

## HAQUE & SONS LTD.



Accredited By . BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER: H957

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#### MEDICAL EXAMINATION CERTIFICATE

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2	High blood pressure			19		smoke?				A.
3	Heart/vascular disease			20		on/surger				Ø
4	Heart surgery			21		y/seizures				d
5	Varicose veins			22		ss/fainting				
6	Asthma/bronchitis		4	23		consciou				
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9	Thyroid problem		ď	26		ed suicide	e			
10	Digestive disorder		4	27		memory				
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12	Skin problem		D.	29		headache				
13	Allergies			30		THE RESERVE TO SERVE THE PARTY OF THE PARTY	problems			
14	Infectious/contagious diseases		V	31	Restrict	ed mobilit	ty			σ,
15	Hernia		8	32	Back pr	oblems				0
16	Genital disorders		4	33	Amputa	tion				
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In Accordance with Medical Examination (Seafgrers) Convention (Seafgrers) Physician (Seafgrer) Physici



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#### MEDICAL EXAMINATION CERTIFICATE

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	ID DATE OF BIRTH	PASSPOI	RT NUMBER	E07.5			SEAMAN'S E			
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	Condition	YES	NQ-		Condition	n			YES	NO.
1	Eye/vision problem	D	0	18	Sleep pro				D.	0
2	High blood pressure			19	Do you sr				U	Ø.
3	Heart/vascular disease	O	0	20	Operation		V		D	13
4	Heart surgery		o l	21	Epilepsy/s				13	d
5	Varicose veins		O'	22	Dizziness					
6	Asthma/bronchitis	CI.		23	Loss of co				U	OV.
7	Blood disorder			24	Psychiatr					
8	Diabetes		П.	25	Depression					G.
9	Thyroid problem	D	ď l	26	Attemple		Et .		D	14
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11	Kidney problem	T)	II	28	Balance ;				O	
12	Skin problem		8	29	Severe h	eadach	38		D	
13	Allergies		D	30			problems			
14	Infectious/contagious diseases		0	31	Restricte		ly		1.3	
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In Accordance with Medical Examination (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Revision: 5.1

General Physician

Radical Hospitals Limited.



