REPORT OF MEDICAL EXAMII As per Merchant Shipping (Medical Examinat	NATION O	F SEAFA	RER BY	AN APP	PROVED MED	ICAL EXAM	INER.
	IR MD. RAIHAI	G CHICH ISSUEL 3	10 to code 1/4	and ILO co	invention 147 (MLC 2	006)	
	ADICAL I			TED			
35 SHAH MAK	CHDUM A	AVENII	F LITTA	DA F	NUAKA 100	^	
TEL: +88027920116, +88 01	9555670	00 FM	L, UTTA ∆II · radi	ical b	OSPitolo@ve	U.	
HOCAM MI	CATTAT		C-		Serial No:	anoo.com	
Date of Birth: 12 / 12 / 1992	ime DD	Middle	Initial	<u>M</u>		معا محم	
Vessel: PIS SUMATERA	FF	Type: /	011 //HE	MICH	Rank:	3rd OFF	ICER
Vessel: PLS SUMATERA Home Address: ► HOUSE No: 07,	POAD NO	: 01,	RANAVOI	LA,	TURAS UT	MCK(I) MIT	DE DE
Company Name : BSM				-/-	, J	IIAKA, DH	AKA
Medical History	Please	answer th	e following	to the h	est of your know	urladaa	
Is there any past / present history of any of	Candidate Declaration	Examiner Record		to the b	escor your know	Candidate	Examiner
the following Severe one-sided headaches (Migraine)	Yes No	Yes No				Yes No.	Record Yes No
Head Injury / Concussion / Loss of Memmory Fits / Epilepsy / Dizziness / Fainting		7	Hemia / Hydrod High / Low blod	od pressure	/ Heart disease	2	-
Eye / Vision Problems (Glasses, etc.)	1	- 5	Asthama / Brond Allergy / Skin d	chitis / Tube	erculosis		
Hearing Impairment Ear / Nose / Throat problems	1	~	Infection / Cont	tagious Disc	sase	7	
Stomach / Bowel disorders Gall stones / Kidney disorders	V	-	Addiction to ale Fracture / Dislo	cation / Inti	s / tobacco ury / Amputation		
Jaundice / Liver Disease			Major / Minor O Diabetes	peration	- 7 7 Ton potation		
Piles / Varicose veins Blood Disorder	1	V	Nervous / Ment	al disease /	Sleep disorder	1	
Female Disorder Notes	-		Mallignant disea Signed off on m	ase (Cancer nedical group	r) nds / Declared Unfit		
Medical Examination							
Height Weight in Kgs Chest Insp-Exp	Blood Pressure		PulseBeats	/ min	Resp.Rate / min	General Condi	ion
21.06111 00000	120/80	1 1	783	min	195/2	LV	6
Right Eye	Field of Visi	ion -	Audiometry(Right Ear	Hz 500	1000 2000 3000	4000 5000	6000 8000
Left Eye Colour Vision Ishihara Normal	Abnormal Abno		Left Ear	dB 20	20 20 ·		
Other Normal	Abno	ormal	Hearing		Right Ear	Left e	ar
Systemic Examination Normal Abnorma	d .	No	tes	Name of	1	Normal	Abnormal
Eyes Ears / Nose / Throat	FIT FO	OR SEA	SERVIC	E	Respiratory system Cardiovasoular system	-	
Teeth / Oral Cavity		3RD 1			Per Abdomen Genito-urinary system	-	
Musculo-Skeletal system Nervous system		ER MLC			Others		
Reflexes Skin	The second secon		Medicals		Hemia / Hydrocoele Varicose Veins		
Investigations	Chilance	UMAND	ivienicais	done	Fissure/Fistula/Piles		
Blood Result	Nor	mal	Urine			-	18
Total WBC count 70.700 cu.mm	14-16 gm % 4000-11000 /	cu.mm	Colour Specific Gravity		Sho		
Platatral parasite	Ba O 0 %	M005 %	pH				
ESR		nr i	Albumin Sugar		NI	0	5 7
S.Cholesterol W. Eng/dl	943 U / L 145260 mg /	dl	Bile pigment Bile salts			63	7
S.Triglycerides Williams Find Find	upto 200 mg.	/dl	Occult blood				1
HbsAg HIV I & II	upto 125 mg 9	70	RBC cells Leucocytes	-	VÍ		
VDRI JOHN	2		Others		NIR!	D P	
Others Blood Group	GG	TP U/L	Spirometr	y:	10 STRAI	HCAL E	
ECG: Nonmy TMT:	-F17	\	Drugs of	NEW	* HOS	TALS T	
Y-Pay Chart 1	1 -1 -1		Abuse:	2	A Marie	100	
Result of Medical Examination	1 ches	dry	USG:		Nonm 100), A-53	
On the basis of the examinee's history, clinical exami	nation and diag	nostic tests	I Dr. MYD	MD Raiha	no bershild	16.	
Fit Unfit Temporarily unfit Remarks /	Permanently u		nould be re-exa		in , hereby declare t days / week	the examinee medi	cally
Recommendations		- 200				/	/
, Dector's Name: DR.MIR FID. RATHAN certify that all informations certificate is valid till: 2 4 MAR 20	nation required uni	der Annexure E	& F of M.S. (Med	dical Examin	nation) Rules 2000 is in	orporated in this Cert	ificate
Candidate's Signature Sarprod		Official	Stamp		Doc	tor's signature:	
Date: 25-03-2024		Scal Hos			DR. M	IR. MD. RA	AIHAN
2 5 MAR 2024	W. Wine	As Per-Mill	22008		DG Shipp	ng Bangladesh /	Approved
		Sangt	NOTE OF THE PERSON OF THE PERS		Radi	cal Hospitals Lim	ited

