

HAQUE & SONS LTD.

Accredited By BMDC

Accreditation No. A55144

MEDICAL EXAMINATION CERTIFICATE

Tel: +880-2-333316214-6, Fax: +880-2-333310530	PATIENT CONTROL NUMBER
TOT: 000-2-0000 TOE 14-0, 1 8x . 1000-2-0000 10000	PATIENT CONTROL NOWSER
	H2384

	ASADUZZAMAN	FIRST NA		ASIB			MIDDLE NAME	IBNA	
PLACE AND DATE OF BIRTH		PASSPORT NUMBER				SEAMAN'S BOOK NUMBER			
SAPARAN AT	RIATPUR 18-Sep-1997	_	A06	643823				CO10287	
ATIONA		D Male	☐ Female	VES	SEL TYP	E: BUL	CARRIER TRAI	DING AREA: WO	RLD WI
	IENT HOME ADDRESS :					CONTAC	T NUMBER :	0183929370	
	ANDI, DM KHALI, DIGHAR MAOHI	ESH KHALI,	SAKHIPUR	, SHARIA	ATPUR,	RANK :		THIRD OF	FICER
NGLAD	DESH					TO WALL		THIRD OF	IOLK
Have v	ou ever had any of the following con	ditions?							
1	1820	0.0010							
0.0	Condition	YES	NO	0.0000000000000000000000000000000000000	Conditio	950-com.n		YES	NO
1	Eye/vision problem		1999	100000000000000000000000000000000000000	Sleep pro			D	9
2	High blood pressure				Do you si				9
3	Heart/vascular disease		H .			n/surgery			9
4	Heart surgery		II,	21 E	Epilepsy/	seizures			U,
5	Varicose veins		9	22 [Dizziness	/fainting			4
6	Asthma/bronchitis		4	23 t	Loss of c	onsciousr	ess		8
7	Blood disorder	~ o	5	7 - 57-5 3		ic problen			
8	Diabetes		0	1.0000000000000000000000000000000000000	Depressi				00
9	Thyroid problem		1	100.700		d suicide			D/
10	Digestive disorder		दिद्दिष्ठ ष्रविद्वद्वद्वद्वद्वद्वद्वद्वद्वद्वद्वद्वद्वद	19.65361	Loss of m				1886
11	Kidney problem		6	1000000	Balance p	4. C.			
12	Skin problem	6	0	15 A 16		eadaches			5
13	Allergies		D	N. 6355		throat pr			6
14	Infectious/contagious diseases		2				obiems		9
15	Hernia	0	1	40000 7		d mobility			
16				7787/4 7	Back prol				
	Genital disorders		200	-	Amputatio				
17	Pregnancy of the above questions were answere		NIO		ractures	/dislocation	ons		5
		P4.0400 (100 TO)		- 01001 2				YES	NO
35 36	Have you ever been signed off as Have you ever been hospitalised?		riated from a	a ship?				YES	NO P
35	Have you ever been signed off as	A. Carrier and Car		a ship?					4
35 36	Have you ever been signed off as Have you ever been hospitalised?	t for sea duty	?					D D	4
35 36 37	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfil Has your medical certificate ever be	t for sea duty been restricte	? ed or revoke	d? ,	esses?			D D	9 1
35 36 37 38	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever to Are you aware that you have any re	t for sea duty been restricte medical probl	? ed or revoke lems, diseas	d? ses or illne		tion/occur	pation?		9 1
35 36 37 38 39	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfil Has your medical certificate ever be	t for sea duty been restricte medical probler form the d	? ed or revoke lems, diseas	d? ses or illne		tion/occup	pation?		69999
35 36 37 38 39 40	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfil Has your medical certificate ever bare you aware that you have any to you feel healthy and fit to pare you allergic to any medications.	t for sea duty peen restricte medical probi erform the d s?	? ed or revoke lems, diseas luties of you	d? ses or illne ur designa	ated posi	tion/occup	pation?	0000	69999
35 36 37 38 39 40 41	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfil Has your medical certificate ever bare you aware that you have any to you feel healthy and fit to pare you allergic to any medications.	t for sea duty been restricte medical probler form the d	? ed or revoke lems, diseas luties of you	d? ses or illne ur designa	ated posi	tion/occup	pation?	0000	69999
35 36 37 38 39 40 41 Comme	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever been declared unfit on you aware that you have any rough po you feel healthy and fit to pour you allergic to any medication ents:	t for sea duty been restricte medical proble erform the dis? T FOR DU	? ed or revoke lems, diseas uties of you TY ON B	d? ses or illnour designa OARD :	ated posi	tion/occup	pation?	0000	66669
35 36 37 38 39 40 41 Comme	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever been declared unfit on you aware that you have any rough po you feel healthy and fit to pare you allergic to any medication ents:	t for sea duty been restricte medical proble erform the dis? T FOR DU	? ed or revoke lems, diseas uties of you TY ON B	d? ses or illnour designa OARD :	ated posi	tion/occup	pation?		कि विविविविविविविविविविविविविविविविविविव
35 36 37 38 39 40 41 Comme	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever been declared unfit on you aware that you have any rough po you feel healthy and fit to pour you allergic to any medication ents:	t for sea duty been restricte medical proble erform the dis? T FOR DU	? ed or revoke lems, diseas uties of you TY ON B	d? ses or illnour designa OARD :	ated posi	tion/occup	pation?		कि विविविविविविविविविविविविविविविविविविव
35 36 37 38 39 40 41 Comme	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever be Are you aware that you have any rid Do you feel healthy and fit to pare you allergic to any medication ents: FI Are you taking any non-prescriptionlease list the medications taken and	t for sea duty been restricte medical proble erform the dis? T FOR DU	ed or revoke lems, diseas luties of you TY ON B tion medica (s) and dos	d? ses or illne or designa OARD : tions? age(s)	SHIP		*		4 8-48-64
35 36 37 38 39 40 41 Comme	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever be Are you aware that you have any rid Do you feel healthy and fit to pare you allergic to any medication ents: FI Are you taking any non-prescription please list the medications taken and you authorize the release of all my presents.	t for sea duty been restricte medical proble erform the dis? T FOR DU n or prescrip I the purpose	ed or revoke lems, diseas luties of you TY ON B tion medica (s) and dos	d? ses or illne ur designa OARD : tions? age(s)	SHIP	essionals	health institution	as and public autho	frities of the state of the sta
35 36 37 38 39 40 41 Comme	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever be Are you aware that you have any rid Do you feel healthy and fit to pare you allergic to any medication ents: FI Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevaler Mir Md. Raihan (approved medical parts)	t for sea duty peen restricte medical proble erform the dis? T FOR DU n or prescrip t the purpose vious medical practioner) I a	ed or revoke lems, diseas juties of you TY ON B tion medica (s) and dos	d? ses or illne ur designa OARD : tions? age(s)	SHIP	essionals	health institution	as and public autho	rities
