

HAQUE & SONS LTD.

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



Accredited By BMDC

HS3930FF

Accreditation No. A55144

PATIENT CONTROL NUMBER:

DATE OF BIRTH HINGH 22-Feb-1977 Y BANGLADESHI SEX THOME ADDRESS R, TRISHAL, TRISHAL, MYM	PASSPOR Male	RT NUMBE	100		H2	ABSCUID			
HINGH 22-Feb-1977 Y BANGLADESHI SEX : THOME ADDRESS					OT PARTICULAR TO THE PARTICULA				
Y: BANGLADESHI SEX:	Male	EGO			SEAMAN'S BOOK N	NUMBER			
THOME ADDRESS:	✓ 1 Male		080824	*****		O3930	-		
		11 Female	e VLSSI,I	TYPE: CR	NDE OIL TANKER TRADIN		ORLD W		
R, TRISHAL, TRISHAL, MYM				CONT	ACT NUMBER:	1710805	5404		
	ENSINGH, BA	NGLADES	н	RANK	建	MAST	ER		
ever had any of the following co	enditions?	15-12:0-1							
ondition	YES	NO	Cone	dition		YES	NO		
ye/vision problem	1.1	1	000000						
ligh blood pressure	П	1	The State of the S				7		
leart/vascular disease	[1]	IT	520 200 EXT			[]	1		
eart surgery	(1)	II				[]			
aricose veins		11	200000				Q		
sthma/bronchitis	[.]	15					T		
lood disorder	[1]	11	MI 102 02 1 10 10 10 10 10 10 10 10 10 10 10 10 1			П	T		
iabetes	[1]	17			CTACONTO.	П	T		
hyroid problem	FI		(1.000) (E.S.E.A.		de		1		
	ri .	11					FIFT		
100	i i	17	0.000				1		
		П	20000 200				9		
llergies	D)	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1		
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ernia	[1]	1	2000 33000				1		
	13						1		
	LI.	ANIA-	200		ations		1		
ave you ever been hospitalised ave you ever been declared ur as your medical certificate eve	l? ifit for sea duty r been restricti	r? ed or revok	cd?	·c?		0 0 0	44443		
경우 시간 경기 시간 시간 시간 경기 가장 가장 가장 하는 것이 되었다. 그 가장 없는 것이 없다.					cupation?	100			
하게 없다. 그리아 이 사람들이 들어서 없는데 다느어야 한다.	Spirit Shift or at the series and	J. 70	songretted		mary markets ()				
\$ 1	FIT FOR	NO YTUC	BOARD S	HIP					
to you taking any non-proposite	Lypener			***************************************					
the design of the second secon						b-4			
The least the first the late of the late o	ondition ye/vision problem gh blood pressure eart/vascular disease eart surgery ancose veins sthma/bronchitis ood disorder abetes hyroid problem gestive disorder dney problem kin problem lergies fectious/contagious diseases emia enital disorders egnancy e above questions were answe questions ave you ever been signed off a ave you ever been hospitalised ave you ever been declared un as your medical certificate ever e you aware that you have any o you feel healthy and fit to e you allergic to any medication	prodition YES relyision problem gh blood pressure part/vascular disease part surgery paricose veins prodition relyision problem part surgery paricose veins prodition relyision problem gestive disorder diney problem gestive disorder diney problem probl	prodition yelvision problem gh blood pressure part/vascular disease part surgery paricose veins prodition gh blood pressure part/vascular disease part surgery paricose veins prodition gestivation problem gestive disorder diney problem gestive disorder diney problem geripes fectious/contagious diseases profit problem genital disorders genancy part above questions were answered "yes", please give defended and you ever been declared unfit for sea duty? The problem give you ever been declared unfit for sea duty? The problem give you ever been declared unfit for sea duty? The problem give you ever been declared unfit for sea duty? The problem give you aware that you have any medical problems, disease you go	pondition ye/vision problem gh blood pressure part/vascular disease part surgery part surgery	prodition vervision problem gh blood pressure part/vascular disease part/vascular disease part surgery particose veins particose	prodition refvision problem gh blood pressure g	prodiction YES NO Condition YES Operation problem II		

3000

Adequate | I Inadequate

Adequate | | Inadequate

NO []

Hearing meets the standards as laid down in STCW Code Section A 1/9 ?

