



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880 31 716214-6, Fex: +880 31 710530 Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER 201879

MEDICAL EXAMINATION CERTIFICATE

ATEEF CHITAGONG ATMA-1961 CONTIGONG CONTIGONG CONTIGONG AND ATMA-1961 CHITAGONG ATMA-1961 CHITAGONG ATMA-1961 CONTIGONG ATMA-1961 CONTIGONG ATMA-1961 CONTIGONG ATMA-1961 CONTIGONG ATMA-1961 CONTIGONG ATMA-1961 CONTIGONG ATMA-1961 CHITAGONG ATMA-1961 CONTIGONG ATMA-1961 CONTIGONG ATMA-1961 CHITAGONG ATMA-1961 CONTIGONG ATMA-1961 CHITAGONG ATMA-1961 CHITAGONG ATMA-1961 CHITAGONG ATMA-1961 CONTIGONG ATMA-1961 CHITAGONG ATMA-1961 CHITAGONG ATMA-1961 CONTIGONG ATMA-1961 CHITAGONG ATMA-	No. A			GAS TOTAL CONTRACTOR	
ASSPORT NUMBER A1424997 SEAMANTS BOOK NUMBER CO0892 TORNALITY BANGLADSHI SEX. PI Male	IRNAME		ighther.	MIDDLE NAME	
CONTACT NUMBER: OCONDACT TRANCIST STANGLADESIS SEX. PI Male □ Female VESSELTYPE: CHEM. TANKER] IRADING AREA. WORLD WIDE TRANCIST STANGLADESIS SEX. PI Male □ Female VESSELTYPE: CHEM. TANKER] IRADING AREA. WORLD WIDE TRANCIST STANGLADESIS SEX. PI Male □ Female VESSELTYPE: CHEM. TANKER] IRADING AREA. WORLD WIDE TRANCIST STANGLADESIS SEX. PI Male □ Female VESSELTYPE: CHEM. TANKER] IRADING AREA. WORLD WIDE TRANCIST STANGLADESIS SEX. PI Male □ Female VESSELTYPE: CHEM. TANKER] IRADING AREA. WORLD WIDE TRANCIST STANGLADESIS SEX. PI Male □ Female VESSELTYPE: CHEM. TANKER] IRADING AREA. **WORLD WIDE TO JUSTICE SEX. POLYTON			MUD		
MAINTHY PANGLADSHI SEX. PI Male	ACE AND DATE OF BIRTH	The second secon	10.001.001		
RANALENT HOME ADDRESS 8. P.O. JOGANIA, P.S. KALIA, DIST. JESSORE. Condition Condition VES NO Condition VES NO 1 Eyevision problem 1 Eyevision problem 2 High blood pressure 1 Hierar Lurgery 3 Hierar/Vascular disease 1 Hierar/V					NAME OF TAXABLE PARTY O
Tave you ever had any of the following conditions? Condition		☑ Male ☐ Female			
Lave you ever had any of the following conditions?	RMANENT HOME ADDRESS:		CON	TACT NUMBER:	01718362608 (SELF)/017
Condition	& P.O. JOGANIA, P.S. KALIA, DIST. J	ESSORE.	RANK	K :	CHIEF ENGINEER
Condition VES NO 1 Fyelvision problem 2 High blood pressure 3 Heart-vascular disease 11					
Condition VES NO 1 Fyelvision problem 2 High blood pressure 3 Heart-vascular disease 11		-07 - 07			
1 Fyevision problem	Have you ever had any of the following co	nditions?			
1 Fyevision problem	0.19	VEC NO.4	Condition		VES NO
1	4 TO TO TO THE TO SERVE THE SERVE TH			e	/ /
Additional questions Additional questions					/ -
4 Heart surgery 5 Varicose very 1 22 Dizziness/fainting 6 Ashma/bronchitis 7 Blood disorder 8 Diabetes 9 Thyroid problem 1					0 61
5 Varicose veins 6 Asthma/bronchitis 7 Blood disorder 7 Blood disorder 8 Diabetes 9 Thyroid problem 1		11/		2005	0 61
Ashmabronchitis					0 8/
7 Blood disorder 8 Diabetes 9 Thyroid problem 10 Digestive disorder 11 1 26 Attempted suicide 11 27 Loss of memory 11 Kidney problem 12 Skin problem 13 Allergies 13 Allergies 14 Infectious/contagious diseases 14 Infectious/contagious diseases 15 Hernia 16 Genital disorders 17 Pregnancy 18 Tary of the above questions were answered "yes", please give details. Additional questions Additional questions Type questions Type questions were answered "yes", please give details. Additional questions YES NO 18 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 20 Are you avare 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 alking any non-prescription or prescription medications? FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? FIT FOR DUTY ON BOARD SHIP 43 Are you alking any non-prescription or prescription medications? FIT FOR FIT N 50 6 1 Perf 1 Perf 1 Perf 1 Perf 1 Perf 2 Perf 2 Perf 3 P		//		CONTRACTOR OF THE	(D. W)
8 Diabetes 9 Thyroid problem					
