# HAQUE & SONS LTD.

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

Accredited By : BMDC
Accreditation No A55144

PATIENT CONTROL NUMBER:
HS6533FF

MD RAIHAN RADICAL HOSPITALS LTD REG. NO. A55144

## MEDICAL EXAMINATION CERTIFICATE

| SURNAME | FIRST NAME AND | MIDDLE NAME |
|---|---|---|
| HASAN | MAHMUDUL | |
| PLACE AND DATE OF BIRTH | PASSPORT NUMBER | SEAMAN'S BOOK NUMBER |
| FENI 14-Jan-1992 | EG0138675 | CO6533 |
| NATIONALITY : BANGLADESHI SEX : ☑ Male ☐ Female | VESSEL TYPE : BULK CARRIER | TRADING AREA : WORLD WIDE |
| PERMANENT HOME ADDRESS : MOTOBI BORO BARI, MOTOBI, SHIBPUR, BHUIYARHAT, FENI SADAR, FENI | CONTACT NUMBER : 008801612871632 | |
| | RANK : 2ND OFFICER | |

Have you ever had any of the following conditions?

| | Condition | YES | NO |
|---|---|---|---|
| 1 | Eye/vision problem | ☐ | ☑ |
| 2 | High blood pressure | ☐ | ☑ |
| 3 | Heart/vascular disease | ☐ | ☑ |
| 4 | Heart surgery | ☐ | ☑ |
| 5 | Varicose veins | ☐ | ☑ |
| 6 | Asthma/bronchitis | ☐ | ☑ |
| 7 | Blood disorder | ☐ | ☑ |
| 8 | Diabetes | ☐ | ☑ |
| 9 | Thyroid problem | ☐ | ☑ |
| 10 | Digestive disorder | ☐ | ☑ |
| 11 | Kidney problem | ☐ | ☑ |
| 12 | Skin problem | ☐ | ☑ |
| 13 | Allergies | ☐ | ☑ |
| 14 | Infectious/contagious diseases | ☐ | ☑ |
| 15 | Hernia | ☐ | ☑ |
| 16 | Genital disorders | ☐ | ☑ |
| 17 | Pregnancy | ☐ | N/A |

| | Condition | YES | NO |
|---|---|---|---|
| 18 | Sleep problems | ☐ | ☑ |
| 19 | Do you smoke? | ☐ | ☑ |
| 20 | Operation/surgery | ☐ | ☑ |
| 21 | Epilepsy/seizures | ☐ | ☑ |
| 22 | Dizziness/fainting | ☐ | ☑ |
| 23 | Loss of consciousness | ☐ | ☑ |
| 24 | Psychiatric problems | ☐ | ☑ |
| 25 | Depression | ☐ | ☑ |
| 26 | Attempted suicide | ☐ | ☑ |
| 27 | Loss of memory | ☐ | ☑ |
| 28 | Balance problem | ☐ | ☑ |
| 29 | Severe headaches | ☐ | ☑ |
| 30 | Ear/nose/throat problems | ☐ | ☑ |
| 31 | Restricted mobility | ☐ | ☑ |
| 32 | Back problems | ☐ | ☑ |
| 33 | Amputation | ☐ | ☑ |
| 34 | Fractures/dislocations | ☐ | ☑ |

If any 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? | ☐ | ☑ |

Comments:

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 disqualify me from my employment, benefits and claims.

Hasan
Signature of Seafarer

MEDICAL EXAMINATION

Weight 65 kg Height (cm) 170 BMI 22.4 Blood Pressure: Systolic 120 mm Diastolic 80 mm PULSE: 78/m

| Ear | Hearing by Audiometry | |
|---|---|---|
| Right | ☐ Adequate | ☐ Inadequate |
| Left | ☐ Adequate | ☐ Inadequate |

| Audiometry | | | |
|---|---|---|---|
| 500 | 1000 | 2000 | 3000 |
| | N/A | | |

| Hearing by Whisper Test | |
|---|---|
| ☐ Adequate | ☐ Inadequate |
| ☑ Adequate | ☐ Inadequate |

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☐ NO ☐

Cont'd from page 1

| | Visual acuity | | | |
|---|---|---|---|---|
| | Unaided | | Aided | |
| | Right eye | Left eye | Right eye | Left eye |
| Distant | 6/6 | 6/6 | | |
| Near | | | | |

| | Visual fields | |
|---|---|---|
| | Normal | Defective |
| Right eye | ✓ | |
| Left eye | ✓ | |

