y 8M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9239
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / 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 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 Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA24070289	Received Date	11/07/2024
Patient's Name	MD YUSUF ALI		
Patient's Age	28Y 8M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9239
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic 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 Technologis
Radical Hospitals Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

REF:	MV. ONE HOUSTON	DATE: 11/07/2024

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

EYE EXAMINATION REPORT

NAME:	MD YUSUF ALI	RANK: 3A/ENG	CDC NO: C/O/9239

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:

Male 28 Years

mmHg

11-07-2024 15:47:02

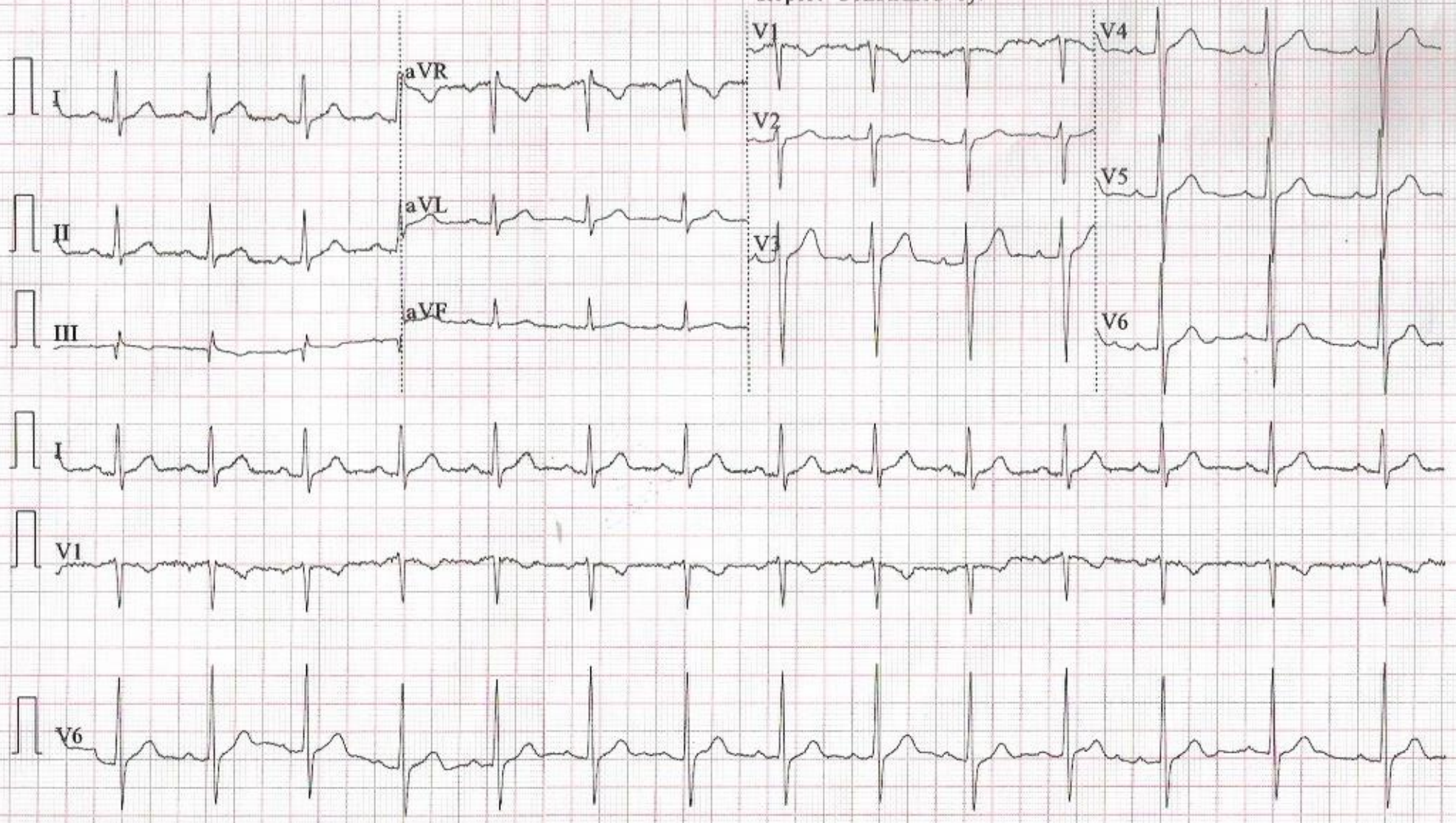
HR	: 85	bpm	
P	: 104	ms	
PR	: 168	ms	
QRS	: 100	ms	
QT/QTc	: 360/428	ms	
P/QRS/T	: 20/35/19	°	
RV5/SV1	: 1.118/0.806	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥85 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 24070289	Receive:10/07/2024	Print: 10/07/2024	
Patient's Name	: MD YUSUF ALI			
Age	: 28 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.

Pre-Joining Medical Report to be Completed by Company's M.O.

Date of Exam	Ship Assigned	B.P./ Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
11 JUL 2024	MV. ONE HOUSTON	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

		Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
Creatine	USG				
				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	

Certificate (continued) Certificate (quite)

9	11 JUL 2024 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-DGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	9. CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	10
10			

The Validity of this certificate shall extend for a period of two years beginning six days after the first injection or the vaccine or in event of a revaccination within such period of two years on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine		Physician's Signature

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows } Date of birth 10.11.1995 Sex M

YUSUF

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	22 JAN 2018 Dr. Md. Golam Mostafa Reg. No. BMDC. A-9486 Seafarer's Medical Officer Chittagong, Bangaldesh	YELLOW FEVER VACCINATION 1313 DAKAR	1 2 CENTRE FOR VACCINATION AGRABAD C/A, CTG. BANGLADESH
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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