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
HS4869FF

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

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
SAFWAN	MOHAMMAD ARSH	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
DHAKA 3-Aug-2016	A01833523	NIL

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

PERMANENT HOME ADDRESS :
FLAT-B4, PLOT-6 & 7, ROAD-04, KADERABAD, KATASUR, MOHAMMADPUR, DHAKA, BANGLADESH.

CONTACT NUMBER : 01719037433 (FATHER)

RANK : SUPERNUMERARY

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.

MOHAMMAD ARSH SAFWAN
Signature of Seafarer

MEDICAL EXAMINATION

Weight 25kg Height (cm) 123 BMI 16.5 Blood Pressure: Systolic 90 mm Diastolic 80 mm PULSE: 78 b/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) 15 / MAR / 2024

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☑ Negative
ECG	NAD	BILIRUBIN	0.50		Alcohol Test	☐ Positive	☑ Negative
BLOOD R/E		SGPT	20		URINE R/E	NAD	
DC(differential count)	NAD	SGOT	14		OTHERS		
HAEMOGLOBIN (HGB)	10.6	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☑ Nonreactive
ESR (WESTERGREN)	10	Morphine	☐ Positive	☑ Negative	HIV / AIDS Test	☐ Reactive	☑ Nonreactive
WBC	9.900	Amphetamine	☐ Positive	☑ Negative	VDRL	☐ Reactive	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative	Blood Type	O(+ve)	
RANDOM	4.5	Barbiturates	☐ Positive	☑ Negative	Psychological Exam	NAD	
HBA1C	4.8%	Cocaine	☐ Positive	☑ Negative	Others(KUB Ultrasound)	NAD	

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

Signature of Seafarer	MOHAMMAD ARSH SAFWAN Name of Seafarer	15 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: 15 MAR 2024	Valid Until : 14 MAR 2026

DR. MD. RAIHAN
MBBS,(DU), DFM, CCD(Birdem), PGT (Ophth)
BMDC A-55144, MMC-BG0-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Name and Signature of Authorized Physician

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **SAFWAN**	GIVEN NAME (S): **MOHAMMAD ARSH**
DATE OF BIRTH: DAY **3** MONTH **8** YEAR **2016**	PLACE OF BIRTH CITY **DHAKA** COUNTRY **BANGLADESH**
SEX: MALE ☑ FEMALE ☐	
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: **FLAT-B4, PLOT-6 & 7, ROAD-04, KADERABAD KATASUR, MOHAMMADPUR, DHAKA BANGLADESH.**

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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

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

Unaided hearing satisfactory? YES ☑ NO ☐

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

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

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 15 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.

MOHAMMAD ARSH SAFWAN — **MOHAMMAD ARSH SAFWAN** — 15 MAR 2024

Signature of Applicant | Name of Applicant | Date

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

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR. MD. RAIHAN, 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 CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH, REG. NO.A-55144 (B.M.D.C)**

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

SIGNATURE OF PHYSICIAN: | STAMP OF PHYSICIAN: Radical Hospital Ltd. As Per-MLC-2006 Approved Bangladesh | DATE: 15 MAR 2024

EXPIRY DATE OF CERTIFICATE: 14 MAR 2026

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

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

HAQUE & SONS LTD

DECLARATION OF HEALTH BY CREW

NAME OF CREW : MOHAMMAD ARSH SAFWAN RANK : SUPERNUMERARY

CDC NO : NIL DOB : 03-Aug-2016

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?		N/A
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 : 15 MAR 2024

Signed : MOHAMMAD ARSH SAFWAN

The Crew Member

* If yes, mention details below:-

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bndem), PGT (Ophth)
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Medical information: (医療情報) * Please check the appropriate items.
該当する二欄にメ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)

_____

15 MAR 2024

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 (太ってきた)
☐ Losing weight (やせてきた)

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日本財団 The Nippon Foundation 補助

<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: MOHAMMAD ARSH SAFIUAN Sex: (性別) M/F
(氏名) given name (名) family name (姓) (男/女)

Name of Position: SUPERINTENDENT Date of Birth: 03-08-2016
(職種) (生年月日) (D - M - Y)

Height: (身長) 123 cm Weight: (体重) 25 kg/at age 20: (20才時) _____ kg

Pulse: 78 /min Normal breathing rate: 19 /min Normal temperature: _____ C
(脈拍 /分) (正常呼吸数/分) (平熱)

Blood pressure: 90/60 mmHg Blood type: A+ /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: 15 MAR 2024 Signature: (署名) MOHAMMAD ARSH SAFIUAN
(Card holder) (本人)

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

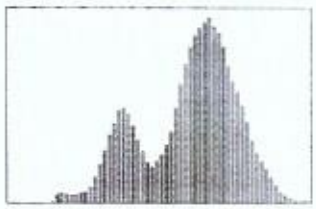
Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

ID NO	**: 24030367**	**Date**	**: 15/03/2024**
Patient's Name	**: MOHAMMAD ARSH SAFWAN**	**Age**	**: 7Y6M12D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-**	**Sex**	**: Male**
Specimen	**: Blood**		