04.2024.6228



MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention. 2006.

Seafarer's Name :(Last, first, mid	Idle) HOSAIN MD. SAZ	2AT	Gender:
Date of Birth: (Day/month/year)	Nationality: BANGLADESH I	Place of Birth: NATORE	

Declaration of the recognized medical practitioner:

_	1.1 100		Yes	No
1	Identification documents were checked at the point of examination?		1	
2	Hearing meets the standards in STCW Code Section A-I/9?		~	-
3	Unaided hearing satisfactory?		V	1
4	Visual acuity meets the standards in STCW Code Section A-I/9?		1	
5	Colour vision meets the standards in STCW Code Section A-I/9?		1	
	Date of last colour vision test: 25	MAR 2024		
6	Fit for look-out duty?		1	
7	Is the seafarer free from any medical condition likely to be aggravated by s to render the seafarer unfit for such service or endanger the life of person	service at sea or	1	
8	No limitations or restrictions on fitness?	onodard,	-	
	If "no" specify limitations or restrictions			
9	Date of examination: (day/month/year)	2.5 MAR 20	74	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18		THOU	

25-03-2024

Date

Signature of Authorised Medical Practitioner 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

Medical Practitioner's Official stamp (name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer







MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION



RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

	ID. SAZZAT		Gender: Male/Female*
Date of Birth: day/month/year	Place of Birth:	Nationality: BANG(AD	1000 March 1000 F
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: EF0843173	Dept: Deck / Engine / Rank: 3 Yd OFF	Catering / others	Type of ship: OIL / CHEMICAL
Home Address: HOUSE: 07. 120AD: 01 RANAUOLA, TURAG, UTTARA			Trading area: e.g. coastal / worldwide