# HAQUE & SONS LTD.



Accredited By BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER H957

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

#### MEDICAL EXAMINATION CERTIFICATE

MANIRUZZAMAN  ACE AND DATE OF BIRTH  PASSPORT NUMBER  TANGAIL  11-Nov-1988  EG0158746  CO6378  TIONALITY: DANGLADESHI SEX: Male   Female   VESSEL TYPE: BULK CARRIER TRADING AREA: WORLD WILL  RMANENT HOME ADDRESS  LA, SHOLLA, KALIHATI, TANGAIL, BANGLADESHI   RANK   CHIEF OFFICER  Have you ever had any of the following conditions?  Condition   YES   NO   Condition   YES   NO    1 Eye/vision problem   II   18 Sleep problems   II    2 High blood pressure   II   II   Do you smoke?   II    3 Heart/vascular disease   II   II   Do you smoke?   II    4 Heart surgery   II   II   20 Operation/surgery   II    5 Varicose veins   II   II   21 Epilepsy/scirures   II    6 Asthma/bronchitis   II   II   23 Loss of consciousness   II    7 Blood disorder   II   24 Psychiatric problems   II    8 Diabetes   II   26 Attempted studied   II    10 Digestive disorder   II   26 Attempted studied   II    10 Digestive disorder   II   28 Balance problem   II    11 Kidney problem   II   28 Balance problem   II    12 Skin problem   II   28 Severe headaches   II    13 Allergies   II   30 Ear/nose/fhroat problems   II    14 Infectious/contagious diseases   II   31 Restricted mobility   II    16 Genital disorders   II   32 Back problems   II    17 Pregnancy   II   Aractures/dislocations   II    18 If any of the above questions were answered "yes", please give details.			FIRST NA	AME AND		der et al massillor a	MIDDLE NAME		110
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42 Are you taking any non-prescription or prescription medications.	36 37 38 39 40 41	Have you ever been hospitalised Have you ever been declared un Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicatio	? fit for sea du been restric medical pro perform the	ty? ded or revoke blems, disea	ed? ses or	illnesses?	ecupation?		0000000
If yes, please list the medications taken and the purpose(s) and dosage(s)	36 37 38 39 40 41	Have you ever been hospitalised Have you ever been declared un Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicatio	? fit for sea du been restric medical pro perform the ns?	ity? ded or revoke blems, disea duties of yo	ed? ses or ur desi	illnesses? ignated position/o	ecupation?		0000000
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I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities	36 37 38 39 40 41 Comm	Have you ever been hospitalised Have you ever been declared un Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medication ents:  Are you taking any non-prescript	fit for sea du been restric medical pro perform the ns?  FIT FOR ion or prescr	ty? ted or revoke blems, disea duties of you	ed? ses or ur desi	illnesses? ignated position/o	ecupation?	000000000000000000000000000000000000000	0000000
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EDICAL EXAMINATION  Weight 68 43 Height (cm) /66 BNG - 6Blood Pressure: Systolic 120 mpiastolic 85 mg PULSE: 78	36 37 38 39 40 41 Comm 42 If yes.	Have you ever been hospitalised Have you ever been declared un Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents:  Are you taking any non-prescript please list the medications taken and you authorize the release of all my promit medical many me	fit for sea du been restric medical pro perform the ns?  FIT FOR ion or prescri nd the purpo evious medi practioner)	ty? ted or revoke blems, disea duties of yo  R DUTY Of iption medic se(s) and do  cal records fr I also certify is.  Blood Pre	ed? ses or ur desi  N BO ations? sage(s  om an that inv	illnesses? gnated position/o  ARD SHIP )  y health profession y history contained	nals, health institution d above is true and a	ns and public authory false statement	orties
EDICAL EXAMINATION  Weight 68 Height (cm) 166 BNG 68 Blood Pressure: Systolic 120 mplastolic 80 m PULSE: 78.	36 37 38 39 40 41 Comm 42 If yes.	Have you ever been hospitalised Have you ever been declared un Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents:  Are you taking any non-prescript please list the medications taken and you authorize the release of all my promit medical many me	fit for sea du been restric medical pro perform the ns?  FIT FOR ion or prescri nd the purpo evious medi practioner)	ty? ted or revoke blems, disea duties of yo  R DUTY Of iption medic se(s) and do  cal records fr I also certify is.  Blood Pre	ed? ses or ur desi  N BO ations? sage(s  om an that inv	illnesses? ignated position/o  ARD SHIP  )  y health profession y history contained Systolic- (20)	nals, health institution diabove is true and a	ns and public authory false statement	orties
EDICAL EXAMINATION  Weight 68 Jahleight (cm) 166 BND 6 Blood Pressure: Systolic 120 mpiastolic 86 m PULSE: 78.	36 37 38 39 40 41 Comm 42 If yes. I heret to Dr. disqua	Have you ever been hospitalised Have you ever been declared un Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to Are you allergic to any medicationents:  Are you taking any non-prescript please list the medications taken allow authorize the release of all my promiting me from my employment, benefits a signature of Seatarer EXAMINATION  Hearing by Audiometry	fit for sea du been restric medical pro perform the ns?  FIT FOR ion or prescu nd the purpo evious medi I practioner) fits and claim	ty? ted or revoke blems, disea duties of yo  R DUTY Or iption medica se(s) and do  cal records fr I also certify is.  Blood Pre	ed? ses or ur desi  N BO ations? sage(s  om an that my	illnesses? ignated position/o  ARD SHIP  y health professio y history contained  Systolic (20)	mals, health institution diabove is true and a	ns and public authory false statement	orties

