HAQUE & SONS LTD.

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

Accredited By : BMDC
Accreditation No: A-55144

PATIENT CONTROL NUMBER
HSL-003245

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
KABIR	MD	FAISAL
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
RAJSHAHI 26-Dec-1989	B00061997	C/O/5817

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : BULK CARRIER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
VILL. BAKSHIMOIL, PO. MOHANPUR, PS. MOHANPUR, DIST. RAJSHAHI, BANGLADESH.

CONTACT NUMBER : 8801723387414 (SELF)

RANK : CHIEF ENGINEER

Have you ever had any of the following conditions?

	Condition	YES	NO		Condition	YES	NO
1	Eye/vision problem	☐	☑	18	Sleep problems	☐	☑
2	High blood pressure	☐	☑	19	Do you smoke?	☐	☑
3	Heart/vascular disease	☐	☑	20	Operation/surgery	☐	☑
4	Heart surgery	☐	☑	21	Epilepsy/seizures	☐	☑
5	Varicose veins	☐	☑	22	Dizziness/fainting	☐	☑
6	Asthma/bronchitis	☐	☑	23	Loss of consciousness	☐	☑
7	Blood disorder	☐	☑	24	Psychiatric problems	☐	☑
8	Diabetes	☐	☑	25	Depression	☐	☑
9	Thyroid problem	☐	☑	26	Attempted suicide	☐	☑
10	Digestive disorder	☐	☑	27	Loss of memory	☐	☑
11	Kidney problem	☐	☑	28	Balance problem	☐	☑
12	Skin problem	☐	☑	29	Severe headaches	☐	☑
13	Allergies	☐	☑	30	Ear/nose/throat problems	☐	☑
14	Infectious/contagious diseases	☐	☑	31	Restricted mobility	☐	☑
15	Hernia	☐	☑	32	Back problems	☐	☑
16	Genital disorders	☐	☑	33	Amputation	☐	☑
17	Pregnancy	☐	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 75Kg Height (cm) 165 BMI 27.5 Blood Pressure: Systolic 120 mm Hg Diastolic 80 mm Hg PULSE: 78 /m

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) 29 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	MD	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☑ Negative
ECG	MD	BILIRUBIN	0.88		Alcohol Test	☐ Positive	☑ Negative
BLOOD R/E		SGPT			URINE R/E	MD	
DC(differential count)	MD	SGOT			OTHERS		
HAEMOGLOBIN (HGB)	13.4	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☑ Nonreactive
ESR (WESTERGREN)	08	Morphine	☐ Positive	☑ Negative	HIV / AIDS Test	☐ Reactive	☑ Nonreactive
WBC	10,700	Amphetamine	☐ Positive	☑ Negative	VDRL	☐ Reactive	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative	Blood Type		OPOS
RANDOM	5.6	Barbiturates	☐ Positive	☑ Negative	Psychological Exam		MD
HBA1C		Cocaine	☐ Positive	☑ Negative	Others(KUB Ultrasound)		MD

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

Signature of Seafarer | MD FAISAL KABIR — Name of Seafarer | 29 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: 29 MAR 2024 | Valid Until : 28 MAR 2026

Name and Signature of Authorized Physician

MD FAISAL KABIR
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-65144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
KABIR	MD	FAISAL

DATE OF BIRTH	PLACE OF BIRTH	SEX
12 (MONTH) 26 (DAY) 1989 (YEAR)	RAJSHAHI (CITY) BANGLADESH (COUNTRY)	MALE ☑ FEMALE ☐

EXAMINATION FOR DUTY AS				MAILING ADDRESS OF APPLICANT
MASTER	☐	RATING	☐	VILL. BAKSHIMOIL, PO. MOHANPUR, PS. MOHANPUR,
MATE	☐	MOU DECK	☐	DIST. RAJSHAHI, BANGLADESH.
ENGINEER	☑	MOU ENGINE	☐	
RADIO OFF	☐	SUPERNUMERARY	☐	BANGLADESH.

