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: MUJIBUDDOWLA MOHAMMAD (Surname / First Name) Sex: M Serial No:

Date of Birth: 25/01/1984 PP/CDC: Middle Initial C/01/5627 Rank: ETO

Vessel: M.T. VS GLORY Type: TANKER Route:

Home Address: 1K/4 CENTRAL BASHABO, DHAKA-1214

Company Name: V SHIPS

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		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		/			Hernia / 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		/			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		/			Mallignant disease (Cancer)		/		
Female Disorder		/			Signed off on medical grounds / Declared Unfit		/		

Notes

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
163cm	60Kg.	43 - 41 cms	130/80 mm Hg	78 / min	19 / min	Gd

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

Field of Vision: Normal / Abnormal

Colour Vision		
Ishihara		Normal / Abnormal
Other		Normal / Abnormal

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

Hearing: Right Ear: N Left ear: N

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 ETO
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
Hemoglobin	14.1 gm%	14-16 gm %
Total WBC count	9600 cu.mm	4000-11000 / cu.mm
Neu 63 % Lymp 28 % Eos 05 Ba 00 % Mo 04 %		
Malarial parasite	Not Found.	
ESR	06 mm / 1st hour	1- - 15 mm / hr
SGPT	28 U/L	9--43 U / L
S.Cholesterol	mg/dl	145--260 mg / dl
S.Triglycerides	mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Negative	
Others	GGTP U/L	
Blood Group		

Urine	
Colour	Straw
Specific Gravity	
pH	
Albumin	Nil
Sugar	Nil
Bile pigment	
Bile salts	
Occult blood	
RBC cells	Nil
Leucocytes	
Others	

ECG : Normal **TMT:** N/A

X-Ray Chest: Normal

Spirometry: N/A

Drugs of Abuse: Negative

USG: 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

I, [illegible] DR.MIR MD. RAIHAN 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: 05 JUL 2026

Candidate's Signature

Official Stamp

Doctor'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

Date: 06 JUL 2024

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

04.2024.6931

V.SHIPS V. SHIPS INDIA Pvt. Ltd

Certificate No: 04.2024.6931

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers **ILO/IMO/JMS/2011/12**

Family Name	MUJIBUDDOWLA
Given Names	MOHAMMAD
Rank and department	ETO, ENGINE
Date of birth (day/month/year)	25-01-1985 Sex: ☑ Male ☐ Female
Nationality	BANGLADESHI
Home address	1K/4 CENTRAL BASHABO, DHAKA-1214
Residence & Mobile No:	01911367912
Passport No./Discharge Book No.	C/0/5627
Type of ship (container, tanker, passenger, fishing)	TANKER
Trade area (e.g., coastal, tropical, worldwide)	WORLD WIDE

A. 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
1. Eye/vision problem	☐	☑	18.	Sleep problems	☐	☑
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	☐	☑	22.	Dizziness/fainting	☐	☑
6. Asthma/bronchitis	☐	☑	23.	Loss of consciousness	☐	☑
7. Blood disorder	☐	☑	24.	Psychiatric problems	☐	☑
8. Diabetes	☐	☑	25.	Depression	☐	☑
9. Thyroid problem	☐	☑	26.	Attempted suicide	☐	☑
10. Digestive disorder	☐	☑	27.	Loss of memory	☐	☑
11. Kidney problem	☐	☑	28.	Balance problem	☐	☑
12. Skin problem	☐	☐	29.	Severe headaches	☐	☑
13. Allergies	☐	☑	30.	Ear/nose/throat problems	☐	☑
14. Infectious/contagious diseases	☐	☑	31.	Restricted mobility	☐	☑
15. Hernia	☐	☑	32.	Back or joint problems	☐	☑
16. Genital disorders	☐	☑	33.	Amputation	☐	☐
17. Pregnancy	☐	☑	34.	Fractures/dislocations	☐	☐

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

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Additional questions

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

Comments:

FIT FOR DUTY ON BOARD SHIP

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

If yes, please list the medications taken and the purpose(s) and dosage(s)

I MOHAMMAD MUJIBUDDOWLA holding Passport/Seaman Book No C/O/5627 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may 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 the owners and / or Insurers of the vessel or their authorized representatives.

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

Signature of examinee: _____ Date (day/month/year) 06 / 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 authorise 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).

