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 Sex: m Name: UDDIN MD RIAZ T /29030 01/01/1071 PP/CDC: P/MAN Date of Birth: Rank: Vessel Type: PURA PACIFIC Route: TANKER Home Address: AMIRABAD, SONAIMURI, NOAKHALI Company Name: Medical History Please answer the following to the best of your knowledge. Examiner Is there any past / present history of any of Declaration Record Declaration Record the following No Yes No Yes Yes No Yes No Severe one-sided headaches (Migraine) Hemia / Hydrocoele / Appendicitis Head Injury / Concussion / Loss of Memmory High / Low blood pressure / Heart disease Fits / Epilepsy / Dizziness / Fainting Asthama / Bronchitis / Tuberculosis Eye / Vision Problems (Glasses, etc.) Allergy / Skin disease Hearing Impairment Ear / Nose / Throat problems Infection / Contagious Disease Addicition to alcohol / drugs / tobacco Stomach / Bowel disorders Fracture / Dislocation / Injury / Amputation Gall stones / Kidney disorders Major / Minor Operation Jaundice / Liver Disease Diabetes Nervous / Mental disease / Sleep disorder Piles / Varicose veins Mallignant disease (Cancer) Signed off on medical grounds / Declared Unfit 7 Female Disorder Medical Examination Pulse--Beats / min. Seneral Condition 49-41 130 80 mmm 195/min min 174m Distant Vision 1000 2000 3000 4000 5000 6000 8000 Corrected Field of Vision Audiometry Hz 500 Right Eye. صد dB 22 Noppes Right Ear 20 Abnormal 4/10 dB 2 22 2 Left Ear Ishihara Nonnal* Abnormal Right Ear Left ear Colour Vision Hearing Normal-Abnormal Systemic Examination Normal Abnormal Notes Normal Abnormal Head & Neck Respiratory system FIT FOR SEA SERVICE ars / Nose / Throat Per Abdomen Teeth / Oral Cavity Genito-urinary system Musculo-Skeletal syste Others AS PER MLC 2006 Nervous system Hernia / Hydrocoele Varicose Veins nhanced GARD Medicals done Skin Fissure/Fistula/Piles Investigations Blood Result Normal Urine Hemoglobin 3.0 14-16 cm am% Total WBC count 4000-11000 / cu.mm Specific Gravity Neu 66 Malanal parasite 00 % Mp 0 2 Lymps Albumin NI Sugar SCPT NI PHOTO U/L 9-43 U / L Bile pigment S.Cholestero mg/dl 145--260 mg / dl Bile salts S. Triglycendes mg/dl upto 200 mg/dl Occult blood Blood Sugar upto 125 mg % RBC cells NI Leucocytes HIV18 II Others VOR Spirometry: Others GGTP U/L Drugs of mmon ECG: TMT: Abuse: X-Ray Nonma Chest: USG:

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, Unfit Temporarily unfit Permanently unfit Should be re-examined in

I,Dr. MIR MD Raihan , hereby declare the examinee medically

days / weeks / months.

Recommendations

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 2025

Official Stamp

Doctor's signature: ~UM

Date: 15 JUL 2024

Candidate's Signature



Radical Hospitals Limited.

MEDICAL FITNESS CERTIFICATE

Sex: Nac / Female	Date of Birth: 01 - 01 - 107 1	
Nationality: BANGLADESHI	Passport No: A08310861	
Occupation/Rank: P/ man		Photo
Date of Issue: 15 .	JUL 2024	* 11010
Date of Expiry: 14 J	UL 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 Prac	ctitioner:		
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	
Visual acuity meets standards in section A- I/9 of STCW Code?	Yes / No	to render the seafarer unfit for such service or to endanger the health of other persons on board?	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 202	l,		

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.





