

ISLAM

PLACE AND DATE OF BIRTH

SURNAME

HAQUE & SONS LTD.

Tel: +880-2-333316214-6, Fax: +880-2-333310530



Accredited By BMDC

PATIENT CONTROL NUMBER:

H544

Accreditation No. A-55144

MEDICAL EXAMINATION CERTIFICATE

141.	DIOAL EXAMINATION CEN	MINORIE
	FIRST NAME AND MD. AZHARUL	MIDDLE NAME
n-1994	PASSPORT NUMBER B00073737	SEAMAN'S BOOK NUMBER C/O/7190
SEX:	- Male □ Female VESSELTY	PE: CONTAINER TRADING AREA: WORLD WIDE

CONAITY BANGLADES SEX. Male Female VESSILTYPE CONTAINER TRADING AREA WORLDW	SATKHIRA	1-Jan-1994	1	B0007	200			C/O/7190	
JANDANGA, PO-JHAUDANGA, PS-SATKHIRA, DIST-SATKHIRA, 9412, SIZADESH. TO ANK: 1STASST ENGINEE RANK: 1STASST ENGIN	TIONALITY:	BANGLADESHI SEX:	-⊀_Male	☐ Female	VESSEL TY	Andrew State of the last of th	Contract of the Contract of th	DING AREA: W	ORLD WID
SIADESH. Condition YES NO	RMANENT HOM	ME ADDRESS :				CONT	ACT NUMBER :	01711954405 (SELF)
ave you ever had any of the following conditions? Condition		PO-JHAUDANGA, PS-S	ATKHIRA, D	IST-SATKHIR	A, 9412,	RANK	64	1ST ASST F	NGINEER
Condition VES NO 1 Eyelvision problem 1 Eyelvision problem 1 High blood pressure 1 High blood pressure 1 Heart surgery 2 High blood pressure 3 Heart was problem 4 Heart surgery 5 Vancose veins 6 Ashtma/bronchitis 7 Blood disorder 8 Diabetes 9 Thyroid problem 10 Digestive disorder 10 Digestive disorder 11 Kidney problem 12 Skin problem 13 Allergies 13 Allergies 13 Allergies 14 Infectious/contaplous diseases 15 Gental disorders 16 Gental disorders 17 Pregnancy 18 Janes problems 19 Amplitudien 19 Sever been signed off as sick or repatriated from a ship? 10 Gental disorders 11 Kidney problem 12 Skin problems 13 Allergies 14 Infectious/contaplous diseases 15 Hernia 16 Gental disorders 17 Pregnancy 18 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 10 Have you ever been signed off as sick or repatriated from a ship? 15 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 10 Have you ever been signed off as sick or repatriated from a ship? 11 Have you ever been signed off as sick or repatriated from a ship? 13 Allergies 14 Have you ever been signed off as sick or repatriated from a ship? 15 Have you ever been signed off as sick or repatriated from a ship? 16 Gental disorders 17 Pregnancy 18 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 20 Have you ever been signed off as sick or repatriated from a ship? 21 Have you ever been signed off as sick or repatriated from a ship? 22 Have you aware ship you have ary medical problems, diseases or illnesses? 23 Have you aware ship you have ary medical problems, diseases or illnesses? 24 Are you aware ship you have ary medical problems, diseases or illnesses? 25 Dr. Mir Md. Raihan (approved medical procl	GLADESH.						<u> </u>	101110012	
Condition VES NO 1 Eyelvision problem 1 Eyelvision problem 1 High blood pressure 1 High blood pressure 1 Heart surgery 2 High blood pressure 3 Heart was problem 4 Heart surgery 5 Vancose veins 6 Ashtma/bronchitis 7 Blood disorder 8 Diabetes 9 Thyroid problem 10 Digestive disorder 10 Digestive disorder 11 Kidney problem 12 Skin problem 13 Allergies 13 Allergies 13 Allergies 14 Infectious/contaplous diseases 15 Gental disorders 16 Gental disorders 17 Pregnancy 18 Janes problems 19 Amplitudien 19 Sever been signed off as sick or repatriated from a ship? 10 Gental disorders 11 Kidney problem 12 Skin problems 13 Allergies 14 Infectious/contaplous diseases 15 Hernia 16 Gental disorders 17 Pregnancy 18 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 10 Have you ever been signed off as sick or repatriated from a ship? 15 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 10 Have you ever been signed off as sick or repatriated from a ship? 11 Have you ever been signed off as sick or repatriated from a ship? 13 Allergies 14 Have you ever been signed off as sick or repatriated from a ship? 15 Have you ever been signed off as sick or repatriated from a ship? 16 Gental disorders 17 Pregnancy 18 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 19 Have you ever been signed off as sick or repatriated from a ship? 20 Have you ever been signed off as sick or repatriated from a ship? 21 Have you ever been signed off as sick or repatriated from a ship? 22 Have you aware ship you have ary medical problems, diseases or illnesses? 23 Have you aware ship you have ary medical problems, diseases or illnesses? 24 Are you aware ship you have ary medical problems, diseases or illnesses? 25 Dr. Mir Md. Raihan (approved medical procl	lave vou ever h	ad any of the following co-	nditions?	111111111111111					-
Eyelvision problem		ad any or the lonoving co	indicated.						
Heart varyery Heart varyery Heart varyery Heart varyery Heart varyery Varicose veins Heart varyery Varicose veins Varicose vei	Conditi	ion	YES	NO2	Condition	on		YES	NO
Heart vascular disease	 Eye/visi 	ion problem		100	18 Sleep pr	oblems			60