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B. MEDICAL EXAMINATION

Sight:

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

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular
Distant	6/6	6/6	✓			
Near	N5	N5	✓			

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Method of Testing Colour vision: ☐ Ishirara Plates ☑ Lantern Test ☐ Others

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

Hearing:

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 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 in cm	163	Weight in kg	60
Pulse rate	78 (/ minute)	Rhythm	Regular
Blood pressure Systolic	130 mm Hg	Diastolic	80 mm Hg

Urinalysis

Glucose: Nil	Protein: Nil	Blood: Nil

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

Chest X-ray	☐ Not performed	
	Performed on (day/month/year):	06 JUL 2024
Results:	Normal chest X-ray	

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

Test	Result		
Blood Tests – tick in box if done- readings seperately issued*1	CBC ☑, Blood VDRL test ☑, Blood ESR ☑, Blood Sugar – Random ☑		
Haemoglobin "Hb" *1		g/dl	
Hepatitis B *3	HB (ab) ☐ +ve ☐ -ve	HB (ag) ☐ +ve ☑ -ve	
Bacteriological stool test*4	☑ not performed	☐ negative	☐ positive
Parasitical stool test*5	☑ not performed	☐ negative	☐ positive
ECG (only for crew above 40 years)			
HIV *2 (+ve or -ve)	-ve		
Medical examiner's comments:	FIT FOR DUTY ON BOARD SHIP		

*1 compulsory
*2 not compulsory
*3 required by the Company for all crew from endemic areas
*4 required by the Company for all food handlers
*5 required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering 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 and hence declare the examinee medically:

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

	Deck service	Engine service	Catering service	Other services
Fit	☐	☑	☐	☐
Unfit	☐	☐	☐	☐

☑ Without restrictions ☐ With restrictions

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

Place of examination: UTTARA, DHAKA, Date (day/month/year) 06 / JUL / 2024

Medical certificate's date of expiration (day/month/year) 05 / JUL / 2026

Date medical certificate issued (day/month/year): 06 / JUL / 2024

Official stamp (also print name of medical examiner if not legible): 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

Signature of medical examiner: _____

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

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

V.SHIPS V. SHIPS INDIA Pvt. Ltd.

Certificate No: 04.2024.E931

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12

Family Name	MUJIBUDDOWLA		
Given Names	MOHAMMAD		
Date of birth (day/month/year)	25/01/1985	Sex: ☑ Male	☐ Female
Nationality	BANGLADESHI.		

DR. MIR. M. REG. NO A-55144 RADICAL HOSPITALS LTD

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	✓		
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	✓		
Unaided hearing satisfactory?	✓		
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	✓		
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	✓		

I have evaluated the above named examinee according to _____
(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering 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 and hence declare the examinee medically:

☑ Fit for look-out 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

Chest X-ray	☑ normal	☐ not performed
Bacteriological stool test	☑ negative	☐ not performed
Parasitical stool test	☑ negative	☐ not performed
Vaccination records	☑ satisfactory	☐ to be renewed

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

RADICAL HOSPITAL LIMITED

Place of examination: Uttara, Dhaka, Bangladesh Date (day/month/year) 06 JUL 2024

Medical certificate's date of expiration (day/month/year) 05 JUL 2026

Official stamp (also print name of medical examiner if not legible): 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

Signature of medical examiner: _____

Authorised by: DG SHIPPING BANGLADESH (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: _____
(To be signed in the presence of the medical examiner)

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

ID No:

UK P&I CLUB

MEDICAL CERTIFICATE

Surname	Other Names	Position applied for
MUJIBUDDOWLA	MOHAMMAD	ETO

Date of Birth	Sex	Nationality	ID (Passport/Discharge book) No:
25/01/1985	M	BANGLADESHI	C/0/5627

Ship Name: M.T. VS GLORY

I have evaluated the above-named examinee according to __ UK CLUB _____ (national law, regulation or other requirement), and on the basis of the examinee's personal declaration, my clinical examination, and the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, in my opinion this employee **DOES / DOES NOT** meet the physical requirement for this job.

Restrictions applied: None/..... FIT FOR DUTY ON BOARD SHIP

If unfit state reason

Visual aid required (specify) Yes/~~No~~ Informed spares necessary Yes/No Fit for lookout duty ~~Yes~~/No

Expiry date 05 JUL 2026

Signed:

Name:

Authorizing body:

Clinic stamp:

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General Physician
Radical Hospitals Limited

Date: 06 JUL 2024

I acknowledge that I have been advised of the content of the medical examination form.