9 Thyroid problem 10 Digestive disorder 11 Y Z6 Attempted suicide 11 Xidney problem 11 Y Z7 Loss of memory 12 Skin problem 12 Skin problem 13 Allergies 14 Infectious/contagious diseases 14 Infectious/contagious diseases 15 Allergies 16 Gental disorders 17 Pregnancy 18 ay of the above questions were answered "yes", please give details. Additional questions 18 Have you ever been signed off as sick or repatrated from a ship? 36 Have you ever been inspect off as sick or repatrated from a ship? 37 Have you ever been declared unfit for sea duty? 38 Have you ever been declared unfit for sea duty? 39 Are you ware 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) AFFORMIN Seeff Open Hallows Signature of Scafarer DICAL EXAMINATION Weight BUT Height (cm) Designated position by Audiometry Right Adequate Inadequate Inadequate Inadequate Adequate Inadequate 10 Inadequate Inadequate 11 A 22 Acquate Inadequate 12 Adequate Inadequate 13 Attempted suitorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims. Additional Inadequate Inadequate Adequate Inadequate Inadequate Adequate Inadequate Inadequate Inadequate Inadequate Inadequate Inadequate Inadequate Inadequate				70000	
10 Digestive disorder 11 Kidney problem 12 Skin problem 13 Allergies 13 Allergies 14 Infectious/contagious diseases 15 Allergies 15 Allergies 16 Genital disorders 17 Pregnancy 18 Flave you ever been signed off as sick or repatriated from a ship? 19 Have you ever been hospitalised? 20 Have you ever been hospitalised? 31 Have you ever been hospitalised? 32 Have you ever been hospitalised? 33 Have you ever been hospitalised? 34 Have you ever been hospitalised? 35 Have you ever been hospitalised? 36 Have you ever been hospitalised? 37 Have you ever been declared until for sea duty? 38 Have you ever been declared until for sea duty? 39 Are you alware 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? 42 Are you taking any non-prescription or prescription medications? 43 Are you alking any non-prescription or prescription medications? 44 Are you taking any non-prescription or prescription medications? 45 If yos, please list the medications taken and the purpose(s) and dosage(s) 46 Are you taking any non-prescription or prescription medications? 47 If yos, please list the medications taken and the purpose(s) and dosage(s) 48 Are you taking any non-prescription or prescription medications? 49 If yos, please list the medications taken and the purpose(s) and dosage(s) 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? 41 Are you taking any non-prescription or prescription medications? 42 Are you taking any non-prescription or prescription medications? 44 If you taking any non-prescription or prescription medications? 45 If yos, please list the medications taken and the purpose(s) and dosage(s) 46 If you taking any non-prescription or prescription medications? 47 If yos, please list the medications taken and the purpose(s) and dosage(s) 48 If you medical prescription or prescription medications? 49 If you are the prescription or prescription	48 . 19747777793			side	10/10
11 Kidney problem	The state of the s				100 11
12 Skin problem 13 Allergies 13 Allergies 14 Infectious/contagious diseases 15 Hernia 16 Genital disorders 17 Pregnancy 18 Additional questions 18 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been hospitalised? 20 Have you ever been hospitalised? 21 Have you ever been hospitalised? 22 Have you ever been hospitalised? 23 Have you ever been hospitalised? 24 Have you ever been hospitalised? 25 Have you ever been hospitalised? 26 Have you ever been hospitalised? 27 Have you ever been declared unfit for sea duty? 28 Has your medical cortificate ever been restricted or revoked? 29 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? 42 Are you taking any non-prescription or prescription medications? 44 Are you taking any non-prescription or prescription medications? 45 If yes, please list the medications taken and the purpose(s) and dosage(s) 46 FORMIN \$26 FO					100 %
