

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: RAHMAN MD ASHIQUR Sex: MALE Serial No: _____

Date of Birth: 30/11/1989 PP/CDC: C/O/5807

Vessel: _____ Type: BULK Rank: 2ND ENGINEER

Home Address: NORTH FOLIA PULBONDI, GAIGANDHA Route: WORLD WIDE

Company Name: OSM THOME

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		/		/	Hernia / Hydrocoele / Appendicitis		/		/
Head Injury / Concussion / Loss of Memory		/		/	High / Low blood pressure / Heart disease		/		/
Fits / Epilepsy / Dizziness / Fainting		/		/	Asthma / Bronchitis / Tuberculosis		/		/
Eye / Vision Problems (Glasses, etc.)		/		/	Allergy / Skin disease		/		/
Hearing Impairment		/		/	Infection / Contagious Disease		/		/
Ear / Nose / Throat problems		/		/	Addiction to alcohol / drugs / tobacco		/		/
Stomach / Bowel disorders		/		/	Fracture / Dislocation / Injury / Amputation		/		/
Gall stones / Kidney disorders		/		/	Major / Minor Operation		/		/
Jaundice / Liver Disease		/		/	Diabetes		/		/
Piles / Varicose veins		/		/	Nervous / Mental disease / Sleep disorder		/		/
Blood Disorder		/		/	Malignant disease (Cancer)		/		/
Female Disorder		/		/	Signed off on medical grounds / Declared Unfit		/		/
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition	
172cm	80kg	42/41	120/80mmHg	78bpm	19bpm	Good	
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000
Right Eye	6/6	6/6	Normal	Right Ear	dB	20	20
Left Eye			Abnormal	Left Ear	dB	20	20
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear		
Other		Normal	Abnormal		Left ear		

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	/		FIT FOR SEA SERVICE AS 2ND ENGINEER AS PER MLC 2006 Enhanced GARD Medicals done		Respiratory system	/
Eyes	/				Cardiovascular system	/
Ears / Nose / Throat	/				Per Abdomen	/
Teeth / Oral Cavity	/				Genito-urinary system	/
Musculo-Skeletal system	/				Others	/
Nervous system	/				Hernia / Hydrocoele	/
Reflexes	/				Varicose Veins	/
Skin	/				Fissure/Fistula/Piles	/

Investigations

Blood	Result	Normal	Urine
Hemoglobin	15.2 gm%	14-16 gm %	Colour
Total WBC count	8200 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 63 % Lymph 32 % Eos 02 % Bas 00 % Mo 02 %			pH
Malarial parasite	Not Found		Albumin
ESR	05 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	24 U/L	9-43 U/L	Bile pigment
S.Cholesterol	184 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	161 mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS 5.8 PPBS	upto 125 mg %	RBC cells
HbsAg	Not Found		Leucocytes
HIV I & II	Not Found		Others
VDRL	Not Found		
GGTP U/L			

ECG: Normal TMT: Normal

X-Ray Chest: Normal USG: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically Fit / Unfit / Temporarily unfit / Permanently unfit / Should be re-examined in _____ days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 02 MAR 2026

Candidate's Signature: _____

Date: 03-Mar-2024

03 MAR 2024

Official Stamp



Doctor's signature:

DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMD A-55144, MMS BGD-816
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

04.2024.6053

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME RAHMAN	GIVEN NAME(S) MD ASHIQUR
DATE OF BIRTH 11 MONTH 30 DAY 1989 YEAR	PLACE OF BIRTH CITY GAIBANDHA BANGLADESH COUNTRY SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: VILLAGE : NORTH FOLIA PULBONDI P.O.+P.S.+DIST: GAIBANDHA

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 5'8"	WEIGHT 80	BLOOD PRESSURE 120/80 mmHg	PULSE 78 6/mi	RESPIRATION 19 6/m	GENERAL APPEARANCE aw
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR my LEFT EAR my	
COLOR TEST TYPE: BOOK ☐ LANTERN ☒ IS COLOR TEST NORMAL? ☒ YES ☐ NO (If "NO" EXPLAIN ON PAGE 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒					
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal		
LUNGS Normal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes.		
EXTREMITIES: UPPER Normal LOWER Normal					
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes ☐ No ☒ IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒					

