REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,
35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: TALUKDER NONYRUL AMIN (Surname / First Name / Middle Initial) Sex: — Serial No:

Date of Birth: 25/04/1969 PP/CDC: [illegible]/3184 Rank: O/EDG

Vessel: OAK EXPRESS Type: OIL/CHEM Route: FOR

Home Address: SUMUDRA BILASH, SADAR HOSPITAL ROAD, BABALIA TANGAIL BANGLADESH

Company Name: BSM

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat problems		✓		✓
Stomach / Bowel disorders		✓		✓
Gall stones / Kidney disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Varicose veins		✓		✓
Blood Disorder		✓		✓
Female Disorder		✓		✓
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High / Low blood pressure / Heart disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin disease		✓		✓
Infection / Contagious Disease		✓		✓
Addiction to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
Signed off on medical grounds / Declared Unfit		✓		✓

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
165cm	67kg	41-40 cms	120/80mm	78/min	18/min	Good

Distant Vision	Uncorrected	Corrected
Right Eye		6/6
Left Eye		6/6

Colour Vision		
Ishihara		Normal ✓ Abnormal
Other		Normal ✓ Abnormal

Field of Vision: Normal ✓ Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Hearing	Right Ear	Left ear
	✓	✓

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS _____
AS PER MLC 2006

Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Heamoglobin	13.2 gm%	14-16 gm %
Total WBC count	7400 cu.mm	4000-11000 / cu.mm
Neut 65 % Lymp 28 % Eos 02 Ba 00 % Mp 04 %		
Malarial parasite	Not Found.	
ESR	05 mm / 1st hour	1- - 15 mm / hr
SGPT	22 U/L	9--43 U / L
S.Cholesterol	N/E mg/dl	145---260 mg / dl
S.Triglycerides	N/E mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
Hbs/Ag	Negative	
HBV I & II	Negative	
VDRL	Non Reactive.	
Others	GGTP U/L	
Blood Group		

Urine	
Colour	Straw
Specific Gravity	N/E
pH	✓
Albumin	✓
Sugar	✓
Bile pigment	✓
Bile salts	✓
Occult blood	✓
RBC cells	✓
Leucocytes	
Others	

PHOTO

Spirometry: Normal

Drugs of Abuse: Negative

ECG : Normal TMT: N/E

X-Ray Chest: Normal

USG: N/E

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 28 JUL 2026

Candidate's Signature Official Stamp Doctor's signature:

Date: 29 JUL 2024

Radical Hospital Ltd. As Per MLC-2006 *20 Shipping Bangladesh Approved*

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

04.2024.7085

BSM

Seafarer's Medical Examination Certificate

CSC 03

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME: TALUKDER	GIVEN NAME(S): MD NURUL AMIN
NATIONALITY: BANGLADESHI	ID DOCUMENT NO: C/0/3134
DATE OF BIRTH (DD.MM.YY): 25-04-1969	SEX: ☑ MALE ☐ FEMALE
PLACE OF BIRTH (CITY/COUNTRY): TANGAIL	
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ CH.COOK/COOK ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: SUMUDRA BILASH SADAR HOSPITAL ROAD, BASALIA TANGAIL

DECLARATION OF APPROVED MEDICAL PRACTITIONER:
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION

(SEE LAST PAGE FOR MEDICAL REQUIREMENTS, STATE DETAILS ON REVERSE SIDE)

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
165cm	67kg.	120/80 mm	78/min	16/min	Good

VISION:	RIGHT EYE	LEFT EYE
WITHOUT GLASSES		
WITH GLASSES	6/6	6/6

HEARING: RT. EAR: N.A. LEFT EAR: N.A.