^{*}For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
Eye/vision problem		-	18. Sleep problem	100	
High blood pressure		-	19. Do you smoke, use alcohol or drugs?		
Heart/vascular disease		-	20. Operation/surgery	-	1
Heart Surgery		-	21. Epilesy/seizures	-	7
Varicose veins/piles			22. Dizziness/fainting	-	-6
Asthma/bronchitis			23. Loss of consciousness	-	- 2
7. Blood disorder			24. Psychiatric problems		1
8. Diabetes			25. Depression		7
Thyroid problem			26. Attempted suicide	1000	1
10. Digestive disorder			27. Loss of memory	-	
11. Kidney problem			28. Balance problem	2000	- (
12. Skin Problem		-	29. Severe headaches		7
13. Allergies			30. Ear(hearing, tinnitus/nose/throat problem		
14. Infectious / contagious diseases			31. Restricted mobility	W 1-E	Č
15. Hernia			32. Back or joint problem		- (
16. Genital disorder			33. Amputation		-
17. Pregnancy	7	10	34. Fracture/dislocations		

If you answer "yes" to any of the above questions, please provide details:



Additional questions	Vac	NI.
35. Have you ever been signed off as sick or repatriated from a ship?	Yes	No
36. Have you ever been hospitalized?		0
37. Have you ever been declared unfit for sea duty?		1
38. Has your medical certificate even been restricted or revoked?		1
39. Are you aware that you have any medical problems, diseases or illnesses?		1
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?		/
41. Are you allergic to any medication?		
42. Are you using any non-prescription or prescription medication?		/
5 my new prescription medication?		1

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

2 5 MAR 2024

Date

Sarrat

Signature of Seafarer

BMDC A-55144, MMC-BGD-016 ng Bangladesh Approved

MIR. MD. RAIHAN

Name and Signature of Witnessed

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to

Dr. MIRMD. PAIHON.

2 5 MAR 2024

Date

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A 55144 MMC-BGD-016 Shipping Bangladesh Approved ecolar transmiss i unued

Name and Signature of Witness



Part B – Res	ult of medic	al examinat	ions		
Eyesight Use of glasses	or contact le	nses			
No					
Yes T	уре		Purpose	*************	***********
Visual Acuity					
	Unaided			Aided	
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	666	64	Distant		
Near	N3-	N5-	Near		
isual fields					
	Norma	al	Defective]	
Right eye	_				
Left eye	_				
learing Pure	tone and a	udiometry (the	reshold values	in dB)	
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	
Right ear	20	20	20		
Left ear	20	22	20		
speech and w	hisper test (r	metres)			
	No	rmal	Wh	isper	
Right ear		Ч		4	
Left ear		y		9	
Clinical Findin	gs				
Height	170	(cm)	Weight	85 (kg)	
Pulse rate	(per	minute) 7	Rhythm	- (Ng)	eg nla
Blood Pressu	re Systolic (r	mm Hg)	20 Diastolic	(mm Hg) §	70 -
Urinalysis: G		Vi Protein		Blood: Ni	
		Norma	I Abnormal		
Head		Nomia			
Sinus, nose, t	throat		a Hospica		