Clinic	al Findi	ngs										
Height:	(cm)	17	4		W	eight:	(kg)	20				
Pulse rat	e: /(minu	te)	78		R	ythm:		Regul	n.			
Blood P	ressure: Syste	olic: (mi	h Hg	130	Di	astolic:	(mn	Hg) SV				
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	***		Visu	al acu	ity						Hearing	
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Mouth/tee	th			-	-		-	Abdomen and			_	
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Eyes				-		-		Anus (not rec	tal exam)			
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Breast exa	-90000			7	^	-		Neurologic (f Psychiatric	ull/briet)			
Heart				"	14			General appe	arance			
Skin					,	-					-	
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	restrictions	A.	With 1	☐ Restrict	ione		View] al aid required	□ Yes □		N ₁	
	e restrictions					of ship			L res		NO	184
Date M	l certificate's edical certific l practitioner	cate issued informatio	(day/ n (na	month/ me, lice	year) ense): number,	15 /	JUL 2025 IUL 2024			Ja	edical Practitione
		RADICA	IL HO	SPITAL	LIM	TED					organisme of IV	calcul Fractitione
		o ilui	s. Uhb	ka, Bang	pades	i.	Son Ray	AS POMMIC 2008)		BMDC A-55	. MD. RAIH CCD (Birdem), PGT (0 144. MMC-BGD-(Bangladesh Appro ral Physician

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng 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 1/9 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, SONA	EMURT, NOA	
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
I. 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		1	27. Loss of memory		-
11. Kidney Problem			28. Balance problem		
12. Skin problem		1	29. Severe headaches		
13. Allgergies		-	30. Ear(hearing, tinnitus) /nose/throat problem	1	
14. Infectious/contagious diseases		/	31. Restricted mobility		-
15.Hernia		-	32. Back or joint problem		
16 Genital disorder		1	33. Amputation		-
17. Pregnancy		0-12	34. Fractures/dislocations		-

Add	litional	question	18.
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- 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 preemployment 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 scalarer. 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 mask 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 incase 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).

Date (day/month/year)

15 JUL 2024

Signature of examinee:

Witnessed by: (Signature)

DR. MIR. MD. RAIHAN Name: (typed or printed) MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-B&D-016

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited





MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, mid	dle) uddin md RIAZ		Gender: Male/Female*
Date of Birth: (Day/month/year) 01 - 01 -1971	Nationality: BANGLADESHI	Place of Birth: No	PAKHALI

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?		1	
3	Unaided hearing satisfactory?		1	
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 20	124		
6	Fit for look-out duty?		/	
7	Is the seafarer free from any medical condition likely to be aggravated by se to render the seafarer unfit for such service or endanger the life of person or		/	
8	No limitations or restrictions on fitness?		/	
	If "no" specify limitations or restrictions	4		
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 (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping 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.



delete as appropriate





MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

A

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) UDDII (BLOCK CAPITALS)	N mb RIAZ		Gender: Male/Female*
Date of Birth: day/month/year 01 - 01 - 1971	Place of Birth: NOAUHALT	Nationality: {	BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: A08310G61	Dept: Deck / Engine / Car Rank: D/ MAN	tering / others	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
Eye/vision problem		/	18. Sleep problem		/
2. High blood pressure		/	19. Do you smoke, use alcohol or drugs?		_
Heart/vascular disease			20. Operation/surgery		-
Heart Surgery			21. Epilesy/seizures		
5. Varicose veins/piles		-	22. Dizziness/fainting		
6. Asthma/bronchitis		-	23. Loss of consciousness		
Blood disorder			24. Psychiatric problems		
8. Diabetes			25. Depression		-
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		1
15. Hernia		1	32. Back or joint problem	100	
16. Genital disorder		0	33. Amputation		-
17. Pregnancy	N	10	34. Fracture/dislocations		

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



Additional questions			Yes	No
35. Have you ever bee	en signed off as sick or repatriated f	from a ship?		-
36. Have you ever bee	en hospitalized?			-
37. Have you ever bee	en declared unfit for sea duty?			1
38. Has your medical	certificate even been restricted or re	evoked?		-
39. Are you aware tha	t you have any medical problems, o	diseases or illnesses?		0
40. Do you feel health	y and fit to perform the duties of you	ur designated position/occupation?		-
41. Are you allergic to				-
42. Are you using any	non-prescription or prescription me	edication?		-
I hereby declare that knowledge.	at the personal declaration above	DR. MIR. MD. F	RAIHAN	V
Date	Signature of Seafarer	BMDC A-55144, MMC DG Shipp.ng Banglades Name and Signature อาจาก Radical Hospitals L	-BGD-016 h Approve MaSS	
		edical records (including my last Second records) ealth institutions and public authorical public auth	ties to	N ₍₂₎

Date

Signature of Seafarer

BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Name and Signature of Withest



