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:
200706

DR. MIR MD. RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-55144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME	MIDDLE NAME
AOWAL	MD.	ABDUL
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
CHAPAI NAWABGONJ 26-Mar-1976	A14554493	CO3232

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CHEM. TANKER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
VILL. SULTANGONJ, PO. SULTANGONJ, PS. GODAGARI, DIST. RAJSHAHI.

CONTACT NUMBER : 01914-875965 (SELF)/019

RANK : MASTER

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	☐	N/A	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?	☐	☑

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 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

MEDICAL EXAMINATION

Weight 80kg Height (cm) 170 BMI 27.6 Blood Pressure: Systolic 120 mm Diastolic 80 mm PULSE: 78 bpm

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

Audiometry			
500	1000	2000	3000
	N/A		

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

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

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant			6/6	6/6
Near				

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-I/9 YES / NO

Colour vision as per STCW CODE Section A-I/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	☑	☐
Opthalmoscopy	☑	☐	Upper and lower extremities	☑	☐
Pupils	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Eye movement	☑	☐	Neurologic (full brief)	☑	☐
Lungs and chest	☑	☐	Psychiatric	☑	☐
Breast examination	N/A	☐	General appearance	☑	☐
Heart	☑	☐	Skin	☑	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☑ Negative
ECG	NAD	BILIRUBIN	0.5		Alcohol Test	☐ Positive	☑ Negative
BLOOD R/E		SGPT	30		URINE R/E	NAD	
DC(differential count)	NAD	SGOT	25		OTHERS		
HAEMOGLOBIN (HGB)	12.5	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☑ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐ Positive	☑ Negative	HIV / AIDS Test	☐ Reactive	☑ Nonreactive
WBC	6500	Amphetamine	☐ Positive	☑ Negative	VDRL	☐ Reactive	☐ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative	Blood Type	B(+ve)	
RANDOM	5.8	Barbiturates	☐ Positive	☑ Negative	Psychological Exam	NAD	
HBA1C	5.2%	Cocaine	☐ Positive	☑ Negative	Others(KUB Ultrasound)	NAD	

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

Signature of Seafarer — MD. ABDUL AOWAL (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

DR. MIR MD. RAIHAN
MBBS (BUP), DFM, CCD (Dhaka), PGT (Ophth)
BMDC A-55114, MMG-BGD-4619
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Name and Signature of Authorized Physician

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **AOWAL**	GIVEN NAME (S): **MD. ABDUL**
DATE OF BIRTH: DAY **26** MONTH **3** YEAR **1976**	PLACE OF BIRTH CITY CHAPAI NAWABGONJ COUNTRY **BANGLADESH** / SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☑ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: **14/29, SHAHJAHAN ROAD, A7, DOM INNO IMPRESSA MOHAMMAD PUR, DIST. DHAKA-1207. BANGLADESH.**

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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 APLICABLE ☐

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.

Signature of Applicant	Name of Applicant	Date
	MD. ABDUL AOWAL	21-Mar-2024

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / 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; M.B.B.S.(D.U.), REG. NO. A-55144**

ADDRESS: **REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-05-2014**

SIGNATURE OF PHYSICIAN: | STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved | 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), DMC-CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **AOWAL**	GIVEN NAME (S): **MD. ABDUL**
DATE OF BIRTH: DAY **26** MONTH **3** YEAR **1976**	PLACE OF BIRTH CITY CHAPAI NAWABGONJ COUNTRY **BANGLADESH**
SEX: MALE ☑ FEMALE ☐	
POSITION ON BOARD: MASTER ☑ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: **14/29, SHAHJAHAN ROAD, A7, DOM INNO IMPRESSA MOHAMMAD PUR, DIST. DHAKA-1207. BANGLADESH.**

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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 APLICABLE ☐

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.

Signature of Applicant	Name of Applicant	Date
	MD. ABDUL AOWAL	21-Mar-2024

CIRCLE APPROPIATE CHOICE-(HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / 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; M.B.B.S.(D.U.), REG. NO. A-55144**

ADDRESS: **REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-05-2014**

SIGNATURE OF PHYSICIAN: STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved 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 (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

HAQUE & SONS LTD.

