# 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. A-55144

PATIENT CONTROL NUMBER:
HS3648FF

MIR MD RAIHAN
RADICAL HOSPITALS LTD
REG. NO. A-55144

## MEDICAL EXAMINATION CERTIFICATE

| SURNAME | FIRST NAME AND | MIDDLE NAME |
|---|---|---|
| ISLAM | MD. MONIRUL | |
| PLACE AND DATE OF BIRTH | PASSPORT NUMBER | SEAMAN'S BOOK NUMBER |
| JESSORE 1-Jan-1978 | A00728394 | CO3648 |

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CONTAINER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
985 EAST BARANDI ROAD, BARANDI MOLLA PARA, JESSORE, BANGLADESH - 7400

CONTACT NUMBER : 01712146336

RANK : CHIEF ENGINEER

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 | ☐ | N/A | 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.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 67kg Height (cm) 166 BMI 21.3 Blood Pressure: Systolic 130 mm Diastolic 80 mm PULSE: 78 b/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 | NAD | BIO CHEMICAL (LIVER FUNCTION TEST) | | | Marijuana | ☐ Positive | ☑ Negative |
| ECG | NAD | BILIRUBIN | 0.8 | | Alcohol Test | ☐ Positive | ☑ Negative |
| BLOOD R/E | | SGPT | 36 | | URINE R/E | NAD | |
| DC(differential count) | NAD | SGOT | 25 | | OTHERS | | |
| HAEMOGLOBIN (HGB) | 13.4 | DRUG AND ALCOHOL TEST | | | HBsAg | ☐ Reactiv | ☑ Nonreactive |
| ESR (WESTERGREN) | 10 | Morphine | ☐ Positive | ☑ Negative | HIV / AIDS Test | ☐ Reactiv | ☑ Nonreactive |
| WBC | 7,700 | Amphetamine | ☐ Positive | ☑ Negative | VDRL | ☐ Reactiv | ☑ Nonreactive |
| BLOOD GLUCOSE LEVEL | | Phencyclidine | ☐ Positive | ☑ Negative | Blood Type | B(+ve) | |
| RANDOM | 5.2 | Barbiturates | ☐ Positive | ☑ Negative | Psychological Exam | NAD | |
| HBA1C | 5.1% | Cocaine | ☐ Positive | ☑ Negative | Others(KUB Ultrasou | NAD | |

Hereby I declare that I am in knowledge of the contents of the Physical examinations: 20 AUG 2023

Signature of Seafarer — MD. MONIRUL ISLAM (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

| | 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.

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

| | |
|---|---|
| SURNAME: **ISLAM** | GIVEN NAME (S): **MD. MONIRUL** |
| DATE OF BIRTH: DAY **1** MONTH **1** YEAR **1978** | PLACE OF BIRTH CITY **JESSORE** COUNTRY **BANGLADES** / SEX MALE FEMALE |
| POSITION ON BOARD: MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING | MAILING ADDRESS OF APPLICANT: **985 EAST BARANDI ROAD, BARANDI MOLLA PARA, JESSORE, BANGLADESH.** |

**DECLARATION OF THE AUTHORIZED PHYSICIAN**

| VISION | WITHOUT GLASSES | WITH GLASSES | COLOR TEST TYPE | HEARING |
|---|---|---|---|---|
| RIGHT EYE | — | 6/6 | BOOK / LANTERN: YELLOW ~~RED~~ GREEN ~~BLUE~~ | RIGHT EAR ~~ |
| LEFT EYE | — | 6/6 | | LEFT EAR ~~ |

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 APLICABLE

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.

| Signature of Applicant | Name of Applicant | Date |
|---|---|---|
| | **MD. MONIRUL ISLAM** | 20 AUG 2023 |

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / ~~NOT FIT~~) FOR DUTY AS A (MASTER / DECK OFFCIER / 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: |
|---|---|---|
| | Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ As Per MLC-2006 | 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
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Medical information: （医療情報） * Please check the appropriate items.
該当する二項にレ印を記入して下さい

1. ALLERGIES: （アレルギー）
□ Urticaria (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: 主な既往症） Age （年齢）

(2) Surgery: （手術） When? _____

(時期) Age （年齢）

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): （持病／有無）
Name of illness: （持病名）