500

1000 2000

Adequate [1] Inadequate

Adequate | | I Inadequate

Right

Left

Γ		Vis	ual acuity		1		Visual f	fields
	ι	Jnaided	and the second s	ded		Norr		Defective
	Right eye	e Lett eye	Right eye	Loft eye			i i ali	Delective
Distant			016	660	Right ey			4
Near Visual aquity r	moote the e	tandard laid do	wn in STCW Code	Section A 1/0	Left eye			
Colour vision	as per STC	test: Date (day	on A I/9: 15	Normal JUL 2024	Doubtfu		efective	
			Normal Abnor	mal	-70522753		No	ormalAbnorma
Head			ا سیا	Varico:	se veins			IT []
Sinuses, nose	e, throat			Vascul	ar (inc. pedal p	oulses)		17 0
Mouth/teeth			T 11	1 100 00 00 00	nen and viscera	1		
Ears (general	1)		し ロ					17 11
Tympanic me	embrane		76F7		not rectal exam	n)		17 11
Eyes			H 11			601 PAN 9000		T II
Opthalmosco	ру		1	- pp-	and lower extr			
Pupils	ent		1	5-10-11	(C/S, T/S and I logic (full brief)			17 11
Eye movement Lungs and ch				1,100101				i ii
Breast exami			MA 11	1000	al appearance			
Heart			NIC II		appearance			<u> </u>
DC(differentia HAEMOGLO ESR (WESTI	BIN (HGB))	16.6 85000	BILIRUBIN SGP1 SGO1 DRUG A Morphine Amphetamine	NI) AL COHOL	ILSH	Alcohol Test URINI R/I HBsAg HIV / AIDS Test VDRI	OTHERS U Rea	ictiv Nonreacti
BLOOI RANDOM HBA1C eby I declare nature of Sea	farer fitness for he examine	knowledge of t	Phencyclidine Barbiturates Cocaine he contents of the	Positive Positive Physical examin	Negative Negative Negative nations: MSUR RAHMA eafarer	Blood Type Psychological Exa Others(KUB Ultra: AN stic test results reco	orded abov	2 5 JUL 2024 Date:
BLOOI RANDOM HBA1C eby I declare nature of Sea sessment of the basis of the	that I am in farer fitness for he examine	knowledge of t	Phencyclidine Barbiturates Cocaine he contents of the MO claration, my clinic	Positive Positive Physical examination a	Negative Negative Negative nations: MSUR RAHM/ eafarer and the diagnos	Psychological t-xa Others(KUB Ultras AN stic test results reco	orded abov	2 5 JUL 2024 Date:
BLOOI RANDOM HBA1C eby I declare nature of Sea sessment of the basis of the	that I am in farer fitness for he examine	knowledge of t	Phencyclidine Barbiturates Cocaine he contents of the MO	Positive Positive Physical examin	Negative Negative Negative nations: MSUR RAHM/ eafarer and the diagnos	Psychological t-xa Others(KUB Ultras	orded abov	2 5 JUL 2024 Date:
BLOOI RANDOM HBA1C eby I declare nature of Sea sessment of the basis of the	that I am in farer fitness for he examine	knowledge of t	Phencyclidine Barbiturates Cocaine he contents of the MO claration, my clinic	Prositive Prosit	Negative Negative Negative nations: MSUR RAHM/ eafarer and the diagnos	Psychological t-xa Others(KUB Ultras AN stic test results reco Not fit for loof Catering service	orded abov	2 5 JUL 2024 Date e, I declare the
BLOOI RANDOM HBA1C eby I declare nature of Sea sessment of the basis of the minee medica	farer fitness for he examine ally:	knowledge of t	Phencyclidine Barbiturates Cocaine he contents of the MO claration, my clinication of the contents of the claration of the	Physical examin HAMMAD SHA Name of S I ngine ser	Negative Negative Negative nations: MSUR RAHM/ eafarer and the diagnos	Psychological t-xa Others(KUB Ultras AN stic test results reco Not fit for look Catering service	orded abov	2 5 JUL 2024 Date: Other services
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BLOOI RANDOM HBA1C eby I declare nature of Sea sessment of the basis	that I am in farer fitness for he examine ally: Withou ree from any alth of other tions (e.g., s medical examine)	service at sease's personal de It restrictions y medical condity persons on both persons on	Phencyclidine Barbiturates Cocaine he contents of the MO claration, my clinicate for lookout duties k service I tions likely to be agard? You	Physical examin HAMMAD SHA Name of S all examination a I ngine ser With regravated by ser No I area)	Negative Neg	Psychological t-xa Others(KUB Ultras AN stic test results reco Not fit for look Catering service I I	orded abov	O+(VE) 2 5 JUL 2024 Date C, I declare the Other services
BLOOM RANDOM HBA1C by I declare nature of Sea sessment of the basis	that I am in farer fitness for he examine ally: Withou ree from any alth of other tions (e.g., s medical examine)	service at sease's personal de It restrictions y medical condity persons on both persons on	Phencyclidine Barbiturates Cocaine he contents of the MO claration, my clinicate for lookout duties k service I tions likely to be agard? You	Physical examin HAMMAD SHA Name of S all examination a I ngine ser With regravated by ser No I area)	Negative Neg	Psychological t-xa Others(KUB Ultras AN stic test results reco Not fit for look Catering service I I	orded abov	O+(VE) 2 5 JUL 2024 Date C, I declare the Other services



ID NO : 24070627

Date : 25/07/2024

Patient's Name: MOHAMMAD SHAMSUR RAHMAN

Age : 47Y 5M 3D

Ref. By

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/3930

Sex : Male

Specimen ; Blood

(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)	16.6 05	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	1
TOTAL WBC COUNT DIFFERENTIAL COUNT	9,800	/cumm	4,000 - 11,000 /cumm	
Neutrophils Lymphocytes Monocytes Eosinophils Basophil	62 31 04 03 00	% % % %	(40 - 75)% (20-45)% (2-10)% (1-6)% 0-1 %	WBC CURVE
TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC) MPV PDW-CV PCT P-LCR P-LCC	294 359,000 9 16 0.32 20.6 74	/cumm /cumm fL % % % x10^3/uL	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 % 0.10 - 0.28 9.00 - 45.00% 13 - 129 x10^3/uL	PLT CURVE
RBC COUNT HCT/PCV MCV MCH MCHC RDW SD RDW CV	6.35 53.0 83.5 26.1 31.3 48 17.5	m/ul % fL pg g/dL fL %	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL 27-32 pg 29-34 g/dL 30.0-57.0 fL 10-16%	RBC CURVE

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

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



Bill No	DIA24070627	Received	Date	25/07/2024	
Patient's Name	MOHAMMAD SHAMSUR RAHMAN		Duito	20/01/2	-024
Patient's Age	47Y 5M 3D		atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	109.0		DC NO	C/O/3930
Sample	BLOOD	/ (-)-/-/- III	- OL	00110	C/O/3930

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.54 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	24.0U/L	Up to 37 U/L
HbA1C	5.3 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked B

Medical Technologist Radical Hospital Ltd. Dr. Sumalya Khatun MBBS, MI (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.



Bill No	DIA24070627	Received Da	ate 25/07/2	2024
Patient's Name	MOHAMMAD SHAMSUR RAHMAN		20/0///	2024
Patient's Age	47Y 5M 3D	Pati	ent's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN		CDC NO	C/O/3930
Sample	BLOOD		050110	C/O/3730

SEROLOGICAL REPORT

Test Name

Result

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

Checked By

Medical Technologist. Radical Hospital Ltd. Dr. Sumaya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24070627	Received Date		2024
Patient's Name	MOHAMMAD SHAMSUR RAHMAN			
Patient's Age	47Y 5M 3D	Pat	ient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),	PGT(Eye),DFM	CDC NO	C/O/3930
Sample	URINE	THE PROPERTY OF STATE OF THE PARTY OF THE PA	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
	TOL	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

Radical Hospital Ltd.

Medical Technol

Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070627	Received	Date	25/07/2	2024
Patient's Name	MOHAMMAD SHAMSUR RAI			20/0//2	-021
Patient's Age	47Y 5M 3D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCI	D(BIRDEM),PGT(Eye),DFM	CI	DC NO	C/O/3930
Sample	URINE			- 00	0.0.5750

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.

