

HAQUE & SONS LTD.



Accredited By BMDC Accreditation No. A-55144

PATIENT CONTROL NUMBER

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

MEDICAL EXAMINATION CERTIFICATE

| PATIENT C | ONTROL | NUMBER | |
|-----------|--------|--------|--|
| H | S5930F | FF | |

| RNAME | HOSSEN | FIRST NAME A | ND SHAHADA | T | | MIDDLE NA | ME | | |
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| | NDPUR 3-Mar-1990 | I AGGI OKT NO | B00698870 |) | | OF MINIMUM O | 1000 | /5930 | |
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| RMANE | ENT HOME ADDRESS : | | | | CONTA | CT NUMBER | | 8017756144 | 22 (SELF |
| SE 67, | , SHIBPUR, HAZI BARI, CHITOSH | I BAZAR, SHAHR | ASTI, CHAN | DPUR, | RANK | | | CHIEF OF | FICER |
| GLAD | ESH. | | | | TOTAL | | | Critici Oi | IICLK |
| | | | | | | | | | |
| lave yo | ou ever had any of the following con | nditions? | | | | | | | |
| | Condition | YES NO | 2 | Conditi | on | | | YES | NO |
| 1 | Eye/vision problem | YES NO | 18 | Sleep pr | roblems | | | | |
| 2 | High blood pressure | | 19 | Do you | | | | | 1 |
| 3 | Heart/vascular disease | | - 20 | Operation | on/surgery | r . | | | 19 |
| 4 | Heart surgery | 0 0 | 66 8000 | Epilepsy | //seizures | | | | 14 |
| 5 | Varicose veins | | 33 TOTAL | Dizzines | ss/fainting | | | | 4 |
| 6 | Asthma/bronchitis | | | Loss of | conscious | sness | | | d |
| 7 | Blood disorder | | | Psychia | tric proble | ms | - | 101 | 1 |
| 8 | Diabetes | п | | Depress | | | - 1 | 10 | 10 |
| 9 | Thyroid problem | | | | ed suicide | -15 | 1 | 1761 | 9 |
| 10 | Digestive disorder | | 9.000 At the | | memory | // | 111 | (B) | 55500 |
| 11 | Kidney problem | | 00 | | problem | 17 | 111 | 1 0 | 5 |
| 12 | Skin problem | | 29 | 100 | headache | | 171 | J 0 | 1 |
| 13 | Allergies | 0 0 | Parker 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | e/throat p | | 1 | | 94998 |
| 14 | Infectious/contagious diseases | | 31 | | ed mobilit | y \ | | | |
| 15 | Hemia | | 32 | Back pr | | 1 | | | |
| 16 | Genital disorders | | | | | | | | |
| | | 200000 | Land Street, S | | and the sales | | | | -11 |
| | Pregnancy of the above questions were answer onal questions | ed "yes", please g | ve details. | Fracture | tion es/disloca | tions | | YES | NO B |
| Addition 35 36 37 | Pregnancy of the above questions were answer onal questions Have you ever been signed off as Have you ever been hospitalised' Have you ever been declared unf | ed "yes", please g | % 34 ve details. | Fracture | and the sales | tions | | YES | NO d |
| Addition 35 36 37 38 | Pregnancy of the above questions were answer onal questions Have you ever been signed off as Have you ever been hospitalised' Have you ever been declared unf Has your medical certificate ever | ed "yes", please g | % 34 ve details. d from a ship | Fracture | es/disloca | tions | | YES | NO d d d d |
| 35 36 37 38 39 | Pregnancy of the above questions were answer onal questions Have you ever been signed off as Have you ever been hospitalised' Have you ever been declared unf Has your medical certificate ever Are you aware that you have any | ed "yes", please g | 734 live details. d from a ship revoked? s, diseases or | ? | es/disloca | | | YES | PERPO |
| 35 36 37 38 39 40 | Pregnancy of the above questions were answer onal questions Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unf Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to | ed "yes", please g | 734 live details. d from a ship revoked? s, diseases or | ? | es/disloca | | | YES | 0 d d d d d o |
| 35 36 37 38 39 40 41 | Pregnancy of the above questions were answer onal questions Have you ever been signed off as Have you ever been hospitalised' Have you ever been declared unf Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medication | ed "yes", please g | d from a ship revoked? diseases or | ? illnesses? ignated po | es/disloca | | | YES | \$ हि ह ह हे ड |
| 35 36 37 38 39 40 41 | Pregnancy of the above questions were answer onal questions Have you ever been signed off as Have you ever been hospitalised' Have you ever been declared unf Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medication | ed "yes", please g | d from a ship revoked? diseases or | ? illnesses? ignated po | es/disloca | | | YES | 0 6 6 6 6 8 0 C |
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| f any of Addition 35 36 37 38 39 40 41 Commoder 42 f yes. | Pregnancy of the above questions were answer onal questions Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unf Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medication ents: Are you taking any non-prescripti please list the medications taken an one authorize the release of all my pre Mir Md. Raihan (approved medical lifty me from my employment, benefit Signature of Seafarer EXAMINATION | ed "yes", please g | d from a ship revoked? diseases or of your des | ? illnesses? ignated po | es/disloca | upation? | and any fa | YES | NO D D D D D D D D D D D D D D D D D D D |