Additional questions Additional questions were answered "yes", please give details. Additional questions Have you ever been signed off as sick or repatriated from a ship? Have you ever been declared unfit for sea duty? Have you ever been declared unfit for sea duty? Have you ever been declared unfit for sea duty? Have you ever been declared unfit for sea duty? Have you ever been declared unfit for sea duty? Have you ever been declared unfit for sea duty? Have you ever been declared unfit for sea duty? Have you ever been declared unfit for sea duty? Have you ever been declared unfit for sea duty? Have you aware that you have any medical problems, diseases or illnesses? Do you feel healthy and fit to perform the duties of your designated position/occupation? FIT FOR DUTY ON BOARD SHIP Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) HE FORMIN South Option Black of that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims. Black problems Black problems Jake Practures/distocations FIT FOR DUTY ON BOARD SHIP Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) HE FORMIN South Are you taking any non-prescription or prescription and his purpose of the declared and any false statement will disqualify me from my employment, benefits and claims. Black problems Black problems Jake truetures/distocations Hearing by Audiometry Hearing by Whisper Test Adequate Inadequate Inadequa	[] - 그 [[] - 그리는 그리는 경우 아름다면 보다 하는 것이다. []	//			U a g
14 Infectious/contagious diseases		//			0 0
15 Hemia	[1] (COL) - (2000) (400) (100)	//	The state of the s	ALCOHOL TO STATE OF THE STATE O	
16 Genital disorders 17 Pregnancy 18 any of the above questions were answered "yes", please give details. Additional questions 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? 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) ### Application of the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will disquality me from my employment, benefits and claims. ###################################				20117X W	
If any of the above questions were answered "yes", please give details. Additional questions 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 hospitalised? 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? 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) ARE FOR TIN Social O +0+1 BIZDEAN I+0+0 1 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 practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims. Adequate Greater DICAL EXAMINATION Weight Diadequate Greater	U - 1754 - 1765 1775	11 1			
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 altergic to any medications? 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) #### FORM N South Office of the purpose of the pu		U N/100	34 Fractures/dislo	cations	
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) METFORM IN South State of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims. MINION Height (cm) Balso Blood Pressure: Systolic Blood			//		
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) ### Minimum Minim	37 Have you ever been declared ur 38 Has your medical certificate eve 39 Are you aware that you have an 40 Do you feel healthy and fit to	nfit for sea duty? r been restricted or revoke y medical problems, diseas perform the duties of you	es or illnesses?	occupation?	N N N
FIT FOR DUTY ON BOARD SHIP		ons?			П В
Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose solutions and purpose taken and purpos	Comments:	FIT FOR DUTY OF	I DOADD GUID		
If yes, please list the medications taken and the purpose(s) and dosage(s) METFORMIN South O + 0 + 1 Bizoran I + 0 + 0 + 0 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 practioner) 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 DICAL EXAMINATION* Weight South Height (cm) 60 BMSO / Blood Pressure: Systolic / Diastolic South PULSE: 1800 Ear Hearing by Audiometry Right Adequate I Inadequate Left Adequate I Inadequate Left Adequate I Inadequate Inadequate I Inadequate Adequate I Inadequate		ווווויטע אטרוווין	TIME UNANG		2
