# HAQUE & SONS LTD.

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Accredited By : BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
H704

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

## MEDICAL EXAMINATION CERTIFICATE

| SURNAME | FIRST NAME AND | MIDDLE NAME |
|---|---|---|
| RASHID | MD. RAMIBUR | |
| PLACE AND DATE OF BIRTH | PASSPORT NUMBER | SEAMAN'S BOOK NUMBER |
| RANGPUR 1-Jan-1993 | B00093143 | C/O/7049 |

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

PERMANENT HOME ADDRESS :
HOUSE-181, ROAD-05, NEW ADARSHAW PARA, ALAMNAGAR, KOTWALI, RANGPUR, BANGLADESH.

CONTACT NUMBER : +8801759306060 (SELF)

RANK : 1ST ASST 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 | ☐ | MB | 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 73kg Height (cm) 164 BMI 27.1 Blood Pressure: Systolic 110mm Diastolic 70mm PULSE: 78/m

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

| Audiometry | | | |
|---|---|---|---|
| 500 | 1000 | 2000 | 3000 |
| | MB | | |
| | | | |

| 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) 20 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 | ☑ | ☐ | General appearance | ☑ | ☐ |
| Heart | ☑ | ☐ | Skin | ☑ | ☐ |

RESULTS OF ANCILLARY EXAMINATIONS

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Chest X-Ray | Nad | BIO CHEMICAL (LIVER FUNCTION TEST) | | | Marijuana | ☐ | Positive | ☑ | Negative |
| ECG | Nad | BILIRUBIN | 0.6 | | Alcohol Test | ☐ | Positive | ☐ | Negative |
| BLOOD R/E | | SGPT | 23 | | URINE R/E | | | | |
| DC(differential count) | Nad | SGOT | 20 | | OTHERS | | | | |
| HAEMOGLOBIN (HGB) | 15.5 | DRUG AND ALCOHOL TEST | | | HBsAg | ☐ | Reactiv | ☐ | Nonreactive |
| ESR (WESTERGREN) | 05 | Morphine | ☐ | Positive ☐ Negative | HIV / AIDS Test | ☐ | Reactiv | ☐ | Nonreactive |
| WBC | 8500 | Amphetamine | ☐ | Positive ☐ Negative | VDRL | ☐ | Reactiv | ☐ | Nonreactive |
| BLOOD GLUCOSE LEVEL | | Phencyclidine | ☐ | Positive ☐ Negative | Blood Type | | | | |
| RANDOM | 5.4 | Barbiturates | ☐ | Positive ☐ Negative | Psychological Exam | | | | |
| HBA1C | 5.1 % | Cocaine | ☐ | Positive ☐ Negative | Others(KUB Ultrasound) | | | | |

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

Signature of Seafarer | MD. RAMIBUR RASHID (Name of Seafarer) | 20-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: 20 MAR 2024 Valid Until : 19 MAR 2026

DR. MD. RAIHAN
MBBS (DU), DFM, CCD (Diabetic BCT Trainer)
Name and Signature of Authorized Physician
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 |
|---|---|---|
| **RASHID** | **MD. RAMIBUR** | |

| DATE OF BIRTH | PLACE OF BIRTH | | SEX |
|---|---|---|---|
| 1 / 1 / 1993 | **RANGPUR** | **BANGLADESH** | |
| MONTH / DAY / YEAR | CITY | COUNTRY | MALE ☑ FEMALE ☐ |

| EXAMINATION FOR DUTY AS: | | | | MAILING ADDRESS OF APPLICANT: |
|---|---|---|---|---|
| MASTER | ☐ | RATING | ☐ | **HOUSE-181, ROAD-05, NEW ADARSHAW PARA** |
| MATE | ☐ | MOU DECK | ☐ | **ALAMNAGAR, KOTWALI, RANGPUR** |
| 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 |
|---|---|---|---|---|---|
| 164cm | 73kg | 110/70mm | 72/min | 18/m | Good |

VISION: RIGHT EYE / LEFT EYE

WITHOUT GLASSES 6/6 / 6/6

WITH GLASSES ____ / ____

DATE OF LAST COLOR VISION TEST (Month/Day/Year) 20 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 | Normal | HEART (CARDIOVASCULAR) | Normal |
|---|---|---|---|
| LUNGS | Normal | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? | 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 |
|---|---|---|
| | 20-Mar-2024 | 19 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. RAMIBUR RASHID** (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: 20 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 Examination for those over 18 years of age and for no more than one (1) year for those under 18.

