

### HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880-2-333316214-6, Fax: +880-2-333310530

Accredited By : BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER: HS5786FF

#### MEDICAL EXAMINATION CERTIFICATE

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| ase list the medications taken and | the purpose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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|                                    | Condition Eye/vision problem digh blood pressure deart/vascular disease deart surgery /aricose veins sisthma/bronchitis blood disorder biabetes hyroid problem bigestive disorder didney problem didney problem discretious/contagious diseases demia denital disorders fregnancy de above questions were answere lave you ever been signed off as alove you ever been hospitalised? lave you ever been declared unfit las your medical certificate ever be you aware that you have any mo you feel healthy and fit to pere you allergic to any medications  FIT I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | eleart/vascular disease deart surgery draicose veins disthma/bronchitis disabetes disabetes didney problem didney problem dishin problem dish | Condition  Sye/vision problem  digh blood pressure deart/vascular disease deart surgery daricose veins disthma/bronchitis dood disorder dispessive disorder didney problem dispessive disorder didney problem diskin problem discriptions diseases dearnia dea | Condition  Sye/vision problem  ligh blood pressure  leart/vascular disease leart surgery  aricose veins  lood disorder  loabetes  hyroid problem  lighery probl | Condition  Coperation  C | Condition Sye/vision problem Gye/vision problem Gye | Condition  YES NO  Condition  Sye/vision problem  Sye/vision problems  S | Condition  YES  NO  Condition  YES  ye/vision problem    It   Sleep problems |

|                                                  |                       | isual acuity     |               | - 4                 |                     |                       | Visual    | fields                |
|--------------------------------------------------|-----------------------|------------------|---------------|---------------------|---------------------|-----------------------|-----------|-----------------------|
| Right e                                          | Unaided<br>ye Left ey | e Right e        | Aid<br>ve     | ed<br>Left eye      | -                   | N                     | ormal     | Defective             |
| Distant 6/                                       | 6 6/1                 |                  | ,-            | 25,10,5             | Right               | eve                   | /         |                       |
| Near L                                           |                       |                  | - 3           |                     | Left ey             |                       | 1         |                       |
| Visual acuity meets the                          | standard laid do      | own in STCW C    | Code S        | Section A-1/9       | YES /               |                       |           |                       |
| Colour vision as per ST                          | CW CODE Sec           | tion A-I/9;      |               | Normal              | ☐ Doubt             | ful 🗆                 | Defective |                       |
| Date of last colour visio                        | n test: Date (da      | y/month/year) _  | 17            | APR, 2023           | 1000                | 200                   |           |                       |
|                                                  |                       | Normal A         | bnorn         | nal                 |                     |                       | N         | ormal Abnorma         |
| Head                                             |                       | D A              |               |                     | se veins            |                       | IN        |                       |
| Sinuses, nose, throat                            |                       |                  |               | 72.000              | ılar (inc. pedal    | nuleae)               |           |                       |
| Mouth/teeth                                      |                       | E C              |               |                     | nen and visce       |                       |           |                       |
| Ears (general)                                   |                       | <b>□</b>         |               | Hernia              |                     | ia                    |           |                       |
|                                                  |                       |                  |               | 11000000            | Manu massalata      |                       |           |                       |
| Tympanic membrane                                |                       |                  |               |                     | (not rectal exa     | m)                    |           |                       |
| Eyes                                             |                       |                  |               |                     | ystem               |                       |           |                       |
| Opthalmoscopy                                    |                       |                  |               |                     | and lower ext       |                       |           |                       |
| Pupils                                           |                       | <u>_</u>         |               |                     | (C/S, T/S and       |                       |           |                       |
| Eye movement                                     |                       | म् स्टायसम्      |               |                     | logic (full brief   | )                     |           |                       |
| Lungs and chest                                  |                       |                  |               | Psych               |                     |                       |           |                       |
| Breast examination                               |                       | NA               |               | Gene                | al appearance       | 9                     |           |                       |
| Heart                                            |                       | 1                |               | Skin                |                     |                       |           |                       |
|                                                  |                       |                  |               |                     |                     |                       |           |                       |
| RESULTS OF ANCILLARY                             | Y EXAMINATIO          | NS               |               | namental acceptance | CHECK TO THE COLUMN | ***                   | 5907-4    | - granous <u>z</u> wi |
| Chest X-Ray                                      | MAC                   | BIO CHEM         | ICAL (        | LIVER FUNC          | TION TEST)          | Marijuana             | □ Pos     | itive Negative        |
| ECG                                              | MAG                   | BILIRUBIN        |               | 0.                  | 9                   | Alcohol Test          |           | sitive - Negative     |
| BLOOD F                                          | R/F                   | SGPT             | $\rightarrow$ | N                   | E                   | URINE R/E             | 101.00    | Man                   |
| DC(differential count)                           | I Man                 | SGOT             | -             | 90                  | -                   | OKINE IVE             | OTHERS    | 11000                 |
| HAEMOGLOBIN (HGB)                                | 12.1                  |                  | IC AN         | D ALCOHOL           | TECT                | LIDaAa                |           |                       |
|                                                  |                       | -                |               |                     |                     | HBsAg                 |           | octiv Nonreacti       |
| ESR (WESTERGREN)                                 | 06                    | Morphine         |               | ☐ Positive □        |                     | HIV / AIDS Test       |           | activ Nonreacti       |
| WBC                                              | 15-900                | Amphetamine      |               | ☐ Positive ☐        |                     | VDRL                  | □ Rea     | activ   Nonreacti     |
| BLOOD GLUCOS                                     | SE LEVEL              | Phencyclidine    |               | □ Positive □        |                     | Blood Type            |           | A+(VE)                |
| RANDOM                                           | 5.8                   | Barbiturates     |               | ☐ Positive ☐        | ] Negative          | Psychological Ex      | kam       | MAD                   |
| HBA1C                                            | 5.5%                  | Cocaine          |               | ☐ Positive □        | Negative 1          | Others(KUB Ultr       | aso       | NIF                   |
| ereby I declare that I am in                     | n knowledge of t      | he contents of   | the Ph        | nysical examir      | nations:            |                       | -1        | 7 APR 2023            |
| June                                             |                       |                  | Α             | BDULLAH A           |                     |                       |           |                       |
| gnature of Seafarer                              |                       |                  |               | Name of S           | eafarer             |                       |           | Date                  |
| ssessment of fitness for                         |                       | claration, my cl |               | examination a       | ind the diagno      | stic test results red |           |                       |
| n the basis of the examine<br>raminee medically: |                       | for lookout duti | ies           | -                   |                     |                       |           |                       |
| the basis of the examine                         |                       | k service        | ies           | Engine ser          |                     | Catering service      |           | Other services        |
| n the basis of the examine aminee medically:     |                       | k service        | ies           | 4                   |                     | Catering service      | ce        | Other services        |
| n the basis of the examine                       |                       | k service        | les           |                     |                     | Catering service      | ce        | Other services        |

