

HAQUE & SONS LTD.

Tel: +880-2-333316214-6, Fax: +880-2-333310530



Accredited By BMDC

Accreditation No. A55144

PATIENT CONTROL NUMBER

HSL-003185

MEDICAL EXAMINATION CERTIFICATE

PLACE AND DATE OF BIRTH PASSPORT NUMBER	R	CEALAND				
BHOLA 15-Jan-1997 A03	2802812	SEAMAIN:	SEAMAN'S BOOK NUMBER CO10017			
	ale Female VESSEL TYPE : 0		TRADING AREA:	WORLD WIDE		
PERMANENT HOME ADDRESS : HOLDING 645, ABHAWA OFFICE ROAD, BAPTA, WARD NO 01, BI	ÇÇ	NTACT NUMBE	R: 0088 0	1782405441		

BHOLA 15-Jan-1997	DATE OF BIRTH PASSPORT NUMBER SEAMAN'S BOOK NUMBER 4 15-Jan-1997 A02802812 CO10017						
TIONALITY: BANGLADESHI SEX:	U Male	□ Female	-	EL TYPE : 0	CO10017 OILICHEM TANKER TRADING AREA: WORLI		D) D 140
RMANENT HOME ADDRESS:	Iviaic	r) (Cittale	VI.00		ACT NUMBER :	0088 01782	ORLD WI
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DEL, BHOLA SADAR-8300, BHOLA, BA	NGLADESH	0,	OLA UADI	RANK		4TH ENG	INEER
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	П	4	200 SAS - 1 DAY	eep problems			V
- agri orese pressure		4		you smoke?			W
The state of the s		Jr		peration/surge			th
. rount dangery		4	100000000000000000000000000000000000000	ilepsy/seizure		IJ	4
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The initial of originals	D	4		ss of consciou			4
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10 Digestive disorder	- 0	4		ss of memory		[.]	1
11 Kidney problem	- 11	4		lance problem	Ü	1.1	4
12 Skin problem	U	4		vere headach	5.50	[]	1
13 Allergies	П	4		r/nose/throat		П	J
14 Infectious/contagious diseases	Et.	4		stricted mobili	ty	CI	J
15 Hemia		4	32 Ba	ck problems			4
16 Genital disorders		4		nputation		П	J.
17 Pregnancy f any of the above questions were answer	П	4	34 Fr	actures/disloca	itions	[]	4
38 Has your medical certificate ever 39 Are you aware that you have any 40 Do you feel healthy and fit to	medical prob	lems, diseas	es or illnes	ses?		0	999
41 Are you allergic to any medication		uties of you	ir designati	ed position/occ	supation?	2	
Comments:	15 ?						4
(and	OR DUTY	ON BOA	RD SHIP	ח		9	
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42 Are you taking any non-prescripti	on or prescrip	tion medicat	ions?				4
42 Are you taking any non-prescripti	on or prescrip d the purpose	tion medicat e(s) and dosa	ions? age(s)				4
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42 Are you taking any non-prescripti f yes, please list the medications taken an	d the purpose	e(s) and dosa	age(s)				
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DOLLER	BLOOD R	MA	SGPT SGOT	-	0	2	ORINE R/E	OTHE	RS // I	
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	TERGREN)	0.5	Morphine			Negotive	HIV / AIDS Test		Reactiv Nonreactiv	
WBC	- LINGINEIN)	8.000	Amphetamine			Negative	VDRL		Reactiv Nonreactiv	
	OD GLUCOS	8-000	Phencyclidine	_	-	Negative	Blood Type		BUND	
RANDOM		3-5	Barbiturates	DI	Positive (Negative	Psychological Exam	n	MAD	
HBA1C		5:31	Cocaine		Positive	Negative	Others(KUB Ultras	0	IVIE	
reby I decla	re that I am in	knowledge of t	he contents of the	Physic	al exami	nations:			1 3 AUG 2023	
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anibMUSeafareRs/YouWaffiorHT9467Rg. 78 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

F 4 (1781 3 1 2 3 4 5 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CAPANIT		OBLIC OF LIBERIA	MIDDLE BUTLA
LAST NAME OF APPLICANT FIRST NA				MIDDLE INITIAL
DEY		KAMOL	WWW.	CHANDRA
DATE OF BIRTH		PLACE OF BIR	CTH	SEX
1	15 1997		BANGLADESH	
MONTH	DAY YEAI	CITY	COUNTRY	MALE FEMALE
EXAMINATION FOR	DUTY AS:		MAILING ADDRESS OF API	PLICANT:
MASTER	RATING		OFFICER PARA, WARD N	O 02, , BHOLA SADAR MODEL,
MATE	MOU DEC	rk 🔲	BHOLA SADAR-8300, BHO	DLA, BANGLADESH
ENGINEER .	MOUEN	GINE [
RADIO OFF	SUPERNU	MERARY		
MEDICAL EXAMI	NATION (SEE PAG	GE 2) STATE DETA	AILS ON PAGE 2	
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VISION:	RIGHT EYE	LEFT	YE /	
WITHOUT GLASSES	616	1 _ 51	2	
WITH GLASSES	-1	1	2 110 2023	
DATE OF LAST COL	OR VISION TEST (N	Ionth/Day/Year)	3 AUG 2023 Testing Req	quired every 6 years
COLOR VISION MEE	TS STANDARDS IN	STCW CODE, TABL	E A-1/9? YES	NO 🗌
COLOR TEST TYPE. BO	OOK " LANTERN " CH	ECK IF COLOR TEST I	S NORMAL YELLOW	RED GREEN BLUE
HEARING	RT EAR	m)	LEFT YEAR	m
HEAD AND NECK	No	home	HEART (CARDIOVASCULAR)	Norm!
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EXTREMITIES:	1701	(11-)		
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EXAMINATION ON			No.	
	Kemal		13 AUG 2023	1 2 AUG 2025
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	D TO BE (FIT) (NOT			RADIO OFFICER, RATING, MOU DECK,
MOU ENGINE or SUI NAME AND DEGI		N DR. MIR MI	D , RAIHAN ; M.B.B.S (D.U), R	REG.NO.A-55144
				R-12, UTTARA, DHAKA-1230, BANGLADE
-			Y DG SHIPPING, BANGLADE	
DATE OF ISSUE C			6-May-14	
SIGNATURE OF P	/	4	DATE OF EXA	MINATION: 13 AUG 2023
This certificate is is				and in compliance with the requirements o
			n, 2006 for the Medical Examinat	
The Medical Certifi	cate shall be valid f	or no more than two	(1) years from the date of the Exit (1) year for those under 18 years of	amination for mose over 18 years of age ar
RLM-l05M (REV	. 12/17) DR. N MB88 iDu	MIR. MD. RA DFM, CCD (Birdem), P(IHAN ST (Ophth)	ASPERMIC-2006 *

