

## HAQUE & SONS LTD.

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Accredited By BMDC Accreditation No. A55144 Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh,

PATIENT CONTROL NUMBER

H1622

## MEDICAL EXAMINATION CERTIFICATE

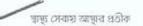
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B Diabetes		Blood disorder						
9 Thyroid problem								
10 Digestive disorder 11 Kidney problem 12 Skin problem 13 Allergies 13 Allergies 14 Infectious/contagious diseases 15 Hernia 16 Genital disorders 17 Pregnancy 18 Jaw you ever been signed off as sick or repatriated from a ship? 19 Have you ever been hospitalised? 19 Have you ever been hospitalised? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you ever been declared unfit for sea duty? 19 Have you aware that you have any medical problems, diseases or illnesses? 20 Do you feel healthy and fit to perform the duties of your designated position/occupation? 21 Are you allergic to any medications? 22 Are you taking any non-prescription or prescription medications? 23 Have medications taken and the purpose(s) and dosage(s)  14 Are you taking any non-prescription or prescription medications? 24 Are you taking any non-prescription or prescription medications? 35 JOP. Mir Md Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will squalify me from my employment, benefits and claims. 36 JOP. Mir Md Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will squalify me from my employment, benefits and claims. 36 JOP. Mir Md Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will squalify me from my employment, benefits and claims. 36 JOP. Mir Md Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will squalify me from my employment, benefits and claims. 37 JOP. Mir Md Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will squalify me from my employment, benefits and claims. 38 JOP. Mir Md Raihan (approved medical practioner) I also certify that				STATE OF THE PROPERTY OF		/		
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29 Severe headaches 30 Ear/mose/throat problems 41 Infectious/contagious diseases 42 Are you atking any non-prescription or prescription or prescription medications? 42 Are you atking any non-prescription or prescription medications? 43 Are you atking any non-prescription or prescription medications? 44 Are you atking any non-prescription or prescription medications? 45 Are you atking any non-prescription or prescription medications? 46 Are you atking any non-prescription or prescription medications? 47 Are you atking any non-prescription or prescription medications? 48 Are you taking any non-prescription or prescription medications? 49 Are you atking any non-prescription or prescription medications? 50 Are you atking any non-prescription or prescription medications? 51 Are you atking any non-prescription or prescription medications? 52 Are you atking any non-prescription or prescription medications? 53 Are you atking any non-prescription or prescription medications? 54 Are you atking any non-prescription or prescription medications? 55 Are you atking any non-prescription or prescription medications? 56 Are you atking any non-prescription or prescription medications? 57 Are you atking any non-prescription or prescription medications? 58 Are you atking any non-prescription or prescription medications? 59 Are you atking any non-prescription or prescription medications? 59 Are you atking any non-prescription or prescription medications? 50 Are you atking any non-prescription or prescription medications? 50 Are you atking any non-prescription or prescription or prescription or prescription and public authority or prescription or prescript								
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15 Hernia	14	Infectious/contagious diseases						
16 Genital disorders	15	Hernia	0 0					
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In Accordance with Medical Examination (Scalare S) Control Physician No. 78) and STCW 1978/ 11 Radical Hospitals Limited.