Examinee's signature:

A copy of this certificate should be kept by the examining physician, and a copy sent to the UK P & I club. The original should be given to the seafarer.

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

CRW15 – CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME	POSITION ON BOARD
MUJIBUDDOWLA	MOHAMMAD	ETO

DATE OF BIRTH	PLACE OF BIRTH	SEX	ID DOCUMENT NO
25-01-1985	DHAKA	MALE	C/0/5627

(PLEASE INDICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REFERENCE LEVEL)

TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☑	☐	LYMPHOCYTE COUNT	☑	☐
RED BLOOD CELL COUNT (RBC)	☑	☐	MONOCYTE COUNT	☑	☐
PLATELET COUNT (PLT)	☑	☐	EOSINOPHIL COUNT	☑	☐
HAEMOGLOBIN (HGB)	☑	☐	BASOPHIL COUNT	☑	☐
HAEMOTOCRIT (HCT)	☑	☐	GRANULOCIYTE COUNT	☑	☐
MEAN CORPUSCULAR VOLUME (MCV)	☑	☐	THROMBOCYTE COUNT	☑	☐
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	☑	☐	**BIOCHEMISTRY**	**YES**	**NO**
MEAN CORPULSCULAR HB. CONC (MCHC)	☑	☐	ASPARTATE AMINOTRANSFERASE (AST, SGOT)	☑	☐
MEAN PLATELET VOLUME (MPV)	☑	☐	ALANINE AMINOTRANSFERASE (ALT, SGPT)	☑	☐
RED BLOOD CELL DISTRIBTION WIDTH (RDW)	☑	☐	TOTAL BILIRUBIN	☑	☐
NEUTORPHIL COUNT	☑	☐		☐	☐

IF ANY OF THE ABOVE CHECMICAL-SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DETAILS BELOW. **COMMENTS (for abnormal result):**

Doctors Comments:

No Abnormality Found.

DR. MIR. MD. RAIHAN
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General Physician
Radical Hospitals Limited

06 JUL 2024

MEDICAL EXAMINER
(SIGNATURE & PRINTED NAME)

DATE OF EXAMINATION

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

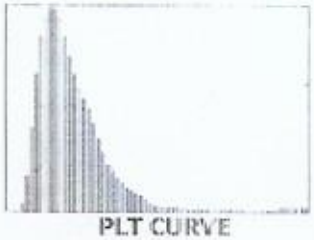
ID NO	: 24070138	Date	: 06/07/2024
Patient's Name	: MOHAMMAD MUJIBUDDOWLA	Age	: 39Y 5M 11D
Ref. By	: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/5627	Sex	: Male
Specimen	: Blood		

(Relevent estimations were carried out by AT-4K Haematology Analyzer with checked manually)

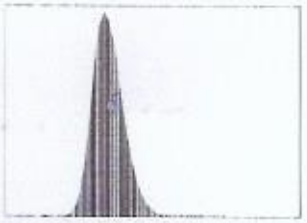
HAEMATOLOGY REPORT

Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**14.1**	g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**06**	mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**9,600**	/cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	63	%	(40 - 75)%	
Lymphocytes	28	%	(20-45)%	
Monocytes	05	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**384**	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**196,000**	/cumm	1,50,000-4,50,000 /cumm	
MPV	11.8	fL	7.0 -11.0 fL	
PDW-CV	17	%	10 - 18 %	
PCT	0.23	%	0.10 - 0.28	
P-LCR	41.6	%	9.00 - 45.00%	
P-LCC	81	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**6.14**	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	47.0	%	M: 40-54%, F: 37-47%	
MCV	76.5	fL	76-94 fL	
MCH	22.9	pg	27-32 pg	
MCHC	30	g/dL	29-34 g/dL	
RDW SD	42	fL	30.0-57.0 fL	
RDW CV	16.9	%	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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24070138	Received Date	06/07/2024
Patient's Name	MOHAMMAD MUJIBUDDOWLA		
Patient's Age	39Y 5M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5627
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.58 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	28 U/L	Up to 40 U/L
Serum AST (SGOT)	26 U/L	Up to 37 U/L
Serum Alkaline Phosphate	175 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.

radical_hospitals@yahoo.com, www.radicalhospital.com

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Bill No	DIA24070138	Received Date	06/07/2024
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Ref. by	Dr. Mir Md Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5627
Sample	BLOOD		