In Accordance with Medical Examinations Examinations Convention : 1946(NS, 78) and STCW 1978/1996 as Amended, MLC 2006

BMDC A-55144 NMC-BGC-011

BMDC A-55144 NMC-BGC-011

Revision Date : 24th July 2022

BMDC A-55144 NMC-BGF-01t DG Shipping Bang: desh Approve General i visician Radical Hos: tals Limited.

| MEDICAL CI                                                                                                                                                                                                        | ERTIFICATE F                     | OR PERSONNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | L SERVICE        | ON BOARD                     | )<br>                    |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|--------------------------|-----------------|
| SURNAME: FARUQUE                                                                                                                                                                                                  |                                  | GIVEN NAME (\$):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ABDULLAH         | AL                           |                          |                 |
| DATE OF BIRTH:                                                                                                                                                                                                    | P                                | LACE OF BIRTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | +1-                          | SEX                      | 24              |
| DAY 8 MONTH 9 YEA                                                                                                                                                                                                 |                                  | TTY CHANDPUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | COUNTRY          | BANGLADES                    |                          | FEMALE          |
| POSITION ON BOARD:  MASTER  DECK OFFICER  ENGINEERING OFFICER  RADIO OPERATOR  RATING                                                                                                                             | A                                | MAILING ADDRESS (<br>SHAR KHOTA, WAR<br>PALAKHAL, KACHU/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RD NO-04,        | 356                          | БН                       |                 |
| DECLARATION OF THE AUTHORIZED PHY                                                                                                                                                                                 | YSICIAN                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                          |                 |
| VISION                                                                                                                                                                                                            |                                  | 22/00/00/00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EST TYPE         |                              | HEARING                  |                 |
| RIGHT EYE WITHOUT GLASSES                                                                                                                                                                                         | S WITH GLAS                      | SES GOOK  CANTI  YELLOW M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | RIGHT EAR                    | AMY                      |                 |
| LEFT EYE 6/6.                                                                                                                                                                                                     |                                  | HORSE TO THE PERSON OF THE PER | BLUENM           | LEFT EAR                     | ₩,                       |                 |
| Confirmation that identification documents we                                                                                                                                                                     | ere checked at the p             | oint of examination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NO NO            |                              |                          |                 |
| Hearing meets the standards in STCW Code.                                                                                                                                                                         | , Section A-1/9? YE              | NO NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NOT APLICAB      | LE                           |                          |                 |
| Unaided hearing satisfactory? YES NO                                                                                                                                                                              | 0                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                          |                 |
| Visual acuity meets standards in STCW Code                                                                                                                                                                        | e, Section A-1/9? Y              | ES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                              |                          |                 |
| Colour vision meets standards in STCW Code (the visual test it is required every six years)  Date of the last colour vision test: (Day/Month Are glasses or contact lenses necessary to m  Able for watchkeeping? | n/Year)/] neet the required visi | 7 APR 2023 . ion standards? YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO               |                              |                          |                 |
| Is the seafarer free from any medical condition<br>endanger the health of other persons on board                                                                                                                  | d? YES NO                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | or to render the | seafarers unfit for          | such service             | or to           |
| Hereby I declare that I am in knowledge of the                                                                                                                                                                    | e contents of the Ph             | TO ARREST CONTROL STORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | 1                            | 7 APR 202                | 3               |
| Signature of Applicant                                                                                                                                                                                            | Name of A                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | Date                         |                          |                 |