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| | - 10- | and the second second second | sual acuity | | | | | Visu | al fields |
|--|----------------|------------------------------|-----------------|------------|---------------------|---------------------|----------------------|---------------------------------|--|
| Ric | Una ght eye | ided Left eye | Right | | led Left eye | | N | lormal | Defective |
| Distant | 616 | 616 | - tigin | 0,0 | | Right | eve | | |
| Near | | | | | Partings of the | Left ex | | _ | 1 |
| Visual acuity meets | | | | Code S | Section A-1/9 | YES I | | | |
| Colour vision as pe Date of last colour | | | | | Normal 0 6 MAR 2 | Doubt 024 | ful () | Defective | |
| | | | Normal | Abnorr | mal | | | | Namel Absorp |
| Head | | | TVOIMAL . | | | cose veins | | | Normal Abnorma |
| Sinuses, nose, thro | oat | | 4 | | (0.70) | cular (inc. pedal | nulses) | | |
| Mouth/teeth | | | 9 | | | omen and visce | | | |
| Ears (general) | | | | | Hen | | | | |
| Tympanic membra | ine | | 12 | | - 32 | s (not rectal exa | m) | | |
| Eyes | | | 12 | \Box | | system | , | | |
| Opthalmoscopy | | | 140 | | | er and lower ext | remities | | 19 0 |
| Pupils | | | 14 | L) | | e (C/S, T/S and | | | |
| Eye movement | | | | | | rologic (full brief | 55.00 mm g = 1 | | |
| Lungs and chest | | | | | | chiatric | 5 | | |
| Breast examination | n | | NA | - D | Gen | eral appearance | 2 | | |
| Heart | | | 1.0 | | Skin | 4.4 | | (| D / 10 |
| percentage and the second | | | | | | | | 01 | 12/12 |
| | | | | | | %-Impositions | 10 | 1// | har you |
| ESULTS OF ANCIL | | | NS | | | | in the ! | 11 | 1 |
| Chest X-Ray | 01 | lorond | BIO CHE | MICAL | | ICTION TEST) | Marijuana | \D P | ositive A Negative |
| ECG | N | toomer | BILIRUBIN | | 0, | 60 | Alcohol Test | (II P | ositive Negative |
| BLO | OD R/E | | SGPT | | | 5.0 | URINE R/E | 1 | Konmil |
| DC(differential cou | int) | | SGOT | | 25 | .00 | | OTHER | |
| HAEMOGLOBIN (I | | 12.3 | DF | RUG AN | ND ALCOHO | LTEST | HBsAg - | □ F | teactiv 13 Nonreact |
| ESR (WESTERGE | REN) | 705 | Morphine | 2 | [] Positive | Negative | HIV / AIDS Tes | I II R | eactiv Nonreact |
| WBC | | 500 | Amphetamii | ne \ | | L Negative | VDRL | The second second second second | eactiv Nonreact |
| BLOOD GLU | UCOSE L | EVEL | Phencyclidin | ne \ | | Negative | Blood Type | | 101 |
| RANDOM | | 511 | Barbiturates | 11 | ☐ Positive | Negative | Psychological E | xam | |
| HBA1C | 6 | 3.0 | Cocaine | 1 | □ Positive | Negative | Others(KUB Ultras | | |
| | | 11.11 | | | | | | | |
| ereby I declare that I | am in kno | wledge of t | he contents of | of the P | hysical exan | ninations; | | | |
| Be | . 1 | 111 | | | | | | | |
| and the same of th |) | 1 2 | | | | T HOSSEN | | _ | 6-Mar-2024 |
| gnature of Seafarer | | | | 12711 | Name of | Seafarer | | | Date |
| 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | - | | | | | | | | SHIP IN SHIP |
| sessment of fitnes | | | | 32 T V | 7 - 3 .0 | 272 1127 | 200 0 - 20 | | |
| n the basis of the exa caminee medically: | aminee s p | personal de | claration, my | clinical | examination | and the diagno | stic test results re | corded ab | ove, I declare the |
| arrance medically. | | 7 0 | for lookout d | . at face | | | Nint Ct for I | | 200 |
| | | ER | ior iookout a | uties | | | Not fit for lo | okout duti | es |
| | | Doc | k service | | Engine s | enrice | Catering serv | ico I | Other services |
| | | | | | | 0.000 | | ice | |
| nfit | | _ | | - | П | FIGURE STATE | | - | Ö |
| _ | | - | | | | | - | | |
| U W | Vithout res | strictions | | D | With | restrictions | | | |
| | | 1 | | | | | | | |
| the Seafarer free fro | m any mo | edical condit | tions likely to | be agg | ravated by s | ervice at sea or | to render the sea | farer unfit f | for such service or to |
| idanger the health of | | | | | | | | | Victoria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la c |
| | | | Yes | 1 | No | | | - | |
| | | | J. | | | | | | |
| | | | | | | | | | 190 |
| escribe restrictions (d | e.g., speci | ific position, | type of ship, | trade a | rea): | | | | |
| | | | | | | | | | |
| tion taken by medica | al examin | er (e.g., refe | erral): | | / | | | | |
| W | - ×20 | | V-1 | | | | 0.5 | MAD 202 | 16 |
| Fitness Date: | U | 6 MAR 20 | 1/4 | 3 | Valid | Until: | 0.5 | THAN 202 | U |
| | | | 7150- | t-Porgania | rw | > | | | |
| | | | D | R. M | IR. MD. | RAIHAN | and the state of | | |
| | | | Name | and Si | ghature of A | athorized Physic | cian | | |
| And the second s | | | Harried | and wi | gridian Curry | an ionized fritysic | ALMIT . | | |