INTER	NATIONAL CERTIFICATE OF AGAINST	VACCINATION OR I CHOLERA	REVACCINATION
Thin in a	Dots of high 2	2-F6B-1977 Sex.	MAZE
	gnature follows Date of birth 22 MOHAMMA; has on the date indicated been vacci	D SHAMSUR RA	HMAN (CAJ 3930)
Date	Signature and Professional status of vaccinator	Approved	Stamp
22401	BMDC A-55144, MMC-BG DG Shipping Bangladesh Approved General Physician	St. Shah Makhdum Avenus Uttare, Dhaka	
AND REAL PROPERTY OF THE PROPE	DR. MTR. 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.	S, Shah Macratres 35, Shah Macratres (Hears, Drot.) 84NGLAD	
3	DR-MIR. MD. RAIHA MBS (DII), DFM, CCD (Birdem), PGT (Ophi RMDC A-55144, MMC-BGD-01	III) III Jacobs I	4
410	DG Shipping Bengladesh Approve General Physician	ed # MGLADEST	40.000.001.000
THE TANK	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophtil) MBBS (DU), DFM. CCD (Birdem), PGT (Ophtil)	35, Shah Makhdum	1 - 1 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -
7	General Physician	* BANGLADES!	
45 J	DR. MIR. MD. RAIHAN MBSS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician	35, Shah Makhdum Avenue	8
8	Radical Hospitals Limited	* BANGLADEST	
		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 22-FEB-1977 Sex MAZE

MOHAMMAD SHAMSUR RAHMAN (9/39)

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
22461	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophith) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	L NO TO TO DAKAR	as, Shah Malikdum Se Averum Uitara, Dhaka
2	DR. THR. ND RAIMAN THE POST OF ANY COMMENT POST COMMENT MADE A 58-141. MAIC RED-016 DG Shint, ng Bangtuleth Any mang		
3	A THE SETTING A SET	Nervi	3 4
514	THE MIN MD RAILEAN THE COMPANY OF THE CASE AND THE COMPANY OF THE CASE AND THE COMPANY OF THE CASE AND THE CA	Supplier (

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.



	e of birth (day/month/year): 22 / 02 /				ale female		
Hon	ne address: CHAKRAMPUR, TRIS	HAL,	rrishai	., MY	MENSINGH, BANGLADESI	1	
Pass	sport No./Discharge Book No.: EGO	08082	4				
Dep	artment (deck/engine/radio/food har	ndling/	other): <u>[</u>	ECK			
Rou	tine and emergency duties (if knows	n):					
Гур	e of ship (eg. Bulkcarrier, chemi-	cal/oil/	gas tank	er, co	ntainer, other cargo ships):	CRUDE	OII
	NKER Trade area (e.g., coastal, trop						X-25000
(Ass	minee's personal declaration sistanceshould beoffered bymedic veyou ever had anyof thefollowi						
	Condition	Yes	No		Condition	Yes	No
	Eye/vision problem			18.	Sleepingproblems		T
	High blood pressure		7	19.	Do you smoke?		-
	Heart/vasculardisease		4	20.	Operation/surgery		
	Heart surgery		4	21.	Epilepsy/seizures		[
	Varicose veins		1	22.	Dizziness/fainting		
ò.	Asthma/bronchitis		\Box ,	23.	Loss of consciousness		
	Blood disorder			24.	Psychiatricproblems		
	Diabetes		J	25.	Depression		
).	Thyroid problem			26.	Attempted suicide		
0.	Digestivedisorder		D	27.	Loss of memory		
1.	Kidneyproblem		T	28.	Balanceproblem		
2.	Skin problem			29.	Severeheadaches		Г
3.	Allergies			30.	Ear/nose/throat problems	1 - 1	
4.	Infectious/contagious diseases			31,	Restricted mobility		
5.	Hernia		D	32.	Back problems		
	Genital disorders		I	33.	Amputation		
16.		1		-3 4.	Fractures/dislocations	1	- 6



Add	litional questions	Yes	No
35.	Haveyou ever been signed offas sick or repatriated from a ship?		
36.	Haveyou ever been hospitalized?		
37.	Haveyou ever been declared unfit forseaduty?		
38.	Has your medical certificate ever been restricted or revoked?		
39.	Areyou awarethat you have anymedical problems, diseases or illnesses?		4
40.	Do you feel healthyand fit to perform theduties of your designated position/occupation?	1	
41.	Areyou allergic to anymedications?		
Соі	FIT FOR DUTY ON BOARD SHIP		
42.	Areyou takinganynon-prescription or prescription medications?		H
	erebycertifythat the personal declaration aboveis a truestatement to thebest of myk	nowled	ge.
Da W	itnessed by: (Signature) ame:(Typed or printed) 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		é
Ih	erebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessiona	als,healtl	h
	stitutions and public authorities to Dredical examiner).	(theappi	oveu
	gnatureof examinee:		
	ate (day/month/year): 25 JUL 2024 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016		
	itnessed by: (Signature) DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
N	ame:(Typed or printed)		
D	Date & Contact details for previous medical examination (if known):)		

Page 2 of 7





MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

			Visual Acui	ty				Visua	al fields
	Unaided			Aided				Normal	Defective
	Right	Left	Binocular	Right eye	Left eye	Binocular	Right eye		
Distant	eye	eye	Biriocular	6/6	6/6		Left eye	_	-
Near		/		NS	15	1	1		
Colo Hear			ot tested		ormal es in dB)	Doubt	ful Speech and (metres)	Defectiv	
	500 Hz	1,000 H	T 05-5-5-5	7	00 Hz			Normal	Whisper
Right ear	2	2	20				Right ear	4	5
Left ear	2	2	0 2	2			Left ear	4	4
Mou Ears Tym Eyes Optl Pupi	nalmoscopy	brane			Abdomer Hernia Anus (no G-U syst Upper an	(inc. pedal po n and viscera of rectal exam	n.) emities		
Lun	gs and ches ast examina		MA [Neurolog Psychiate	gic (full brief			
Che	st X-ray: Results:	Vov □ Not	performed -	Perfő Ch		day/month/ye	ear):/	25 JU <u>I</u>	2024



