



HAQUE & SONS LTD.

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



Accredited By: BMDC
Accreditation No: A-55144

PATIENT CONTROL NUMBER:
HSL-004293

MEDICAL EXAMINATION CERTIFICATE

SURNAME HALIM	FIRST NAME AND MD ABDUL	MIDDLE NAME
PLACE AND DATE OF BIRTH COX'SBAZAR, 5-Jan-1994	PASSPORT NUMBER EL0076557	SEAMAN'S BOOK NUMBER CO7650
NATIONALITY: BANGLADESHI SEX: ☒ Male ☐ Female	VESSEL TYPE: CONTAINER	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS:	CONTACT NUMBER: 1828029207	
VILLAGE: HARUN MATBAR PARA, MOGNAMA, POST OFFICE: PEKUA, DISTRICT:	RANK: 3RD OFFICER	
COX'SBAZER, COUNTRY: BANGLADESH.		

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	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 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/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	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?	☐	☒
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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 practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight **67 kg** Height (cm) **165** BMI **24.6** Blood Pressure: Systolic **120 mm** Diastolic **80 mm** PULSE: **78 bpm**

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

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
☒ Adequate	☐ Inadequate
☒ Adequate	☐ Inadequate

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

Visual acuity					Visual fields	
Unaided		Aided		Normal	Defective	
Distant	Right eye	Left eye	Right eye	Left eye	Right eye	Left eye
Near			6/6	6/6	☒	☒

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

YES / NO
☐ 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	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS					
Chest X-Ray	<u>NTD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Manjuana	☐ Positive	☒ Negative
ECG	<u>NTD</u>	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E	<u>NTD</u>	SGPT	URINE R/E	☒	☐
DC(differential count)	<u>NTD</u>	SGOT	OTHERS	☒	☐
HAEMOGLOBIN (HGB))	<u>14.5</u>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<u>8.5</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<u>8.300</u>	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL	<u>5.0</u>	Phencyclidine	☐ Positive ☒ Negative	Blood Type	<u>NTD</u>
RANDOM	<u>5.0</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	<u>NTD</u>
HBA1C	<u>5.0%</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultraso	<u>NTD</u>

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

<u>[Signature]</u>	MD ABDUL HALIM	20-Aug-2023
Signature of Seafarer	Name of Seafarer	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	
Fit	Deck service	Engine service	Catering service
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: <u>20 AUG 2023</u>	Valid Until: <u>19 AUG 2025</u>
<u>[Signature]</u> Name and Signature of Authorized Physician	

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: HALIM	GIVEN NAME (S): MD ABDUL	
DATE OF BIRTH: DAY 5 MONTH 1 YEAR 1994	PLACE OF BIRTH CITY COX'SBAZAR COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	MAILING ADDRESS OF APPLICANT: VILLAGE: HARUN MATBAR PARA, MOGNAMA , POST OFFICE :: PEKUA DISTRICT : COX'SBAZER . COUNTRY : BANGLADESH BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	—	6/6	BOOK ☒ LANTERN ☒ YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	RIGHT EAR mm
LEFT EYE	—	6/6		LEFT EAR mm

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☐ NO ☒

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **20 AUG, 2023**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☒

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

MD ABDUL HALIM

20-Aug-2023



Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MD. AYUBUR RAHMAN. M.B.B.S; P.G.T. (MEDICINE)**

ADDRESS: **SABA DIAGNOSTIC CENTER, TAHER CHAMBER(G/F), 10- AGRABAD C/A, CHATTOGRAM, BANGLADESH.**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **23-02-1984**

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE **20 AUG 2023**

EXPIRY DATE OF CERTIFICATE:

19 AUG 2025

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

DR. MIR. MD. RAIHAN

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

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD ABDUL HALIM

RANK : 3RD OFFICER

CDC NO : C/O/7650

DOB : 05-Jan-1994

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

- 1 Have you ever had coronary thrombosis or certain types of heart surgery?
- 2 Are you suffering from any heart-related complications?
- 3 Are you a diabetic?
- 4 If you are diabetic, do you need injections of insulin for diabetes?
- 5 Have you ever had a stroke, or unexplained loss of consciousness?
- 6 Have you ever been treated for a mental or nervous problem?
- 7 Are you an alcoholic, or have you had alcohol or drug addiction problems?
- 8 Do you have any hearing difficulties or are you using any hearing aid?
- 9 Have you ever suffered from any STD (Sexually Transmitted Disease)?
- 10 Are you aware of any other health condition that could affect your fitness for seafaring employment?