35 36 37 38 39 40 41 Comme	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever be Are you aware that you have any rid Do you feel healthy and fit to pare you allergic to any medication ents: FI Are you taking any non-prescription please list the medications taken and you authorize the release of all my presents.	t for sea duty peen restricte medical proble erform the dis? T FOR DU n or prescrip t the purpose vious medical practioner) I a	ed or revoke lems, diseas juties of you TY ON B tion medica (s) and dos	d? ses or illne ur designa OARD : tions? age(s)	SHIP	essionals	health institution	as and public autho	frities of the state of the sta
35 36 37 38 39 40 41 Comme	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever be Are you aware that you have any rid Do you feel healthy and fit to pare you allergic to any medication ents: FI Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevaler Mir Md. Raihan (approved medical parts)	t for sea duty peen restricte medical proble erform the dis? T FOR DU n or prescrip t the purpose vious medical practioner) I a	ed or revoke lems, diseas juties of you TY ON B tion medica (s) and dos	d? ses or illne ur designa OARD : tions? age(s)	SHIP	essionals	health institution	as and public autho	frities of the state of the sta
35 36 37 38 39 40 41 Comme	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever the Are you aware that you have any report to any medications. Are you allergic to any medications ents: FI Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevalent Mir Md. Raihan (approved medical pify me from my employment, benefits)	t for sea duty peen restricte medical proble erform the dis? T FOR DU n or prescrip t the purpose vious medical practioner) I a	ed or revoke lems, diseas juties of you TY ON B tion medica (s) and dos	d? ses or illne ur designa OARD : tions? age(s)	SHIP	essionals	health institution	as and public autho	frities of the state of the sta
35 36 37 38 39 40 41 Comme 42 If yes, p	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever the Are you aware that you have any report to any medications. Are you allergic to any medications ents: Fit Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevalent medications. Signature of Seafarer	t for sea duty peen restricte medical proble erform the dis? T FOR DU n or prescrip t the purpose vious medical practioner) I a	ed or revoke lems, diseas juties of you TY ON B tion medica (s) and dos	d? ses or illne ur designa OARD : tions? age(s)	SHIP	essionals	health institution	as and public autho	rities
35 36 37 38 39 40 41 Comme 42 If yes, p	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever be Are you aware that you have any in Do you feel healthy and fit to pare you allergic to any medication ents: FI Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevalence of the property of the prop	t for sea duty been restricte medical proble erform the dis? I FOR DU n or prescrip t the purpose vious medical bractioner) I as	ed or revoke lems, diseas juties of you TY ON B tion medica (s) and dos	d? ses or illne or designa OARD : tions? age(s) m any he nat my his	SHIP	essionals tained abo	health institution	as and public authory false statement v	rities
35 36 37 38 39 40 41 Comme	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever been declared ever been declare	t for sea duty peen restricte medical proble erform the dis? T FOR DU n or prescrip t the purpose vious medical practioner) I a	ed or revoke lems, diseas juties of you TY ON B tion medica (s) and dos	d? ses or illne or designa OARD : tions? age(s) m any he nat my his	SHIP	essionals tained abo	health institution	as and public autho	rities
35 36 37 38 39 40 41 Comme 42 If yes, p	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever been declared ever been declare	t for sea duty been restricte medical proble erform the dis? I FOR DU n or prescrip t the purpose vious medical bractioner) I as	ed or revoke lems, diseas juties of you TY ON B tion medica (s) and dos	d? ses or illne or designa OARD : tions? age(s) om any he nat my his	SHIP	essionals tained abo	health institution ove is true and an iastolic 80 ~~	es and public authorny false statement v	frities of the state of the sta
35 36 37 38 39 40 41 Comme 42 If yes, p	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever be Are you aware that you have any in Do you feel healthy and fit to pare you allergic to any medication ents: FI Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevalent medical part of the property	r for sea duty been restricte medical proble erform the dis? FFOR DU n or prescrip the purpose vious medical bractioner) I as and claims.	ed or revoke ems, diseas uties of you TY ON B tion medica c(s) and dos	d? ses or illne or designa OARD : tions? age(s) om any he nat my his	SHIP ealth profestory con	essionals tained abo	health institution ove is true and are is true	es and public authony false statement of	frities of the state of the sta
35 36 37 38 39 40 41 Comme 42 If yes, p	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever be Are you aware that you have any in Do you feel healthy and fit to poor Are you allergic to any medication ents: FI Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevalent medical properties. Signature of Seafarer EXAMINATION Hearing by Audiometry Hearing by Audiometry Adequate Inadequate	t for sea duty been restricte medical proble erform the dis? I FOR DU n or prescrip t the purpose vious medical bractioner) I as	ed or revoke ems, diseas uties of you TY ON B tion medica e(s) and dos I records fro also certify the	d? ses or illne or designa OARD : tions? age(s) om any he nat my his	SHIP ealth profestory con	essionals tained abo	health institution ove is true and ar lastolic 80 mg by Whisper Tequate	PULSE: 7	frities of the state of the sta
35 36 37 38 39 40 41 Comme 42 If yes, p	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfit Has your medical certificate ever be Are you aware that you have any in Do you feel healthy and fit to pare you allergic to any medication ents: FI Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevalent medical part of the property	r for sea duty been restricte medical proble erform the dis? FFOR DU n or prescrip the purpose vious medical bractioner) I as and claims.	ed or revoke ems, diseas uties of you TY ON B tion medica e(s) and dos I records fro also certify the	d? ses or illne or designa OARD : tions? age(s) om any he nat my his	SHIP ealth profestory con	essionals tained abo	health institution ove is true and are is true	PULSE: 7	rities

