

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: **UDDIN**

MD RIAZ

Sex: **M**

Serial No:

Date of Birth: **01 / 01 / 1971**

PP/CDC: **T/20030**

Rank: **P/MAN**

Vessel: **PURA PACIFIC**

Type: **TANKER**

Route: **WORLD WIDE**

Home Address: **AMIRABAD, SONAIMURI, NOAKHALI**

Company Name:

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		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)					Hernia / Hydrocoele / Appendicitis				
Head Injury / Concussion / Loss of Memory					High / Low blood pressure / Heart disease				
Fits / Epilepsy / Dizziness / Fainting					Asthma / Bronchitis / Tuberculosis				
Eye / Vision Problems (Glasses, etc.)					Allergy / Skin disease				
Hearing Impairment					Infection / Contagious Disease				
Ear / Nose / Throat problems					Addiction to alcohol / drugs / tobacco				
Stomach / Bowel disorders					Fracture / Dislocation / Injury / Amputation				
Gall stones / Kidney disorders					Major / Minor Operation				
Jaundice / Liver Disease					Diabetes				
Piles / Varicose veins					Nervous / Mental disease / Sleep disorder				
Blood Disorder					Malignant disease (Cancer)				
Female Disorder					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							
179cm	80kg	49-41	130/80mmHg	78/min	19/min	Gut							
Distance Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	20		Normal	Right Ear	dB	20	20	20					
Left Eye	20		Normal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
Other	Normal	Normal	Abnormal		4				4				

Systemic Examination

	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck			FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done		Respiratory system	
Eyes					Cardiovascular system	
Ears / Nose / Throat					Per Abdomen	
Teeth / Oral Cavity					Genito-urinary system	
Musculo-Skeletal system					Others	
Nervous system					Hernia / Hydrocoele	
Reflexes					Varicose Veins	
Skin					Fissure/Fistula/Piles	

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	13.9 gm%	14-16 gm %	Colour	Str
Total WBC count	8500 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu %	66 %		pH	
Platelet parasite	27 %		Albumin	
ESR	08 mm / 1st hour	1-15 mm / hr	Sugar	Nil
SGPT	U/L	9-43 U / L	Bile pigment	Nil
S.Cholesterol	mg/dl	145-260 mg / dl	Bile salts	
S.Triglycerides	mg/dl	upto 200 mg / dl	Occult blood	
Blood Sugar	RHS	upto 125 mg %	RBC cells	Nil
Urea			Leucocytes	
Uric Acid			Others	
VDRL			Spirometry: N/D	
Others			Drugs of Abuse: Negative	
Blood Group			USG: Normal	

ECG: Normal	TMT: N/D
X-Ray Chest: Normal	

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

This certificate is valid till: **14 JUL 2025**

Candidate's Signature

Official Stamp

Doctor's signature:

Date: **15 JUL 2024**



04.2024.7007

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

MEDICAL FITNESS CERTIFICATE

Name: MD RIAZ UDDIN		Photo
Sex: ☒ Male / Female	Date of Birth: 01-01-1971	
Nationality: BANGLADESHI	Passport No: A08310861	
Occupation/Rank: P/ MAN		
Date of Issue: 15 JUL 2024		
Date of Expiry: 14 JUL 2025		
Signature of Holder:		

This is to certify that the lawful holder had been found duly qualified in accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation I/9 and ILO/WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers.

Declaration of the recognized Medical Practitioner:			
Confirmation that identification documents were checked at the point of examination?	✓ Yes / No	Fit for look out duties	✓ Yes / No
Hearing meets the standards in section A-I/9 of STCW Code?	✓ Yes / No	Fit for service at sea	✓ Yes / No
Unaided hearing satisfactory?	✓ Yes / No	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?	✓ Yes / No
Visual acuity meets standards in section A-I/9 of STCW Code?	✓ Yes / No		
Color Vision meets standards in section A-I/9 of STCW Code?	✓ Yes / No	Any limitations or restrictions on fitness? If Yes, Please specify	✓ Yes / No
Date of last color vision test	15 JUL 2024		

Date **15 JUL 2024**


 Examining Physician Signature & Stamp

Validity of certificate: 2 years from the date of issue except for persons below 18 years on the date of medical examination where this certificate is valid for 1 year from the date of issue.