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
165cm	75kg.	120/80 mmHg	78/min	19/min	Good

VISION:	RIGHT EYE	LEFT EYE
WITHOUT GLASSES	6/6	6/6
WITH GLASSES		

DATE OF LAST COLOR VISION TEST (Month/Day/Year) 29 MAR 2024 Testing Required every 6 years

COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☑ NO ☐

COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL YELLOW ☑ RED ☑ GREEN ☑ BLUE ☑

HEARING RT. EAR Normal LEFT YEAR Normal

HEAD AND NECK	HEART (CARDIOVASCULAR)
Normal	Normal
LUNGS	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
Normal	Yes.

EXTREMITIES: UPPER Normal LOWER Normal

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. No.

SIGNATURE OF APPLICANT	DATE OF EXAM	EXPIRY DATE
	29 MAR 2024	28 MAR 2026

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO MD FAISAL KABIR (NAME OF APPLICANT)

FIT FOR DUTY ON BOARD SHIP

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY)

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

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

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

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 6-May-14

SIGNATURE OF PHYSICIAN: _____ DATE OF EXAMINATION: 29 MAR 2024

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

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

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

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

(b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.

(c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

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

(e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.

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

(g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.

(h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Surface Antegen Test (HbsAg),

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

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

29 MAR 2024

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

GOODWOOD PRE-EMPLOYMENT MEDICAL EXAMINATION GUIDELINES

(1) *The following document shall be updated by the Approved Medical examiner*
(2) *The document shall be reviewed by the executive while updating the embarkation checklist*

Date
29/3/2024

Seafarer details	
Name	**Passport Number**
MD FAISAL KABIR	**B00061997**

Sr. No.	TESTS TO BE CONDUCTED	Passed	Failed
	Basic Tests:	✓	
1	Medical History & Physical Examination	✓	
2	Optical Test For Visual Acuity	✓	
3	Dental Examination & Oral Hygene Report (issued by a dentist)	✓	
4	CBC (Compelte Blood Count) with differential count	✓	
5	Urine Analysis - with microscopic examination	✓	
6	Chest X-Ray PA View	✓	
7	Blood Type (A, B, O, Rh Factor)	✓	
8	Phychological Evaluation (to be done by an accredited psychologist)	✓	
9	Hearing Test / Audiometry	✓	
10	VDL/RPR	✓	
11	HIV Screening	✓	
12	HbsAg (Hepatitis B virus screening)	✓	
13	Colour Vision Test (Ishihara Test)	✓	
14	ECG (Electro Cardiograph)	✓	
15	Fasting Blood Sugar (FBS)	✓	
16	Creatinine (Kidney Function Test)	✓	
17	BUA (Blood Uric Acid) *(Only for seaferers 40 years of age and older)*	✓	
18	Triglycerides *(Only for seaferers 40 years of age and older)*	✓	
19	Total Cholesterol *(Only for seaferers 40 years of age and older)*	✓	
20	BMI - Less than 30	✓	
		✓	
	Enhanced Medical Examination:	✓	
21	ESR	✓	
22	2 Hours Post Pranial Test	✓	
23	SGOT	✓	
24	SGPT	✓	
25	(KUB) Kidney Uretter Bladder Abdominal Radiograph	✓	
26	Peak Flow Meter	✓	
27	Malarial Smear	✓	
28	Drug & Alcohol Test Screening (Methampethamine, Cannabinoids & Alcohol Test)	✓	
29	BUN (Kidney Fucntion Test)	✓	
30	HbA1c	✓	
31	Ultrasound (Liver, Gallbladder, Hepato-Biliary Tree, Kidney, Ureters, Urinary Bladder) by a qualified radiologist	✓	
32	Stool Culture (Only for food handlers)	✓	
		✓	
	Optional Tests *(Cost of optional tests are borne by the seafarer)*	✓	
33	TPHA - (If Positive for VDRL)	-	
34	HbeAg - (if positive for HbsAg but with normal liver enzymes)		

NOTE :

In addition to above the flag state requirements must be complied with.

Medical examiner's declaration

Upon review of the findings of the above mentioned tests; I hereby declare the seafarer

	Remarks by medical examiner		
1		**Fit**	✓
2	Fit for ship job.	**Unfit**	
3		For sea service	
4		*select applicable box*	

Radical Hospital Ltd. As Per-MLC-2006 Serving Bangladesh Approved

Seafarer's declaration on personal consumption of prescribed medicines

Employee's Family Name: KABIR	**Date of Birth:** 26-Dec-1989
First and Middle Name: MD FAISAL	**Position:** CHIEF ENGINEER

Medical Certificate No.: 04-2024-6261	**Expiry Date:** 28 MAR 2026

I declare that I am consuming the following medication prescribed by my family doctor to treat my pre-existing illness and that I am not carrying any other medication during this contract.