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

Name	MD. ABDUL AOWAL	Date	21-Mar-2024
Age	47	Sex	MALE
Passport No	A14554493	CDC No	CO3232
Sample	BLOOD	Rank	MASTER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	GINGA CARACAL	GINGA BOBCAT	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	02-11-2023	22-03-2024	-
Serum Bilirubin	0.61	0.55	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	25	25	Up to 37 U/L
Serum S.G.P.T.	28	29	Up to 42 U/L

DOCTOR'S REMARKS:	No Restrictions

Radical Hospital Ltd. As Per-MLC-2005 DG Shipping Bangladesh Approved

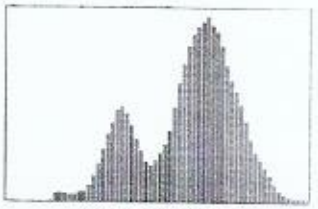
Doctor Seal & Signature
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

ID NO	: 24030535	**Date**	: 21/03/2024
Patient's Name	: MD.ABDUL AOWAL	**Age**	: 47Y11M24D
Ref. By	: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/3232	**Sex**	: Male
Specimen	: Blood		

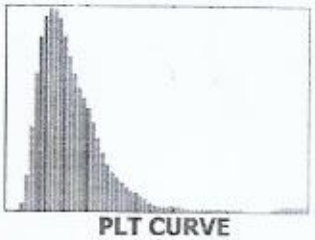
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

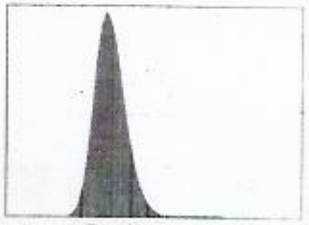
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**12.5**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**08**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**6,500**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	66	%	(40 - 75)%	
Lymphocytes	27	%	(20-45)%	
Monocytes	04	%	(2-10)%	
Eosinophils	03	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**195**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**187,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	15.7	fL	7.0 -11.0 fL	
PDW-CV	16	%	10 - 18 %	
PCT	0.14	%	0.10 - 0.28	
P-LCR	62.3	%	9.00 - 45.00%	
P-LCC	54	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.02**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	42.5	%	M: 40-54%, F: 37-47%	
MCV	84.5	fL	76-94 fL	
MCH	24.9	pg	27-32 pg	
MCHC	29.5	g/dL	29-34 g/dL	
RDW SD	48	fL	30.0-57.0 fL	
RDW CV	17.1	%	10-16%	



WBC CURVE



PLT CURVE



RBC CURVE

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	DIA24030535	Received Date	21/03/2024
Patient's Name	MD ABDUL AOWAL		
Patient's Age	47Y 11M 24	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	3232
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
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 AST (SGOT)	25.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	29.0 U/L	Up to 42 U/L
HbA1C	5.2 %	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	DIA24030535	Received Date	21/03/2024
Patient's Name	MD ABDUL AOWAL		
Patient's Age	47Y 11M 24	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	3232
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	DIA24030535	Received Date	21/03/2024
Patient's Name	MD ABDUL AOWAL		
Patient's Age	47Y 11M 24	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	3232
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.

Bill No	DIA24030535	Received Date	21/03/2024
Patient's Name	MD ABDUL AOWAL		
Patient's Age	47Y 11M 24	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC	3232
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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient ID	24030535	Voucher No	
Test Name	USG OF KUB	Delivery Date	21/03/2024
Patient Name	MD. ABDUL AOWAL		
Age	48 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.7 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 10.6 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.*

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit. No intravesicle lesion is seen

PROSTATE: Normal in size volume is 22.0 cc & regular in shape.

Few calcified focus are seen in prostatic parenchyma.

COMMENT: Normal study.

21.03.24

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

REF:	MT. GINGA BOBCAT	DATE: 21/03/2024

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

EYE EXAMINATION REPORT

NAME:	MD ABDUL AOWAL	RANK: MASTER	CDC NO: C/O/3232

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED 6/6 6/6

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030535	Receive:21/03/2024	Print: 21/03/2024
Patient's Name	:	**MD ABDUL AOWAL**		
Age	:	48 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.

IBN SINA DIAGNOSTIC & IMAGING CENTER

House-48, Road-9/A, Dhanmondi, Satmasjid Road, Dhaka-1209.

Test Date: 21/03/2024 21:44 Test Type: Treadmill (Bruce) Tel: 84115270-2, 48114040-1 Fax: idic@ibnsinatrust.com

EXERCISE STRESS TEST REPORT

Patient: Md. Abdul Aowal

ID: D541976 Age: 48 Sex: Male Height: 67in Weight: 85kg

Physician: Prof Dr M Touhidul Haque MD FACCReferring: RADICAL HOSPITAL LTD Bed No.:

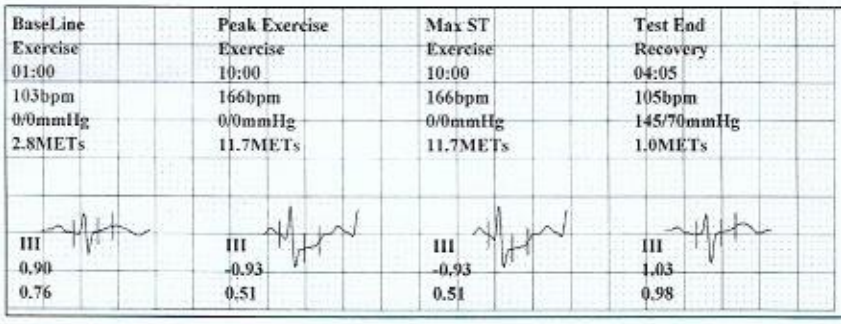
Indication: IHD Screening

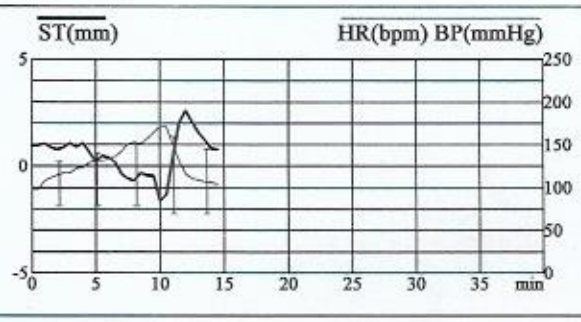
Medication:

The reason for terminating Exercise was Maximum HR obtained.

Exercise Test Summary

Phase	Stage	Time (min:sec)	Total Time (min:sec)	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (*100)			ST III(mm)	Comment
Standing		01:01		0.0	0.0	1.0	100	120/80	120			1.37	
Exercise	1	03:00	03:00	1.7	10.0	4.7	122	130/80	158			0.93	
	2	03:00	06:00	2.5	12.0	7.2	137	140/80	191			0.59	
	3	03:00	09:00	3.4	14.0	10.2	162	150/80	243			-0.61	
	4	01:00	10:00	4.2	16.0	11.7	173					-0.93	
Recovery	1	01:00		0.0	0.0	6.6	129					-0.46	
		01:00		0.0	0.0	1.2	105	160/70	168			2.08	
		01:00		0.0	0.0	1.0	105					1.81	
		01:05		0.0	0.0	1.0	102	145/70	147			1.03	





CONCLUSION

Exercise capacity was good.
Positive chronotropic and hemodynamic responses to exercise.
No significant ST depression was seen during exercise or recovery period.
Stress test is NEGATIVE for ECG evidence of provocable myocardial ischemia.

21/3/24

Prof. (Dr.) M. Touhidul Haque
MBBS, MD (Card), FESC,
Fellow (WHO) FACC (USA)
Clinical & Interventional Cardiologist
Bangladesh Medical College Hospital

Physician Confirmation

IBN SINA DIAGNOSTIC & IMAGING CENTER
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e-mail : idic@ibnsinatrust.com/ web : www.ibnsinatrust.com
ISO 9001:2015 Certified

ID. No	:	D541976	Received date :21 Mar 2024	Printed date: 21 Mar 2024 09:05PM
Patient Name	:	MD.ABDUL AOWAL	Age : 48 y(s)	
Exam	:	ECHOCARDIOGRAM	Sex: Male	
Ref. By	:	RADICAL HOSPITAL LTD		

Thanks for referring the patient to us.

ECHOCARDIOGRAPHY REPORT

MEASUREMENTS 2D:

AO	36	mm	LV-IDD	46	mm	RVID		mm	MVA		cm^2
LA	36	mm	LV-IDS	29	mm	RVOT		mm	MV- Annulus		mm
IVST	09	mm	FS	37	%	PA		mm	AV-ring		mm
PWT	10	mm	EF	67	%	EPSS		mm	ACS	18	mm

DESCRIPTION:

CHAMBERS

LA : Normal.

LV : Cavity is normal. No regional wall motion abnormality present at rest. Wall thickness and chambers dimensions are within normal limit.

RA : Normal.

RV : Normal.

VALVES

MV : Normal.

AV : Normal.

PV : Normal.

TV : Normal.

IAS : Intact.

IVS : Intact.

PERICARDIUM : Normal.

Thrombus/Vegetation Other mass: Not seen.

IMPRESSION : No regional wall motion abnormality present at rest. Good LV systolic function. LVEF=67%.

