

SEAFARER'S MEDICAL EXAMINATION REPORT/ CERTIFICATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006.



SURNAME: **DAS** GIVEN NAME (S): **SAFAN CHANDRA**

NATIONALITY: **BANGLADESHI** ID DOCUMENT NO: **C/014645**

DATE OF BIRTH: **10 08 1983** PLACE OF BIRTH: **CUMILLA** SEX: ☒ MALE
MONTH DAY YEAR CITY COUNTRY: **BANGLADESH**

EXAMINATION FOR DUTY AS:
MASTER ☐
DECK OFFICER ☐
ENGINEERING OFFICER ☐
RADIO OFFICER ☐
RATING ☐
MAILING ADDRESS OF APPLICANT:
VILL - SURICHO, P.O - KADBA
P.S - BARURA DIST - CUMILLA
BANGLADESH



DECLARATION OF APPROVED MEDICAL PRACTITIONER:
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: ☒ YES ☐ NO

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

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
165cm	82kg	120/80mm	78b/min	14b/min	Good

VISION:	RIGHT EYE	LEFT EYE	HEARING:	RIGHT EAR	LEFT EAR
WITHOUT GLASSES					
WITH GLASSES	6/6	6/6	NAD	NAD	NAD

COLOR TEST TYPE: BOOK ☒ LANTERN ☒ CHECK IF COLOR TEST IS ☒ YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒
NORMAL

DATE OF LAST COLOR VISION TEST: **05 APR 2023**

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) **Normal**
IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? **Yes**

EXTREMITIES: UPPER **Normal** LOWER **Normal**

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO REQUIREMENTS? 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 ☐

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☒

SIGNATURE OF APPLICANT: **[Signature]** DATE: **05 APR 2023**

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

SAFAN CHANDRA DAS.

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE:

NAME OF APPLICANT

HEARING MEETS THE STANDARDS IN SECTION A – 1/9:

YES ☒ NO ☐

UNAIDED HEARING SATISFACTORY:

YES ☒ NO ☐

VISUAL ACUITY MEETS STANDARDS IN SECTION A – 1/9:

YES ☒ NO ☐

COLOUR VISION MEETS STANDARDS IN SECTION A – 1/9:

YES ☒ NO ☐

TICK APPROPRIATE CHOICE: ☒ HE / ☐ SHE IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ ELECTRICAL ENGINEER (ELECTRICIAN) / ☐ RATING ☒ WITHOUT ANY / ☐ WITH THE FOLLOWING RESTRICTIONS:

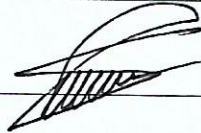
NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS.(DU), DFM, Reg: A-55144

ADDRESS OF MEDICAL CENTER: RADICAL HOSPITALS LIMITED, 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: _____



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.

DATE OF EXAMINATION: 05 APR 2023

EXPIRY DATE OF CERTIFICATE: 04 APR 2025

SEAFARER ACKNOWLEDGEMENT:

SAFAN CHANDRA DAS.

I, _____ (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.



MEDICAL REQUIREMENTS

This physical examination must be carried out not more than 24 months prior next medical check for a seafarer older than 18 years old and considered to be fit for duty without any restrictions. In case of any restriction found not preventing seafarer to fulfill his duties this physical examination should be carried out not more than 12 months prior next medical check. The examination shall be conducted in accordance with the international Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO 73/WHO/D.2/1997, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006. 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 (4.57m) and in poorer ear at 5 feet (1.52m).
- 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. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
 - 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. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. 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/ Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- f) Vaccinations
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- g) Diseases and Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acenereal disease or neurosyphilis, AIDS, and/or the use of narcotic. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food – related areas until symptom-free for at least 48 hours.
- h) Physical Requirements
 - Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/ navigational officer's certificate.
 - Applicants for fireman/ water tender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE

The seafarer must retain the original of the "Medical Examination Report/ Certificate" 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 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 a form similar or identical to the model provided – Medical Exam Form).

05 APR 2023



DR. MIR. MD. RAIHAN pg. 3
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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MEDICAL CERTIFICATE SEAFARERS

with the requirement of the STCW Convention, 1978 as amended and Maritime Labour Convention 2006

SURNAME: DAS		GIVEN NAME: SAFAN CHANDRA	
DATE OF BIRTH DAY 08 MONTH 10 YEAR 1983		PLACE OF BIRTH CITY CUMILLA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐		MAILING ADDRESS OF APPLICANT VILL - SURICHO, PO - KADBA DEORA PS - BARURA. DIST - CUMILLA BANGLADESH.	