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

Clinical Findings

Height: (cm)	174	Weight: (kg)	80
Pulse rate: /minute)	78	Rhythm:	Regular.
Blood Pressure: Systolic: (mm Hg)	130	Diastolic: (mm Hg)	80

Visual acuity						
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right Eye	Left Eye	Binocular
Distant	6/6	6/6	✓			
Near	25/5	25/5	✓			

Hearing			
	Normal	Normal speech at a distance of 4m	Otoscopy (Tympanic Membrane)
Right ear	✓	4	
Left ear	✓	4	

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision	
Normal	Defective
✓	

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose veins	✓	
Sinuses, nose, throat	✓		Vascular (inc. pedal pulses)	✓	
Mouth/teeth	✓		Abdomen and viscera	✓	
Ears (general)	✓		Hernia	✓	
Eyes	✓		Anus (not rectal exam)	✓	
Ophthalmoscopy	✓		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	2/10		Psychiatric	✓	
Heart	✓		General appearance	✓	
Skin	✓			✓	

Other diagnostics Tests and results			
Test	Result		
Chest X-ray	Normal		
HIV	Negative		
VDRL	Non Reactive.		
Urinalysis:	Glucose: Nil	Protein: Nil	Blood: Nil
ECG(if required):	Normal		

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

☒ Fit for look-out duty
 ☐ Not fit for look-out duty

☒ Fit
 ☐ Deck service
 ☐ Engine service
 ☐ Catering service
 ☐ Other service

☐ Unfit
 ☐ Without restrictions
 ☒ With Restrictions
 ☐ Visual aid required
 ☐ Yes
 ☒ No

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

Medical certificate's date of expiration (day/month/year): 14 JUL 2025
 Date Medical certificate issued (day/month/year): 15 JUL 2024
 Medical practitioner information (name, license number, address):

RADICAL HOSPITAL LIMITED
 Dhaka, Bangladesh

Signature of Medical Practitioner



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

Pre-Employment and Periodic Medical Fitness Certificate of Seafarers

Issued in accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation I/9 and ILO/WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers.

Name: (last,first,middle)	UDDIN MD RIAZ	Date of birth (day/month/year):	01-01-1971
Gender: (male/female)	MALE	Nationality:	BANGLADESHI
Home Address:	AMIRABAD, SONAIMURI, NOAKHALI		
Passport No.	A08310861	Discharge book No.:	T / 29030
Type of Ship: (e.g. container, tanker, passenger, fishing)	TANKER	Trade Area: (coastal, tropical, worldwide)	WORLD WIDE
Department: (Deck, Engine, Catering, Other)	DECK		

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem		/	18. Sleep problem		/
2. High blood pressure		/	19. Do you smoke, use alcohol or drugs?		/
3. Heart/vascular disease		/	20. Operation/Surgery		/
4. Heart Surgery		/	21. Epilepsy/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		/
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 (hearing, tinnitus) /nose/throat problem		/
14. Infectious/contagious diseases		/	31. Restricted mobility		/
15. Hernia		/	32. Back or joint problem		/
16. Genital disorder		/	33. Amputation		/
17. Pregnancy		/	34. Fractures/dislocations		/

If you answered "yes" to any of the above questions, please give details:

Additional questions

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?
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?

Comments:

FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription or prescription medications?

If you answered "yes" to any of the above questions, please give details:

I hereby certify that the personal declaration above is a true statement to the best of my knowledge. I am fully aware that if I withhold any information, this pre-employment examination will be considered null and void. I am aware that the information supplied by me forms the basis upon which I will be offered employment as seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and/or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and/or owners and/or insurers of the vessel or their authorized representatives. I am aware of the results of this checkup and my rights to a review in case the result is unfit or fit with any limitations.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____ (the approved medical practitioner).

