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-65144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
SNIGDHA	SIDRATUL MUNTAHA	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
PABNA 24-Oct-2013	A01833504	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.

SIDRATUL MUNTAHA SNIGDHA
Signature of Seafarer

MEDICAL EXAMINATION

Weight 44 kg Height (cm) 150 BMI 19.5 Blood Pressure: Systolic 80 mmHg Diastolic 60 mmHg PULSE: 78 b/m

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

Audiometry			
500	1000	2000	3000
	N/R		

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	C | G	G | C		
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	WNL	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☑ Negative	
ECG	WNL	BILIRUBIN	0.60		Alcohol Test	☐ Positive	☑ Negative	
BLOOD R/E		SGPT	22		URINE R/E	WNL		
DC(differential count)	WNL	SGOT	18		OTHERS			
HAEMOGLOBIN (HGB)	11.9	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☐ Nonreactive	
ESR (WESTERGREN)	05	Morphine	☐ Positive	☑ Negative	HIV / AIDS Test	☐ Reactive	☑ Nonreactive	
WBC	5600	Amphetamine	☐ Positive	☑ Negative	VDRL	☐ Reactive	☑ Nonreactive	
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative	Blood Type			
RANDOM	4.9	Barbiturates	☐ Positive	☐ Negative	Psychological Exam	WNL		
HBA1C	5.0%	Cocaine	☐ Positive	☐ Negative	Others(KUB Ultrasound)	N/E		

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

SIDRATUL MUNTAHA SNIGDHA — SIDRATUL MUNTAHA SNIGDHA — 15 MAR 2024

Signature of Seafarer | Name of Seafarer | 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

Name and Signature of Authorized Physician

DR. MD. ABAHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
Bmdc Reg. No- A-68147
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **SNIGDHA**	GIVEN NAME (S): **SIDRATUL MUNTAHA**
DATE OF BIRTH: DAY **24** MONTH **10** YEAR **2013**	PLACE OF BIRTH CITY **PABNA** 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			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	☑ BOOK	
RIGHT EYE	6/6	—	☑ LANTERN	RIGHT EAR ~~
			YELLOW ~~ RED ~~	
LEFT EYE	6/6	—	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.

Signature of Applicant	Name of Applicant	Date
SIDRATUL MUNTAHA SNIGDHA	SIDRATUL MUNTAHA SNIGDHA	15 MAR 2024

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:	DATE:
	Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved	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 : SIDRATUL MUNTAHA SNIGDHA RANK : SUPERNUMERARY

CDC NO : NIL DOB : 24-Oct-2013

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO		YES	NO
1	Have you ever had coronary thrombosis or certain types of heart surgery?		✓
2	Are you suffering from any heart-related cotnplications?		✓
3	Are you a diabetic ?		✓
4	If you are diabetic, do you need injectio.ns of insulin for diabetes?		✓
5	Have you ever had a stroke, or unexplained loss of consciousness?		✓
6	Have you ever been treated for a mental.or nervous problem?		✓
7	Are you an alcoholic, or have you had alcohol or drug addiction problems?		✓
8	Do you have any hearing difficulties or are you using any hearing aid?		✓
9	Have you ever suffered from any STD (Sexually Transmitted Disease)?		✓
10	Are you aware of any other health condition that could affect your fitness for seafaring employment *		✓

Ideclare that Iread above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowlede. true and complete. Ialso declare that Iam a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which Imay have concealed before joining vesse,l ?nd will bear all the expenses as may incur as a direct result of such concealment.