4 Heart surgery 5 Variose veins 6 AsthmArbronchitis 7 Blood disorder 7 Blood disorder 9 Thyroid problem 10 Digestive disorder 11 Kidney problem 12 Skin problem 13 Allergies 13 Allergies 13 Bance problem 14 Infectious/contagious diseases 15 Hernia 16 Genital disorders 17 Pregnancy 18 Bask problems 19 Thyroid problems 19 Thyroid problem 19 Thyroid problem 10 Digestive disorders 10 Digestive disorders 10 Digestive disorders 11 Allergies 12 Skin problem 13 Allergies 14 Infectious/contagious diseases 15 Harving and the above questions were answered 'yes'', plottic give details. 4 Infectious/contagious diseases 10 January of the above questions were answered 'yes'', plottic give details. 4 Infectious/contagious diseases 14 Infectious/contagious diseases 15 Have you ever been signed off as, sick or repatriated from a ship? 16 Genital disorders 17 Pregnancy 18 Have you ever been hospitalised? 19 Have you ever been hospitalised? 19 Have you ever been hospitalised? 10 Do you, feel healthy and fit to perform the duties of your designated position/occupation? 19 Are you altering to any non-prescription or prescription medications? 10 Do you, feel healthy and fit to perform the duties of your designated position/occupation? 10 Do you feel healthy and fit to perform the duties of your designated position/occupation? 16 Dr. Mir Md. Raihan (approved medical practioner) I also certify that my health professionals, health institutions and public authorities of the medications taken and the purpose(s) and dosage(s) 18 Have you taking any non-prescription or prescription medications? 19 Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will signalify me from my employment, benefits and	2 High blo	ood pressure		10	19 Do you s	smoke?			Va
5 Varicose veins	3 Heart/v.	ascular disease		X	20 Operation	n/surge	ry		10
6 Asthma/bronchitis	4 Heart s	urgery	E.F.	9	21 Epilepsy	/seizure	s		1
6 Asthmabronchitis	5 Varicos	se veins		1	22 Dizzines	s/faintin	g		9
8 Diabetes	6 Asthma	n/bronchitis	ET	A1				(D)	6/
Boliabetes	7 Blood d	disorder		Ø	24 Psychiat	tric prob	lems	(U)	11,
1 Thyroid problem	8 Diabete	es		10	(1)(12) (1)(6) - (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(160
Digestive disorder	9 Thyroid	problem		6.	시민들에서는 그렇게 하게 살아보다.		de .		6
11 Kidney problem				V	걸기를 하는 그 없는 말리는 아이지?			100	0
12 Skin problem				11					1
Allergies		M11030		h	C-3460				60
14 Infectious/contagious diseases				6					1
15 Hernia				17		March Co. Co. Co.			
16 Genital disorders		asicomagious discuses		8			ity		
any of the above questions were answered 'yes', 'please give details. dditional questions The you ever been signed off as, sick or repatriated from a ship? Have you ever been hospitalised? Have you ever been declared unfit for sea duty? Have you ever been declared unfit for sea duty? Are you aware that you have any medical problems, diseases or illnesses? Are you aware that you have any medical problems, diseases or illnesses? The you altergic to any medications? FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? Prescription or prescription or prescription medications? The you altergic to any medications taken and the purpose(s) and dosage(s) Prescription or prescription or prescription or prescription medications? Prescription or prescription or prescription medications? The you altergic to any medications taken and the purpose(s) and dosage(s) Prescription or prescription or prescription medications? FIT FOR DUTY ON BOARD SHIP Are you taking any non-prescription or prescription medications? Prescription or prescription or prescription medications? FIT FOR DUTY ON BOARD SHIP Are you taking any non-prescription or prescription medications? FIT FOR DUTY ON BOARD SHIP Are you taking any non-prescription or prescription medications? FIT FOR DUTY ON BOARD SHIP Are you taking any non-prescription or prescription medications? FIT FOR DUTY ON BOARD SHIP Bring M. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will isqualify me from my employment, benefits and claims. Signature of Seafarer FIT FOR DUTY ON BOARD SHIP Blood Pressure: Systolic Diagnostic Dia	(1) The State of t	dieordore		1					1
any of the above questions were answered 'yes', please give details. dditional questions YES NO 35 Have you ever been signed off as sick or repatriated from a ship? Have you ever been hospitalised? 36 Have you ever been declared unfit for sea duty? 38 Have you ever been declared unfit for sea duty? 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? 44 Are you taking any non-prescription or prescription medications? 45 Pr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will isignalify me from my employment, benefits and claims. Signature of Seafarer IICAL EXAMINATION Weight Height (cm) BMS Blood Pressure: Systolic Diastolic Diastolic PULSE: Adequate Inadequate Adequate Inadequate Adequate Inadequate Adequate Inadequate			П	NO			atione		1
FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? yes, please list the medications taken and the purpose(s) and dosage(s) hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities of Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will isqualify me from my employment, benefits and claims. Signature of Seafarer ICAL EXAMINATION Weight Height (cm) BMS Blood Pressure: Systolic Diastolic DUD PULSE: White are the professionals and public authorities on the public authorities of Diastolic Some Pulse: White are the public authorities of Diastolic Some Pulse: White are the public authorities of Diastolic Some Pulse: White are the public authorities of Diastolic Some Pulse: White are the public authorities of Diastolic Some Pulse: White are the public authorities of Diastolic Some Pulse: White Diagnatic Inadequate Inadeq	39 Are you 40 Do you	aware that you have any feel healthy and fit to	medical pro perform the	blems, disease	s or illnesses?		cupation?		