Signature of examinee:

Witnessed by: (Signature)

Date (day/month/year)

15 JUL 2024

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





MARITIME AND PORT AUTHORITY OF SINGAPORE

ANNEX C

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, middle) UDDIN MD RIAZ		Gender: Male/Female*
Date of Birth: (Day/month/year) 01-01-1971	Nationality: BANGLADESHI	Place of Birth: NOAKHALI

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	☒	☐
2	Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3	Unaided hearing satisfactory?	☒	☐
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:	15 JUL 2024	
6	Fit for look-out duty?	☒	☐
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	☒	☐
8	No limitations or restrictions on fitness?	☒	☐
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year)	15 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	14 JUL 2025	

15 JUL 2024

Date

Signature of Authorised
Medical Practitioner

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

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

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

Signature of Seafarer

* delete as appropriate



**MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION**

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER



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

Seafarer's Name : (Last, first, middle) UDDIN MD RIAZ (BLOCK CAPITALS)		Gender: Male/Female*
Date of Birth: day/month/year 01-01-1971	Place of Birth: NOAKHALI	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: A08310861	Dept: Deck / Engine / Catering / others Rank: P/ MAN	Type of ship: TANKER
Home Address: AMIRABAD, SONAIMURI, NOAKHALI	Routine and emergency duties:	Trading area: e.g. coastal / worldwide

*For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		☒	18. Sleep problem		☒
2. High blood pressure		☒	19. Do you smoke, use alcohol or drugs?		☒
3. Heart/vascular disease		☒	20. Operation/surgery		☒
4. Heart Surgery		☒	21. Epilepsy/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		☒
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(hearing, tinnitus/nose/throat problem		☒
14. Infectious / contagious diseases		☒	31. Restricted mobility		☒
15. Hernia		☒	32. Back or joint problem		☒
16. Genital disorder		☒	33. Amputation		☒
17. Pregnancy		☒	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?		☒
39. Are you aware that you have any medical problems, diseases or illnesses?		☒
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	
41. Are you allergic to any medication?		☒
42. Are you using any non-prescription or prescription medication?		☒

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

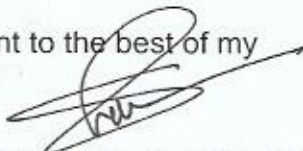
I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

15 JUL 2024

Date

Signature of Seafarer

Name and Signature of Witness


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

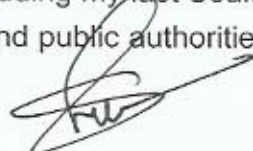
I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. DR. MIR, MD. RAIHAN.

15 JUL 2024

Date

Signature of Seafarer

Name and Signature of Witness


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



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☐ No

☐ Yes Type Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant		
Near	N5	N5	Near		

Visual fields

	Normal	Defective
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
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	174 (cm)	Weight	80 (kg)
Pulse rate	(per minute) 78	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	130	Diastolic (mm Hg)	80
Urinalysis: Glucose :	Nil	Protein:	Nil
		Blood:	Nil

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	



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

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year): 15 JUL 2024

Results: Normal chest X-ray

Other diagnostic test(s) and result(s):

Test Blood, Urine

Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea (please tick)

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

☒ Fit for look out duty

☐ Unfit for lookout duty

☐ Visual aid required

☒ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit				
Unfit				



☒ Without restrictions

☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

15 JUL 2024

Date

Signature of
Medical Practitioner

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

Medical Practitioner's name, licence number, address



Bill ID	DIA24070400	Received Date	15/07/2024
Patient Name	MD RIAZ UDDIN		
Patient Age	53Y 6M 14D	Sex	Male
Ref. By	DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM- T/29030		
Sample	Blood		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
HbA1C	4.8%	4 - 6 %
Serum Cholesterol	146.0 mg/dl	up to 200 mg/dl

REMARKS (IF ANY)

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

Checked By


Medical Technologist.
Radical Hospital Ltd.
Hospital.