COLOUR TEST TYPE: BOOK ☐ LANTERN ☑ COLOUR TEST IS NORMAL: YELLOW ☑ RED ☑ GREEN ☑ BLUE ☑
DATE OF LAST COLOUR VISION TEST: 29 JUL 2024

Are glasses or contact lenses necessary to meet the required vision standard? Yes ☐ No ☐

HEAD AND NECK: Normal	HEART (CARDIOVASCULAR): Normal
LUNGS: Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) Is speech unimpaired for normal voice communication? Yes.

EXTREMITIES: UPPER: Normal LOWER: Normal.

Is applicant vaccinated in accordance with WHO recommendations? Yes ☑ No ☐

Is applicant suffering from any disease likely to be aggravated by working aboard a vessel, or to render him/her unfit for service at sea or likely to endanger the health of other persons on board? Yes ☐ No ☑

Is applicant taking any non-prescription or prescription medications? Yes ☐ No ☑

SIGNATURE OF APPLICANT — DATE: 29 JUL 2024

(THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.)

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MD NURUL AMIN TALUKDER
NAME OF APPLICANT

This applicant is certified free of communicable disease: Yes ☑ No ☐

Seafarer is found to be: FIT / NOT FIT for duty as a: Master / Deck Officer / Engineering Officer / Rating/Chief cook/ Cook, without any / with the following restrictions:

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN REG NO: A-55144
ADDRESS: 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH.
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 06-MAY-2014
SIGNATURE OF PHYSICIAN:
DATE OF EXAMINATION: 29 JUL 2024
EXPIRY DATE OF CERTIFICATE: 28 JUL 2026

SEAFARER ACKNOWLEDGMENT
I, _____ (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.

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

MEDICAL REQUIREMENTS

Rev: 01

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

Seafarer's Medical Examination Certificate

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).
2. Eyesight
   a. 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.
   b. 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.
3. Dental
   a. Seafarers must be free from infections of the mouth cavity or gums.
4. Blood Pressure
   a. An applicant's blood pressure must fall within an average range, taking age into consideration.
5. Voice
   a. Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
6. Vaccinations
   a. 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.
7. Diseases or Conditions
   a. 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.
8. Physical Requirements
   a. 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.
   b. 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 identical to the model provided – Medical Exam Form).

29 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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BSM

Seafarer's Medical Examination Report

CSC 03A

CONFIDENTIAL

Personnel information

☑ Pre-sea exam ☐ Periodic exam

Name (Last,First,Middle):	TALUKDER MD NURUL AMIN
Date of birth (DD.MM.YY): 250	25 / 04 / 1969
Sex:	Male / Female
Home address:	SUMUDRA BILASH SADAR HOSPITAL ROAD. BASALIA TANGAIL
Passport No./Discharge Book No.:	C/0/3134
Department: (deck/engine/radio/food handling/other)	ENGINE. CHIEF ENGINEER
Routine and emergency duties: (if known):	
Type of ship: *(e.g. Bulk carrier, chemical/oil/gas tanker, container, other cargo)*	OIL /CHEM
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		✓
Heart surgery		✓	Epilepsy/seizures		✓
Varicose veins		✓	Dizziness/fainting		✓
Asthma/bronchitis		✓	Loss of consciousness		✓
Blood disorder		✓	Psychiatric problems		✓
Diabetes		✓	Depression		✓
Thyroid problem		✓	Attempted suicide		✓
Digestive disorder		✓	Loss of memory		✓
Kidney problem		✓	Balance problem		✓
Skin problem		✓	Severe headaches		✓
Allergies		✓	Ear/nose/throat problems		✓
Infectious/contagious diseases		✓	Restricted mobility		✓
Hernia		✓	Back problems		✓
Genital disorders		✓	Amputation		✓
Pregnancy	N/A		Fractures/dislocations		✓

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

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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?		✓
If any of the above questions were answered "yes," please give details below:		

	Yes	No
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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____ Date: *(DD.MM.YY)* 29 JUL 2024

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* 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

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 (the approved medical examiner).

