

## HAQUE & SONS LTD.



H443

MEDICAL EXAMINATION CERTIFICATE

TIAQUE & SUNS LID.	Accreditation No. A55144
ower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.	
Tel: +880-2-333316214-6, Fax: +880-2-333310530	PATIENT CONTROL NUMBER:

ACE AND DATE OF BIRTH  MYMENSINGH  15-F0b-1962  Male  Female  VESSEL TYPE: BULK CARRIER TRADING AREA: WORLD  CONTACT NUMBER:  OR88  OCONTACT NUMBER:  OR88  OCONTACT NUMBER:  OR88  OCONTACT NUMBER:  OCONTACT NUMBER:  OR88  OCONTACT NUMBER:  OR88  OR88  OR88  OCONTACT NUMBER:  OR88  OR88  OCONTACT NUMBER:  OR88  OR88  OR88  OR88  OCONTACT NUMBER:  OR88  OR88  OCONTACT NUMBER:  OR88  OR88  OR88  OCONTACT NUMBER:  OR88  OR88  OCONTACT NUMBER:  OR88  OR88  OCONTACT NUMBER:  OR88  OR88  OR88  OCONTACT NUMBER:  OCONTA	PASSPORT NUMBER   PASSPORT NUMBER   FH0889774   SEAMAN'S BOOK NUMBER   CO0788		ISLAM	FIRST NA		MD			MIDDLE NA	MONIR	UL	
TIONALITY: BANGLADESHI SEX: Male   Female   VESSEL TYPE: BULK CARRIER TRADING AREA: WORLD RIGHT WITHOUT AND READ TRADING AREA: WORLD RAMANENT HOME: ADDRESS: 0088 01842-308 PRANK: CHIEF ENGINE RANK: CHIEF	TIONALITY BANGLADESH SEX: Male   Female   VESSEL TYPE BULK CARRIER TRADING AREA   WORLD W MARKET.   CONTACT NUMBER: 0088 01842-30937   PPERTYPAIR, FLAT-VA-4, 2 GIRLS SCHOOL ROAD, NEW MARKET.   RANK: CHIEF ENGINEER   RANK: CHIEF E	ACE AN	ND DATE OF BIRTH	PASSPOR	RT NUMBE	R			SEAMAN'S			
PRINTPAIR, FLAT-V-4.4, 2 GRLS SCHOOL ROAD, NEW MARKET, ARAK: CHIEF ENGINE RANK: CHIEF ENG	PRIAMENT HOME ADDRESS:  Obegin of the following conditions?  Condition  VES NO  Condition  VES NO  Participation of the following conditions?  Condition  VES NO  Servision problem  Ser	MYME			EHO	089774				CO078	38	
PERTYPAIR, FLAT-VA-4, 2 GIRLS SCHOOL ROAD, NEW MARKET, ABAGAN, DHAKA, BANGLADESH    I	PERTYPAIR, FLAT-VA-4, 2 GIRLS SCHOOL ROAD, NEW MARKET,  ABAGAN, DHAKA, BANGLADESH    Lave you ever had any of the following conditions?    Condition	-		∠ Male	☐ Femal	e VE	SSEL TYP				REA: WO	ORLD W
Have you ever had any of the following conditions?    Condition   YES   NO   Condition   YES   NO	Lave you ever had any of the following conditions?   Condition   YES NO   Condition   YES NO   Is Eye/vision problem   Is Sleep problems   Is Sl		(P					CONTA	CT NUMBER	; 00	88 01842	-30997
Have you ever had any of the following conditions?    Condition	Lave you ever had any of the following conditions?			OOL ROAD,	NEW MAR	KET,		RANK -		C	HIEF ENG	INFER
Condition  YES NO  Fye/vision problem  Fye/vision problem  Hearl surgery  Hearl surgery  No operation/surgery  Hearl surgery  No operation/surgery  No ope	Condition  YES NO  Leyelvision problem  Lipid Biscep problems  Lipid Biscep Bisce	ABAG	AN, DHAKA, BANGLADESH									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Condition  YES NO  Legivision problem  Legivis	Condition  YES NO  Leyelvision problem  Lipid Biscep problems  Lipid Biscep Bisce	lave v	ou ever had any of the following con	nditions?		-				-		
1   Fye/vision problem	1 Eye/vision problem	idvo y	ou over had any or the following cor	iditions:				7.				
High blood pressure	High blood pressure	11/	Condition	YES			Conditio	on			YES	NO
Heart/vascular disease	Heart/vascular disease					18	Sleep pro	oblems			LI	19
Heart surgery	Heart surgery  Varicose veins  Varicose veins  Ashma/bronchitis  Ashma/bronchitis  Blood disorder  Blood disorder  Blood disorder  Blood disorder  Ashma/bronchitis  Carbon disorder  Blood disorder  Blood disorder  Carbon disorders  Carbon disorder  Carbon	-	High blood pressure	f.1		19					L1	