YES	NO
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒
☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel and will bear all the expenses as may incur as a direct result of such concealment.

Date : 20 AUG 2023

Signed :

The Crew Member

* If yes, mention details below:-

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

Medical information: (医療情報) * Please check the appropriate items.

該当する二個に✓印を記入して下さい

1. ALLERGIES: (アレルギー)
- ☐ Urucaria (hives) (じんましん) ☐ Asthma (ぜんそく) ☐ Other (その他)
- ☐ Drug allergies (name): (薬品名) ☐ Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

- (1) Past serious illness: (重大既往症) Age (年齢)

Surgery: (手術)

When?

(時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Year): (持病/病歴)

Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

4. DAILY LIFE HABITS: (日常生活)

- (1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない) ☐ Drink 2-3 times a week (週に2〜3回) ☐ Drink every evening (毎夜) ☐ Heavy drinker (毎日) ☐ Moderate drinker (毎週末) ☐ Light drinker (時々)
- (2) Smoking: (喫煙) ☐ Never smoke (吸わない) ☐ Quit smoking in 19____ (19____年に断煙) ☐ Smoke cigarettes a day (1日平均____支吸) ☐ Regular (規則的) ☐ Irregular (不規則) ☐ Constipated (便秘)
- (3) Bowel movements: (排便) ☐ Regular (規則的) ☐ Irregular (不規則) ☐ Constipated (便秘)
- (4) Dietary preferences: (食事の好み) ☐ Meat (肉類) ☐ Fish (魚類) ☐ Salty (塩辛い) ☐ Sweet (甘い) ☐ Only (唯一)
- (5) Exercise: (運動) ☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)
- (6) Sleep: (睡眠) ☐ Sleep well (よく眠る) ☐ Have Sleeplessness (眠れない)
- ☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)
- (7) Weight: (体重) ☐ Constant (変わらない) ☐ Putting on weight (増えてきている) ☐ Losing weight (減ってきている)

20 AUG 2023



DR. MIR, MD. RAIHAN
MBBS (DU), DPM, CCD (Bangladesh), PGT (Opthi)
BMDC A 55144, MMC-BGD-016
Approved by Department of Health
General Physician
Radical Hospitals Limited

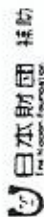


5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer part (癌/部位)	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other, Name of disease (病名)	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡潔に。)



日本財団 奨励
The Japan Foundation

MEDICAL RECORDS (Write in block letters)

<PRIVATE>

秘

Nationality: BANGLADESH

Name of Company: Radical Hospitals Ltd.

Tel: 02-233-1111 Fax: 02-233-1111

Name: MD. ABDUL HANIM Sex: M (男/女)

given name (姓): ABDUL family name (姓): HANIM

Name of Position: MD. ABDUL HANIM

Date of Birth: 05/05/67 (D-M-Y)

(生年月日)

Height: 165 cm Weight: 67 kg/age 20: 120 才 (kg)

Pulse: 78 min Normal breathing rate: 18 /min Normal temperature: 36.5 °C

(脈拍/分) (正常呼吸数/分) (平熱)

Blood pressure: 120/80 mmHg Blood type: AB+ Rh: + Single Married

(血圧) (血液型) (婚身/既婚)

Blood sugar: 100 mg/dl × 0.05625 = 5.6 mmol/l

Uric acid: 4.0 mg/dl × 0.05914 = 2.37 mmol/l

(血糖値) (尿酸値)

Signature: DR. MIR. MD. RAIHAN

Date: 20 AUG 2023

(Card holder) (本人)