FIT FOR DUTY ON BOARD SHIP 42 Are you taking any non-prescription or prescription medications? yes, please list the medications taken and the purpose(s) and dosage(s) hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities of Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will squalify me from my employment, benefits and claims. Signature of Seafarer DICAL EXAMINATION Weight Height (cm) BMS Blood Pressure: Systolic Diastolic Som PULSE: Audiometry Learing by Audiometry Learing by Whisper Test Sould Adequate Inadequate		allergic to any medication	ns?						1
Are you taking any non-prescription or prescription medications? yes, please list the medications taken and the purpose(s) and dosage(s) hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities of Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will isignalify me from my employment, benefits and claims. Signature of Seafarer VICAL EXAMINATION Weight Height (cm) BMSS Blood Pressure: Systolic Diastolic Dm PULSE: White Pulse is the professionals of the pulse is true and any false statement will be pulse in the pulse is true and any false statement will be pulse in the pulse is true and any false statement will be pulse in the pulse is true and any false statement will be pulse in the pulse is true and any false statement will be pulse in the pulse in the pulse is true and any false statement will be pulse in the pulse in the pulse is true and any false statement will be pulse in the pulse in the pulse is true and any false statement will be pulse in the pulse in the pulse in the pulse is true and any false statement will be pulse in the pulse in the pulse in the pulse is true and any false statement will be pulse in the puls	omments.	FI	T FOR DU	TY ON BO	ARD SHIP				
hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities of Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will isqualify me from my employment, benefits and claims. Signature of Seafarer ICAL EXAMINATION Weight Height (cm) BMS Blood Pressure: Systolic Diastolic Dury PULSE: The Adequate Inadequate Inadequate Inadequate Audiometry Audiometry Audiometry Audiometry Audiometry Audiometry Audiometry Identing by Whisper Test Adequate Inadequate	42 Are voi		ALTONO CONTRACTOR						
Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will isqualify me from my employment, benefits and claims. Signature of Seafarer FICAL EXAMINATION Weight Height (cm) BMS Blood Pressure: Systolic Diastolic DM PULSE: Whisper Test ight Adequate Inadequate Adequate Inadequate									
Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will isqualify me from my employment, benefits and claims. Signature of Seafarer FICAL EXAMINATION Weight Height (cm) BMS Blood Pressure: Systolic Diastolic DM PULSE: Whisper Test ight Adequate Inadequate Adequate Inadequate									
Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will isqualify me from my employment, benefits and claims. Signature of Seafarer FICAL EXAMINATION Weight Height (cm) BMS Blood Pressure: Systolic Diastolic DM PULSE: Whisper Test ight Adequate Inadequate Adequate Inadequate	haraby sythori-	to the release of all my pr	ovious modis	anl records from	n new boalth ne	ofossion	ale booth instituti	and and audilia auth	neltina
Signature of Seafarer PICAL EXAMINATION Weight Height (cm) BMS Blood Pressure: Systolic 2000 Diastolic D									
CAL EXAMINATION Weight Height (cm) BMS Blood Pressure: Systolic Diastolic Diastolic BMS Blood Pressure: Systolic Diastolic Diast	isqualify me fro	om my employment, benef	fits and claim	S					
CAL EXAMINATION Weight Height (cm) BMS Blood Pressure: Systolic Diastolic Diastolic BMS Blood Pressure: Systolic Diastolic Diast		- Cm2 -							
CAL EXAMINATION Weight Height (cm) BMS Blood Pressure: Systolic Diastolic Diastolic BMS Blood Pressure: Systolic Diastolic Diast		-N -							
Weight Height (cm) BMS Blood Pressure: Systolic Diastolic Diastoli	Sig	nature of Seafarer	- 13						
Ear Hearing by Audiometry Audiometry Llearing by Whisper Test light	ICAL EXAMIN	ATION							
ight ☐ Adequate ☐ Inadequate 500 1000 2000 3000 ☐ Adequate ☐ Inadequate	veight 74	Height (cm)	BM25	Blood Pressi	ure: Systolic-/	2000	Diastolic 80/	m_PULSE:	mi
ight □ Adequate □ Inadequate 500 1000 2000 3000 □ Adequate □ Inadequate	ar Ho	aring by Audiometry		Audiomot	v]	14	ering by Whiener	Test	
The state of the s			500	THE RESIDENCE OF THE PARTY OF T	CONTRACTOR OF THE PARTY OF THE	-		The state of the s	
And Andread I madequate			300	200	55000	and the second	AND ADDRESS OF THE PARTY OF THE	Contract of the Contract of th	
	TO M	acquate LD madequate		MA		-	acquare D ala	acquaic	
learing meets the standards as laid down in STCW Code Section A-1/9? YES NO D			. In OTOLLI	1/'	410.0 145.0	-	10 110	F)	

