



HAQUE & SONS LTD.

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



Accredited By : BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER
H561

MEDICAL EXAMINATION CERTIFICATE

SURNAME ISLAM		FIRST NAME AND MD MOHAIMINUL		MIDDLE NAME
PLACE AND DATE OF BIRTH NARAYANGANJ 29-Dec-1993		PASSPORT NUMBER B00116954		SEAMAN'S BOOK NUMBER C/O/7682
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER		TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : HOUSE NO-139, BLOCK-A, A. HYE LODGE, HAJIGANJ MAIN ROAD, PO-NARAYANGANJ SADAR, PS-FATULLAH, DIST-NARAYANGANJ, BANGLADESH.			CONTACT NUMBER : 01679597691 (SELF)	
			RANK : CHIEF OFFICER	

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

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

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

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

Mohaimin

Signature of Seafarer

MEDICAL EXAMINATION

Weight 85 kg	Height (cm) 172	BMI 28.7	Blood Pressure: Systolic 110/99	Diastolic 70/99	PULSE: 78/99																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Hearing by Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>						Ear		Hearing by Audiometry				Hearing by Whisper Test				500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	
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Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate																															

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

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

Visual acuity meets the standard laid down in STCW Code Section A-1/9 ☒ YES / NO ☐ Doubtful

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Defective

Date of last colour vision test: Date (day/month/year) 05 MAR 2024

Visual fields		
	Normal	Defective
Right eye	☒	
Left eye	☒	

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<i>MP</i>	BIO CHEMICAL (LIVER FUNCTION TEST)		Manjuana	☐ Positive ☐ Negative
ECG	<i>MP</i>	BILIRUBIN	<i>0.51</i>	Alcohol Test	☐ Positive ☐ Negative
BLOOD R/E		SGPT	<i>22</i>	URINE R/E	<i>MP</i>
DC(differential count)	<i>MP</i>	SGOT	<i>18</i>	OTHERS	
HAEMOGLOBIN (HGB)	<i>15.5</i>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☐ Nonreactive
ESR (WESTERGREN)	<i>03</i>	Morphine	☐ Positive ☐ Negative	HIV / AIDS Test	☐ Reactive ☐ Nonreactive
WBC	<i>8000</i>	Amphetamine	☐ Positive ☐ Negative	VDRL	☐ Reactive ☐ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☐ Negative	Blood Type	<i>O(+)</i>
RANDOM	<i>5.5</i>	Barbiturates	☐ Positive ☐ Negative	Psychological Exam	<i>MP</i>
HBA1C	<i>5.0%</i>	Cocaine	☐ Positive ☐ Negative	Others(KUB Ultrasound)	<i>MP</i>

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

Signature of Scaffarer

MD MOHAJMINUL ISLAM
Name of Seafarer

5-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: _____

05 MAR 2024

Valid Until:

04 MAR 2026

DR. V.P. MD. RAHMAN

In Accordance with Medical Examination (Seafarers) Convention 1945 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: ISLAM		GIVEN NAME (S): MD MOHAIMINUL	
DATE OF BIRTH: DAY 29 MONTH 12 YEAR 1993		PLACE OF BIRTH CITY NARAYANGANJ COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: HOUSE NO-54/1, CHHAYABITHI, FLAT NO-10/A BARONTEK, PO-DHAKA CANTONMENT, PS-PALLABI DIST-DHAKA, BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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

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

Unaided hearing satisfactory? YES ☒ NO ☐

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

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

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **05 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.

Mohaiminul **MD MOHAIMINUL ISLAM** **5 Mar-2024**

Signature of Applicant Name of Applicant Date

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

FIT FOR DUTY ON BOARD SHIP

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

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

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

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

SIGNATURE OF PHYSICIAN: **[Signature]** STAMP OF PHYSICIAN: **[Stamp]** DATE: **05 MAR 2024**

EXPIRY DATE OF CERTIFICATE: **04 MAR 2026**

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

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

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

該当する二項にノ印を記入して下さい。

1. ALLERGIES: (アレルギー)
☐ Urticaria (hives) (じんましん)
☐ Asthma (ぜんそく)
☐ Other (その他)

☐ Drug allergies (name): (薬品名)
☐ Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

(1) Past serious illness: (重大既往症) Age (年齢)

(2) Surgery: (手術)

When?