Signature of examinee: _____ Date: *(DD.MM.YY)* 29 JUL 2024

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* 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):

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Medical examination

Sight

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

	Visual Acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Distant	Near	Distant	Near		
Right eye			6/6	N5	✓	
Left eye			6/6	N5	✓	
Binocular						

Colour vision: Not tested ☐ Normal ✓ Doubtful ☐ Defective ☐

Hearing

	Pure tone and audio metry (threshold values in dB)				Speech and whisper test (metres)	
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	Normal	Whisper
Right ear	20	20	20	20		
Left ear	20	20	20	20		

Height: 165 (cm) Weight: 67 (kg)
Pulse rate: 78 /minute Rhythm: Regular
Blood pressure
Systolic: 120 (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	✓	
Tympanic membrane	✓		Hernia	✓	
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	N/A		Psychiatric	✓	
Heart	✓		General appearance	✓	

Chest xray: Not performed ☐ Performed on: (DD.MM.YY) 29 JUL 2024
Results: _____

Urinalysis: Glucose: Nil Protein: Nil
Blood Analysis: Hepatitis B Test: Negative V.D.R.L: Non Reactive
Immunodeficiency Virus Anti bodies: _____

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Vaccination status recorded: ☑ Yes ☐ No

Other diagnostic test(s) and result(s):	
Test	Result
Blood + Urine	normal.

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

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 duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit				
Unfit				

☑ Without restrictions ☐ With restrictions

Visual aid required: ☑ Yes ☐ No

Describe restrictions (e.g. Specific positions, type of ship, trade area):

Action taken by medical examiner *(e.g. referral)*:
Medical certificate's date of expiration *(DD.MM.YY)*: 28 JUL 2026
Date of examination *(DD.MM.YY)*: 29 JUL 2024
Number of Medical Certificate:
Signature of medical practitioner:
Name of medical examiner: *(Typed or printed)*
Address of medical practitioner: RADICAL HOSPITAL LIMITED.
Authorized by: *(competent authority)* DG SHIPPING BANGLADESH.
Official stamp:

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

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

BSM

Drug and Alcohol Screening Affidavit

CSC 04A

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

Surname: TALUKDER	First Name: MD NURUL AMIN
Date of Birth (DD/MM/YY): 25-04-1969	Address: SUMUDRA BILASH SADAR Street: HOSPITAL ROAD, BASALIA
Place of Birth: TANGAIL	City: TANGAIL Postal Code: Country: BANGLADESH
Examination for duty as	Master / Officer / Engineer / Rating / Cadet
Please indicate the quantity of alcohol you consume weekly	Beer (litre)..... Wine (litre)..... Spirits (measures).....
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 involving illegal drugs?	Yes..... No.....(If Yes please detail on the reverse)
Have you ever been convicted of a drinking related incident?	Yes..... No.....(If Yes please detail on the reverse)
Have you ever received treatment for alcohol or drug dependence?	Yes..... No.....(If Yes please detail on the reverse)
Signed and Dated (by Seafarer)	***Note:*** If circumstances change with respect to the above statements, inform the company of such changes immediately.

Radical Hospital Ltd. As Per-MLC-2006 Seafaring Bangladeshi Approved

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 examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Name, Address of Physician:	Signature of Physician:
DR. MIR MD. RAIHAN; M.B.B.S.(D.U.) REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.	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: 29 JUL 2024

Anti-Drug and Alcohol Abuse Affidavit

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

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

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

BSM

Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name: TALUKDER MD NURUL AMIN

Passport No.:

Seaman's Book No.: C/0/3134

Date of Birth: 25-04-1969

Medical Center Name: REDICAL HOSPITALS LIMITED

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

Doctor's Name: DR. MIR MD. RAIHAN

Drug and Alcohol Screening Limits and Results

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

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

29 JUL 2024

Radical Hospital Ltd. As Per-MLC-2000 DG Shipping Bangladesh Approved

Examined by (Name/Signature)