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

Radical Hospitals 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 Sarface 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

20 MAR 2024

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

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Medical information: （医療情報） * Please check the appropriate items.
該当する二欄に✓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: （主な既往症） / 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般薬品名）

_____

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 （毎日）
☐ 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_____ （19_____年に禁煙）
☐ Smoke _____ cigarettes a day （1日平均 _____ 本吸う）

(3) Bowel movements: （便通） ☐ 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）
☐ Salty （塩辛い） ☐ Sweet （甘い） ☐ Oily （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 （良く眠る） ☐ 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 （変わらず） ☐ Putting on weight （ふえてきた）
☐ Losing weight （やせてきた）

20 MAR 2024

DR. MIR. MD. RAIHAN
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

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

日本財団 補助
The Nippon Foundation

<PRIVATE>

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## MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Nationality: BANGLADESH
(所属会社) Tel: _____ Fax: _____ (国籍)

Name: MD. RAHMAN RASHID Sex: (性別) M/F
(氏名) given name (名) family name (姓) (男/女)

Name of Position: JAIE Date of Birth: 01.01.92
(職種) (生年月日) (D - M - Y)

Height: (身長) 164 cm Weight: (体重) 73 kg/at age 20: (20才時) _____ kg

Pulse: 76 /min Normal breathing rate: 19 /min Normal temperature: _____ C
(脈拍/分) (正常呼吸数/分) (平熱)

Blood pressure: 110/70 mm Blood type: O+ /Rh ( ) Single/Married
(血圧) (血液型) (独身/既婚)

Blood sugar: (血糖値) _____ mg/dl × 0.05625 = ( _____ mmol/l)

Uric acid: (尿酸値) _____ mg/dl × 0.05914 = ( _____ mmol/l)

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: 20 MAR 2024 Signature: (署名) _____
(Card holder) (本人)

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# HAQUE & SONS LTD

## DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. RAMIBUR RASHID RANK : 1ST ASST ENGINEER

CDC NO : C/O/7049 DOB : 01-Jan-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 cotnplications? | | ✓ |
| 3 | Are you a diabetic ? | | ✓ |
| 4 | If you are diabetic, do you need injectio.ns 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 * | | ✓ |

Ideclare that Iread above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowlede. true and complete. Ialso declare that Iam 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 Imay have concealed before joining vesse,l ?nd will bear all the expenses as may incur as a direct result of such concealment.

Date : 20 MAR 2024

Signed :

The Crew Member

* If yes, mention details below:-

DR. MD. RAIHAN
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General Physician
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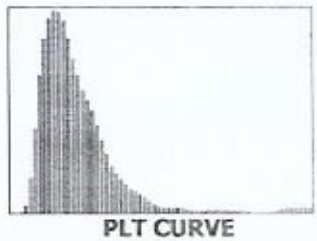
| | | | |
|---|---|---|---|
| **ID NO** | : 24030503 | **Date** | : 20/03/2024 |
| **Patient's Name** | : MD.RAMIBUR RASHID | **Age** | : 31Y 2M 19D |
| **Ref. By** | : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM -C/O/7049 | **Sex** | : Male |
| **Specimen** | : Blood | | |

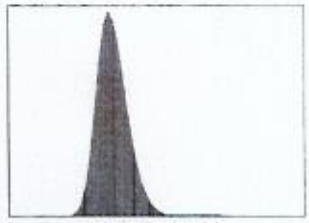
***(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually )***

## HAEMATOLOGY REPORT

| Parameter | Results | | Reference Values |
|---|---|---|---|
| **Haemoglobin(Hb)** | **15.5** | **g/dl** | M:12-16, F:10-14.0 g/dl |
| **ESR(Westergren)** | **05** | **mm/1st hr** | M:0-10, F:0-20 mm/1st hr |
| **TOTAL WBC COUNT** | **8,800** | **/cumm** | 4,000 - 11,000 /cumm |
| **DIFFERENTIAL COUNT** | | | |
| Neutrophils | 60 | % | (40 - 75)% |
| Lymphocytes | 30 | % | (20-45)% |
| Monocytes | 06 | % | (2-10)% |
| Eosinophils | 04 | % | (1-6)% |
| Basophil | 00 | % | 0-1 % |
| **TOTAL CIR. EOSIONOPHIL COUNT** | **352** | **/cumm** | 40 - 450 /cumm |
| **TOTAL PLATELET COUNT(PC)** | **219,000** | **/cumm** | 1,50,000-4,50,000 /cumm |
| MPV | 13 | fL | 7.0 -11.0 fL |
| PDW-CV | 17.6 | % | 10 - 18 % |
| PCT | 0.28 | % | 0.10 - 0.28 |
| P-LCR | 46.7 | % | 9.00 - 45.00% |
| P-LCC | 102 | x10^3/uL | 13 - 129 x10^3/uL |
| **RBC COUNT** | **5.65** | **m/ul** | M: 4.5-6.5, F: 3.8-5.8 m/ul |
| HCT/PCV | 49.5 | % | M: 40-54%, F: 37-47% |
| MCV | 87.5 | fL | 76-94 fL |
| MCH | 27.4 | pg | 27-32 pg |
| MCHC | 31.3 | g/dL | 29-34 g/dL |
| RDW SD | 52 | fL | 30.0-57.0 fL |
| RDW CV | 18.1 | % | 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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