		Vi	sual acuity		W-2			Visual	fields
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Vear	1 2/2	3 00	2			Left_by	Contract of the Contract of th	_	
visual acuity	meets the s	tandard laid do	own in STCW Co	ode S	ection A-1/5	the same of the same of	and the second s		
		W CODE Sect			Vormal	☐ Doubtf	ul 🗆 D	efective	
						35			
Date of last	colour vision	test. Date (day	y/month/year) _	13	AUG ZUZ	L			
			Normal Al	onorm	ıal			N	lormal_ Abnormal
Head				13	Vari	cose veins			0 -
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Mouth/teeth				П		omen and visce	ra		9 0
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Breast exan			NA	U		ieral appearance			0 0
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			rli						
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Chest X-Ra		NOTO		ICAL I	UNER FUR	OCTION TEST)	Marijuana	TOTPO	sitive Negative
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200	BLOOD R	JE JE	SGPT		2	05	URINE R/E	100	NHO
DC(differen		12778	SGOT		4	7		OTHER	S
HAEMOGL	OBIN (HGB)	14.4	DRU	JG AN	ID ALCOHO	X TEST	HBsAg		activ Nonreactiv
ESR (WES	TERGREN)	05	Morphine			Negative	HIV / AIDS Test		activ E Nonreactiv
WBC		×.200	2 Amphetamine			Negative	VDRL	□ Re	eactiv Nonreactiv
BLO	OD GLUCOS		Phencyclidine	е		Negative	Blood Type	6	0416)
RANDOM		5-9	Barbiturates			Negative N	Psychological Exa		2001
HBA1C		15.67	Cocaine		□ Positive	Negative	Others(KUB Ultra	so	NIE
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		ae's personal d	eclaration, my r	dinical	examinatio	n and the diagno	ostic test results rec	orded abo	ove, i declare the
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				diae		П	Not fit for Jon	kout dutie	ve.
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In Accordance with Medical Examina DRS-MHRs) MDverRA HtANo 78) and STCW 1978/1996 as Amended, MLC 2006
MRS (DII) DFM CCD (Birdem), PGT (Onlih)

MBBS (DU), DPM, CCD (Birdem), PG (Ophih)
BMDC A-55144, MMC-BGD-016
DG Shipp-ng Bangladesh Approved
General Physician
Radical Hospitals Limited

MEDICAL CERTI	FICATE FOR I	PERSONNEL SERVICE	E ON BOARD	
SURNAME: MANIRUZZAMAN	GIVE	N NAME (S): MD		
DATE OF BIRTH:  DAY 11 MONTH 11 YEAR 1:	t-saccume	OF BIRTH TANGAIL COUNTRY	SEX BANGLADES MALE FEMAL	E
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING DECLARATION OF THE AUTHORIZED PHYSICIA	MAILIN SALLA TANGA	G ADDRESS OF APPLICAN , SHOLLA, KALIHATI, NIL, BANGLADESHI	Committee of the Commit	
VISION	IN	COLOR TEST TYPE	The same	
1000000000	WITH OL 10050	COLOR TEST TYPE	HEARING	
RIGHT EYE G	WITH GLASSES	YELLOW MAY BLUE MY	RIGHT EAR (M)	
Confirmation that identification documents were che	cked at the point of		/	
Hearing meets the standards in STCW Code, Section		NO NOT APLICAE	RI F	
Unaided hearing satisfactory? YES NO		110111111111		
Visual acuity meets standards in STCW Code, Sect	ion A-1/92 YES	NO		_
Colour vision meets standards in STCW Code, Sect (the visual test it is required every six years)  Date of the last colour vision test: (Day/Month/Year)  Are glasses or contact lenses necessary to meet the	13 AUG	1		
Able for watchkeeping? YES NO				
Is applicant taking any non-prescription or prescription	on medications? YE	s No		
Is the seafarer free from any medical condition likely endanger the health of other persons on board? YES	to be aggravated b NO	y service at sea or to render the	seafarers unfit for such service or to	
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE) I ENGINEERING OFFICER / RADIO OPERATO	MD MANIRUZZAI  Name of Applica  S FOUND TO BE  OR / RATING) (WH	MAN  nt  (FIT / NOT FIT) FOR DUTY	Date  AS A (MASTER / DECK OFFCIER OLLOWING) RESTRICTIONS:	1
NAME AND DEGREE OF PHYSICIAN: DR. MIR MC ADDRESS: REDICAL HOSPITALS LIMITED, UTTA NAME OF PHYSICIAN'S CERTIFICATING AUTHOR DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 200	ARA, DHAKA-1230 RHTY: REG NO.: A-5		AND DENTAL COUNCIL (B.M.D.C.)	
SIGNATURE OF PHYSICIAN'S CERTIFICATE:  EXPIRY DATE OF CERTIFICATE:	<del>-</del>		1 3 AUG 2023	
		compliance with the regularity		
DR. MIR. MD. RA		ed and the Maritime Labour Co	nvention, 2000.	