 SIGNATURE OF APPLICANT	03 MAR 2024 DATE OF EXAMINATION	02 MAR 2026 EXPIRY DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.		
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: RAHMAN MD ASHIQUR FIT FOR DUTY ON BOARD SHIP NAME OF APPLICANT (SURNAME, GIVEN NAME(S))		
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☒ NO ☐		
SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:		
NAME AND DEGREE OF PHYSICIAN DR. MIR MD RAIHAN MBBS, DFM		
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230		
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH		
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014		
SIGNATURE OF PHYSICIAN 		03 MAR 2024 DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

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



MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) **Hearing**
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) **Eyesight**
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) **Dental**
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) **Blood Pressure**
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) **Voice**
 - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) **Vaccinations**
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) **Diseases or Conditions**
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) **Physical Requirements**
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.
(See RMI MG 7-47-1, §3.3).

03 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

Id No : 0044	Date : 03-Mar-2024	D.Date : 03-Mar-2024
Patient's Name : MD ASHIQUR RAHMAN	Age : 34Y 3M 3D	Gender : Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/5807		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.2 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)	8,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	164 /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)	2,95,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.5 %
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	DIA24030044	Received Date	03/03/2024
Patient's Name	MD ASHIQUR RAHMAN		
Patient's Age	34Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5807
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Fasting Blood Sugar (FBS)	5.4 mmol/l	4.2 – 6.4 mmol/l
Serum Creatinine	0.79 mg/dl	0.3 - 1.3 mg/dl
Uric Acid	4.5 mg/dl	3.8 - 8.0 mg/dl
HbA1C	5.0 %	4.0- 6.0 %
<u>Lipid profile</u>		
Serum Cholesterol	164 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	42 mg/dl	>35 mg/dl
Serum Triglyceride	161 mg/dl	up to 220 mg/dl
Serum LDL- Cholesterol	86 mg/dl	<130 mg/dl
<u>Liver Function Test</u>		
Serum Bilirubin (Total)	0.52 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	24 U/L	Up to 40 U/L
Serum AST (SGOT)	20 U/L	Up to 37 U/L
Serum Alkaline Phosphate	165 U/L	98 - 279 U/L

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	DIA24030044	Received Date	03/03/2024
Patient's Name	MD ASHIQUR RAHMAN		
Patient's Age	34Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5807
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
<u>BLOOD GROUPING RESULT</u>	
ABO Blood Group	"O" (+ve)
Rh (D)Factor	Positive

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

Bill No	DIA24030044	Received Date	03/03/2024
Patient's Name	MD ASHIQUR RAHMAN		
Patient's Age	34Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5807
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.



Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24030044	Received Date	03/03/2024
Patient's Name	MD ASHIQUR RAHMAN		
Patient's Age	34Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5807
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

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.

Bill No	DIA24030044	Received Date	03/03/2024
Patient's Name	MD ASHIQUR RAHMAN		
Patient's Age	34Y 3M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 5807
Sample	STOOL		

STOOL ANALYSIS

Physical Examination:

Color	: Brown
Consistency	: Soft
Worm	: Nil
Mucus	: Nil
Blood	: Nil

Chemical Examination:

Reaction	: Acid
Occult Blood Test (OBT)	: Not done
Reducing Substance (RS)	: Not done

Microscopic Examination:

Ova	: Not found	Mucus flakes	: Nil
Cyst	: Not found	Cyst of Giardia	: Not found
Protozoa (Trophozoite)	: Not found	Macrophage	: Not found
Larva	: Not found	Fat Globules	: (+)
Epithelial Cell	: Nil	Vegetable Cell	: Nil
Pus Cell	: Nil	Starch	: Nil
RBC	: Nil	Muscle fibre	: Nil

Checked By

Medical Technologist,
Radical Hospital Ltd.