(時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)

Name of illness: (持病名)

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

4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake: (飲酒)
☐ Do not drink (飲まない)
☐ Drink 2-3 times a week (週に2~3回)
☐ Drink every evening (毎晩)

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

(2) Smoking: (喫煙)
☐ Never smoke (吸わない)
☐ Quit smoking in 19____ cigarettes a day (19____年に禁煙)

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

(3) Bowel movements: (排便)
☐ Regular (規則的)
☐ Irregular (不規則)
☐ Constipated (便秘)

(4) Dietary preferences: (食事の好み)
☐ Meat (肉類)
☐ Fish (魚類)
☐ Sweet (甘い)
☐ Only (脂っこい)

(5) Exercise: (運動)
☐ Often (よくする)
☐ Sometimes (時々)
☐ Never (しない)

(6) Sleep: (睡眠)
☐ Sleep well (よく寝る)
☐ Have Sleeplessness (眠れない)
☐ Have insomnia (不眠症)
☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重)
☐ Constant (変わらない)
☐ Putting on weight (太ってきこ)
☐ Losing weight (やせてきこ)

05 MAR 2024

DR. MIR. MD. RAIHAN

MBBS (U), DPM, CCD (D-anti), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospital Limited



5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister

(父) (母) (兄弟) (姉妹)

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

Briefly enter any special comments to the Attending Physician in English.

(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: 05 MAR 2024

Signature: (署名)

(Card holder) (本人)

日本財団 補助
The Nippon Foundation

MEDICAL RECORDS

(Write in block letters)

<PRIVATE>
秘Name of Company: Tel: Fax: Nationality: BANGLADESHI
(所属会社) (国)Name: DR. MOHAMMAD RAHMAN (Name) given name (名) family name (姓) (姓) (名) (姓)
(氏名)Name of Position: CH. OFF Date of Birth: 2002-03-03
(職位) (生年月日) (D-M-Y)

Height: (身長) 170 cm Weight: (体重) 85 kg/ at age 20: (20才時) 1 kg

Pulse: 78/min Normal breathing rate: 22/min Normal temperature: 36.5°C
(脈拍/分) (正常呼吸数/分) (平熱)Blood pressure: 120/70 Blood type: O Rh () Single Married
(血圧) (血液型) (独身/結婚)Blood sugar (血糖値): mg/dl $\times 0.05625 =$ mmol/L
Uric acid (尿酸値): mg/dl $\times 0.05914 =$ mmol/LDR. MIR. MD. RAIHAN
MBBS (DUN) DPL, CCD (General), PGD (Ophth)
BMDG A-55144, MMDG-BGD-016
DG Shipporing Bangladesh Approver
General Physician
Radical Hospitals Limited



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD MOHAJMINUL ISLAM

RANK : CHIEF OFFICER

CDC NO : C/O/7682

DOB : 29-Dec-1993

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

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

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

05 MAR 2024

Date : _____

Signed :

Mohaimin

The Crew Member

* If yes, mention details below:-

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCO (Birendra), PGT (Ophthalmology)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approver
General Physician
Radical Hospitals Limited

Id No : 0111 **Date** : 05-Mar-2024 **D.Date** : 05-Mar-2024
Patient's Name : MD MOHAIMINUL ISLAM **Age** : 30Y 2M 5D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/ 7682

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.5 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	03 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	35 %	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	160 /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)	3,21,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.2 %
Bleeding 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	DIA24030111	Received Date	05/03/2024
Patient's Name	MD MOHAIMINUL ISLAM		
Patient's Age	30Y 2M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7682
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.51 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	22.0 U/L	Up to 40 U/L
Serum AST (SGOT)	18.0 U/L	Up to 37 U/L
HbA1C	5.0 %	4.0- 6.0 %

REMARKS (IF ANY)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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



Bill No	DIA24030111	Received Date	05/03/2024
Patient's Name	MD MOHAIMINUL ISLAM		
Patient's Age	30Y 2M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7682
Sample	BLOOD		

SEROLOGICAL REPORT

Test NameResult

HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
<u>BLOOD GROUPING RESULT</u>	
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.



Bill No	DIA24030111	Received Date	05/03/2024
Patient's Name	MD MOHAJMINUL ISLAM		
Patient's Age	30Y 2M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7682
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/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	DIA24030111	Received Date	05/03/2024
Patient's Name	MD MOHAJMINUL ISLAM		
Patient's Age	30Y 2M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7682
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.

REF:	MV. ONE PEARL RIVER BRIDGE	DATE: 05/03/2024
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M/S. HAQUE & SONS LTD.
 RUMMANA HAQUE TOWER
 1267/A, GOSHAIL DANGA
 AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	MD MOHAIMINUL ISLAM	RANK: CH.OFF	CDC NO: C/O/7682
-------	---------------------	--------------	------------------