Heart surgery	4 Heart surgery 5 Varicose veins 6 Asthma/bronchulis 7 Blood disorder 8 Diabetes 9 1 24 Psychiatric problems 9 Thyroid problem 10 Digestive disorder 11 Kidney problem 11 28 Balance problem 12 Skin problem 13 Allergies 13 Allergies 14 Infectious/contagious diseases 14 Infectious/contagious diseases 15 Hemia 16 Genital disorders 17 Pregnancy 18 any of the above questions were answered "yes", please give details.  Additional questions  YES NO 16 Have you ever been bospitalised? 17 Are you aware that you have any medical problems, diseases or illnesses? 19 Are you laking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  It hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will	3	Heart/vascular disease			20	Operatio	n/surgery				
Solution	5 Varicose veins	4	Heart surgery		B	21						
Asthma/bronchitis	Asthma/bronchitis	5		<b>D</b> .	13	22						
Blood disorder	7 Blood disorder	6			19	100000		-	ness		П	D
8 Diabetes	8 Diabetes	7	Blood disorder		· B'	11.572.350					П	
9 Thyroid problem	9 Thyroid problem	0.0		3000		- 50.167						
Additional questions  Additional questions  Have you ever been declared unfit for sea duty?  Are you aware that you have any medical problems, diseases or illnesses?  Are you taking any non-prescription or prescription medications?  Are you taking any non-prescription or prescription medications?  Are you taking any non-prescription or prescription medications?	13 Allergies			5556	-	0.000.63						
Additional questions  Additional questions  Have you ever been declared unfit for sea duty?  Are you aware that you have any medical problems, diseases or illnesses?  Are you taking any non-prescription or prescription medications?  Are you taking any non-prescription or prescription medications?  Are you taking any non-prescription or prescription medications?	13 Allergies				1	12753						
Additional questions  Additional questions  Have you ever been declared unfit for sea duty?  Are you aware that you have any medical problems, diseases or illnesses?  Are you taking any non-prescription or prescription medications?  Are you taking any non-prescription or prescription medications?  Are you taking any non-prescription or prescription medications?	13 Allergies					233						
Additional questions  Additional questions  Have you ever been declared unfit for sea duty?  Are you aware that you have any medical problems, diseases or illnesses?  Are you taking any non-prescription or prescription medications?  Are you taking any non-prescription or prescription medications?  Are you taking any non-prescription or prescription medications?	13 Allergies				-	12.6						1
14 Infectious/contagious diseases	14 Infectious/contagious diseases		DAM MA			732/6			1000		1000	
15 Hemia	15 Hemia					7.78	Ear/nose	throat p	roblems			
17 Pregnancy	fany of the above questions were answered "yes", please give details.  Additional questions  YES NO  35 Have you ever been signed off as sick or repatriated from a ship?  36 Have you ever been hospitalised?  37 Have you ever been declared unfit for sea duty?  38 Has your medical certificate ever been restricted or revoked?  39 Are you aware that you have any medical problems, diseases or illnesses?  40 Do you feel healthy and fit to perform the duties of your designated position/occupation?  41 Are you allergic to any medications?  FIT FOR DUTY ON BOARD SHIP  42 Are you taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  Thereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will	14	Infectious/contagious diseases	£1		31	Restricte	d mobility	t			
17 Pregnancy	f any of the above questions were answered "yes", please give details.  Additional questions  YES NO  36 Have you ever been signed off as sick or repatriated from a ship?  36 Have you ever been hospitalised?  37 Have you ever been declared unfit for sea duty?  38 Has your medical certificate ever been restricted or revoked?  39 Are you aware that you have any medical problems, diseases or illnesses?  40 Do you feel healthy and fit to perform the duties of your designated position/occupation?  41 Are you allergic to any medications?  FIT FOR DUTY ON BOARD SHIP  42 Are you taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will	15	Hemia			32	Back pro	blems				