| CIRCLE APPROPIATE CHOICE: (HE / S<br>ENGINEERING OFFICER / RADIO OPE                                                                                                                                              | RATOR / RATING                   | TO BE (FIT / NOT FIT<br>S) (WITHOUT ANY /<br>UTY ON BOARD S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WITH THE FO      | AS A (MASTER<br>DLLOWING) RE | R / DECK OF<br>STRICTION | FFCIER /<br>NS: |
| NAME AND DEGREE OF PHYSICIAN: DR. N                                                                                                                                                                               | MIR MD. RAIHAN; M                | I.B.B.S(D.U.), REG. NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ). A-55144       | 49                           | Ç-                       |                 |
| ADDRESS: REDICAL HOSPITALS LIMITED NAME OF PHYSICIAN'S CERTIFICATING AU DATE OF ISSUE PHYSICIAN'S CERTIFICAT                                                                                                      | UTHORITY: BANGL                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D DENTAL COL     | JNCIL (B.M.D.C.)             |                          |                 |
| SIGNATURE OF PHYSICIAN:                                                                                                                                                                                           | ls:                              | TAMP OF PHYSICIAN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 100              | 000 ×                        | DATE: 17                 | 7 APR 2023      |
| EXPIRY DATE OF CERTIFICATE: 1                                                                                                                                                                                     |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 13 Nordamino     |                              |                          |                 |
| Th<br>of the STCW Co.                                                                                                                                                                                             | nvention, 1978, as a             | ed in compliance with<br>amended and the Marit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                              |                          |                 |
|                                                                                                                                                                                                                   | (Birdem), PGT (Ophth)            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                              |                          |                 |

BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.



Id No : 0442

Patient's Name: ABDULLAH AL FARUQUE

Specimen

: Blood

Date: 17-Apr-2023

D.Date: 17-Apr-2023

Age: 44Y 7M 9D

Gender: Male

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5786

### Haematology Report

| Parameter Name                    | Results                 | thic-One Auto Haematology Analyzer 8<br>Reference Range                                            |            |
|-----------------------------------|-------------------------|----------------------------------------------------------------------------------------------------|------------|
| Hemoglobin (Hb)  ESR(Westergreen) | 13.1 gm/dl 06 mm/1st hr | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>Infant: (One year):8-10 gm/dl.          |            |
| Total WBC Count(TC)               | 7,900 /cumm             | Male:0-10, F:0-20 mm/1st hr.                                                                       |            |
| Differential WBC Count (DC)       | 7,900 /cumm             | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |            |
| Neutrophils                       | 60 %                    | Child: 35 66 0/ Adult: 40 35 0/                                                                    |            |
| Lymphocytes                       | 36 %                    | Child: 25-66 %, Adult: 40-75 %<br>Child: 52-62 %, Adult: 20-50 %                                   | A and hos. |
| Monocytes                         | 02 %                    | Child: 03-07 %, Adult: 02-10 %                                                                     |            |
| Eosinophils                       | 02 %                    | Child: 01-03 %, Adult: 01-06 %                                                                     | W BC CURVE |
| Basophils                         | 00 %                    | Adult: 00-01 %                                                                                     |            |
| Total Cir. Eosinophils            | 158 /cumm               | 50-450/cumm                                                                                        |            |
| Total RBC Count                   | 6.74 m/ul               | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |            |
| HCT/PCV                           | 37.7 %                  | M: 40-54%, F:37-47%                                                                                |            |
| MCV                               | 55.9 fL                 | 76 - 94 fL                                                                                         |            |
| MCH                               | <b>19.4</b> pg          | 27 - 32 pg                                                                                         |            |
| MCHC                              | <b>34.7</b> g/dL        | 29 - 34 g/dL                                                                                       | RBC CURVE  |
| RDW                               | 15.8 %                  | 11 - 16 %                                                                                          | 41         |
| PDW                               | 18.5 fL                 | 35 - 56 fl                                                                                         | 41         |
| Total Platelete Count (PC)        | 2,41,000 /cumm          | 150,000-450,000/cumm                                                                               |            |
| MPV                               | 9.5 fL                  | 7.0 - 11.0 fL                                                                                      |            |
| PCT                               | 0.229 %                 | 0.1 - 0.%                                                                                          |            |
| Bledding Time(BT)                 | %                       | 10 - 18 %                                                                                          |            |
| Cloting Time(CT)                  | %                       | 0.1- 0.2 %                                                                                         |            |