If yes, please list the medications taken and the purpose(s) and dosage(s) METFORMIN South O + 0 + 1 Bizoran I + 0 + 0 + 0 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 practioner) 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 DICAL EXAMINATION* Weight South Height (cm) 60 BMSO / Blood Pressure: Systolic / Diastolic South PULSE: 1800 Ear Hearing by Audiometry Right Adequate I Inadequate Left Adequate I Inadequate Left Adequate I Inadequate Inadequate I Inadequate Adequate I Inadequate	42 Annual tables and a second	tion or progression modica	tions?		V 1
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 practioner) 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 DICAL EXAMINATION* Weight SOLA Height (cm) 62 BMSOL/Blood Pressure: Systolic Diastolic PULSE: Solar Hearing by Audiometry Ear Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Left Adequate Inadequate Inadequate Inadequate Inadequate				S TENSELE REGIS	
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 practioner) 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 DICAL EXAMINATION* Weight SOLS Height (cm) 62 BNBO GBlood Pressure: Systolic 2019 Diastolic SOLYPULSE: 78000 Diastolic SOLYP	if yes, please list the medications taken a	no the purpose(s) and dos	dyc(s)		
to Dr. Mir Md. Raihan (approved medical practioner) 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 DICAL EXAMINATION* Weight Sold Height (cm) 62 BNBO Blood Pressure: Systolic Diastolic PULSE: 750 Ear Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Left Adequate Inadequate	METORMIN SOURCE	TOTI DILDI	טופיקו אוחיי		
to Dr. Mir Md. Raihan (approved medical practioner) 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 DICAL EXAMINATION* Weight Body Blood Pressure: Systolic Diastolic PULSE: 1800 Ear Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Inadequate Inadequate					
to Dr. Mir Md. Raihan (approved medical practioner) 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 DICAL EXAMINATION* Weight Body Blood Pressure: Systolic Diastolic PULSE: 1800 Ear Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Inadequate Inadequate		1			
to Dr. Mir Md. Raihan (approved medical practioner) 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 DICAL EXAMINATION* Weight Body Blood Pressure: Systolic Diastolic PULSE: 1800 Ear Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Inadequate Inadequate	I hereby authorize the release of all my p	revious medical records fro	om any health profession	onals, health institutions	and public authorities
Signature of Seafarer DICAL EXAMINATION* Weight SOL Height (cm) 62 BMSO Blood Pressure: Systolic Diastolic SOLD PULSE: Sold Diastolic Sold Diastolic Sold PULSE: Sold Diastolic Diasto	to Dr. Mir Md. Raihan (approved medica	al practioner) I also certify the	hat my history containe	ed above is true and any	y talse statement will
Ear Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Hearing Discourse: Systolic	disqualify me from my employment, bene	fits and claims.			
Ear Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Hearing Discourse: Systolic					
Ear Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Hearing Discourse: Systolic	20000	-201			
Weight 80	Signature of Seafarer				
Ear Hearing by Audiometry Right □ Adequate □ Inadequate Left □ Adequate □ Inadequate	EDICAL EXAMINATION				
Right ☐ Adequate ☐ Inadequate Left ☐ Adequate ☐ Inadequate Inadequate ☐ Inadequate ☐ Inadequate ☐ Inadequate ☐ Inadequate ☐ Inadequate ☐ Inadequate	Weight 80/ Height (cm)/65	2 BMBO. 4 Blood Pres	sure: Systolic/20/	ng-Diastolic 800	PULSE: 78600
Right ☐ Adequate ☐ Inadequate Left ☐ Adequate ☐ Inadequate Inadequate ☐ Inadequate ☐ Inadequate ☐ Inadequate ☐ Inadequate ☐ Inadequate ☐ Inadequate	Ear Hearing by Audiometry	Audiomo	etry /	Hearing by Whisper Te	st
Left ☐ Adequate ☐ Inadequate ☐ Inadequate		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		AND REAL PROPERTY AND ADDRESS OF THE PARTY AND	
	V III	20/	2	Annual State of the State of th	quate
Harden master the standards as loid down in STCW Code Section A-1/9.2 VES TI NO TI	L. Marsham L. Marsham	1/1/2		- Company of the Comp	
	The course of the same and the same and the same and	in in STCW/ Codo Spetion	A-1/9 ? YES	NO D	1