Immunodeficiency Virus Anti bodies	· ·
Other diagnostic test(s) and result(s): Test Result	
edical Examiners comments: FIT FOR DUTY ON BOARD SHIP	
Vaccination status recorded: Yes No	
Assessment of fitness forserviceat sea	
On thebasis of theexaminee's personal declaration, myclinical examinatorsults recorded above, Ideclarethe examineemedically:	ion and the diagnostic
Fit for lookout duty Not fit for look-out dut	y
Deck service Engine service Cateringservice	Other service
Unfit	
Without restrictions With restriction	ons []
Visual aid required: Yes o	
escribe restrictions (eg. Specific positions, type of ship, trade area)	
Action taken bymedical examiner (e.g., referral):	
Action taken bymedical examiner (e.g., referral): Medical certificate's dateof expiration (day/month/year): / 24 JUL	2026
Action taken bymedical examiner (e.g., referral):	2026
Action taken bymedical examiner (e.g., referral): Medical certificate's dateof expiration (day/month/year): 25 ### 2004	2026
Action taken bymedical examiner (e.g., referral): Medical certificate's dateof expiration (day/month/year): Date of examination (day/month/year): Number of Medical Certificate: Official stamp: Signature of medical practitioner:	WIR. MD RAIHAN
Action taken bymedical examiner (e.g., referral): Medical certificate's dateof expiration (day/month/year): Date of examination (day/month/year): Number of Medical Certificate: Signature of medical practitioner: Mess (Different on printed) Mess (Different on printed)	2





SEAFARER'S MEDICA	L EXAMINATION REPORT/CERTIFICATE
This	FIDENTIAL DOCUMENT compliance with the requirements of the Medical Examination (Sea farers Convention 1946).
SURNAME RAHMAN	GIVEN NAME(S) MOHAMMAD SHAMSUR
NATIONALITY	ID DOCUMENT NO:
BANGLADESHI	C/O/3930
DATE OF BIRTH 02 22 1977 MONTH DAY YEAR	PLACE OF BIRTH MYMENSINGH CITY BANGLADESH COUNTRY SEX MALE FEMALE
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APPLICANT: CHAKRAMPUR, TRISHAL, TRISHAL, MYMENSINGH, BANGLADESH
DECLARATION OF APPROVED MEDICAL PRACTIONER: I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKE	D: YES/NO
MEDICAL EXAMINATION (SEE LAST PAGE 6	OR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE
168 SS 130/80 m	
VISION: RIGHT/EYE - TEFT EYE	HEARING:
WITH GLASSES /	RT. EAR WY LEFT EAR WY
	JUL 2024
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEE	T THE REQUIRED VISION STANDARD? YES NO NO
HEAD AND NECK	HEART (CARDIOVASCULAR)
LUNGS	
EXTREMITIES: UPPER	M LOWER Johns
IS APPLICANT VACCINATED IN ACCORDANCE WITH WH	O RECOMMENDATIONS?
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO END. YES NO No.	D BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER PANGER THE HEALTH OF OTHER PERSONS ON BOARD?
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRE	SCRIPTION MEDICATIONS? YES NO
	2 5 JUL 2024
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAL	MINING PHYS A PO-MIC 2000



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	MOHAMMAD SHAMSUR RAHMAN
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES	No 🗌
SEAFARER IS FOUND TO BE (FIT / NOT HIT) FOR DUTY AS A (MASTER / DECK OFFICE RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTS	er / Engineering Officer / Radio Officer / ons:
DR. MIR. MD. RAIL MBBS (DU), DFM, CCD (Birdom), PGT BMDC A-55144, MMC-BGD DG Shipping Bangladesh App General Physician	-016 roved
DDRESS RADICAL HOSPITAL LIMITED Radical Hospitals Limited Ultura, Dhaka, Bengladesh	anniharen
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DAS SMITH	MAN BINION APOSITI
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	MAY 2014.
SIGNATURE OF PHYSICIAN:	
DATE OF EXAMINATION: 2 5 JUL 2024	
EXPIRY DATE OF CERTIFICATE: 2 4 JUL 2026	
SEAFARER ACKNOWLEDGMENT	
I, MOHAMMAD SHAMSUR RAHMAN (NAME OF SEAFARER), C THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REV	ONFIRM THAT I HAVE BEEN INFORMED OF TIEW.



MEDICALREQUIREMENTS

All applicants for an office recruificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical formmust completedmedical physician. certificated bya Formcompleted Medical accompany the application for office recertificate, application for sea farer's identity document, or application for certification of special accompany the application for office recent fields and the sea farer's identity document, or application for certification of special accompany the application for the sea farer's identity document, or application for certification of special accompany the application for the sea farer's identity document, or application for certification of special accompany to the sea farer's identity document, or application for certification of special accompany to the sea farer's identity document, or application for certification of special accompany to the sea farer's identity document, or application for certification of special accompany to the sea farer's identity document, or application for certification of special accompany to the sea farer's identity document, or application for certification of special accompany to the sea farer's identity document, or application of special accompany to the sea farer's identity document, or application of special accompany to the sea farer's identity document, or application of special accompany to the sea farer's identity document, or application of special accompany to the sea farer's identity document, or application of special accompany to the sea farer's identity document, or application of special accompany to the sea farer's identity document, or application of special accompany to the sea farer's identity document, or application of special accompany to the sea farer's identity document, or application of special accompany to the speciaapplicationsforanofficer preceding. immediately qualifications. This physical examination must be carried out not more than certificate, certification of special qualifications or a sea farer's book. The examination shall be conducted in a conducted Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical FitnessInternationalLaborOrganizationWorld applicantisinsatisfactoryphysicaland ExaminationsforSeafarers(ILO/WHO/D.2/1997.Suchproofofexaminationmustestablishthatthe mental condition for the specific duty assignment undertaken and is generally impossession of all the condition of the condbody faculties necessary inful filling the requirements of these a faring profession

In conducting the examination, the certified physician should, where appropriate, examine the seafarer `sprevious medical records and the conducting the examination of the conducting the examination of the conducting the examination of the conducting the conducting the examination of the conducting the(including vaccinations) and information on occupational history, noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, thefollowingminimumrequirements shall apply:

- Hearing
- Allapplicantsmusthavehearingummpairedfornormalsoundsandbecapableothearingawhisperedvoiceinbetterearat15 feet (4.57m) and in poorer ear at 5 feet (1.52m).
- (b) Eyesight
 - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninonecycandatleast20/40 Ifthe (0.50)intheother hotheves. 20/160(0.13) least ofat havevisionwithoutglasses hemust Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsred green blueand yellow. glasses.
 - Engineer and radio of lice rapplicants must have (either withor without glasses) at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and at least 20/30 (0.63) vision in one eye and 20/30 (0.63) visleast20/50(0.40)intheother. If the applicant wears glasses, he must have vision without glasses of at least 20/200(0.10) in both eyes. Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen
- (c) Dental
 - Seafarers must befreelrominfections of themouthcavityor gums.
- (d) BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration,
- Voice
- Deck/Navigational office rapplicants and Radio of lice rapplicants must have speech which is unimpaired for normal voice communication.
- Vaccinations
- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Traveland and the publication of the publication oHealth, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations.Ifnewvaccinations aregiven, theseshall herecorded.
- Diseases or Conditions
- Applicantsafflicted with any of the following diseases or conditions shall be disqualified epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/ortheuse of narcotics
- Physical Requirements
 - Applicants for able seaman, boson, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for adeck/navigational
 - Applicants for fireman/watertender.oiler/motor.pumpman,electrician,wiper,tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

IMPORTANTNOTE:

The scafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or scafarers Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/report. The medical examination report shall be used only for determining the fitness of the scafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

to the model provided - Medical Exam (To be completed by examining physician; alternatively the examining physician may attach a form similar or identical Form)

25 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



Drug and Alcohol Screening Affidavit

CSC 04A

PART A - To be completed by Seafarer prior to Medical Examination and hand to Physician

Surname: RAHMAN		First Name: MOHAMMAD SHAMSUR				
Date of Birth (DD/MM/YY): 22/02/1977 Place of Birth: MYMENSINGH		Address: CHAKRAMPUR, TRISHAL, TRISHA Street				
		City: MYMENSINGH Postal Code: Country: BANGLADESH				
Examination for duty as	Master	Officer	Engineer	Rating	Cadet	
Please indicate the quantity of alcohol you	Wine (litre) :asures)				
Do you regularly take any medically prescribed drugs? Please list. Note: Give a copy of this list to the Master upon joining the vessel.						
Have you ever been convicted of a charge	Yes	40	(If Yes pleas	e detail on t	he reverse)	
involving illegal drugs? Have you ever been convicted of a drinking related incident?		NO				
Have you ever received treatment for alcohol or drug dependence?	Yes	Nø	(If Yes pleas	se detail on t	he reverse)	
Signed and Dated (by Seafarer)	Note: If o	circumstances onts, inform the	hange with re company of su	spect to the ich changes	above immediately	





Drug and Alcohol Screening Affidavit

CSC 04A

PART B - To be completed by Physician and Seafarer during Medical Examination

To the best of my knowledge and belief as a result of this exam of drug use and alcohol abuse or addiction.	ination, the examinee	e has no visible or clinical signs
Name, Address of Physician: DR. MIR MD. RAIHAN; M.B.B.S.(D.U.)	Signature of Physicia	ap.
REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE,	Te	N. C.
SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.	2 5 1111 2024	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangtadesh Approved
		General Physician Radical Hospitals Limited

Anti-Drug and Alcohol Abuse Affidavit

I hereby declare that I have not in the past or present used any prohibited substance, nor have labused alcohol.

MOHAMMAD SHAMSUR RAHMAN

Examinee's Name & Signature

I hereby certify that the above examinee does not have any signs and symptoms of drug use and/or alcohol abuse.

Examining Physician's Signature

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

ORIGINAL TO BE RETAINED BY CREWING AGENCY



Rev: 02



Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name:

Passport No.:

EG0080824

Seaman's Book No.:

C/O/3930

Date of Birth:

22 / 02 / 1977

Medical Center Name:

REDICAL HOSPITALS LIMITED

RAHMAN, MOHAMMAD SHAMSUR

Full Address:

35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

DHA

DR. MIR MD. RAIHAN

Doctor's Name:

Drug and Alcohol Screening Limits and Results

Drug	Threshold Limit	Results
Marijuana	< 15 NG/ML	regulic
Cocaine	< 150 NG/ML	1
Opiates	< 300 NG / ML	
Phencyclidine	< 25 NG / ML	
Amphetamines	< 300 NG / ML	
Benzodiazepine	< 200 NG/ML	
Methaqualone	< 300 NG/ML	
Barbiturates	< 200 NG/ML	/
Alcohol	< 0.04% BAC	regul

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Date

25 JUL 2024

Examined by (Name/Signature)

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

Seafarer's Medical Examination Report CONFIDENTIAL

Personnel information

Pre-sea exam	Periodic exam
Name (Last, First, Middle):	RAHMAN, MOHAMMAD SHAMSUR
Date of birth (DD.MM.YY):	22 / 02 / 1977
Sex:	Male / Female
Home address:	CHAKRAMPUR, TRISHAL, TRISHAL, MYMENSINGH, BANGLADESH
Passport No./Discharge Book No.:	EG0080824, C/O/3390
Department: (deck/engine/radio/food handling/other)	DECK
Routine and emergency duties: (if known):	
Type of ship: (e.g. Bulk carrier, chemical/oil/gas tanker, container, other cargo)	CRUDE OIL TANKER
Trade area: (e.g., coastal, tropical, worldwide)	WORLDWIDE

Examinee's personal declaration (Assistance should be offered by medical staff) Have you ever had any of the following conditions:

Condition	Yes No Condition		Yes	No	
Eye/vision problem			Sleeping problems		
High blood pressure			Do you smoke?		
Heart/vascular disease			Operation/surgery		1
Heart surgery		1	Epilepsy/seizures		
Varicose veins		/	Dizziness/fainting		~
Asthma/bronchitis			Loss of consciousness		. /
Blood disorder		7	Psychiatric problems		1
Diabetes		-	Depression		9
Thyroid problem		~	Attempted suicide		-
Digestive disorder		-	Loss of memory		-
Kidney problem		-	Balance problem		_
Skin problem			Severe headaches	1	-
Allergies		1	Ear/nose/throat problems		_
Infectious/contagious diseases		0,	Restricted mobility		-
Hernia			Back problems		12.00
Genital disorders		J	Amputation	Tel die	
Pregnancy		wis	Fractures/dislocations		La Committee



Seafarer's Medical Examination Report CONFIDENTIAL

Additional questions:	Yes	No
Have you ever been signed off as sick or repatriated from a ship?		
Have you ever been hospitalized?		-
Have you ever been declared unfit for sea duty?		-
Has your medical certificate ever been restricted or revoked?		-
Are you aware that you have any medical problems, diseases or illnesses?		-
Do you feel healthy and fit to perform the duties of your designated position/occupation?	/	
Are you allergic to any medications?		-
Are you taking any non-prescription or prescription medications?		
f any of the above questions were answered "yes," please give details below	r.	
	Yes	No

Are you taking any non-p	rescription or prescription r	nedications?		
If yes, please list the med	dications taken and the purp	ose(s) and dosage(s).	

