

Medical Examination for Work permit Visa



Part A - Applicant's details

To be filled by the applicant before attending the medical examination. Please write neatly using BLOCK LETTERS.

1. Full Name
2. PP / IDC Number 3. Date of Birth
4. Nationality
5. Sex Male ☒ Female ☐
6. Marital Status Single ☐ Divorced ☐
Married ☒ Widow ☐

Applicant's medical history

1. Have you ever had any serious illness or major surgical operations?
2. Have you ever suffered from Tuberculosis?
3. Have you or has any member of your family suffered from TB, fits or epilepsy?
4. Have you ever been diagnosed with leprosy?
5. Have you or has any member of your family been diagnosed with Leprosy?

No	Yes
☒	☐
☒	☐
☒	☐
☒	☐
☒	☐

Applicant's Declaration

I declare the information provided on this form is correct and have answered all above, if I have given false or misleading information, I understand that my application may be rejected.

I consent to the facility passing on relevant sensitive information (including about my health) to the doctors who examined me, Ministry of Health, Health Protection Agency (HPA). The reasons for this release of information may include, but are not limited to, investigation and resolution of inconsistencies, complaints, audit recommendations or issues of public health concern.

Applicant's
Signature

Part B - Physical Examination - To be filled by the attending doctor

Date of Examination

1. Blood pressure Systolic Diastolic
2. Ophthalmic findings (This section to be completed only for relevant occupations)
- | | | |
|---|--|---|
| Right Eye | Without corr.
6/ 6 | With corr.
6/ |
| Left Eye | 6/ 6 | 6/ |
| Color perception ☐ | Normal ☒ | Partially CB ☐ Totally CB ☐ |
3. Leprosy Screening
- | | | |
|---|---|---|
| Loss of sensation in skin patches | No ☒ Yes ☐ | (If suspected, pls refer the patient to nearest dermatologist for confirmation) |
| Deformity of hands, feet and eyes due to previous leprosy infection | ☒ ☐ | |



Clinical Examination

	Normal	Abnormal
Cardiovascular	☒	☐
Respiratory System	☒	☐
Digestive Organs	☒	☐
Skeleton, Bones & joint	☒	☐
Mental Condition	☒	☐
Nervous System	☒	☐
Genitourinary System	☒	☐
Skin, Scar etc	☒	☐
Teeth	☒	☐
Hearing	☒	☐
Gum	☒	☐
If Pregnant, Period of Pregnancy	☐	☐

For any abnormalities / positive findings please describe here

No Restrictions

Part C - X-Ray Results

To be filled by the Radiographer

Hospital / Clinic X-Ray Number Date

Date	Month	Year
0	9	0
3	2	0
2	4	

Full name

MAHC
Registration Number

Radiographer's
Signature

Date

Date	Month	Year
0	9	0
3	2	0
2	4	

Radiological findings (to be reported by Radiologist / Pulmonologist / Physician)

Normal

Full name

MMDC
Registration Number

Signature

Date

Date	Month	Year
0	9	0
3	2	0
2	4	



Part D - Laboratory Examination Results

Blood Analysis

Hb 16 g/dl

TC 260 µl

Blood group (A / B / AB / O)
(*optional)

Positive Negative

☒ ☐

VDRL

HBsAg

HIV

HCV

Positive

Negative

☐☒☐☒☐☒☐☒

Urine Analysis

Albumin nil

Sugar nil

Laboratory Technologist's Declaration

I certify that I have confirmed the applicant's identity in terms of papers, photographs and appearance

Full name HATIM ALI

MAHC
Registration Number 115239

Laboratory Technologist's
Signature

Blood Sample Taken by: MD. SHAHABUDDIN RATAN

Date 09/03/2024

Full Name:

Designation: SAMPLE COLLECTOR

Signature:

Certification by Doctor

I certify that I have examined the above named person for the clinical examination and tests in part B, C & D and found that He / She is Fit / Unfit for employment in Maldives.