17 Pregnancy	If any of the above questions were answered "yes", please give details.  Additional questions  YES NO  36 Have you ever been signed off as sick or repatriated from a ship?  36 Have you ever been hospitalised?  37 Have you ever been declared unfit for sea duty?  38 Has your medical certificate ever been restricted or revoked?  39 Are you aware that you have any medical problems, diseases or illnesses?  40 Do you feel healthy and fit to perform the duties of your designated position/occupation?  41 Are you allergic to any medications?  FIT FOR DUTY ON BOARD SHIP  42 Are you taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will	16	Genital disorders		CI	33	Amputat	ion				11
Additional questions  YES N  36 Have you ever been signed off as sick or repatriated from a ship?  36 Have you ever been hospitalised?  37 Have you ever been declared unfit for sea duty?  38 Has your medical certificate ever been restricted or revoked?  39 Are you aware that you have any medical problems, diseases or illnesses?  40 Do you feel healthy and fit to perform the duties of your designated position/occupation?  41 Are you allergic to any medications?  FIT FOR DUTY ON BOARD SHIP	Additional questions  YES NO  35 Have you ever been signed off as sick or repatriated from a ship?  36 Have you ever been hospitalised?  37 Have you ever been declared unfit for sea duty?  38 Has your medical certificate ever been restricted or revoked?  39 Are you aware that you have any medical problems, diseases or illnesses?  40 Do you feel healthy and fit to perform the duties of your designated position/occupation?  41 Are you allergic to any medications?  FIT FOR DUTY ON BOARD SHIP  42 Are you taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will	17	Pregnancy	П	MA	34	Fracture	s/dislocat	ions			
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FIT FOR DUTY ON BOARD SHIP  42 Are you taking any non-prescription or prescription medications?	FIT FOR DUTY ON BOARD SHIP  42 Are you taking any non-prescription or prescription medications?  If yes, please list the medications taken and the purpose(s) and dosage(s)  I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will	35 36 37 38 39	Have you ever been signed off as Have you ever been hospitalised. Have you ever been declared unf Has your medical certificate ever Are you aware that you have any	? it for sea dut been restrict medical prot	y? ed or revok blems, disea	ed? ases or ill		Was target				4999
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Signature of Seafarer DICAL EXAMINATION	Weight & 6 Kg Height (cm) 168 BM30.0 Blood Pressure: Systolic-130 my Diastolic 80 my PULSE: 789	35 36 37 38 39 40 41 Commo 42 If yes, p	Have you ever been signed off as Have you ever been hospitalised. Have you ever been declared unf Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medication ents:  FIT  Are you taking any non-prescriptinglease list the medications taken and authorize the release of all my present my authorize th	rit for sea dut been restrict medical prot perform the is?  FOR DU  on or prescri and the purpos	y? ed or revok blems, disea duties of yo  TY ON B  ption medic e(s) and do  al records f also cortify s.	ed? ases or ill our desig  OARD ations? sage(s)  rom any ithat my	SHIP	ofessional ntained a	s, health inst bove is true a	PUL	ublic auth	e de
