



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: BMOC
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
H701

MEDICAL EXAMINATION CERTIFICATE

SURNAME HAIDAR		FIRST NAME AND MUHAMMAD		MIDDLE NAME TANBIR IBN	
PLACE AND DATE OF BIRTH NOAKHALI 1-Jul-1993		PASSPORT NUMBER A06855250		SEAMAN'S BOOK NUMBER CO7824	
NATIONALITY: BANGLADESHI		SEX: ☒ Male ☐ Female		VESSEL TYPE: GENERAL CARGO TRADING AREA: WORLD WIDE	
PERMANENT HOME ADDRESS: SUKLAMUDDIN, WARD NO-02, KABIRHAT, PATOYARI HAT-3811, NOAKHALI, BANGLADESH				CONTACT NUMBER: 008801677612093	
				RANK: 2ND 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	☐	☒	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.

Signature

Signature of Seafarer

MEDICAL EXAMINATION

Weight: 64kg	Height (cm): 178	BMI: 20.1	Blood Pressure: Systolic: 120mmHg Diastolic: 80mmHg	PULSE: 78bpm																								
<table border="1"> <tr><th colspan="2">Hearing by Audiometry</th></tr> <tr><td>Right</td><td>☐ Adequate ☐ Inadequate</td></tr> <tr><td>Left</td><td>☐ Adequate ☐ Inadequate</td></tr> </table>		Hearing by Audiometry		Right	☐ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate	<table border="1"> <tr><th colspan="4">Audiometry</th></tr> <tr><td>500</td><td>1000</td><td>2000</td><td>3000</td></tr> <tr><td></td><td></td><td>N/A</td><td></td></tr> </table>		Audiometry				500	1000	2000	3000			N/A		<table border="1"> <tr><th colspan="2">Hearing by Whisper Test</th></tr> <tr><td>☒ Adequate</td><td>☐ Inadequate</td></tr> <tr><td>☒ Adequate</td><td>☐ Inadequate</td></tr> </table>	Hearing by Whisper Test		☒ Adequate	☐ Inadequate	☒ Adequate	☐ Inadequate
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		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 ☐																												

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

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal

YES / NO

☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) 29 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	☒	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	☒	BILIRUBIN	Alcohol Test	☒ Positive ☐ Negative
BLOOD R/E	☒	SGPT	URINE R/E	☒
DC (differential count)	☒	SGOT	OTHERS	☒
HAEMOGLOBIN (HGB)	☒	DRUG AND ALCOHOL TEST	HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	☒	Morphine	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	☒	Amphetamine	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL	☒	Phencyclidine	Blood Type	☒ A+(VE)
RANDOM	☒	Barbiturates	Psychological Exam	☒
HBA1C	☒	Cocaine	Others (KUB Ultrasound)	☒

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

Signature of Seafarer

MUHAMMAD TANBIR IBN HAIDAR

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

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: HAIDAR		GIVEN NAME (S): MUHAMMAD TANBIR IBN	
DATE OF BIRTH: DAY 1 MONTH 7 YEAR 1993		PLACE OF BIRTH CITY NOAKHALI COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: SUKLAMUDDIN, WARD NO-02, KABIRHAT, PATOYARI HAT-3811, NOAKHALI, BANGLADESH	

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

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) **29 MAR 2024**

Date of the last colour vision test: (Day/Month/Year) **29 / 03 / 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.

MUHAMMAD TANBIR IBN HAIDAR **29 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:

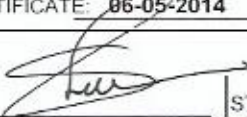
FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144**

ADDRESS: **REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-05-2014** **29 MAR 2024**

SIGNATURE OF PHYSICIAN:  STAMP OF PHYSICIAN:  DATE: **28 MAR 2026**

EXPIRY DATE OF CERTIFICATE: **28 MAR 2026**

Certificate No: 04-2029-6257

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	HAIDAR	
Given Names	MUHAMMAD	TANBIR IBN
Rank and department	2 ND ENGINEER, ENGINE	
Date of birth (day/month/year)	01-JUL-1993	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	
Home address	SUKLAMUDDIN, WARD NO-02, KABIRHAT, PATYARI HAT-3811, NOAKHALI, BANGLADESH	
Residence & Mobile No:	008801677612093	
Passport No./Discharge Book No.	A06855250, C/O/7824	
Type of ship (container, tanker, passenger, fishing)	CHEMICAL / OIL TANKER	
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE	