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

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION ; A) Complete Blood Count., B) Blood Sugar Estimation, .

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

13 AUG 2023

5. EYE EXAMINATION FOR V/A & C/V

HOSPITAL GOOD AND THE PROPERTY OF THE PROPERTY

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

RLM-105M (REV. 12/17)

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

LAST NAME OF APPLICANT	FIRST NAM	E	MIDDLE INITIAL
DEY	KAMOL		
DATE OF BIRTH	PLACE OF E	RIRTH	CHANDRA SEX
7	97	BANGLADESII	SEX
	AR CITY		Luis Tissus -
EXAMINATION FOR DUTY AS:	AK CITT	COUNTRY	MALE FEMALE
MASTER RATING	, ,	MAILING ADDRESS OF API	
MATE MOUD	-	=	0 02, , BHOLA SADAR MODEL,
ENGINEER MOUE		BHOLA SADAR-8300, BHO	LA, BANGLADESH
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	der m	7854 RESPIRATION	GENERAL APPEARANCE
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DATE OF LAST COLOR VISION TEST	(Month/Day/Year)	1 3 AUG 2023 Testing Requ	nired every 6 years
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COLOR VISION MEETS STANDARDS	atrocki i tra separationi.		NO L
COLOR TEST TYPE: BOOK * LANTERN * (THECK IF COLOR TEST	IS NORMAL YELLOW	RED GREEN BLUE
HEARING RT, EAR	M	LEFT YEAR	~~~)
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LUNGS	1.32.000 3.0	SPEECH (DECK/NAVIGATIONAL	OFFICER AND RADIO OFFICER)
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Kenial		13 AUG 2023	1 2 AUG 2025
SIGNATURE OF APPLICAN	Т	DATE OF EXAM	EXPIRY DATE
THIS SIGNATURE SHO	OULD BE AFFIXED I	N THE PRESENCE OF THE EXAMIN	ING PHYSICIAN.
			AMOL CHANDRA DEY
THIS IS TO CERTIFY THAT A PHYSIC	FIT FOR DUTY	ON BOARD SHIP	APPLICANT)
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MOU ENGINE or SUPERNUMERARY).	1/4		and officer and short
NAME AND DEGREE OF PHYSICIA	AN DR. MIR M	ID , RAIIIAN ; M.B.B.S (D.U), RE	EG.NO.A-55144
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NAME OF PHYSICIAN'S CERTIFIC		our side and an experience of the second	
DATE OF ISSUE OF PHYSICIAN'S	//	6-May-14	
	1/		
SIGNATURE OF PHYSICIAN	4	— DATE OF EXAM	MINATION: 1.3 AUG 2023

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amirants for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

PLIM-IOSM (REV. 12/17) DR. MIR. MD. RAIHAN

RLM-105M (REV. 12/17)

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144_MMC-BGD-016
UG Shipp.ng Bangladesh Approved
General Physician
Radical Mechicals Limited

Radical Hospitals Limited.

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(To be completed by examining physician)

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C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),

100 207 77

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

13 AUG 2023

RLM-105M (REV. 12/17)



