



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
HS3926FF



MEDICAL EXAMINATION CERTIFICATE

SURNAME AHAMMED	FIRST NAME AND FEROZE	MIDDLE NAME
PLACE AND DATE OF BIRTH JHENAI DAH 5-Jun-1977	PASSPORT NUMBER B00116755	SEAMAN'S BOOK NUMBER C/O/3926
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : 363/22, NORTH PIRER BAG, MIRPUR, DHAKA, 1216, BANGLADESH.	CONTACT NUMBER : 01727177412 (SELF)	RANK : CHIEF ENGINEER

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?	☐	☒
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 problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

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

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

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight **63 kg** Height (cm) **165** BM **23.1** Blood Pressure: Systolic **130 mm** Diastolic **80 mm** PULSE: **72 bpm**

Ear	Hearing by Audiometry
Right	☐ Adequate ☐ Inadequate
Left	☐ Adequate ☐ Inadequate

Audiometry			
500	1000	2000	3000
72			

Hearing by Whisper Test	
☐ Adequate	☐ Inadequate
☐ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐

Visual acuity					Visual fields		
	Unaided		Aided			Normal	Defective
	Right eye	Left eye	Right eye	Left eye			
Distant	6/6	6/6			Right eye	✓	
Near					Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 21 MAR 2024

	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	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>MD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>MD</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	<u>MD</u>
DC (differential count)	<u>MD</u>	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	<u>15.7</u>	DRUG AND ALCOHOL TEST		
ESR (WESTERGREN)	<u>8.6</u>	Morphine	☐ Positive ☒ Negative	HBsAg
WBC	<u>8400</u>	Amphetamine	☐ Positive ☒ Negative	HIV / AIDS Test
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	VDRL
RANDOM	<u>5.8</u>	Barbiturates	☐ Positive ☒ Negative	Blood Type
HBA1C	<u>5.87</u>	Cocaine	☐ Positive ☒ Negative	Psychological Exam
				Others (KUB Ultrasound)

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

[Signature]
Signature of Seafarer

FEROZE AHAMMED
Name of Seafarer

21 MAR 2024
Date

Assessment of fitness for service at sea:

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

☒ Fit for lookout duties ☐ Not fit for lookout duties

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

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	No
☒	☐

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

Action taken by medical examiner (e.g., referral):

Fitness Date: 21 MAR 2024

Valid Until:

20 MAR 2026

Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: AHAMMED		GIVEN NAME (S): FEROZE	
DATE OF BIRTH: DAY 5 MONTH 6 YEAR 1977		PLACE OF BIRTH CITY JHENAIDAH COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: 363/22, NORTH PIRER BAG MIRPUR, DHAKA BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR W
LEFT EYE	6/6	—	LEFT EAR W

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(The visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **21 MAR 2024**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☐ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☒

Hereby I declare that I am in knowledge of the contents of the Physical Examination.



FEROZE AHAMMED

21 MAR 2024

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR. MD. RAIHAN, MBBS (DU) DFM. CCD (BIRDEM) P.G.T. (OPHIH)**

ADDRESS: **RADICAL HOSPITALS LTD, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-MAY-2014**

SIGNATURE OF PHYSICIAN: 

STAMP OF PHYSICIAN: 

DATE: **21 MAR 2024**

EXPIRY DATE OF CERTIFICATE: **20 MAR 2026**

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

DR. MIR. MD. RAIHAN
MBBS (DU) DFM. CCD (BIRDEM), PGT (OPHIH)
BMD C A-55144, MMC-BSD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: AHAMMED	GIVEN NAME (S): FEROZE	
DATE OF BIRTH: DAY 5 MONTH 6 YEAR 1977	PLACE OF BIRTH CITY JHENAIDAH COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: 363/22, NORTH PIRER BAG MIRPUR, DHAKA BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	☐ BOOK ☐ LANTERN YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	RIGHT EAR W
LEFT EYE	6/6	—		LEFT EAR W

Confirmation that identification documents were checked at the point of examination. YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **21 MAR 2024**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☐ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☒

Hereby I declare that I am in knowledge of the contents of the Physical Examination.



