

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: SOHEL PATWARY

Sex: M

Serial No: _____

Summae

First Name

Middle Initial

Date of Birth: 01/01/1978

PP/CDC: T/23088

Rank: PUMP MAN

Vessel: PEREGRINE PACIFIC

Type: TANKER

Route: _____

Home Address: MIRPOR DHAKA

Company Name: PAPER SHIP SINGAPORE

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		☒		☒	Hernia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High / Low blood pressure / Heart disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / Bronchitis / Tuberculosis		☒		☒
Eye / Vision Problems (Glasses, etc.)		☒		☒	Allergy / Skin disease		☒		☒
Hearing Impairment		☒		☒	Infection / Contagious Disease		☒		☒
Ear / Nose / Throat problems		☒		☒	Addiction to alcohol / drugs / tobacco		☒		☒
Stomach / Bowel disorders		☒		☒	Fracture / Dislocation / Injury / Amputation		☒		☒
Gall stones / Kidney disorders		☒		☒	Major / Minor Operation		☒		☒
Jaundice / Liver Disease		☒		☒	Diabetes		☒		☒
Piles / Varicose veins		☒		☒	Nervous / Mental disease / Sleep disorder		☒		☒
Blood Disorder		☒		☒	Malignant disease (Cancer)		☒		☒
Female Disorder		☒		☒	Signed off on medical grounds / Declared Unfit		☒		☒

Medical Examination

Height	Weight in Kgs	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
165cm	60kg	43-41		130/84 mmHg	78/min	18.5/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision		Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal		Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal		Left Ear	dB	20	20	20					
Colour Vision	Ishihara		Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other		Normal	Abnormal		14				14				

Systemic Examination

	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	☒		FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	☒	
Eyes	☒			Cardiovascular system	☒	
Ears / Nose / Throat	☒			Per Abdomen	☒	
Teeth / Oral Cavity	☒			Genito-urinary system	☒	
Musculo-Skeletal system	☒			Others	☒	
Nervous system	☒			Hernia / Hydrocoele	☒	
Reflexes	☒			Varicose Veins	☒	
Skin	☒			Fissure/Fistula/Piles	☒	

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	<u>13.3 gm%</u>	14-16 gm %	Colour	<u>Straw</u>
Total WBC count	<u>6.900 cu.mm</u>	4000-11000 / cu.mm	Specific Gravity	<u>1.021</u>
Neu % Lymph	<u>40%</u>		pH	<u>5</u>
Malarial parasite	<u>12 NO TROPHOZOITE</u>		Albumin	<u>0</u>
ESR	<u>12 mm / 1st hour</u>	1-15 mm / hr	Sugar	<u>0</u>
SGPT	<u>U/L</u>	9-43 U / L	Bile pigment	<u>0</u>
S.Cholesterol	<u>mg/dl</u>	145-260 mg / dl	Bile salts	<u>0</u>
S.Triglycerides	<u>mg/dl</u>	upto 200 mg / dl	Occult blood	<u>0</u>
Blood Sugar	<u>RBS</u>	upto 125 mg %	RBC cells	<u>0</u>
HbsAg	<u>Negative</u>		Leucocytes	<u>0</u>
HIV I & II	<u>Negative</u>		Others	<u>0</u>
VDRL	<u>Negative</u>			
Others	<u>Non Keut.</u>		Spirometry:	<u>N/D</u>
Blood Group		GGTP U/L	Drugs of Abuse:	<u>Negative</u>

ECG: <u>Normal</u>	TMT: <u>N/D</u>	USG: <u>Normal</u>
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Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically Fit / Unfit / Temporarily unfit / Permanently unfit / Should be re-examined in _____ days / weeks / months.