| | | | |
|---|---|---|---|
| Bill No | DIA24030503 | Received Date | 20/03/2024 |
| Patient's Name | MD RAMIBUR RASHID | | |
| Patient's Age | 31Y 2M 19D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/ 7049 |
| Sample | **BLOOD** | | |

## BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|---|---|---|
| Random Blood Sugar (RBS) | 5.4 mmol/L | 4.2 – 6.4 mmol/L |
| Serum Bilirubin (Total) | 0.61 mg/dl | 0.2 - 1.1 mg/dl |
| Serum ALT (SGPT) | 23.0 U/L | Up to 40 U/L |
| Serum AST (SGOT) | 20.0 U/L | Up to 37 U/L |
| HbA1C | 5.1 % | 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 | DIA24030503 | Received Date | 20/03/2024 |
| Patient's Name | MD RAMIBUR RASHID | | |
| Patient's Age | 31Y 2M 19D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/ 7049 |
| 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.

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| | | | |
|---|---|---|---|
| Bill No | DIA24030503 | Received Date | 20/03/2024 |
| Patient's Name | MD RAMIBUR RASHID | | |
| Patient's Age | 31Y 2M 19D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/ 7049 |
| 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 | DIA24030503 | Received Date | 20/03/2024 |
|---|---|---|---|
| Patient's Name | MD RAMIBUR RASHID | | |
| Patient's Age | 31Y 2M 19D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/ 7049 |
| 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

| REF: | MV. ONE INTELLIGENCE | 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 RAMIBUR RASHID | RANK: 1A/ENG | CDC NO: C/O/7049 |
|---|---|---|---|

| 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 20-03-2024 14:54:24

Mr. Rambo Ramsi.

Male 31 Years

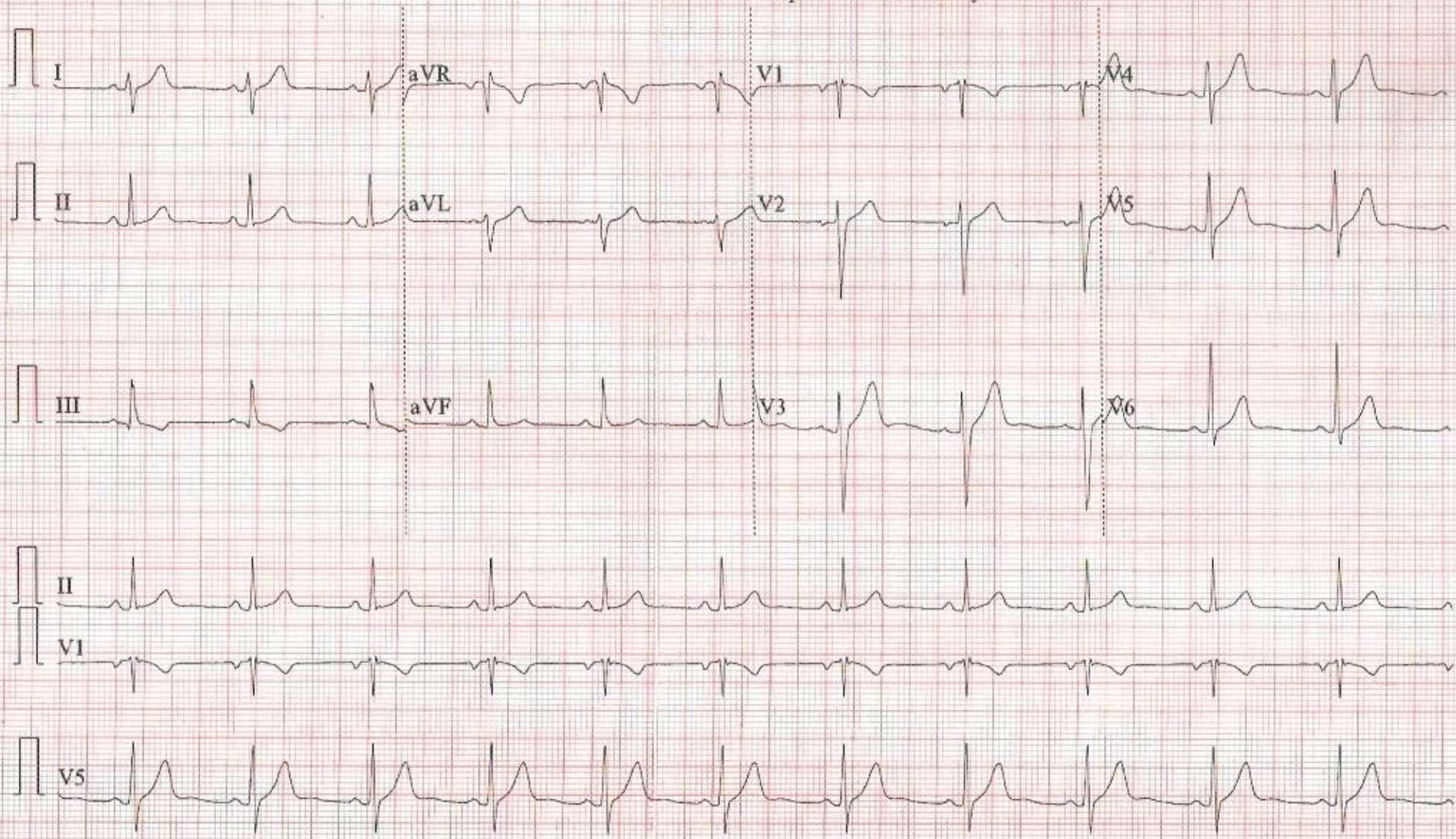
| | | |
|---|---|---|
| HR | : 69 | bpm |
| P | : 98 | ms |
| PR | : 132 | ms |
| QRS | : 90 | ms |
| QT/QTc | : 362/388 | ms |
| P/QRS/T | : 55/85/15 | ° |
| RV5/SV1 | : 1.063/0.597 | mV |