In Accordance with Medical Examination (Seafarers) Convention 4946 (No. 1978/1996 as Amended, MLC 2006 General Physician Revision 5.1

Revision 5.1

Revision Date: 24th July 2022

| MEDICAL CERTIFICA | IE FOR I | PERSONNEL SERVIC | E ON BOARD |) |
|---|-------------------------------|--|---------------------------------|---|
| SURNAME: HOSSEN | GIVE | N NAME (S): SHAHADAT | | |
| DATE OF BIRTH: | PLACE | OF BIRTH | | SEX |
| DAY 3 MONTH 3 YEAR 1990 | CITY | CHANDPUR COUNTRY | RANGI ADESH | |
| POSITION ON BOARD: | 75.2556 | IG ADDRESS OF APPLICAN | CV-2-100-00-00-01-11-00-01-12-0 | MALE [4] PEWALE [|
| MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING | Housi | E - 4/6, ROAD-6, RUPNAGA | | BLOCK-E, MIRPUR 12, |
| DECLARATION OF THE AUTHORIZED PHYSICIAN | | | | |
| VISION | | COLOR TEST TYPE | | HEARING |
| WITHOUT GLASSES WITH | GLASSES | воок | | |
| RIGHT EYE 646 | ==1 | YELLOW MORED M | RIGHT EAR | - WAY |
| LEFT EYE GU. | _ | GREEN MALUE MA | 1 | m |
| Confirmation that identification documents were checked a | t the point of | examination: YES NO | | |
| Hearing meets the standards in STCW Code, Section A-1/9 | 9? YES | ✓ NO NOT APLICA | BLE[] | |
| Unaided hearing satisfactory? YE8 NO | | | | |
| Visual acuity meets standards in STCW Code, Section A-1. | /9? YES | NO [7] | | |
| Colour vision meets standards in STCW Code, Section A-1 (the visual test it is required every six years) Date of the last colour vision test: (Day/Month/Year) | 06 MAR | NO [| | |
| Are glasses or contact lenses necessary to meet the requir | ed vision sta | ndards? YES NO | | |
| Able for watchkeeping? YES NO | | | | |
| Is applicant taking any non-prescription or prescription med | lications? YE | S NO | | |
| Is the seafarer free from any medical condition likely to be a endanger the health of other persons on board? YES | aggravated b | y service at sea or to render the | e seafarers unfit fo | r such service or to |
| Hereby I declare that I am in knowledge of the contents of I | the Physical | | 6-Mar-2 | 024 |
| Signature of Applicant Nar | ne of Applica | ant | Date | |
| CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOU ENGINEERING OFFICER / RADIO OPERATOR / R. FIT FO | ATING) (W | (FIE NOT FIT) FOR DUTY ITHOUT ANY WITH THE F ON BOARD SHIP | ' AS A (MASTER OLLOWING) RE | R / DECK OFFCIER / ESTRICTIONS: |
| NAME AND DEGREE OF PHYSICIAN: DR. MIR. MD. RA | AIHAN MP | RS (DII) DEM CCD (BIPDE | M) P G T (OPU | IH) |
| ADDRESS: RADICAL HOSPITALS LTD, 35, SHAH N | | | | SEX MALE FEMALE BLOCK-E, MIRPUR 12, HEARING Such service or to DECK OFFCIER / STRICTIONS: H) 230. D.C) |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: D | | | | No. 23/12 |
| DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY- | | | 031 00 111 (2.11 | |
| SIGNATURE OF PHYSICIAN: | STAMP | OF PHYSICIAN: | losoile E | 0 6 MAR 2024 |
| EXPIRY DATE OF CERTIFICATE: 051 | MAR 2026 | 18/48 | -M C-2006 | |
| | is issued in [8], as amena | compliance with the requirers led and the Maritime Labour Co | - Street Million | |

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

| | MEDICAL CER | TIFICATE FO | R PERSONNEL SERVIC | E ON BOARI |) | | |
|---|---|--|--|-----------------------|----------------------|--|--|
| SURNAME: HOSSEN | | G | GIVEN NAME (S): SHAHADAT | | | | |
| DATE OF BIRTH: | W. 111 | PLA | CE OF BIRTH | | Isex | | |
| DAY 3 M | ONTH 3 YEAR | 1990 CITY | Y CHANDPUR COUNTRY | BANGLADESH | | | |
| POSITION ON BOARD MASTER DECK OFFICER ENGINEERING OFFICE RADIO OPERATOR RATING | ER | вал | USE - 4/6, ROAD-6, RUPNAG/ | NT: | | | |
| DECLARATION OF TH | E AUTHORIZED PHYSIC | CIAN | 201 00 7507 7105 | | | | |
| | VISION | COLOR TEST TYPE HEARING SES WITH GLASSES BOOK LANTERN RIGHT EAR WITH SELLOW WRED WEED WEED WEED WAS LIEFT EAR Were checked at the point of examination: YES NO NOT APLICABLE NO NOTATION NOT APPROVED AT A NOTATION NOT APPROVED AT A NOTATION NOTA | | | | | |
| RIGHT EYE | 6/6 | WITH GLASSE | YELLOW MRED A | MO | ~~> -~> | | |
| Confirmation that identif | fication documents were | checked at the poir | | | | | |
| Hearing meets the stan | dards in STCW Code, Se | ection A-1/9? YES | NO NOT APLICA | ABLE[] | | | |
| Unaided hearing satisfa | | - | | | | | |
| | | | NOD | | | | |
| | | 190121C-10 0 1000- | | | | | |
| | | Section A-179? The | , NO L | | | | |
| (the visual test it is requ | and another property of the | 06 | MAR 2024 | | | | |
| | vision test: (Day/Month/Ye | | | | | | |
| | | the required vision | standards? YES NO | | | | |
| Able for watchkeeping? | | | | | | | |
| | | | | | | | |
| | n any medical condition li other persons on board? | | ed by service at sea or to render th | ie seafarers untit fo | r such service or to | | |
| Hereby I declare that I a | am in knowledge of the o | · · | | 6-Mar-2 | 2024 | | |
| Signature of A | onlines | Name of An | plicant | Dat | | | |
| CIRCLE APPROPIA | TE CHOICE: (HE / SH | E) IS FOUND TO ATOR / RATING) | BE (FPT NOT FIT) FOR DUT (WITHOUT ANY / WITH THE | Y AS A (MASTE | R / DECK OFFCIER / | | |
| NAME AND DECREE | DE PHYSICIAN: DR. MII | L | | EM) P.G.T. (OPI | IIH) | | |
| | | | | | | | |
| | | | | | | | |
| | | / | | | 100,200 | | |
| SIGNATURE OF PHYS | - Fru | 7 | MP OF PHYSICIAN: | E | DATE: 0 6 MAR 2024 | | |
| EXPIRY DATE OF CER | RTIFICATE: | U | 5 MAR 2026 | | | | |
| Names - | | certificate is issued | l in compliance with the requirement of the land the Maritime Labour (| | | | |

