



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 : BMOC
Accreditation No : A-55144

PATIENT CONTROL NUMBER
HS1723FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME MOHAMMAD		FIRST NAME AND MOSTAQUE		MIDDLE NAME	
PLACE AND DATE OF BIRTH KHULNA 14-Jan-1969		PASSPORT NUMBER EB0174461		SEAMAN'S BOOK NUMBER C/O/1723	
NATIONALITY : BANGLADESHI		SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : HOUSE-187, ROAD-12, SONADANGA R/A, KHULNA, BANGLADESH.				CONTACT NUMBER : 01715387700 (SELF)	
				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	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

Question	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 84 kg	Height (cm) 170	BMI 29.0	Blood Pressure: Systolic 130 mmHg	Diastolic 80 mmHg	PULSE: 76 bpm																		
<table border="1"> <thead> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="2">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td>500</td> <td>1000</td> <td>☐ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td>☐ Adequate ☐ Inadequate</td> </tr> </tbody> </table>						Hearing by Audiometry		Audiometry		Hearing by Whisper Test		Right	☐ Adequate ☐ Inadequate	500	1000	☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate			☒ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate
Hearing by Audiometry		Audiometry		Hearing by Whisper Test																			
Right	☐ Adequate ☐ Inadequate	500	1000	☐ Adequate ☐ Inadequate	☐ Adequate ☐ Inadequate																		
Left	☐ Adequate ☐ Inadequate			☒ 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
Right eye	Left eye	Right eye	Left eye		
Distant			6/6 6/6	✓	
Near				✓	

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

Date of last colour vision test: Date (day/month/year) 21 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	✓	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	✓	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E	✓	SGPT	URINE R/E	✓	
DC(differential count)	✓	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	13.7	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	6.200	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL	5.0	Phencyclidine	☐ Positive ☒ Negative	Blood Type	B4H4D
RANDOM	5.67	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	✓
HBA1C	5.67	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)	✓

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

 Signature of Seafarer	MOSTAQUE MOHAMMAD Name of Seafarer	21-Aug-2023 Date
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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														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Deck service</th> <th>Engine service</th> <th>Catering service</th> <th>Other services</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Fit</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☒</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> <tr> <td style="text-align: center;">Unfit</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> <td style="text-align: center;">☐</td> </tr> </tbody> </table>		Deck service	Engine service	Catering service	Other services	Fit	☐	☒	☐	☐	Unfit	☐	☐	☐	☐
	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
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Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date: 21 AUG 2023	Valid Until: 20 AUG 2025 Name and Signature of Authorized Physician
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MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: MOHAMMAD		GIVEN NAME (S): MOSTAQUE	
DATE OF BIRTH:		PLACE OF BIRTH	SEX
DAY 14	MONTH 1	CITY KHULNA COUNTRY BANGLADESH	MALE ☒ FEMALE ☐
POSITION ON BOARD:		MAILING ADDRESS OF APPLICANT:	
MASTER		HOUSE-187, ROAD-12	
DECK OFFICER		SONADANGA R/A, KHULNA	
ENGINEERING OFFICER		BANGLADESH.	
RADIO OPERATOR			
RATING			

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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 is required every six years)

Date of the last colour vision test: (Day/Month/Year) **21 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.

MOSTAQUE MOHAMMAD

21-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:
EXPIRY DATE OF CERTIFICATE: 20 AUG 2025	DATE: 21 AUG 2023

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 (B), DEM. CCB (B), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

Medical Information: (医療情報) * Please check the appropriate items.
該当する二項(二項)を記入して下さい。

1. ALLERGIES: (アレルギー)
☐ Unicaia (shives) (じんましん)
☐ Asthara (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: 過去の重症: Age (年齢) _____

(2) Surgery: (手術)

When? _____

(時期) Age (年齢)

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

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一投薬品名)