Checked By Medical Technologist

Dr. Sumaiya Khatun

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



| Bill No        | DIA23040442                             | Received Date       | 17/04/2023        |
|----------------|-----------------------------------------|---------------------|-------------------|
| Patient's Name | ABDULLAH AL FARUQUE                     | received Date       | 1110412023        |
| Patient's Age  | 44Y 7M 9D                               | Patient's Sex       | Male              |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM |                     | CDC NO:C/O/11454  |
| Sample         | BLOOD                                   | /,. = · (=) 0/,D/ W | 000 110.0/0/11454 |

# BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.8 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total)  | 0.9 mg/dl  | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 28 U/L     | Up to 37 U/L     |
| HbA1C                    | 5.5 %      | 4.2 - 6.7 %      |

### REMARKS (IF ANY)

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

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 HOSPITAL LIMITED | DIAGNOSTIC & CONSULTATION CENTRE



| Bill No        | DIA23040442                          | Received Date      | 17/04/2023        |
|----------------|--------------------------------------|--------------------|-------------------|
| Patient's Name | ABDULLAH AL FARUQUE                  | 1 toocived Date    | 1770472023        |
| Patient's Age  | 44Y 7M 9D                            | Patient's Sex      | Male              |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF | RDEM).PGT(Eve).DFM | CDC NO:C/O/5786   |
| Sample         | BLOOD                                | // - · (=)0/(01 W  | 020 110,0/0/0/0/0 |

# SEROLOGYCAL REPORT

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

| OD GROUPINGResult |           |   |
|-------------------|-----------|---|
| ABO Blood Group   | "A" (+ve) | - |
| Rh(D)Factor       | Positive  |   |

Checked By

Medical Technologis Radical Hospitals Ltd. *b* 

Dr. Sumaiya Khatun
 MBBS, MD (Microbiology)
 Associate Professor
 Dept. of Microbiology

East West Medical College and Hospital



| Bill No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DIA23040442                      | Possing Deta          | 1.47/0.4/0.00     |
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| Patient's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ABDULLAH AL FARUQUE              | Received Date         | 17/04/2023        |
| Patient's Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                       |                   |
| - Constitution of the Cons | 44Y 7M 9D                        | Patient's Sex         | Male              |
| Ref. by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Dr. Mir Md. Raihan MBBS,(DU),CCD | (BIRDEM),PGT(Eve) DFM | CDC NO:C/O/5786   |
| Sample                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | URINE                            | , (=),, = (=),,;;; iv | 000 110.0/0/5/766 |

### URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| Quantity | Sufficient | · CELLS / HPF |         |
|----------|------------|---------------|---------|
| Colo     | Straw      | RBC           | Nil     |
|          | Clear      | Pus Cells     | 2-3/HPF |
| Sediment | Nil        | Epithelial    | 1-2/HPF |

# CHEMICAL EXAMINATIONCASTS / LPF

| Reaction     | Acidic | RBC        | Nil |
|--------------|--------|------------|-----|
| Albumin      | NIL    | WBC        | Nil |
| Sugar        | NIL    | Epithelial | Nil |
| Ex.Phosphate | Nil    | Granular   | Nil |
|              |        | Hyaline    | Nil |

# ON REQUESTCRYSTALS & OTHERS

| Bile Salt    | Not Done | Urates            | Nil |
|--------------|----------|-------------------|-----|
| Bile Pigment | Not Done | Uric Acid         | Nil |
| Ketones      | Not Done | Calcium oxalate   | Nil |
| Urobilinogen | Not Done | Amor. Phos        | Nil |
| B.J. Protein | Not Done | Hippurate crystal | NIL |