FEROZE AHAMMED

21 MAR 2024

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

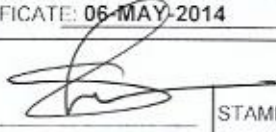
NAME AND DEGREE OF PHYSICIAN: **DR. MIR. MD. RAIHAN, MBBS (DU) DFM. CCD (BIRDEM) P.G.T. (OPHIH)**

ADDRESS: **RADICAL HOSPITALS LTD, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230.**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06 MAY 2014**

SIGNATURE OF PHYSICIAN:



STAMP OF PHYSICIAN:



DATE:

21 MAR 2024

EXPIRY DATE OF CERTIFICATE:

20 MAR 2026

This certificate is issued 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.

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (BIRDEM), PGT (OPHIH)

BMD C A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

Medical Information (医療情報) • Please check the appropriate items.

該当する二欄に✓印を記入して下さい。

1. ALLERGIES:

(アレルギー)

- ☐ Urticaria (hives) (じんましん) ☐ Asthma (ぜんそく) ☐ Other (その他)

2. Drug allergies (name):

(薬品名)

2. PAST HISTORY: (病歴)

(1) Past serious illness: (主な既往歴) Age (年齢)

Surgery: (手術)

When?

(時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Year): (持病/有無)

Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一投薬品名)

4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない)

☐ Drink 2-3 times a week (週に2-3回) ☐ Drink every evening (毎日)

☐ Heavy drinker (強い) ☐ Moderate drinker (中程度) ☐ Light drinker (弱い)

(2) Smoking: (喫煙) ☐ Never smoke (吸わない)

☐ Just smoking in 19____年 (19____年に始まる)

☐ Smoke _____ cigarettes a day (1日平均____本吸う)

(3) Bowel movements:

(排便)

☐ Regular (規則的) ☐ Irregular (不規則) ☐ Constipated (便秘)

(4) Dietary preferences:

(食事の好み)

☐ Salty (塩辛) ☐ Meat (肉類) ☐ Fish (魚類)

☐ Sweet (甘い) ☐ Only (脂っこい)

(5) Exercise: (運動)

☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)

(6) Sleep: (睡眠)

☐ Sleep well (よく寝る) ☐ Have Sleeplessness (眠れない)

☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重)

☐ Constant (変わらない) ☐ Putting on weight (太っていく)

☐ Losing weight (やせていく)

DR. MR. MD. RAIHAN

MBBS (D), DPM, CCD (Birm), PGT (Opht)

BMDC A-55144, MMIC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

21 MAR 2024



5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

- | | | | | |
|--|---|---|---|---|
| ☐ Heart disease (心臓病) | F | M | B | S |
| ☐ Cancer part (癌/部位) | F | M | B | S |
| ☐ Diabetes (糖尿病) | F | M | B | S |
| ☐ Hypertension (高血圧症) | F | M | B | S |
| ☐ Cerebral Apoplexy (脳卒中) | F | M | B | S |
| ☐ Liver disease (肝臓疾患) | F | M | B | S |
| ☐ Other: Name of disease (病名) | F | M | B | S |

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡潔に。)

MEDICAL RECORDS
(Write in block Letters)

Name of Company:
(所属会社)

Tel: Fax:

Name: PEROZZE AHMED
(氏名) given name (名) family name (姓)

Sex: (性別) M/F
(男/女)

Nationality:
(国籍)

Name of Position: SA. ENAR
(職位)

Date of Birth: 05-06-77
(生年月日) (D - M - Y)

Height: (身長) 165 cm Weight: (体重) 63 kg/at age 20: (20 才時) kg

Pulse: 78 /min Normal breathing rate: 20 /min Normal temperature: °C
(脈拍) (正常呼吸数/分) (平熱)

Blood pressure: 120/80 mmHg Blood type: B+ Rh () Single/Married
(血圧) (血液型) (独身/既婚)

Blood sugar: (血糖値) mg/dl × 0.05625 = (mmol/l)

Uric acid: (尿酸値) mg/dl × 0.05914 = (mmol/l)

Date: 2-1 MAR 2024 Signature: (署名)
(Card holder) (本人)



DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Biom), FGT (Opth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospital's Limited



DECLARATION OF HEALTH BY CREW

NAME OF CREW : FEROZE AHAMMED

RANK : CHIEF ENGINEER

CDC NO : C/O/3926

DOB : 05-Jun-1977

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart-related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel and will bear all the expenses as may incur as a direct result of such concealment.