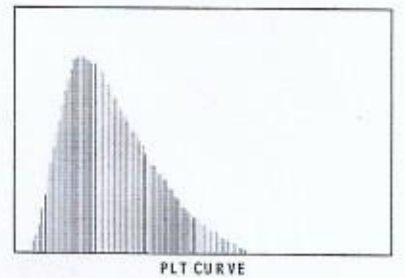
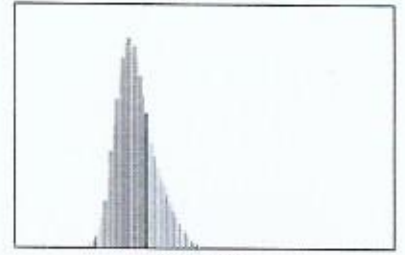
DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Bider), PGT (Gothh)
BMDC A-55144, MMC-BGD-016
DG Snipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 0970 **Date** : 20-Aug-2023 **D.Date** : 20-Aug-2023
Patient's Name : MD ABDUL HALIM **Age** : 29Y 7M 15D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/7650

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	33 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	249 /cumm	50-450/cumm
Total RBC Count	4.99 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.3 %	M: 40-54%, F:37-47%
MCV	74.7 fL	76 - 94 fL
MCH	29.1 pg	27 - 32 pg
MCHC	38.9 g/dL	29 - 34 g/dL
RDW	13.4 %	11 - 16 %
PDW	13.8 fL	35 - 56 fL
Total Platelete Count (PC)	2,24,000 /cumm	150,000-450,000/cumm
MPV	9.1 fL	7.0 - 11.0 fL
PCT	0.204 %	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	DIA23080970	Received Date	20/08/2023
Patient's Name	MD ABDUL HALIM		
Patient's Age	29Y 7M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7650
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.0 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	26 U/L	Up to 37 U/L
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
HbA1C	5.0 %	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 Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23080970	Received Date	20/08/2023
Patient's Name	MD ABDUL HALIM		
Patient's Age	29Y 7M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7650		
Sample	Blood		

SEROLOGYCAL REPORT

<u>Test Name</u>	<u>Result</u>
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING Result

ABO Blood Group	"AB" (+ve)
Rh(D)Factor	Positive

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	DIA23080970	Received Date	20/08/2023
Patient's Name	MD ABDUL HALIM		
Patient's Age	29Y 7M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7650
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/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 Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23080970	Received Date	20/08/2023
Patient's Name	MD ABDUL HALIM		
Patient's Age	29Y 7M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7650		
Sample	URINE		

DRUG ABUSE TEST

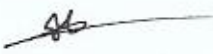
METHOD: Immunochromatographic Assay (Rapid one Step Test)

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.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23080970 Receive: 20/08/2023 Print: 20/08/2023
Patient's Name : MD ABDUL HALIM
Age : 29 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