MIR MD RAIH

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited



Medical Exam Form

				iouic.	Exam		
Nam	e (last,first,middle): <u>DEY KAMO</u>	L CH	NDRA				
Date	of birth (day/month/year): 15/01/	1997	Sex:	ma	le female		
Hom	e address: HOLDING 645, ABHAY	WA OI	FICE RC	AD, I	BAPTA, WARD NO 01, BHO	LA SAI	DAR
MOI	DEL, BHOLA SADAR-8300, BHO	LA, B	ANGLAD	ESH			
Pass	port No./Discharge Book No.: A02	80281	2_				
Depa	artment (deck/engine/radio/food har	dling/	other): El	NGIN	E		
Rout	tine and emergency duties (if knowr	n):					
Туре	e of ship (eg. Bulkcarrier, chemical	l/oil/ga	s tanker,	conta	iner, other cargo ships): BUL	K_Trade	e area
(e.g.	, coastal, tropical, worldwide): WOI	RLDW	IDE		1111111		
(Ass	minee's personal declaration istanceshould beoffered bymedic veyou ever had anyof thefollowing		ditions:				
	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem			18.	Sleepingproblems	H	Ħ.
2.	High blood pressure	Н	1	19.	Do you smoke?	H	H
3.	Heart/vasculardisease	H		20.	Operation/surgery	H	H
4.	Heart surgery	Н	I	21.	Epilepsy/seizures	H	H
5.	Varicose veins	. П	7	22.	Dizziness/fainting	П	
6.	Asthma/bronchitis	П		23.	Loss of consciousness	П	7
7.	Blood disorder	П		24.	Psychiatricproblems	П	P
8.	Diabetes	_		25.	Depression	_	
9.	Thyroid problem			26.	Attempted suicide		
10.	The second secon	\Box		27.	Loss of memory	Ц	
	Kidneyproblem			28.	Balanceproblem		
11.	Skin problem			29.	Severeheadaches		
12.				30.	Ear/nose/throat problems		
12. 13.	Allergies			31.	Restricted mobility		ئا
12. 13. 14.	Infectious/contagious diseases						
12. 13. 14. 15.	Infectious/contagious diseases Hernia			32.	Back problems		
12. 13. 14.	Infectious/contagious diseases Hernia Genital disorders						

Rev. 03



Rev. 03

Ado	ditional questions	V	NI-
35.	Haveyou ever been signed offas sick or repatriated from a ship?	Yes	No
36.	Haveyou ever been hospitalized?		Ø
37.	Haveyou ever been declared unfit forseaduty?		9
38.	Has your medical certificate ever been restricted or revoked?		g
39.	Areyou awarethat you have anymedical problems, diseases or illnesses?		
40.	A		
41.	Areyou allergic to anymedications?		4
Con	FIT FOR DUTY ON BOARD SHIP		
42.	Areyou takinganynon-prescription or prescription medications?		4
Iher	rebycertifythat the personal declaration above is a truestatement to thebest of	myknowledg	ge.
Sign	natureof examinee:		
	tnessed by: (Signature) DR. MIR. MD. F MSBS (DU), DFM, CCD (Birden BMDC A-55144, MMC DG Shipping Banglades	n), PGT (Ophth)	
	me:(Typed or printed) General Physic Kadical Hospitals L	ran	
Iher inst med	rebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofess itutions and public authorities to Dr dical examiner).	ionals,health (theappro	
	natureof examinee: e (day/month/year): 1.3 Alife 2023 DR. MIR. MD. RAIF	IAN	
	MBBS (DU), DFM, CCD (Birdom), PGT BMDC A-55144, MMC-BGD	(Ophth) 1-016	
	tnessed by: (Signature) DG Shipping Bangladesh App General Physician Radical Hospitals Limited	CONTRACTOR OF THE PARTY OF THE	
Nan	me:(Typed or printed)	is directly to	
Dat	te & Contact details for previous medical spination (if known):)		



MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

			Visual Acui	iity					Visu	al fields
	Unaided			Aided					Normal	Defective
	Right	Left		Right	Left			Right		
	eye	eye	Binocular	eye	eye	Binoc	ular	eye		7
Distant	6/6	6/6						Left eye		
Near	NST	15								
						. ान म				
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Hear	ing									000
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	500 Hz	1,000 Hz			000 Hz		$\neg \vdash$	metresj	Normal	Whisper
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ear	2		W			Υ.	l f	Right ear	4)
Left ear	20	20	20				L	eft ear	4	7
Hoight: A	201000	Majaha	::(kg) <u>70</u> (leal Dele		¥1		. 0	-0 01 100	
	100				1		9			
Blood	d pressure:	Systol	ic: 12	g(m	m Hg) Dia	stolic:	8	ο,	(mr	n Hg)
		No	rmal Abnor	mal				No	rmal Abr	ormal
Head					Skin					
Sinus	ses, nose, th	roat f		1	Varicose	veins				
	h/teeth			J			ما سیام	L	₹	
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	(general)	Į.	J L]		n and vis	cera			
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Eyes		Ē	3. E	3	Anus (no	ot rectal e	xam.)	È	Ī	Ħ
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	st examinat	E 10		1	Comment of the same		rier)	L	7	
		1011 1/1		7	Psychiat			L		
Heart		L	1 L]	General:	appearan	ce	+	3 AUG 202	
Chest	t X-ray:	Not pe	rformed 4	Perfo	rmed on (a	lav/mont	h/vear)	. /	3 AUG 202	3
		-	V		1 0	\ ~	<i>i</i> , cur,			
Re	esults:	1	Imme /	1 11/1	iney	r 0	~ 1	7		
			3	cal Hospital	Te .			/		
			Rao		E	1000	/	100		
			*	As-Per-MLG-2	006					

Urinalysis: Glucose: Nil Protein: Ni
Blood Analysis: Hepatitis B Test Negam. V.D.R.L Non Rever Immunodeficiency Virus Anti bodies V.D.R.L Negam.
Other diagnostic test(s) and result(s): Test Blow Herrosse Result Normal.
Medical Examiners comments:
FIT FOR DUTY ON BOARD SHIP
Vaccination status recorded: Yes No
Assessment of fitness forserviceat sea
On thebasis of the examinee's personal declaration, myclinical examination and the diagnostic test results recorded above, Ideclarethe examineemedically:
Fit for lookout duty Not fit for look-out duty
Deck service Engine service Cateringservice Other services
Unfit
Without restrictions With restrictions
Visual aid required: Yes o
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral):
Medical certificate's date of expiration (day/month/year)://
Date of examination (day/month/year): 13 AUG 2023
Number of Medical Certificate: Official stamp.
Signature of medical practitioner: DR. MIR. MD. RAIHAN M888 (DU), DFM. CCD (Birdem), PGT (Ophuh)
Name of medical examiner: (Typed or printed) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician
Address of medical practitioner:: RADICAL HOSPITAL LIMITED Radical Hospitals Limited. Ultara, Dhaka, Bangladash
Authorized by: Des SHAPPING HOSPITAS (Competent authority)
(* (* (* (* (* (* (* (* (* (*