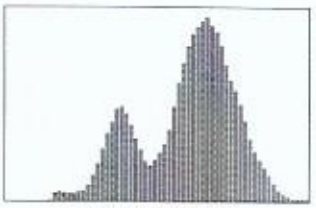
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ID NO	**: 24070766**	**Date**	**: 29/07/2024**
Patient's Name	**: MD. NURUL AMIN TALUKDER**	**Age**	**: 55Y 3M 4D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/3134**	**Sex**	**: Male**
Specimen	**: Blood**		

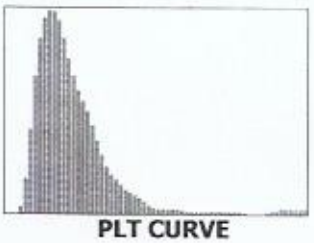
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

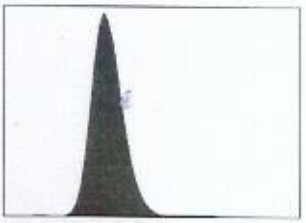
Parameter	Results		Reference Values
Haemoglobin(Hb)	**13.2**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**05**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**7,400**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	65	%	(40 - 75)%
Lymphocytes	28	%	(20-45)%
Monocytes	04	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**222**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**173,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	15	fL	7.0 -11.0 fL
PDW-CV	17.9	%	10 - 18 %
PCT	0.21	%	0.10 - 0.28
P-LCR	56.6	%	9.00 - 45.00%
P-LCC	78	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**4.34**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	42.1	%	M: 40-54%, F: 37-47%
MCV	96.9	fL	76-94 fL
MCH	30.4	pg	27-32 pg
MCHC	31.3	g/dL	29-34 g/dL
RDW SD	52	fL	30.0-57.0 fL
RDW CV	16.2	%	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	DIA24070766	Received Date	29/07/2024
Patient's Name	MD NURUL AMIN TALUKDER		
Patient's Age	55Y 3M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3134
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.55 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	22 U/L	Up to 40 U/L
Serum AST (SGOT)	18 U/L	Up to 37 U/L
Serum Alkaline Phosphate	150 U/L	98 - 279 U/L

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.

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3134
Sample	BLOOD		

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

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Bill No	DIA24070766	Received Date	29/07/2024
Patient's Name	MD NURUL AMIN TALUKDER		
Patient's Age	55Y 3M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3134
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

Bill No	DIA24070766	Received Date	29/07/2024
Patient's Name	MD NURUL AMIN TALUKDER		
Patient's Age	55Y 3M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3134
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	0-2/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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Date: 29/07/2024

EYE EXAMINATION REPORT

NAME:	MD NURUL AMIN TALUKDER		
AGE:	55 YRS	**RANK: CH.ENG**	**CDC NO:C/O/3134**

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED 6/6 6/6

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

AUDIOLOGICAL REPORT

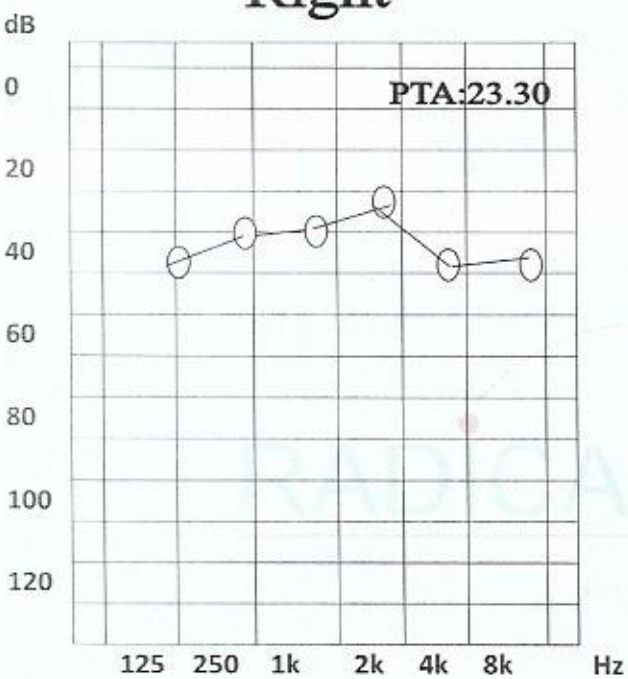
Patient Name : MD NURUL AMIN TALUKDER Date: 29/07/2024

