

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: MDJUMDER AFLATUN AHAMED Sex: M Serial No: _____
Date of Birth: 31/01/1989 PP/CDC: C10/5853 Rank: 2nd Engineer
Vessel: MT WOODSTOCK Type: Dil Chem Route: WORLD WIDE
Home Address: 89-73-05-DL, QJOY Vill- NIJKALIKAPUR, P.O- BATTOLI, P.S- PARASHURAM,
DIST- FENI, BANGLADESH
Company Name: ATLANTAS SHIP MANAGEMENT

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		☒		☒
Notes									

Medical Examination

Height		Weight in Kgs		Chest Insp-Exp		Blood Pressure in mm of Hg		Pulse-Beats / min		Resp. Rate / min		General Condition							
176cm		75kg		43-41		120/80 mmHg		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		20	20	20					
Left Eye		6/6				Abnormal		Left Ear		dB		20	20	20					
Colour Vision		Ishihara		Normal		Abnormal		Hearing		Right Ear								Left ear	
		Other		Normal		Abnormal													

Systemic Examination

Head & Neck	Normal	Abnormal	Notes FIT FOR SEA SERVICE AS 2ND ENGR AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	Normal	Abnormal
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	14.9 gm%	14-16 gm %	Colour
Total WBC count	7100 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 62 % Lymph 33 % Eos 02 % Pa 00 % Mo 02 %			pH
Malaria parasite	Not Found		Albumin
ESR	05 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	25 U/L	9-43 U / L	Bile pigment
S.Cholesterol	171 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	171 mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS 5.8 PPBS	upto 125 mg %	RBC cells
HbsAg	Non reactive		Leucocytes
HIV I & II	Non reactive		Others
VDRL	Non reactive		
Others	Non reactive		
Blood Group	A B Rh +	GGTP U/L	

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

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, Doctor's Name: 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: 23 MAR 2026

Candidate's Signature: Ahamed

Official Stamp

Date: 24-03-2024

24 MAR 2024



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

04.2024.6220

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME <u>MOJUMDER</u>	GIVEN NAME(S) <u>AFLATUN AHAMED</u>
DATE OF BIRTH 01 MONTH 31 DAY 1989 YEAR	PLACE OF BIRTH FENJ CITY BANGLADESH COUNTRY SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: <u>VILL - NIJKALIKAPUR, P.O - BATTOLI,</u> <u>P.S - PARSHURAM, DIST - FENI</u> <u>BANGLADESH</u>

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT <u>176 cm</u>	WEIGHT <u>75 kg</u>	BLOOD PRESSURE <u>120/80 mmHg</u>	PULSE <u>78/min</u>	RESPIRATION <u>19/min</u>	GENERAL APPEARANCE <u>Good</u>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <u>6/6</u> LEFT EYE <u>6/6</u>		HEARING: RT. EAR <u>mm</u> LEFT EAR <u>mm</u>	
COLOR TEST TYPE: BOOK ☐ LANTERN ☐ IS COLOR TEST NORMAL? ☒ YES ☐ NO (If "NO" EXPLAIN ON PAGE 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒					
HEAD AND NECK <u>Normal</u>			HEART (CARDIOVASCULAR) <u>Normal</u>		
LUNGS <u>Normal</u>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>Yes.</u>		
EXTREMITIES: UPPER <u>Normal</u>			LOWER <u>Normal</u>		

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes ☐ No ☒

IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

Ahamed

SIGNATURE OF APPLICANT

24 MAR 2026

DATE OF EXAMINATION

23 MAR 2026

EXPIRY DATE

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

FIT FOR DUTY ON BOARD SHIP

MOJUMDER AFLATUN AHAMED

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐

SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☐ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN DR. MIR MD RAIHAN MBBS, DFM

ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014

SIGNATURE OF PHYSICIAN [Signature] 24 MAR 2026

DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/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



MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) **Hearing**
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) **Eyesight**
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) **Dental**
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) **Blood Pressure**
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) **Voice**
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) **Vaccinations**
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) **Diseases or Conditions**
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) **Physical Requirements**
 - Applicants for able seafarer, bosun, GP-I, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form (See RMI MG 7-47-1, §3.3).