Visual acuity meets the standard laid down in STCW Code Section A-I/9 ~~YES~~ / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 20 AUG 2023

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

RESULTS OF ANCILLARY EXAMINATIONS

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Chest X-Ray | N/A | BIO CHEMICAL (LIVER FUNCTION TEST) | | | | Marijuana | ☐ | Positive | ☐ Negative |
| ECG | N/A | BILIRUBIN | 0.8 | | | Alcohol Test | ☐ | Positive | ☐ Negative |
| BLOOD R/E | | SGPT | N/E | | | URINE R/E | N/A | | |
| DC(differential count) | N/A | SGOT | 27 | | | OTHERS | | | |
| HAEMOGLOBIN (HGB) | 14.9 | DRUG AND ALCOHOL TEST | | | | HBsAg | ☐ | Reactiv | ☐ Nonreactive |
| ESR (WESTERGREN) | 05 | Morphine | ☐ | Positive | ☐ Negative | HIV / AIDS Test | ☐ | Reactiv | ☐ Nonreactive |
| WBC | 6.900 | Amphetamine | ☐ | Positive | ☐ Negative | VDRL | ☐ | Reactiv | ☐ Nonreactive |
| BLOOD GLUCOSE LEVEL | | Phencyclidine | ☐ | Positive | ☐ Negative | Blood Type | A+(VE) | | |
| RANDOM | 5.5 | Barbiturates | ☐ | Positive | ☐ Negative | Psychological Exam | N/A | | |
| HBA1C | 5.3% | Cocaine | ☐ | Positive | ☐ Negative | Others(KUB Ultraso | N/E | | |

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer — MAHMUDUL HASAN, Name of Seafarer — 20 AUG 2023, Date

**Assessment of fitness for service at sea:**

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

☐ Fit for lookout duties ☐ Not fit for lookout duties

| | Deck service | Engine service | Catering service | Other services |
|---|---|---|---|---|
| Fit | ☐ | ☐ | ☐ | ☐ |
| Unfit | ☐ | ☐ | ☐ | ☐ |

☐ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions 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 |
|---|---|
| ☐ | ☐ |

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

Action taken by medical examiner (e.g., referral):

Fitness Date: 20 AUG 2023 — Valid Until: 19 AUG 2025

Name and Signature of Authorized 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

# PHYSICAL EXAMINATION REPORT/CERTIFICATE
# DEPUTY COMMISSIONER OF MARITIME AFFAIRS

**ANNEX 2**

## THE REPUBLIC OF LIBERIA

| LAST NAME OF APPLICANT | FIRST NAME | MIDDLE INITIAL |
|---|---|---|
| HASAN | MAHMUDUL | |

| DATE OF BIRTH | PLACE OF BIRTH | SEX |
|---|---|---|
| 1 (MONTH) 14 (DAY) 1992 (YEAR) | FENI (CITY) BANGLADESH (COUNTRY) | MALE ☑ FEMALE ☐ |

EXAMINATION FOR DUTY AS:

| | | | |
|---|---|---|---|
| MASTER | ☐ | RATING | ☐ |
| MATE | ☑ | MOU DECK | ☐ |
| ENGINEER | ☐ | MOU ENGINE | ☐ |
| RADIO OFF | ☐ | SUPERNUMERARY | ☐ |

MAILING ADDRESS OF APPLICANT:
MOTOBI BORO BARI, MOTOBI, SHIBPUR,
BHUIYARHAT, FENI SADAR, FENI,
BANGLADESH.

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

| HEIGHT | WEIGHT | BLOOD PRESSURE | PULSE | RESPIRATION | GENERAL APPEARANCE |
|---|---|---|---|---|---|
| 170cm | 65kg. | 120/80 mg | 78/m | 19/m | Good |

VISION: RIGHT EYE / LEFT EYE

| | | |
|---|---|---|
| WITHOUT GLASSES | 6/6 | 6/6 |
| WITH GLASSES | | |

DATE OF LAST COLOR VISION TEST (Month/Day/Year) 20 AUG 2023 Testing Required every 6 years

COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☑ NO ☐

COLOR TEST TYPE: BOOK ☐ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL YELLOW ☑ RED ☑ GREEN ☑ BLUE ☑

HEARING: RT EAR Normal LEFT YEAR Normal

| HEAD AND NECK | HEART (CARDIOVASCULAR) |
|---|---|
| Normal | Normal |
| **LUNGS** | **SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?** |
| Normal | Yes |

EXTREMITIES: UPPER Normal LOWER Normal

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. No

| SIGNATURE OF APPLICANT | DATE OF EXAM | EXPIRY DATE |
|---|---|---|
| Hasan | 20 AUG 2023 | 19 AUG 2025 |

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MAHMUDUL HASAN (NAME OF APPLICANT)

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY).

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD , RAIHAN ; M.B.B.S (D.U), REG.NO.A-55144

ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING, BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 6-May-14

SIGNATURE OF PHYSICIAN: DATE OF EXAMINATION: 20 AUG 2023

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

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

RLM-105M (REV. 12/17)

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

Redical Hospitals Ltd. ★ Approved by Department of Shipping ★ As Per-MLC-2006

# 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.

(b) 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.

(c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and 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

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

20 AUG 2023

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved By Department of Shipping

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

জ্ঞানে সেবায় আমৃত্যু প্রতীক

RADICAL HOSPITAL LIMITED

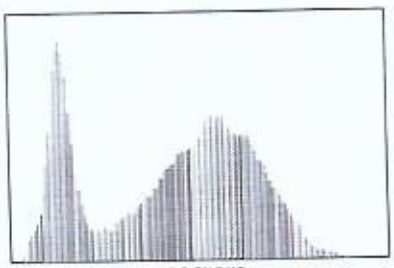
radical_hospitals@yahoo.com, www.radicalhospital.com

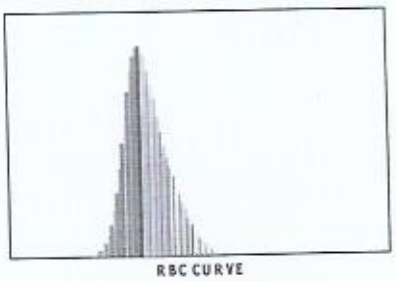
| | | | |
|---|---|---|---|
| **Id No** : 23080969 | **Date :** 20-Aug-2023 | **D.Date :** 20-Aug-2023 |
| **Patient's Name :** MAHMUDUL HASAN | **Age :** 31Y 7M 6D | **Gender:** Male |
| **Specimen** : Blood | | |
| **Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6533 | | |

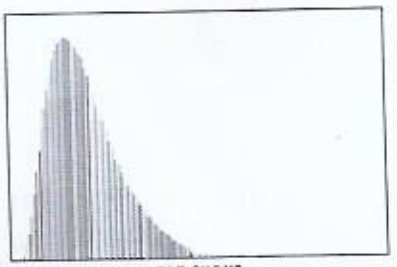
## Haematology Report

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

| Parameter Name | Results | Reference Range |
|---|---|---|
| **Hemoglobin (Hb)** | **14.9** gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. |
| **ESR(Westergreen)** | **05** mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| **Total WBC Count(TC)** | **6,700** /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm |
| **Differential WBC Count (DC)** | | |
| Neutrophils | **72** % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | **23** % | Child: 52-62 %, Adult: 20-50 % |
| Monocytes | **03** % | Child: 03-07 %, Adult: 02-10 % |
| Eosinophils | **02** % | Child: 01-03 %, Adult: 01-06 % |
| Basophils | **00** % | Adult: 00-01 % |
| Total Cir. Eosinophils | **134** /cumm | 50-450/cumm |
| **Total RBC Count** | **4.49** m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | **38.9** % | M: 40-54%, F:37-47% |
| MCV | **86.6** fL | 76 - 94 fL |
| MCH | **33.2** pg | 27 - 32 pg |
| MCHC | **38.3** g/dL | 29 - 34 g/dL |
| RDW | **12.7** % | 11 - 16 % |
| PDW | **15.1** fL | 35 - 56 fl |
| **Total Platelete Count (PC)** | **3,11,000** /cumm | 150,000-450,000/cumm |
| MPV | **7.4** fL | 7.0 - 11.0 fL |
| PCT | **0.230** % | 0.1 - 0.% |
| Bledding Time(BT) | % | 10 - 18 % |
| Cloting Time(CT) | % | 0.1- 0.2 % |