Distant	Distant Normal Defective Right eye Left eye L	Right eye Left eye Right eye Left eye Normal Defective
Distant	Distant Obs.	Distant
Normal Abnormal Varicose veins V	Normal Abnormal Varicose veins Use Use Varicose veins Use Use Varicose veins Use Use Varicose Use Use Varicose Use Use Varicose Use Use Use Varicose Use	Normal Normal Normal Normal Normal Normal Defective
Visual aculty meets the standard laid down in STCW Code Section A-1/9	Visual acutty meets the standard laid down in STCW Code Section A-1/9: Vest INO Doubtful Defective Doubtful Doubtful Defective Doubtful Doubtful Doubtful Doubtful Defective Doubtful Defective Defective Doubtful Do	Visual acuity meets the standard laid down in STCW Code Section A-1/9 Colour vision as per STCW CODE Section A-1/9 Date of last colour vision test: Date (day/month/year) Normal Abnormal Varicose veins
Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/y	Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date of last colour vision test: Date of last colour last colo	Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date (day/month/year) Date of last colour vision test: Date of last colo
Normal Abnormal Normal Abnormal Normal Abnormal Head Varicose veins Varicose ve	Normal Abnormal Normal Abnormal Normal Abnormal Normal Abnormal Varicose veins	Normal Abnormal Normal Alamormal Normal Alamormal Head Varicose veins Head Varicose Varicose veins Head Varicose
Head	Head	Head Varicose veins Head Varicose veins Head Varicose veins Head Vascular (inc. pedal pulses) Head Abdomen and viscera Heart Abdomen and viscera Heart Abdomen and viscera Heart Abdomen and viscera Heart Heart Abdomen and viscera Heart Heart Abdomen and viscera Heart Heart Heart Abdomen and viscera Heart
Sinuses, nose, throat	Sinuses, nose, throat	Sinuses, nose, throat
Mouth/teeth Ears (general) Bars (gen	Mouth/teeth Ears (general) Hernia Cars (general) Cars (genera	Mouth/teeth
Ears (general)	Ears (general)	Ears (general) Tympanic membrane Eyes Opthalmoscopy Lif II Upper and lower extremities Upper and l
Tympanic membrane Eyes G-U system G-O-U system G-O	Tympanic membrane Eyes	Tympanic membrane Eyes Opthalmoscopy LT Department C/S, T/S and L/S) Eye movement Lungs and chest Breast examination Heart ESULTS OF ANCILLARY EXAMINATIONS Chest X-Ray BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN BLOOD R/E BLOOD R/E SGPT DRUG AND ALCOHOL TEST HAEMOGLOBIN (HGB) BLOOD GLUCOSE LEVEL Phencyclidine Positive RANDOM Anniver rectal exam) G-U system Dupper and lower extremities Lungs and chest C/S, T/S and L/S) Peptine C/S, T/S and L/S) Deptine C/S, T/S and L/S) Pysychiatric Breatric
Opthalmoscopy IT II Upper and lower extremities	Eyes Opthalmoscopy IT II Upper and lower extremities II II II Upper II II II Upper II	Eyes IT □ G-U system □ Opthalmoscopy IT □ Upper and lower extremities □ Pupils □ Spine (C/S, T/S and L/S) □ Eye movement □ Neurologic (full brief) □ Lungs and chest □ Psychiatric □ Breast examination □ General appearance □ Heart □ Skin □ Fest X-Ray BILGENERAL (LIVER FUNCTION TEST) Marijuana Chest X-Ray BILGENERAL (LIVER FUNCTION TEST) Marijuana Alcohol Test Positive □ Nee BLOOD R/E BLOOD R/E BLOOD R/E BLOOD R/E SGPT URINE R/E URINE R/E URINE R/E OTHERS AREactiv □ No BLOOD GLUCOSE LEVEL Phencyclidine Phencyclidine Positive Negative Negative Negative Psychological Exam No A-(VE) RANDOM S 2 Barbiturates Positive Negative Psychological Exam No No Positive Psychological Exam No No No No No No No No No N
Opthalmoscopy Pupils Spine (C/S, T/S and L/S)	Opthalmoscopy Pupils B	Opthalmoscopy Pupils By Spine (C/S, T/S and L/S) Eye movement Lungs and chest Breast examination Heart Brood FANCILLARY EXAMINATIONS Chest X-Ray Blood R/E BCG BCCC BCCC BCCC BCCC BCCC BCCC BCCC
Pupils Eye movement Lungs and chest Breast examination Heart Brook FANCILLARY EXAMINATIONS Chest X-Ray BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN Chest X-Ray CHEST CHEST C	Pupils Eye movement Lungs and chest Breast examination Heart ESULTS OF ANCILLARY EXAMINATIONS Chest X-Ray BIO CHEMICAL (LIVER FUNCTION TEST) BILODD R/E ECG BILIRUBIN BIO CHEMICAL (LIVER FUNCTION TEST) BILODD R/E SGPT URINE R/E DC(differential count) SGOT DRUG AND AL COHOL TEST HAEMOGL OBIN (HGB) BLOOD GLUCOSE LEVEL Phencyclidine Positive Positive Positive Positive Positive Positive Negative WBC Amphetamine Positive Positive Positive Positive Positive Negative WBC Amphetamine Positive Positive Positive Negative Nonpread WBC Amphetamine Positive Positive Negative Nonpread WBC Amphetamine Positive Positive Negative Nonpread Nonpread WBC Amphetamine Positive Positive Negative Nonpread Nonpr	Pupils Eye movement Lungs and chest Breast examination Heart ESULTS OF ANCILLARY EXAMINATIONS Chest X-Ray BIO CHEMICAL (LIVER FUNCTION TEST) BLOOD R/E BLOOD R/E BLOOD R/E BSGPT DRUG AND ALCOHOL TEST HAEMOGLOBIN (HGB) ESR (WESTERGREN) Morphine BLOOD GLUCOSE LEVEL Phencyclidine BLOOD GLUCOSE LEVEL Phencyclidine Breastive Positive Negative Positive Positive Negative Positive Positive Negative Positive Pos