No psychotropic drugs have been prescribed and / or will be consumed.

Name of Drug	Dosage	Type of pre-existing illness

I have considered the possible safety risk related to the consumption of the above-mentioned medicines whilst on duty & confirm that the above medicines will not have adverse efects.

Date

Name of Doctor
Medical clinic rubber stamp

Radical Hospital Ltd. As Per-MLC-2008 DG Shipping Bangladesh Approved

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

Signature of Doctor

RADICAL HOSPITAL LIMITED

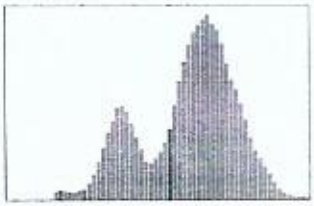
radical_hospitals@yahoo.com, www.radicalhospital.com

ID NO	: 24030812	**Date**	: 29/03/2024
Patient's Name	: MD.FAISAL KABIR	**Age**	: 34Y3M3D
Ref. By	: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/5817	**Sex**	: Male
Specimen	: Blood		

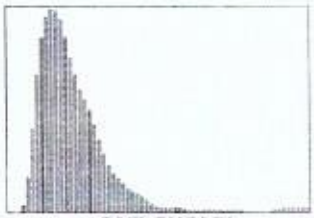
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

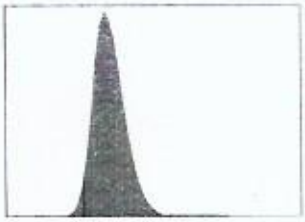
Parameter	Results		Reference Values
Haemoglobin(Hb)	**13.4**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**08**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**10,700**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	72	%	(40 - 75)%
Lymphocytes	21	%	(20-45)%
Monocytes	04	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**321**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**204,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	15.4	fL	7.0 -11.0 fL
PDW-CV	17.8	%	10 - 18 %
PCT	0.31	%	0.10 - 0.28
P-LCR	59.7	%	9.00 - 45.00%
P-LCC	122	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**4.75**	**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	89.5	fL	76-94 fL
MCH	28.2	pg	27-32 pg
MCHC	31.5	g/dL	29-34 g/dL
RDW SD	48	fL	30.0-57.0 fL
RDW CV	15.9	%	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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24030812	Received Date	29/03/2024
Patient's Name	MD FAISAL KABIR		
Patient's Age	34Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5817
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	5.6 mmol/l	4.2 – 6.4 mmol/l
Serum Creatinine	0.80 mg/dl	0.3 - 1.3 mg/dl

Checked By

Medical Technologist.
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24030812	Received Date	29/03/2024
Patient's Name	MD FAISAL KABIR		
Patient's Age	34Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5817
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	"O" (+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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24030812	Received Date	29/03/2024
Patient's Name	MD FAISAL KABIR		
Patient's Age	34Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5817
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	1-2/HPF

CHEMICAL EXAMINATION CASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

RADICAL HOSPITAL LIMITED

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Bill No	DIA24030812	Received Date	29/03/2024
Patient's Name	MD FAISAL KABIR		
Patient's Age	34Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5817
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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