Age : 55 Yrs

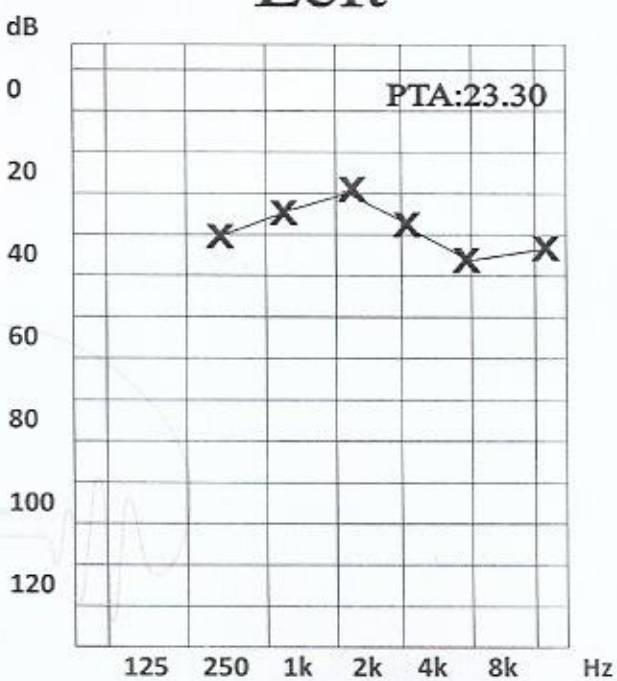
Address : RHL, UTTARA

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

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
	Right Ear	**Left Ear**
Air MaskingOX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070766	Receive:29/07/2024	Print: 29/07/2024
Patient's Name	:	MD NURUL AMIN TALUKDER		
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

This report has been electronically signed.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

MD. NURUL AMIN TALUKDER

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le 25/04/1967 | Sex / sexe M

Whose signature follows / dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

	Date	Signature and professional Status of Vaccinator Signature et qualitê profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	11 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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2			
3			
4			

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre une period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d.;gtte period do six mois jour de cette revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou I o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

MD. NURUL AMIN TALUKDER

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le 05/04/1969 | Sex / sexe M

Whose signature follows / don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
01 JUL 2024	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	YELLOW FEVER VACCINE L NO DAKAR 0265	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

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

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070766	Receive: Print:29/07/2024		
Patient's Name	:	MD NURUL AMIN TALUKDER			
Age	:	55 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	94 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