MEDICAL CERT	IFICATE FOR P	ERSONNEL SE	RVICE ON BOAR	D
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SURNAME: PATOARY	GIVE	N NAME (S): SHA	MSUDDIN	
DATE OF BIRTH:	PLACE (	OF BIRTH		SEX
DAY 21 MONTH 10 YEAR	1994 CITY	CHANDPUR COU	NTRY BANGLADES	H MALE FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	65 NILA HAZAR BANGL	G ADDRESS OF AF AMBOR SAHA ROA IBAGH, NEW MAR .ADESH.		
DECLARATION OF THE AUTHORIZED PHYSIC	IAN			LIEADINO
VISION		COLOR TEST T	YPE	HEARING
RIGHT EYE 666	WITH GLASSES	BOOK LANTERN YELLOWN RE GREEN BLI	RIGHT EAR JUE TEFT EAR	MBO
Confirmation that identification documents were of	thecked at the point of	examination: YES	NO	
Hearing meets the standards in STCW Code. See	ction A-1/9? YK.S	NO NOT	APLICABLE	
Unaided hearing satisfactory? YES NO		7		
Visual acuity meets standards in STCW Code, So	ection A-1/9? XES	7 28		
(the visual test it is required every six years)  Date of the last colour vision test: (Day/Month/Ye  Are glasses or contact lenses necessary to meet  Able for watchkeeping? XVS NO  Is applicant taking any non-prescription or prescri	the required vision statistics and the required vision statistics are statistics.	s No		I for each engine or to
Is the seafarer free from any medical condition like endanger the health of other persons on board?  Hereby I declare that I am in knowledge of the conditions in the conditio	YES NO	===	render the scalarers unit	(10) Such sciving of to
Rup	SHAMSUDDIN PA	ATOARY	9-Ји	in-2023
Signature of Applicant	Name of Applic	ant		Date
CIRCLE APPROPIATE CHOICE: (HE / SH ENGINEERING OFFICER / RADIO OPER/	E) IS FOUND TO B ATOR / RATING) (V	E (FIT / NOT FIT) F VITHOUP ANY / WI	OR DUTY AS A (MAS TH THE FOLLOWING	TER / DECK OFFCIER / RESTRICTIONS:
	HIT FOR DUTY O	N BOARD SHIP		
NAME AND DEGREE OF PHYSICIAN: DR. MIR ADDRESS: REDICAL HOSPITALS LIMITED, U	JTTARA, DHAKA-123	0	U MEDICAL AND DENT	AL COUNCIL (P.M.D.C.)
NAME OF PHYSICIAN'S CERTIFICATING AUT DATE OF ISSUE PHYSICIAN'S OF PHIFICATE:	_	-55144,BANGLADES	NEDICAL AND DENT.	AL GOOGGE (B.M.D.G.)
DATE OF ISSUE PHYSICIANS VI BATTOME.	+ 1		Hospina Hospina	0 9 AUG 202
SIGNATURE OF PHYSICIAN:	STAM	P OF PHYSICIAN:	\$ ASBer-MLC-2006 ★	DATE:
EXPIRY DATE OF CERTIFICATE:		UG 2025	The state of the s	
This	certificate is issued i	n compliance with the aded and the Maritime	requirements  Labour Convention, 20	96.
DR. MIR. MD. RAI				
MBBS (DU), DEM, CCD (Rigdom), PGT	(Onbth)			

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





Gender: Male

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

Id No Date: 09-Aug-2023 D.Date: 09-Aug-2023 : 0420

Age: 28Y 9M 19D Patient's Name: SHAMSUDDIN PATOARY

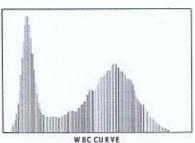
Specimen : Blood

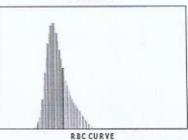
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9426

#### Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	16.6 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)	08 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	10,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		State of Concentral Artist Confedence (CO) (Scarce)
Neutrophils	69 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	26 %	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	204 /cumm	50-450/cumm
Total RBC Count	5.27 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.4 %	M: 40-54%, F:37-47%
MCV	<b>76.7</b> fL	76 - 94 fL
MCH	<b>31.5</b> pg	27 - 32 pg
MCHC	41.1 g/dL	29 - 34 g/dL
RDW	13.3 %	11 - 16 %
PDW	16.1 fL	35 - 56 fl
Total Platelete Count (PC)	2,88,000 /cumm	150,000-450,000/cumm
MPV	<b>7.1</b> fL	7.0 - 11.0 fL
PCT	0.204 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
AND A CONTRACT OF THE CONTRACT		16 Page 1 16 Pag





PLT CURVE

Checked By Medical Technologist

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 %



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

Bill No	DIA23080420	Received Date	09/08/2023
Patient's Name	SHAMSUDDIN PATOARY	House and	-
Patient's Age	28Y 9M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/9426
Sample	BLOOD		

# BIOCHEMISTRY REPORT

Test Name Result ReferenceRange

Serum Bilirubin (Total) 0.9 mg/dl 0.2 - 1.1 mg/dl

Blood Sugar Random (RBS) 5.5 mmol/L <7.8 mmol/L

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