Remarks / Recommendations:

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 12 APR 2025

Candidate's Signature: _____

Date: 13 APR 2023



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

04.2023.3772



MARITIME AND PORT AUTHORITY OF SINGAPORE

M P A
SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name : (Last, first, middle) PATWARY SOHEL		Gender: Male/Female* Female
Date of Birth: (Day/month/year) 01-01-1978	Nationality: INDIAN	Place of Birth: BANGLADESH

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	☒	☐
2	Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3	Unaided hearing satisfactory?	☒	☐
4	Visual acuity meets the standards in STCW Code Section A-I/9?	☒	☐
5	Colour vision meets the standards in STCW Code Section A-I/9?	☒	☐
	Date of last colour vision test: 13 APR 2023		
6	Fit for look-out duty?	☒	☐
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	☒	☐
8	No limitations or restrictions on fitness?	☒	☐
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year)	13 APR 2023	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	12 APR 2025	

13 APR 2023

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

Date

Signature of Authorised
Medical PractitionerMedical Practitioner's Official stamp
(name, licence number, address etc)

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

Signature of Seafarer

* delete as appropriate



**MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION**



RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

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

Seafarer's Name : (Last, first, middle) (BLOCK CAPITALS) PATWARY SOHEL		Gender: Male/Female*
Date of Birth: day/month/year 05-01-1978	Place of Birth: LAXMIPUR	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners:	Dept: Deck / Engine / Catering / others Rank: ☒	Type of ship:
Home Address: 29/4/KAF SOUTH PIKE PARK MIRPOUR - DHAKA	Routine and emergency duties:	Trading area: e.g. coastal / worldwide

*For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

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

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



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☐

No

☐

Yes

Type

Purpose

Visual Acuity

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

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision (please tick)

☐ Not tested
 ☒ Normal
 ☐ Doubtful
 ☐ Defective

Hearing

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

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	165 (cm)	Weight	60 (kg)
Pulse rate	(per minute) 78	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	130	Diastolic (mm Hg)	80
Urinalysis: Glucose:	Nil	Protein:	Nil
		Blood:	Nil

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



Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		✓
36. Have you ever been hospitalized?		✓
37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even been restricted or revoked?		✓
39. Are you aware that you have any medical problems, diseases or illnesses?		✓
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
41. Are you allergic to any medication?		✓
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

13/04/23.

Date



Signature of Seafarer

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

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. MR. MD. RAIHAN.

13/04/23

Date



Signature of Seafarer

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

Name and Signature of Witness



Ears (general)	/	
Tympanic membrane	/	
Eyes	/	
Ophthalmoscopy	/	
Pupils	/	
Eye movement	/	
Lungs and chest	/	
Breast examination	N/A	
Heart	/	
Skin	/	
Varicose Vein	/	
Vascular (inc. pedal pulse)	/	
Abdomen and viscera	/	
Hernia	/	
Anus (not rectal exam)	/	
G-U system	/	
Upper and lower extremities	/	
Spine (C/s, T/S, L/S)	/	
Neurologic (full/brief)	/	
Psychiatric	/	
General appearance	/	

Chest X-ray

13 APR 2023

☐ Not performed

☒ Performed on (day/month/year):

Results: *Normal chest X-ray*

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

Test: *Blood Test*

Results: *Normal*

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

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea (please tick)

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

☒ Fit for look out duty

☐ Unfit for lookout duty

☐ Visual aid required

☒ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
☒ Fit				
☐ Unfit				



☒ Without restrictions ☐ With restrictions

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

13 APR 2023



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Date

Signature of
Medical Practitioner

Medical Practitioner's name, licence number, address



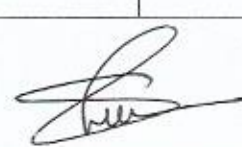
MEDICAL FITNESS CERTIFICATE

Name: <u>SOHEL PATWARY</u>		Photo
Sex: Male / Female	Date of Birth: <u>01.01.1978</u>	
Nationality: <u>BANGLADESHI</u>	Passport No: <u>EB-0795550</u>	
Occupation/Rank: <u>PUMP MAN</u>		
Date of Issue: <u>13 APR 2023</u>		
Date of Expiry: <u>12 APR 2025</u>		
Signature of Holder: 		

This is to certify that the lawful holder had been found duly qualified in accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation 1/9 and ILO/WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers.