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:




0.67-100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥69 SE 1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

# DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | |
|---|---|---|---|---|
| *ID. No.* | : | 24030503 | Receive:20/03/2024 | Print: 20/03/2024 |
| *Patient's Name* | : | **MD RAMIBUR RASHID** | | |
| *Age* | : | 31 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.

## Pre-Joining Medical Report to be Completed by Company's M.O.

| Date of Exam | Ship Assigned | B.P./ Pulse | Pathological investigations | | | | | Creatine | USG | Addl. Test | Special Conditions | Fit / Unfit & Remarks | Doctor's Sign. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | X-ray | ECG | Urine | Blood | LFT | | | | | | |
| 03 AUG 2019 | ONE HONG KONG | BP 78bpm 120/80 mmg | ABNORMAL | ABNORMAL | ABNORMAL | ABNORMAL | ABNORMAL | | | | | | |
| 09 JUL 2020 | MV MEISHAN BRIDGE | PULSE 78bpm BP 120/80 mmg | ABNORMAL | ABNORMAL | ABNORMAL | ABNORMAL | ABNORMAL | | | | | | |
| 24 AUG 2021 | MV. ONE MAKIMA | BP 110/70 mmg 78bpm | ABNORMAL | ABNORMAL | ABNORMAL | ABNORMAL | ABNORMAL | | | | | | |
| 17 JUL 2022 | MV. ONE MAKIMA | BP. 110/80 mmg | NORMAL | NORMAL | NORMAL | NORMAL | NORMAL | | | | | | |
| 11 JUL 2023 | MV. PEARL RIVER BRIDGE | PULSE 78bpm BP 110/80 mmg | NORMAL | NORMAL | NORMAL | NORMAL | NORMAL | | | | | | |
| 20 MAR 2024 | MV. ONE INTELLIGENCE | BP 110/70 mmg 78bpm | NORMAL | NORMAL | NORMAL | NORMAL | NORMAL | | | | | | |

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.

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that MD. RAMIBUR RASHID whose signature follows } Date of birth 01.01.1993 sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

| Date | Signature and Professional status of vaccinator | Approved Stamp | |
|---|---|---|---|
| 17 JUL 2022 | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | CENTER FOR VACCINATION<br>35, Shah Makhdum Avenue<br>Uttara, Dhaka<br>BANGLADESH | |
| 2<br>11 JUL 2023 | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | CENTER FOR VACCINATION<br>35, Shah Makhdum Avenue<br>Uttara, Dhaka<br>BANGLADESH | |
| 3 | | | 4 |
| 20 MAR 2024<br>4 | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | CENTER FOR VACCINATION<br>35, Shah Makhdum Avenue<br>Uttara, Dhaka<br>BANGLADESH | |
| 5 | | 5 | 6 |
| 6 | | | |
| 7 | | 7 | 8 |
| 8 | | | |

Continued overleaf Suite our erso