		Visual acuity]	al fields				
	Rightey	Unaided	e Right	Aide		1	N	ormal	Defective
Distant	6/2	6/1	Right	суе	Left eye	Right	2000		
Near	0	000				Lefter		/_	-
Visual acuit	y meets the	standard laid d	own in STCW	Code S	petton A-1/9		NO NO		
		CW CODE Sec			Vormal	Doubt!		Defective	
				-				Delective	
Date of last	colour vision	test: Date (da	y/month/year)	ZU,	MAR ,2024				
			1.50 %		011-012				
			Normal	Abnorm	nal				Normal Abnorma
Head			6,	[]		se veins			Normal Abnorma
Sinuses, no	se, throat		1	\Box		ar (inc. pedal	nulses)		61 0
Mouth/teeth	le.		1	D		en and viscer			16/ 0
Ears (gener	al)		10	D.	Hemia				4, 0
Tympanic m	nembrane		11/		Anus (r	not rectal exa	m)		
Eyes			K		G-U sy		,		0/ 0
Opthalmoso	ору		W.			and lower ext	remities		6, 0
Pupils			10/1			C/S, T/S and			
Eye movem			1/1			gic (full brief			0/ 0
Lungs and o			16	П	Psychia		53		000
Breast exan			MA		1.51*1559	l appearance			
Heart			1130	1.1	Skin	парреаганое			1
2004000 FF	M-1 - 1 - 1				WAIT		4	7 1	1 / I Im
								111	1
		EXAMINATIO					100	111	1.1.
Chest X-Ra	у	11/2		MICAL (LIVER FUNCT	ION TEST)	Marijuana		sitive
ECG		1111	BILIRUBIN	4	0-6	0	Alcohol Test	(I) Po	ositive Negative
	BLOOD R	/E	SGPT		23	-11	URINE R/E		NA
DC(different		MAD	SGOT		21	7/1		OTHER	s /
HAEMOGL(and the same of th	14.7		Company and the company	ALCOHOL T		HBsAg	□R	eactiv Nonreacti
ESR (WEST	TERGREN)	05	Morphine		☐ Positive ☑		HIV / AIDS Test	□ R	eactiv (1 Nonreacti
WBC		7.000	Amphetamir		Positive		VDRL	□R	eactiv Nonreacti
	DD GLUCOS	E LEVEL	Phencyclidir		☐ Positive ☑		Blood Type		01/10
RANDOM		5-2	Barbiturates	77	☐ Positive		Psychological Ex	kam 🗸	112
HBA1C		5.3%	Cocaine	1/3	Positive	Negative	Others(KUB Ultraso	und)	11/
rehy I declare	that I am in	knowledge of t	bu matanti -	file Di	retard acceptant				
d	n - C	knowledge of t	ne contents o	i ilie Pil	ysicai examina	tions:			
-		110			MD. AZHARUI	. ISLAM			20-Mar-2024
nature of Sea	afarer	11			Name of Se			-	Date Date
	1					-			Date
sessment of	fitness for	service at sea:							
the basis of	the examine	e's personal de	claration, my	clinical o	examination an	d the diagnos	tic test results red	corded abo	ve, I declare the
aminee medic	cally:								
		Fit	for lookout di	uties			Not fit for To	okout dutie	s
/		Dec	k service		Engine servi	2	Catering service	vo	Other services
						-		~	
fit			D D		0		0		<u> </u>
1									14
X	Without	restrictions		EI.	With res	strictions			
£									
the Seafarer f	ree from any	medical condit	ions likely to I	be aggra	vated by servi	ce at sea or t	o render the seafa	arer unfit fo	or such service or to
uanger ine ne	aith of other	persons on bo	2.6	20 0					
			Yes/	7 L	No				
					L				
andha	Cara V				2320				10
scribe restrict	iions (e.g., st	pecific position,	type of ship,	trade are	ea):				100
ion taken by	medical exar	miner (e.g., refe	erral):			_			
and toy					-/-	\geq			
Fitness Date);	2 0 MAR 20	24		L/Walld Ur	ntil:	19 MA	R 2025	
	- 5%			2	Mille	-	1 0 117	2020	
			000950	CONTRACT.	/				
			NaDA	and Vall	Parture of Author	CIZED Player	an	100	
1004307	Corporate Corporate	a de logación de gamentos en el conse	INGTIC MODE	DC A S		GD-016	ari		NAMES (ARCHARDS ARCK)
In Acce	dive concern	Madical Evani	nation (Coldina	MMY TO	Bull of the Street	WE 500	CYCLAL ADDRESS		