	Una	aided	ual acuity	Д	ided	-		Visual	fields
Inst	Right eye	Left eye	Right		I pft ever	-	N	lormal _	Defective
Distant		Name of the	160	6	60	G Dia	ht eye_		Delective
Near							teve?		
Visual acuity r	meets the stan	dard laid dov	vn in STCW	Code	Section A-1/9	J J			
Colour vision a	as per STCW (CODE Section	on A-I/9:	الملر	Normal		hat I	D	
Date of last co	olour vision test	t: Date (day/	month/year)	0 !	MAR, 2024			Defective	
		400							
Head			Normal A	bnor				No	rmal, Abnorm
Sinuses, nose,	throat		//	1.7		ose veins			0 1
Mouth/teeth			1/	1.1	Vascu	ılar (inc. ped	lal pulses)		
Ears (general)			11	1.1		men and viso	cera		11 11
Tympanic mem	brane		/ .		Hernia				// 0
Eyes	- Conc		"/	1.7	Anus	(not rectal ex	xam)		/
Opthalmoscopy	ď		//	П	G-U s			1	1/ 0
Pupils			11	D	Upper	and lower e	extremities	1	//
Eye movement			11	1.1	Spine	(C/S, T/S ar	nd L/S)	í	// 11
Lungs and ches	at		11	H	Neuro	logic (full brid	ef)	4	// 11
Breast examina	tion	3997	Som	D	Psychi	atric			/
Heart	mon	/	YM		Gener	al appearanc	oe .	4	1/2 \ 1
ricart		,			Skin				/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ECH TO OF ANY								110	1/15
ESULTS OF ANO Chest X-Ray	CILLARY EXAM		this a				201	111	
ECG	13	1	BIO CHEMI	CAL (LIVER FUNC	ION TEST)	Manjuana	I T I Donatio	ve 1 Negative
	OOD R/E	120	LIRUBIN		0.	62	Alcohol Test	T Costi	ve i Negative
DC/differential a	JOOD R/E		3PT		21	2	URINE R/E	LI Positiv	Negative
DC(differential c	ount)	DO SI	SOT		97	1	OKHAL TOE	1	111
HAEMOGLOBIN	(HGB) 12	2.0	DRUG	ANI	ALCOHOL T	EST	HBsAg	OTHERS	
ESR (WESTER)	GREN)	M	orphine	T	D Positive D	Kloefativo		☐ Reacti	Nonreactiv
WBC	8	200 Ar	nphetamine	3	D Positive []	Manting	HIV / AIDS Test	☐ Reacti	Narreactiv
BLOOD G	LUCOSE LEV		encyclidine	1	J Positive	egative	VDRL	☐ Reacti	v ₩ Nonreactiv
RANDOM	15		rbiturates		Positive	vegative	Blood Type	1	(175)
HBA1C	5:	- A-	caine	1	7 Positive	Megative	Psychological Exa	m /	MAD
eby I declare that	Tam in Pennik	1150 1	7.7			The state of the s	Others(KUB Ultrasoun	d) /	MO
reby I declare that	Tantan KHOWK	rage of the c	ontents of th	e Phy	sical examina	tions:			1000
mas		13			MAHMUD L	ATEFE		05	MAR 2024
nature of Seafarer					Name of Sea			-	
occmont of Ci	The state of the s								Date
essment of fitne the basis of the ex	ss for service xaminee's pers	at sea: sonal declara	tion, my clini	ral e	vamination on		stic test results recon		
minee medically:	/				AGTHINATION AND	the diagnos	stic test results recor	ded above, I	declare the
1	35.014.	Fit for it	ookout duties			D	Not fit for looks	ut duties	
		Deck ser	vice		Engine service	e)	Catering service		Melana
		- 11		4.4	7.1	W	Classic Vice		ther services
									D D
	Vithout restrict	tions	12	4	88890 I				
				1	With rest				
	om any medica	al conditions	likely to be a	narc	ntod b				= Rid-x-ttz-
		s on board?		agi av	aled by service	at sea or to	o render the seafarer	unfit for such	service or to
	f other persons		-	,					
	f other persons	Γ	Yes	-	No				
	f other persons	Ę	Yes						
e Seafarer free fro Inger the health o		E	()	L					
e Seafarer free fro Inger the health o		E	Yes	L					
e Seafarer free fro inger the health of tribe restrictions (e	e.g., specific po	osition, type	of ship, trade	area):		4.4		
e Seafarer free fro inger the health of cribe restrictions (e	e.g., specific po	osition, type	You	area):		N. S.		
e Seafarer free fro inger the health of cribe restrictions (c in taken by medica itness Date:	e.g., specific po al examiner (c.	osition, type	You	area		2	N.A.		•
e Seafarer free fro inger the health of ribe restrictions (e in taken by medica	e.g., specific po	osition, type	Voe	area): Valid Until	3	\$2.5X	~~ 0 L M	AR 2075
e Seafarer free fronger the health of finite restrictions (en taken by medical	e.g., specific po al examiner (c.	osition, type	You [] of ship, trade	area			32.5	04 M	AR 2025
Seafarer free fronger the health of the heal	e.g., specific po al examiner (c.	osition, type		2		1	N.A.	7 04 M	AR 2025