	DICAL EXAMINATION REPORT/CERTIFICATE
This	CONFIDENTIAL DOCUMENT
certificateisissuedbyauthorityoftheMaritimeAdministrato	randincompliancewiththerequirementsoftheMedicalExamination(Scafarers)Convention1946(I
- STATE OF THE PERSON OF THE P	ded and the Maritime Labour Convention, 2006.
CHANDRA DEY	GIVEN NAME(S)
	KAMOL
NATIONALITY PANCIADESIU	ID DOCUMENT NO:
BANGLADESHI	C/O/10017
DATE OF BIRTH 01 15 1997	PLACE OF BIRTH SEX
01 15 1997 MONTH DAY YEAR	BHOLA BANGLADESH MALE FEMA
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APPLICANT: HOLDING 645, ABHAWA OFFICE ROAD, BAPTA, WARD NO 01, BHOLA SADAR MODEL, BHOLA SADAR-8300, BHOLA, BANGLADESH
DECLARATION OF APPROVED MEDICAL PRACTIONER: I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CH	HECKED: VES/NO
MEDICAL EXAMINATION (SEE LAST P	AGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE
DETERMENT	600.60
179m 70/5. 120/80 mg	78 9/12 RESPIRATION GENERAL APPEARANCE
VISION: RIGHT EYE LEFT WITHOUT GLASSES () / / /	TEYE HEARING:
WITH GLASSES	RT. EAR WY) IFFT FAR WW
	IRT. EAR LEFT EAR
	3 AUG 2023
ARE GLASSES OR CONTACT LENSES NECESSARY TO	MEET THE REQUIRED VISION STANDARD? YES NO NO
HEAD AND NECK	HEART (CARDIOVASCULAR)
LUNGS	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
EXTREMITIES: UPPER	m LOWER
IS APPLICANT VACCINATED IN ACCORDANCE WITH	WHO RECOMMENDATIONS? YES NO
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO YES NO TO THE PROPERTY OF THE PRO	Y TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR	PRESCRIPTION MEDICATIONS? YES NO
SIGNATURE OF APPLICANT	1 3 AUG 2023
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE	EXAMINING PHISTORY
)3 Page 5 c	e 7 Department



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	KAMOL CHANDRA DEY
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES	NAME OF APPLICANT
SEAFARER IS FOUND TO BE (PIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / E RATING/CHIEF COOK/ COOK) (WITHOUT ANY/ WITH THE FOLLOWING) RESTRICTIONS:	ENGINEERING OFFICER / RADIO OFFICER /
NAME AND DEGREE OF PHYSICIAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 BMDC A-55144, MMC-BGD-016 BMDC A-55144, MMC-BGD-016 General Physician Uttara, Dhaka, Bangladesh Radical Hospitals Limited	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY $D63HPPIM$	BANGUADESA.
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	772014.
IGNATURE OF PHYSICIAN :	
ATE OF EXAMINATION:	
XPIRY DATE OF CERTIFICATE :	
EAFARER ACKNOWLEDGMENT	
KAMOL CHANDRA DEY (NAME OF SEAFARER), CONFIRM THAT I HA F CERTIFICATE AND THE RIGHT TO GET A REVIEW.	AVE BEEN INFORMED OF THE CONTENT



MEDICALREQUIREMENTS

All applicants for an officer certificate, Sea farer's Identification and Record Book or certification of special qualifications shall be required a property of the properttohaveaphysical completedmedical formmust The physician. certificated bya Medical Formcompleted onthis accompany the application for office recruif icate, application for scafarer's identity document, or application for certification of special accompany the application for the contraction of the contraapplicationsforanofficer preceding immediately months qualifications. Thisphysical examination must be carried out not more than 24 certificate, certification of special qualifications or a sea farer's book. The examination shall be conducted in accordance with the HealthOrganization,GuidelinesforConductingPre-seaandPeriodicMedicalFitness InternationalLaborOrganizationWorld applicantisinsatisfactoryphysicaland ExaminationsforSeafarers(ILO/WHO/D.2/1997.Suchproofofexaminationmustestablishthatthe mentaleon dition for the specified uty assignment undertaken and is generally in possession of all body faculties necessary infulfilling the requirements of the sea faring profession.

Inconducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, thefollowingminimumrequirements shall apply:

- Hearing
 - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m).
- Eyesight
 - Deck of fice rapplicants must have (either withor without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (1.00) vision in one eye at least 20/40 (1.00) visionIfthe (0.50)intheother. botheyes. 20/160(0.13) ofat least hemust havevisionwithoutglasses glasses, Deckofficerapplicantsmustalsohavenormaleolorperceptionandbecapableofdistinguishingthecolorsred, green, blue and yellow.
 - Engineer and radio of fice rapplicants must have (either without glasses) at least 20/30 (0.63) vision in one eye and at the contract of theleast20/50(0.40)intheother. If the applicant wears glasses, he must have vision without glasses of at least 20/200(0.10) in both eyes. Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen.
- (c) Dental
 - Seafarers must befree from infections of the mouth cavity or gums.
- (d) BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.
- Voice (e)
- Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalvoice communication.
- Vaccinations
 - Allapplicantsshallbevaccinatedaccordingtotherequirements indicated in the WHO publication, International Traveland Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations.Ifnewvaccinations aregiven, theseshall berecorded.
- Diseases or Conditions
 - Applicantsafflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, sentity, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/ortheuse of narcotics.
- Physical Requirements
 - Applicantsforableseaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for adeck/navigational officer's certificate.
 - Applicants for fireman/watertender,oiler/motor,pumpman,electrician,wiper,tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate

IMPORTANTNOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers. Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/report. The medical examination report shall be used only for determining the fitness of the scafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model breakled. Form).