Signature of Seafarer  DICAL EXAMINATION  Weight & b Kg Height (cm) / 68 BM30.0 Blood Pressure: Systolic-130 My Diastolic W PULSE: 7 8  Ear Hearing by Audiometry Audiometry Hearing by Whisper Test	Weight & D. Height (cm) 168 BM 30.0 Blood Pressure: Systolic-130 M Diastolic D M PULSE: 7 8 1  Ear Hearing by Audiometry Audiometry Hearing by Whisper Test	35 36 37 38 39 40 41 Commo 42 If yes, p	Have you ever been signed off as Have you ever been hospitalised. Have you ever been declared unf Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medication ents:  FIT  Are you taking any non-prescriptinglease list the medications taken and authorize the release of all my present my authorize th	it for sea dutibeen restrict medical protoperform the perform the purpose evious medic practioner) I its and claims	y? ed or revok blems, disea duties of yo  TY ON B  ption medic e(s) and do  al records f also cortify s.  Blood Pre  Audion	ed? ases or ill our desig  OARD ations? sage(s)  rom any ithat my	SHIP health prohistory constolic-	ofessional ntained a	s, health instoove is true a	PUL:	ublic auth	e de
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Colour vision a	Right eye	Jnaided Left eye	Α						100000000000000000000000000000000000000	
Near Visual acuity n Colour vision a	ragin cyc	Lon eye	Right eye	ided	Loft eye			Normal	_ 0	efective
Visual acuity n Colour vision a			12/6	1	16	Right e	ve l	1		
Colour vision a		1	100	10	100	Left ey		-	-	
	neets the s	tandard laid dov	vn in STCW Code	Sect	jon A-1/9	VES I				
-c = 507 - 115166		W CODE Section	on A-I/9: J month/year) 18	APR		☐ Doubtf	ul	□ Defec	tive	
			Normal Abou						Name	Abnorma
Head			Normal Abno	Taller seen	Vario	ose veins			Normal	Abnorma
Sinuses, nose	throat		9 0			cular (inc. pedal	nulene\		ماوا	11
Mouth/teeth	, till oat					men and visce				П
Ears (general)			3 0		Hern		-		الما	
Tympanic mer			150		30	(not rectal exa	m)		الما	11
Eyes						system				ti
Opthalmoscop	ıv					er and lower ext	remities		14	IJ
Pupils	4.5		F. I			e (C/S, T/S and			4	П
Eye movemen	it		U 1			ologic (full brief			سا	IJ
Lungs and che						hiatric	500			D
Breast examin			NAR I		100000000000000000000000000000000000000	eral appearance	2		(Jun	П
Heart				3	Skin				19-	
ESULTS OF A	NCILLARY	EXAMINATION	IS						DunE-Dai	
Chest X-Ray		Me	BIO CHEMICA	L (LIV	ER FUN	CTION TEST)	Marijuana		☐ Positive [	
ECG		mo	BILIRUBIN		0.	7	Alcohol Test	1	☐ Positive L	1 Negative
	BLOOD R	Æ.	SGPT		2	9	URINE R/E		7	MO
DC(differentia	count)	MADO	SGOT		90	1		01	HERS	
HAEMOGLOE	BIN (HGB)	14.1	DRUG	AND A	ALCOHØ	TEST	HBsAg	1	Reactive	Nonreacti
ESR (WESTE	RGREN)	06	Morphine		Positive	□ Negative	HIV / AIDS To	est !	Reactiv	Nonreacti
WBC		6.900	Amphetamine		Positive	□ Negative	VDRL	1	Reactive	Nonreactiv
BLOOK	GLUCOS		Phencyclidine	D	Positive	☐ Negative	Blood Type		B+(	VE)
RANDOM		6.9	Barbiturates	D	Positive	□ Negative	Psychologica	l Exam	2	mo
HBA1C		5.4%	Cocaine	13	Positive	□ Negative	Others(KUB	Ultrasor	1	VIE
reby I declare t		knowledge of the	ne contents of the	N	ID MONI	RUL ISLAM Seafarer				PR 2023 Date
sessment of f	itness for	service at sea:							A 2000 W	
the basis of th aminee medica			claration, my clinic for lookout duties		amination	and the diagno	stic test results Not fit for			eclare the
1		Dec	k service		Engine s	ervice	Catering se	ervice	Ott	ner services
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rfit									3-14-14-1	
	Withou	t restrictions		)	With	restrictions		4 109	the state of	
							.2			
		y medical condit r persons on bo	Yes	E	No 🗆	ervice at sea or	to render the s	seafarer u	infit for such	service or to
		manific markles		c dies	1/-					
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escribe restriction	nedical exa	iminer (e.g., refe	erral):	_	1/100	d Hote		17 40	וניחני ם	
escribe restriction	nedical exa		erral):	d	Vali	d Until :		17 AP	R 2024	