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

	MEDICAL CER	TIFICATE FOR	R PERSONNE	L SERVICE	ON BOAR	D	
SURNAME: MANIRUZ	ZAMAN	Gi	IVEN NAME (S):	MD			
DATE OF BIRTH:		PLAC	CE OF BIRTH			SEX	
DAY <b>11</b> M	ONTH 11 YEAR	1988 CITY	TANGAIL	COUNTRY	BANGLADES		FEMALE
POSITION ON BOARD:	A CONTRACT CONTRACTOR	MAIL	ING ADDRESS		- SHOW CONTRACTOR		, em icc
MASTER		SAL	LA, SHOLLA, KA	ALIHATI,			
DECK OFFICER		TAN	GAIL, BANGLAD	DESHI			
ENGINEERING OFFICE	ER .						
RADIO OPERATOR RATING							
	E AUTHORIZED PHYSIC	CIAN					
	VISION	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	COLOR T	EST TYPE	ľ	HEARING	
	WITHOUT GLASSES	WITH GLASSES				TIEARRIO	
RIGHT EYE	616	, , , , , , , , , , , , , , , , , , ,	LANT		DIGUTEAD	^^^	
KIOTI ETE	~	_	2500		RIGHT EAR	1711)	
	6/6		AETFOM W?	/ /		- ^^~	
LEFT EYE	+	<u> </u>	1	BLUE MY	LEFT EAR	( )	
	ication documents were		of examination: YE	8 NO			
Hearing meets the stand	dards in STCW Code, Se	ection A-1/92-YES	NO	NOT APLICABL	.E		
Unaided hearing satisfac	ctory2 YES NO		4::				
Visual acuity meets stan	ndards in STCW Code, Se	ection A-1/9? TES	NO				
Colour vision meets star	ndards in STCW Code, S	Section A-1/9? YES	NO				
(the visual test it is requi	red every six years)	13 AUG	2 2023				
Date of the last colour vi	ision test: (Day/Month/Ye		7 2023				
Are glasses or contact le	enses necessary to meet	the required vision s	standards? YES	NQ			
Able for watchkeeping?				1980			
	on-prescription or prescri	intion medications?	YES NO				
Is the seafarer free from endanger the health of of	any medical condition lik	cely to be aggravated		or to render the s	seafarers unfit fo	or such service	or to
Hereby I declare that I a		50001	al Examination				
	an an amountage of and oc	mana o ala i liyolo	a. Laurinia dorii				
11		MD MANUBUTT	7484441				
Aha		MD MANIRUZZ	LAMAN			1 3 AUG 20	23
o Come	2					NAME OF TAXABLE	
Signature of Ap		Name of Appl			Date	/	$\sim$
CIRCLE APPROPIAT ENGINEERING OFFI	E CHOICE: (HE / SHE CER / RADIO OPERA	E) IS FOUND TO E TOR / RATING) (I FIT FOR DUTY	WIFHOUT ANY /	WITH THE FO	AS A (MASTER LLOWING) RI	R / DECK OF ESTRICTION	FCIER / IS:
NAME AND DEGREE O	E PHYSICIAN: DR MIR	MD RAIHAN: M B E	B S/D II )				
ADDRESS: REDICAL H							
NAME OF PHYSICIAN'S				DESH MEDICAL	AND DENTAL (	COLINCII (B.N	IDC)
DATE OF ISSUE PHYSI				dical Hos	073	JOONOIL (B.II	
BATE OF IGGGETTITO	OINTO OEKTITUATO			O Sille	181	13 A	UG 2023
SIGNATURE OF PHYSIC	CIAN:	STAM	IP OF PHYSICIAN:	출 (As Per Mic	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE:	100 1010
EXPIRY DATE OF CERT	TIFICATE:	1 2 AUG 2	2025	9 Departm	enia	124	
		ertificate is issued					
-	of the STCW Conve	ntion, 1978, as ame. AIHAN	nded and the Marii	time Lahour Con	vention, 2006.		
1/0	DE DIN DEM CCD (Birdam)	PGT (Orbith)					