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

ID: 24020576

05-03-2024 17:37:46

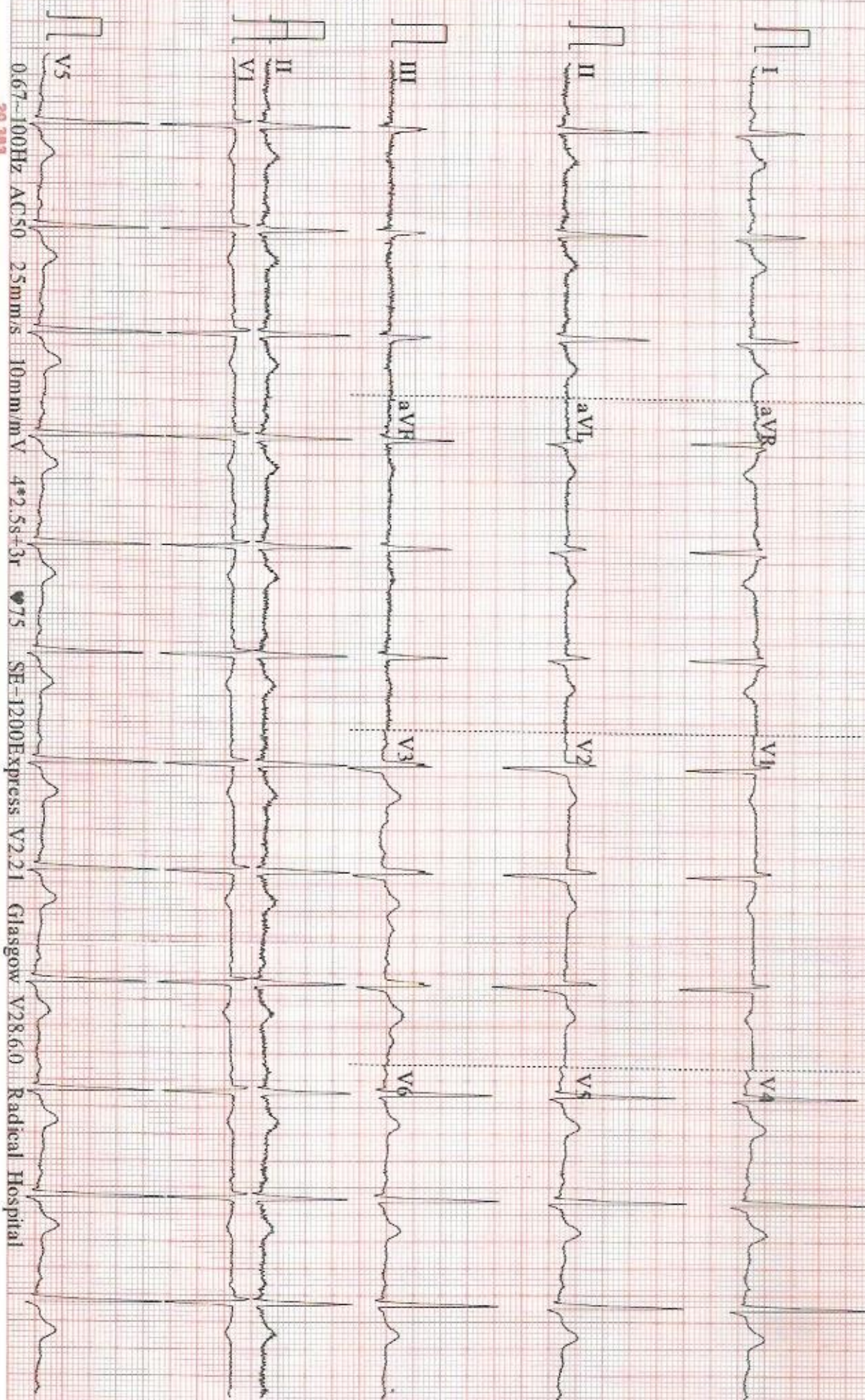
Male 80 Years
Mr. Mahanir Dhan

Diagnosis Information:

Sinus rhythm
Normal ECG

P	: 112 ms
PR	: 154 ms
QRS	: 104 ms
QT/QTc	: 374/418 ms
P/QRS/T	: 34/57/24 °
RV5/SV1	: 2.11/1.290 mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030111 Receive: 05/03/2024 Print: 05/03/2024
Patient's Name : MD MOHAIMINUL 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

Date of Exam	Ship Assigned	B.P./Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
05 MAR 2024	Mr. <i>Debabrata</i>	<i>110/80</i>	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>

Completed by Company's M.O.

Creatinine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.

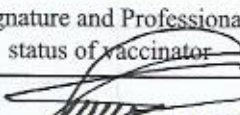
DR. MIR. MD. RAIHAN
 MBBS, DML, DPM, CCU (Intern), PGD (Ortho)
 BMDC A-55144, MAC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Kadraal Hospital Limited

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 29 DEC 1993 Sex MALE
ABD. MOHAMMAD ISLAM

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
05 MAR 2024	 DR. MR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
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.