A. EXAMINEE'S PERSONAL DECLARATION:

(Assistance should be offered by medical staff)

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; use alcohol or drugs?	☐	☒
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 or joint 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

		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 MUHAMMAD TANBIR IBN HAIDAR holding Passport/Seaman Book No A06855250, C/O/7824 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: 

Date (day/month/year) **29 MAR 2024**

Witnessed by: (Signature) 

Name: (typed or printed)

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

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).



B. MEDICAL EXAMINATION**Sight:**Use of glasses or contact lenses: Yes ☐ / No ☒. (if yes, specify which type and for what purpose)

Visual acuity						
Unaided			Aided			
Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular	
Distant	6/6	6/6	/	/	/	
Near	15	15	/	/	/	

Visual fields		
	Normal	Defective
Right eye	☒	
Left eye	☒	

Method of Testing Colour vision: ☒ Ishihara Plates ☒ Lantern Test ☐ OthersColour vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective**Hearing:**

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	9
Left ear	4	4

Clinical Findings:

Height in cm	178	Weight in kg	64
Pulse rate	78 (/ minute)	Rhythm	Regular
Blood pressure			
Systolic	120 mm Hg	Diastolic	80 mm Hg

Urinalysis

Glucose:	Nil	Protein:	Nil	Blood:	Nil
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	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	☒	N/A	Piles	☒	☐
Heart	☒	☐	Skin	☒	☐
Hydrocele	☒	☐	General appearance	☒	☐

Chest X-ray☐ Not performed

Performed on (day/month/year):

29 MAR 2024

Results:

Normal chest X-ray

Other diagnostic test(s) and result(s):

Test	Result
Blood Tests – tick in box if done- readings separately issued*1	CBC ☒ , Blood VDRL test ☒ , Blood ESR ☒ , Blood Sugar – Random ☒
Haemoglobin "Hb" *1	g/dl
Hepatitis B *3	HB (ab) ☐ +ve ☒ -ve HB (ag) ☐ +ve ☒ -ve
Bacteriological stool test*4	☒ not performed ☐ negative ☐ positive
Parasitological stool test*5	☒ not performed ☐ negative ☐ positive
ECG (only for crew above 40 years)	
HIV *2 (+ve or -ve)	
Medical examiner's comments:	<i>negative</i> FIT FOR DUTY ON BOARD SHIP

*1 compulsory

*3 required by the Company for all crew from endemic areas

*2 not compulsory

*4 required by the Company for all food handlers

*5 required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☒ Fit for look-out duty

☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions

☐ With restrictions

Describe restrictions (e.g., specific position, type of ship, trade area):

Place of examination: REDICAL HOSPITALS LIMITED

Date (day/month/year) 29 MAR 2024

Medical certificate's date of expiration (day/month/year) 28 MAR 2026

Date medical certificate issued (day/month/year): 29 MAR 2024

Official stamp (also print name of medical examiner if not legible):

Signature of medical examiner: *[Signature]*

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

Medical practitioner information (name, license number, address):

NAME: MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144

ADDRESS: REDICAL HOSPITALS LIMITED. 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH



Certificate No: _____

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;

STCW code I/9 MLC 2006 – Reg 1.2 And

ILO/IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	HAIDAR	
Given Names	MUHAMMAD	TANBIR IBN HAIDAR
Date of birth (day/month/year)	01-JUL-1993	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	☒	☐	☐
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	☒	☐	☐
Unaided hearing satisfactory?	☒	☐	☐
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	☒	☐	☐
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	☒	☐	☐