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No						
Yes	Туре			Purpose		
isual Acuity	1					
	Unaided				Aided	
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Left eye						
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Not tessearing Pu Right ear Left ear	whisper test (udiometry 1,000 2 2 metres)	Hz	shold values 2,000 Hz 20 20	in dB) 3,000 Hz	
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Right ear Left ear Left ear Left ear Height Pulse rate	whisper test (No lings (per sure Systolic (metres) (cm) minute) (mm Hg)	Hz ,	shold values 2,000 Hz 20 20 Wh Wh	in dB) 3,000 Hz nisper 4 9 (kg)	
Right ear Left ear Left ear Left ear Height Pulse rate Blood Pres	whisper test (No lings (per sure Systolic (udiometry 1,000 2 2 metres) ormal (cm) minute) (mm Hg) l Pr	78 13	weight Rhythm	in dB) 3,000 Hz anisper (kg) (mm Hg) Blood:	
Right ear Left ear Left ear Left ear Height Pulse rate Blood Pres	whisper test (No lings (per sure Systolic (udiometry 1,000 2 2 metres) ormal (cm) minute) (mm Hg) l Pr	Hz 78 13	weight Rhythm Diastolic	in dB) 3,000 Hz anisper (kg) (mm Hg) Blood:	
Right ear Left ear Right ear Left ear Height Pulse rate Blood Pres Urinalysis:	whisper test (per sure Systolic (Glucose : c, throat	udiometry 1,000 2 2 metres) ormal (cm) minute) (mm Hg) l Pr	Hz 78 13	weight Rhythm Diastolic	in dB) 3,000 Hz anisper (kg) (mm Hg) Blood:	

Ears (general)		
Tympanic membrane		
Eyes		
Ophthalmoscopy		
Pupils		
Eye movement	/	
Lungs and chest		
Breast examination	NIA	
Heart	1 7/18	
Skin		
Varicose Vein		
Vascular (inc. pedal pulse)		
Abdomen and viscera		
Hernia		
Anus (not rectal exam)		
G-U system	7	
Upper and lower extremities		- Organia
Spine (C/s, T/S, L/S)		
Neurologic (full/brief)		
Psychiatric		
General appearance		
est Elood, UTUIT	sult(s):	Results: //O/////C
Medical practitioner's comment	1200-100-100-100-100-100-100-100-100-100	nent of fitness, with reasons for any limitations.
	THE FOR DUTY	ON BOARD SHIP
Assessment of fitness for serv	ice at sea (ple	ase tick)
esults recorded above, I declare	the seafarer n	ion, my clinical examination and diagnostic test nedically:
Fit for look out duty	Unfit for lo	okout duty
\		
Visual aid required	Visual aid	not required
Deck Engine	Catering	Other
Deck Engine	Catering	Other

ctions [] With	restrictions
strictions (e.g. specific p	position, type of ship, trading area etc.)
	Service of
	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016
AND THE REST OF THE PARTY OF TH	DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited
Signature of Medical Practitioner	Medical Practitioner's name, licence number, address
	strictions (e.g. specific p





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),DFN	M- T/29030
Sample	Blood		

BIOCHEMISTRY REPORT

<u>Test Name</u>	Result	Reference Range
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

