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 MAKDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: HOSSAIN (Surname) MOHAMMAD (First Name) MANIR (Middle Initial) Sex: M Serial No:

Date of Birth: 01 / 01 / 1993 PP/CDC: C/0183223 Rank: 3E

Vessel: CAPITAINE BARET Type: CONTAINER Route: WW.

Home Address: VIL: SOUTH NEAZPUR, P.O: SILONIA BAZAR, P.S: DAUDKHUIYAN, DIS: FENI

Company Name : NAPTUNE LINE

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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addicition 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		✓		✓	Mallignant 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
168 cm	68 kg	43-41 cms	120/80 mmHg	76 b/m	19 b/m	Good

Distant Vision	Uncorrected	Corrected	Field of Vision
Right Eye	6/6		Normal
Left Eye	6/6		Abnormal

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Hearing	Right Ear	Left ear

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS 3/E
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	15.4 gm%	14-16 gm %
Total WBC count	6,200 cu.mm	4000-11000 / cu.mm
	Neu 60 % Lymp 35 % Eos 02 Ba 00 % Mo 02 %	
Malarial parasite	Not Found	
ESR	05 mm / 1st hour	1- - 15 mm / hr
SGPT	20 U/L	9--43 U / L
S.Cholesterol	163 mg/dl	145--260 mg / dl
S.Triglycerides	139 mg/dl	upto 200 mg /dl
Blood Sugar	RBS 6.0 FBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Not Reactive	
Others	GGTP U/L	
Blood Group	B+VE	

Urine	
Colour	Clear
Specific Gravity	Nil
pH	N
Albumin	N
Sugar	N
Bile pigment	N
Bile salts	N
Occult blood	N
RBC cells	N
Leucocytes	
Others	

ECG : Normal **TMT:** Normal

X-Ray Chest: Normal

Spirometry: N/D

Drugs of Abuse: Negative

USG:

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: 28 APR 2025

Candidate's Signature

Date: 29 APR 2023

Official Stamp: Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

Doctor's signature:

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.

04.2023.3830

ANNEX C

MPA
SINGAPORE

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, middle*) HOSSAIN MOHAMMAD MANIR		Gender: M Male/Female*
Date of Birth: (*Day/month/year*) 01.01.1993	Nationality: BANGLADESH	Place of Birth: FENI

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	✓	
2	Hearing meets the standards in STCW Code Section A-I/9?	✓	
3	Unaided hearing satisfactory?	✓	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	✓	
5	Colour vision meets the standards in STCW Code Section A-I/9?	✓	
	Date of last colour vision test: 29 APR 2023		
6	Fit for look-out duty?	✓	
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	✓	
8	No limitations or restrictions on fitness?	✓	
	If "**no**" specify limitations or restrictions		
9	Date of examination: (*day/month/year*) 29 APR 2023		
10	Expiry of certificate: (*day/month/year*) ** *Maximum two years from date of examination unless the seafarer is under the age of 18* 28 APR 2025		

29 APR 2023

DR. MIR. MD. RAIHAN
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Radical Hospitals Limited.

Date	Signature of Authorised Medical Practitioner	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

* delete as appropriate

Radical Hospitals Ltd. As Per MLC-2006 Approved by Department of Shipping

SEAFARER MEDICAL CERTIFICATE – March 2020

04.2023.3830

ANNEX B

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

MPA SINGAPORE

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

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

Seafarer's Name :(*Last, first, middle*) (BLOCK CAPITALS) HOSSAIN MOHAMMAD MANIR		Gender: M Male/Female*
Date of Birth: day/month/year 01.01.1993	Place of Birth: FENI	Nationality: BANGLADESH
Type of ID documents: NRIC No. / Passport No.: A05680489	Dept: Deck / Engine / Catering / others Rank: 3E	Type of ship: CONTAINER
Home Address: SOUTH NEALPUR, SILONIA, DAGON BHUIYAN, FENI	Routine and emergency duties: AS 3E JOB.	Trading area: e.g coastal / world wide

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

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

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

Additional questions

	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		✓
36. Have you ever been hospitalized?		✓

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37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even been restricted or revoked?		✓
39. Are you aware that you have any medical problems, diseases or illnesses?		✓
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
41. Are you allergic to any medication?		✓
42. Are you using any non-prescription or prescription medication?		✓

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.