DR. MIR. MD RAHIFAN M888 (DU), DFM CD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-015 DG Shipping Bangladesh Approved



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

| NAME | OF CREW. | SHAHADAT HOSSEN | RANK : | CHIEF OFFICER |
|--------------------|-------------------------------|--|-------------------------------|---|
| CDC N | O: | C/O/5930 | DOB: | 03-Mar-1990 |
| HEAL | TH QUEST | TIONNAIRE | | |
| PLEASI | E ANSWER I | FOLLOWING BY TICKING () YES OR NO |) | YES NO |
| 1 | Have you | ever had coronary thrombosis or certain type | s of heart surge | ery? |
| 2 | Are you su | iffering from any heart-related cotnolications? | | |
| 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 con | sciousness? | |
| 6 | Have you | ever been treated for a mental or nervous pro | blem? | |
| 7 | Are you ar | alcoholic, or have you had alcohol or drug a | ddiction proble | ms? |
| 8 | Do you ha | ve any hearing difficulties or are you using an | y hearing aid? | |
| 9 | Have you | ever suffered from any STD (Sexually Transn | nitted Disease) | ? |
| 10 | | vare of any other health condition that could a employment * | affect your fitne | ss for |
| knowled consequ | le, true and Jences in cas | cove questionnaire and answered by ticking a complete. Ialso declare that Iam a hea se of detection of any chronic disease or its p all the expenses as may incur as a direct res | thy man and ast history which | will be fully responsible for all the ch Imay have concealed before joining |
| Date : | 0 | 6 MAR 2024 | Signed : | 06_ |
| * If yes, | mention deta | DR. MIR. MD. RAIL MBBS (DU), DFM CCD (Bridgen), PGI BMDC A-55144, MMC-8GD DG Shipping Bangladesh App General Physician Radical Hospitals Limited | -016 roves | The Crew Member |

Revision Date: 24th July 2022

Revision: 5.1

| | Date: | () | Briefly enter any special comments to the Attending Physician in English. | L Other: Name of disease (報名) | Cerebral Apoplexy (版本中) | L. Hypenension (馬自田命) | D Hean disease (心質化) D Cancer 'part (例/相行) | Notatik |
|--|--|--|---|-------------------------------|-------------------------|-----------------------|---|--|
| | 0 6 MAR 2024 | 20 mg | nts to the Attending | 139 | 3 | | | n: F = father, M = (%) |
| | 024 Signature: (著名) | • | Physician in Engli | | | | | Notation: F = father, M = mother, B == bröther, S == sister (父) (母) (兄弟) (母妹 |
| | , 1 | | B | 711 | ור נד | 717 | ורי ויי ווי | . S = sister (幼味) |
| | (Card holder) (#:/.) | | | 3 | 23 | Z 3 | 222 | € 4 |
| | £ 100 | | | Φ. | נכי מנ | ω (| B E E | |
| DR. MIR. MD. RAIHAN MBS JBU) DFM CCD (Birdem), PGT (Opten) BMDC A-55144, MMC-BCD-016 BMDC A-55144, MMC-BCD-016 Ceneral Physician Radical Hospitals Limited |) | | | | | | <i>n</i> (<i>n</i> (<i>n</i> | |
| | Blood sugar (京韓國)mg Urntacid: (原韓區)mg | Height: (丹長) cm Weight: (年 Pulse: 知前 Normal breathing rate: (版語 後) に高年限数/分 Blood pressure: 220/ gV 1 Blood type (血圧) | (原屋) | Name of Bosision | (E(&) given name (&) | | Name of Company: | |
| S Radica Hospital Government of the Person o | mg/dl×0.05625= (| | | | family name (5%) | | Fax: | MEDICAL RECORDS (Write in block Letters) |
| | mmol/0 | kyst age 20: (20 才等) Normal temperature: (平然) (平然) /Rh() Single Married (後身/長塔) | 加加加 | Date of Sint. | - Con | Cev. (#281) | Nationality: 12 |) |
| | | 人。 C (Sarried (反称) | (D-M-Y) | | (第/水) | Z F | Charles | 1 (%) |