MBBS (DU), DFM, CCD (Birdem), PGT (Ophen) BMDC A-55144, MMC-BGD-018 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited

# CRW15 - CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME				POSITIO	N ON BOARD	
MANIRUZZAMAN DATE OF BIRTH	MD	DTI.			CHIEF OF	Santa Sancas	
11-NOV-1988	PLACE OF BI TANGAIL	KIH		SEX MALE		MENT NO	
	14-14-00 Upon 19-15-15-15-15-15-15-15-15-15-15-15-15-15-	INDICATE BELOW	IF THE LISTED TESTS		C/O/6378 ERENCE LEVE		
TEST	YES	NO		TEST		YES	NO
WHITE BLOOD CELL COUNT (WBC)	U		LYMPHOCYTE	COUNT		<b>D</b>	
RED BLOOD CELL COUNT (RBC)	Ð		MONOCYTE CO	DUNT		0	
PLATELET COUNT (PLT)	D		EOSINOPHIL C	OUNT			
HAEMOGLOBIN (HGB)	1		BASOPHIL COL	INT			
HAEMOTOCRIT (HCT)			GRANULOCIYT	E COUNT			
MEAN CORPUSCULAR VOLUME (MCV)			THROMBOCYTE	E COUNT		Q	
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)			BIOCHEMISTRY			YES	NO
MEAN CORPULSCULAR HB. CONC (MCHC)			ASPARTATE AN	MINOTRANSFERASE (A	AST, SGOT)	D.	
MEAN PLATELET VOLUME (MPV)	Ð		ALANINE AMINO	OTRANSFERASE (ALT.	SGPT)	e ·	
RED BLOOD CELL DISTRIBTION WIDTH (RDW)			TOTAL BILIRUB	IN			
EUTORPHIL COUNT	0						
FANY OF THE ABOVE CHECMICAL-SPECIF COMMENTS (for abnormal result):				o delitione real Pr	TVIMETERS, P	LEASE GIVE DE	IAILS BELOW.
Doctors Comments:		-01		-1	3	7	
100		MBBS (DU), DFM, (	MD. RAIHAI CCD (Birden), PGT (Opht 44, MMC-BGD-016	1)		<u>~</u> ,	
		DG Shipp.ng B Gener	angladesh Approve ral Physician lospitals Limited	đ	13 AUG 20	23	
MEDICAL EXAMINE	D.		_		ATE OF EXAMI	u.T.O.V	

# CRW15 - CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME					N ON BOARD	
MANIRUZZAMAN	MD				CHIEF O		
DATE OF BIRTH 11-NOV-1988	PLACE OF BII	RTH		SEX		MENT NO	
11-NOV-1900	TANGAIL	INDICATE BELOW I	IF THE LISTED TESTS	MALE ARE WITHIN THE RE	C/O/6378		
	*******				. Literior Core	, I	1
TEST	YES	NO /	12	TEST		YES	NO
WHITE BLOOD CELL COUNT (WBC)		6	LYMPHOCYTE	COUNT		1	
RED BLOOD CELL COUNT (RBC)		d d	MONOCYTE CO	DUNT		1	
PLATELET COUNT (PLT)		Ď	EOSINOPHIL CO	DUNT		o ,	
HAEMOGLOBIN (HGB)	D	0	BASOPHIL COL	INT		ď	
HAEMOTOCRIT (HCT)	D/		GRANULOCIYT	E COUNT			
MEAN CORPUSCULAR VOLUME (MCV)	4		THROMBOCYTI	E COUNT			
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)			BIOCHEMISTRY	,		YES	NO
MEAN CORPULSCULAR HB. CONC (MCHC)	9/		ASPARTATE AM	MINOTRANSFERASE	(AST, SGOT)	9	
MEAN PLATELET VOLUME (MPV)	Ø		ALANINE AMINO	OTRANSFERASE (AL	T, SGPT)		
RED BLOOD CELL DISTRIBTION WIDTH (RDW)	d		TOTAL BILIRUB	IN		٥	
NEUTORPHIL COUNT							
IF ANY OF THE ABOVE CHECMICAL-SPECII COMMENTS (for abnormal result):	HO BLOOD TES	TINDICATES NEG	ATIVE RESPONSE I	O CLINICAL TEST P	ARAMETERS, I	PLEASE GIVE U	ETAILS BELOW.
Doctors Comments:	NO	Abmon	analet l	110	2010	2	
		DR. MIR. MBBS (DU), DFM. ( BMDC A-551- DG Shipping	MD. RAIHA CCD (Birdem), PGT (Opht 44, MMC-BGD-01/ Bangladesh Approve ral Physician dospitals Limited	(n) 6	13 AUG	2023	
MEDICAL EXAMIN					DATE OF EXAM	INATION	
(SIGNATURE & PRINT	ED NAME)						