Declaration of the recognized Medical Practitioner:			
Confirmation that identification documents were checked at the point of examination?	☒ Yes / No	Fit for look out duties	☒ Yes / No
Hearing meets the standards in section A-1/9 of STCW Code?	☒ Yes / No	Fit for service at sea	☒ Yes / No
Unaided hearing satisfactory?	☒ Yes / No	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?	☒ Yes / No
Visual acuity meets standards in section A-1/9 of STCW Code?	☒ Yes / No	Any limitations or restrictions on fitness? If Yes, Please specify	☒ Yes / No
Color Vision meets standards in section A-1/9 of STCW Code?	☒ Yes / No		
Date of last color vision test <u>13 APR 2023</u>			

Date 13 APR 2023


Examining Physician Signature & Stamp

Validity of certificate: 2 years from the date of issue except for persons below 18 years on the date of medical examination where this certificate is valid for 1 year from the date of issue.

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Clinical Findings

Height: (cm)	165	Weight: (kg)	60
Pulse rate: /minute	78	Rhythm:	Regular
Blood Pressure: Systolic: (mm Hg)	130	Diastolic: (mm Hg)	80

Visual acuity						
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right Eye	Left Eye	Binocular
Distant	6/6	6/6	✓			
Near			✓			

Hearing			
	Normal	Normal speech at a distance of 4m	Otoscopy (Tympanic Membrane)
Right ear	✓		
Left ear	✓		

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision	
Normal	Defective
✓	

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose veins	✓	
Sinuses, nose, throat	✓		Vascular (inc. pedal pulses)	✓	
Mouth/teeth	✓		Abdomen and viscera	✓	
Ears (general)	✓		Hernia	✓	
Eyes	✓		Anus (not rectal exam)	✓	
Ophthalmoscopy	✓		G-U system	✓	
Pupils	✓		Upper and lower extremities	✓	
Eye movement	✓		Spine (C/S, T/S and L/S)	✓	
Lungs and chest	✓		Neurologic (full/brief)	✓	
Breast examination	✓		Psychiatric	✓	
Heart	✓		General appearance	✓	
Skin	✓				

Other diagnostics Tests and results				
Test	Result			
Chest X-ray	Normal			
HIV	Negative			
VDRL	Non Reactive			
Urinalysis:	Glucose: Nil	Protein: Nil	Blood: Nil	
ECG(if required):				

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

☒ Fit for look-out duty ☐ Not fit for look-out duty

☒ Fit ☐ Deck service ☐ Engine service ☐ Catering service ☐ Other service
☐ Unfit ☐ Without restrictions ☒ With Restrictions ☐ Visual aid required ☐ Yes ☒ No

Describe restrictions (e.g., specific position, type of ship, trade area)

Medical certificate's date of expiration (day/month/year): 12 APR 2025
 Date Medical certificate issued (day/month/year): 13 APR 2023
 Medical practitioner information (name, license number, address):

Signature of Medical Practitioner



DR. MIR. MD. RAIHAN
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Pre-Employment and Periodic Medical Fitness Certificate of Seafarers

Issued in accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation I/9 and ILO/WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers.

Name: (last,first,middle)	Date of birth (day/month/year):
Gender: (male/female)	Nationality:
Home Address:	
Passport No.	Discharge book No.:
Type of Ship: (e.g. container, tanker, passenger, fishing)	Trade Area: (coastal, tropical, worldwide)
Department: (Deck, Engine, Catering, Other)	

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

If you answered "yes" to any of the above questions, please give details:

Additional questions

35. Have you ever been signed off as sick or repatriated from a ship?

36. Have you ever been hospitalized?

37. Have you ever been declared unfit for sea duty?

38. Has your medical certificate even been restricted or revoked?

39. Are you aware that you have any medical problems, diseases or illnesses?

40. Do you feel healthy and fit to perform the duties of your designated position/ occupation?

41. Are you allergic to any medication?

Comments:

FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription or prescription medications?