Dr. Sumaiya Khatun

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Assistant Professor
Dept. of Microbiology
East West Medical College and Hospital.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030044 Receive: 03/03/2024 Print: 03/03/2024
Patient's Name : MD ASHIQUR RAHMAN
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

Patient's Name	:	MD ASHIQUR RAHMAN		
Age	:	34 Yrs	Date	: 03/03/2024
Sex	:	Male	CDC NO:C/O/5807	
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor / <u>Good</u> / very good / excellent
Verbal Reasoning test	Poor / <u>Good</u> / very good / excellent
Inductive reasoning test	Poor / <u>Good</u> / very good / excellent
Diagrammatic Reasoning test	Poor / <u>Good</u> / very good / excellent
Logical Reasoning test.	Poor / <u>Good</u> / very good / excellent
Error checking test	Poor / <u>Good</u> / very good / excellent
2.Skill Test	Poor / <u>Good</u> / very good / excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor / <u>Good</u> / very good / excellent
Assumptions	Poor / <u>Good</u> / very good / excellent
Deductions	Poor / <u>Good</u> / very good / excellent
Interpreting Information's	Poor / <u>Good</u> / very good / excellent
Inferences	Poor / <u>Good</u> / very good / excellent
5.Situational Judgment Test.	Poor / <u>Good</u> / very good / excellent

Poor: <6 Good: 6-7 very good: 7-8 excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

AUDIOLOGICAL REPORT

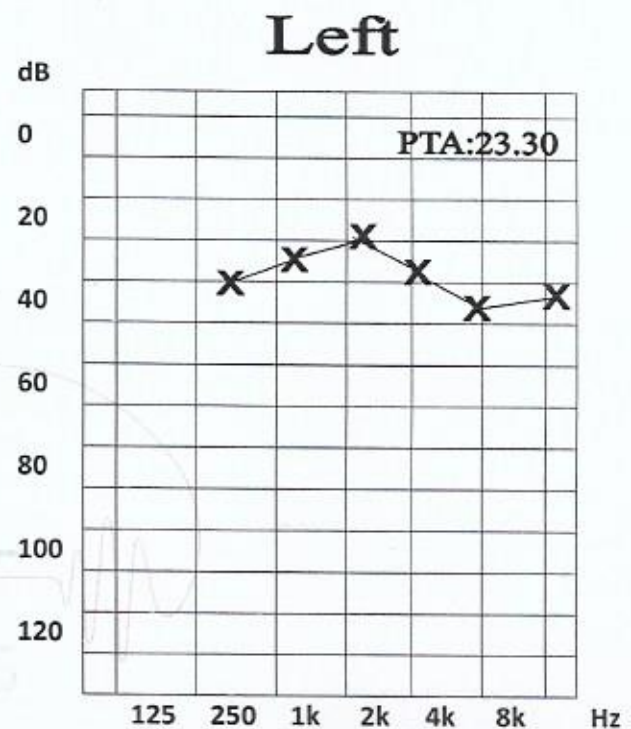
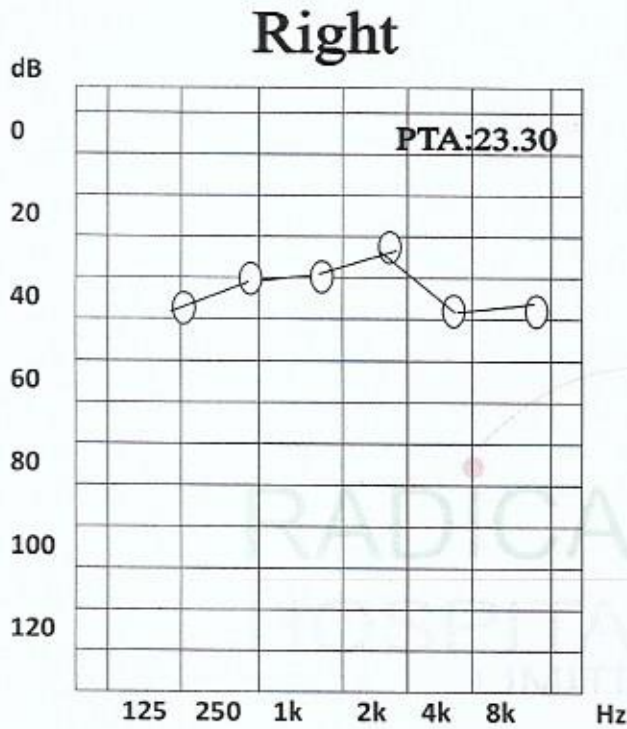
Patient Name : MD ASHIQUR RAHMAN