I have evaluated the above named examinee according to _____
(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☒ Fit for look-out duty	☐ Not fit for look-out duty			
Deck service	Engine service	Catering service	Other services	
☒ Fit	☒	☐	☐	
☐ Unfit	☐	☐	☐	
☒ Without restrictions	☐ With restrictions			
Visual aid required	☐ Yes ☒ No			
Chest X-ray	☒ normal	☐ not performed		
Bacteriological stool test	☒ negative	☐ not performed		
Parasitical stool test	☒ negative	☐ not performed		
Vaccination records	☒ satisfactory	☐ to be renewed		

Describe any restrictions (e.g., specific position, type of ship, trade area):

RADICAL HOSPITAL LIMITED

Place of examination: Uttara, Dhaka, Bangladesh Date (day/month/year) 29 MAR 2024

Medical certificate's date of expiration (day/month/year) 28 MAR 2026

Official stamp (also print name of medical examiner if not legible):

Signature of medical examiner: _____

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

Authorised by: _____ (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: AD
(To be signed in the presence of the medical examiner)



ID NO : 24030811

Date : 29/03/2024

Patient's Name : MUHAMMAD TANBIR IBN HAIDAR

Age : 29Y 9M 1D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/7824

Sex : Male

Specimen : Blood

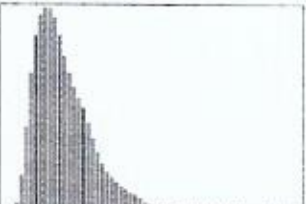
(Relevant estimations were carried out by KT-44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	14.9	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	4,400	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	47	%	(40 - 75)%
Lymphocytes	43	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	176	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	225,000	/cumm	1,50,000-4,50,000 /cumm
MPV	11.6	fL	7.0 -11.0 fL
PDW-CV	16.6	%	10 - 18 %
PCT	0.26	%	0.10 - 0.28
P-LCR	37.7	%	9.00 - 45.00%
P-LCC	85	x10 ³ /uL	13 - 129 x10 ³ /uL
RBC COUNT	5.69	m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL
HCT/PCV	49.7	%	M: 40-54%, F: 37-47%
MCV	87.4	fL	76-94 fL
MCH	26.1	pg	27-32 pg
MCHC	29.9	g/dL	29-34 g/dL
RDW SD	52	fL	30.0-57.0 fL
RDW CV	17.3	%	10-16%



WBC CURVE



PLT CURVE



RBC CURVE

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

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

Bill No	DIA24030811	Received Date	29/03/2024
Patient's Name	MUHAMMAD TANBIR IBN HAIDAR		
Patient's Age	29Y 9M 1D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7824
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.52 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
Serum AST (SGOT)	24.0 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.

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Sample	BLOOD		

SEROLOGICAL REPORT

<u>Test Name</u>	<u>Result</u>
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

RADICAL

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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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.

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Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
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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: TJ ZAHAR

DATE: 29/03/2024

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

EYE EXAMINATION REPORT

NAME:	MUHAMMAD TANBIR IBN HAIDAR	RANK:2ND ENG	CDC NO: C/O/7824
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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