24 MAR 2024



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



ATLANTAS CREW MANAGEMENT

Form No – FP 02D

Revision – 2

Seafarer's declaration of medicines being carried on board

Date – 15 Oct 23

Date: 24 MAR 2024

To,
The Company appointed Doctor,
XXXX (Management Company)

Dear Sir,

I hereby declare that I will be carrying the following medicines for usage onboard. These have been prescribed by my family doctor and/or by company appointed doctor. I have been taking these prescribed medicines for lastdays/months/year.

List/qty. of prescribed medicines, which will be carried by me on board. The period of medicine course is prescribed for - weeks/months

Sr. No	Name of Medicine(S) Onboard (Allopathic medicines to be mentioned here)	Quantity	Dosages	Ailment
1				
2				
3				
4				

Note: As a rule, not more than 4 medicines or combinations as allowed,

- I agree to carry the original prescription on board for the above-mentioned medication.
- I agree to inform the Master, all details of my medication immediately upon joining the vessel.
- I also confirm that at no time any other drugs/medicines shall be found with me or in my cabin.
- I am also aware of my responsibility for self-medication.
- Subject to obtaining approval from Company and Company appointed Doctor for the above mentioned medicines, I will ensure to carry sufficient medication with me to cover the period of my onboard tenure and extra supply for an additional month. I will be responsible for maintaining sufficient stock of my prescription medicine & will be also responsible for informing the master with reasonable notice if due to any reason I am in need of replenishment of my prescription medicine. The company will assist as far as possible for replenishing my prescription medicine in case of emergency only.
- I hereby consent that the above medical information may be shared as necessary.

I have read and understood the above terms. Should I fail to follow the above terms, I agree that I will not be eligible for the sick, injury, and death pay/compensation as per the company's standard terms and condition and/or the respective collective bargaining agreement of the applicable vessel.

Name & Rank of the seafarer: AFLATUN AHAMED MOJUMDER 2/E	Signature: Ahmed
Vessel Name: MT WOOD STOCK	Date: 24.03.2024
Confirmed by a company appointed doctor (signature & date): 24 MAR 2024	
The company appointed doctor's name & city:	DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGD (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited
The company appointed doctor's remarks, if any:	

Note: Doctors are requested to send the original form along with the medical report to the company.



ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2024.6220

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last MOJUMDER First AFLATUN Middle AHAMED
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 24.03.2024
Occupation: Deck/Engine/Catering/Other (specify) ENGINE Rank: SECOND ENGINEER
Father's/ Husband's name: ANOWAR HOSSAIN MOJUMDER C.D.C No. C/O/5853
Mother's Name: FATEMA RASHADA Seaman ID No. 050006341
Address: House No: Street/ Road No: Passport No. B00016144
Locality/Village: NIJKALIKAPUR NID No. 4641869120
P.O.: BATTOLI Date of Birth: 31/01/1989
P.S.: PARSHURAM (DD/MM/YYYY)
District: FENI

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination ☒ YES/NO
- Hearing meets the standards in section A-I/9 ☒ YES/NO
- Unaided hearing satisfactory? ☒ YES/NO
- Visual acuity meets standards in section A-I/9? ☒ YES/NO
- Colour vision meets standards in section A-I/9? ☒ YES/NO
Date of last colour vision test 24 MAR 2024
- Fit for lookout duties? ☒ 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 service or to render the health of any other persons on board? ☒ YES/NO
- Any limitations or restrictions on fitness? ☒ YES/NO
If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

9. Medical fitness category: ☒ Fit-No restriction ☐ Fit-Subject to restrictions ☐ Unfit

10. Date of examination/Issue (DD/MM/YYYY) 24 MAR 2024

11. Date of expiry (DD/MM/YYYY) 23 MAR 2026 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Ahamed
Seafarer's Signature



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Biom), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited
Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food-related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

24 MAR 2024

ID NO : 24030659

Date : 24/03/2024

Patient's Name : AFLATUN AHAMED MOJUMDER

Age : 35Y1M23D

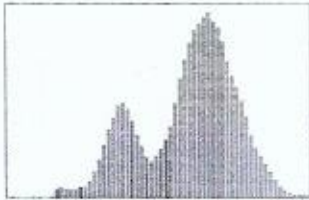
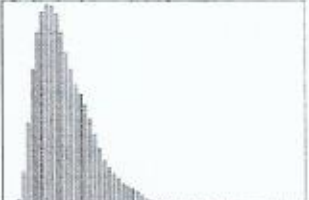
Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/5853