accordance with Medical Examination (Season Convention 946 ANo. 32 and STCW 1978/1996 as Amended, MLC 2006 General Physician Revision Date : 241 Radical Hospitals Limited.

□ Drink every evening (単三) drinker (中極度) □ Light drinker 弱い 110条 (銀) (10 日 ではつ) ある 口 □ Sometimes take sleeping pills, etc. (即 + 通訊 展通用) | Have Sleeplessness (組むない) 「Purfing on weight スットかい」 「新田」 切出 口 - Constipated Smoke _____ cigarettes a day + L B 中的 | Moderate drinker (中華家) □ Sometimes (3株十) 1 Sweet (#1:1) (数位) 109% II - Out smoking in 19 :: 9 □ Do not drink : 政策ない。 T. irregular 一次 海里山 (*) Waight (体質) コ Constant (実わらす) コ (coing weight (やせいきた) Till Never smoke 38 (5-22) 二 Sleep well ・良く概る! □ Drink 3-3 times a week (國に2~3回) (5) Evereise: (運動) 二 Onen (よくする) - Saley · 蘇申! -4. D.VILY LIFE HABITS: (日常生活) 口 Heavy Jrinker 個1: Zeguiar -14: Dietary preferences: 計算の部門 | Have insomnia · 八期面) (1) Alcohol intake: (東南) (3) Bowel movements, (2) Smoking: (報道) (6) Sleep; (睡眠) · Yge · 中歐) Name is) of medicine (s) used for the above disease (s). (上拉特语言语言) 一角凝晶的的) I Other (数46) When? Medical information: (医療情報)・Please check the appropriate items. 該当十ら口間にイおりに入って下のコー 3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yea/N): (特別/前篇) Food allergies (name): ... (食品型) (ナイトン) T. Asthma (1) Past serbous illness: 三代現首位) 'Age (年期)