29 APR 2023

Date | Signature of Seafarer | Name and Signature of Witness

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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General Physician
Radical Hospitals Limited.

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. _____.

29 APR 2023

Date | Signature of Seafarer | Name and Signature of Witness

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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Part B – Result of medical examinations

Eyesight
Use of glasses or contact lenses

☑ No

☐ Yes Type …….. Purpose ……..

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant		
Near	6/6	6/6	Near		

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision *(please tick)*

☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	168 (cm)		Weight	68 (kg)	
Pulse rate	(per minute)	78	Rhythm		Regular
Blood Pressure Systolic	(mm Hg)	120	Diastolic	(mm Hg)	80
Urinalysis:	Glucose : Nil	Protein: Nil		Blood: Nil	

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	

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Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
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	✓	

Chest X-ray

☐ Not performed ☑ Performed on (day/month/year): 29 APR 2023

Results: Normal chest xray

Other diagnostic test(s) and result(s):

Test ..... Results: .....

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea *(please tick)*

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

☑ Fit for look out duty ☐ Unfit for lookout duty

☐ Visual aid required ☑ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit				
Unfit				

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☑ Without restrictions ☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

29 APR 2023

Date

Signature of Medical Practitioner

DR. MIR. MD. RAIHAN
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Radical Hospitals Limited.

Medical Practitioner's name, licence number, address

****

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GLOBAL OCEAN SHIPPING SERVICES LTD.

GOSSL	Revision No:	00
	Issue Date:	18.03.2018
	Page	Page 1 of 3
Crew Manning Agency Quality Manual (FORM)		GOSSL-F-12

Part A. APPLICANT'S PARTICULARS

Name in Full (as in Passport, BLOCK LETTERS): MOHAMMAD MANIR HOSSAIN .					
Address: SOUTH NEALPUR, WARD 2, DAGONBHUIYAN, SUNIA, FENI					Tel No: 01670491779
Passport No: A05680489	Date of Birth: 01.01.1993	Country of Birth: BANGLADESH	Nationality: BD .	Sex: Male/Female	Dept: Deck/Engine Rank: 3E

PART B. APPLICANTS DECLARATION (Please tick)

1. Have you Ever had	yes	No	If Yes give description
a. Occasions to be admitted to hospital for whatever reason at all in the past?		✓	
b. an Operation?		✓	
c. an accident needing hospital treatment?		✓	
d. Tuberculosis or abnormal chest X-ray?		✓	
e. sexually transmitted disease? (e.g. Syphilis, gonorrhea, aids,etc)		✓	
f. mental ill ness like depression,schizophrenia, other psychosis or neurosis?		-	
g. convulsions, fits or epilepsy?		✓	
h. ear or hearing problem?		✓	
i. high blood pressure?		✓	
j. chest pain at rest or on exertion, or other heart trouble?		✓	
k. asthma or wheezing attacks, or pneumothrox (air in the chest)?		✓	
l. stomach/duodenal ulcer,'gastric', blood in the vomit or stool?		✓	
m. kidney disease or problem passing urine?		✓	
n. pain in the spine ,back or any joint?		✓	
o. occasion to wear contact lens or glass?		✓	
p. allergic reactions to food or drugs etc?		✓	
q. diabetics or sugar in the urine?		✓	
2. Social habits- Do you take alcohol, drug or smoke?		✓	
3. Has any member of your family or relative ever had mental illness,epilepsy,blood disorder,diabetics, tuberculosis, heart trouble or any other disorder?		✓	
4.Have you had any medical attention (e.g. consulted a doctor for anything at all during the last 12 months?		✓	
5. Do you have a medical or other condition not already mentioned above?		✓	

I declare that the information given above is correct to the best of my knowledge. I consent to the examining doctor to endorse my medical information on the Medical fitness certificate.(To be signed only in the presence of the examining doctor.)