5. FAMILY HISTORY: (家族區)

图本財団 排助

<pr

| Who is surgery: 「手幣) Who is surgery: 「手幣) Who is surgery: 「手幣) Who is surgery: 「手幣」 Who is surgery: 「手幣」 | 2. PAST HISTORY:(資鑑) (i) Past serious illness: 三代集份值)、Age(年務) | (東語名) | 二 Uracana chives) (こんましん) |
|--|--|---------|------------------------------|
| When? (3号周) Age (年齡) | | . (女是名) | コーニ Other () (その他) |

Medical information: (國際情報) · Please check the appropriate items.

Name 15) of medicine 15) used for the above disease (5). (上記符得に使用した一般機器名)

口 Drink 2-3 times a week (國行立~3回) □ Drink every evening (專用) □ Light drinker 衛生 □ Moderate drinker (中國策) □ Light drinker 衛生

□ Do not drink : 財気ない

4. DAILY LIFE HABITS: (日常生活)

(I) Alcohol intake: 、故(語)

(i) Based movements,

I Regular 提供指令

二 irregular . 有規則)

1 Constipated

14: Dietary preferences: 資券の発送 I Sweet (事) I Fish (機能) I Fish (機能) I Sweet (事) I Oily (報令ロン)

(7) Weight (体質) II Constant (変わらせ) II Puning on weight (ホップキン) II Losing weight (やせつもつ)

MIR. MD. RAIHAN

DR. MIR. MD. RAIHAN
MBBs IDU, DFM CCD (Birdem), PGT Ophth)
MBBs IDU, DFM CCD (Birdem), PGT Ophth)
BMDC A-55144, MMC-BGD-016
BMDC A-55144, MMC-BGD-01





radical_hospitals@yahoo.com, www.radicalhospital.com

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

616

606

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.

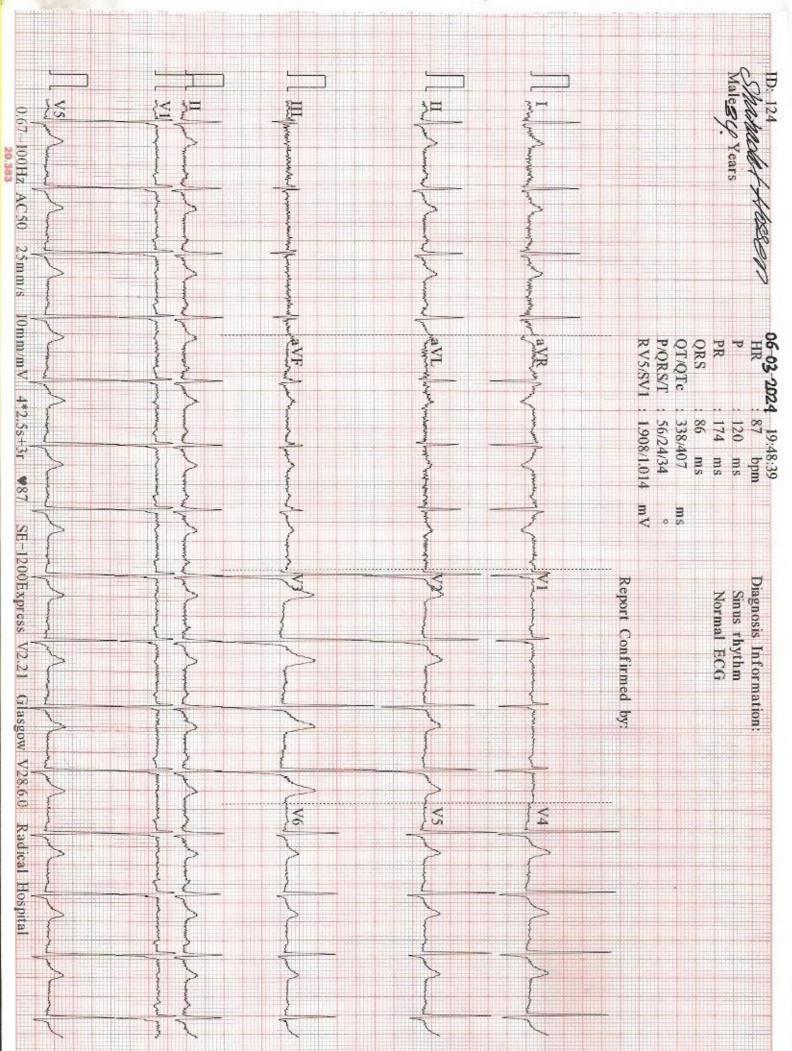
Bony thorax : Reveals no abnormality.