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +88 02333316214-6

Name	MAHMUD LATEEF	Date	F. 11
Age	62	Date	5-Mar-2024
, igc	62	Sex	MALE
Passport No	A11424697	CDC No	
Sample	BLOOD	CDC NO	CO0802
oumpie	BLOOD	Rank	CHIEF ENGINEER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	MT.FURANO GAALXY	MT.CONCERTO	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	15-04-2022	05-03-2024.	-
Serum Bilirubin	0-7	0.62	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	30	26	Up to 37 U/L
Serum S.G.P.T.	33	28	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



The same of the sa

Doctor Seal & Signaturé

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

D.Date: 05-Mar-2024

Gender: Male

radical_hospitals@yahoo.com, www.radicalhospital.com

Id No : 0107

Date: 05-Mar-2024 Patient's Name: MAHMUD LATEEF

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/ 0802

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analy

Age: 62Y 11M 5D

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.0 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 qm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		0,000-18,000/cumin
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	166 /cumm	50-450/cumm
Total RBC Count	5.0 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42 %	M: 40-54%, F:37-47%
MCV	78 fL	76 - 94 fL
MCH	30 pg	27 - 32 pg
MCHC	31 g/dL	29 - 34 g/dL
RDW	13 %	11 - 16 %
PDW	40 fL	35 - 56 fl
Total Platelete Count (PC)	2,21,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology East West Medical College & Hospital.



Bill No	DIA24030107	Danei I D		
Patient's Name		Received Da	te 05/03/	2024
Patient's Age	62Y 11M 5D	Datia	ntin O	1
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT((Evo) DEM	nt's Sex	Male
Sample	BLOOD	(Eye),DFM	CDC NO	C/O/ 0802

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.62 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	28.0 U/L	Up to 40 U/L
Serum AST (SGOT)	26.0 U/L	Up to 37 U/L
HbA1C	5.5 %	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	DIA24030107	Received Date	05/03/2024
Patient's Name	MAHMUD LATEEF		
Patient's Age	62Y 11M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	1),PGT(Eye),DFM	CDC NO:C/O/0802
Sample	BLOOD		100 100 10 100 100 100 100 100 100 100

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
PSA	1.03 ng/mL	0.01-4.0 ng/mL
eGFR:		
Serum Creatinine	0.82 mg/dl	0.3 - 1.3 mg/dl
Age:	62 Yrs	
eGFR	94 mL/min/1.173m2	> 60 mL/min/1.173m2
Lipid profile		
Serum Cholesterol	154 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	44 mg/dl	>35 mg/dl
Serum Triglyceride	136 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	83 mg/dl	<130 mg/dl

Checked By

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



Test Name

ABO Blood Group

Rh (D)Factor

Bill No	DIA24030107	Received D	ate 05/03/2	2024
Patient's Name	MAHMUD LATEEF		100.00%	
Patient's Age	62Y 11M 5D	Pat	ient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	RDEM),PGT(Eye),DFM	CDC NO	C/O/ 0802
Sample	BLOOD			5. 57 0002

SEROLOGICAL REPORT

HBs Ag (Method : (ICT)	Negative	
HIV 1 & 2 (Method : (ICT)	Negative	
VDRL	Non-reactive	
BLOOD GROUPING RESULT		

Result

"B" (+ve)

Positive

Checked By

Medical Technologist. Radical Hospital Ltd. De

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



Bill No	DIA24030107	Received	Date	05/03/2	2024
Patient's Name	MAHMUD LATEEF	Newson the A. P.		00/00/2	-021
Patient's Age	62Y 11M 5D	P	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(B	IRDEM),PGT(Eye),DFM	C	OC NO	C/O/ 0802
Sample	URINE				C/ C/ 0002

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	2-3/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
	INAL	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	DIA24030107	Received D	ate 05/03/	2024
Patient's Name	MAHMUD LATEEF	received D	ate 05/05/	2024
Patient's Age	62Y 11M 5D	Pa	tient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEI	100 000	CDC NO	
Sample	URINE	, (Lyo),D1 W	CDC NO	C/O/ 0802

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name Result Drug Level of Urine Cocaine Negative

Negative
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.