VISION		COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE		6/6	☒ BOOK ☒ LANTERN YELLOW MBD RED MBD GREEN MBD BLUE MBD	RIGHT EAR MBD
LEFT EYE		6/6		LEFT EAR MBD

Confirmation that identification document were checked at the point of examination: YES ☐ NO ☐

Hearing meets the standards in STCW code, Section A-1/9 YES ☒ NO ☐ NOT APPLICABLE ☐

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) **05 APR 2023**

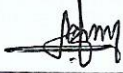
Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping: YES ☐ NO ☐

Is applicant taking any non-prescription of prescription medications? YES ☐ NO ☒

Is the seafarers free from any medical condition likely to be aggravated by service at sea or 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: **SAFAN CHANDRA DAS.** Date: **05 APR 2023**

CIRCLE APPROPRIATE CHOICE (HE/SHE) IS FOUND TO BE (FIT/NOT FIT) FOR DUTY AS A (MASTER/ DECK OFFICER/ 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**
ADDRESS: **RADICAL HOSPITAL LIMITED URRARA, DHAKA-1230, BANGLADESH**
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH**
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06 MAY 2014**

SIGNATURE OF PHYSICIAN:  STAMP OF PHYSICIAN: DATE: **05 APR 2023**

EXPIRY DATE OF CERTIFICATE: This certificate is valid upto one contract one year **04 APR 2024**

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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CHEMICAL BLOOD SCREENING CERTIFICATE

Seafarer's Information	
Seafarer's Name (Last, First, Middle) DAS, SAFAN, CHANDRA	Sex (Male/Female) MALE
Date of Birth (Day/Month/Year) 08/10/1983	Nationality BANGLADESHI

This is to confirm that the above-mentioned seafarer will be sailing / have sailed* onboard ASP Ship's Group managed chemical Carriers has undergone a complete chemical blood screening to provide any signs on chemical exposure either,

☒ Prior to joining vessel

☐ After signing off from chemical cargoes carried onboard (see attached form V-CCH-003 – Blood Test for Chemicals')

Declaration of the recognized medical practitioner			
	Yes	No	N/A
1 Identification documents were checked at the point of examination?	☒	☐	☐
2 All values within reference level?	☒	☐	☐
If "No", please specify.			
3 Is the seafarer free from any medical condition (Based only on the Chemical Blood Screening) likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person on-board?	☒	☐	☐
4 Date of chemical blood test (Day/Month/Year)	05 APR 2023		
5 Expiry of certificate (Day/Month/Year)**	04 APR 2024		
** Maximum one year validity from date when tests have been taken			

Seafarer has been found fit / unfit* for service at sea:

(Specify Rank)

DR. MIR. MD. RAIHAN
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General Physician
Radical Hospitals Limited.

05 APR 2023

Date/ Place

Signature of Authorised Person

Official Stamp of Issuing Authority
(Name, Address etc.)

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

FOR SEAFARER

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

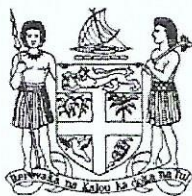


Signature of Seafarer

A medical examination report containing the medical history, clinical findings and other diagnostic tests and results of the seafarer is contained in a separate document.

If you are sick for more than 30 days or your medical fitness changes significantly during your leave, you should contact an approved doctor (preferably the one who issued the certificate) for medical review and inform your local crewing office.





GOVERNMENT OF THE FIJI ISLANDS

IMMIGRATION DEPARTMENT

MEDICAL REPORT FORM



IMPORTANT NOTES

1. This medical certificate form must be completed in English by a Registered Medical Practitioner for each person applying to stay in the Fiji Islands for more than 6 months.
2. This certificate must be under 3 months old at the time of lodgement.
3. Each applicant must produce evidence of identification, such as passport, to the Medical Examiner.
4. Fees for the medical examination are payable by the applicant or their sponsor.