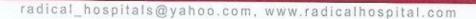
Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)

Sylhet Women's Medical College Hospital







Id No : 0138

Date: 06-Mar-2024

Age: 34Y 0M 3D

D.Date: 06-Mar-2024

Gender: Male

Patient's Name: SHAHADAT HOSSEN 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. Infant: (One year):8-10 gm/dl. | |
| ESR(Westergreen) | 05 mm/1st hr | 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.% | |
| Bledding Time(BT) | % | 10 - 18 % | |
| Cloting Time(CT) | % | 0.1- 0.2 % | |

Medical Technologist

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA24030138 | Received | Date | 06/03/2 | 2024 |
|----------------|------------------------------------|--------------------|-----------|---------|-----------|
| Patient's Name | SHAHADAT HOSSEN | | · Date | 00/03/2 | -024 |
| Patient's Age | 34Y 0M 3D | | Patient's | Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(B | | | DC NO | C/O/ 5930 |
| Sample | BLOOD | <i>p</i> = 1=1+n=1 | | DONO | C/O/ 3930 |

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.



radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA24030138 | Received Da | ate 06/03/ | 2024 |
|----------------|---------------------------------------|-------------|------------|-----------|
| Patient's Name | SHAHADAT HOSSEN | | 00/00/ | 2027 |
| Patient's Age | 34Y 0M 3D | Pat | ient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD | C 3550 | CDC NO | C/O/ 5930 |
| Sample | BLOOD | | 000110 | C/O/ 3730 |

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



radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA24030138 | Received I | Date 06/03 | /2024 |
|----------------|------------------------------------|---------------------|--------------|-----------|
| Patient's Name | SHAHADAT HOSSEN | | | |
| Patient's Age | 34Y 0M 3D | Pa | atient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(B | IRDEM),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 |
| | MAL | 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. Samaiya Khatun MBBS MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital.





| Bill No | DIA24030138 | Received D | ate 06/03/ | 2024 |
|----------------|--------------------------------------|---------------|-------------|-----------|
| Patient's Name | SHAHADAT HOSSEN | 1.cocived E | 00/03/ | 2024 |
| Patient's Age | 34Y 0M 3D | Pa | tient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF | | CDC NO | 201/2000 |
| Sample | URINE | 7) (2)0),D1 W | CDC NO | C/O/ 5930 |

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

| Test Name | Result | |
|---------------------|----------|--|
| Drug Level of Urine | | |
| Cocaine | Negative | |
| Morphine | Negative | |

| Negative |
|----------|
| Negative |
| |

Checked B

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

| DE MAD son | 00. | 19 SER 200 | 1711 | NOV | 200 | |
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| 0 6 MAR 2024 | -020 | | AUG 2021 | | 2.00 | Exam |
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| 43Pe8 | Nome | 3 eg Eg | 33008 | 509 807 | Logsos | LEI |

| R. MIR. MD | | | | | NO BONE | Creatine |
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General Physician Radical Hospitals Lunited

Pre-Joining Medical Report to be

Completed by Company's M.O.

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| RAHMAN (Medicine) mber Childagong. a-11820 | RAHMAN (Medicina) mber Chittagong. 1-11820 | RAHMAN (Medicine) Der Chittirianu | RAIHAN RAIHAN to A-55144 pproved sician | R RAHMAN PG T/Medgins amber Chittagori A-11820 | RAHMAN RAHMAN RETIMETERS TOTAL Chittagong Chittagong | Doctor's Sign. |