Name (s) of medicine (s) used for the above disease (s). （上記持病に使用している薬品名）

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 （毎日）
□ Heavy drinker （強い） □ Moderate drinker （中程度） □ Light drinker （弱い）

(2) Smoking: （喫煙） □ Never smoke （吸わない）
□ Quit smoking in 19_____, （19_____年に禁煙
□ Smoke _____ cigarettes a day. （1日平均 _____ 本吸う）

(3) Bowel movements: （便通） □ 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） □ Oily （脂っこい）

(5) Exercise: （運動） □ Often （よくする） □ Sometimes （時々） □ Never （しない）

(6) Sleep: （睡眠） □ Sleep well （良く眠る） □ 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 （変わらず） □ Putting on weight （ふとってきた）
□ Losing weight （やせてきた）

20 AUG 2023

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

日本財団 補助
The Nippon Foundation

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## MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Nationality Bangladesh
(所属会社) Tel: _____ Fax: _____ (国籍)

Name MD. MONIRUL ISLAM Sex: (性別) M/F
(氏名) given name (名) family name (姓) (男／女)

Name of Position: CH-ENG Date of Birth 01-01-78
(役職) (生年月日) (D - M - Y)

Height: (身長) 166 cm Weight: (体重) 67 kg/at age 20: (20 才時) _____ kg
Pulse: 76 /min Normal breathing rate: 19 /min Normal temperature _____ C
(脈拍 /分) (正常呼吸数／分) (平熱)

Blood pressure 120/80 mmHg Blood type: B+ /Rh ( + ) Single/Married
(血圧) (血液型) (独身／既婚)

Blood sugar: (血糖値) _____ mg/dl × 0.05625 = (_____ mmol/l)
Uric acid: (尿酸値) _____ mg/dl × 0.05914 = (_____ mmol/l)

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)

Date: 20 AUG 2023 Signature: (署名) _____
(Card holder) (本人)

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# HAQUE & SONS LTD

## DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. MONIRUL ISLAM RANK : CHIEF ENGINEER

CDC NO : C/O/3648 DOB : 01-Jan-1978

## HEALTH QUESTIONNAIRE

| PLEASE ANSWER FOLLOWING BY TICKING ( ✓ ) YES OR NO | | YES | NO |
|---|---|---|---|
| 1 | Have you ever had coronary thrombosis or certain types of heart surgery? | | ✓ |
| 2 | Are you suffering from any heart-related cotnplications? | | ✓ |
| 3 | Are you a diabetic ? | | ✓ |
| 4 | If you are diabetic, do you need injectio.ns of insulin for diabetes? | | N/A |
| 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 * | | ✓ |

Ideclare that Iread above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowlede. true and complete. Ialso declare that Iam 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 Imay have concealed before joining vesse,I ?nd 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
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General Physician
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RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

| | | | |
|---|---|---|---|
| **Id No** : 0430 | **Date :** 20-Aug-2023 | **D.Date :** 20-Aug-2023 |
| **Patient's Name :** MD MONIRUL ISLAM | **Age :** 45Y 7M 8D | **Gender:** Male |
| **Specimen** : Blood | | |
| **Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO: C/O/3648 | |

## Haematology Report

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

| Parameter Name | Results | Reference Range |
|---|---|---|
| **Hemoglobin (Hb)** | **13.4** gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>Infant: (One year):8-10 gm/dl. |
| **ESR(Westergreen)** | **10** mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| **Total WBC Count(TC)** | **7,700** /cumm | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| **Differential WBC Count (DC)** | | |
| Neutrophils | **63** % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | **33** % | Child: 52-62 %, Adult: 20-50 % |
| Monocytes | **02** % | Child: 03-07 %, Adult: 02-10 % |
| Eosinophils | **02** % | Child: 01-03 %, Adult: 01-06 % |
| Basophils | **00** % | Adult: 00-01 % |
| Total Cir. Eosinophils | **154** /cumm | 50-450/cumm |
| **Total RBC Count** | **4.80** m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | **35.7** % | M: 40-54%, F:37-47% |
| MCV | **74.4** fL | 76 - 94 fL |
| MCH | **27.9** pg | 27 - 32 pg |
| MCHC | **37.5** g/dL | 29 - 34 g/dL |
| RDW | **13.4** % | 11 - 16 % |
| PDW | **16.4** fL | 35 - 56 fl |
| **Total Platelete Count (PC)** | **4,37,000** /cumm | 150,000-450,000/cumm |
| MPV | **9.0** fL | 7.0 - 11.0 fL |
| PCT | **0.2** % | 0.1 - 0.% |