PART VIII : PERSONAL DETAILS OF THE APPLICANT

1. Name(s) as shown in the passport:

DAS (Surname) **SAFAN CHANDRA** (Given names)

3. Gender: Male ☒ Female ☐

4. Date of birth:

08/10/1983

5. Nationality as on passport: **BANGLADESHI**

6. Passport number: **EH 0120868**

7. Give reasons why you need to do this medical examination:

JOINING SHIP

SECTION A: APPLICANT'S MEDICAL RECORDS

1. Has the applicant ever been hospitalized or undergone surgery of any kind: Yes ☐ No ☒
2. Has the applicant ever been refused employment, insurance, military service or entry to another country on medical grounds: Yes ☐ No ☒
3. Does the applicant have any history of dependency on drugs, alcohol or other controlled substances: Yes ☐ No ☒
4. Has the applicant or any member of his/her family ever suffered from any mental disorder, fits or epilepsy: Yes ☐ No ☒
5. Has the applicant ever suffered from the HIV/AIDS syndrome or any other sexually transmitted disease: Yes ☐ No ☒

If Yes to any of the above, please give details and dates:

SECTION B: EXAMINATION RESULTS

1. Heart:

Normal



2. Lungs: Normal
3. Kidney: Normal
4. Liver: Normal
5. HIV and STD Tests: Negative
6. X-Ray: Normal

7. Other observations found not normal, e.g. diabetic, high blood pressure, pregnancy, etc.

PART X: APPLICANT'S DECLARATION

- I declare that the details given by me on this form to the medical examiner are true and correct in every respect,
- I agree that I will undergo, at my expense, any further medical examinations that may be required by the Immigration Department.
- I authorise that the medical examiner who completes this form to release to Immigration Department, or its medical consultants, any information acquired with regard to this examination.

SIGNATURE OF APPLICANT:

[Signature]

DATE: 05 APR 2023

SIGNATURE OF EXAMINER AS WITNESS:

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

PART X: MEDICAL EXAMINER'S DECLARATION

- I have confirmed the identity of the applicant from his/her passport, identification papers and appearance.
- I am satisfied that the particulars submitted by the applicant are true and correct.
- The statements made by me in answer to all questions in this form are true to the best of my knowledge and belief.
- I agree that all the information contained in this form is for the use of the Immigration Department and/or its medical consultants and shall not be released to anyone else.
- I certify that the applicant is medically fit/not medically fit to work and reside in Fiji.

SIGNATURE OF MEDICAL EXAMINER: [Signature]

DATE: 05 APR 2023

COMPANY STAMP/SEAL:

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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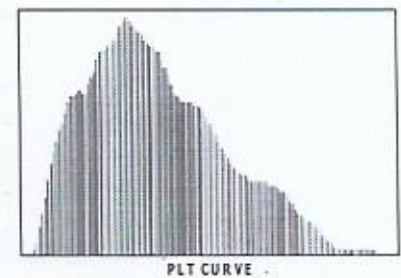
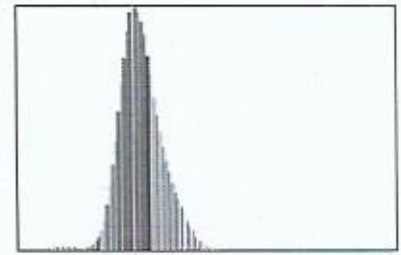
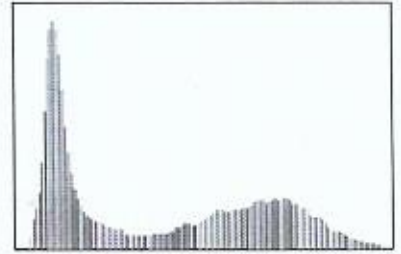


Id No : 0091 **Date** : 05-Apr-2023 **D.Date** : 05-Apr-2023
Patient's Name : SAFAN CHANDRA DAS **Age** : 39Y 7M 26D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 4645

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.5 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)	10,900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	56 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	39 %	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	218 /cumm	50-450/cumm
Total RBC Count	5.44 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41.6 %	M: 40-54%, F:37-47%
MCV	76.5 fL	76 - 94 fL
MCH	26.7 pg	27 - 32 pg
MCHC	34.9 g/dL	29 - 34 g/dL
RDW	13.6 %	11 - 16 %
PDW	15.5 fL	35 - 56 fL
Total Platelete Count (PC)	1,41,000 /cumm	150,000-450,000/cumm
MPV	12.1 fL	7.0 - 11.0 fL
PCT	0.159 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Clotting 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	DIA23040091	Received Date	05/04/2023
Patient's Name	SAFAN CHANDRA DAS		
Patient's Age	39Y 7M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4645
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Fasting Blood Sugar (FBS)	4.9 mmol/l	4.2 – 6.4 mmol/l
Serum Cholesterol	163 mg/dl	up to 200 mg/dl
Serum Triglyceride	139 mg/dl	upto 220 mg/dl

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICAL

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23040091	Received Date	05/04/2023
Patient's Name	SAFAN CHANDRA DAS		
Patient's Age	39Y 7M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4645
Sample	BLOOD		

SEROLOGICAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
VDRL	Non-reactive
HCV (Method : (ICT)	Negative

BLOOD GROUPING Result

ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23040091	Received Date	05/04/2023
Patient's Name	SAFAN CHANDRA DAS		
Patient's Age	39Y 7M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4645		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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 Hospitals Ltd.