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)
☐ Not smoking in 19_____, 20_____, 21_____
☐ Smoke _____ cigarettes a day (1日_____)
☐ 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
☐ Salty (塩辛い)
☐ Meat (肉類)
☐ Fish (魚類)
☐ Sweet (甘い)
☐ Only (唯一)
☐ Never (しない)
- (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 (太ってきこ)
☐ Losing weight (やせてきこ)

21 AUG 2023



DR. MIR, MD. RAIHAN
 MBBS (DU), DPM, CCD (Birm), PGT (Opth)
 BMDC A-55144, MMIC-BGD-016
 Approved by Bangladesh
 OG Shipping Bangladesh
 General Physician
 Radical Hospitals Limited



S. 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 (部) /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.
(主治医師へ特に関心したいこと、英語で簡潔に)

AK

Date: 21 AUG 2023

Signature: (署名) _____
(Card holder) (本人)

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Nationality: BRITISH
(所属会社) (国籍)
Tel: _____ Fax: _____
Name: MISTRAVEE MOHAMMAD Sex: (性別) M
(氏名) (姓) family name (姓) (男/女)
Name of Position: CH. ENG Date of Birth: 24-02-69
(職位) (生年月日) (D・M・Y)

Height: 170 cm Weight: (体重) 84 kg/at age 20, (20才時) _____ kg
Pulse: 78 /min Normal breathing rate: 16 /min Normal temperature: _____ °C
(脈拍) (正常呼吸数/分) (平熱)

Blood pressure: 130/80 Blood type: B+ Rh: _____ Single Married
(血圧) (血液型) (独身/結婚)

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



DR. MR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birm), PGT (Ophth)
BMDCC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

[Signature]



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MOSTAQUE MOHAMMAD

RANK : CHIEF ENGINEER

CDC NO : C/O/1723

DOB : 14-Jan-1969

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

- Have you ever had coronary thrombosis or certain types of heart surgery?
- Are you suffering from any heart-related complications?
- Are you a diabetic ?
- If you are diabetic, do you need injections of insulin for diabetes?
- Have you ever had a stroke, or unexplained loss of consciousness?
- Have you ever been treated for a mental or nervous problem?
- Are you an alcoholic, or have you had alcohol or drug addiction problems?
- Do you have any hearing difficulties or are you using any hearing aid?
- Have you ever suffered from any STD (Sexually Transmitted Disease)?
- 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, I will bear all the expenses as may incur as a direct result of such concealment.

Date : 21 AUG 2023

Signed :

The Crew Member

* If yes, mention details below:-

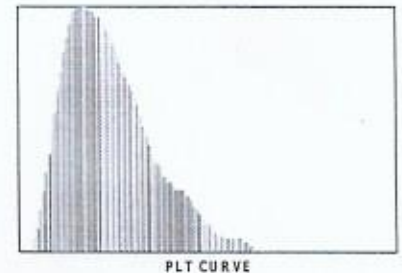
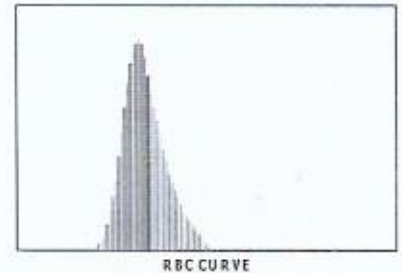
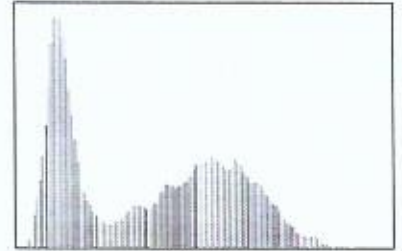
DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CCD (Biom), PGT (Ophth)
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 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited

Id No : 1023 **Date** : 21-Aug-2023 **D.Date** : 21-Aug-2023
Patient's Name : MOSTAQUE MOHAMMAD **Age** : 54Y 7M 7D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/1723