Date 29 APR 2023

Signature of the Applicant

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

PART B. RESULTS OF EXAMINATION:

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1.Height/Weight		meters		Kilos		
2.Hearing		NAD			Right Left	
3. Eyesight (with out aids)		Right		Left		
Eyesight (with aids)		Right	6/6	Left	6/6	Colour vision
4. Urinalysis		Microscopy	NIL	Sugar NIL		Albumin NIL
5. Full Blood count		Hb 15.4		WBC	6600	Pltelts 150000
6. VDRL		Negative		Positive		
7. Chest X-ray (last X-ray within 2 months)		Normal		Abnormal		
8. Electrodiagram (ECG) (EDG)		Normal		Abnormal		
9.Pulse		Per min	78 b/m.			
10. Blood Pressure		mmHg	120/80 mm.			
11. cardiovascular system		Normal		Abnormal	If abnormal give details	
12. Respiratory system		Normal		Abnormal	If abnormal give details	
13. central nervous system		Normal		Abnormal	If abnormal give details	
14.Digestive system		Normal		Abnormal	If abnormal give details	
15.Gastrointestinal system (e.g.hernia)		Normal		Abnormal	If abnormal give details	
16. Locomotor system (e.g Spine and limbs)		Normal		Abnormal	If abnormal give details	
17.Intelligence, mental state		Normal		Abnormal	If abnormal give details	
18.Physique- Deformities		Normal		Abnormal	If abnormal give details	
19. Skin (including varicosities)		Normal		Abnormal	If abnormal give details	
20. Urogenital system (e.g hydrocoele)		Normal		Abnormal	If abnormal give details	
21. Endocrine system(e.g. Thyroid)		Normal		Abnormal	If abnormal give details	
22. Mouth/teeth		Normal		Abnormal	If abnormal give details	
23. Ears/nose/Throat		Normal		Abnormal	If abnormal give details	
24.Eyes		Normal		Abnormal	If abnormal give details	

C. DOCTOR'S REMARKS:

FIT/UNFIT subject to the following restrictions

Date: 29 APR 2023

Signature of the Approved medical practitioner

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.

PART C: **Medical Fitness certificate**

Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

MEDICAL FITNESS CERTIFICATE

NAME IN FULL: MOHAMMAD MANIR HOSSAIN

SEAMAN BOOK NO/PP NO. C1018323

I certify that have examined the person named above to the Medical Standards of the .....
And have found * him/her *FIT/UNFIT.

Remarks If any:

.....

.....

Signature And Name of Approved Medical Practitioner

Date of Examination ..... 29 APR 2023

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

Registered Number: .....

Official Stamp:

- Delete as appropriate

This Certificate Has been issued in accordance with following:

- STCW95/2010 Regulation A-I/9 - Medical Status – Issue and Registration of Certificates, and Section – B-I/9 Paragraph 11 "Notwithstanding this position, the Administration may require higher standards then those given in table – B- I/9 -1 or – B- I/9-2 below"
- ILO/WHO/A. 2/1997- Guidelines for the medical fitness review of seafarers previous to embankment and periodic , of the international Labour Organization (ILO) and the World Health Organization (WHO)

Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

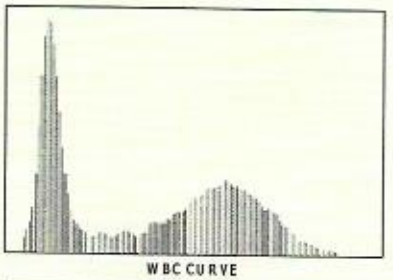
RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Id No	: 0680	**Date :** 29-Apr-2023	**D.Date :** 29-Apr-2023
Patient's Name	: MOHAMMAD MANIR HOSSAIN	**Age :** 30Y 3M 28D	**Gender:** Male
Specimen	: Blood		
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8323		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.4** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**06** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,600** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**60** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**36** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**02** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**132** /cumm	50-450/cumm
Total RBC Count	**5.11** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**41.0** %	M: 40-54%, F:37-47%
MCV	**80.2** fL	76 - 94 fL
MCH	**30.1** pg	27 - 32 pg
MCHC	**37.6** g/dL	29 - 34 g/dL
RDW	**13.9** %	11 - 16 %
PDW	**14.1** fL	35 - 56 fl
Total Platelete Count (PC)	**1,40,000** /cumm	150,000-450,000/cumm
MPV	**10.4** fL	7.0 - 11.0 fL
PCT	**0.146** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %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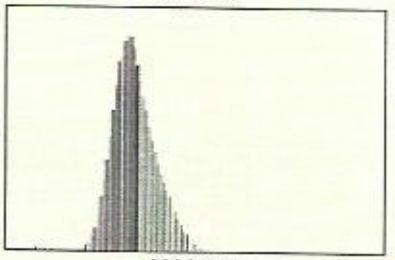
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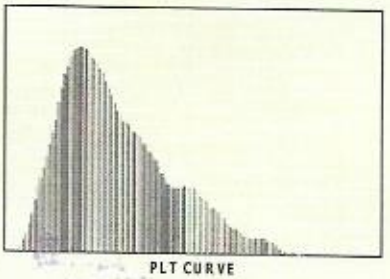
PLT CURVE

