



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:
HS1723FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME MOHAMMAD	FIRST NAME AND MOSTAQUE	MIDDLE NAME
PLACE AND DATE OF BIRTH KHULNA 14-Jan-1969	PASSPORT NUMBER A11398146	SEAMAN'S BOOK NUMBER C/O/1723
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : HOUSE-187, ROAD-12, SONADANGA R/A, KHULNA, BANGLADESH.	CONTACT NUMBER : 01715387700 (SELF)	RANK : CHIEF 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	☐	☒	34 Fractures/dislocations	☐	☒

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

Additional questions

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

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

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

Signature of Seafarer

MEDICAL EXAMINATION

Weight 60kg	Height (cm) 170	BM 27.6	Blood Pressure: Systolic 120mm Diastolic 80mm	PULSE: 70b/m
Ear	Hearing by Audiometry	Audiometry	Hearing by Whisper Test	
Right	☐ Adequate ☐ Inadequate	500 1000 2000 3000	☒ Adequate ☐ Inadequate	
Left	☐ Adequate ☐ Inadequate		☐ Adequate ☐ Inadequate	
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐				

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

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☐ Doubtful☐ Defective

Date of last colour vision test: Date (day/month/year)

03 JUL 2024

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	☒	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	☒	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E	☒	SGPT	URINE R/E	☒	☐
DC(differential count)	☒	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	12.1	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive
ESR (WESTERGREN)	65	Morphine	☐ Positive	☒ Negative	☐ Nonreactive
WBC	5000	Amphetamine	☐ Positive	☒ Negative	☐ Nonreactive
BLOOD GLUCOSE LEVEL	5.8	Phencyclidine	☐ Positive	☒ Negative	☐ Nonreactive
RANDOM	5.2%	Barbiturates	☐ Positive	☒ Negative	☐ Nonreactive
HBA1C	5.2%	Cocaine	☐ Positive	☒ Negative	☐ Nonreactive
				Blood Type	BCHD
				Psychological Exam	NOE
				Others(KUB Ultrasound)	

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

Signature of Seafarer

MOSTAQUE MOHAMMAD

Name of Seafarer

3-Jul-2024

Date

Assessment of fitness for service at sea:

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

☒ 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: 03 JUL 2024

Valid Until:

02 JUL 2026

Name and Signature of Authorized Physician

DR. MIR. MD. RAHMAN

In Accordance with Medical Examination (Seafarers) Convention 1948 (MLC 2006) and STCW 1978/1996 as Amended, MLC 2006

BMD A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

Revision Date : 24th July 2022

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: MOHAMMAD		GIVEN NAME (S): MOSTAQUE	
DATE OF BIRTH: DAY 14 MONTH 1 YEAR 1969		PLACE OF BIRTH CITY KHULNA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: HOUSE-187, ROAD-12 SONADANGA R/A (2nd Face), KHULNA BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	—	6/6	RIGHT EAR ms
LEFT EYE	—	6/6	LEFT EAR ms

COLOR TEST TYPE: ☒ BOOK ☒ LANTERN
 YELLOW **ms** RED **ms** GREEN **ms** BLUE **ms**

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

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

Unaided hearing satisfactory? YES ☒ NO ☐

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

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

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **03 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.



MOSTAQUE MOHAMMAD

3-Jul-2024

Signature of Applicant

Name of Applicant

Date

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

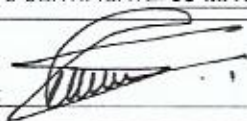
FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR. MD. RAIHAN, MBBS (DU) DPM, 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: 

DATE: **03 JUL 2024**

EXPIRY DATE OF CERTIFICATE: **02 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), DPM, CCD (BIRDEM), PGT (OPHIH)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited

5. FAMILY HISTORY: (家族歴)

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

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

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

(英語で病歴に付いてのコメント、要する程度記入)

Date: 03 JUL 2024

Signature: (署名)

(Card holder) (本人)

MEDICAL RECORDS (Write in block letters)

Name of Company: _____ Tel: _____ Fax: _____
(所属会社)
Name: MOSTHAFER MOHAMMED Sex: (性別) M (男/女)
(氏名) given name (名) family name (姓)
Name of Position: ENT. ENTIC Date of Birth: 14.09.69
(職種) (生年月日) (D・M・Y)

Height: (身長) 170 cm Weight: (体重) 70 kg/age 20: (20 才時) 5.5
Pulse: (脈拍) 70 /min Normal breathing rate: (正常呼吸数/分) 16 /min Normal temperature: (平熱) C

Blood pressure: (血圧) 120/80 Blood type: (血液型) B+ Rh: () Single/Married (独身/既婚)
mg/dl < 0.05625 = () mmol/l
mg/dl > 0.05914 = () mmol/l

Blood sugar: (血糖値) _____ mg/dl < 0.05625 = () mmol/l
Uric acid: (尿酸値) _____ mg/dl > 0.05914 = () mmol/l