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: Serial No: MD RIAZ Sex: 011 01/1971 PP/CDC: Date of Birth: 2903 MAN Rank: Vessel: Type: URA PACIFIC Route: TANKER ORLD WIDE Home Address: VILL+PO AMIRABAN P. C. SONAIMURI DIST. NOAKHLI Company Name Medical History Please answer the following to the best of your knowledge. Candidate Is there any past / present history of any of Candidate Declaration Record Declaration Record the following Yes Yes No No No Yes Yes No severe one sided headaches (Migraine). Hernia / Hydrocoele / Appendicitis High / Low blood pressure / Heart disease Head Injury / Concussion / Loss of Memmory Fits / Epilepsy / Dizziness / Fainting ✓ Asthama / Bronchitis / Tuberculosis Eye / Vision Problems (Glasses, etc.) Allergy / Skin disease Hearing Impairment ✓ Infection / Contagious Disease Ear / Nose / Throat problems Addiction to alcohol / drugs / tobacco Fracture / Dislocation / Injury / Amputation Stomach / Bowel disorders Gall stones / Kidney disorders Major / Minor Operation Jaundice / Liver Disease Diabetes Piles / Varicose veins Nervous / Mental disease / Sleep disorder Mallignant disease (Cancer) Blood Disorder Female Disorder Signed off on medical grounds / Declared Unfit Notes Medical Examination Weight in Kas ire in mm of Ha Pulse--Beats / min General Condition 43-41 30/80 my 274m Distant Vision Field of Vision 1000 1/2000 5000 | 6000 | Audibmetry Right Lyc 2 Right Ear 20 Left Eye Abnormal Left Ear dB 2 2, Abnormal Normal Right Ear Colour Vision Left ear Hearing Other Normai Abnormal Systemic Examination Normal Abnormal Notes Normal Abnormal Head & Neck Respiratory system FIT FOR SEA SERVICE ardiovascular system Ears / Nose / Throat Per Abdomen Teeth / Oral Cavity AS Genito-urinary system Musculo-Skeletal system Others Nervous system AS PER MLC 2006 Hernia / Hydrocoele Varicose Veins inhanced GARD Medicals done Fissure/Fistula/Pil Investigations Blood Result Normal Urine 14-16 gm % Lotal WBC cour 4000-11000 / cu.mm CH.TIID Specific Gravity Neu 66 Malanal parasiti 00 % MOOS pH Albumin % Lymp DONO NI ESR mm / 1st hour - 15 mm / hr Sugar 9-43 U/L Bile pigment S.Cholesterol mg/dl 145--260 mg / dl Bile salts S. Triglycerides upto 200 mg/dl Occult blood Blood Sugar upto 125 mg % RBC cells NI Leucocytes HIV E & II Others VDRL Spirometry: GGTP U/L Blood Group Drugs of ECG: TMT: Abuse: X-Ray Chest: USG: Junn HOSPITALS 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 Temporarily unfit Permanently unfit days / weeks / months. Remarks / Recommendations If 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

Official Stamp

Doctor's signature:
DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) RMDC 4, 55144, MMC, RGD, 016 DG Shipp, ng Bangladesh Approved General Physician Radical Hospitals Limited

04.2024.7007

Cardidate's Signature

15 JUL 2024

Date:

MEDICAL FITNESS CERTIFICATE

Name: MD RIAZ	UDDIN	•	
Sex: Male / Female		Date of Birth: 01 / 01 / 1971	
Nationality: BANGLA	DESHI	Passport No: A 0831 0861	
Occupation/Rank: P	IMAN	7 8 9 0 4 0 5	
Date of Issue:		JUL 2024	
Date of Expiry:	14	JUL 2026	A L
Signature of Holder:	Broth	* (HOSPIT)	ALS)

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 Pra	ctitioner:		
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	
Visual acuity meets standards in section A- I/9 of STCW Code?	Yes/No	to render the seafarer unfit for such service or to endanger the health of other persons on board?	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			

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), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

	al Findi	ings			T								
leight:	(cm)	17	74		Wei	2000	(kg)	80					
ulse rat			7-8		Rhy	thm:		12cgw					
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			Visi	ial acu	ity							ring	
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Breast ex	amination				-			Psychiatric	93000-07			/	
leart						-		General appe	arance			-	
Skin			-		/			1				_	
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Urinaly	sis:	Glu	cose:	NI		Prote	ein:	alil	Blood:	Water II	N	11	
	required):		(0.019)		1			WIL				-	E
	examinee r	nedically	y:		t fit fo	r look	-out duty	camination and terring service	(070	ostic test		recorde	d above, I decla
Withou	at restriction	S	7 With	Restric	tions		Visua	l d aid required	12 Pes		No		
	he restriction					of shi						Arriva L	-2000-018
										- Alie		/	2
Date N	al certificate dedical certi al practition	ficate iss er inforn	sued (da nation (r	y/month	/year): ense n	umbe	n):/ 15/J	JUL 2026 JUL 2024		-	Signat	ture of M	Medical Practition
				hoka, Bár			New New	AN HOSOILE E		MBBS BMI	(DU). DI DC A-8 Shipp.n Ge	FM. CCD (E 55144, N g Bangla neral Ph	D. RAIHAN Birdem), PGT (Ophth) MMC-BGD-016 adesh Approved sysician als 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.