03/03/2024

Age : 34 Yrs

Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan, MBBS,(DU), DFM



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

Date: 03/03/2024

EYE EXAMINATION REPORT

NAME:	MD ASHIQUR RAHMAN		
AGE:	34 YRS	RANK: 2 ND ENG	CDC NO:C/O/5807

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

Patient's Name	: MD ASHIQUR RAHMAN	ID NO	: 24030044
Age	: 34 Yrs	Date	: 03/03/2024
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan MBBS,(DU), DFM		
Nature of Specimen	:		

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6
FEV = 5
FEV/FVC = 80%

Comments: Normal Lung Function



Dr. Mir Md. Raihan
MBBS (DU) CCD(Birdem),PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

Patient ID	24030044	Test Date	03/03/2024		
Patient Name	MD ASHIQUR RAHMAN	Age	34 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MBBS (DU),DFM				

BMI REPORT

$$\begin{aligned}
 \text{Body Mass Index} &= \frac{\text{Weight in kg}}{(\text{Height in Meter})^2} \\
 &= \frac{80 \text{ kg}}{(1.72)^2} \\
 &= 27.0
 \end{aligned}$$

BMI Categories

- ❖ Under Weight in = <18.5
- ❖ Normal Weight= 18.5 - 24.9
- ❖ Over Weight=25 - 29.9
- ❖ Obeshyz = BMI of 30 or greater.



Dr. Mir Md. Raihan

MBBS (DU,) CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

ID: 24020575

03-03-2024 13:03:59

Mr. *Adhinarayan*

Male 34 Years

HR : 100 bpm

P : 76 ms

PR : 120 ms

QRS : 108 ms

QT/QTc : 350/452 ms

P/QRS/T : 65/41/44 °

RV5/SV1 : 1.593/0.822 mV

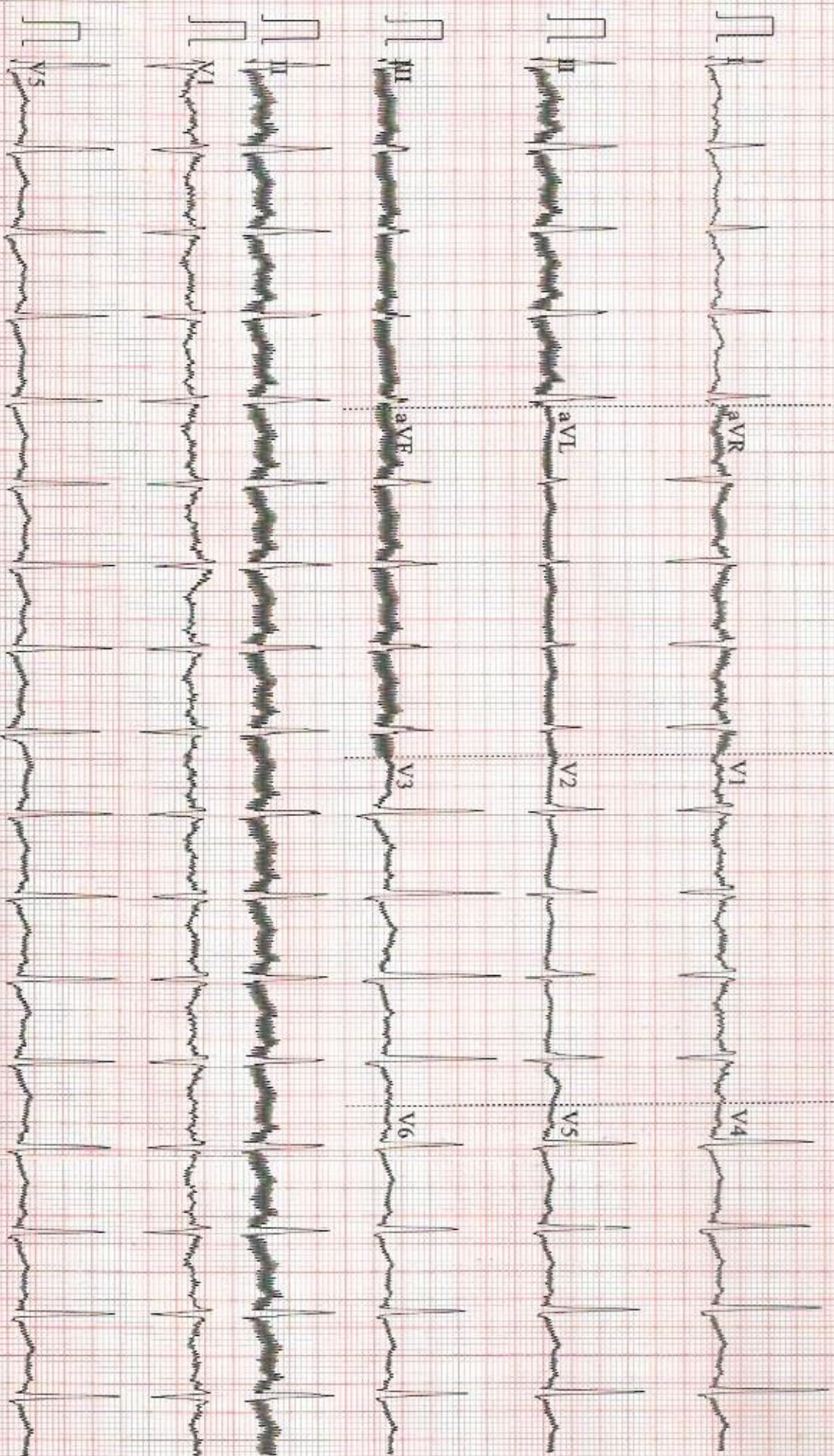
Diagnosis Information:

Sinus tachycardia

ST junctional depression is nonspecific

Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030044 Receive: Print: 03/03/2024
Patient's Name : MD ASHIQUR RAHMAN
Age : 34 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 100 b/min
Rhythm : Regular
P-Wave : Normal
P-R Interval : Normal
QRS Complex : Normal
ST. Segment : Is electric
T. Wave : Normal

Impression : Findings are within normal limit.

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

Patient's Name	:	MD ASHIQUR RAHMAN	ID NO	:	24030044
Age	:	34 Yrs	Date	:	03/03/2024
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygiene : Normal

Comments : Normal



Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT(opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

Patient ID	24030044	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	03/03/2024
Patient Name	MD. ASHIQUR RAHMAN		
Age	34 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.9cm, regular in shape and normal position. **The echogenicity of the parenchyma is increased** . Intrahepatic biliary channel are not dilated.

No focal lesion is seen.

GALL BLADDER : Normal in size & regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

PANCREAS :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (10.1 x 4.4)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.8 cm, LK-10.5cm regular in shape. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Normal in size and volume is 18.5 cc, regular in shape.

Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Fatty change in liver . Grade-2

AA 03.03.24
 Dr. Asma Ahmed
 MBBS,CMU,DMU
 PGT(Gynae & obs)
 Advanced Training on TVS
 Consultant Sonologist

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

This is to certify that MD ASHIQUR RAHMAN date of birth 30/11/1989 Sex MALE
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____
Whose signature follows _____
dont la signature suit _____
has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine' (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date 03 MAR 2024	Signature and professional Status of Vaccinator Signature et qualite profess- sionnelle vaccinateur	Approved Stamp Cachet d'authentification
1	DR. MIR. MD. RAHMAN MBBS (DU), DFM, CCD (Birtem), PGD (Ophth) BMDA-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Medical Hospital Limited	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part of it, may render it invalid.

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de la période de six mois suivant la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections partielles à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validité.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that MD ASHIQUR RAHMAN date of birth 30/11/1989 Sex MALE
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____
Whose signature follows _____
don't la signature suit _____
has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine' (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numé- ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
03 MAR 2024	 DR. MIR. MD. RAIHAN MBBS (D), DPM, CDD (Immun), PGD (CDD) BMD A-55144, MMC-BGD-015 DD Shik, ng Bangladesh Approved Line, Physician Rajshahi Medical Unit		
1			
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by 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 in days after the date of vaccination or in the event of a revaccination within such period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'organisation mondiale de la santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une ré vaccination, ou, à dix ans, le jour de cette ré vaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant que considérer comme tenant lieu de signature.

Toute érection ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il