13 AUG 2023



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

Medical Exam



Medical Exam Form CONFIDENTIALFORM

Pre-seaExam PeriodicExam Name (last, first, middle): DEY KAMOL CHANDRA Date of birth (day/month/year): 15 /01 / 1997 Sex: male female Home address: HOLDING 645, ABHAWA OFFICE ROAD, BAPTA, WARD NO 01, BHOLA SADAR MODEL, BHOLA SADAR-8300, BHOLA, BANGLADESH Passport No./Discharge Book No.: A02802812 Department (deck/engine/radio/food handling/other): ENGINE Routine and emergency duties (if known): Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): BULK Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE Examinee's personal declaration (Assistanceshould beoffered bymedical staff) Haveyou ever had anyof thefollowing conditions: Condition Yes No Condition No Yes 1. Eye/vision problem 18. Sleepingproblems 2. High blood pressure 19. Do you smoke? 3. Heart/vasculardisease 20. Operation/surgery 4. Heart surgery 21. Epilepsy/seizures 5. Varicose veins 22. Dizziness/fainting 6. Asthma/bronchitis 23. Loss of consciousness 7. Blood disorder 24. Psychiatricproblems 8. Diabetes 25. Depression 9. Thyroid problem Attempted suicide Digestivedisorder 27. Loss of memory Kidneyproblem 28. Balanceproblem 12. Skin problem Severeheadaches Allergies Ear/nose/throat problems Infectious/contagious diseases 31. Restricted mobility 15. Hernia 32. Back problems 16. Genital disorders 33. Amputation 34. Pregnancy Fractures/dislocations If anyof theabovequestions wereanswered "yes ospical segive details below.

Page 1 of 7

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Additional questions		
35. Haveyou ever been signed offas sick or repatriated from a ship?	Yes	No
36. Haveyou ever been hospitalized?		d
37. Haveyou ever been declared unfit forseaduty?		
38. Has your medical certificate ever been restricted or revoked?		P
39. Areyou awarethat you have anymedical problems, diseases or illnes	ses?	
40. Do you feel healthyand fit to perform theduties of your designated position/occupation?	4	
41. Areyou allergic to anymedications?		0
Comments. FIT FOR DUTY ON BOARD SHIP		
42. Areyou takinganynon-prescription or prescription medications?		
The probagogatif of the state o		
Iherebycertifythat the personal declaration above is a truestatement to the Signature of examinee:	best of myknowledge.	
Date (day/month/year): 13/AUG 2023 / DR. MIR. 1 Witnessed by: (Signature) Witnessed by: (Signature)	MD. RAIHAN D (Birdem), PGT (Ophth) I, MMC-BGD-016 Igladesh Approved	
General	Physician spitals Limited.	
Iherebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealth institutions and public authorities to Dr	professionals,health (theapprove	ed
Signatureof examinee:		
Lines (NIX DEM CE)	D. RAIHAN (Birdem), PGT (Ophth)	
Witnessed by: (Signature) BMBC A-55144 DG Shipping	gladesh Approved	
Name: (Typed or printed) Radical Hos	pitals Limited	

Date & Contact details for previous medical ination (if known):)

Rev. 03



MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

			Visual Acui	ty					Visu	al fields
	Unaided			Aided					Normal	Defective
	Right	Left		Right	Left			Right		-
	eye	eye	Binocular	eye	eye	Binoci	ular	eye		
Distant	6/6	979						Left eye		
Near	25	15					7 F:	2	- 03	
	, -				-					
Colo	rvision:	\square No	ot tested	FIN	ormal		oubtfu	. г	Defectiv	U.O.
		,	or tested	Ш.	ormar		oubilu		_ Defecti	VC
Hear	ring							•		
	Pure tone	and audi	o metry (thre	shold val	ues in dR1			speech and metres)	l whisper t	est
	500 Hz	1,000 Hz			000 Hz		7	metresj	Normal	Whisper
Right	20	200	2,00011	2 3,0	700112		\dashv			
ear	20	1.00	10				F	Right ear	9	4
Left ear	20	200	20				L	eft ear	4	4
	ייי מריי	147 - 1 -	11.50		.76			. 0-		78
Height:	70_(cm)		:(kg) 70 (hm: _ β_	5 min	
Bloo	d pressure:	Systol	ic: 120	(m	n Hg) Dias	stolic:	20) .	(mr	n Hg)
		No	rmal Abnor	mal				No	rmal Abr	ormal
Head					Skin			1.00		· ·
	ses, nose, th	aroat 4		1	Varicose	veine		-	-3/	
	th/teeth	nout [.11	L		
- 367030700		Į	<u> </u>		Vascular			es)	7	
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Opth	almoscopy	İ	+	j	G-U syste	em		E		
Pupil	S	[7 []	Upper an	d lower e	extrem	ities [7	П
Eyen	novement	ſ	7 [1	Spine (C/	S, T/S ar	nd L/S) [5	$\overline{\Box}$
	s and chest	ſ	- 	í	Neurolog		A STATE OF	Ī	<u>-</u>	\exists
	st examinat		7 A F	1	Psychiatr				-	H
		1011 (A	∜	J				L	<u></u>	
Heart	L.	Ĺ	- L]	General a	ppearanc	e	Maria	40.400	
Ches	t X-ray:	Not pe	rformed 4	Perfo	rmed on (d	av/month	ı/vear)	: /	13 AUG	2023
			State	al pri	~ h = 10	\	~	10.		
Re	esults:	_ N	finance		che	1	~	- 27		
					ad Hospials			/		
				300	200	E)				
				151	Concernation	1+				