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

Bill No	DIA23040091	Received Date	05/04/2023
Patient's Name	SAFAN CHANDRA DAS		
Patient's Age	39Y 7M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4645		
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic 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 Hospitals Ltd.

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Bill No	DIA23040091	Received Date	05/04/2023
Patient's Name	SAFAN CHANDRA DAS		
Patient's Age	39Y 7M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4645
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 Hospitals Ltd.


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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23040091	Receive: 05/04/2023	Print: 05/04/2023
Patient's Name	: SAFAN CHANDRA DAS		
Age	: 40 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: 58

Saban Chandra M
Male 40 Years

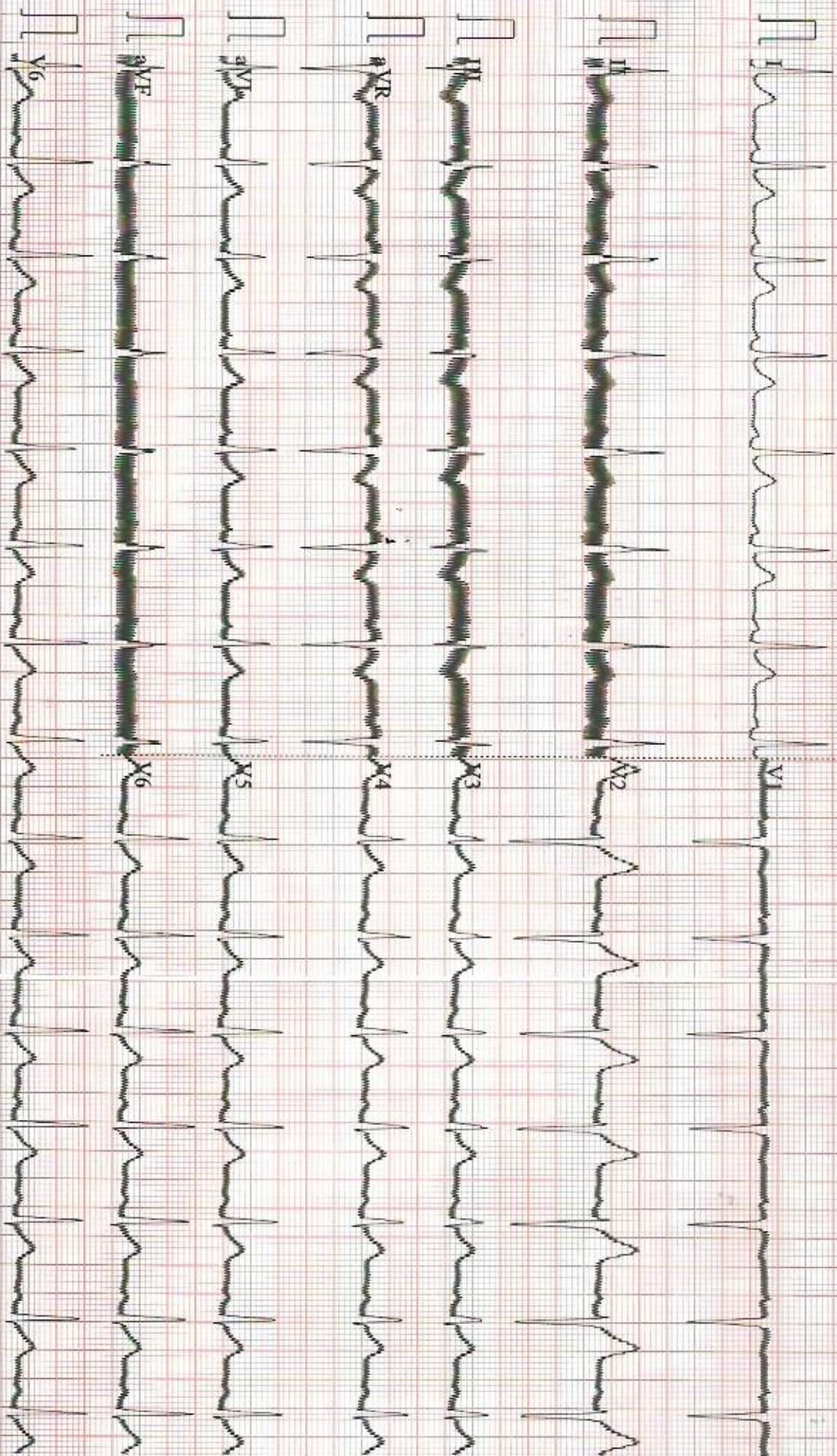
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HR	: 87	bpm
P	: 108	ms
PR	: 162	ms
QRS	: 96	ms
QT/QTc	: 328/395	ms
P/QRS/T	: 24/28/0	°
RV5/SVI	: 1.042/1.320	mV