Id No : 0627

Date: 13-Aug-2023

D.Date: 13-Aug-2023

Patient's Name: MD MANIRUZZAMAN

Age: 34Y 9M 2D

Gender: Male

Specimen

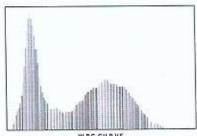
: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6378

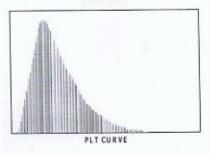
#### **Haematology Report**

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)  ESR(Westergreen)	14.4 gm/dl 05 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)	<b>7,200</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	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	144 /cumm	50-450/cumm
Total RBC Count	4.88 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.3 %	M: 40-54%, F:37-47%
MCV	78.5 fL	76 - 94 fL
MCH	<b>29.5</b> pg	27 - 32 pg
MCHC	<b>37.6</b> g/dL	29 - 34 g/dL
RDW	13.5 %	11 - 16 %
PDW	15.3 fL	35 - 56 fl
Total Platelete Count (PC)	2,63,000 /cumm	150,000-450,000/cumm
MPV	8.7 fL	7.0 - 11.0 fL
PCT	0.229 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %



RBCCURVE



Cheeked By Medical Testingoust

Cloting Time(CT)

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

0.1-0.2 %



Bill No	DIA23080627	Received	Date	13/08/2	023
Patient's Name	MD MANIRUZZAMAN				,
Patient's Age	34Y 9M 2D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	EM),PGT(Eye),DFM	C	DC NO	C/O/6378
Sample	BLOOD				

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9 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
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
HbA1C	5.6 %	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



Test Name

Bill No	DIA23080627			
Patient's Name		Received Dat	e 13/08/	2023
Patient's Age	34Y 9M 2D			
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	Patie	nt's Sex	Male
Sample	BLOOD	(Eye),DFM	CDC NO	C/O/6378

# SEROLOGYCAL REPORT

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

Result

"O" (+ve)
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



DIA23080627		
	Received Date	13/08/2023
MIDIMANIKUZZAMAN		
34Y 9M 2D	1-	
		Male
Dr. Mir Md. Raihan MBBS.(DU).CCD(BIRDE)	M) DCT/Eval DEM	
URINE	vi),FGT(Eye),DFM	CDC NO:C/O/6378
	DIA23080627  MD MANIRUZZAMAN  34Y 9M 2D  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE)	MD MANIRUZZAMAN  34Y 9M 2D Patient's Sex  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye).DFM

# URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

ELLS / HPF	
BC	Nil
is Cells	1-2/HPF
	I-3/HPF
)	ithelial

# CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	IND
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	1 2711
Bile Pigment	Not Done		Nil
• •		Uric Acid	Nil
	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	
B.J. Protein	Not Done		Nil
	110t Done	Hippurate crystal	NIL

Checked By

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

East West Medical College and Hospital



Bill No	DIA23080627	Received Date	13/08/2023
Patient's Name	MD MANIRUZZAMAN		
Patient's Age	34Y 9M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(	BIRDEM),PGT(Eye),DFM	CDC NO:C/O/6378
Sample	URINE	5	

## 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.

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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

#### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23080627 Receive:13/08/2023 Print: 13/08/2023

Patient's Name : MD MANIRUZZAMAN

Age : 34 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.

