



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 BMD
Accreditation No. A-55144

PATIENT CONTROL NUMBER
HS5930FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME HOSSEN	FIRST NAME AND SHAHADAT	MIDDLE NAME
PLACE AND DATE OF BIRTH CHANDPUR 3-Mar-1990	PASSPORT NUMBER B00698870	SEAMAN'S BOOK NUMBER C/O/5930
NATIONALITY : BANGLADESHI SEX : ☐ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : HOUSE 67, SHIBPUR, HAZI BARI, CHITOSHI BAZAR, SHAHRASTI, CHANDPUR, BANGLADESH.		CONTACT NUMBER : +8801775614422 (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

	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 of Seafarer

MEDICAL EXAMINATION

Weight 58	Height (cm) 175	BM 22.2	Blood Pressure: Systolic 120 mmHg Diastolic 80 mmHg	PULSE: 78b/min	
Ear	Hearing by Audiometry	Audiometry			
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000
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	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☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) 06 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	<u>Normal</u>	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☒ Negative
ECG	<u>Normal</u>	BILIRUBIN	<u>0.60</u>	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	<u>25.0</u>	URINE R/E	<u>Normal</u>
DC(differential count)		SGOT	<u>25.0</u>	OTHERS	
HAEMOGLOBIN (HGB)	<u>12.3</u>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<u>25</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<u>7500</u>	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	
RANDOM	<u>5.1</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	
HBA1C	<u>5.0</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)	

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

Signature of Seafarer

SHAHADAT HOSEN

Name of Seafarer

6-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: 06 MAR 2024

Valid Until:

05 MAR 2026DR. MR. MD. RAIHAN
Name and Signature of Authorized Physician

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: HOSSEN		GIVEN NAME (S): SHAHADAT	
DATE OF BIRTH: DAY 3 MONTH 3 YEAR 1990		PLACE OF BIRTH CITY CHANDPUR COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: HOUSE - 4/6, ROAD-6, RUPNAGAR EXTENSION BLOCK-E, MIRPUR 12, BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

COLOR TEST TYPE:
☒ BOOK
☒ LANTERN
 YELLOW ☒ RED ☒
 GREEN ☒ BLUE ☒

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) **06 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.

Signature of Applicant:  Name of Applicant: **SHAHADAT HOSSEN** Date: **6-Mar-2024**

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 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:  DATE: **06 MAR 2024**

EXPIRY DATE OF CERTIFICATE: **05 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 (Birmem), PGT (Ophth)
 BMDG A-55144, MMG BCD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: HOSSEN		GIVEN NAME (S): SHAHADAT	
DATE OF BIRTH: DAY 3 MONTH 3 YEAR 1990		PLACE OF BIRTH CITY CHANDPUR COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: HOUSE - 4/6, ROAD-6, RUPNAGAR EXTENSION BLOCK-E, MIRPUR 12, BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

COLOR TEST TYPE:
☒ BOOK
☒ LANTERN
 YELLOW **mm** RED **mm**
 GREEN **mm** BLUE **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)

Date of the last colour vision test: (Day/Month/Year) **06 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.



SHAHADAT HOSSEN

6-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:

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

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STAMP OF PHYSICIAN: 

DATE: **06 MAR 2024**

EXPIRY DATE OF CERTIFICATE: **05 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 (Ophthalm)
 BMDC A-55144, MMC-BGD-015
 DG Shipping Bangladesh Approved



DECLARATION OF HEALTH BY CREW

NAME OF CREW : SHAHADAT HOSSEN

RANK : CHIEF OFFICER

CDC NO : C/O/5930

DOB : 03-Mar-1990

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. I will bear all the expenses as may incur as a direct result of such concealment.

Date : 06 MAR 2024

Signed :

The Crew Member

* If yes, mention details below:-

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Biom), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals 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: 06 MAR 2024 Signature: (署名) [Signature]
(Card holder) (本人)



日本財団 援助
Nippon Foundation

MEDICAL RECORDS
(Write in block letters)

<PRIVATE>
(私)

Name of Company: _____ Tel: _____ Fax: _____ Nationality: Bangladesh (国籍)
(所属会社)
Name: _____ given name (名) family name (姓) Sex: (性別) M/F
(氏名)
Name of Position: _____ Date of Birth: _____ (生年月日) (D・M・Y)
(職位)
Height: (身長) _____ cm Weight: (体重) _____ kg/alt 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: 120/80 Blood type: _____ 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

[Signature]



DR. MIR. MD. RAIHAN
WSES IDU DPH CCD (Geriatr) PGT (Opth)
BMDC A-55144, NIMC-BGD-016
DG Shipping Bangladesh Approver!
General Physician
Radical Hospitals Limited