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

examinee: Witnessed by:

Signature of

Witnessed by: (Signature) _(DD.MM.YY)

Name:

Date:

(Typed or printed)

2/5 JUL/ 2024

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-86D-616
DG Shipping Bangladesh Approved

DG Shipping Bangladesh Approved
I hereby authorize the release of all my previous medical records from any health respect the provided health institutions and public authorities to Dr. (the approved medical examiner).

Signature of examinee: Witnessed by:

(Signature)

9

(DD.MM.YY)

Name:

Date:

(Typed or printed)

125 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

Date and contact details for previous medical examination (if known):

Medical examination



Seafarer's Medical Examination Report CONFIDENTIAL

Sight

Use of glasses or contact lenses:

If yes, specify which type and for what purpose:

Yes/No

		Visua	al Acuity		Visua	l fields
	Unai	ded	Aide	ed		
	Distant	Near	Distant	Near	Normal	Defective
Right eye			6.66	NS -		
Left eye			666	15		1/
Rinocular			-	/		-

Colour vision: Not tested Normal Doubtful Defective

Hearing

	Pure tone and audio metry (threshold values in dB)				THE STATE OF STATE OF STATE OF	id whisper test netres)
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	Normal	Whisper
Right ear	2	2	2		4	n
Left ear	20	20	2		u	4

Height: 168 (cm) Weight: 98 (kg)
Pulse rate: 78 /minute Rhythm: Regw.
Blood pressure
Systolic: 130 (mm Hg) Diastolic: 80 (mm Hg)

Head	Normal	Abnormal	Skin	Normal	Abnormal
Sinuses, nose, throat	_		Varicose veins		
Mouth/teeth	_		Vascular (inc. pedal pulses)		
Ears (general)	-		Abdomen and viscera		200
Tympanic membrane	-		Hernia	1	é
Eyes	_		Anus (not rectal exam.)	_	
Opthalmoscopy	_		G-U system	_	
Pupils	~		Upper and lower extremities	_	
Eye movement	~		Spine (C/S, T/S and L/S)	~	
Lungs and chest	~		Neurologic (full brief)		
Breast examination			Psychiatric	V.	
Heart	-		General appearance		4.55

Chest xray: Results:	Not performed	Performed on: (I	OD.MM.YY)	2 5 JUL 2024	
Urinalysis: Blood Analysis:	Glucose: Hepatitis B Test:	Negam	Protein:	Ni)	r.h.
Immunodeficien	cy Virus Anti bodies:				

Vaccination status recorded: Yes No
Other diagnostic test(s) and result(s):

BSM

Seafarer's Medical Examination Report

CSC	03/	۸
	00.	

Assessment of fit	TT FOR DUTY ON BOARD SHIP tness for service at sea ation, my clinical examination and the diagnostic	ic test
edical Examiners comments: Fl Assessment of fit	tness for service at sea ation, my clinical examination and the diagnosti	ic tes
Assessment of fit	tness for service at sea ation, my clinical examination and the diagnosti	ic tes
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the basis of the examinee's personal declara	ation, my clinical examination and the diagnosti	ic test
the basis of the examinee's personal declara	ation, my clinical examination and the diagnosti	ic test
the basis of the examinee's personal declara alts recorded above, I declare the examinee	ation, my clinical examination and the diagnosti	ic test
ults recorded above, I declare the examinee		ic cco.
alts recorded above, racciare are examine	medically.	
Fit for lookout duty	Not fit for look-out duty	
	e Catering service Other services	
Deck service Engine service	e Catering service Other services	
t /		
nfit		
Without restrictions	With restrictions	
Without restrictions		
isual aid required: Yes) No	
escribe restrictions (e.g. Specific positions, t	type of ship, trade area):	
		- 0
	al):	
ction taken by medical examiner (e.g. referro ledical certificate's date of expiration (DD.M	1M.YY): 2 4 JUL 2026	
legical certificate state of expiration (55.11)	25 JUL 2024	
ate of examination (DD.MM.YY): lumber of Medical Certificate:	1/ -	
	This	
r Palasatitioner	DR. MIR. MD. RAI	HAN
ignature of medical practitioner:		
lame of medical examiner: (Typed or printed	- LIBBS (DITY DEM CCD (Birdem), PG	D-016
lame of medical examiner: (Typed or printed address of medical practitioner:	MBBS (DU), DFM, CCD (Birtism), PG BMDC A-55144, MMC-BG DG Shipping Bangladesh Ap	D-010
lame of medical examiner: (Typed or printed	MBBS (DU), DFM, CCD (Birdem), PG BMDC A-55144, MMC-BG DG Shipp.ng Bangladesh Ap General Physician	prove
lame of medical examiner: (Typed or printed address of medical practitioner:	MBBS (DU), DFM, CCD (Birtism), PG BMDC A-55144, MMC-BG DG Shipping Bangladesh Ap	prove
lame of medical examiner: (Typed or printed address of medical practitioner: authorized by: (competent authority)	MBBS (DU), DFM, CCD (Birdem), PG BMDC A-55144, MMC-BG DG Shipp.ng Bangladesh Ap General Physician	prove
lame of medical examiner: (Typed or printed address of medical practitioner: authorized by: (competent authority)	MBBS (DU), DFM, CCD (Birdem), PG BMDC A-55144, MMC-BG DG Shipp.ng Bangladesh Ap General Physician	prove