REF: MT. CONCERTO

DATE: 05/03/2024

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

EYE EXAMINATION REPORT

NAME: MAHMUD LATEEF RANK: CH.ENG CDC NO: C/O/0802

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

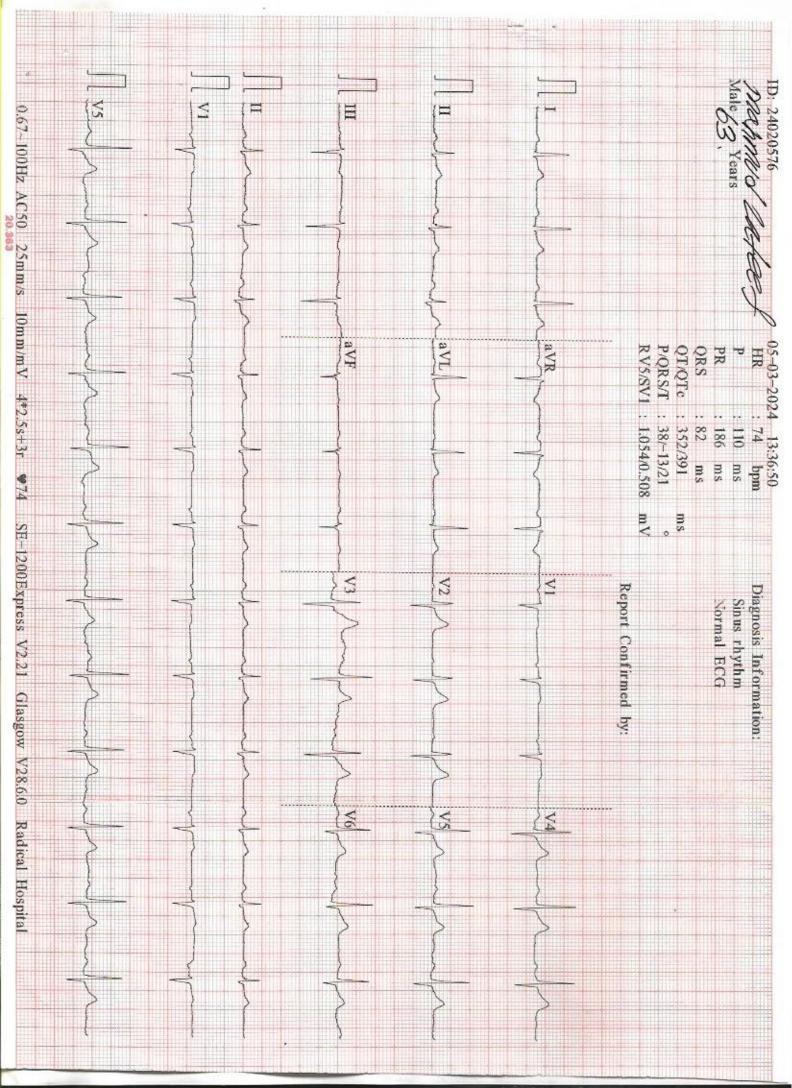
NORMAL / BLIND

OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX)

East west Medical College & Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

24030107

Receive:05/03/2024

Print: 05/03/2024

Patient's Name

MAHMUD LATEEF

Age

63 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



Patient ID	24030107	Voucher No	T
Test Name	USG OF KUB	Delivery Date	05/03/2024
Patient Name	MAHMUD LATEEF		
Age	63 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,	(DU),CCD(BIRDEM),PGT	55.0050050

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.1 cm. 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.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.8cm. 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. A cyst of (2.4x 2.3)cm is noted in left kidney.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Enlarged in size volume is 43.8 cc & regular in shape. Echogenicity is homogenous.

No area of calcification is seen.

COMMENT: 1. Left renal cortical cyst. 2.Enlarged prostate gland.

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

Consultant Sonologist



HOUSE # 52, GARIB-E-NEWAZ AVENUE, SECTOR-13, UTTARA, DHAKA-1230
 Mobile: 01841-121416, 01841-161820, Customer Care: 01752-953692
 Tel: 02-48954406-07, 02-48953932, 48953961, Hotline: 01798-638300

E-mail: istuttara@gmail.com

www.ibnsinatrust.com
 ISO 9001:2015 Certified

IBN SINA D. LAB & CONSULTATION CENTER, UTTARA

ECHO-CARDIOGRAPHY REPORT

2-D & M-MODE, DOPPLER & COLOUR FLOW IMAGING



I.D. No : U94232

Received date: 5 Mar 2024

Printed date: 5 Mar 2024 06:14 PM

Name of Pt.

MAHMUD LATIF

Age: 63 y(s)

Sex: Male

Exam

ECHO 2D

Ref. By

RADICAL HOSPITAL LTD

PROCEDURES: 2D & M-MODE STUDY

M-MODE & 2D FINDINGS:

AO	:	25	mm	LVIDd	:	42	mm	RVIDd	:		mm	MVA	:		cm2
LA	:	25	mm	LVIDs	:	29	mm	RVOT	:		mm	MV annulus	:		mm
IVST	:	08	mm	EF	:	60	%	PA	:		mm	AV ring	:		mm
PWT	:	08	mm	FS	:	32	%	TAPSE	1:	17	mm	ACS	:	13	mm

DESCRIPTION:

CHAMBERS:

: Normal

LV

: Normal in chamber dimension, morphology and motion.