Urinalysis: Glucose: 10 Protein: 10
Blood Analysis: Hepatitis B Test Negrety, V.D.R.L Non Revely Immunodeficiency Virus Anti bodies Negrety
Other diagnostic test(s) and result(s): Test Blood futing Result Normal.
Medical Examiners comments:
Vaccination status recorded: Yes No
Assessment of fitness forserviceat sea
On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic tes results recorded above, Ideclarethe examineemedically:
Fit for lookout duty Not fit for look-out duty
Deck service Engine service Cateringservice Other services Fit
Visual aid required: Yes o
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral):
Medical certificate's dateof expiration (day/month/year)://
Date of examination (day/month/year): 13 AUG 2023
Number of Medical Certificate: Official stamp:
Signature of medical practitioner:
Name of medical examiner: (Typed or printed) MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved
Address of medical practitioner:: RADICAL HOSPITAL LIMITED Generat Physician Radical Hospitals Limited 'Iriaro, Dhaka, Bangladesh
Authorized by: DG SMPNG BPNG/ADFO (competent authority) Page 4 of Appartment of the Authority (competent authority)



SEAFARER'S	MEDICAL EXAMIN		CERTIFICATE	
This certificatesissuedbyauthorityoftheMaritimeAdmin LONo.73),asamended, STCW Convention, 1978 as	istratorandincompliancew	iththerequirementsol(be)	MedicalExamination(S	Seafarers)Convention1946(
SURNAME	GIVEN N			
CHANDRA DEY	KAMO	L		
NATIONALITY	A CONTRACTOR OF THE CONTRACTOR	MENT NO:		
BANGLADESHI	C/O/1	0017		
DATE OF BIRTH	PLACE O			SEX
7. The state of th	997 BHOLA		BANGLADESH COUNTRY	MALE FEN
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	HOLDI 01, BH	address of applican NG 645, ABHAWA OLA SADAR MOD ADESH	OFFICE ROAD,	BAPTA, WARD NO AR-8300, BHOLA,
DECLARATION OF APPROVED MEDICAL PRACTIONS I CONFIRM THAT IDENTIFICATION DOCUMENTS W		0		
MEDICAL EXAMINATION (SEE	AST PAGE FOR MEDICAL	requirements) STAT	E DETAILS ON RE	VERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE	PULSE 783/m	RESPIRATION /mi	GENERAL APPEARA	NCE
VISION: WITHOUT GLASSES WITH GLASSES RIGHT EYE (/	LEFT EYE	HEARING:	VAS LEFT EA	r
DATE OF LAST COLOR VISION TEST:	13 AUG 2023			REEN HBLUE
ARE GLASSES OR CONTACT LENSES NECESSAF	RY TO MEET THE REQU	IRED VISION STANDA	RD? YES	No-
HEAD AND NECK	June	HEART (CARDIO	VASCULAR)	ionm
rungs	ml		VIGATIONAL OFFICER FOR NORMAL VOICE COM	AND RADIO OFFICES MUNICATION?
EXTREMITIES: UPPER	Jonny	LOWER	No	nn
IS APPLICANT VACCINATED IN ACCORDANCE	WITH WHO RECOMM	ENDATIONS?	YES	No 🗆
Is applicant suffering from any disease HIM/HER UNFIT FOR SERVICE AT SEA OR LIKE YES NO	LIKELY TO BE AGGRAV LY TO ENDANGER THE	ATED BY WORKING A	ABOARD A VESSEL, ERSONS ON BOARD	OR TO RENDER
IS APPLICANT TAKING ANY NON-PRESCRIPTIO	N OR PRESCRIPTION N	MEDICATIONS?	YES	No 🔲
SIGNATURE OF APPLIE	ANT	HOSDIAN AS Per-MLG-2006	13	AUG 2023
SIGNATURE OF APPLIC THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE	OF THE EXAMINING PHYSIC		DATE	
	F - 6 7	Department		



THIS IS TO CERTIFY THAT A PHYSICAL EXAM	MINATION WAS GIVEN TO:	KAMOL CHANDRA DEY
THIS APPLICANT IS CERTIFIED FREE OF COMMU	NICABLE DISEASE: YES	NO NAME OF APPLICANT
SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR RATING/CHIEF COOK/ COOK) (WITHOUT ANY)	DUTY AS A (MASTER / DECK OFFICER, / WITH THE FOLLOWING) RESTRICTION:	/ ENGINEERING OFFICER / RADIO OFFICER /
NAME AND DEGREE OF PHYSICIAN	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 OF PHYSICIAN'S CERTIFICATING AUTHO	DRITY DG STAPE	'NO BANGHADEST.
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	~ 06m	AG 2014.
SIGNATURE OF PHYSICIAN :		
DATE OF EXAMINATION:	23	507-508
EXPIRY DATE OF CERTIFICATE :12 AUG	2025	
SEAFARER ACKNOWLEDGMENT		
, KAMOL CHANDRA DEY (NAME OF S OF CERTIFICATE AND THE RIGHT TO G	EAFARER), CONFIRM THAT I ET A REVIEW.	HAVE BEEN INFORMED OF THE CONTENT