Checked By
Medical Technologist

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

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

Bill No	DIA23040580	Received Date	29/04/2023
Patient's Name	MOHAMMAD MANIR HOSSAIN		
Patient's Age	30Y 3M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8323
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	6.0 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.6 %	4.0- 6.0 %
Serum (BUN)	21 mg/dl	7-23 mg/dl
Serum Creatinine	0.76 mg/dl	0.3 - 1.3 mg/dl
Liver Function Test		
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	182 U/L	98 - 279 U/L
Lipid profile		
Serum Cholesterol	163 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	41 mg/dl	>35 mg/dl
Serum Triglyceride	139 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	90 mg/dl	<130 mg/dl

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23040680	Received Date	29/04/2023
Patient's Name	MOHAMMAD MANIR HOSSAIN		
Patient's Age	30Y 3M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8323
Sample	BLOOD		

SEROLOGYCAL REPORT

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

BLOOD GROUPINGResult	
ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8323
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-4/HPF
Sediment	Nil	Epithelial	0-1/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

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Patient's Age	30Y 3M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8323
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

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Bill No	DIA23040680	Received Date	29/04/2023
Patient's Name	MOHAMMAD MANIR HOSSAIN		
Patient's Age	30Y 3M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8323
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

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RADICAL HOSPITAL LIMITED

Patient's Name	:	MOHAMMAD MANIR HOSSAIN			
Age	:	30 Yrs	Date	:	29/04/2023
Sex	:	Male	CDC NO:C/O/8323		
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 (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

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RADICAL HOSPITAL LIMITED

Patient's Name	:	**MOHAMMAD MANIR HOSSAIN**	ID NO	:	**23040680**
Age	:	**30 Yrs**	Date	:	**29/04/2023**
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 Hygine : Normal

Comments : Normal

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RADICAL HOSPITAL LIMITED

Patient's Name	:	**MOHAMMAD MANIR HOSSAIN**	ID NO	:	23040680
Age	:	**30 Yrs**	Date	:	29/04/2023
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 (opth)
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RADICAL HOSPITAL LIMITED

AUDIOLOGICAL REPORT

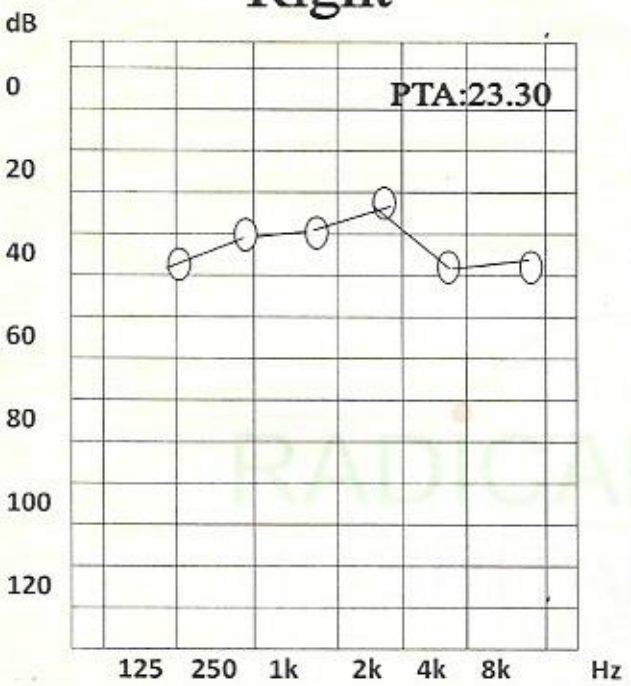
Patient Name : **MOHAMMAD MANIR HOSSAIN** **29/04/2023**