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)	14.9 g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	05 mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	7,100 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	62 %	(40 - 75)%	
Lymphocytes	33 %	(20-45)%	
Monocytes	03 %	(2-10)%	
Eosinophils	02 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	142 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	229,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	10.7 fL	7.0 -11.0 fL	
PDW-CV	16.7 %	10 - 18 %	
PCT	0.24 %	0.10 - 0.28	
P-LCR	31.6 %	9.00 - 45.00%	
P-LCC	72 x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	5.52 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	47.2 %	M: 40-54%, F: 37-47%	
MCV	85.6 fL	76-94 fL	
MCH	27.1 pg	27-32 pg	
MCHC	31.6 g/dL	29-34 g/dL	
RDW SD	50 fL	30.0-57.0 fL	
RDW CV	17.4 %	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	DIA24030559	Received Date	24/03/2024
Patient's Name	AFLATUN AHAMED MOJUMDER		
Patient's Age	35Y 1M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5853
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/L	4.2 – 6.4 mmol/L
Serum Creatinine	0.89 mg/dl	0.3 - 1.3 mg/dl
Uric Acid	4.1 mg/dl	3.8 - 8.0 mg/dl
GGT	38 U/L	Adult Male : <55
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
Serum AST (SGOT)	19.0 U/L	Up to 37 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.



Bill No	DIA24030559	Received Date	24/03/2024
Patient's Name	AFLATUN AHAMED MOJUMDER		
Patient's Age	35Y 1M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5853
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
Malaria Parasite (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING Result

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

Checked By

Medical Technologist,
Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5853
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 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
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Associate Professor
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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.

AUDIOLOGICAL REPORT

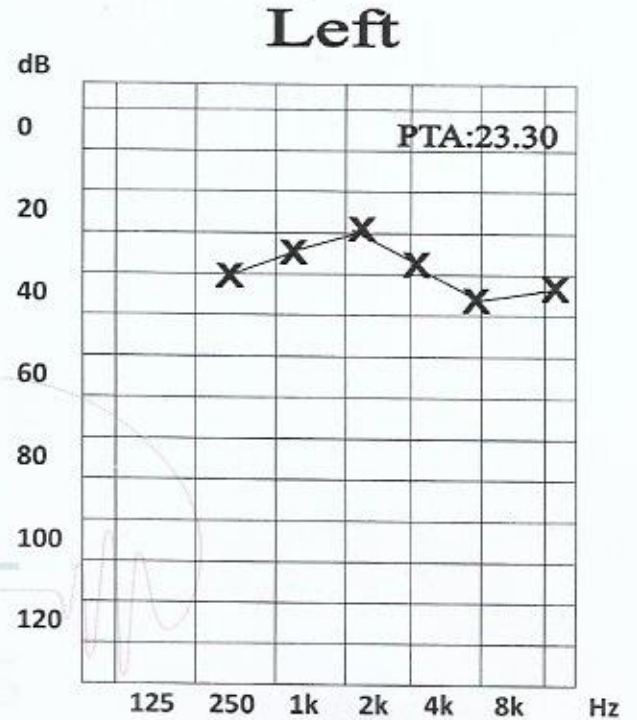
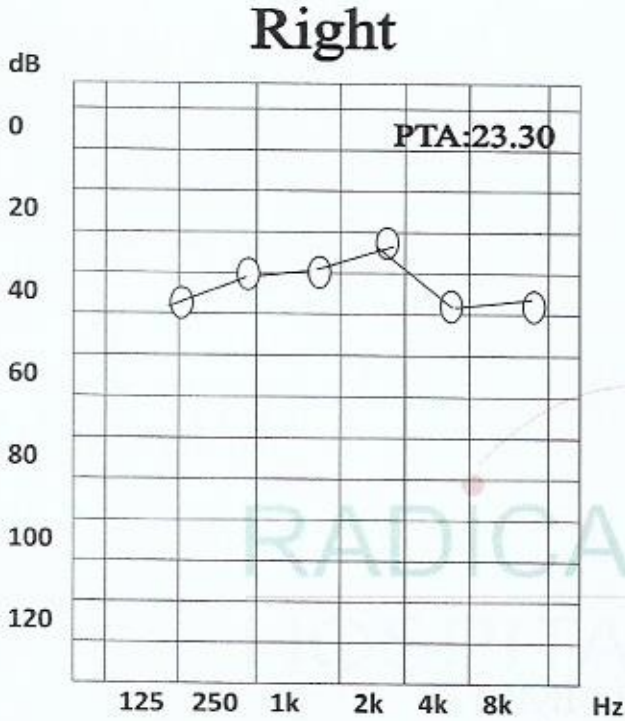
Patient Name : AFLATUN AHAMED MOJUMDER

24/03/2024

Age : 35 Yrs

s Address : RHL, UTTARA

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



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		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

Patient ID	24030659	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	24/03/2024
Patient Name	AFLATUN AHAMED MOJUMDER		
Age	35 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 12.5cm, regular in shape and normal position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : Mildly contracted (postprandial) , Visible lumen appears clear.