Medical Information: (医療情報) • Please check the appropriate items.
該当する二項に印を記入して下さい。

1. ALLERGIES:

(アレルギー) ☐ Urticaria (hives) ☐ Asthma ☐ Other (その他)

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

2. PAST HISTORY: (病歴)

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

Surgery: (手術)

When? (時期)

Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE)..... (Year): (持續/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 (毎日)

☐ Heavy drinker (毎日) ☐ Moderate drinker (中程度) ☐ Light drinker (時々)

(2) Smoking: (喫煙) ☐ Never smoke (吸わない)

☐ Quit smoking in 19____年 (禁煙)

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

(3) Bowel movements: (排便)

☐ Regular (規則的) ☐ Irregular (不規則的) ☐ Constipated (便秘)

(4) Dietary preferences: (食味の好み)

☐ Salty (塩辛い) ☐ Meat (肉類) ☐ Fish (魚類)

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

(6) Sleep: (睡眠) ☐ Sleep well (よく眠る) ☐ 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 (変わらない) ☐ Putting on weight (太ってきた)

☐ Losing weight (やせてきた)



DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Borden), PGD (Ophth)

BMDC A-55144, MMIC-BGD-016

DG Sleeping Bangladesh Approved

General Physician

Radical Hospitals Limited



REF: MV. ONE HANOI

DATE: 06/03/2024

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

EYE EXAMINATION REPORT

NAME: SHAHADAT HOSSEN

RANK: CH.OFF

CDC NO: C/O/5930

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030138 Receive: 06/03/2024 Print: 06/03/2024
Patient's Name : **SHAHADAT HOSSEN**
Age : 34 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.


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

This report has been electronically signed.