ID: 106

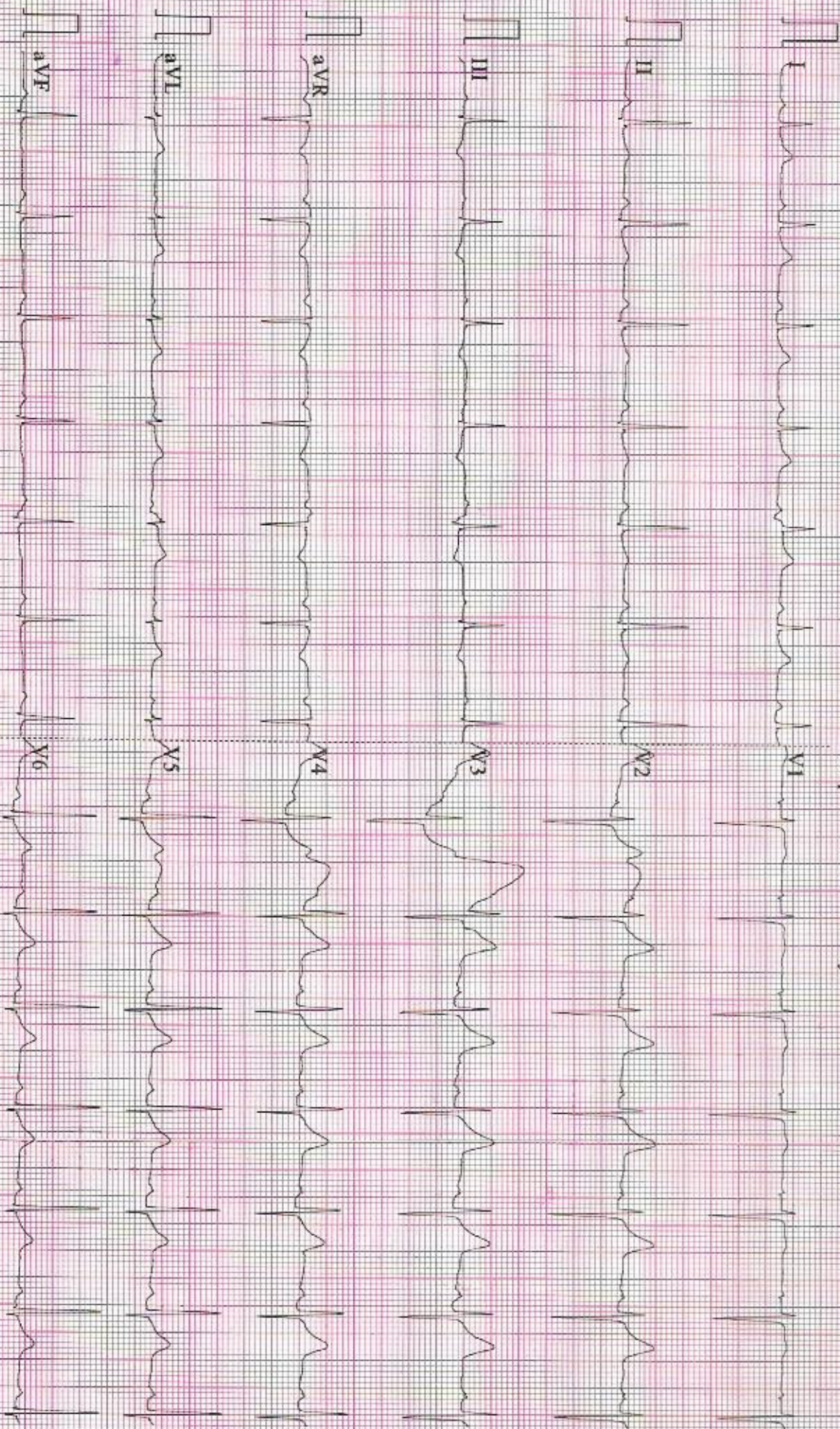
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Male 29 Years

Diagnosis Information:
Sinus rhythm
Normal ECG

HR	: 82	bpm
P	: 96	ms
PR	: 156	ms
QRS	: 78	ms
QT/QTc	: 356/416	ms
P/QRS/T	: 52/60/4	°
RV5/SV1	: 1.335/1.248	mV

Report Confirmed by:



REF:	PEARL RIVER BRIDGE	DATE: 20/08/2023
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M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	MD ABDUL HALIM	RANK: 2 ND OFFIC	CDC NO: C/O/7650
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VISUAL ACUITY: RIGHT LEFT

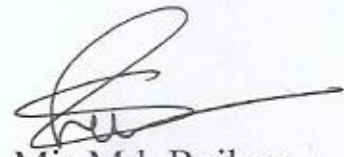
UNAIDED

AIDED

6/6 6/6

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

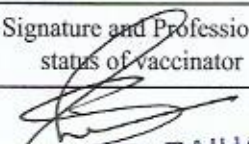

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

MD ABDUL
HALIM
This is to certify that
whose signature follows

Date of birth 05.01.1996 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
20 AUG 2023	 DR. MIR. MD. RAIHAN MSBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DC Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
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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.

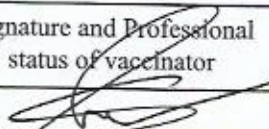
Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MD ABDUL HALIM

This is to certify that } Date of birth 05.01.1994 Sex MALE
whose signature follows }

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
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.	
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Continued overleaf Suite our erso