Eye movement Lungs and chest Breast examination Heart	EVENTOWER TO BLOOD RIE SERVICE REACTION TEST HEAD REACTION TEST HEAD REACTION TO REST HEAD REACTION TEST HEAD REACTION TO REST HEAD REACTION TO REST HEAD REACTION TO REACTION TEST HEAD REACTION TEST HEAD REACTION TO REACTION TEST HEAD REACTION REACTION REACTION TEST HEAD REACTION REA	Eye movement Lungs and chest Breast examination Heart ESULTS OF ANCILLARY EXAMINATIONS Chest X-Ray BIO CHEMICAL (LIVER FUNCTION TEST) BLOOD R/E BLOOD R/E BCG BILIRUBIN BILIRU
Lungs and chest Breast examination Heart	Lungs and chest Breast examination Heart Psychiatric	Lungs and chest Breast examination Heart
Breast examination Heart	Breast examination Heart	Breast examination Heart General appearance Skin General appearance Skin ESULTS OF ANCILLARY EXAMINATIONS Chest X-Ray BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN Alcohol Test Positive Ne BLOOD R/E BLOOD R/E BCG BLOOD BCC BCG BCC BCC BCC BCC BCC BCC BCC BCC
Skin	Skin	Heart
Chest X-Ray	BIO CHEMICAL (LIVER FUNCTION TEST) Marijuana Positive Negative Nega	ESULTS OF ANCILLARY EXAMINATIONS Chest X-Ray BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN BLOOD R/E BLOOD R/E SGPT DC(differential count) HAEMOGLOBIN (HGB) CESR (WESTERGREN) Morphine DRUG AND ALCOHOL TEST HBSAG Reactive No WBC Amphetamine Positive Negative Negative Negative Negative Negative No Negative Negative Negative Negative Negative Negative No Negative Negative No Negative
BIO CHEMICAL (LIVER FUNCTION TEST) Marijuana Positive Negative Nega	BIO CHEMICAL (LIVER FUNCTION TEST) Manijuana Positive Negative Nega	Chest X-Ray BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN BLOOD R/E BLOOD BLOOD R/E BLOOD BLOOD R/E BLOOD BLOOD BLOOD R/E BLOOD BLOOD BLOOD R/E BLOOD BLOOD BLOOD R/E BLOOD BLOOD BLOOD BLOOD R/E BLOOD BLOO
BLOOD R/E SGPT URINE R/E DC(differential count) SGOT OTHERS HAEMOGLOBIN (HGB) DRUG AND ALCOHOL TEST HBSAG Reactive Noore ESR (WESTERGREN) Morphine Positive Negative HIV / AIDS Test Reactive Noore WBC Amphetamine Positive Negative VDRL Reactive Noore BLOOD GLUCOSE LEVEL Phencyclidine Positive Negative Blood Type A+(VE) RANDOM Seafarer Positive Negative Psychological Exam HBA1C Society Negative Depositive Negative Others(KUB Ultraso) HASIB IBNA ASADUZZAMAN Name of Seafarer Date Sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Fit for lookout duties Not fit for lookout duties	BLOOD R/E SGPT URINE R/E DC(differential count) SGOT URINE R/E HAEMOGLOBIN (HGB) DRUG AND ALCOHOL TEST HBSAG Reactive Nonreace ESR (WESTERGREN) Morphine Positive Negative WDRL Reactive Nonreace BLOOD GLUCOSE LEVEL Phencyclidine Positive Negative Blood Type A+(VE) RANDOM SEBARDITURATES Positive Negative Psychological Exam Positive Negative Others(KUB Ultraso) Treby I declare that I am in knowledge of the contents of the Physical examinations: HASIB IBNA ASADUZZAMAN Name of Seafarer Date Bessment of fitness for service at sea: The basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Deck service Engine service Catering service Other services Deck service Engine service Catering service Other services	BLOOD R/E SGPT URINE R/E DC(differential count) SGOT URINE R/E DRUG AND ALCOHOL TEST HBsAg Reactive No Reactive
BLOOD R/E SGPT URINE R/E DC(differential count) SGOT OTHERS HAEMOGLOBIN (HGB) DRUG AND ALCOHOL TEST HBsAg Reactive None ESR (WESTERGREN) Morphine Positive Negative HIV / AIDS Test Reactive None BLOOD GLUCOSE LEVEL Phencyclidine Positive Negative Blood Type A+(VE) RANDOM SC Barbiturates Positive Negative Psychological Exam HBA1C SC Cocaine Positive Negative Others(KUB Ultraso Treby I declare that I am in knowledge of the contents of the Physical examinations: HASIB IBNA ASADUZZAMAN Name of Seafarer Date Sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Fit for lookout duties Not fit for lookout duties	BLOOD R/E SGPT URINE R/E DC(differential count) SGOT OTHERS DRUG AND ALCOHOL TEST HBsAg Reactive Nonreact ESR (WESTERGREN) Morphine Positive Negative VDRL Reactive Nonreact BLOOD GLUCOSE LEVEL Phencyclidine Positive Negative Blood Type A+(VE) RANDOM Sarbiturates Positive Negative Psychological Exam HBA1C Social Positive Negative Others(KUB Ultraso HASIB IBNA ASADUZZAMAN Name of Seafarer Name of Seafarer Name of Seafarer Nonreact Name of Seafarer Name of Seafarer Nonreact Negative Psychological Exam Date Deck service Engine service Catering service Other services	BLOOD R/E SGPT URINE R/E DC(differential count) SGOT OTHERS HAEMOGLOBIN (HGB) 7 DRUG AND ALCOHOL TEST HBsAg Reactive No ESR (WESTERGREN) 6 Morphine Positive Negative HIV / AIDS Test Reactive No WBC Amphetamine Positive Negative VDRL Reactive No BLOOD GLUCOSE LEVEL Phencyclidine Positive Negative Blood Type A+(VE) RANDOM S. 2 Barbiturates Positive Negative Psychological Exam
DC(differential count) HAEMOGLOBIN (HGB) DRUG AND ALCOHOL TEST HBSAG Reactive Nopre ESR (WESTERGREN) Morphine Positive Negative HIV / AIDS Test Reactive Nonre BLOOD GLUCOSE LEVEL Phencyclidine Phencyclidine Phencyclidine Positive Negative Nothers(KUB Ultraso) Date The basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Fit for lookout duties Not fit for lookout duties	DC(differential count) SGOT	DC(differential count) SGOT DRUG AND ALCOHOL TEST HBsAg Reactiv No ESR (WESTERGREN) Morphine Positive Negative