		Control of the Contro
UDDIN MD RIAZ	Date of birth (day/month/year):	01-01-1971
	Nationality:	
AMIRABAD, SONS		NOAKHALI
A08310861	Discharge book No.:	T/29030
TANKER	Trade Area: (coastal, tropical, worldwide)	WORLD WIDE
DECK		
	AMIRABAD, SONS AOB310861 TANKER	AMIRABAD SONAIMURI AO8310861 Discharge book No.: TANKER (coastal, tropical, worldwide)

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem			18. Sleep problem	1	110
2. High blood pressure			19. Do you smoke, use alcohol or drugs?	-	
Heart/vascular disease			20. Operation/Surgery		-
4. Heart Surgery	_		21. Epilepsy/seizures		
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. Allgergies	1		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	1		34. Fractures/dislocations		

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

A	k	it	10	na	15	tte	st	ior	is

- 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:

Thereby 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 preemployment 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 incase 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)



DR. MIR. MD. RAIHAN
Name: (typed or printed 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

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.

Date of Birth: (Day/month/year) Nationality: BAN h LASESH) Place of Birth: NOA eclaration of the recognized medical practitioner: 1 Identification documents were checked at the point of examination?	f	arer's Name :(Last, first, mide	dle) UDD/N	MD RIAZ	5	Gender: Male/Fen	nale
Identification documents were checked at the point of examination?	3		Nationality: BAN	GLADESHI	Place of Birth:	10AKHAL	J
	r	ration of the recognized me	edical practitioner:			Yes	N
2 11-3-		Identification documents wer	e checked at the poi	nt of examination	1?		
2 Hearing meets the standards in STCW Code Section A-I/9?		Hearing meets the standards	in STCW Code Sec	ction A-I/9?		/	

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?		1
5	Colour vision meets the standards in STCW Code Section A-I/9?		
	Date of last colour vision test: 15 JU	L 2024	
6	Fit for look-out duty?		
7	Is the seafarer free from any medical condition likely to be aggravated by to render the seafarer unfit for such service or endanger the life of person		
8	No limitations or restrictions on fitness?		
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year)	15 JUL 2	m24
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	1 / 1111 2	026

15 JUL 2024

Date

Signature of Authorised 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 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







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.

(BLOCK CAPITALS)	DIN MD RIAZ	Gender: Male/Female*
Date of Birth: day/month/year 01/01/1971	Place of Birth: NOAKHAL Nationality:	BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: A 0 8 3 1 0 8 6 1	Dept: Deck / Engine / Catering / others Rank:	Type of ship:
Home Address: AMIRABAD, SONAIMURI MOAKHAL	Routine and emergency duties:	Trading area: e.g. coastal / worldwide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
Eye/vision problem		/	18. Sleep problem	1	-
High blood pressure		-	19. Do you smoke, use alcohol or drugs?		
Heart/vascular disease		-	20. Operation/surgery		
Heart Surgery		-	21. Epilesy/seizures		-
5. Varicose veins/piles			22. Dizziness/fainting	1	-
Asthma/bronchitis		-	23. Loss of consciousness	1	
Blood disorder		-	24. Psychiatric problems		-
8. Diabetes		_	25. Depression	6	
9. Thyroid problem		-	26. Attempted suicide		
10. Digestive disorder		1	27. Loss of memory	-	
11. Kidney problem		/	28. Balance problem		
12. Skin Problem		-	29. Severe headaches		
13. Allergies		1	30. Ear(hearing, tinnitus/nose/throat problem		
14. Infectious / contagious diseases		1	31. Restricted mobility	4	
15. Hernia			32. Back or joint problem		-
16. Genital disorder			33. Amputation		-
17. Pregnancy	~1	IA	34. Fracture/dislocations		

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



^{*}For identity verification purpose

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?		1
38. Has your medical certificate even been restricted or revoked?		1
39. Are you aware that you have any medical problems, diseases or illnesses?		1
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	1	
41. Are you allergic to any medication?	4 1	1
42. Are you using any non-prescription or prescription medication?		1

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

DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved
General Physician
Name and Signature Info MATTIES &

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. MR 2000.