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

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

RADICAL HOSPITAL LIMITED.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: UDDIN MD RIAZ Sex: — Serial No: —
Surname First Name Middle Initial
 Date of Birth: 01 01 1971 PP/CDC: T/29030 Rank: P/MAN
 Vessel: PURA PACIFIC Type: TANKER Route: WORLD WIDE
 Home Address: VILL+PO AMIRABAD, P.S. SONAIMURI
DIST. NAWKALI
 Company Name: —

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)					Hernia / Hydrocoele / Appendicitis				
Head Injury / Concussion / Loss of Memory					High / Low blood pressure / Heart disease				
Fits / Epilepsy / Dizziness / Fainting					Asthma / Bronchitis / Tuberculosis				
Eye / Vision Problems (Glasses, etc.)					Allergy / Skin disease				
Hearing Impairment					Infection / Contagious Disease				
Ear / Nose / Throat problems					Addiction to alcohol / drugs / tobacco				
Stomach / Bowel disorders					Fracture / Dislocation / Injury / Amputation				
Gall stones / Kidney disorders					Major / Minor Operation				
Jaundice / Liver Disease					Diabetes				
Piles / Varicose veins					Nervous / Mental disease / Sleep disorder				
Blood Disorder					Malignant disease (Cancer)				
Female Disorder					Signed off on medical grounds / Declared Unfit				

Height		Weight in Kgs		Chest	Insp-Exp	Blood Pressure in mm of Hg		Pulse-Beats / min		Resp.Rate / min		General Condition						
174cm		80kg		43-41	cm	130/80 mm		78/min		19/min		Good						
Distant Vision		Uncorrected		Corrected		Field of Vision		Audiometry		Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye				6/6		Normal		Right Ear		dB	25	25	25					
Left Eye				6/6		Abnormal		Left Ear		dB	25	25	25					
Colour Vision		Ishihara		Normal		Abnormal		Hearing		Right Ear					Left ear			
Other				Normal		Abnormal												

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS AS PER MLC 2006	Respiratory system	/	
Eyes	/			Cardiovascular system	/	
Ears / Nose / Throat	/			Per Abdomen	/	
Teeth / Oral Cavity	/			Genito-urinary system	/	
Musculo Skeletal system	/			Others	/	
Nervous system	/			Hernia / Hydrocoele	/	
Reflexes	/			Varicose Veins	/	
Skin	/			Fissure/Fistula/Piles	/	

Blood	Result	Normal	Urine
Hemoglobin	13.0 gm%	14-16 gm %	Colour
Total WBC count	25500 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 66 % Lymph 27 % Eos 03 % Ba 00 % Mo 03 %			pH
Malarial parasite	08 N/A Found		Albumin
ESR	mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	U/L	9-43 U / L	Bile pigment
S.Cholesterol	mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	RBS PPBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HIV I & II	Negative		Others
VDRL	Negative		
Others		GGTP U/L	Spirometry:
Blood Group			

ECG:	Normal	TMT:	N/D	Drugs or Abuse:	Negative
X-Ray	Chest:	Normal		USG:	Normal

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	Should be re-examined in days / weeks / months.
------------------------------	--

I, DR. NARAYAN CHITRA, do hereby 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: **14 JUL 2026**

Candidate's Signature _____ Official Stamp _____ Doctor's signature: _____

Date: 15 JUL 2021

Date: 15 JUL 2024

DG Shipping Bangladesh Approved

General Physician
Radical Hospitals Limited

00500

04 2024.7007

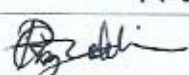
04:2521

04.2024.7007



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

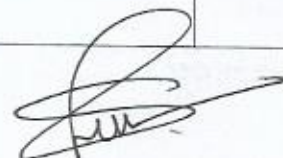
MEDICAL FITNESS CERTIFICATE

Name: <u>MD RIAZ UDDIN</u>	
Sex: <u>Male</u> / Female	Date of Birth: <u>01 / 01 / 1971</u>
Nationality: <u>BANGLADESHI</u>	Passport No: <u>A08310861</u>
Occupation/Rank: <u>P/MAN</u>	
Date of Issue: <u>15 JUL 2024</u>	
Date of Expiry: <u>14 JUL 2026</u>	
Signature of Holder: 	



This is to certify that the lawful holder had been found duly qualified in accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation I/9 and ILO/WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers.

