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
H1009

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
HIEDER	NAZMUL	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
NOAKHALI 1-Dec-1993	A07792366	C/O/8481

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

PERMANENT HOME ADDRESS :
ROAD NO.-34, HOUSE NO.-06, MAIJDEE H/E, MAIJDEE COURT, NOAKHALI, BANGLADESH.

CONTACT NUMBER : 01673975981 (SELF)/0167

RANK : 2ND OFFICER

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.

Nazmul Hieder
Signature of Seafarer

MEDICAL EXAMINATION

Weight 84kg Height (cm) 177 BMI 25.8 Blood Pressure: Systolic 110 mg Diastolic 80 mg PULSE: 78 bpm

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) 24 AUG 2023

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	N/A	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☑ Negative
ECG	N/A	BILIRUBIN	0.77		Alcohol Test	☐ Positive	☑ Negative
BLOOD R/E		SGPT	26		URINE R/E		N/A
DC(differential count)	N/A	SGOT	20		OTHERS		
HAEMOGLOBIN (HGB)	14.6	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☑ Nonreactive
ESR (WESTERGREN)	06	Morphine	☐ Positive	☑ Negative	HIV / AIDS Test	☐ Reactive	☑ Nonreactive
WBC	7.000	Amphetamine	☐ Positive	☑ Negative	VDRL	☐ Reactive	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative	Blood Type		B(+ve)
RANDOM	5.8	Barbiturates	☐ Positive	☑ Negative	Psychological Exam		N/A
HBA1C	5.3%	Cocaine	☐ Positive	☑ Negative	Others(KUB Ultraso		N/E

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

Nazmul Hieder — Signature of Seafarer

NAZMUL HIEDER — Name of Seafarer

24 AUG 2023 / 24-Aug-2023 — Date

Assessment of fitness for service at sea:

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

☑ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☑	☐	☐	☐
Unfit	☐	☐	☐	☐

☑ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	No
☑	☐

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

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

Fitness Date: 24 AUG 2023 — Valid Until: 23 AUG 2025

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.

Name and Signature of Authorized Physician

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: **HIEDER**	GIVEN NAME (S): **NAZMUL**	
DATE OF BIRTH: DAY **1** MONTH **12** YEAR **1993**	PLACE OF BIRTH CITY **NOAKHALI** COUNTRY **BANGLADES**	SEX MALE FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	MAILING ADDRESS OF APPLICANT: **ROAD NO.-34, HOUSE NO.-06,** **MAIJDEE H/E, MAIJDEE COURT,** **NOAKHALI.** **BANGLADESH.**	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	~~BOOK~~	
RIGHT EYE	6/6	—	~~LANTERN~~	RIGHT EAR
			YELLOW RED	
LEFT EYE	6/6	—	GREEN BLUE	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) 24 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.

NAZMUL HIEDER 24-Aug-2023

Nazmul Hieder
Signature of Applicant | Name of Applicant | Date

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: Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping	DATE: 24 AUG 2023
EXPIRY DATE OF CERTIFICATE: 23 AUG 2025		

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

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Radical Hospitals Limited.

日本財団 補助
The Nippon Foundation

<PRIVATE>

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MEDICAL RECORDS
(Write in block Letters)

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

Name: NIZAMUL HAIDER Sex: (性別) M/F
(氏名) given name (名) family name (姓) (男／女)

Name of Position: 2ND OFF Date of Birth: 02.12.93
(職種) (生年月日) (D - M - Y)

Height: (身長) 177 cm Weight: (体重) 81 kg/at age 20: (20 才時) _____ kg

Pulse: _____ /min Normal breathing rate: _____ /min Normal temperature _____ C
(脈拍 分) (正常呼吸数／分) (平熱)

Blood pressure: 120/80 Blood type: B+ (Rh) Single/Married
(血圧) 110/70 (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: 24 AUG 2023 Signature: (署名) _____
(Card holder) (本人)

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Medical information: （医療情報） * Please check the appropriate items.
該当する二欄にレ印を記入して下さい

1. ALLERGIES: （アレルギー） ☐ Uricaria (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: （主な疾患歴） 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 （太ってきた） ☐ Losing weight （やせてきた）

24 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.