15 JUL 2024

Date

Signature of Seafarer

DG Shipping Bangladesh Approved General Physician Name and Signature of Witness



E yesight Jse of glasse	s or contact le	nses				
No						
Yes	Туре			Purpose	*******	
isual Acuity	r					
	Unaided				Aide	d
Right eye	Left eye	Binocula	ar Rig	ght eye	Left eye	
Distant	90	GLA	Dis	stant	666	66
Near	PRO	NS	- Ne	ear	15	NS
isual fields						
	Norm	al	Dofo	ctive	1	
Right eye		415	Dete	cuve		
Left eye		_				
Not tes	n (please tick) ted	Tormal		Doubtful		Defective
Not tes	ted					Defective
Not tes	re tone and a		(thresho		n dB)	
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earing Pu Right ear Left ear	re tone and a 500 Hz 2 2 whisper test (udiometry 1,000 2 2 2 metres)	(thresho	old values i 2,000 Hz い	n dB) 3,000 I	
Not tes earing Pu Right ear Left ear peech and v Right ear Left ear	re tone and a 500 Hz 2 whisper test (udiometry 1,000 2 2 2 metres)	(thresho	old values i 2,000 Hz い	n dB) 3,000 I	
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Right ear Left ear Right ear Left ear Right ear Left ear Height Pulse rate Blood Press Urinalysis: Head	re tone and a 500 Hz Whisper test (No ngs (per sure Systolic (Glucose : Glucose : ()	udiometry 1,000 2 metres) metres) rmal (cm) minute) mm Hg) 7 1 Pro	/ (thresho	Weight Shythm Diastolic	sper (kg) (mm Hg)	Hz
Right ear Left ear Right ear Left ear Height ear Left ear Left ear	re tone and a 500 Hz 2 whisper test (No ngs (per sure Systolic (Glucose : throat	udiometry 1,000 2 metres) metres) rmal (cm) minute) mm Hg) 7 1 Pro	/ (thresho	Weight A Rhythm Diastolic	sper (kg) (mm Hg)	Hz

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Ears (general)				
Tympanic membrane				
		1		
Cohtholmogopy				
Ophthalmoscopy Pupils				
Eye movement				
Lungs and chest		10		
Breast examination	7	117		
Heart				
Skin				
Varicose Vein		7		
Vascular (inc. pedal pu	ilse)	-5-		
Abdomen and viscera		11100		
Hernia		~		
Anus (not rectal exam)		_		
G-U system				
Upper and lower extre	mities			
Spine (C/s, T/S, L/S)				
Neurologic (full/brief)		/		
Psychiatric		_	1	
General appearance				
Other diagnostic test(s			No.nm.	
Medical practitioner's			nent of fitness,	with reasons for any limitations.
Assessment of fitness On the basis of the seafaresults recorded above, Fit for look out duty Visual aid required	arer's personal declare the s	al declara seafarer r Unfit for lo	tion, my clinical	examination and diagnostic test
				1
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Catering	Other	
Fit Service 3	belvice S	Service	Service	
Unfit			When !	

Description of re	strictions (e.g. specific p	position, type of ship, trading area etc.)	
15 JUL 2024	Aug.	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	
15 JUL 2024 Date	Signature of Medical Practitioner	General Physician	10





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

ex : Male

Specimen

; Blood

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

HAEMATOLOGY REPORT

Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	13.9 08	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	8,500	/cumm	4,000 - 11,000 /cumm	A AMIL
DIFFERENTIAL COUNT				
Neutrophils	66	%	(40 - 75)%	
Lymphocytes	27	%	(20-45)%	WBC CURVE
Monocytes	04	%	(2-10)%	
Eosinophils	03	%	(1-6)%	dl.
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL 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 %	PLT CURVE
PCT	0.32	%	0.10 - 0.28	PLI CORVE
P-LCR	43.5	%	9.00 - 45.00%	A
P-LCC	109	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	5.1	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	46.1	%	M: 40-54%, F: 37-47%	
MCV	90.4	fL	76-94 fL	
MCH	27.2	pg	27-32 pg	RBC CURVE
MCHC	30.1	g/dL	29-34 g/dL	KDC CORVE
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	16.3	%	10-16%	

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.



Bill No	DIA24070400	d Date	15/07/2	2024	
Patient's Name	MD RIAZ UDDIN				
Patient's Age	53Y 6M 14D Pat		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO				T/29030
Sample	BLOOD				-

SEROLOGYCAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT) Negative

Checked By

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



Bill No	DIA24070400	d Date	15/07/2	2024	
Patient's Name	MD RIAZ UDDIN				
Patient's Age	53Y 6M 14D Pa		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),P	GT(Eye),DFM	1 0	DC NO	T/29030
Sample	URINE				1

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	é
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.



Result



radical_hospitals@yahoo.com, www.radicalhospital.com

Test Name

Biil No	DIA24070400	Received Date 15/07/20		024	
Patient's Name	MD RIAZ UDDIN				
Patient's Age	53Y 6M 14D	F	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	DEM),PGT(Eye),DFM	С	DC NO	T/29030
Sample	URINE				

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

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.