Age : **30 Yrs**

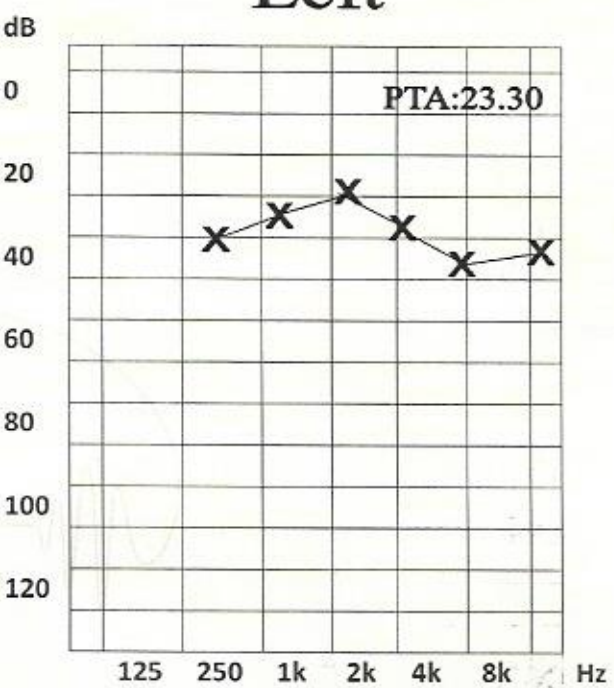
Address : RHL, UTTARA

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		
	Right Ear	**Left Ear**
Air MaskingOX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23040680	Receive: Print: 29/04/2023		
Patient's Name	:	**MOHAMMAD MANIR HOSSAIN**			
Age	:	30 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	78 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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RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23040680	Receive: 29/04/2023	Print: 29/04/2023	
Patient's Name	:	**MOHAMMAD MANIR HOSSAIN**			
Age	:	30 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

This report has been electronically signed.

ID: 563

29-04-2023 01:48:50 PM

Male Years

HR	: 78	bpm	
P	: 90	ms	
PR	: 116	ms	
QRS	: 108	ms	
QT/QTc	: 372/424	ms	
P/QRS/T	: 36/-34/35	°	
RV5/SV1	: 0.860/0.236	mV	

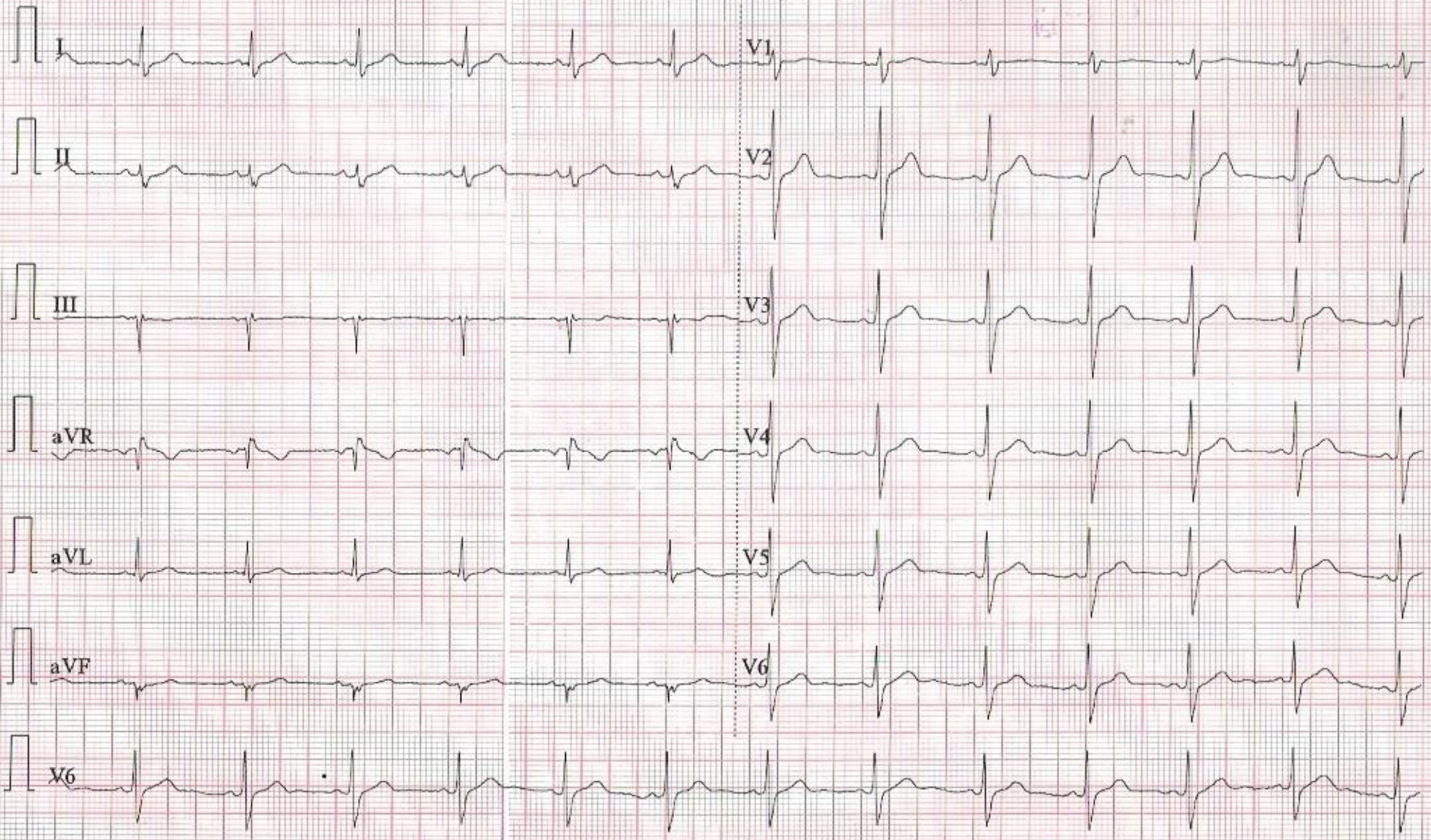
Diagnosis Information:

Sinus rhythm

Left axis deviation

Borderline ECG

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥78 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

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RADICAL HOSPITAL LIMITED

TREADMILLSTRESS TEST

Patient ID	23040680	Test Date	29-04-2023		
Patient Name	MOHAMMAD MANIR HOSSAIN	Age	29 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

Total Exercise Time	: 09:10 Min	**Max.HR attained**	: 163 bpm.
% of max.pred. hR	: 98 %	**Max. Pred HR**	: 167 bpm.
Maximum BP	: 140/80 mmHg.	**Max. work load attained**	:13.10METS.

Indication : Screening for IHD.

Risk Factors :

Reason for Termina : Attainment of THR.

Test Profile : BRUCE

Symptoms :

Summary Result ⇒ **NEGATIVE**

Comments :

- **MOHAMMAD MANIR HOSSAIN** performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion : Stress test is **NEGATIVE** for ECG evidence of promotable myocardial ischemia.

Dr. ROSEYAT PERVEEN
MBBS, MD (Cardiology), NICVD, Dhaka
Consultant, IBN SINA D-Lab, Uttara, Dhaka

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RADICAL HOSPITAL LIMITED

Patient ID	23040680	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	29/04/2023
Patient Name	MOHAMMAD MANIR HOSSAIN		
Age	30 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 :- Normal in size 12.5 cm, regular in shape and normal position. The echogenicity of the parenchyma is normal . Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : Mildly contracted. CBD is not dilated.

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

SPLEEN :- Is normal in size (8.1 x 3.4)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.4 cm, LK-10.0 cm 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 20.2 cc,regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Suggestive of normal study.

29.04.23

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

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

MOHAMMAD MANIR HOSSAIN

This is to certify that / JE Soussigne' (e) certifie que — date of birth / no' (e) le: 02/01/93 — Sex / sexe: MALE

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 fievre jaune a ia datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
02 DEC 2021	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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ★ ★ ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
3		
4	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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ★ ★ ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
29 APR 2023		

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 perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" unc revaccination a. cour. d;;gtte period do six mois jour de cettc revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuec. j

Toute correction ou rahfe sur le certificate ou I o. mission d' une quelconquc des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

MOHAMMAD MANIR HOSSAIN

This is to certify that .
JE Soussigne' (e) certifie que

date of birth
no' (e) le 01/01/93

Sex
sexe MALE

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 fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1 02 DEC 2021	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bkdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 Shipping Bangladesh Approved General Physician	YELLOW FEVER VACCINE L NO DAKAR 2268	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I lcalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre ls situated.

The validity of his 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 sch period often years, from the date of the revaccinalion.

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

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

Ce certificate n' est avalable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminslralion sanitaire du (erriloire dans lcqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc lcnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.