29-03-2024 15:36:32

P : 96 ms

ΔPR : 128 ms

QRS : 98 ms

QT/QTc : 390/387

PQRS/T : 0/25/21

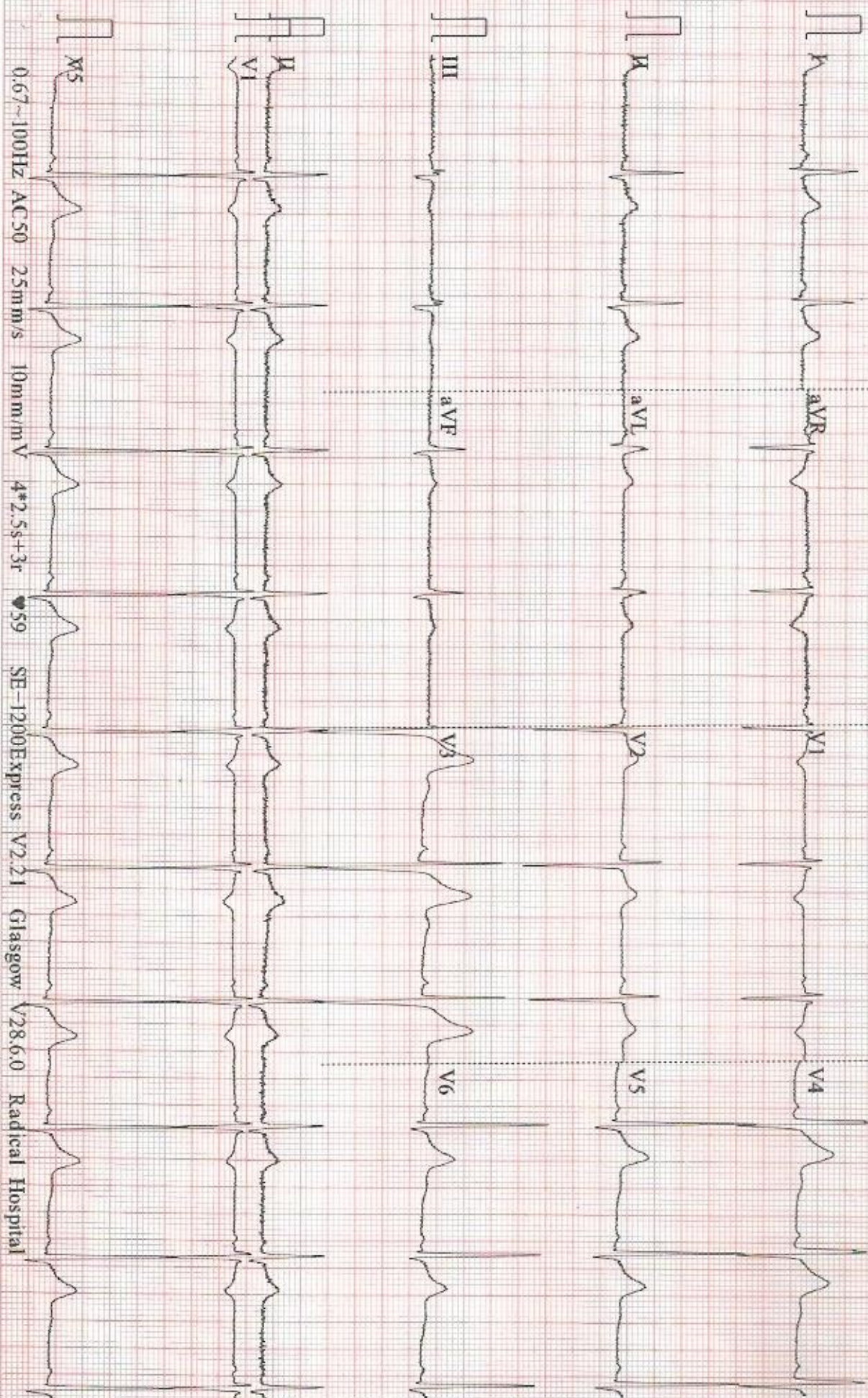
RV5/SV1 : 2.460/1.17

Diagnosis Information:

Sinus bradycardia

Normal ECG except for rate

Report Confirmed by:



0.67~100Hz	AC50	25mm/s	10mm/mV	4*2.5s+3r
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59

SE-1200Express V2.21

Glasgow

V28.6.0

Radical Hospital



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030811 Receive: 29/03/2024 Print: 29/03/2024
Patient's Name : MUHAMMAD TANBIR IBN HAIDAR
Age : 29 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.

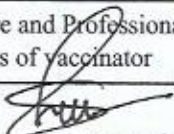


Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that } Date of birth 01-07-1993 Sex MALE
whose signature follows } MUHAMMAD TANBIR IBN HAIDAR (CP/182)

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
29 MAR 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Bidem), 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, or failure to complete any part of it may render it invalid.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

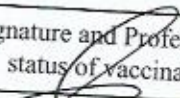
This is to certify that
whose signature follows

Date of birth 01-07-1993

Sex MALE

MUHAMMAD TANBIR IBN HAIDAR (C0107824)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 29 MAR 2024	 DR. MD. RAIHAN MBBS (D.M. DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	
2		

3		3	4
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Continued overleaf Suite our erso