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Mouth/teeth

Ophthalmananu			
Ophthalmoscopy Pupils			
Eye movement			
Lungs and chest	- NA		
Breast examination Heart	MA		
Skin			
Varicose Vein	<u></u>		
Vascular (inc. pedal pulse) Abdomen and viscera			
Hernia Hernia			
Anus (not rectal exam)			
G-U system			
Upper and lower extremities			
Spine (C/s, T/S, L/S)			
Neurologic (full/brief)			
Psychiatric General appearance			
hest X-ray Not performed		on (day/month/year): 2.5.MAR 2024	
Not performed	Results: .		
Not performed ther diagnostic test(s) and res	Results: .	Normal chest say	
est Blood Jorgan	Results: . sult(s):	Normal chest say	
Not performed ther diagnostic test(s) and resest.	Results: . sult(s):	Normal chest say	
Not performed ther diagnostic test(s) and resest. Blood Horring. Medical practitioner's comments	Results: . sult(s): s and assessi	Normal chest say	
Not performed ther diagnostic test(s) and resest. Blood Horizon. Medical practitioner's comments	Results: . sult(s): s and assessi	Results: Name of fitness, with reasons for any line	
Not performed Ther diagnostic test(s) and reservest Blood for the sest Blood for t	Results: . sult(s): s and assessi FIT FOR DUTY ce at sea (ple	Results: Normal chest way line to fitness, with reasons for any line to BOARD SHIP	nitations.
Not performed Ther diagnostic test(s) and reserved The diagnostic test(s) and reser	Results: . sult(s): s and assessi FIT FOR DUTY of the sonal declara	Results: Normal chest way nent of fitness, with reasons for any line N BOARD SHIP ase tick) on, my clinical examination and diagn	nitations.
Not performed Ther diagnostic test(s) and reservest Blood for the sest Blood for t	Results: . sult(s): s and assessi FIT FOR DUTY (ce at sea (ple sonal declara the seafarer r	Results: Normal chest way nent of fitness, with reasons for any line N BOARD SHIP ase tick) on, my clinical examination and diagn	nitations.
ther diagnostic test(s) and reservent medical practitioner's comments of the seafarer's personal sults recorded above, I declare Fit for look out duty	Results: . sult(s): s and assessi FIT FOR DUTY ce at sea (ple sonal declara the seafarer r Unfit for lo	Results: Name Communication and diagnedically:	nitations.
ther diagnostic test(s) and resest. Blood for the sest of fitness for serving the basis of the seafarer's persesults recorded above, I declare	Results: . sult(s): s and assessi FIT FOR DUTY ce at sea (ple sonal declara the seafarer r Unfit for lo	Results: Name Comment of fitness, with reasons for any line N BOARD SHIP ase tick) on, my clinical examination and diagnedically:	nitations.
ther diagnostic test(s) and reset	Results: . sult(s): s and assessi FIT FOR DUTY ce at sea (ple sonal declara the seafarer r Unfit for lo	Results: Name Communication and diagnedically: okout duty not required	nitations.
sessment of fitness for serving the basis of the seafarer's persesults recorded above, I declare Fit for look out duty Deck Engine	Results: . sult(s): s and assessi FIT FOR DUTY ce at sea (ple sonal declara the seafarer r Unfit for lo	Results: Normal American Results: Normal Ameri	nitations.
ther diagnostic test(s) and reset	Results: . sult(s): s and assessi FIT FOR DUTY ce at sea (ple sonal declara the seafarer r Unfit for lo	Results: Name Communication and diagnedically: okout duty not required	nitations.

Description of	restrictions (e.g. specific	position, type of ship, trading area etc.)	
Decomption of	restrictions (e.g. specific	position, type of snip, trading area etc.)	
		DR. MIR. MD. RAIHAN	
2 5 MAR 2024		MBBS (DU) DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved Georal Physician Endeal Hospitals Limited	
	Alle	General Physician Radical Hospitals Limited	
Date	Signature of Medical Practitioner	Medical Practitioner's name, licence number, ad	dres







Drug and Alcohol Screening Affidavit

CSC 04A

PART A - To be completed by Seafarer prior to Medical Examination and hand to Physician

Surname: HOSSAIN	First Name: MD. SA22AT				
Date of Birth (DD/MM/YY): 12/12/19	94	Address: H_ Street: R- 0	07	9	
Place of Birth: NATORE	City: LBNAUOCA, TULAG, Postal Code: 1230 Country: BANGLADESH				
Examination for duty as	Master	Officer	Engineer	Rating	Cadet
Please indicate the quantity of alcohol you consume weekly	Beer (litre) Wine (litre). Spirits (mea				
Note: Give a copy of this list to the Master upon joining the vessel.					
Have you ever been convicted of a charge involving illegal drugs?	Yes	(No)	(If Yes please	detail on the	reverse)
Have you ever been convicted of a drinking related incident?	Yes(A	(If Yes please		5/20/20/00/16/00
Have you ever received treatment for alcohol or drug dependence?	Yes((If Yes please		
Signed and Dated (by Seafarer)	Note: If circustatements,	mstances cha	nge with respe	ect to the abo	





Drug and Alcohol Screening Affidavit

CSC 04A

PART B - To be completed by Physician and Seafarer during Medical Examination

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Name, Address of Physician:

DR. MIR MD. RAIHAN; M.B.B.S.(D.U.)

REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE,

SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Signature of Physician

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Sirdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved General Physician

Regical Hospitals Limited

2 5 MAR 2024

Date:

Anti-Drug and Alcohol Abuse Affidavit

I hereby declare that I have not in the past or present used any prohibited substance, nor have I abused alcohol.

MD. SAZZAT

Examinee's Name & Signature

I hereby certify that the above examinee does not have any signs and symptoms of drug use and/or alcohol abuse.

Examining Physician's Signature DR. MIR. MD. RAITAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited

ORIGINAL TO BE RETAINED BY CREWING AGENCY





Drug and Alcohol Screening Results

CSC 04

Seafarer's Surname, First Name, Middle Name:

HOSSAIN MD. SAZZAT

Passport No.:

EF0843173

Seaman's Book No.:

C10/9153

Date of Birth:

12/12/1994

Medical Center Name:

REDICAL HOSPITALS LIMITED

Full Address:

35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.

Doctor's Name:

DR. MIR MD. RAIHAN

Drug and Alcohol Screening Limits and Results

Drug	Threshold Limit	Results
Marijuana	< 15 NG/ML	NEGATIVE
Cocaine	< 150 NG/ML	NEGATIVE
Opiates	< 300 NG / ML	NEGATIVE
Phencyclidine	< 25 NG / ML	NEGATIVE
Amphetamines	< 300 NG / ML	NEGATIVE
Benzodiazepine	< 200 NG/ML	NEGATIVE
Methaqualone	< 300 NG/ML	NEGATIVE
Barbiturates	< 200 NG/ML	NEGATIVE
Alcohol	< 0.04% BAC	NEGATIVE

To the best of my knowledge and belief as a result of this examination, the examinee has no visible or clinical signs of drug use and alcohol abuse or addiction.

Date

2 5 MAR 2024

Examined by (Name/Signature)

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.

Rev: 02

Page 1 of 1



ID NO : 24030684

Date: 25/03/2024

Patient's Name: MD.SAZZAT HOSSAIN

Age : 29Y 3M 13D

Ref. By

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/9153

Sex : Male

Specimen

: Blood

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

HAEMATOLOGY REPORT

161600000	DOMESTIC STREET			
Parameter	Re	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	13.5 07	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	10,100	/cumm	4,000 - 11,000 /cumm	
Neutrophils Lymphocytes Monocytes Eosinophils Basophil	65 27 05 03	% % % % %	(40 - 75)% (20-45)% (2-10)% (1-6)% 0-1 %	WBC CURVE
TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC) MPV PDW-CV PCT P-LCR P-LCC	303 259,000 13.2 17.6 0.34 48.3 125	/cumm /cumm fL % % x10^3/uL	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 % 0.10 - 0.28 9.00 - 45.00% 13 - 129 x10^3/uL	PLT CURVE
RBC COUNT HCT/PCV MCV MCH MCHC RDW SD RDW CV	5.38 45.1 83.8 25.2 30 50 17.7	m/ul % fL pg g/dL fL %	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL 27-32 pg 29-34 g/dL 30.0-57.0 fL 10-16%	RBC CURVE

Dr. Sumaiya Khatun MBBSMD (Gold Medilist) (BSMMU) Associate Professor Dept Of Microbiology East West Medical College & Hospital.