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

MMDC
Registration Number A-55144

Doctor's
Signature

Date 09/03/2024

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

Approved and Signed by

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

MMDC
Registration Number A-55144

Physician's
Signature

Date 09/03/2024

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



ID NO : 24030224

Date : 09/03/2024

Patient's Name : IKBAL HOSEN

Age : 34 Y10M 2D

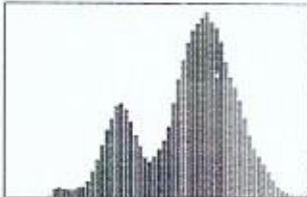
Ref. By : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM -EK 0542225

Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	16.6 g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	08 mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	9,600 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	81 %	(40 - 75)%	
Lymphocytes	14 %	(20-45)%	
Monocytes	03 %	(2-10)%	
Eosinophils	02 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	254 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	479,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	7.9 fL	7.0 -11.0 fL	
PDW-CV	15.9 %	10 - 18 %	
PCT	0.38 %	0.10 - 0.28	
P-LCR	14.2 %	9.00 - 45.00%	
P-LCC	68 x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	5.88 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	55.4 %	M: 40-54%, F: 37-47%	
MCV	94.3 fL	76-94 fL	
MCH	28.2 pg	27-32 pg	
MCHC	29.9 g/dL	29-34 g/dL	
RDW-SD	54 fL	30.0-57.0 fL	
RDW CV	17.3 %	10-16%	

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


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

Result

Invoice No : **DIA24030224** Bed/Ward No: **Outdoor** Inv.Date : 09-03-2024
Patient's Name : **IKBAL HOSEN** Age: 34Y 10M 2D Gender: Male
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
Plasma Glucose Random	5.0	mmol/L	<7.8
SGPT (ALT)	29.0	U/L	Up to 40

RADICAL

Checked By

[Signature]
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.

Invoice No : **DIA24030224** Bed / Ward: **Outdoor** Inv. Date : **09-03-2024**
Patient's Name : **IKBAL HOSEN** Age : **34Y 10M 2D** Gender: **Male**
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
Anti HCV (ICT Method)	Negative		
HBsAg (ICT Method)	Negative		
HIV 1/2 (ICT Method)	Negative		
VDRL	Non-Reactive		
Blood Group & Rh Factor			
Blood Group (ABO)	"AB"		
Rh Factor (D)	Positive		

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Patient's Name : **IKBAL HOSEN** Age : **34Y 10M 2D** Gender : **Male**
Ref. By : **Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine)**

Specimen | Blood



LABORATORY TEST REPORT

Test Name	Result	Unit	Normal Value
ICT FOR TUBERCULOSIS (TB)			
Mycobacterium Tuberculosis IgM	NEGATIVE		

Checked By

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Uttara Dhaka

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Invoice No	: DIA24030224	Bed / Ward No	:	Inv. Date	: 09-03-2024
Patient's Name	: IKBAL HOSEN	Age	: 34Y 10M 2D	Gender	: Male
Reff. By	: Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine) Associate Professor (Forensic Medicine Department)				
Specimen	: Urine				

URINE EXAMINATION 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	0-1	/HPF
Pus Cells	0-1	/HPF
Red Blood Cells (RBC)	Nil	/HPF
Calcium Oxalate	Nil	
Amorphous Phosphate Crystals	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.

DEPARTMENT OF RADIOLOGY & IMAGING

Id No. : 24030224

Print : 09/03/24 01:23 PM

Name : Ikbal Hosen

Age : 34Y 10M 2D

Sex:

Male

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY CHEST PA VIEW
Findings:

Position and outline of the trachea is normal.
 Both hemidiaphragms are normal in position, contour and definition.
 Area just below the diaphragm are normal.
 Heart is normal in transverse diameter.
 Roots of the great vessels are normal.
 Both lung fields are normal.
 Density, position and shape of the hila are normal.
 No hilar lymphadenopathy is noted.
 No mediastinal displacement is seen.
 Bony areas appear insignificant.
 Soft tissue of the chest cage showed no abnormality.

IMPRESSION: No significant abnormality noted.