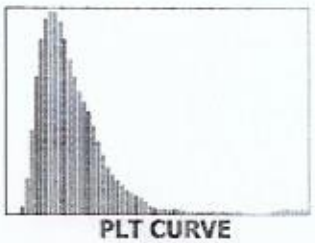
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	Results		Reference Values
Haemoglobin(Hb)	**10.6**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**10**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**9,900**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	58	%	(40 - 75)%
Lymphocytes	33	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**396**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**259,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	13.3	fL	7.0 -11.0 fL
PDW-CV	17.6	%	10 - 18 %
PCT	0.34	%	0.10 - 0.28
P-LCR	48	%	9.00 - 45.00%
P-LCC	124	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**3.78**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	35.0	%	M: 40-54%, F: 37-47%
MCV	92.6	fL	76-94 fL
MCH	28.2	pg	27-32 pg
MCHC	30.4	g/dL	29-34 g/dL
RDW SD	50	fL	30.0-57.0 fL
RDW CV	16.5	%	10-16%



WBC CURVE



PLT CURVE

RBC CURVE

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

Dr. S.M.Shariar Rizvi
MBBS,MD(BSMMU)
Consultant
Dept.Of Microbiology
Redical Hospital Ltd.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Result

Invoice No	: **DIA24030367** **Bed/Ward No:**	**Outdoor**	Inv.Date : 15-03-2024
Patient's Name	: **MOHAMMAD ARSH SAFWAN**	Age: 7Y 6M 12D	Gender: Male
Ref. By	: Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine) Associate		
Specimen	: Blood		

Biochemical Report

Test Name	Result	Unit	Normal Value
Serum Bilirubin (Total)	**0.50**	**mg/dl**	Adult:0.2-1.1 Neonatal:Up to13.0
Plasma Glucose Random	**4.5**	**mmol/L**	<7.8
HbA1C	**4.8**	**%**	<6.5
SGOT (AST)	**14.0**	**U/L**	Up to 37

Checked By

Medical Technologist
Radical Hospitals Ltd.
Uttara. Dhaka

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24030367	Received Date	15/03/2024
Patient's Name	MOHAMMAD ARSH SAFWAN		
Patient's Age	7Y 6M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum ALT (SGPT)	20.0 U/L	Up to 40 U/L

REMARKS (IF ANY)

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

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

Invoice No	: **DIA24030367**	**Bed / Ward:**	**Outdoor**	Inv. Date :	15-03-2024
Patient's Name	: MOHAMMAD ARSH SAFWAN		Age : 7Y 6M 12D	Gender:	Male
Ref. By	: Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine) Associat				
Specimen	: Blood				

Serological Report

Test Name	Result	Unit	Normal Value
HBsAg (ICT Method)	Negative		
HIV 1/2 (ICT Method)	Negative		
VDRL	Non-Reactive		
Blood Group & Rh Factor			
Blood Group (ABO)	A		
Rh Factor (D)	Positive		

Checked By

Medical Technologist
Radical Hospitals Ltd.
Uttara Dhaka

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Invoice No	:	DIA24030367	Bed / Ward No	:		Inv. Date	: 15-03-2024
Patient's Name	:	MOHAMMAD ARSH SAFWAN	Age	:	7Y 6M 12D	Gender	: Male
Reff. By	:	Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine) Associate Professor (Forensic Medicine Department)					
Specimen	:	Urine					

URINE EXMAMINATION REPORT

Physical Examination		
Colour	Straw	
Appearance	Clear	
Sediment	Nil	
Specific Gravity	Not Done	
Chemical Examination		
pH	Acidic	
Albumin	Nil	
Glucose	Nil	
Ketone Bodies	Not Done	
Urobilinogen	Not Done	
Nitrite	Not Done	
Bilirubin	Not Done	
Microalbumin	Not Done	
Microscopic Examination		
Epithelial Cells	0-1	/HPF
Pus Cells	0-1	/HPF
Red Blood Cells (RBC)	Nil	/HPF
Calcium Oxalate	Nil	
Amorphous Phosphate Cryastals	Nil	
Triple Phosphate Crystals	Nil	
Uric acid crystals	Nil	
Granular Cast	Nil	
Candida	Nil	
Hayaline Cast	Nil	
Cysteine Cast	Nil	

Checked By

Medical Technologist
Radical Hospitals Ltd.
Uttara Dhaka

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

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

Date of Exam	Ship Assigned	B.P./ Pulse	Pathological investigations							Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
			X-ray	ECG	Urine	Blood	LFT	Creatine	USG				
15 MAR 2024	MV. ONE HANOI	Pulse [illegible] B.P. 120/80 mmHg	√ [illegible]	√ [illegible]	√ [illegible]	√ [illegible]	√ [illegible]					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	[illegible]

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 03-08-2016 Sex MALE

MOHAMMAD ARSH SAFWAN

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 15 MAR 2024	DR. MIR MD. RAIHAN MBBS (DU) DFM, CCD (Birdem), PGT (Ophth) BMDC A 55144 MMC-BGD-016 UC Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH	
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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 whose signature follows } Date of birth 03-08-2016 Sex MALE

MOHAMMAD ARSH SAFWAN

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 15 MAR 2024	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A 55144 MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	YELLOW FEVER VACCINE L NO 0A646	2 CENTER FOR VACCINATION BANGLADESH
2			
3			3 4
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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.