DATE OF BIRTH:			GIVEN NAME (S): MD MONIR	UL
		PI	LACE OF BIRTH	SEX
DAY <b>15</b>	MONTH 2 YEAR	1962 C	ITY MYMENSING COUNTRY	BANGLADES MALE FEMAL
POSITION ON BOAF	3 P. S.	100000	IAILING ADDRESS OF APPLICA	
MASTER		P	ROPERTYPAIR, FLAT-VA-4, 2 G	IRLS SCHOOL ROAD,
DECK OFFICER		N	EW MARKET, KALABAGAN, DI	IAKA, BANGLADESH
NGINEERING OFFI	ICER			
ADIO OPERATOR				
	THE AUTHORIZED PHYSIC	CIAN		
	VISION	CHINAL	COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASS		TIENTITO
RIGHT EYE	MINIOUT GEAGGES	1//	2 LANTERN	200
doni ere	<del></del> -	616	YELLOW MARINE	RIGHT EAR
		111		0000
EFT EYE		610	GREEN MBLUE M	LEFT EAR
Confirmation that ide	ntification documents were	checked at the p	oint of examination: YES NO	
learing meets the st	andards in STCW Code, Se	ction A-1/92-YF	S NO NOT APLICA	BLF
Inaided hearing satis	sfactory? **S NO			
isual acuity meets s	standards in STCW Code, Si	الار ?ection A-1/9	rs no	
colour vision meets :	standards in STCW Code, S	Section A-1/9? Y	INO NO	
the visual test it is re	equired every six years)			
	ur vision test: (Day/Month/Ye	18	APR 2023	
	ct lenses necessary to meet		ion standards? YES NO	
		the required vis	ion standards? TES INC	
Able for watchkeepin	<del>-</del>			
	ny non-prescription or prescr			200
	rom any medical condition lil of other persons on board2.		vated by service at sea or to render th	e seafarers unfit for such service or to
Hereby I declare that	t I am in knowledge of the co	ontents of the Ph	nysical Examination.	
		MD MONIF	RUL ISLAM	
				1 8 APR 2023
	im		*******	
The	Applicant	Name of		Date
Signature of	INTE QUIQUOE ME LOU		,	and the second s
CIRCLE APPROP	IATE CHOICE: (HE / SHI FFICER / RADIO OPERA	E) IS FOUND 1	TO BE (FPT) NOT FIT) FOR DUT	Y AS A (MASTER / DECK OFFCIER
CIRCLE APPROP	IATE CHOICE: (HE / SHI FFICER / RADIO OPERA	E) IS FOUND ATOR / RATING	TO BE (FIT / NOT FIT) FOR DUT G) (WITHOUT ANY / WITH THE	Y AS A (MASTER / DECK OFFCIER FOLLOWING) RESTRICTIONS:
CIRCLE APPROP	IATE CHOICE: (HE / SHI FFICER / RADIO OPERA	E) IS FOUND ATOR / RATING	TO BE (FPT) NOT FIT) FOR DUT	Y AS A (MASTER / DECK OFFCIER FOLLOWING) RESTRICTIONS:
CIRCLE APPROPENGINEERING O	FFICER / RADIO OPERA	E) IS FOUND TATOR / RATING	TO BE (FIT / NOT FIT) FOR DUT G) (WITHOUT ANY / WITH THE	Y AS A (MASTER / DECK OFFCIER FOLLOWING) RESTRICTIONS:
CIRCLE APPROPENGINEERING O	FFICER / RADIO OPERA E OF PHYSICIAN: DR. MIR AL HOSPITALS LIMITED, U	E) IS FOUND ATOR / RATING FIT FOR DO MD. RAIHAN; M	TO BE (FIT / NOT FIT) FOR DUT G) (WITHOUT ANY / WITH THE JTY ON BOARD SHIP M.B.B.S(D.U.), REG. NO. A-55144 A-1230	FOLLOWING) RESTRICTIONS:
CIRCLE APPROPENGINEERING O	FFICER / RADIO OPERA E OF PHYSICIAN: DR. MIR AL HOSPITALS LIMITED, U	E) IS FOUND ATOR / RATING FIT FOR DO MD. RAIHAN; M	TO BE (FIT / NOT FIT) FOR DUT G) (WITHOUT ANY / WITH THE JTY ON BOARD SHIP M.B.B.S(D.U.), REG. NO. A-55144	FOLLOWING) RESTRICTIONS:
CIRCLE APPROPENGINEERING OF PHYSICIA	FFICER / RADIO OPERA E OF PHYSICIAN: DR. MIR AL HOSPITALS LIMITED, U	FIT FOR DE MD. RAIHAN; M ITTARA, DHAKA HORITY: BANG	TO BE (FIT / NOT FIT) FOR DUT G) (WITHOUT ANY / WITH THE JTY ON BOARD SHIP M.B.B.S(D.U.), REG. NO. A-55144 A-1230 LADESH MEDICAL AND DENTAL C	FOLLOWING) RESTRICTIONS: OUNCIL (B.M.D.C.)