Cricana chives) (かいれかい)

I. ALLERGIES: (レファルー) 2. PAST HISTORY: (類題)

(Purgery 中央)

Drug allergres iname?:

Name of illness: (特別名)

R MIR. MD. RAIHAN ABBS (DU), DPM, CCD (Birdem), PGT (Ophth) DG Shipping Bangladesh Approved BMDC A-55144, MMC-BGD-018 Radical Hospitals Limited General Physician



	Date: 2.0 MAR 2024	Briefly enter any special comments to the Attending Physician in English. (反移画語へ特に伝えたいこと、英語で高器に	Diabetes (接触病) Hypertension (素血压症) Cerebral Apoplexy (超卒中) Liver disease (指揮疾患) Other, Name of disease (精為)	5. FAMILY HISTORY: (黃族国) Notation: F = father, M = mother, B = brother, S = sister (文) (母) (兄弟) 〈译诗 Charter out (漢/前四)
	Signature: (=4) (Card holder) (#./.)	ysician in English.	XXXX	her. B=brother. S=sister (元素) (元素) (標本)
DR. MIR. MD. RAIHAN MBS (DI) DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144. MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	Blood sugar. (血緩腫). Una seid: (原鉄値)	(政権) Height: (李庆) 工 Pulse: Thin (政治 分) Blood pressure: (由庄)	S (所集實程) IEI S (所集實程) given name (名) S (所名) given name (名)	C.
Sold Sold Sold Sold Sold Sold Sold Sold	mg/dl >: 0.05625 = (Amin Normal breathing rate. (正常年级数/分) Mile Blood type:	me (&) family name (%)	MEDICA (Write in

/min Normal temperature _____ __kg/at age 20: (20 字等)

Date of Birth ON - 01.9人

/Rth (i Single Married (纸象/版路)

mmol/() mmol/() Nationality BBMBL

<PRIVATE>





HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME (OF CREW:	MD. AZHARUL ISLAM	RANK	:	1ST	ASST E	VGINEER	
CDC NO	D:-	C/O/7190	DOB		01-Ja	in-1994		
HEAL	TH QUEST	TONNAIRE						
PLEASE	E ANSWER I	FOLLOWING BY TICKING (<)	YES OR NO			_	YES	NO
1	Have you	ever had coronary thrombosis or	certain types of heart su	urg	ery?			
2	Are you su	ffering from any heart-related cot	nplications?					
3	Are you a	diabetic ?						
4	If you are	diabetic, do you need injectio.ns o	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 alcoh	ol or drug addiction pro	ble	ms?			
8	Do you ha	ve any hearing difficulties or are y	ou using any hearing a	id?				
9	Have you	ever suffered from any STD (Sex	ually Transmitted Disea	se))?			
10	Are you av seafaring e	vare of any other health condition employment *	that could affect your fi	itne	ess for			
knowled consequ	le, true and jences in cas	pove questionnaire and answered complete. Ialso declare that se of detection of any chronic dise all the expenses as may incur as	lam a healthy man a ease or its past history	ind whi	will ich Im	oe fully ay have	responsib	le for all the
Date :	2 0 MA	R 2024	Signed :			e	\$2.	

* If yes, mention details below:-

MIR. MD. RAIHAN
MBSS (DU) DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
UG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Revision: 5.1