Seafarer's Medical Examination Certificate

	a. 73), as amenaed, siew e		And the services of the servic	abour Convention, 2006.		
URNAME: RAHMAN		GIVEN NAME(S): MO	NUSMAHS CAMMAHC			
NATIONALITY: BANGLADESHI		ID DOCUMENT NO:				
DATE OF BIRTH (DD.MM.YY): 12 F	EB 1977	SEX: MALE				
PLACE OF BIRTH (CITY/COUNTRY):	MYMENSINGH	FEMALE				
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER CH.COOK/COOK RATING		CHAKRAMPUR, BANGLADESH	OF APPLICANT: TRISHAL, TRISHAL, M	YMENSINGH,		
DECLARATION OF APPROVED MED		TO MECANO		4.0		
CONFIRM THAT IDENTIFICATION	The second secon					
lecc	MEI LAST PAGE FOR MEDICAL R	DICAL EXAMINATION	EDETAILS ON REVERSE SIL	DET:		
HEIGHT WEIGHT	BLOOD PRESSURE	PULSE 786/mi	RESPIRATION 5/mi	GENERAL APPEARANCE		
VISION: RIGHT E WITHOUT GLASSES	YE LEFT EYE	HEARING:	^ ^			
WITH GLASSES	5 6/6	RT. EAR	100000000000000000000000000000000000000	LEFT EAR /VVP		
COLOUR TEST TYPE: BOOK 🗍 LAI DATE OF LAST COLOUR VISION TE	THE PROPERTY OF THE PROPERTY O	s normal; yellow [RED GREEN BLO			
Are glasses or contact lenses nece	essary to meet the required	vision standard?	Yes /	No 🗌		
HEAD AND NECK	yound	HEART (CARDIOVA	SCULAR) 1cm	~1		
LUNGS	yound		VIGATIONAL OFFICER AND ed for normal voice com	400		
EXTREMITIES: UPPER	Jann	LOWER		Nonny		
Is applicant vaccinated in accorda	nce with WHO recommend	lations? Yes	☐ No ☐			
Is applicant suffering from any dis likely to endanger the health of o	sease likely to be aggravate		vessel, or to render him	her unfit for service at sea or		
Is applicant taking any non-prescr		ications? Yes	No D			
is obbined and a property of the con-			IUL 2024			
SIGNATURE (THIS SIGNATURE SHOULD BE A THIS IS TO CERTIFY THAT A PHY		OF THE EXAMINING PE	HYSICIAN.) DATE	D SHAMSUR RAHMAN OF APPLICANT		
This applicant is certified free o	of communicable disease: \	Yes No 🗆				
Seafarer is found to be: I cook/ Cook, without any	/ with the following			ing Officer / Rating/Chie		
NAME AND DEGREE OF PHYSICIA	N:			()		
ADDRESS:			The Rest	1/		
NAME OF PHYSICIAN'S CERTIFICA	ATING AUTHORITY:			2		
	CERTIFICATE:	SIGN	ATURE OF PHYSICIAN:	1		
DATE OF ISSUE OF PHYSICIAN'S C	SCIVILI IOSSILI.					
The second secon	2 5 JUL 2024	EXPI	RY DATE OF CERTIFICATE:	2 4 JUL 2026		
DATE OF ISSUE OF PHYSICIAN'S C	25 JUL 2024					
DATE OF ISSUE OF PHYSICIAN'S O DATE OF EXAMINATION: SEAFARER ACKNOWLEDGMENT I,	2.5 JUL 2024 (NAME OF SEAFARER			2 4 JUL 2026 THE CONTENT OF CERTIFICATE		
DATE OF ISSUE OF PHYSICIAN'S O DATE OF EXAMINATION: SEAFARER ACKNOWLEDGMENT	2 5 JUL 2024 (NAME OF SEAFARER W.		VE BEEN INFORMED OF 1			

Rev: 01



Radical Hospitals Limited

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months immediately preceding applications 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.2/1997. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

1. Hearing

a. All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).

Lyesight

- Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal colour perception and be capable of distinguishing the colours red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colours red, yellow and green.

Dental

Seafarers must be free from infections of the mouth cavity or gums. a.

Blood Pressure

An applicant's blood pressure must fall within an average range, taking age into consideration. a.

Voice

Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

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.

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 use of narcotics.

- 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/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers. Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or the rical to the model provided -Medical Exam Form).

2 5 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



MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

MPA

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)	AHMAN MOHAMMAD SHAMSU	JR		Gender: Male/Female*
Date of Birth: day/month/year 22-FEB-1977		Nationa BANGL	ality: _ADESHI	
Type of ID documents: NRIC No. / Passport No.: EG0080824	Rank:		Type of ship: OILTANKER	
Home Address: CHAKRAMPUR, TRISHAL, TRISHAL, MYMENSINGH, BANGLADESH	Routine and emergency duties: BOTH		Trading a	area: e.g coastal ride

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

Y	s No	Yes No
Eye/vision problem	18. Sleep problem	
High blood pressure	19. Do you smoke, use alcohol or drugs?	-
Heart/vascular disease	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	
8. Diabetes	25. Depression	
Thyroid problem	26. Attempted suicide	
10. Digestive disorder	27. Loss of memory	W.
11. Kidney problem	28. Balance problem	
12. Skin Problem	29. Severe headaches	
13. Allergies	30. Ear(hearing, tinnitus/nose/throat problem	
14. Infectious / contagious diseases	ر 31. Restricted mobility	
15. Hernia	32. Back or joint problem	
16. Genital disorder	√33. Amputation = ± ≥ ≥	4
17. Pregnancy	M 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?	4
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?	4

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

7 5 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
Name and Signature of All hysician
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.

2 5 JUL 2024

Date

Signature of Seafarer

DR. MR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited
Name and Signature of Witness



Part B - Result of medical examinations Eyesight Use of glasses or contact lenses No Type Purpose Visual Acuity Unaided Aided Right eye Left eye Binocular Right eye Binocular Left eye Distant Distant Near Near Visual fields Defective Normal Right eye Left eye Colour Vision (please tick) Not tested Normal Doubtful Defective Hearing Pure tone and audiometry (threshold values in dB) 500 Hz 1,000 Hz 2,000 Hz 3,000 Hz 25 25 20 Right ear 20 20 Left ear Speech and whisper test (metres) Normal Whisper Right ear Left ear Clinical Findings Height .Weight_S (cm) Pulse rate (per minute) Rhythm Blood Pressure Systolic (mm Hg) Diastolic (mm Hg) Urinalysis: Glucose: 12 Protein: Blood: Normal Abnormal Head Sinus, nose, throat Mouth/teeth Page 3 of 5