MEDICALREQUIREMENTS

All applicants for an office recruificate. Sea farer's Identification and Record Book or certification of special qualifications shall be required to the contract of the coexaminationreported tohaveaphysical onthis Medical Formcompleted bya certificated accompany the application for office recruificate, application for scafarer's identity document, or application for certification of special accompany the application for the state of tphysician. completedmedical formmust qualifications. This physical examination must be carried out not more than months certificate, certification of special qualifications or a sea farer's book. The examination shall be conducted in accordance with the immediately preceding applicationsforanofficer International Labor Organization World HealthOrganization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness ExaminationsforSeafarers(II.O/WHO/D.2/1997.Suchproofofexaminationmustestablishthatthe mental condition for the specific duty assignment under taken and is generally in possession of all applicantisinsatisfactoryphysicaland body facultiesnecessary infulfilling the requirements of these a faring profession.

Inconductingtheexamination,thecertifiedphysicianshould,whereappropriate,examinetheseafarer 'spreviousmedicalrecords (including vaccinations) and information on occupational history, noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, thefollowingminimumrequirements shall apply:

- Hearing
 - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m).
- (b) Eyesight
 - Deck of fice rapplicants must have (either without glasses) at least 20/20 (1.00) vision in once year dattle ast 20/40.(0.50)inthcother. Ifthe havevisionwithoutglasses glasses. hemust least 20/160(0.13) Deekofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsred green blueand yellow. botheves.
 - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninonecycandat least20/50(0.40)intheother.Iftheapplicantwearsglasses, hemusthavevisionwithoutglasses of at least20/200(0.10) in Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen.
- (c) Dental
 - Seafarers must befreefrominfections ofthemouthcavityor gums.
- BloodPressure
 - Anapplicant's blood pressuremust fall withmanaveragerange, taking ageintoconsideration.
- (e) Voice
 - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalvoice communication.
- Vaccinations
 - Allapplicantsshallbevaccinatedaccordingtotherequirements indicated in the WHO publication, International Traveland Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations.Ifnewvaccinations aregiven, theseshall berecorded.
- Diseases or Conditions
 - Applicantsafflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/ortheuse of narcotics.
- (h) Physical Requirements
 - Applicantsforableseaman,bosun,GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysicalrequirementsfor adeck/navigational officer's certificate.
 - Applicants for fireman/watertender,oiler/motor,pumpman,electrician,wiper,tanker rating andsurvivalerafl/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate

IMPORTANTNOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel, An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers. Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/report. The medical examination report shall be used only for determining the fitness of the senfarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided - Medical Exam

13 AUG 2023



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.





Id No : 0628 Date: 13-Aug-2023 D.Date: 13-Aug-2023

Patient's Name: KAMOL CHANDRA DEY Age: 26Y 6M 29D Gender: Male

Specimen : Blood

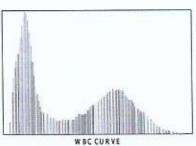
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/10017

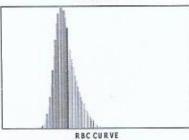
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb) ESR(Westergreen)	13.5 gm/dl 06 mm/1st hr	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.
Total WBC Count(TC)	8,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		Value in the control of the control
Neutrophils	56 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	38 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	160 /cumm	50-450/cumm
Total RBC Count	4.43 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	35.3 %	M: 40-54%, F:37-47%
MCV	79.7 fL	76 - 94 fL
MCH	30.5 pg	27 - 32 pg
MCHC	38.2 g/dL	29 - 34 g/dL
RDW	12.9 %	11 - 16 %
PDW	16.9 fL	35 - 56 fl
Total Platelete Count (PC)	230000 /cumm	150,000-450,000/cumm
MPV	10.8 fL	7.0 - 11.0 fL
PCT	0.066 %	0.1 - 0.%

%





PLT CURVE

Checked by Medical Technologist

Bledding Time(BT)

Cloting Time(CT)

Dr. Sumaiya Khatun MBBS,MD(Gold Medalist) (BSMMU)

Associate Professor Dept. Of Microbiology

East West Medical College & Hospital.

10 - 18 %

0.1-0.2 %



	als@yahoo.com, www.radicalhospital. DIA23080628	D: 15		
Patient's Name	KAMOL CHANDRA DEY	Received Dat	e 13/08/	2023
Patient's Age	26Y 6M 29D			
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),	Patie	nt's Sex	Male
Sample	BLOOD	PGT(Eye),DFM	CDC NO	C/O/10017

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS) Serum AST (SOOT)	5.5 mmol/l 0.8 mg/dl	4.2 – 6.4 mmol/l 0.2 - 1.1 mg/dl
Serum AST (SGOT)	27 U/L	Up to 37 U/L
HbA1C	5.3 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

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



Bill No	DIA23080628	Received I	Data	13/08/2	2022
Patient's Name	KAMOL CHANDRA DEY	1.cocived i	Date	13/00/2	2023
Patient's Age	26Y 6M 29D	Pa	atient's	Sev	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD			OC NO	
Sample	BLOOD	/ii (L)/, D1 W	CI	JC NO	C/O/10017

SEROLOGYCAL REPORT

Test Name	Result

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

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

Medical Technologis

Radical Hospitals Ltd.