HAEMOGLOBIN (HGB)	DRUG AND ALCOHOL TEST HBsAg Reactive Nopread Reservice Reactive Nopread Reactive Reactive Nopread Reactive Nopread Reactive Nopread Reactive Reactive Nopread Reactive Reactive Nopread Reactive Reactive Nopread Reactive Nopread Reactive Nopread Reactive Reactive Nopread Reactive Reactive Reactive Nopread	HAEMOGLOBIN (HGB) DRUG AND ALCOHOL TEST HBsAg ESR (WESTERGREN) Morphine Positive Negative HIV / AIDS Test Reactive No Reactiv
ESR (WESTERGREN) Morphine	ESR (WESTERGREN) Morphine	ESR (WESTERGREN) Morphine
WBC	WBC Amphetamine	WBC Solution Positive Negative VDRL Reactive No.
BLOOD GLUCOSE LEVEL Phencyclidine Positive Negative Blood Type A+(VE) RANDOM S Barbiturates Positive Negative Psychological Exam HBA1C Cocaine Positive Negative Others(KUB Ultraso Teby I declare that I am in knowledge of the contents of the Physical examinations: HASIB IBNA ASADUZZAMAN Name of Seafarer Date Sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically: Fit for lookout duties Not	BLOOD GLUCOSE LEVEL Phencyclidine Positive Negative Blood Type A+(VE) RANDOM S Barbiturates Positive Negative Psychological Exam HBA1C S O Cocaine Positive Negative Others(KUB Ultrasol reby I declare that I am in knowledge of the contents of the Physical examinations: HASIB IBNA ASADUZZAMAN Name of Seafarer Date Sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically: Deck service Engine service Catering service Other services	BLOOD GLUCOSE LEVEL Phencyclidine □ Positive □ Negative Blood Type A+(VE) RANDOM S. 2 Barbiturates □ Positive □ Negative Psychological Exam
BLOOD GLUCOSE LEVEL Phencyclidine Positive Negative Blood Type A+(VE) RANDOM S Barbiturates Positive Negative Psychological Exam HBA1C Cocaine Positive Negative Others(KUB Ultrasol reby I declare that I am in knowledge of the contents of the Physical examinations: HASIB IBNA ASADUZZAMAN Name of Seafarer Date sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically: Fit for lookout duties Not fit for lookout duties Not fit for lookout duties	BLOOD GLUCOSE LEVEL Phencyclidine	BLOOD GLUCOSE LEVEL Phencyclidine □ Positive □ Negative Blood Type A+(VE) RANDOM S 2 Barbiturates □ Positive □ Negative Psychological Exam
RANDOM S Barbiturates Positive Negative Psychological Exam PBA1C S Cocaine Positive Negative Others(KUB Ultrasol Positive Negative Negative Others(KUB Ultrasol Positive Negative Negati	RANDOM S Barbiturates Positive Negative Psychological Exam Negative Psychological Exam Negative Positive Negative Others(KUB Ultrasor Negative Negative Negative Others(KUB Ultrasor Negative Negative Negative Negative Others(KUB Ultrasor Negative Negative Negative Negative Negative Negative Others(KUB Ultrasor Negative Negativ	RANDOM 5.2 Barbiturates Positive Negative Psychological Exam
reby I declare that I am in knowledge of the contents of the Physical examinations: HASIB IBNA ASADUZZAMAN Inature of Seafarer Name of Seafarer Name of Seafarer Date Sessment of fitness for service at sea: The basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Fit for lookout duties Not fit for lookout duties	HBA1C	HBA1C S:0-/ Cocaine □ Positive □ Negative Others(KUB Ultraso
HASIB IBNA ASADUZZAMAN Name of Seafarer Name of Seafarer Name of Seafarer Date Sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the seminee medically: Fit for lookout duties	HASIB IBNA ASADUZZAMAN Name of Seafarer Name of Seafarer Name of Seafarer Date Sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Deck service Engine service Catering service Other services	
HASIB IBNA ASADUZZAMAN Inature of Seafarer Name of Seafarer Name of Seafarer Name of Seafarer Date Sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Fit for lookout duties	HASIB IBNA ASADUZZAMAN Inature of Seafarer Name of Seafarer Name of Seafarer Name of Seafarer Date Sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Deck service Engine service Catering service Other services	reby I declare that I am in knowledge of the contents of the Physical examinations:
sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically:	sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Deck service Engine service Catering service Other services	[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]
sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically:	sessment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Pit for lookout duties	11 12 1
the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically.	the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the aminee medically: Deck service Engine service Catering service Other services	Date Date
aminee medically: □ Fit for lookout duties □ Not fit for lookout duties	Pit for lookout duties	
The solution of the solution o	Deck service Engine service Catering service Other services	aminee medically:
Deck service Engine service Cataring service Other expris		The following the first the first to the fir
□ Without restrictions □ With restrictions	☐ Without restrictions ☐ With restrictions	
□ Without restrictions □ With restrictions	☐ Without restrictions ☐ With restrictions	