WBC CURVE


RBC CURVE


PLT CURVE

**Checked by**
Medical Technologist

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

RADICAL HOSPITAL
radical_hospitals@yahoo.com, www.radicalhospital.com

| | | | |
|---|---|---|---|
| Bill No | DIA23080969 | Received Date | 20/08/2023 |
| Patient's Name | MAHMUDUL HASAN | | |
| Patient's Age | 31Y 7M 6D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/6533 |
| Sample | BLOOD | | |

## BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|---|---|---|
| Random Blood Sugar (RBS) | 5.5 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total) | 0.8 mg/dl | 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. Sumaiya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

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| | | | |
|---|---|---|---|
| Bill No | DIA23080969 | Received Date | 20/08/2023 |
| Patient's Name | MAHMUDUL HASAN | | |
| Patient's Age | 31Y 7M 6D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/6533 |
| Sample | **BLOOD** | | |

# SEROLOGYCAL REPORT

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

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
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Associate Professor
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| | | | |
|---|---|---|---|
| Bill No | DIA23080969 | Received Date | 20/08/2023 |
| Patient's Name | MAHMUDUL HASAN | | |
| Patient's Age | 31Y 7M 6D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/6533 |
| Sample | URINE | | |

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| | | | |
|---|---|---|---|
| Quantity | Sufficient | CELLS / HPF | |
| Colo | Straw | R B C | Nil |
| Appearance | Clear | Pus Cells | 2-3/HPF |
| Sediment | Nil | Epithelial | 2-3/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

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

| REF: | FERRUM AUSTRALIS | DATE: 20/08/2023 |
|---|---|---|

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

# EYE EXAMINATION REPORT

| NAME: | MAHMUDUL HASAN | RANK: 2ND OFFIC | CDC NO: C/O/6533 |
|---|---|---|---|

| VISUAL ACUITY: | RIGHT | LEFT |
|---|---|---|
| UNAIDED | 6/6 | 6/6 |
| AIDED | | |

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: 106

Mahmudul Hasan.

Male 32 Years

20-08-2023 12:41:03

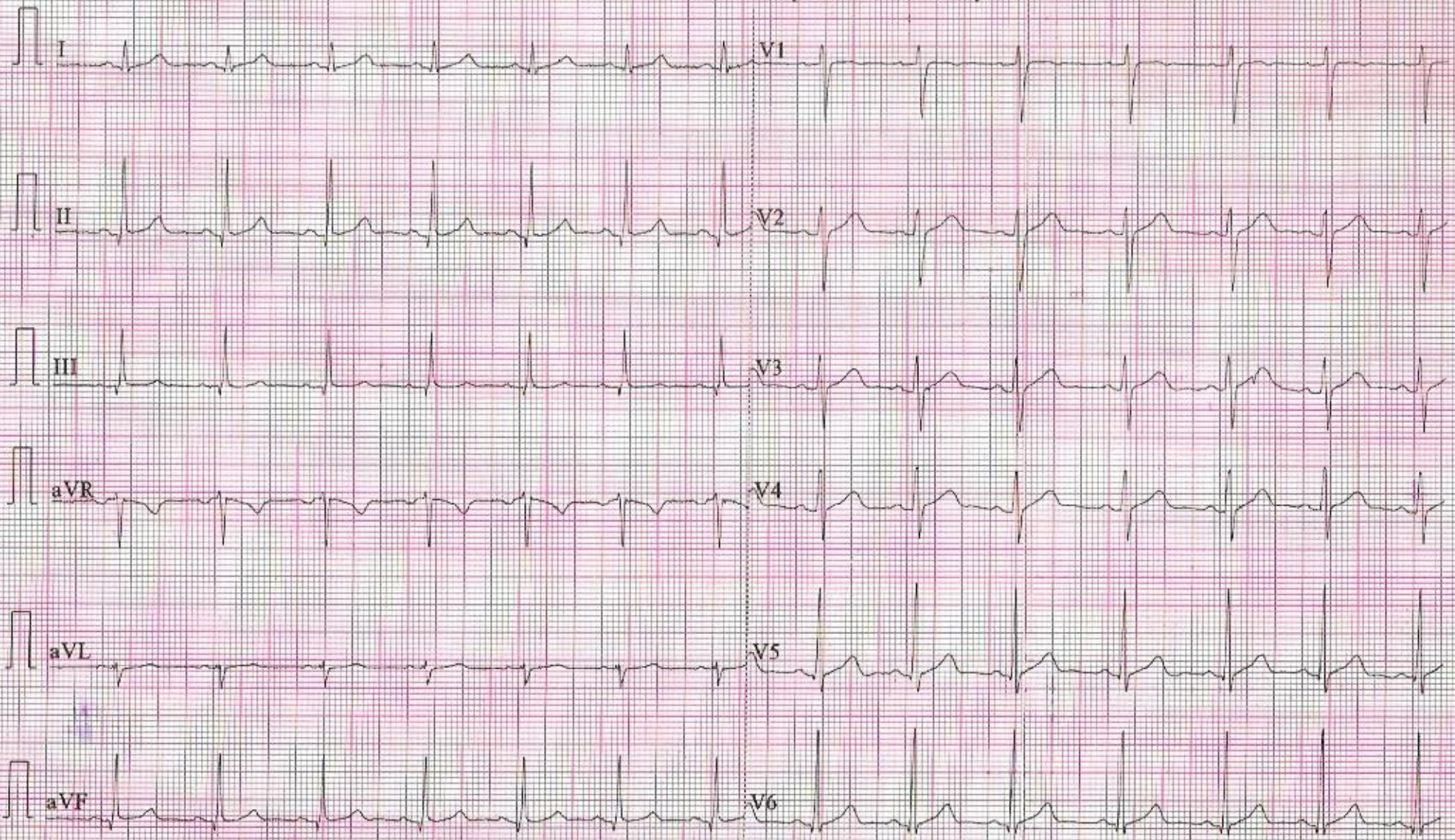
| | | | |
|---|---|---|---|
| HR | : | 83 | bpm |
| P | : | 108 | ms |
| PR | : | 142 | ms |
| QRS | : | 86 | ms |
| QT/QTc | : | 380/447 | ms |
| P/QRS/T | : | 48/74/44 | ° |
| RV5/SV1 | : | 1.576/1.027 | mV |