ID: Md. Nurul Amin Talukder

Male 55 Years

mmHg

29-07-2024 17:52:08

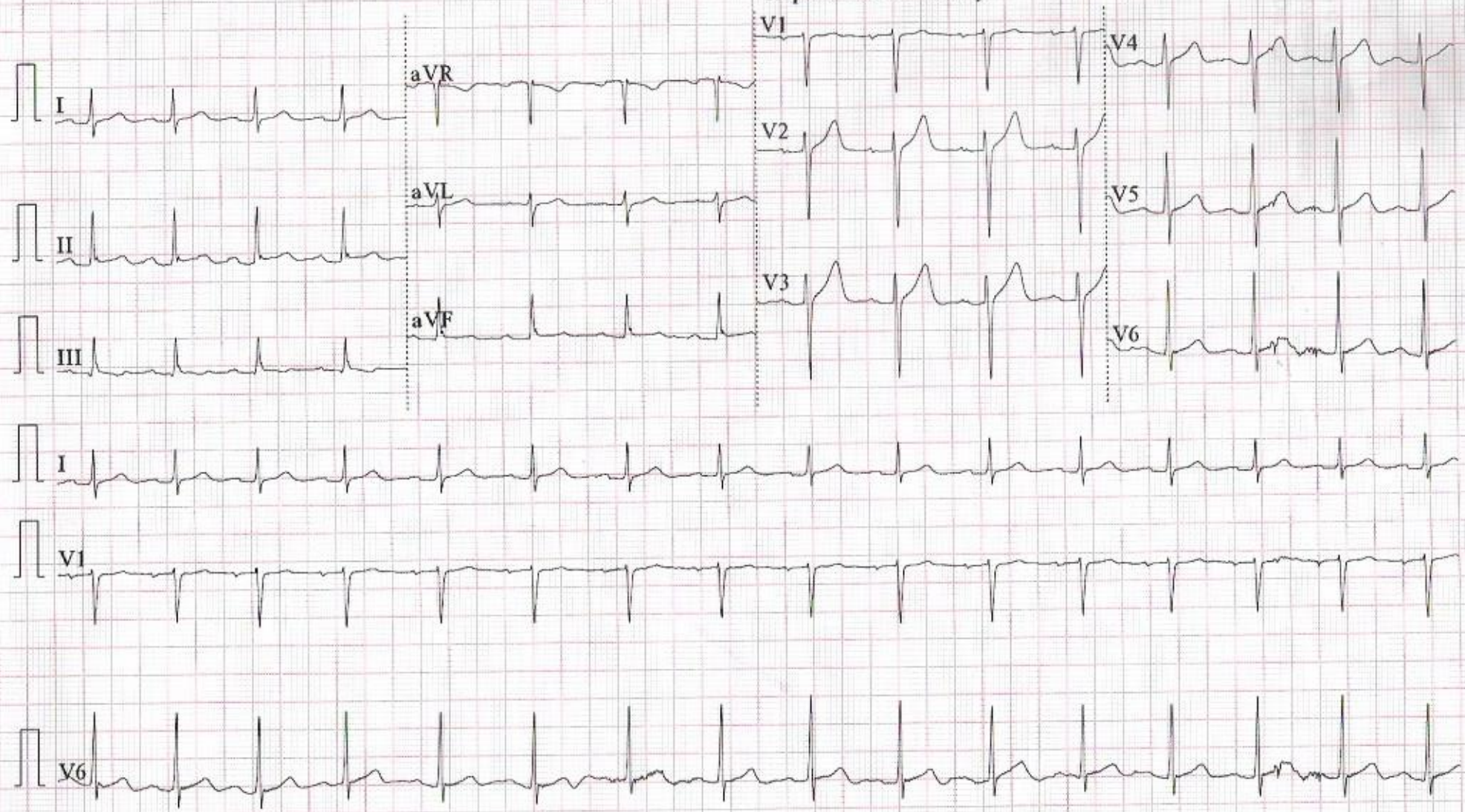
HR	:	94	bpm
P	:	102	ms
PR	:	186	ms
QRS	:	76	ms
QT/QTc	:	330/413	ms
P/QRS/T	:	58/67/38	°
RV5/SV1	:	1.136/0.929	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥94 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

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radical_hospitals@yahoo.com, www.radicalhospital.com

TREADMILLSTRESS TEST

Patient ID	24070766	Test Date	29-07-2024		
Patient Name	MD NURUL AMIN TALUKDER	Age	55 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

Total Exercise Time : 08:9 Min

% of max.pred. hR : 97 %

Maximum BP : 150/90 mmHg.

Indication : Screening for IHD.

Risk Factors :

Reason for Termina : Attainment of THR.

Test Profile : BRUCE

Symptoms :

Max.HR attained : 167 bpm.

Max. Pred HR : 169 bpm.

Max. work load attained :13.02METS.

Summary Result ⇒ **NEGATIVE**

Comments :

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

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

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