DR. MIR, MD, RAIHAN
MBBS (DU), DPM, CCD (Bircan), PGT (Opth)
BMDC A-55144, MM/C-BGD-016
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Radical Hospitals Limited



Nationality: BANGLADESHI
(国籍)

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

該当する二欄に○印を記入して下さい。

1. ALLERGY (アレルギー) ☐ Unica (hives) ☐ Asthma (ぜんそく) ☐ Other (その他)

☐ Drug allergies (name): ☐ Food allergies (name): (食品名) (食品名)

2. PAST HISTORY: (病歴)

(1) Past serious illness: 三大既往症) 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投薬品名)

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____年 (禁煙) ☐ Smoke cigarettes a day (1日平均____本吸う)

(3) Bowel movements: (排便)

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

(4) Dietary preferences: 食事の好み

☐ Meat (肉類) ☐ Fish (魚類) ☐ Salty (塩辛) ☐ Sweet (甘い) ☐ Only (偏り) ☐ None (ない)

(5) Exercise: (運動)

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

(6) Sleep: (睡眠)

☐ Sleep well (良く寝る) ☐ Have Sleeplessness (眠れない) ☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重)

☐ Constant (変わらない) ☐ Putting on weight (太ってきた) ☐ Losing weight (やせてきた)

03 JUL 2024



DR. MIR. MD. RAIHAN

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

BMDC A-55144, MMIC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited





DECLARATION OF HEALTH BY CREW

NAME OF CREW : MOSTAQUE MOHAMMAD

RANK : CHIEF ENGINEER

CDC NO : C/O/1723

DOB : 14-Jan-1969

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	☐	☒

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

Date : 03 JUL 2024

Signed :

The Crew Member

* If yes, mention details below:-

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

ID NO : 24070058

Date : 03/07/2024

Patient's Name : MOSTAQUE MOHAMMAD

Age : 55Y5M19D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/1723

Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	13.1	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	05	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	5,000	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	69	%	(40 - 75)%
Lymphocytes	25	%	(20-45)%
Monocytes	04	%	(2-10)%
Eosinophils	02	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	100	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	172,000	/cumm	1,50,000-4,50,000 /cumm
MPV	11.4	fL	7.0 -11.0 fL
PDW-CV	16.8	%	10 - 18 %
PCT	0.2	%	0.10 - 0.28
P-LCR	35.8	%	9.00 - 45.00%
P-LCC	62	x10 ³ /uL	13 - 129 x10 ³ /uL
RBC COUNT	4.77	m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL
HCT/PCV	42.5	%	M: 40-54%, F: 37-47%
MCV	89.2	fL	76-94 fL
MCH	27.5	pg	27-32 pg
MCHC	30.8	g/dL	29-34 g/dL
RDW SD	48	fL	30.0-57.0 fL
RDW CV	16.3	%	10-16%



WBC CURVE



PLT CURVE



RBC CURVE

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

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

Bill No	DIA24070058	Received Date	02/07/2024
Patient's Name	MOSTAQUE MOHAMMAD		
Patient's Age	55Y 5M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1723
Sample	BLOOD		

BIOCHEMISTRY REPORT

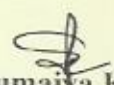
Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.56 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	29.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	32.0 U/L	Up to 40 U/L
HbA1C	5.1 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By 

Medical Technologist,
Radical Hospital Ltd.


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

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070058	Received Date	02/07/2024
Patient's Name	MOSTAQUE MOHAMMAD		
Patient's Age	55Y 5M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1723
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING RESULT

ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24070058	Received Date	02/07/2024
Patient's Name	MOSTAQUE MOHAMMAD		
Patient's Age	55Y 5M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1723
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist,
Radical Hospital Ltd.

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



Bill No	DIA24070058	Received Date	02/07/2024
Patient's Name	MOSTAQUE MOHAMMAD		
Patient's Age	55Y 5M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1723
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.


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



REF: MV. ONE HUMBER

DATE: 03/07/2024

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

EYE EXAMINATION REPORT

NAME: MOSTAQUE MOHAMMAD

RANK: CHENG

CDC NO: C/O/1723

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

ID:

03-07-2024 15:28:23

Radical Hospital
Male 55 years
mmHg

HR : 74 bpm

Diagnosis Information:

Sinus rhythm

Normal ECG

P : 116 ms

PR : 152 ms

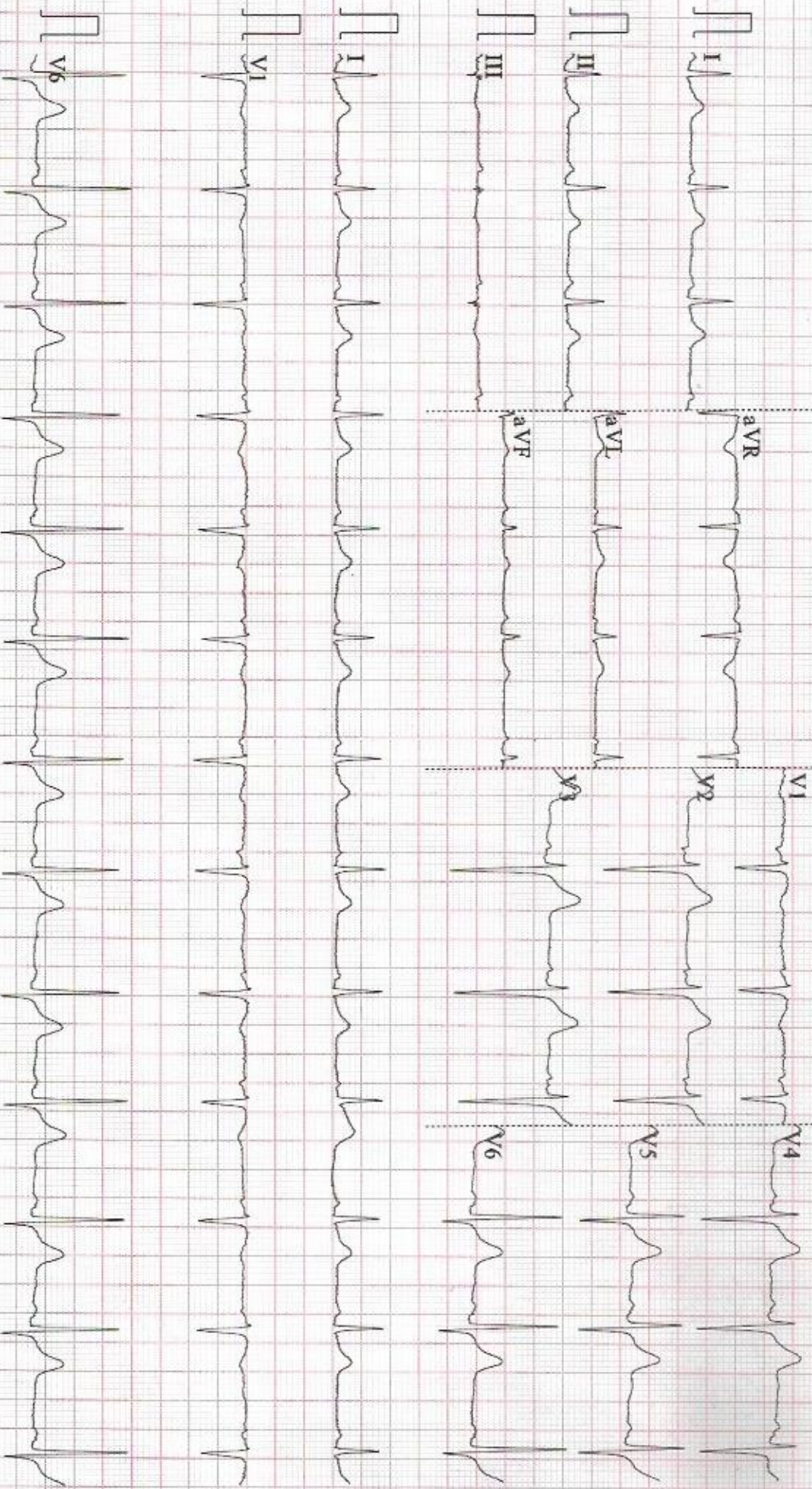
QRS : 90 ms

QT/QTc : 376/418 ms

P/QRS/T : 58/20/21 °

RV5/SV1 : 0.97/0.810 mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070058 Receive: 03/07/2024 Print: 03/07/2024
Patient's Name : MOSTAQUE MOHAMMAD
Age : 55 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

Completed by Company's M.O.

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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

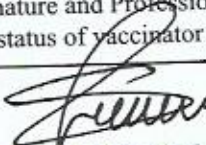
MOSTAQUE MOHAMMAD

This is to certify that
whose signature follows

Date of birth 14-01-1969 Sex MALE

[Signature]

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 02 OCT 2018	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth), BMDC A: 55144, MMC- BGD- 016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			3 4
4			

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

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

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MOSTARQUE MOHAMMAD

This is to certify that
whose signature follows

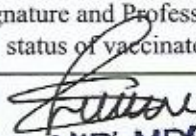
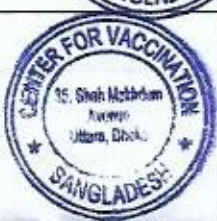
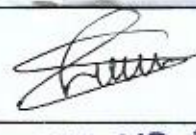
Date of birth

14-01-1969

Sex

MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
02 OCT 2018	 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	
29 AUG 2019	 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 DEC 2020	 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	
30 DEC 2021	 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	
21 AUG 2023	 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	
03 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	

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