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

HAQUE & SONS LTD

DECLARATION OF HEALTH BY CREW

NAME OF CREW : NAZMUL HIEDER RANK : 2ND OFFICER

CDC NO : C/O/8481 DOB : 01-Dec-1993

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,l ?nd will bear all the expenses as may incur as a direct result of such concealment.

Date : 24 AUG 2023

Signed : Nazmul Hieder

The Crew Member

* If yes, mention details below:-

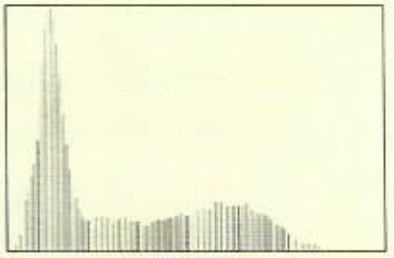
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 1178	**Date :** 24-Aug-2023	**D.Date :** 24-Aug-2023
Patient's Name : NAZMUL HIEDER	**Age :** 29Y 8M 23D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8481		

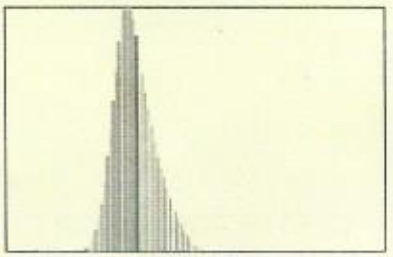
Haematology Report

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

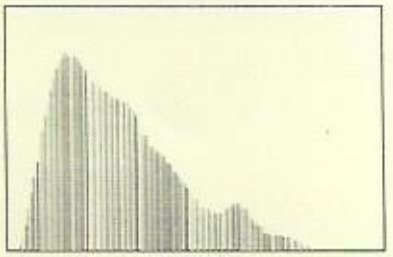
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.6** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**06** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**7,000** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**63** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**32** %	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	**140** /cumm	50-450/cumm
Total RBC Count	**4.86** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**38.8** %	M: 40-54%, F:37-47%
MCV	**79.8** fL	76 - 94 fL
MCH	**30.0** pg	27 - 32 pg
MCHC	**37.6** g/dL	29 - 34 g/dL
RDW	**12.9** %	11 - 16 %
PDW	**15.6** fL	35 - 56 fl
Total Platelete Count (PC)	**230000** /cumm	150,000-450,000/cumm
MPV	**10.4** fL	7.0 - 11.0 fL
PCT	**0.125** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



WBC CURVE



RBC CURVE



PLT CURVE

Checked By
Medical Technologist

Dr. 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	DIA23081178	Received Date	24/08/2023
Patient's Name	NAZMUL HIEDER		
Patient's Age	29Y 8M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8481
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.77 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26U/L	Up to 40 U/L
Random Blood Sugar (RBS)	5.8mmol/l	4.2 – 6.4 mmol/l
Serum AST (SGOT)	24 U/L	Up to 37 U/L
HbA1C	5.3 %	4.2 - 6.7 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

Bill No	DIA23081178	Received Date	24/08/2023
Patient's Name	NAZMUL HIEDER		
Patient's Age	29Y 8M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8481
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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23081178	Received Date	24/08/2023
Patient's Name	NAZMUL HIEDER		
Patient's Age	29Y 8M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8481		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	1-2/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

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radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23081178	Received Date	24/08/2023
Patient's Name	NAZMUL HIEDER		
Patient's Age	29Y 8M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8481		
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.