21/3/24

Prof. (Dr) M. Touhidul Haque
MBBS, MD (Card).
Fellow (WHO) FACC (USA)
Clinical & Interventional Cardiologist
Bangladesh Medical College Hospital

Prepared by- Gazi

2 ID: 24020576 21-03-2024 14:09:39

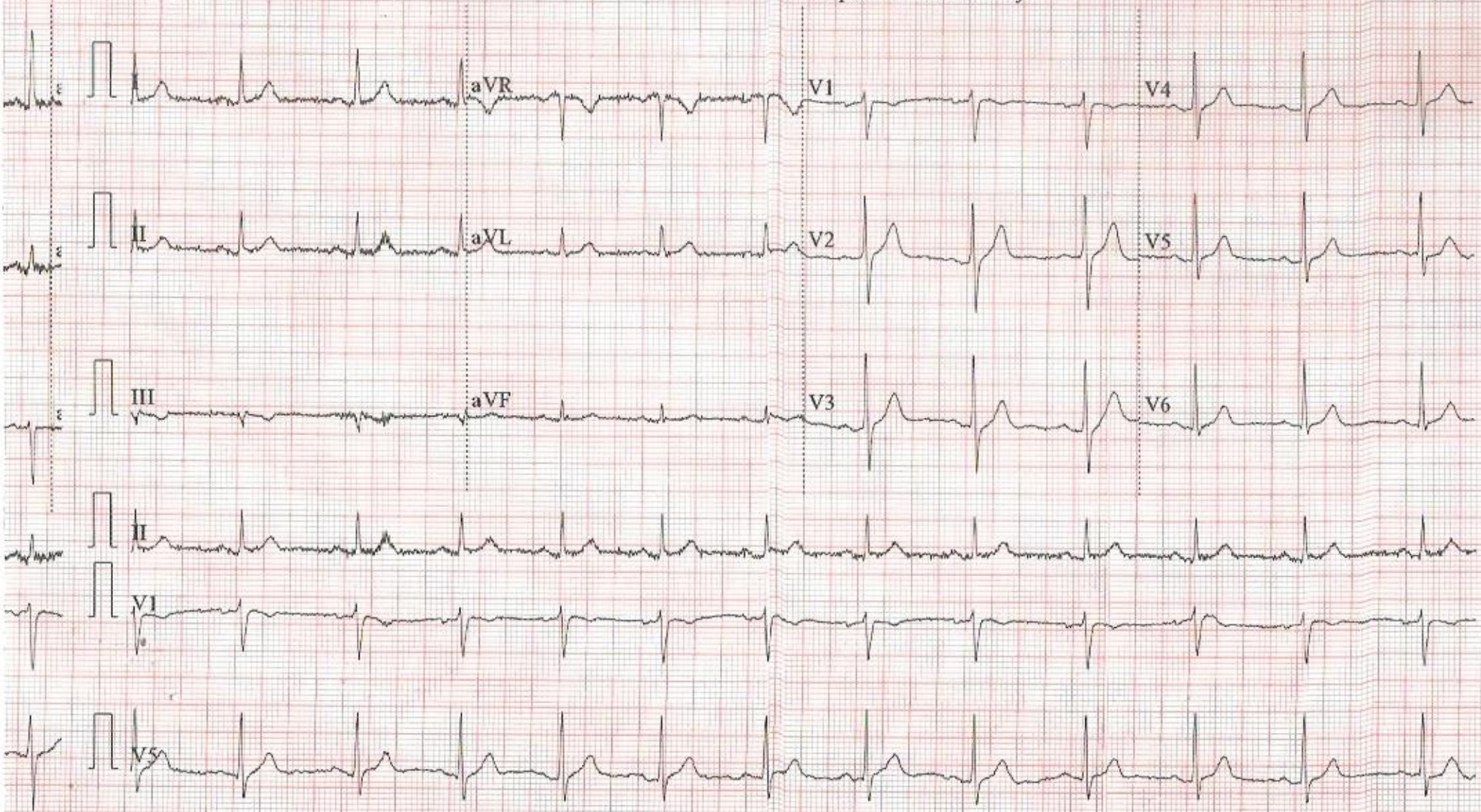
Mo. Abdul Awal

Male 48 Years

HR	: 75	bpm
P	: 102	ms
PR	: 160	ms
QRS	: 88	ms
QT/QTc	: 340/380	ms
P/QRS/T	: 37/20/19	°
RV5/SV1	: 1.191/0.732	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



10m 0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥75 SE 1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MD ABDUR RAHMAN

This is to certify that whose signature follows } Date of birth 26-03-1976 Sex male

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 14 MAY 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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
2 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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that MD ABDUL AOWAL whose signature follows } Date of birth 26-03-1976 Sex Male

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
04 AUG 2022	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	YELLOW FEVER VACCINE L. NO DAKAR	1 2 CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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