Revision Date: 24th July 2022

The Crew Member



ID NO : 24030502

Patient's Name: MD.AZHARUL ISLAM

Age

20/03/2024 30Y 2M 19D

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM -C/O/7190

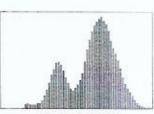
Sex Male

; Blood Specimen

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

HAEMATOLOGY REPORT

"我们是我们的人们是不是一种的人们是不是一个人们的人们的人们的人们们是我们的人们们是我们的人们的人们的人们的人们的人们的人们的人们的人们的人们们们们的人们们们们							
Parameter	R	esults	Reference Values	Histogram			
Haemoglobin(Hb) ESR(Westergren)	14.7 05	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A			
TOTAL WBC COUNT	7,900	/cumm	4,000 - 11,000 /cumm				
DIFFERENTIAL COUNT							
Neutrophils	64	%	(40 - 75)%				
Lymphocytes	29	%	(20-45)%	WBC CURVE			
Monocytes	04	%	(2-10)%	100			
Eosinophils	03	%	(1-6)%	- di			
Basophil	00	%	0-1 %				
TOTAL CIR. EOSIONOPHIL COUNT	237	/cumm	40 - 450 /cumm				
TOTAL PLATELET COUNT(PC)	163,000	/cumm	1,50,000-4,50,000 /cumm				
MPV	15.4	fL	7.0 -11.0 fL				
PDW-CV	16	%	10 - 18 %	PLT CURVE			
PCT	0.19	%	0.10 - 0.28	7.61.001116			
P-LCR	60.2	%	9.00 - 45.00%	A			
P-LCC	74	x10^3/uL	13 - 129 x10^3/uL	A			
RBC COUNT	5.78	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul				
HCT/PCV	48.8	%	M: 40-54%, F: 37-47%				
MCV	84.4	fL	76-94 fL				
MCH	25.4	pg	27-32 pg	RBC CURVE			
MCHC	30.1	g/dL	29-34 g/dL	NDC CORVE			
RDW SD	52	fL	30.0-57.0 fL				
RDW CV	18.3	%	10-16%				



Checked By..... Medical Technologist. Redical Hospital Ltd. Uttara, Dhaka.

Dr. Sumaiya Khatun MBBS,MD (Gold Medilist) (BSMMU) Associate Professor Dept.Of Microbiology East West Medical College & Hospital.



Bill No	DIA24030502	Received Date 20/0		3/2024	
Patient's Name	MD AZHARUL ISLAM		2002000	25-0722-145	
Patient's Age	30Y 2M 19D	Pa	tient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFM	CDC NO	C/O/ 7190	
Sample	BLOOD				

BIOCHEMISTRY REPORT

Result	Reference Range
5.7 mmol/L	4.2 – 6.4 mmol/L
0.60 mg/dl	0.2 - 1.1 mg/dl
25.0 U/L	Up to 40 U/L
21.0 U/L	Up to 37 U/L
5.3 %	4.0- 6.0 %
	5.7 mmol/L 0.60 mg/dl 25.0 U/L 21.0 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By-

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



Bill No	DIA24030502	Received Date 20/03/20		024	
Patient's Name	MD AZHARUL ISLAM				
Patient's Age	30Y 2M 19D	Pa	tient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(I	BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7190	
Sample	BLOOD				

SEROLOGICAL REPORT

<u>lest Name</u>	Result
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
BLOOD GROUPING RESULT	
ABO Blood Group	"O" (+ve)
Rh (D)Factor	Positive

Checker By

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



Bill No	DIA24030502	Received	Received Date 20/		2024
Patient's Name	MD AZHARUL ISLAM				
Patient's Age	30Y 2M 19D Patient's S			Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CD	C NO	C/O/ 7190
Sample	URINE	W. W. W. W.	1000000	H241711111	Total Contract

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATION CASTS / LPF

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



Test Name



Bill No	DIA24030502	Receive	d Date	20/03/2	2024
Patient's Name	MD AZHARUL ISLAM				
Patient's Age	30Y 2M 19D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),	PGT(Eye),DFM	1 C	DC NO	C/O/ 7190
Sample	URINE			277	ADMINISTRATION OF THE PARTY OF

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

restriante	Result
Orug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana — — — — — — — — — — — — — — — — — —	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Result