PANCREASE :- Normal size regular in shape. Echogenicity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (8.4X3.3)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-11.1cm, LK-11.8cm regular in shape. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Normal in size volume is 23.1cc ,regular in shape. Echogenicity is homogenous.
No area of calcification is seen.

IMPRESSION: Suggestive of Normal study.

Dr. Asma Ahmed
 MBBS,CMU,DMU
 PGT(Gynae & obs)
 Advanced Training on TVS
 Consultant Sonologist

ID: 24020578

24-03-2024

20:21:03

Alister Adams
Male 38 Years *pro smoker*

HR	: 93	bpm
P	: 98	ms
PR	: 136	ms
QRS	: 94	ms
QT/QTc	: 324/403	ms
P/QRS/T	: 61/56/33	°
RV5/SVI	: 1.804/0.817	mV

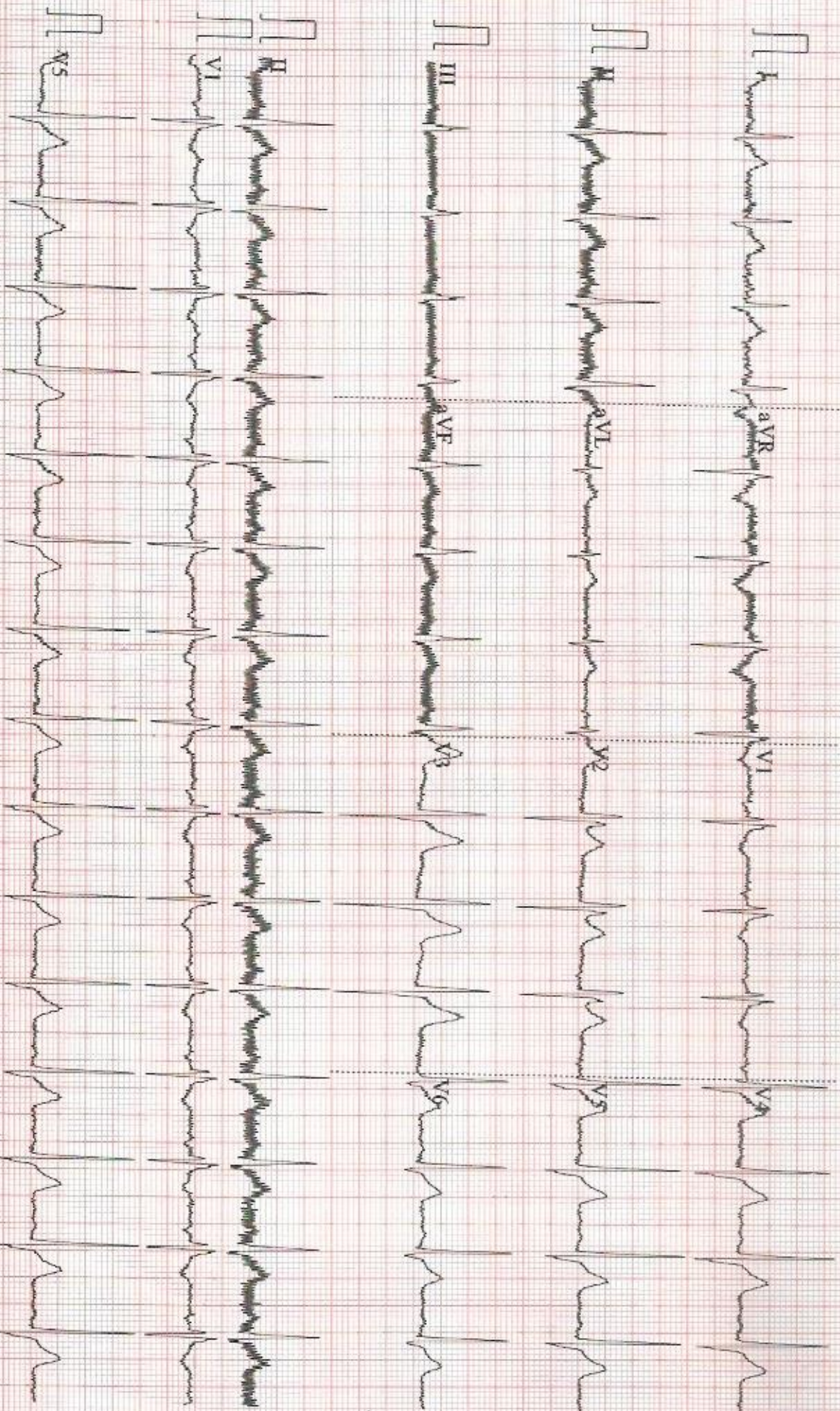
Diagnosis Information:

Sinus rhythm

rS(VI) - probable normal variant

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r 93

SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030659 Receive: Print: 24/03/2024
Patient's Name : AFLATUN AHAMED MOJUMDER
Age : 35 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 93 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology)

Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030659 Receive: 24/03/2024 Print: 24/03/2024
Patient's Name : AFLATUN AHAMED MOJUMDER
Age : 35 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

Date: 24/03/2024

EYE EXAMINATION REPORT

NAME:	AFLATUN AHAMED MOJUMDER		
AGE:	35 YRS	RANK: 2 ND ENG	CDC NO:C/O/5853

VISUAL ACUITY: RIGHT LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION:  NORMAL / BLINDOPINION : UNFIT /  FIT FOR EMPLOYMENT ON BOARD

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

Patient's Name	: AFLATUN AHAMED MOJUMDER	ID NO	: 24030659
Age	: 35 Yrs	Date	: 24/03/2024
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan MBBS,(DU), DFM		
Nature of Specimen	:		

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6
FEV = 5
FEV/FVC = 80%

Comments: Normal Lung Function



Dr. Mir Md. Raihan

MBBS (DU) CCD(Birdem),PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

Patient's Name	:	AFLATUN AHAMED MOJUMDER	ID NO	:	24030659
Age	:	35 Yrs	Date	:	24/03/2024
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM			

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygiene : Normal

Comments : Normal



Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT(opth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

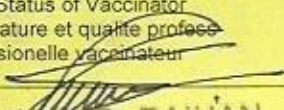
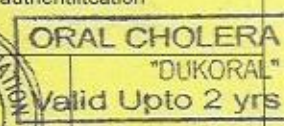
Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

AFLATUN AHAMED MOJUMDER
This is to certify that JE Soussigne' (e) certifie que _____ date of birth 24/01/1989 Sex MALE
no' (e) le _____ sexe _____
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 fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualité professionnelle vaccinateur	Approved Stamp Cachet d'authentification
17 MAY 2023	 DR. MD. RAIHAN MBBS (DU), DPM, CCR (Bangladesh), FGP (Diploma) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 
2		
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the 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, this 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 performed.

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

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent sur l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui figurent sur le présent formulaire rendra le certificat invalide.

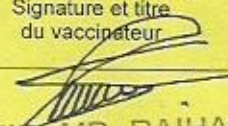
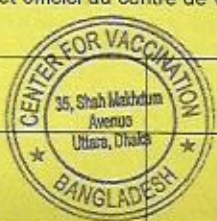
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

AFLATUN AHAMED MOJUMDER

This is to certify that
JE Soussigne' (e) certifie que _____ date of birth
no' (e) le 29/01/1989 Sex MALE

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 date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numnc' ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
17 MAY 2023	 DR. MIR MD. RAIHAN MBBS (DU), DPM, CCD (Birm), PGT (Optim) BMDC A-55144, MMC-BGD-016 2 DG Shipping Bangladesh Approved General Physician Dhaka Hospital Limited		
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I lcalih 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 revaccination.

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 available que si lc vaccina employe" a c- ' tc, ' a approve" par l' organisa_ tion Mondiale de la sanc" et sile centre a" uaiif, alion ae" tc'tra6fiiiie pali-aminsralion sanitaire du (erriloire dans lcucl'ce centre est situe);

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

Ca certificate do it ctrc signc'uq' un me'decin de sa propre main, son cachet officiar nc pouvant cue conside' comme lcnant lieu de signature.

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