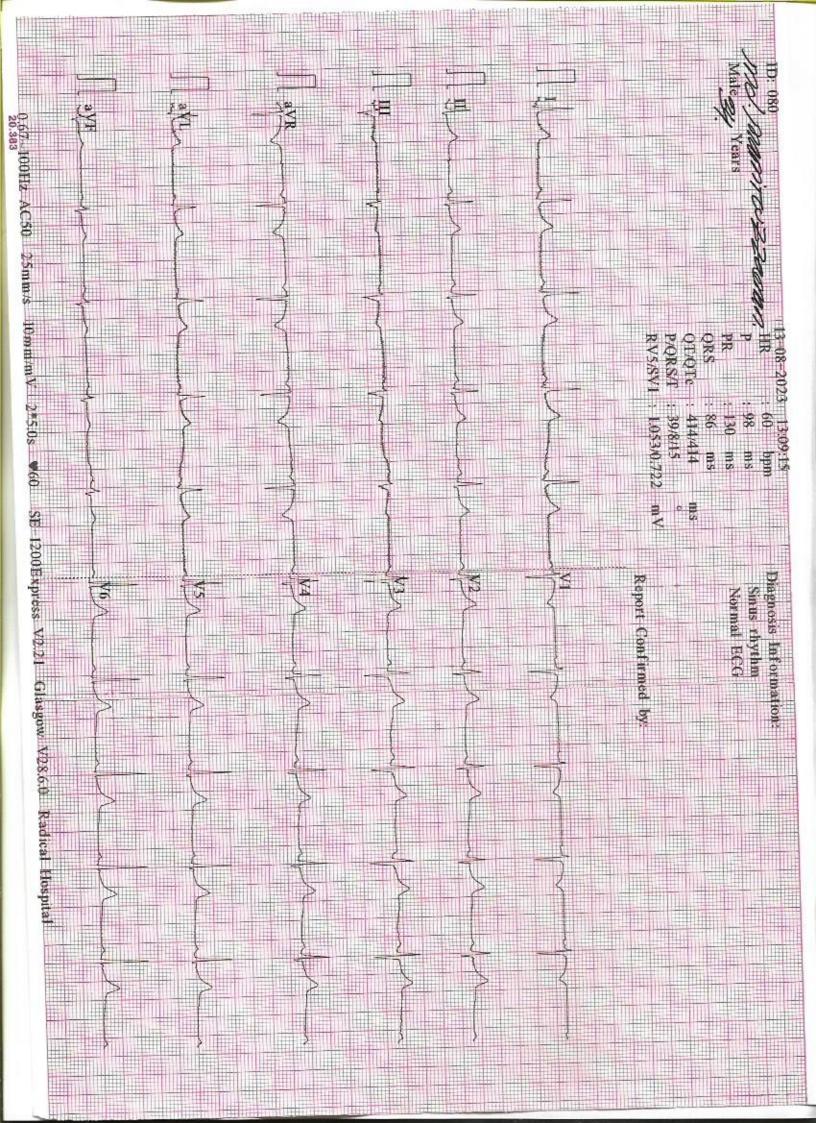
Lung fields are clear.

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





REF: MV. BRICKFIELDER

DATE: 13/08/2023

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

# EYE EXAMINATION REPORT

NAME: MD MANIRUZZAMAN RANK: CH.OFF CDC NO: C/O/6378

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

6 U

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

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that Date of birth 11-NOV-1988 Sex MALE whose signature follows MD. MANCRUZZAMAN (c/0/6378) has on the date indicated been vaccinated or revaccinated against Cholera Date Signature and Professional status of vaccinator Approved Stamp 13 HIE 200 EOR VACO DR. MIR. MD. RAIHAN 35, Shah Makhdum MBSS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 Uttera, Dheka DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. 2 3 3 4 4 5 5 6 7 8 8

Continued overleaf Suite our erso

#### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows Date of birth 11-NOV-1988 Sex MARE

MD MANIRUZZAMAN (C/0/63)

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
SHA	DR. MHR. MD. RAIHAN MB6S (DUI), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144. MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	L NO PO DAKAB	25, Shah Makhdum Autenus Ultima, Dhaka
		2	2
2			
3			3 4
4		Aller years	

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. 1. N. 1. K. 7 14-16-8

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