RA

LA

: Normal

RV

: Normal in chamber dimension, morphology and motion. (TAPSE - 17 mm).

VALVES

: All valves are normal.

IAS

: Intact

IVS

Intact

GREAT VESSEL

: Great arteries are normal in size and relationship.

PERICARDIUM

: No effusion seen.

THROMBUS/VEGETATION/OTHER MASS: Not seen.

IMPRESSION:

1. No regional wall motion abnormality.

2. Good LV & RV systolic function.

Dr. Iftekhar Alam

MBBS, MD (Cardiology), FSCAI (USA) Clinical and interventional Cardiologist. Assistant Professor (Cardiology)

National Institute of cardiovascular Disease

Consultant, IBN SINA D.Lab & Consultation center, Uttara.



Patient ID	24030107	Voucher No	
Test Name	USG OF KUB	Delivery Date	05/03/2024
Patient Name	MAHMUD LATEEF		70,00,202,
Age	63 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,	(DU),CCD(BIRDEM),PGT	

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.1 cm. 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.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.8cm. 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. A cyst of (2.4x 2.3)cm is noted in left kidney.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Enlarged in size volume is 43.8 cc & regular in shape. Echogenicity is homogenous.

No area of calcification is seen.

COMMENT: 1. Left renal cortical cyst. 2.Enlarged prostate gland.

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



Hotline: 09610009612

Email: istuttara@gmail.com, Web: www.ibnsinatrust.com

IBN SINA DIAGNOSTIC & CONSU

ISO 9001:2015 Certified

TREADMILL STRESS TEST



I.D. No

U94232

Received date: 5 Mar 2024

Printed date: 5 Mar 2024 09:19PM

Name of Pt. :

MAHMUD LATEEF

Age: 63 y(s)

Sex: Male

Ref. By

RADICAL HOSPITAL LTD

Ref. By

ETT

Total Exercise Time : 09:00

Min

Max.HR attained

150 Bpm.

% of max. pred. HR:

95 % Max. Pred HR

157 Bpm.

Maximum BP

140/90 mmhg.

: Screening for IHD.

Max. work load attained: 10.10 METS

Indication Risk Factors

DM.

Reason for Termina.: Attainment of THR.

Test Profile

: BRUCE

Symptoms

: Nil.

Summary Result ⇒

NEGATIVE

Comments:

- MAHMUD LATEEF performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of attainment of THR.
- ECG at rest shows no abnormality.
- ECG during exercise & recovery shows no significant ST depression.

: Stress test is NEGATIVE for ECG evidence of provocable myocardial ischaemia. Conclusion

Dr. Md. Aminur Razzaque MBBS. MD (Cardiology) NICVD, Assistant Professor (Cardiology), NICVD Advance training on Echocardiography JROP (India) Consultant, IBN SINA D.Lab & Consultation center, Uttara.

Prepared By: Tahmina

Certificate	(continued) Certificate (quite)	COR VACO	
9 HAR 20	DR. MR. MD. RAIHAN M888 (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A 551444, MMC-BGD-016	35, Shah Makhdum Avenus Umara, Dhaka	
10	DG Shipping Bangladesh Approved General Physician Rabical Hospitals Limited	PANGLADEST	
10	PMDC A-50 F41, NMC-BGO-016 G Shapping Bangindesti Arpiresti General Physicis Ruckest Hospitius Lifered		

The Validity of this certificate shall extend for a period of two years beginning six days after the first injection or the vaccine or in event of a revaccination within such period of two years on the date of that revaccination.

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.

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine	7 4 6	Physician's Signature
18.8	111111111111111111111111111111111111111	3 5 3	
3 3	·艾克里 · 丁子子	B & I	
E E	自然 医医生生 配名 1	1 1 1	100 100 100 100 100 100 100 100 100 100
5 5	a 18 克 400年	B 1	电影图 医图图图 医肾
5 0	IT 1 1 - 2 + 7	X 1 1	新香油 医肾色溶液 法
8 1	夏黄 出 音 7 1 1 2 至 2	1 10 13	至在學者是其一十一
6 9		717	第6章 3 年 3 日本華 1
1	12511000	1 0 1	3# 9 1 5 1 1 1 1
1	11334234	100	まじゅう 見を報告が
T I	8 4 4 7 7 F 2 1	1 1 2	都是為其有其配置。H
1 1	#48 T 1 J 2 E T 1	B 81 8	PRESENT
68.8	1 1 1 2 Y 2 7 5 5	1 4	ESHALL MACH