SURNAME: ASADUZZAMAN		ON THE LABOR TO THE PARTY OF TH			
		GIVEN NAME (S): HASIB IBNA			
DATE OF BIRTH:	PL	LACE OF BIRTH	SEX		
DAY 18 MONTH 9 YEAR	1997 CI	CITY SHARIATPUR COUNTRY BANGLADESH MALE FER			
POSITION ON BOARD:	M.	IAILING ADDRESS OF APPLICANT:			
MASTER	19	9, ROAD-02, BLOCK-A, SOUTH BANASREE,			
DECK OFFICER	G	GORAN, KHILGAON, DHAKA			
ENGINEERING OFFICER RADIO OPERATOR		ANGLAREGU			
RATING	BA	ANGLADESH.			
DECLARATION OF THE AUTHORIZED PHYSIC	IAN				
VISION		COLOR TEST TYPE	HEARING		
WITHOUT GLASSES	WITH GLASS	SES -BOOK			
RIGHT EYE	_	LANTERN RIGHT EAR	m		
(10	-	YELLOW MYRED MY			
LEFT EYE		GREEN ME BLUENS LEFT EAR	m		
Confirmation that identification documents were c	hecked at the no				
Hearing meets the standards in STCW Code, Sec		1			
Jnaided hearing satisfactory? YES NO		NOT PAREIONALE			
Visual acuity meets standards in STCW Code, Se	action A 1/02 VE	NO NO			
Colour vision meets standards in STCW Code, Se	action A-1/9? YE	ES NO			
the visual test it is required every six years)		APR 2023			
Date of the last colour vision test: (Day/Month/Yea	ar)/_	_'			
Are glasses or contact lenses necessary to meet t	the required vision	on standards? YES NO			
Able for watchkeeping? YES NO					
s applicant taking any non-prescription or prescrip	ption medication:	s? YES NO			
s the seafarer free from any medical condition like ndanger the health of other persons on board? 44	ely to be aggrava ES NO	ated by service at sea or to render the seafarers unfit f	or such service or to		
CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR (TOTAL CONTRACTOR)					
Hereby I declare that I am in knowledge of the cor	ntents of the Phy	ysical Examination.			
	ntents of the Phy	ysical Examination.			
Hereby I declare that I am in knowledge of the cor		saduzzaman	2.0. 100 0000		
Hereby I declare that I am in knowledge of the cor		Pro-1907 (200-1907 - 1.0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 2 APR 2023		
Hereby I declare that I am in knowledge of the cor		SADUZZAMAN	S-17-14-04-17-17-17-17-1		
Hereby I declare that I am in knowledge of the con	ASIB IBNA AS Name of A	Applicant Da	te R / DECK OFFCIER /		
Hereby I declare that I am in knowledge of the con	ASIB IBNA AS Name of A	SADUZZAMAN	te R / DECK OFFCIER /		
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE	Name of A	Applicant Da	te R / DECK OFFCIER /		
Hereby I declare that I am in knowledge of the core HA Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE ENGINEERING OFFICER / RADIO OPERAT	Name of A Name of A Name of A Name of A Name of A	Applicant Da O BE (FIT / NOTFIT) FOR DUTY AS A (MASTE B) (WITHOUT ANY / WITH THE FOLLOWING) FOR DOT ON BOARD SHIP	te R / DECK OFFCIER /		
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE ENGINEERING OFFICER / RADIO OPERATED OF THE CONTROL OF T	Name of A IS FOUND TO TOR / RATING FOR DUTY MD , RAIHAN ; N	Applicant Da O BE (FIT / NOTFIT) FOR DUTY AS A (MASTE O) (WITHOUT ANY / WITH THE FOLLOWING) FOR BOARD SHIP W.B.B.S (D.U), REG.NO.A-55144	te R / DECK OFFCIER / ESTRICTIONS:		
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE ENGINEERING OFFICER / RADIO OPERATION OF ADDRESS: REDICAL HOSPITALS LIMITED. 35	Name of A I IS FOUND TO TOR / RATING I FOR DUTY MD , RAIHAN ; N , SHAH MAKHD	Applicant Da O BE (FIT / NOTFIT) FOR DUTY AS A (MASTE G) (WITHOUT ANY / WITH THE FOLLOWING) F ON BOARD SHIP M.B.B.S (D.U), REG.NO.A-55144 DUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230,	te R / DECK OFFCIER / ESTRICTIONS:		
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE ENGINEERING OFFICER / RADIO OPERAT FILE NAME AND DEGREE OF PHYSICIAN: DR. MIR M ADDRESS: REDICAL HOSPITALS LIMITED. 35, NAME OF PHYSICIAN'S CERTIFICATING AUTH	Name of A) IS FOUND TO TOR / RATING T FOR DUTY MD , RAIHAN ; M , SHAH MAKHD ORITY: DG SHIF	Applicant Da O BE (FIT / NOTFIT) FOR DUTY AS A (MASTE G) (WITHOUT ANY / WITH THE FOLLOWING) F ON BOARD SHIP M.B.B.S (D.U), REG.NO.A-55144 DUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230,	te R / DECK OFFCIER / ESTRICTIONS:		