Date : 15 MAR 2024

Signed : SIDRATUL MUNTAHA SNIGDHA

The Crew Member

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

* If yes, mention details below:-

Medical information: （医療情報） * Please check the appropriate items.
該当する二欄にノ印を記入して下さい

1. ALLERGIES: （アレルギー） ☐ Uricaria (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 （ふえてきた）
☐ Losing weight （やせてきた）

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

日本財団 補助
The Nippon Foundation

<PRIVATE>

秘

MEDICAL RECORDS
(Write in block Letters)

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

Name: SIDRATUL MUNTAHA SNIGDHA Sex: (性別) M/F
(氏名) given name (名) family name (姓) (男／女)

Name of Position: SUPERNUMERARY Date of Birth: 24-10-2013
(職種) (生年月日) (D - M - Y)

Height: (身長) 150 cm Weight: (体重) 44 kg/at age 20: (20才時) _____ kg

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

Blood pressure: 80/60 mm Hg Blood type: B+ /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)

15 MAR 2024

Date: _____ Signature: (署名) SIDRATUL MUNTAHA SNIGDHA
(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

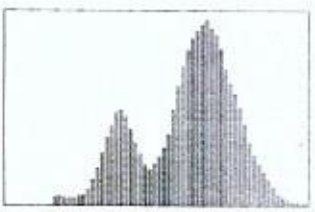
RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

ID NO	: 24030368	**Date**	: 15/03/2024
Patient's Name	: SIDRATUL MUNTAHA SINGDH	**Age**	: 10Y4M20D
Ref. By	: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM	**Sex**	: Female
Specimen	: Blood		

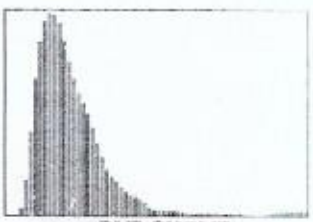
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

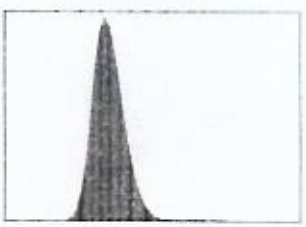
Parameter	Results		Reference Values
Haemoglobin(Hb)	**11.9**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**05**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**8,600**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	63	%	(40 - 75)%
Lymphocytes	29	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**258**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**209,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	12.8	fL	7.0 -11.0 fL
PDW-CV	17	%	10 - 18 %
PCT	0.27	%	0.10 - 0.28
P-LCR	45.3	%	9.00 - 45.00%
P-LCC	94	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**4.33**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	39.1	%	M: 40-54%, F: 37-47%
MCV	90.1	fL	76-94 fL
MCH	27.5	pg	27-32 pg
MCHC	30.6	g/dL	29-34 g/dL
RDW SD	54	fL	30.0-57.0 fL
RDW CV	18.3	%	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	: **DIA24030368** **Bed/Ward No:**	**Outdoor**	Inv.Date : 15-03-2024
Patient's Name	: **SIDRATUL MUNTAHA SINGDHA**	Age: 10Y 4M 20D	Gender: Female
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)	**0.60**	**mg/dl**	Adult:0.2-1.1 Neonatal:Up to13.0
Plasma Glucose Random	**4.9**	**mmol/L**	<7.8
HbA1C	**5.0**	**%**	<6.5
SGPT (ALT)	**22.0**	**U/L**	Up to 40
SGOT (AST)	**18.0**	**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

Invoice No	: **DIA24030368**	**Bed / Ward:**	**Outdoor**	Inv. Date : 15-03-2024
Patient's Name	: SIDRATUL MUNTAHA SINGDHA		Age : 10Y 4M 20D	Gender: Female
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	:	DIA24030368	Bed / Ward No	:		Inv. Date	: 15-03-2024
Patient's Name	:	SIDRATUL MUNTAHA SINGDHA	Age	:	10Y 4M 20D	Gender	: Female
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	1-2	/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

Date of Exam	Ship Assigned	B.P./ Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
15 MAR 2024	MV ONE HARVOI	PULSE 78/M BP- 120/80 mmHg	3 Yrs 2	3 Yrs 2	3 Yrs 2	3 Yrs 2	3 Yrs 2

Completed by Company's M.O.

Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 24-10-2013 Sex F

SIDRATUL MUNTAHA SOMADDHA

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
15 MAR 2024	DR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
2			
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 24-10-2013 Sex F

SIDRATUL MUNTAHA SNIGDHA

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 DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
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, of failure to complete any part of it may render it invalid.