Date : 21 MAR 2024

Signed :

The Crew Member

* If yes, mention details below:-

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

ID NO : 24030552

Patient's Name : FEROZE AHAMMED

Ref. By : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF - C/O/ 3926

Specimen : Blood

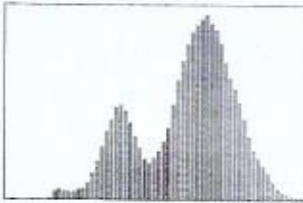
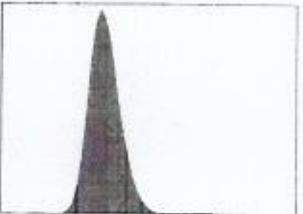
Date : 21/03/2024

Age : 46Y 8M 16D

Sex : Male

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	15.1 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	8,700 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	64 %	(40 - 75)%	
Lymphocytes	29 %	(20-45)%	
Monocytes	04 %	(2-10)%	
Eosinophils	03 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	261 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	170,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	16.8 fL	7.0 -11.0 fL	
PDW-CV	19.1 %	10 - 18 %	
PCT	0.29 %	0.10 - 0.28	
P-LCR	65 %	9.00 - 45.00%	
P-LCC	111 x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	5.47 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	49.2 %	M: 40-54%, F: 37-47%	
MCV	90.1 fL	76-94 fL	
MCH	27.5 pg	27-32 pg	
MCHC	30.6 g/dL	29-34 g/dL	
RDW SD	50 fL	30.0-57.0 fL	
RDW CV	17 %	10-16%	

Checked By.....

Medical Technologist.
Radical Hospital Ltd.
Uttara,Dhaka.

Dr. S.M.Shariar Rizvi
MBBS,MD(BSMMU)
Consultant
Dept.Of Microbiology
Radical Hospital Ltd.

Bill No	DIA24030552	Received Date	21/03/2024
Patient's Name	FEROZE AHAMMED		
Patient's Age	46Y 8M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 3926
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.8 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.55 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
Serum AST (SGOT)	19.0 U/L	Up to 37 U/L
HbA1C	5.0 %	4.0- 6.0 %

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	DIA24030552	Received Date	21/03/2024
Patient's Name	FEROZE AHAMMED		
Patient's Age	46Y 8M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 3926
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING RESULT

ABO Blood Group	"B" (+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.

Bill No	DIA24030552	Received Date	21/03/2024
Patient's Name	FEROZE AHAMMED		
Patient's Age	46Y 8M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO
Sample	URINE		C/O/ 3926

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

Bill No	DIA24030552	Received Date	21/03/2024
Patient's Name	FEROZE AHAMMED		
Patient's Age	46Y 8M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 3926
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist,
Radical Hospital Ltd.



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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030552 Receive: 21/03/2024 Print: 21/03/2024
Patient's Name : **FEROZE AHAMMED**
Age : 47 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.