SEROLOGICAL REPORT

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

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	DIA24070138	Received Date	06/07/2024
Patient's Name	MOHAMMAD MUJIBUDDOWLA		
Patient's Age	39Y 5M 11D	Patient's Sex	Male
Ref by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5627
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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	DIA24070138	Received Date	06/07/2024
Patient's Name	MOHAMMAD MUJIBUDDOWLA		
Patient's Age	39Y 5M 11D	Patient's Sex	Male
Ref by	Dr Mir Md Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5627
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
Pheneyclidine	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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Date: 06/07/2024

EYE EXAMINATION REPORT

NAME:	MOHAMMAD MUJIBUDDOWLA		
AGE:	39 YRS	RANK: ETO	CDC NO:C/O/5627

VISUAL ACUITY: RIGHT LEFT

UNAIDED 6/6 6/6.

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

AUDIOLOGICAL REPORT

Patient Name : MOHAMMAD MUJIBUDDOWLA

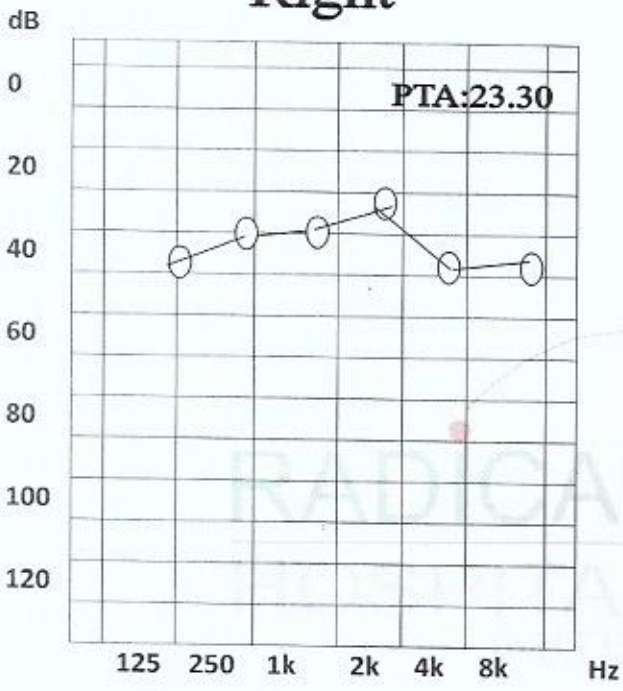
06/07/2024

Age : 39 Yrs

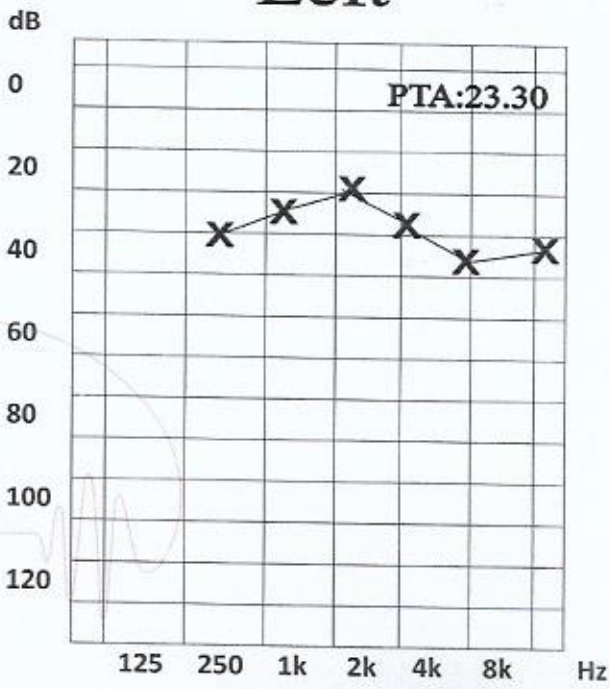
Address : RHL, UTTARA

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.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070138	Receive:06/07/2024	Print: 06/07/2024
Patient's Name	:	MOHAMMAD MUJIBUDDOWLA		
Age	:	39 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

MOHAMMAD MUJIBUDDOWLA

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 25/01/1985 | 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 qualito profess- sionelle vaccinateur	Approved Stamp / Cechet d'authentiftcation
19 JUL 2022	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
3	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
06 JUL 2024		
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 event 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 unc 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 de 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

MOHAMMAD MUJIBUDDOWLA

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 25/01/1985 | 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
19 JUL 2022	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.	YELLOW FEVER VACCINE L NO DAKAR	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH
1			
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 I' 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 comporte pent allectcr sa validite.