AUDIOLOGICAL REPORT

Patient Name : MD FAISAL KABIR

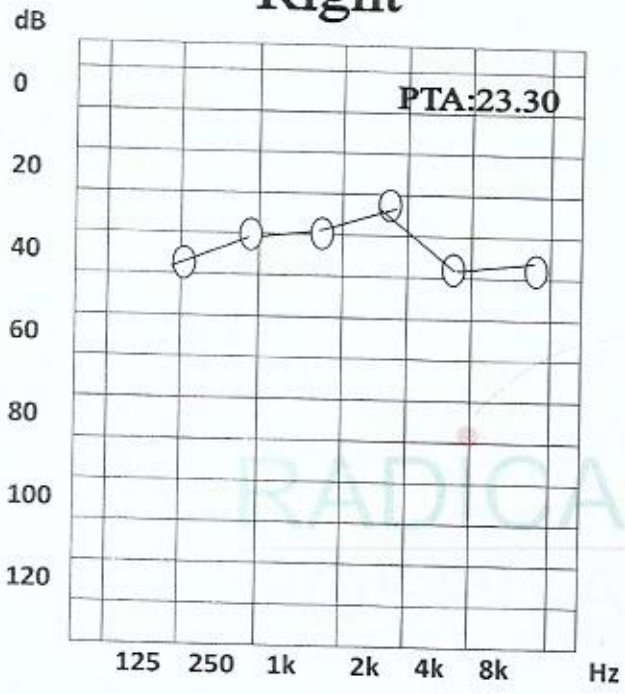
28/03/2024

Age : 34 Yrs

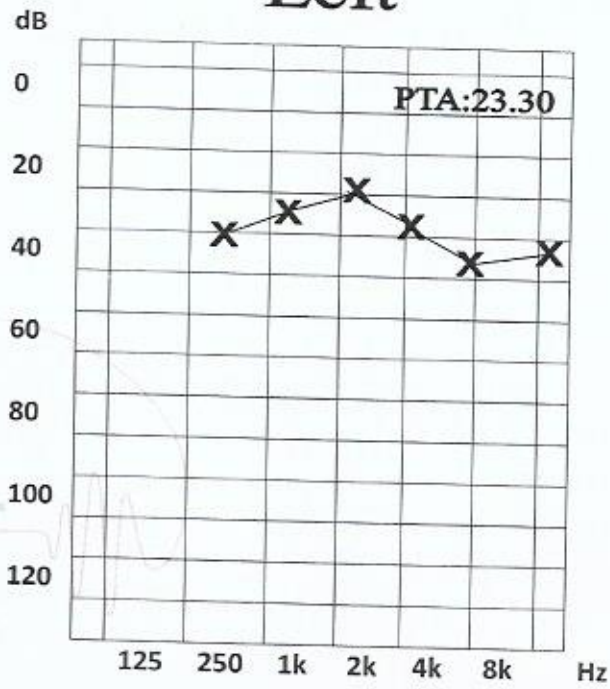
Address : RHL, UTTARA

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

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		

	Right Ear	Left Ear
Air MaskingOX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