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital

RADICAL HOSPITAL

DATE: 17/04/2023

radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: MAERSK NARVIK

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

### EYE EXAMINATION REPORT

NAME: ABDULLAH AL FARUQUE

RANK: CH.ENG

CDC NO: C/O/5786

VISUAL ACUITY:

RIGHT

LEFT

G(G

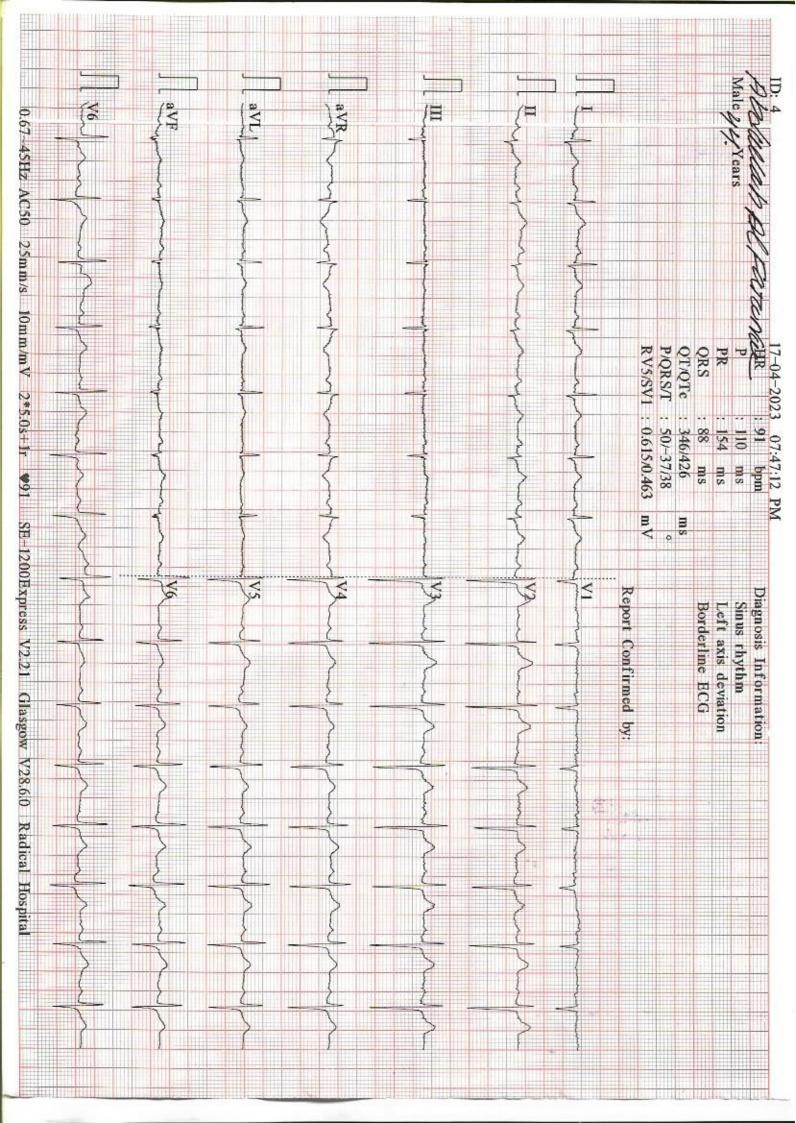
UNAIDED

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. : 23040442 Receive:17/04/2023 Print: 17/04/2023

Patient's Name : ABDULLAH AL FARUQUE

Age : 44 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 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

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 68-SEP-1978 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

| Date      | Signature and Professional status of vaccinator                                                                                                                       | Approved Stamp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |
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| OF OCI TO | DG Shipping Bangladesh Approve                                                                                                                                        | St. Strah Malchoum St. Strah Mal |                       |
| N M       | Radical Flospitals Cities  P. MIR. MD. RAIHAN  BBS (DU), DFM, CCD (Birdem), PGT (Ophth)  BMDC A-55144. MMC-BGD-016  G Shipp.ng Bangladesh Approved  General Physician | S5, Shah Makhdum Averno Litters, Dhat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |
| 3 RES     | DR. MIR. MD. RAIHAN                                                                                                                                                   | 35, Shah Makhdum Sannue Ultam, Ohoko                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4                     |
| 14        | BMDC A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited.                                                       | EMNGLADEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | no pp of manage of    |
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