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:




0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥83 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

# DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | |
|---|---|---|---|---|
| *ID. No.* | : | 23080969 | Receive:20/08/2023 | Print: 20/08/2023 |
| *Patient's Name* | : | **MAHMUDUL HASAN** | | |
| *Age* | : | 31 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

This report has been electronically signed.

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that Mahomedul Hasan. whose signature follows Hasan Date of birth 14-01-1992 Sex Male.

has on the date indicated been vaccinated or revaccinated against Cholera

| Date | Signature and Professional status of vaccinator | Approved Stamp | |
|---|---|---|---|
| 04 JUL 2017 | DR. M. AYUBUR RAHMAN M.B.B.S, P.G.T.(Medicine) Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820 | CENTER FOR VACCINATION 31 SK. MUJIB ROAD AGRABAD,CTG. BANGLADESH | |
| 2 20 APR 2018 | DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820 | CENTER FOR VACCINATION 31 SK. MUJIB ROAD AGRABAD,CTG. BANGLADESH | |
| 3 02 APR 2019 | DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820 | CENTER FOR VACCINATION 31 SK. MUJIB ROAD AGRABAD,CTG. BANGLADESH | 3 4 |
| 4 10 MAR 2020 | DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820 | CENTER FOR VACCINATION 31 SK. MUJIB ROAD AGRABAD,CTG. BANGLADESH | 5 6 |
| 6 30 DEC 2021 | DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820 | CENTER FOR VACCINATION 31 SK. MUJIB ROAD AGRABAD,CTG. BANGLADESH | 7 8 |
| 8 20 AUG 2023 | DR. MIR. 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 | CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH | |

Continued overleaf Suite our erso

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that Mahmudul Hasan. whose signature follows Hasan Date of birth 14-01-1992 Sex Male.

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 |
|---|---|---|---|
| 1 04 JUL 2013 | DR. M. AYUBUR RAHMAN MBBS, PG I (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820 | YELLOW FEVER VACCINE 1313 | 1 2 CENTER FOR VACCINATION 24, SK. MUJIB ROAD AGRABAD C/A BANGLADESH |
| 2 20 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 | YELLOW FEVER VACCINE I. NO DAKAR 220 | CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH |
| 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.