Diagnosis Information:

Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23040091 Receive: Print: 05/04/2023
Patient's Name : **SAFAN CHANDRA DAS**
Age : 40 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 87 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

Date: 05/04/2023

EYE EXAMINATION REPORT

NAME:	SAFAN CHANDRA DAS		
AGE:	40 YRS	RANK: 2 ND ENG	CDC NO: C/O/4645

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6 6/6

COLOUR VISION: NORMAL / ~~BLIND~~OPINION : UNEFT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

Patient's Name	:	SAFAN CHANDRA DAS	ID NO	:	23040091
Age	:	40 Yrs	Date	:	05/04/2023
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), CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

Patient's Name	: SAFAN CHANDRA DAS	Date	: 05/04/2023
Age	: 40 Yrs	CDC NO:	C/O/4645
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

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



Patient's Name	: SAFAN CHANDRA DAS	ID NO	: 23040091
Age	: 40 Yrs	Date	: 05/04/2023
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

Checked By

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

AUDIOLOGICAL REPORT

Patient Name : SAFAN CHANDRA DAS

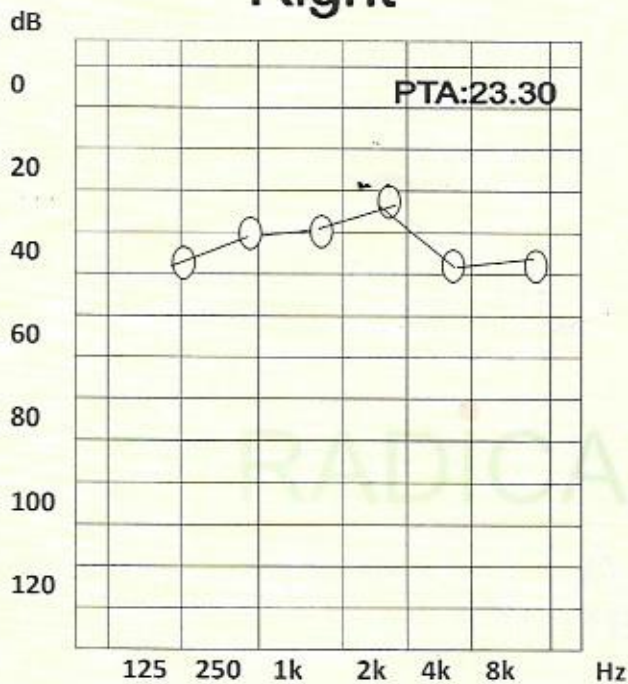
05/04/2023

Age : 40 Yrs

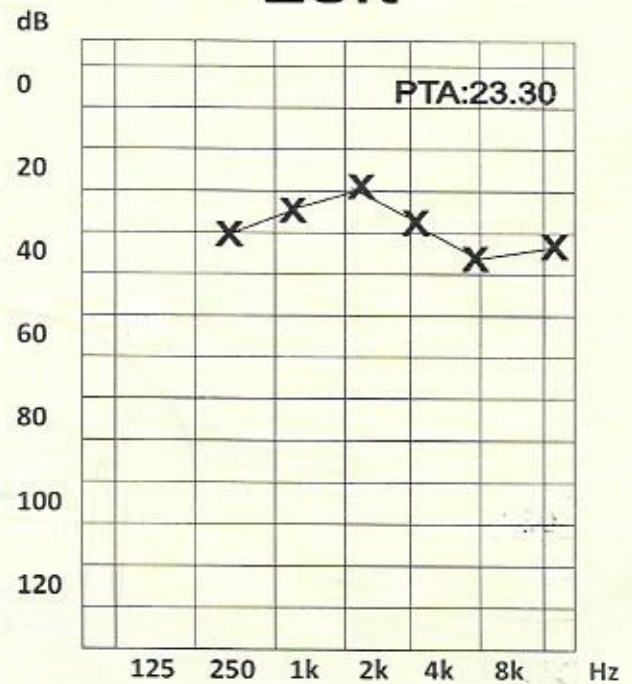
Address : RHL, UTTARA

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

Right



Left



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.