Declaration of the recognized Medical Practitioner:			
Confirmation that identification documents were checked at the point of examination?	✓ Yes / No	Fit for look out duties	✓ Yes / No
Hearing meets the standards in section A-1/9 of STCW Code?	✓ Yes / No	Fit for service at sea	✓ Yes / No
Unaided hearing satisfactory?	✓ Yes / No	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?	✓ Yes / No
Visual acuity meets standards in section A-1/9 of STCW Code?	✓ Yes / No		
Color Vision meets standards in section A-1/9 of STCW Code?	✓ Yes / No	Any limitations or restrictions on fitness? If Yes, Please specify	✓ Yes / No
Date of last color vision test			



Date 15 JUL 2024

Examining Physician Signature & Stamp

Validity of certificate: 2 years from the date of issue except for persons below 18 years on the date of medical examination where this certificate is valid for 1 year from the date of issue.



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

Clinical Findings

Height: (cm)	179	Weight: (kg)	80
Pulse rate: /minute)	78	Rhythm:	Regular
Blood Pressure: Systolic: (mm Hg)	130	Diastolic: (mm Hg)	80

Visual acuity						
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right Eye	Left Eye	Binocular
Distant				6/6	6/6	
Near				15	15	

Hearing			
	Normal	Normal speech at a distance of 4m	Otoscopy (Tympanic Membrane)
Right ear	/		
Left ear	/		

Visual fields		
	Normal	Defective
Right eye	/	
Left eye	/	

Colour Vision	
Normal	Defective
/	

	Normal	Abnormal		Normal	Abnormal
Head	/		Varicose veins	/	
Sinuses, nose, throat	/		Vascular (inc. pedal pulses)	/	
Mouth/teeth	/		Abdomen and viscera	/	
Ears (general)	/		Hernia	/	
Eyes	/		Anus (not rectal exam)	/	
Ophthalmoscopy	/		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	/	
Heart	/		General appearance	/	
Skin	/			/	

Other diagnostics Tests and results				
Test	Result			
Chest X-ray	Normal chest x-ray			
HIV	Negative			
VDRL	Non Reactive			
Urinalysis:	Glucose: Nil	Protein: Nil	Blood: Nil	
ECG(if required):				

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

☒ Fit for look-out duty

☐ Not fit for look-out duty

☒ Deck service ☐ Engine service ☐ Catering service ☐ Other service
☐ Unfit

Without restrictions: ☒ With Restrictions: ☐ Visual aid required: ☒ Yes ☐ No

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

Medical certificate's date of expiration (day/month/year): 14 JUL 2026

Date Medical certificate issued (day/month/year): 15 JUL 2024

Medical practitioner information (name, license number, address):

RADICAL HOSPITAL LIMITED

Uttara Dhaka, Bangladesh

Signature of Medical Practitioner

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



Pre-Employment and Periodic Medical Fitness Certificate of Seafarers

Issued in accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation I/9 and ILO/WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers.

Name: (last,first,middle)	UDDIN MD RIAZ	Date of birth (day/month/year):	01-01-1971
Gender: (male/female)		Nationality:	
Home Address:	AMIRABAD, SONAIMURI, NOAKHALI		
Passport No.	A08310861	Discharge book No.:	T/29030
Type of Ship: (e.g. container, tanker, passenger, fishing)	TANKER	Trade Area: (coastal, tropical, worldwide)	WORLD WIDE
Department: (Deck, Engine, Catering, Other)	DECK		

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	/		18. Sleep problem	/	
2. High blood pressure	/		19. Do you smoke, use alcohol or drugs?	/	
3. Heart/vascular disease	/		20. Operation/Surgery	/	
4. Heart Surgery	/		21. Epilepsy/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	/	
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(hearing, tinnitus) /nose/throat problem	/	
14. Infectious/contagious diseases	/		31. Restricted mobility	/	
15. Hernia	/		32. Back or joint problem	/	
16. Genital disorder	/		33. Amputation	/	
17. Pregnancy	/		34. Fractures/dislocations	/	

If you answered "yes" to any of the above questions, please give details:

Additional questions

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 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 medication?		/

Comments:

FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription or prescription medications?