Dr. Md. Razibul Bari

 Asst. Professor & Ex-Head Department of Radiology & Imaging, SSKMC
 MBBS. M. Phil (Radiology & Imaging) (BSMMU)

PhD, University of Tokyo, Japan

Advanced training in CT&MRI (University of Tokyo)

BMDC Reg.No: A41925 Mobile: 01711-115355

ID: 125

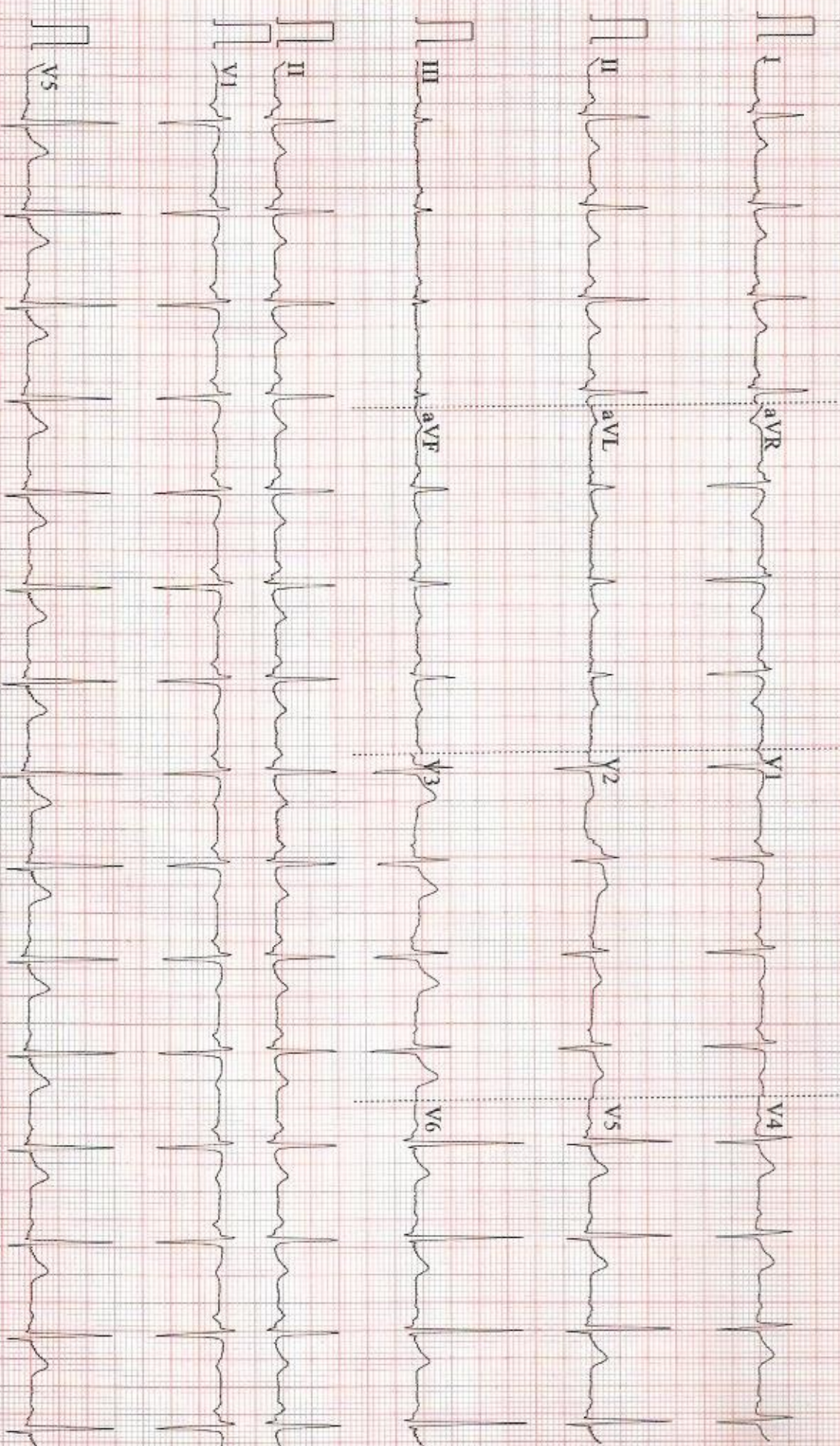
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EKML/H03017
Male 34 Years

HR	: 89	bpm
P	: 108	ms
PR	: 138	ms
QRS	: 82	ms
QT/QTc	: 342/417	ms
P/QRS/T	: 56/38/34	°
RV5/SV1	: 1.57/1.059	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s

10mm/mV

4*2.5s+3r

89

SE-1200Express V2.21

Glasgow V28.6.0

Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030224 Receive: Print: 09/03/2024
Patient's Name : **IKBAL HOSEN**
Age : 34Y 10M 2D Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 89 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

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