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

radical hospitals@yahoo.com, www.radicalhospital.com

REF: MV. ONE MACKINAC

DATE: 20/03/2024

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

EYE EXAMINATION REPORT

NAME: MD AZHARUL ISLAM RANK: 1A/ENG CDC NO: C/O/7190

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

616

AIDED

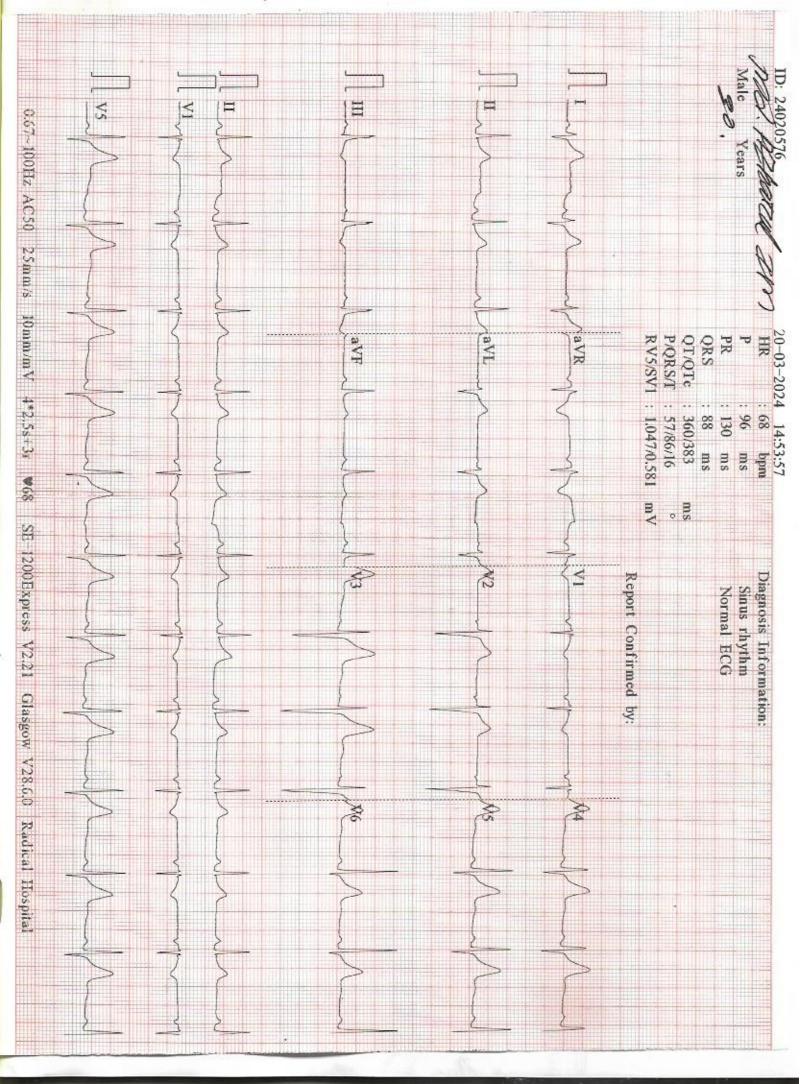
COLOUR VISION:

NORMAL /BLIND

OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

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



RADICAL HOSPITAL

radical hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

24030502

Receive: 20/03/2024

Print: 20/03/2024

Patient's Name

MD AZHARUL ISLAM

Age

30 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

Pre-Joining Medical Report to be

		2 0 MAR 2024	Exam	Date of
		AND THE PROPERTY OF THE PARTY O	Assigned	Ship
	neto-	A SECOND	Pulse	B.P./
		Same Name	X-ray	T
		Tame	ECG	atholog
		Namey	Urine	ical inve
		Normac Normac	Blood	Pathological investigations
		Vanne C	LFT	ns

	Completed by
	Company's M.O.
7	\

				Creatine
			3	USG
			- hospia	Addl. Test
			DF MBB BN DG	Special Conditions
2	Cutal III		DR. N. MD RAIHAN NEE (DU DEN CO (Bleem), PGT (Oahn) NEES (DU DEN C	Fit / Unfit & Remarks
			RAIHA sem, PGT 10 MC-BGD-0 Mesh Approx sician s Limited	Doctor's

**** ***	agheur le Com. AGAINST (certify that gnature follows AGAINST (Date of birth	01-1994 Sex M	cale.
12.	has on the date indicated been vaccin	nated or revaccinated against Ch	olera
Date	Signature and Professional status of vaccinator	Approved Stamp	M. C. San
OFC m	DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A) 1820	STAGLADES	
306.	DR. MIR. MD. RAIHA MBBS (DU). DFM. CCD (Birdem). PGT (Cph BMDC A-55144, MMC-BGD-01 DG Shipping Bengladesh Approvi General Physician Radical Hospitals Limited.	Nth) 6 ad Waller Druke SANC NCS	
3	MODR. MIR MD RAIHAN	SFOR VAC 3	4
13.20	MBBS (Dur BFM 500 (Sindem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	Wester Utterra, Oholo. *	
5	in James	SE FOR VACCING State Sta	6
66 JUL 3	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physielan Radical Hospitals Limited	# Uttora, Dheta *	
7	DR. MHR. MD RAIHAN MBBS (DU), DFP (CO. Paragra), FG (Ophth) BMDC A-55 THE MINOR SED - 018 2G Shipping Eanglacesis Approved	35, Sheh Molector Devertie Utters, Dhalts	8
8	7G Shipping Estiglacesis Approved General Physician Reduct Hospitals Conted	BANGLADEST	