If you answered "yes" to any of the above questions, please give details:

I hereby certify that the personal declaration above is a true statement to the best of my knowledge. I am fully aware that if I withhold any information, this pre-employment examination will be considered null and void. I am aware that the information supplied by me forms the basis upon which I will be offered employment as seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and/or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and/or owners and/or insurers of the vessel or their authorized representatives. I am aware of the results of this checkup and my rights to a review in case the result is unfit or fit with any limitations.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____ (the approved medical practitioner).

15 JUL 2024

Date (day/month/year) / /

Signature of examinee:

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





MARITIME AND PORT AUTHORITY OF SINGAPORE

ANNEX C

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, middle)	UDDIN MD RIAZ	Gender:	Male/Female*
Date of Birth: (Day/month/year)	Nationality: BANGLADESHI	Place of Birth: NOAKHALI	
01/01/1971			

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	☒	☐
2	Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3	Unaided hearing satisfactory?	☒	☐
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:	15 JUL 2024	
6	Fit for look-out duty?	☒	☐
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	☒	☐
8	No limitations or restrictions on fitness?	☐	☐
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year)	15 JUL 2024	
10	Expiry of certificate: (day/month/year)	14 JUL 2026	
** Maximum two years from date of examination unless the seafarer is under the age of 18			

15 JUL 2024

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

Date

Signature of Authorised
Medical PractitionerMedical Practitioner's Official stamp
(name, licence number, address etc)

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

Signature of Seafarer

* delete as appropriate



**MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION**

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER



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

Seafarer's Name : (Last, first, middle) UDDIN MD KIAZ (BLOCK CAPITALS)		Gender: Male/Female*
Date of Birth: day/month/year 01/07/1971	Place of Birth: NOAKHAL	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: A08310861	Dept: Deck / Engine / Catering / others Rank: P/MAN	Type of ship: TANKER
Home Address: AMIRABAD, SONAIMURI NOAKHAL	Routine and emergency duties:	Trading area: e.g. coastal / worldwide

*For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		☒	18. Sleep problem		☒
2. High blood pressure		☒	19. Do you smoke, use alcohol or drugs?		☒
3. Heart/vascular disease		☒	20. Operation/surgery		☒
4. Heart Surgery		☒	21. Epilepsy/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		☒
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/hearing, tinnitus/nose/throat problem		☒
14. Infectious / contagious diseases		☒	31. Restricted mobility		☒
15. Hernia		☒	32. Back or joint problem		☒
16. Genital disorder		☒	33. Amputation		☒
17. Pregnancy		☒	34. Fracture/dislocations		☒

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



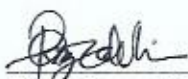
Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		☒
36. Have you ever been hospitalized?		☒
37. Have you ever been declared unfit for sea duty?		☒
38. Has your medical certificate even been restricted or revoked?		☒
39. Are you aware that you have any medical problems, diseases or illnesses?		☒
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	
41. Are you allergic to any medication?		☒
42. Are you using any non-prescription or prescription medication?		☒

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

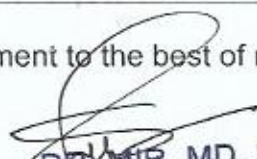
I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

15 JUL 2024

Date



Signature of Seafarer

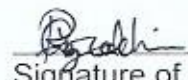

DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipp.ng Bangladesh Approved
 General Physician
 Radical Hospitals Limited