CIRCLE APPROPENGINEERING OF PHYSICIA	FFICER / RADIO OPERA  F OF PHYSICIAN: DR. MIR  AL HOSPITALS LIMITED, U  AN'S CERTIFICATING AUTI	FIT FOR DE MD. RAIHAN; M ITTARA, DHAKA HORITY: BANG	TO BE (FIT / NOT FIT) FOR DUT G) (WITHOUT ANY / WITH THE JTY ON BOARD SHIP M.B.B.S(D.U.), REG. NO. A-55144 A-1230 LADESH MEDICAL AND DENTAL C	FOLLOWING) RESTRICTIONS:
CIRCLE APPROPENGINEERING OF PHYSICIA	FFICER / RADIO OPERA F OF PHYSICIAN: DR. MIR AL HOSPITALS LIMITED, U AN'S CERTIFICATING AUTH HYSICIAN'S CERTIFICATE:	FIT FOR DE MD. RAIHAN; M JTTARA, DHAKA HORITY: BANG 06-MAY-2014	TO BE (FIT / NOT FIT) FOR DUT G) (WITHOUT ANY / WITH THE JTY ON BOARD SHIP M.B.B.S(D.U.), REG. NO. A-55144 A-1230 LADESH MEDICAL AND DENTAL C	FOLLOWING) RESTRICTIONS: OUNCIL (B.M.D.C.)
CIRCLE APPROPENGINEERING OF PHYSICIAL DATE OF ISSUE PH	FFICER / RADIO OPERA F OF PHYSICIAN: DR. MIR AL HOSPITALS LIMITED, U AN'S CERTIFICATING AUTH HYSICIAN'S CERTIFICATE: HYSICIAN:	MD. RAIHAN; MOTTARA, DHAKAHORITY: BANG	TO BE (FIT NOT FIT) FOR DUT G) (WITHOUT ANY / WITH THE  TY ON BOARD SHIP  M.B.B.S(D.U.), REG. NO. A-55144  A-1230  LADESH MEDICAL AND DENTAL C  STAMP OF PHYSICIAN:  APR 2024	OUNCIL (B.M.D.C.)  DATE: 18 APR
CIRCLE APPROPENGINEERING OF PHYSICIAL DATE OF ISSUE PH	FFICER / RADIO OPERA F OF PHYSICIAN: DR. MIR AL HOSPITALS LIMITED, U AN'S CERTIFICATING AUTH HYSICIAN'S CERTIFICATE:  EXECUTE:  This of	E) IS FOUND TOTOR / RATING FIT FOR DE MD. RAIHAN; M JTTARA, DHAKA HORITY: BANG 06-MAY-2014 S 17 certificate is issue	TO BE (FHY NOT FIT) FOR DUT G) (WITHOUT ANY / WITH THE JTY ON BOARD SHIP M.B.B.S(D.U.), REG. NO. A-55144 A-1230 LADESH MEDICAL AND DENTAL C  STAMP OF PHYSICIAN:  APR 2024  Med in compliance with the requirement	OUNCIL (B.M.D.C.)  DATE: 18 APR
CIRCLE APPROPENGINEERING OF PHYSICIAL DATE OF ISSUE PH	FFICER / RADIO OPERA  F OF PHYSICIAN: DR. MIR  AL HOSPITALS LIMITED, U  AN'S CERTIFICATING AUTH  HYSICIAN'S CERTIFICATE:  THIS CERTIFICATE:  Of the STCIF Come	E) IS FOUND TATOR / RATING FIT FOR DE MD. RAIHAN; M JITTARA, DHAKA HORITY; BANG 06-MAY-2014  S 17 certificate is issuention, 1978, as	TO BE (FIT / NOT FIT) FOR DUT G) (WITHOUT ANY / WITH THE ITY ON BOARD SHIP  M.B.B.S(D.U.), REG. NO. A-55144  A-1230  LADESH MEDICAL AND DENTAL C  COLH  AS Per-	OUNCIL (B.M.D.C.)  DATE: 18 APR
CIRCLE APPROPENGINEERING OF PHYSICIADATE OF ISSUE PH	FFICER / RADIO OPERA F OF PHYSICIAN: DR. MIR AL HOSPITALS LIMITED, U AN'S CERTIFICATING AUTH HYSICIAN'S CERTIFICATE:  EXECUTE:  This of	E) IS FOUND TOTOR / RATING FIT FOR DE  MD. RAIHAN; M  JTTARA, DHAKA  HORITY: BANG  06-MAY-2014  S  17  certificate is issuention, 1978, as  RAIHAN  D) PGT (Ophth)	TO BE (FHY NOT FIT) FOR DUT G) (WITHOUT ANY / WITH THE JTY ON BOARD SHIP M.B.B.S(D.U.), REG. NO. A-55144 A-1230 LADESH MEDICAL AND DENTAL C  STAMP OF PHYSICIAN:  APR 2024  Med in compliance with the requirement	OUNCIL (B.M.D.C.)  DATE: 18 APR