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

REF:	MV. PEARL RIVER BRIDGE	DATE: 24/08/2023

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

EYE EXAMINATION REPORT

NAME:	NAZMUL HIEDER	RANK: 2ND OFF	CDC NO: C/O/8481

VISUAL ACUITY: RIGHT LEFT

UNAIDED 6/6 6/6

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD

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

ID: 141

Nazmul Hoder

24-08-2023 20:26:39

Male 29 Years

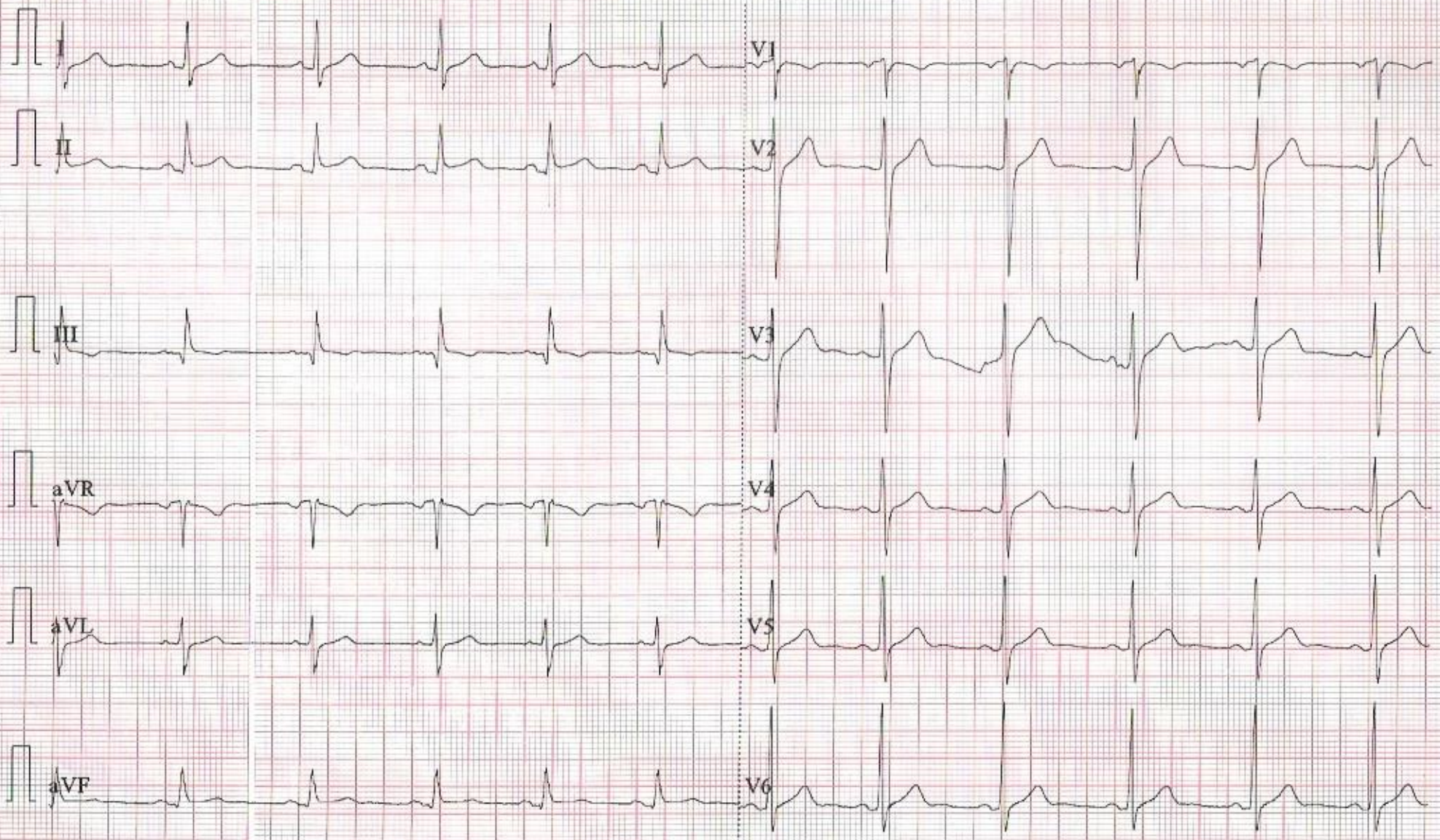
HR	: 69	bpm
P	: 108	ms
PR	: 150	ms
QRS	: 112	ms
QT/QTc	: 396/425	ms
P/QRS/T	: 38/61/28	°
RV5/SV1	: 1.299/0.682	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥69 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23081178	Receive:24/08/2023	Print: 24/08/2023
Patient's Name	:	**NAZMUL HIEDER**		
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

This report has been electronically signed.

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./ Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
24 AUG 2023	MV. PEARL RIVER BRIDGE	Pulse 75 b/m, BP 110/80 mmHg	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Completed by Company's M.O.

		Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
Creatine	USG				
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	

Certificate (continued) Certificate (quite)

9	24 AUG 2022 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.	9 CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	10
10			

The Validity of this certificate shall extend for a period of two years beginning six days after the first injection or the vaccine or in event of a revaccination within such period of two years on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

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

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine		Physician's Signature