Page of 1

ID: 24020576

21-03-2024 20:22:01

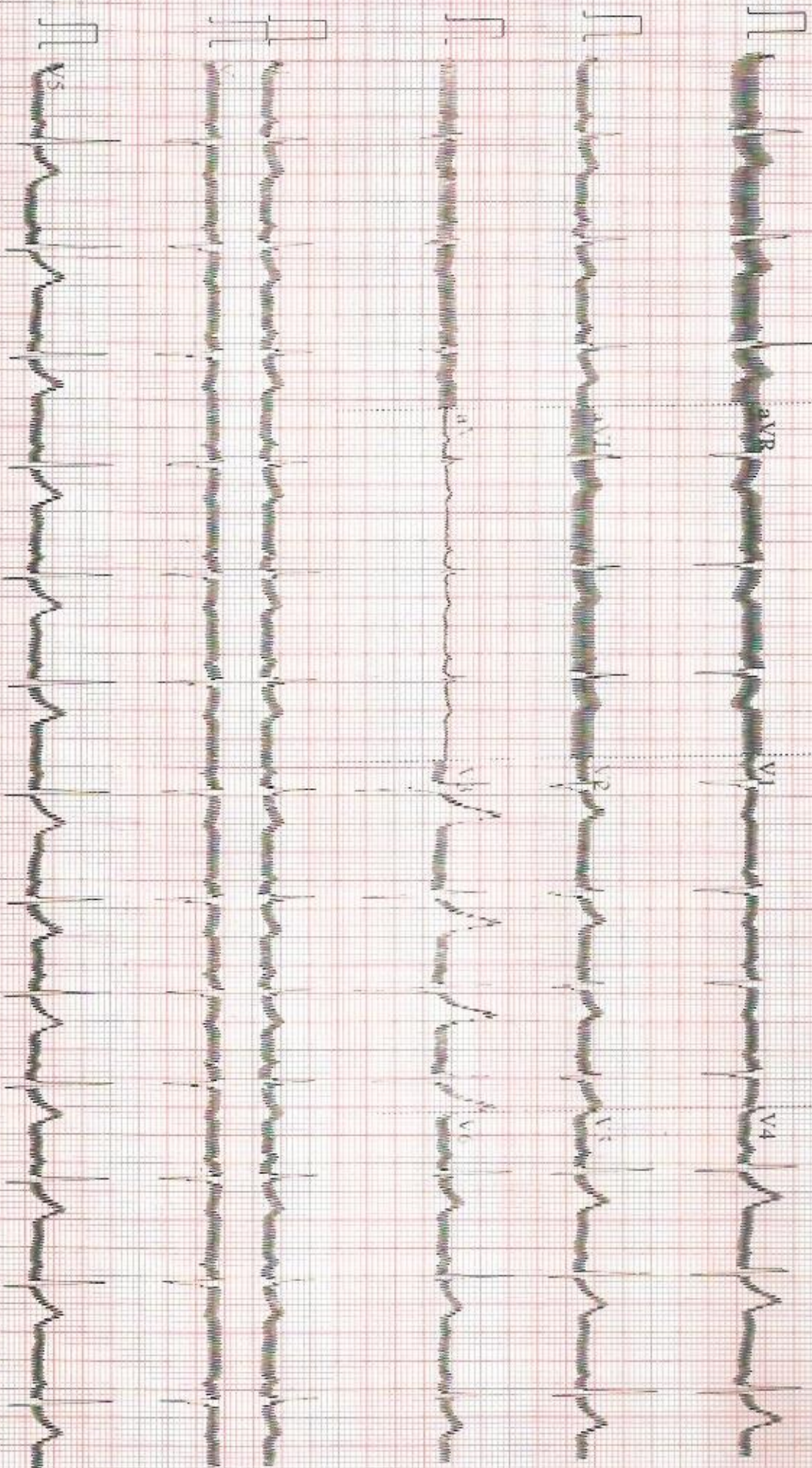
Male 22 Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 80	bpm
P	: 96	ms
PR	: 140	ms
QRS	: 78	ms
QT/QTc	: 342/395	ms
P/QRS/T	: 48/22/21	°
RV5/SVI	: 1.35/0.863	mV

Report Confirmed by:



REF: MV. ONE HELSINKI

DATE: 21/03/2024

M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: FEROZE AHAMMED

RANK: CHENG

CDC NO: C/O/3926

VISUAL ACUITY:

RIGHT

LEFT

6/6

6/6

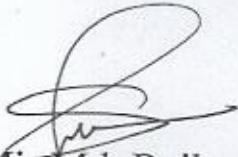
UNAIDED

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION

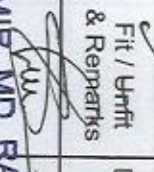
: UNFIT / FIT FOR EMPLOYMENT ON BOARD


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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations					
			X-ray	ECG	Urine	Blood	LFT	
09 MAR 2023	ONE BAN	Pulse 72 BP 120/80 Normal	Normal	Normal	Normal	Normal	Normal	
21 MAR 2024	ONE BAN	Pulse 72 BP 120/80 Normal	Normal	Normal	Normal	Normal	Normal	

Completed by Company's M.O.

Creatine		Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
USG					
				 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bangam), PGT (Opth) BMDC A-55144, MMCBGD-016 DG Shipping Bangladesh Approver General Physician Radical Hospitals Limited.	
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DR. MIR. MD. FAHAN
MBBS (GU), DPM, CCD (Bangladesh), PGD (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

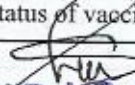
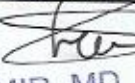
DR. MIR. MD. FAHAN
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BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 05.06.1977 Sex M

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
09 MAR 2023	 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.	
21 MAR 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	

Blood Group	3	3	4
	4		
	5	5	6
	6		
Rh Factor	7	7	8
	8		

Continued overleaf Suite our erso