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.7 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. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	05 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	6,200 /cumm	
Differential WBC Count (DC)		
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	35 %	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	124 /cumm	50-450/cumm
Total RBC Count	4.53 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.2 %	M: 40-54%, F:37-47%
MCV	79.9 fL	76 - 94 fL
MCH	30.2 pg	27 - 32 pg
MCHC	37.8 g/dL	29 - 34 g/dL
RDW	13.1 %	11 - 16 %
PDW	12.6 fL	35 - 56 fL
Total Platelete Count (PC)	1,72,000 /cumm	150,000-450,000/cumm
MPV	8.7 fL	7.0 - 11.0 fL
PCT	0.150 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	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	DIA230801023	Received Date	21/08/2023
Patient's Name	MOSTAQUE MOHAMMAD		
Patient's Age	54Y 7M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/1723
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
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)	28 U/L	Up to 37 U/L
Serum ALT (SGPT)	34 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 Technologist
Radical Hospitals Ltd.

2

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

Bill No	DIA230801023	Received Date	21/08/2023
Patient's Name	MOSTAQUE MOHAMMAD		
Patient's Age	54Y 7M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/1723
Sample	Blood		

SEROLOGICAL REPORT

Test Name

Result

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

BLOOD GROUPING Result

ABO Blood Group	"B" (+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	DIA230801023	Received Date	21/08/2023
Patient's Name	MOSTAQUE MOHAMMAD		
Patient's Age	54Y 7M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE		CDC NO:C/O/1723

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC 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 EXAMINATION CASTS / 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 REQUEST CRYSTALS & 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	DIA23081023	Received Date	21/08/2023
Patient's Name	MOSTAQUE MOHAMMAD		
Patient's Age	54Y 7M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/1723		
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 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. : 23081023 Receive: 21/08/2023 Print: 21/08/2023
Patient's Name : **MOSTAQUE MOHAMMAD**
Age : 54 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: 117
Methuen, Rebecca
Male 54 Years

21-08-2023 13:57:38
HR : 93 bpm

Diagnosis Information:
Sinus rhythm
Normal ECG

P : 140 ms
PR : 174 ms
QRS : 92 ms
QT/QTc : 342/426 ms
P/QRS/T : 56/9/20 °
RV5/SV1 : 1.335/0.782 mV

Report Confirmed by:



REF: MV. PEARAL RIVER BRIDGE

DATE: 21/08/2023

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

EYE EXAMINATION REPORT

NAME: MOSTAQUE MOHAMMAD

RANK: CHLENG

CDC NO: C/O/1723

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

Pre-Joining Medical Report to be

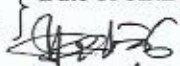
Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations				
			X-ray	ECG	Urine	Blood	LFT
02 OCT 2018	MV. Humber BRIDGE	120/80 70 bpm	203 P02	203 P02	203 P02	203 P02	
02 OCT 2018	MV. BRISTON BRIDGE	120/80 70 bpm	203 P02	203 P02	203 P02	203 P02	
29 AUG 2019	MV. Honanank ONE	120/80 70 bpm	203 P02	203 P02	203 P02	203 P02	
25 DEC 2020	MV. SOTO PRINCEPAL	120/80 70 bpm	203 P02	203 P02	203 P02	203 P02	
30 DEC 2021	MV. ONE HELSINKI	120/80 70 bpm	203 P02	203 P02	203 P02	203 P02	
21 AUG 2023	MV. ONE HELSINKI	120/80 70 bpm	203 P02	203 P02	203 P02	203 P02	

Completed by Company's M.O.

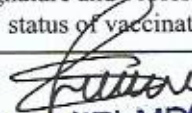
Creatine	USG	Addl. Test	Special Conditions	Fill / Uprt & Remarks	Doctor's Sign.
				DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bdham), PGT (Ortho) BMD C A-55144, MMCC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

MOSTAQUE MOHAMMAD

This is to certify that } Date of birth 14-01-1969 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
1 02 OCT 2018	 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.	
29 AUG 2019 28 AUG 2019	 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.	
3 25 DEC 2020	 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.	
5 30 DEC 2021	 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.	
8 27 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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