Checked By

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



Bill No	DIA23080628		
Patient's Name	KAMOL CHANDRA DEY	Received Date	13/08/2023
Patient's Age	26Y 6M 29D		
Ref. by		Patient's Sex	Male
1	Dr. Mir Md. Raihan MBBS,(DU),CCD(BII	RDEM),PGT(Eve),DFM	CDC NO:C/O/10017
Sample	URINE	NE , , , , , , , , , , , , , , , , , , ,	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidie	RBC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Albumin	NIL		Nil
Sugar		WBC	Nil
The state of the s	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	1370
Bile Pigment	The same of the sa		Nil
**		Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	100000
Urobilinogen	Not Done		Nil
** *	The second first the second second	Amor. Phos	Nil
D.J. I TOTEIII	Not Done	Hippurate crystal	NIL

Checked By

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

East West Medical College and Hospital

Test Name



Bill No	DIA23080628		
Patient's Name		Received Date	13/08/2023
Patient's Age	26Y 6M 29D		NA
Ref. by		Patient's Sex	Male
Sample	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	M),PGT(Eye),DFM	CDC NO:C/O/10017

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Checked By

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

Result



REF: MT. LAGAVULIN

DATE: 13/08/2023

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

EYE EXAMINATION REPORT

NAME: KAMOL CHANDRA DEY

RANK: 4TH ENG

CDC NO: C/O/10017

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

CPINION:

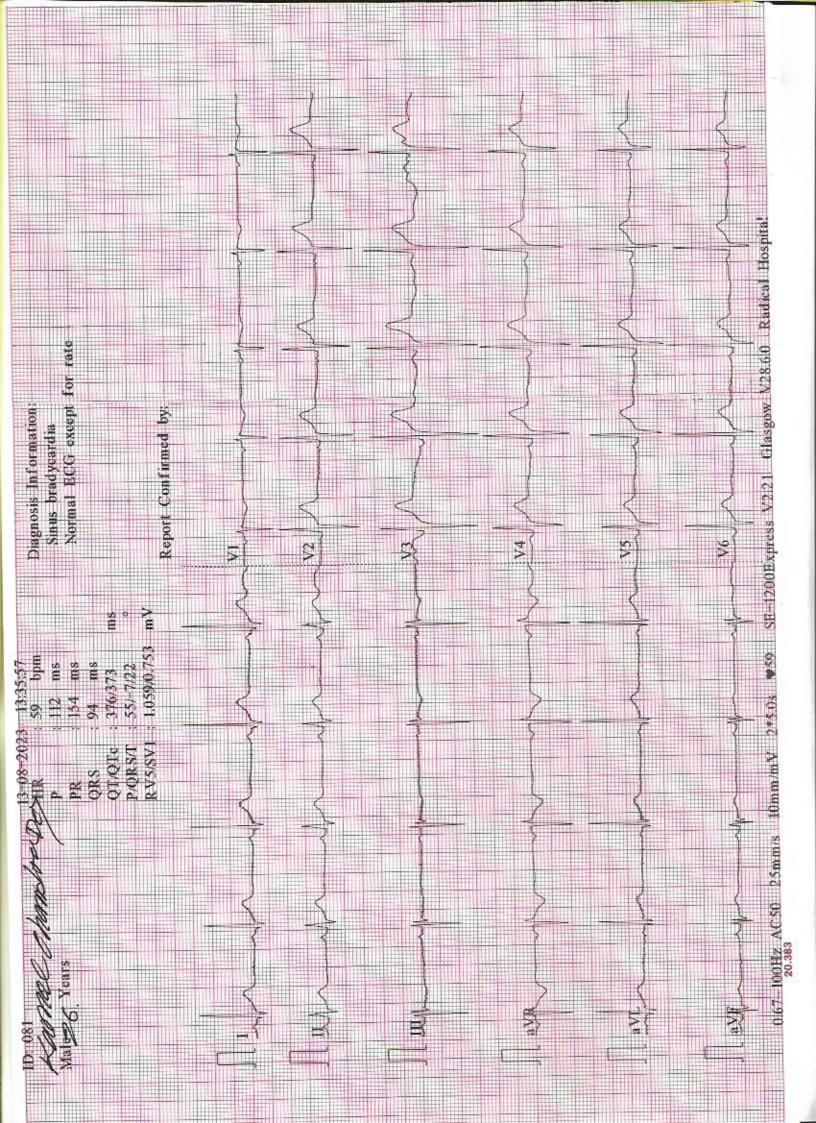
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23080628 Receive:13/08/2023 Print: 13/08/2023

Patient's Name : KAMOL CHANDRA DEY

Age : 26 Yrs Sex : M

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth 15-JAN-1997 Sex MACE

KAMOL CHANDRA DBY (C/0/100/7)

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
IN THE	DR. MR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	DAKAR **	35, Shah Malahdum Avenus Untara, Dhaha *
	-	Ç-Ç-	
2			
3			3 4
4			

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.

Lyderick.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows Komere

Date of birth 15-JAN-1997 Sex MALE KAMOL CHANDRA DEY (c/0/10017)

Date	Signature and Professional status of vaccinator	Approved Stamp	
	DR. M/B - MD. RAIHAN MBBS (DU). DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	S. Shah Makhdum Avenus Uthara, Dhaka	
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Continued overleaf Suite our erso