Bill No	DIA24030684	Received Date 25/03/2		2024	
Patient's Name	MD SAZZAT HOSSAIN				
Patient's Age	29Y 3M 13D	Patient's Sex			Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(I	BIRDEM),PGT(Eye),DFM	С	DC NO	C/O/9153
Sample	BLOOD				

BIOCHEMISTRY REPORT

Result	Reference Range
0.58 mg/dl	0.2 - 1.1 mg/dl
28 U/L	Up to 40 U/L
21 U/L	Up to 37 U/L
164 U/L	98 - 279 U/L
	0.58 mg/dl 28 U/L 21 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	DIA24030684	Received	Date 2	25/03/2	2024
Patient's Name	MD SAZZAT HOSSAIN		Date	-010012	-024
Patient's Age	29Y 3M 13D	P	atient's S	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC	C NO	C/O/9153
Sample	BLOOD				0.017155

SEROLOGICAL REPORT

Test Name Result

HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

RADICAL

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	DIA24030684	Received D	ate 25/03/2	2024
Patient's Name	MD SAZZAT HOSSAIN		20,00,	
Patient's Age	29Y 3M 13D	Pat	ient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFM	CDC NO	C/O/9153
Sample	BLOOD			C/O//133

CHEMICAL TEST

TEST NAME

RESULTS

CARCINOGENIC	NORMAL
ISOCYANATE	NORMAL
VINYL ACETATE	NORMAL
EPICHLOROHYDRIN	NORMAL
PHENOLS CRESOLS	NORMAL

RADICAL

Checked By

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



Bill No	DIA24030684	Received	Date	25/03/2	2024
Patient's Name	MD SAZZAT HOSSAIN				
Patient's Age	29Y 3M 13D	P	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFM	CI	OC NO	C/O/9153
Sample	URINE				

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/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	
	ML	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. Surnaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital.



DIA24030684	Receive	Received Date 25/03/2		2024
MD SAZZAT HOSSAIN				
29Y 3M 13D		Patient's	Sex	Male
Dr. Mir Md. Raihan MBBS,(DU),CCE	(BIRDEM),PGT(Eye),DFM	1 C	DC NO	C/O/9153
URINE			-	
	MD SAZZAT HOSSAIN 29Y 3M 13D Dr. Mir Md. Raihan MBBS,(DU),CCD	MD SAZZAT HOSSAIN 29Y 3M 13D Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	MD SAZZAT HOSSAIN 29Y 3M 13D Patient's Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C	MD SAZZAT HOSSAIN 29Y 3M 13D Patient's Sex Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO

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	

Propoxyphene Negative

Checked By

Medical Technologistal Radical Hospital Ltd.

Alcohol

Methadone

Benzodiazepines

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

Negative

Negative

Negative



Date: 25/03/2024

EYE EXAMINATION REPORT

NAME:	MD SAZZAT HO	OSSAIN		
AGE:	29 YRS		RANK: 3 RD OFF	CDC NO:C/O/9153
VISUAL ACUITY:		RIGHT	LEFT	
		616	6/6	

UNAIDED

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. : 24030684 Receive:25/03/2024 Print: 25/03/2024

Patient's Name : MD SAZZAT HOSSAIN

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 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

AUDIOLOGICAL REPORT

Patient Name : MD SAZZAT HOSSAIN

25/03/2024

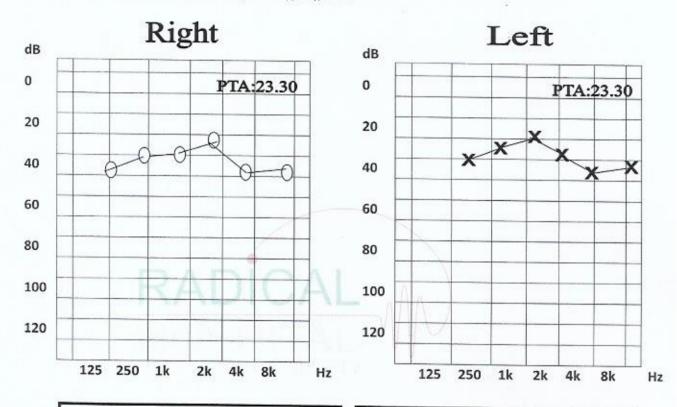
Age

: 29 Yrs

s 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		
	Right Ear	Left Ear
Air MaskingOX		
Bone Masking $\Delta\Delta$		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.