Id No : 0466

Patient's Name: MD MONIRUL ISLAM

Specimen

: Blood

Date: 18-Apr-2023

D.Date: 18-Apr-2023

Age: 61Y 2M 3D

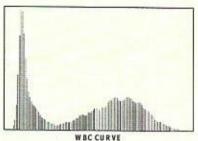
Gender: Male

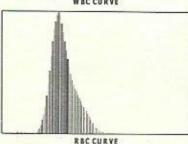
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/0788

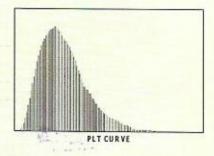
### Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	<b>14.1</b> gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	<b>6,900</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)	2545550	
Neutrophils	51 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	37 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	10 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	138 /cumm	50-450/cumm
Total RBC Count	4.94 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	46.6 %	M: 40-54%, F:37-47%
MCV	94.3 fL	76 - 94 fL
MCH	28.5 pg	27 - 32 pg
MCHC	30.3 g/dL	29 - 34 g/dL
RDW	16.3 %	11 - 16 %
PDW	16.2 fL	35 - 56 fl
Total Platelete Count (PC)	1,88,000 /cumm	150,000-450,000/cumm
MPV	8.3 fL	7.0 - 11.0 fL
PCT	0.156 %	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.



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

Bill No	DIA23040466	Received Dat	e 18/04/2	2023
Patient's Name	MD MONIRUL ISLAM	Treating Dur	10/04/2	2020
Patient's Age	61Y 2M 3D	Patie	nt's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	CDC NO	C/O/0788
Sample	BLOOD		333110	0,0,0,00

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl

RADICAL

Checked By

STV

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



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Bill No	DIA23040466	Received Date	18/04/2023
Patient's Name	MD MONIRUL ISLAM		
Patient's Age	61Y 2M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	DEM),PGT(Eye),DFM	CDC NO:C/O/0788
Sample	URINE		

#### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	0-1/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

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