REGORD OF MEDICAL EXAMINATIONS OF SEAFARERS - March 2020

Ears (general)		
ympanic membrane		
Eyes		
Ophthalmoscopy		
Pupils		
Eye movement		
Lungs and chest	/	
Breast examination	NB	
Heart		
Skin		
Varicose Vein		
Vascular (inc. pedal pulse)	~	
Abdomen and viscera	5	
Hernia		
Anus (not rectal exam)		
G-U system	9	
Upper and lower extremities	_	
Spine (C/s, T/S, L/S)	~	
Neurologic (full/brief)	-	
Psychiatric	-	
General appearance	~	

Chest X-r	ay					
☐ Not r	performed	_	Performed	on (day/month	(year): 25 J	UL 2024
			Results:	on (day/month.	_ chred	- ry
Other dia	gnostic test	(s) and resu	ult(s):			/
Test				Results:		
Medical	practitioner's	s comments	and assessm	ent of fitness, v	with reasons	for any limitations.
			FIT FO	R DUTY ON BOA	RD SHIP	
Δssessm	ent of fitnes	s for service	e at sea (plea	ase tick)		
On the ba	sis of the sea	afarer's pers		on, my clinical	examination	and diagnostic test
4	or look out du	_	-	okout duty		
_ ^		-	_	12 18 12		
Visu	al aid require	ea _	visuai aiu	not required	1.10	
	Deck	Engine	Catering	Other		
	Service	Service	Service	Service		
Fit	0			(a) Hospi		
Unfit					NE)	

Without rest	rictions With re	strictions	
Description of re	estrictions (e.g. specific po	sition, type of ship, trading area etc.)	
		DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 BMDC A-55144, MMC-BGD-016	
2 5 JUL 2024	Shu Shu	General Physician Radical Hospitals Limited	- Law addrage
Date	Signature of Medical Practitioner	Medical Practitioner's name, licence nu	imper, address







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	ldle)		Gender:
	RAHMAN MOHAMMA	D SHAMSUR	Male/ Eemale *
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:	
22-FEB-1977	BANGLADESHI	MYMENSINGH	

Declaration of the recognized medical practitioner:

0010	ration of the recognized medical practitioner.	Yes	s No
1	Identification documents were checked at the point of examination?	-	1
2	Hearing meets the standards in STCW Code Section A-I/9?		
3	Unaided hearing satisfactory?		
4	Visual acuity meets the standards in STCW Code Section A-I/9?	·	-
5	Colour vision meets the standards in STCW Code Section A-I/9?	-	-
	Date of last colour vision test: 25 J	IUL 2024	,
6	Fit for look-out duty?	-	
7	Is the seafarer free from any medical condition likely to be aggravated by set to render the seafarer unfit for such service or endanger the life of person or		1
8	No limitations or restrictions on fitness?	,	1
	If "no" specify limitations or restrictions		
		2 5 1111 2021	É
9	Date of examination: (day/month/year)	25 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	2 4 JUL 2026	

25 JUL 2024

Date

Signature of Authorised Medical Practitioner DR. MIR. MD. RAIHAN
MB8S (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approver
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



Page 1 of 1

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: DATE: 25/07/2024

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

EYE EXAMINATION REPORT

NAME: MOHAMMAD SHAMSUR RAHMAN RANK: MASTER CDC NO: C/O/3930

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

ospital	0 Radical H	xpress V2.21 Glasgow V28.6.0 Radical Hospital		SE-1200E	4*2.5s+3r ₩86	I0mm/mV 4	0.67-100Hz AC50 25mm/s	0.67100Hz /
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	1							
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}	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		22			À aYL		
	100		__\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3	3	SAME AND SECOND		
			Diagnosis Information: Sinus rhythm Normal ECG Report Confirmed by:	ms °	24 13:09:46 : 86 bpm : 110 ms : 160 ms : 72 ms : 342/409 : 61/18/27 : 1.234/0.796	25-07-20: HR PR QRS QT/QTc P/QRS/T RV5/SV1	Shaper	ID: Noumannac Male 17 Years mmHg

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070627 Receive: 25/07/2024 Print: 25/07/2024

Patient's Name : MOHAMMAD SHAMSUR RAHMAN

Age : 47 YRS Sex :
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 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.

Page of 1

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

Form No: SMC

Seafarer's Signature



SL NO.

04.2024.7040

BMDC A-55144. MMC-BG-010 DG Shipping Bangladesh Approved General Physician Name 製造ignature of the practitioner:

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

Seararers, 1978 as amended (STCW*78) and Regulation 1.2 of the Maritin	me Labour Convention, 2006
SEAFARER INFORMATION:	
Name: Last RAHMAN First MOHAMMAD	Middle SHAMSUR
Gender: (Male/Female)	Date: 25-JUL-2024
Occupation: Deck/Engine/Catering/Other (specify)	Rank: MASTER
Father's/ Husbad'sname: M.D. ABOUR RAHMAN	C.D.C No. C/0/3930
Mother's Name: MORSHEDA RAHMAN	Seaman ID No. 050003493
Address: House No: 2/2 Street/ Road No: Zantala	Passport No
Locality/Village:	NID No. 328/55 9447
PO SADAR	Date of Birth: 22-02-1977
P.S: KOTWALI	(DD/MM/YYYY)
District: MYMENSINGH	• generalizar addition constructive de constructive de la constructive
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the F	Deanla's Depublic of Rangladesh and confir
the followings:	reopie's Republic of Bangladesh and confin
Confirmation that identification documents were checked at the point of	examination XES/NO
2. Hearing meets the standards in section A-I/9	:YES/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?	:XES/NO
Date of last colour vision test	: 2.5 JUL 2024
6. Fit for lookout duties?	:YES/NO
7. Is the seafarer free from any medical condition likely to be aggravated b	y service at sea or to
render the seafarer unfit for service or to render the health of any other per	rsons on board? :YES/NO
8. Any limitations or restrictions on fitness?	:YES/NO
If YES, specify limitations or restrictions:	
Duties: RADICAL HOSPITAL LIMITE Location/Vessel: Uitara, Dhaka, Bangladesh Medical/Other:	ED
Medical fitness category : Fit-No restriction Fit-Subject	t to restrictions Unfit
10. Date of examination/Issue (DD/MM/YYYY). 25 JUL 2024	
11. Date of expiry (DD/MM/YYYY)	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, AMC-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.

2. Pathological Examination:

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

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

25 JUL 2024