**Checked By**
Medical Technologist

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA23080430 | Received Date | 20/08/2023 |
|---|---|---|---|
| Patient's Name | MD MONIRUL ISLAM | | |
| Patient's Age | 45Y 7M 8D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/3648 |
| Sample | BLOOD | | |

## BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|---|---|---|
| Random Blood Sugar (RBS) | 5.2 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total) | 0.8 mg/dl | 0.2 - 1.1 mg/dl |
| Serum AST (SGOT) | 25 U/L | Up to 37 U/L |
| Serum ALT (SGPT) | 36 U/L | Up to 40 U/L |
| HbA1C | 5.1 % | 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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

| | | | |
|---|---|---|---|
| Bill No | DIA23080430 | Received Date | 20/08/2023 |
| Patient's Name | MD MONIRUL ISLAM | | |
| Patient's Age | 45Y 7M 8D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/3648 |
| Sample | Blood | | |

# 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 |

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

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radical_hospitals@yahoo.com, www.radicalhospital.com

| Bill No | DIA23080430 | Received Date | 20/08/2023 |
|---|---|---|---|
| Patient's Name | MD MONIRUL ISLAM | | |
| Patient's Age | 45Y 7M 8D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/3648 |
| Sample | URINE | | |

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| | | | |
|---|---|---|---|
| Quantity | Sufficient | CELLS / HPF | |
| Colo | 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 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

| Bill No | DIA23080430 | Received Date | 20/08/2023 |
|---|---|---|---|
| Patient's Name | MD MONIRUL ISLAM | | |
| Patient's Age | 45Y 7M 8D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/3648 |
| Sample | URINE | | |

## DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

| Test Name | Result |
|---|---|
| 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 Technologis
Radical Hospitals Ltd.

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East West Medical College and Hospital

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| REF: | MV. ONE HOUSTON | DATE: 20/08/2023 |
|---|---|---|