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE ENGINEERING OFFICER / RADIO OPERAT FILE NAME AND DEGREE OF PHYSICIAN: DR. MIR M ADDRESS: REDICAL HOSPITALS LIMITED. 35, NAME OF PHYSICIAN'S CERTIFICATING AUTH	Name of A) IS FOUND TO TOR / RATING T FOR DUTY MD , RAIHAN ; M , SHAH MAKHD ORITY: DG SHIF	Applicant Da O BE (FIT / NOTFIT) FOR DUTY AS A (MASTE G) (WITHOUT ANY / WITH THE FOLLOWING) F ON BOARD SHIP M.B.B.S (D.U), REG.NO.A-55144 DUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230,	te R / DECK OFFCIER / ESTRICTIONS:		
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE ENGINEERING OFFICER / RADIO OPERATION OF PHYSICIAN: DR. MIR MADDRESS: REDICAL HOSPITALS LIMITED. 35, NAME OF PHYSICIAN'S CERTIFICATING AUTHORATE OF ISSUE PHYSICIAN'S CERTIFICATE:	Name of A IS FOUND TO TOR / RATING FOR DUTY MD , RAIHAN ; N , SHAH MAKHD OBITY: DG SHIF	Applicant O BE (FIT / NOTFIT) FOR DUTY AS A (MASTE S) (WITHOUT ANY / WITH THE FOLLOWING) FOR BOARD SHIP M.B.B.S (D.U), REG.NO.A-55144 DUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, PPING, BANGLADESH	te R / DECK OFFCIER / ESTRICTIONS: BANGLADESH		
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE ENGINEERING OFFICER / RADIO OPERATION NAME AND DEGREE OF PHYSICIAN: DR. MIR MADDRESS: REDICAL HOSPITALS LIMITED. 35, NAME OF PHYSICIAN'S CERTIFICATING AUTHORATE OF ISSUE PHYSICIAN'S CERTIFICATE: SIGNATURE OF PHYSICIAN:	Name of A Name of A IS FOUND TO TOR / RATING FOR DUTY MD , RAIHAN ; N , SHAH MAKHD ORITY: DG SHIF	Applicant O BE (FIT / NOTFIT) FOR DUTY AS A (MASTE S) (WITHOUT ANY / WITH THE FOLLOWING) R ON BOARD SHIP M.B.B.S (D.U), REG.NO.A-55144 DUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, PPING, BANGLADESH TAMP OF PHYSICIAN:	R / DECK OFFCIER / ESTRICTIONS: BANGLADESH		
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE ENGINEERING OFFICER / RADIO OPERATED OF PHYSICIAN: DR. MIR MADDRESS: REDICAL HOSPITALS LIMITED. 35, NAME OF PHYSICIAN'S CERTIFICATING AUTHORATE OF ISSUE PHYSICIAN'S CERTIFICATE: SIGNATURE OF PHYSICIAN: EXPIRY DATE OF CERTIFICATE:	Name of A Name of A I) IS FOUND TO TOR / RATING FOR DUTY MD , RAIHAN ; N , SHAH MAKHD ORITY: DG SHIF 06-MAY-2014 ST. 01 A	Applicant O BE (FIT / NOTFIT) FOR DUTY AS A (MASTE S) (WITHOUT ANY / WITH THE FOLLOWING) R ON BOARD SHIP M.B.B.S (D.U), REG.NO.A-55144 DUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, PPING, BANGLADESH TAMP OF PHYSICIAN: PR 2025 and in compliance with the requirements	R / DECK OFFCIER / ESTRICTIONS: BANGLADESH		
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE ENGINEERING OFFICER / RADIO OPERATED OF PHYSICIAN: DR. MIR MADDRESS: REDICAL HOSPITALS LIMITED. 35, NAME OF PHYSICIAN'S CERTIFICATING AUTHORATE OF ISSUE PHYSICIAN'S CERTIFICATE: SIGNATURE OF PHYSICIAN: EXPIRY DATE OF CERTIFICATE: This ce of the STCW Conventions of the STCW Conventions.	Name of A Name of A I) IS FOUND TO TOR / RATING T FOR DUTY MD , RAIHAN ; N , SHAH MAKHD OBITY: DG SHIF 06-MAY-2014 ST. 01 A ertificate is issue ntion, 1978, as an	Applicant O BE (FIT / NOT/FIT) FOR DUTY AS A (MASTE S) (WITHOUT ANY / WITH THE FOLLOWING) R ON BOARD SHIP M.B.B.S (D.U), REG.NO.A-55144 DUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, PPING, BANGLADESH FAMP OF PHYSICIAN: AS Per-Mic 2006	TE R / DECK OFFCIER / ESTRICTIONS: BANGLADESH 0 2 APR 202		
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE ENGINEERING OFFICER / RADIO OPERATED AND DEGREE OF PHYSICIAN: DR. MIR MADDRESS: REDICAL HOSPITALS LIMITED. 35, LAME OF PHYSICIAN'S CERTIFICATED AND DATE OF ISSUE PHYSICIAN'S CERTIFICATED SIGNATURE OF PHYSICIAN: EXPIRY DATE OF CERTIFICATE: This certificate:	Name of A Name of A IS FOUND TO TOR / RATING FOR DUTY MD , RAIHAN ; N SHAH MAKHD OBITY: DG SHIF O6-MAY-2014 ST. O1 A PGT (Onbth)	Applicant O BE (FIT / NOTFIT) FOR DUTY AS A (MASTE S) (WITHOUT ANY / WITH THE FOLLOWING) R ON BOARD SHIP M.B.B.S (D.U), REG.NO.A-55144 DUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, PPING, BANGLADESH TAMP OF PHYSICIAN: PR 2025 and in compliance with the requirements	TE R / DECK OFFCIER / ESTRICTIONS: BANGLADESH 0 2 APR 202		