Name and Signature of Witness

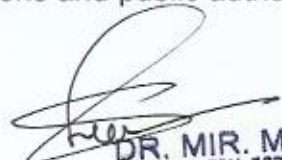
I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. DR. MIR. MD. RAIHAN,

15 JUL 2024

Date



Signature of Seafarer


DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipp.ng 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

☒ Yes

Type

Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant	6/6	6/6
Near	NS	NS	Near	NS	NS

Visual fields

	Normal	Defective
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
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	174 (cm)	Weight	80 (kg)
Pulse rate	(per minute)	Rhythm	Regu
Blood Pressure Systolic (mm Hg)	130	Diastolic (mm Hg)	80
Urinalysis: Glucose :	Nil	Protein:	Nil
		Blood:	Nil

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	

Ears (general)	/	
Tympanic membrane	/	
Eyes	/	
Ophthalmoscopy	/	
Pupils	/	
Eye movement	/	
Lungs and chest	/	
Breast examination	2/2	
Heart	/	
Skin	/	
Varicose Vein	/	
Vascular (inc. pedal pulse)	/	
Abdomen and viscera	/	
Hernia	/	
Anus (not rectal exam)	/	
G-U system	/	
Upper and lower extremities	/	
Spine (C/s, T/S, L/S)	/	
Neurologic (full/brief)	/	
Psychiatric	/	
General appearance	/	

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year): 15 JUL 2024

Results: Normal chest x-ray

Other diagnostic test(s) and result(s):

Test Blood & urine

Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea (please tick)

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

☒ Fit for look out duty

☐ Unfit for lookout duty

☒ Visual aid required

☐ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit				
Unfit				



☒ Without restrictions

☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

15 JUL 2024

Date



Signature of
Medical Practitioner

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

Medical Practitioner's name, licence number, address



ID NO : 24070400

Date : 15/07/2024

Patient's Name : MD RIAZ UDDIN

Age : 53Y6M14D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/T/29030

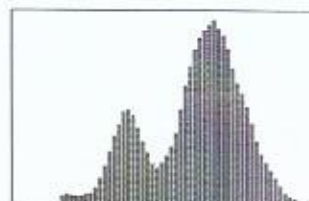
Sex : Male

Specimen : Blood

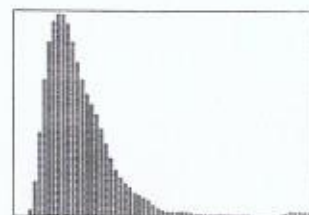
(Relevant estimations were carried out by KT-44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	13.9	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	08	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	8,500	/cumm	4,000 - 11,000 /cumm
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	66	%	(40 - 75)%
Lymphocytes	27	%	(20-45)%
Monocytes	04	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSINOPHIL COUNT	255	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	250,000	/cumm	1,50,000-4,50,000 /cumm
MPV	12.6	fL	7.0 -11.0 fL
PDW-CV	17.1	%	10 - 18 %
PCT	0.32	%	0.10 - 0.28
P-LCR	43.5	%	9.00 - 45.00%
P-LCC	109	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	5.1	m/μL	M: 4.5-6.5, F: 3.8-5.8 m/ μL
HCT/PCV	46.1	%	M: 40-54%, F: 37-47%
MCV	90.4	fL	76-94 fL
MCH	27.2	pg	27-32 pg
MCHC	30.1	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	DIA24070400	Received Date	15/07/2024
Patient's Name	MD RIAZ UDDIN		
Patient's Age	53Y 6M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/29030
Sample	BLOOD		

SEROLOGICAL REPORTTest NameResult

HIV 1 & 2 (Method : (ICT)	Negative
---------------------------	----------

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

Bill No	DIA24070400	Received Date	15/07/2024
Patient's Name	MD RIAZ UDDIN		
Patient's Age	53Y 6M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/29030
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	DIA24070400	Received Date	15/07/2024
Patient's Name	MD RIAZ UDDIN		
Patient's Age	53Y 6M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/29030
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.