ID: 24020579

29-03-2024 14:23:30

Mr. Faisal Kabir

Male 34 Years

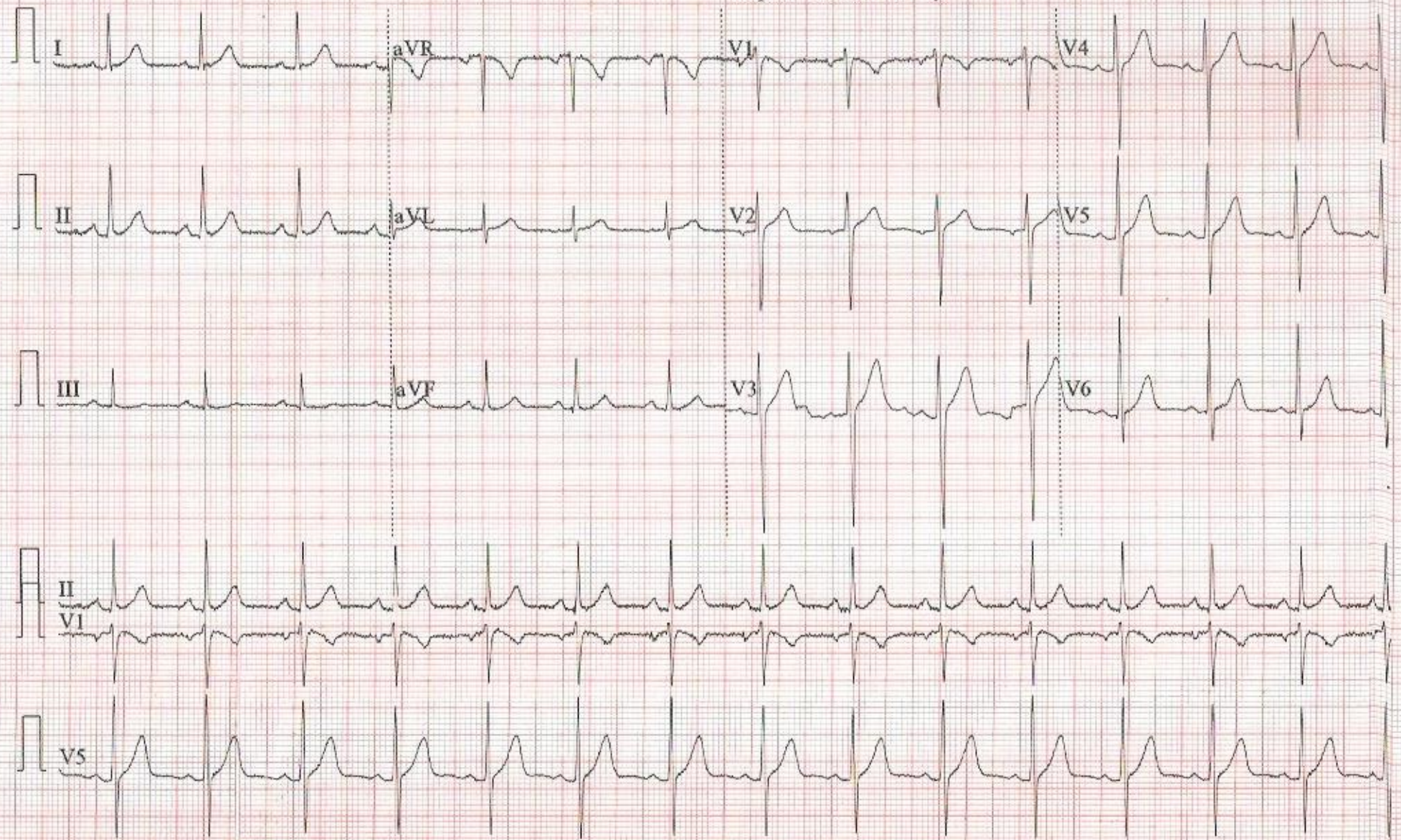
HR	: 87	bpm
P	: 96	ms
PR	: 150	ms
QRS	: 72	ms
QT/QTc	: 330/397	ms
P/QRS/T	: 60/50/32	°
RV5/SV1	: 1.443/0.949	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥87 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	MD FAISAL KABIR			
Age	:	34 Yrs	Date	:	28/03/2024
Sex	:	Male	CDC NO:C/O/5817		
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM			

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor /Good /very good /excellent
Verbal Reasoning test	Poor /Good /very good /excellent
Inductive reasoning test	Poor /Good /very good /excellent
Diagrammatic Reasoning test	Poor /Good /very good /excellent
Logical Reasoning test.	Poor /Good /very good /excellent
Error checking test	Poor /Good /very good /excellent
2.Skill Test	Poor /Good /very good /excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor /Good /very good /excellent
Assumptions	Poor /Good /very good /excellent
Deductions	Poor /Good /very good /excellent
Interpreting Information's	Poor /Good /very good /excellent
Inferences	Poor /Good /very good /excellent
5.Situational Judgment Test.	Poor /Good /very good /excellent

Poor: <6 Good: 6-7 very good: 7-8 excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan
MBBS (DU), DFM, CCD (Birdem), PGT (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

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radical_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	MD FAISAL KABIR	ID NO	:	24030812
Age	:	34 Yrs	Date	:	28/03/2024
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM			

Dental Examination Reports

On Examination

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

Comments : Normal

Dr. Mir Md. Raihan
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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030812	Receive:29/03/2024	Print: 29/03/2024
Patient's Name	:	**MD FAISAL KABIR**		
Age	:	34 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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

REF:	MV. PACIFIST	DATE: 29/03/2024

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

EYE EXAMINATION REPORT

NAME:	MD FAISAL KABIR	RANK:CH.ENG	CDC NO: C/O/5817

VISUAL ACUITY:	RIGHT	LEFT
UNAIDED	6/6	6/6
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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MD FAISAL KABIR
This is to certify that whose signature follows } Date of birth 26/12/1989 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 21 JUN 2023	DR. 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 29 MAR 2024	DR. 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 FAISAL KABIR
whose signature follows } Date of birth 26/12/1989 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
1 21 JUN 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	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum 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.