Id No : 0026 Date : 02-Apr-2023 D.Date : 02-Apr-2023

Patient's Name: HASIB IBNA ASADUZZAMAN Age: 25Y 0M 0D Gender: Male

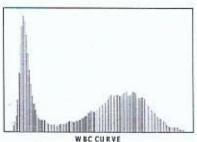
Specimen : Blood

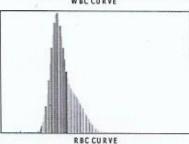
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/10287

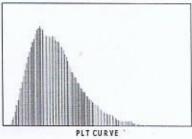
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.7 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,600 ./cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	152 /cumm	50-450/cumm
Total RBC Count	5.01 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.5 %	M: 40-54%, F:37-47%
MCV	76.8 fL	76 - 94 fL
MCH	29.3 pg	27 - 32 pg
MCHC	38.2 g/dL	29 - 34 g/dL
RDW .	12.4 %	11 - 16 %
PDW	13.9 fL	35 - 56 fl
Total Platelete Count (PC)	2,26,000 /cumm	150,000-450,000/cumm
MPV	9.9 fL	7.0 - 11.0 fL
PCT	0.224 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %
THE CONTRACTOR OF THE PROPERTY	0.000	A CONTROL OF THE CONT







Checked By Medical Technologist de

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



radical hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23040026	Receive	d Date	02/04/2	2023
Patient's Name	HASIB IBNA ASADUZZAMAN				- P-170
Patient's Age	25Y 0M 0D	15	Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	1 0	DC NO	C/O/ 10287
Sample	BLOOD				

BIOCHEMISTRY REPORT

Result	Reference Range
5.2 mmol/l	4.2 - 6.4 mmol/l
0.7 mg/dl	0.2 - 1.1 mg/dl
21 U/L	Up to 37 U/L
5.0 % 29 U/L	4.2 - 6.7 % Up to 40 U/L
	5.2 mmol/l 0.7 mg/dl 21 U/L

REMARKS (IF ANY)

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

Checked By

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA230400026	Received Date	02/04/2023
Patient's Name	HASIB IBNA ASADUZZAMAN	1	12
Patient's Age	25Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU	J),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/10287
Sample	BLOOD		

SEROLOGYCAL REPORT

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

DD GROUPINGResult	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

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_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23040026	Received	d Date	02/04/2	2023
Patient's Name	HASIB IBNA ASADUZZAMAN				
Patient's Age	25Y 0M 0D		Patient's	s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	С	DC NO	C/O/ 10287
Sample	URINE	202 0			No.

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-3/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. Şumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23040026 Receive:02/04/2023 Print: 02/04/2023

Patient's Name : HASIB IBNA ASADUZZAMAN

Age : 25 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.

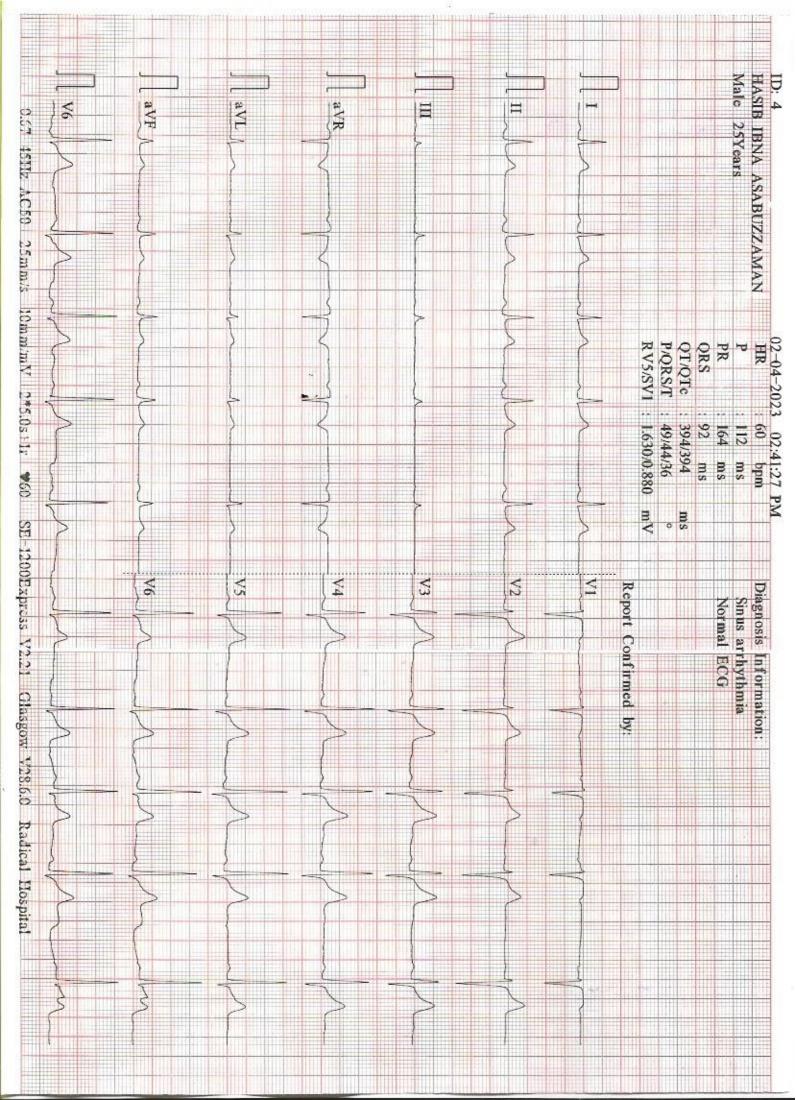
Lung fields are clear.

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





radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. SEA TREASURE

DATE: 02/04/2023

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

EYE EXAMINATION REPORT

NAME: HASIB IBNA ASADUZZAMAN

RANK: 3RD OFF

CDC NO: C/O/10287

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION:

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

Date of birth 18 Sep 1997 This is to certify that whose signature follows has on the date indicated been vaccinated or revaccinated against Cholera Date Signature and Professional Approved Stamp status of vaccinator DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC Dhaka A-68208 Seafarer's Medical Practitioner SANGLAS Approved by, D.G. Shipping, Dhaka, FOR VACO MBBS (DU), DFM, CCD (Birdem), PGT (Oshth) BMDC A-55144, MMC-BGD-016 DG Shipp,ng Bangladesh Approved General Physician Radical Hospitals Limited. Uttern, Dhaka NGI AD 4 3 3 4 5 6 8 7 7 8

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth 18 501 1997

Sex_/V

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
05 JUL 300	DR. SABRINA MOSTAFA MBBS (D U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	1313 CO DAKAR K	1 2 GRVACCIA CTG. AGAMBAD CIA CTG. CTG. AGAMBAD CIA CTG. CTG. AGAMBAD CIA CTG. CTG. AGAMBAD CIA CTG. C
2	A CONTROL OF THE CONT		
3	Carolina M. D. G. Richard Manager	SHELLER	3 4
4	DR. SABBIHA MOSTAL Peril III Beg IIN INDG-DIAMA 60101	(Sampo cy)	

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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