If you answered "yes" to any of the above questions, please give details:

I hereby certify that the personal declaration above is a true statement to the best of my knowledge. I am fully aware that if I withhold any information, this pre-employment examination will be considered null and void. I am aware that the information supplied by me forms the basis upon which I will be offered employment as seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and/or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and/or owners and/or insurers of the vessel or their authorized representatives. I am aware of the results of this checkup and my rights to a review in case the result is unfit or fit with any limitations.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____ (the approved medical practitioner).

Date (day/month/year)

13 APR 2023

Signature of examinee:

Witnessed by: (Signature)

Name: (typed or printed)

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birm), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.



Id No : 0344 **Date** : 13-Apr-2023 **D.Date** : 13-Apr-2023
Patient's Name : SOHEL PATWARY **Age** : 45Y 3M 12D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: T/33088

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.3 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. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	12 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	6,900 /cumm	
Differential WBC Count (DC)		
Neutrophils	55 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	40 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	207 /cumm	50-450/cumm
Total RBC Count	4.73 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.5 %	M: 40-54%, F:37-47%
MCV	79.3 fL	76 - 94 fL
MCH	28.1 pg	27 - 32 pg
MCHC	35.5 g/dL	29 - 34 g/dL
RDW	14.8 %	11 - 16 %
PDW	12.8 fL	35 - 56 fL
Total Platelete Count (PC)	1,54,000 /cumm	150,000-450,000/cumm
MPV	14.3 fL	7.0 - 11.0 fL
PCT	0.077 %	0.1 - 0.5 %
Bleeding 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

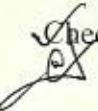
East West Medical College & Hospital.

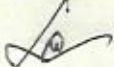
Bill No	DIA23040344	Received Date	13/04/2023
Patient's Name	SOHEL PATWARY		
Patient's Age	45Y 3M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/33088
Sample	BLOOD		

SEROLOGICAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
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RADICAL

Checked By

Medical Technologist
Radical Hospitals Ltd.


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



Bill No	DIA23040344	Received Date	13/04/2023
Patient's Name	SOHEL PATWARY		
Patient's Age	45Y 3M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/33088
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

East West Medical College and Hospital



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DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologist
Radical Hospitals Ltd.

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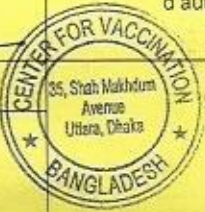
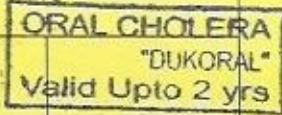
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CON TRE LE CHOLERA**

SOHEL PATWARY

This is to certify that
JE Soussigne' (e) certifie que _____ date of birth *03/02/1978* Sex *MALE*
no' (e) le _____ sexe

Whose signature follows
dont la signature suit _____

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualité profes- sionnelle vaccinateur	Approved Stamp Cachet d'authentification
<i>09 MAY 2022</i>	<i>[Signature]</i> DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Opnth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 
2		
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de cette période de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut entraîner sa validité.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

SOHEL PATWARY

This is to certify that / JE Soussigne' (e) certifie que _____ date of birth / no' (e) le 02/03/1978 sex / sexe MALE

Whose signature follows / don't la signature suit [Signature]

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
09 MAY 2022	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CDC (Infect), PGD (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by 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 in days after the date of vaccination or in the event of a revaccination within such period of ten years, from the date of the revaccination.

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

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre où il a été administré a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à compter de dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant en tenir lieu.

Toute altération ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.