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ID: 124

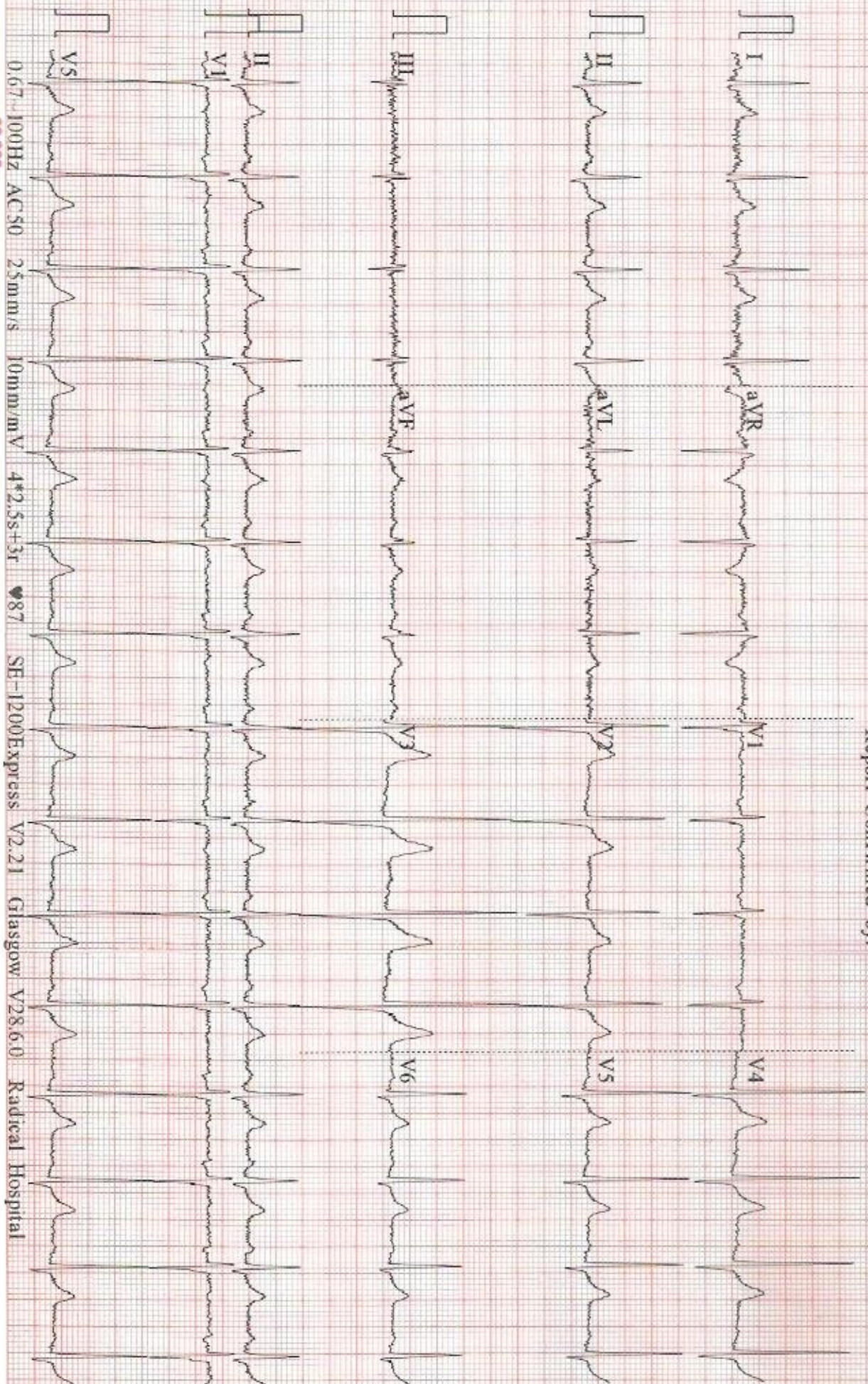
Shahmed Hossain
Male 39 Years

06-03-2024 19:48:39

HR	: 87	bpm
P	: 120	ms
PR	: 174	ms
QRS	: 86	ms
QT/QTc	: 338/407	ms
P/QRS/T	: 56/24/34	°
RV5/SV1	: 1908/1014	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Id No : 0138 **Date** : 06-Mar-2024 **D.Date** : 06-Mar-2024
Patient's Name : SHAHADAT HOSSEN **Age** : 34Y 0M 3D **Gender**: Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM- C/O 5930

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,500 /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	34 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	225 /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)	2,12,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.6 %
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	DIA24030138	Received Date	06/03/2024
Patient's Name	SHAHADAT HOSSEN		
Patient's Age	34Y 0M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5930
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.1 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.60 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25.0 U/L	Up to 40 U/L
Serum AST (SGOT)	23.0 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	DIA24030138	Received Date	06/03/2024
Patient's Name	SHAHADAT HOSSEN		
Patient's Age	34Y 0M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5930
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.

Bill No	DIA24030138	Received Date	06/03/2024
Patient's Name	SHAHADAT HOSSEN		
Patient's Age	34Y 0M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5930
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATION CASTS / LPF

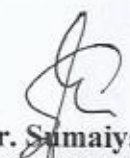
Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

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

Checked By

 Medical Technologist.
 Radical Hospital Ltd.


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 Associate Professor
 Dept. of Microbiology
 East West Medical College and Hospital.



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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. Samaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
22 OCT 2020	MV HOUSTON	BP 100/70 Pulse 72	Normal	Normal	Normal	Normal	Normal
13 NOV 2020	MV ONE MACKINAC	BP 90/60 Pulse 72	Normal	Normal	Normal	Normal	Normal
17 AUG 2021	MV ONE HOUSTON	BP 90/60 Pulse 72	Normal	Normal	Normal	Normal	Normal
09 SEP 2022	MV DEARL RIVER BRIDGE	BP 90/60 Pulse 72	Normal	Normal	Normal	Normal	Normal
09 MAY 2023	MV ONE HOUSTON	BP 90/60 Pulse 72	Normal	Normal	Normal	Normal	Normal
06 MAR 2024		BP 90/60 Pulse 72	Normal	Normal	Normal	Normal	Normal

Completed by Company's M.O.

Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
NOT DONE	NOT DONE				DR. M. AYUBUR RAIHAN M.B.B.S.; PG.7 (Medicine) Taher Chaudhary 10, Agrabad C/A, Chittagong. Regn. No. A-11820
					DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Bdcm), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.
					DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Bdcm), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.
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Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations				
			X-ray	ECG	Urine	Blood	LFT
03 OCT 2013	MV KONG KONG BRIDGE	120/80 Pulse 74/min	200354	200354	200354	200354	200354
30 SEP 2014	MV KONG KONG BRIDGE	120/80 Pulse 74/min	200354	200354	200354	200354	200354
15 JAN 2016	MV KONG KONG BRIDGE	120/80 Pulse 74/min	200354	200354	200354	200354	200354
2 FEB 2017	MV KONG KONG BRIDGE	120/80 Pulse 74/min	200354	200354	200354	200354	200354
17 JAN 2018	MV KONG KONG BRIDGE	120/80 Pulse 74/min	200354	200354	200354	200354	200354
04 NOV 2018	MV KONG KONG BRIDGE	120/80 Pulse 74/min	200354	200354	200354	200354	200354

Completed by Company's M.O.

Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
				DR. M. AYUBUR RAHMAN M.B.B.S. P.G.T. (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
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				DR. M. AYUBUR RAHMAN M.B.B.S. P.G.T. (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
				DR. M. AYUBUR RAHMAN M.B.B.S. P.G.T. (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	