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

# EYE EXAMINATION REPORT

| NAME: | MD MONIRUL ISLAM | RANK: CH.ENG | CDC NO: C/O/3648 |
|---|---|---|---|

VISUAL ACUITY: RIGHT LEFT

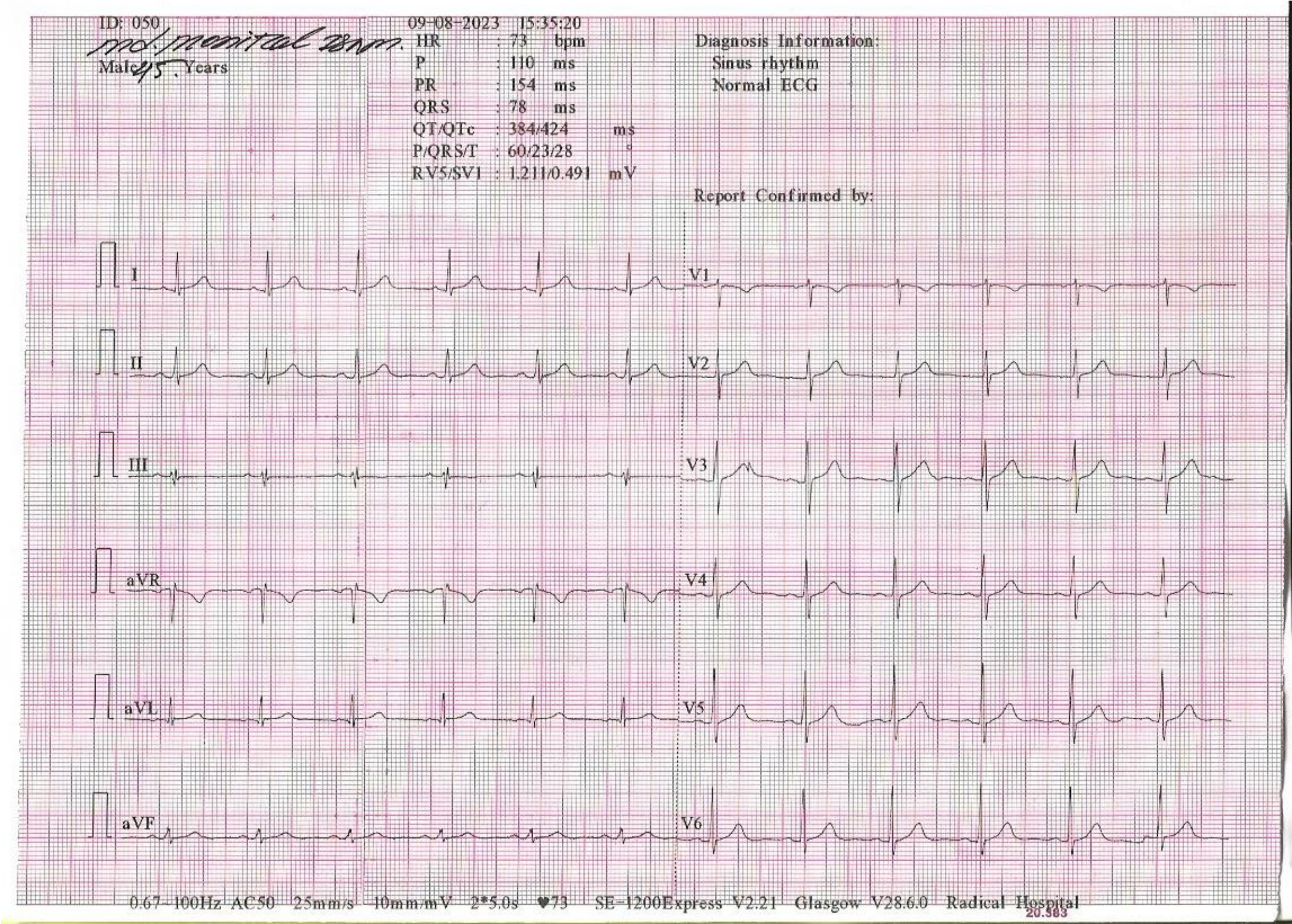
UNAIDED

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


ID: 050
mot/mental 28yrs.
Male 45 Years
09-08-2023 15:35:20
HR : 73 bpm
P : 110 ms
PR : 154 ms
QRS : 78 ms
QT/QTc : 384/424 ms
P/QRS/T : 60/23/28 °
RV5/SV1 : 1.211/0.491 mV
Diagnosis Information:
Sinus rhythm
Normal ECG
Report Confirmed by:
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥73 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.* | : | 23080430 | Receive:20/08/2023 | Print: 20/08/2023 |
| *Patient's Name* | : | MD MONIRUL ISLAM | | |
| *Age* | : | 45 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.

## Pre-Joining Medical Report to be Completed by Company's M.O.

| Date of Exam | Ship Assigned | B.P./ Pulse | Pathological investigations | | | | | Creatine | USG | Addl. Test | Special Conditions | Fit / ~~Unfit~~ & Remarks | Doctor's Sign. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | X-ray | ECG | Urine | Blood | LFT | | | | | | |
| 16 OCT 2022 | MV. ONE HONG KONG | [illegible] BP 80/60 mmHg | NORMAL | NORMAL | NORMAL | NORMAL | NORMAL | | | | | 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. | |
| 20 AUG 2023 | MV. ONE HOUSTON | PULSE 78/m BP 130/80 mmHg | NAD | NAD | NAD | NAD | NAD | | | | | 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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# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that MD. MONIRUL ISLAM whose signature follows } Date of birth 01-JAN-1978 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

| Date | Signature and Professional status of vaccinator | Approved Stamp | |
|---|---|---|---|
| 16 OCT 2022 | DR. MIR MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | CENTER FOR VACCINATION<br>35, Shah Makhdum Avenue<br>Uttara, Dhaka<br>BANGLADESH | |
| 20 AUG 2023 | DR. MIR MD RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. | CENTER FOR VACCINATION<br>35, Shah Makhdum Avenue<br>Uttara, Dhaka<br>BANGLADESH | |
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