NAAF MARINE SERVICES	NMS/F-04	Date	1 July 2012
TITLE:- **PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE**		Issue No	00
		Page No	1 of 6

CONFIDENTIAL FORM

SURNAME: RAHIM | GIVEN NAME(S) AZIZUR

DATE OF BIRTH: MONTH 12 DAY 16 YEAR 1972

PLACE OF BIRTH: CITY KHULNA, COUNTRY BANGLADESH

SEX: ☑ MALE ☐ FEMALE

EXAMINATION FOR DUTY AS:
- MASTER ☐
- DECK OFFICER ☐
- ENGINEERING OFFICER ☑
- RATING ☐
- OTHERS (RANK: _____) ☐

MAILING ADDRESS OF APPLICANT: H-09, Rd-01, Sec-13, Uttara, Dhaka-1230

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
5'4"	72kg	130/80 mmHg	78 1/m	19 b/m	Good

VISION: RIGHT EYE / LEFT EYE
- WITHOUT GLASSES: _____ / _____
- WITH GLASSES: 6/6 / 6/6

HEARING: RT. EAR nrml LEFT EAR nrml

COLOR TEST TYPE: BOOK ☑ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☑ RED ☑ GREEN ☑ BLUE ☑

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? YES ☐ NO ☐

HEAD AND NECK	HEART (CARDIOVASCULAR)
Normal	Normal
LUNGS	**SPEECH** (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
Normal	

EXTREMITIES: UPPER Normal LOWER Normal

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES ☑ NO ☐

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☑

SIGNATURE OF APPLICANT _____ DATE 24 AUG 2023

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

FIT FOR DUTY ON BOARD SHIP

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: AZIZUR RAHIM (NAME OF APPLICANT)

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☑ NO ☐

SEAFARER IS FOUND TO BE ☑ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☑ ENGINEERING OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK / ☑ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS, DFM Reg No: A-55144

ADDRESS: RADICAL HOSPITALS LIMITED 35,SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 06 MAY- 2014

SIGNATURE OF PHYSICIAN _____ DATE 24 AUG 2023

This certificate is in compliance with the requirements of the Medical Examination of Seafarers (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

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 Department of Shipping ★ As Per-MLC-2006

04.2023.4657

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing
- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).

(b) Eyesight
- Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50)in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental
- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure
- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations
- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions
- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food –related areas until symptom-free for at least 48 hours.

(h) Physical Requirements
- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or
of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

(Please fill attached form)

24 AUG 2023

Radical Hospitals Ltd. Approved by Department of Shipping

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.

Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Name (last, first, middle): RAHIM AZIZUR

Date of birth (day/month/year): 16.12.1972 Sex: ☑ Male ☐ Female

Home address: H-09, Rd-01, Sec-13, Uttora, Dhaka-1230

Passport No./Discharge Book No.: C101 2930

Department (deck/engine/radio/food handling/other): ENGINE

Type of ship: Multi-Purpose cargo/Container/Bulk Carrier/Tanker (Oil/Product/Chemical/Crude)
Trade area: Worldwide

Examinee's personal declaration
(Assistance should be offered by medical staff)
Have you ever had any of the following conditions:

	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem	☐	☑	19.	Do you smoke, use alcohol or drugs	☐	☑
2.	High blood pressure	☐	☑	20.	Operation/surgery	☐	☑
3.	Heart/vascular disease	☐	☑	21.	Epilepsy/seizures	☐	☑
4.	Heart surgery	☐	☑	22.	Dizziness/fainting	☐	☑
5.	Varicose veins/piles	☐	☑	23.	Loss of consciousness	☐	☑
6.	Asthma/bronchitis	☐	☑	24.	Psychiatric problems	☐	☑
7.	Blood disorder	☐	☑	25.	Depression	☐	☑
8.	Diabetes	☐	☑	26.	Attempted suicide	☐	☑
9.	Thyroid problem	☐	☑	27.	Loss of memory	☐	☑
10.	Digestive disorder	☐	☑	28.	Balance problem	☐	☑
11.	Kidney problem	☐	☑	29.	Severe headaches	☐	☑
12.	Skin problem	☐	☑	30.	Ear (hearing/tinnitus)/ nose/throat problems	☐	☑
13.	Allergies	☐	☑	31.	Restricted mobility	☐	☑
14.	Infectious/contagious diseases	☐	☑	32.	Back or joint problem	☐	☑
15.	Hernia	☐	☑	33.	Amputation	☐	☑
16.	Genital disorders	☐	☑	34.	Fractures/dislocations	☐	☑
17.	Pregnancy	☐	N/A				
18.	Sleep problem	☐	☑				

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

Radical Hospitals Ltd. ★ MS Per-ML (...2006 ★ Approved by Department of ...

Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Additional questions

		Yes	No
35.	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36.	Have you ever been hospitalized?	☐	☑
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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____
Date (day/month/year): 24 AUG 2023 / _____
Witnessed by: *(Signature)* _____
Name: *(Typed or printed)* _____

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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General Physician
Radical Hospitals Limited.

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 (The approved medical examiner).

Signature of examinee: _____
Date (day/month/year): 24 AUG 2023 / _____
Witnessed by: *(Signature)* _____
Name: *(Typed or printed)* _____
Date and contact details for previous medical examination (if know): _____

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Sight

Use of glasses or contact lenses: Yes / No (if yes, specify which type and for what purpose)

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant				6/6	6/6	
Near				N5	N5	

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Color vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Height: 162 (cm) Weight: 72 (kg)

Pulse rate: 78 (/minute) Rhythm: Regular

Blood pressure: Systolic: 130 (mm Hg) Diastolic: 80 (mm Hg)

Urinalysis: Glucose: Nil Protein: Nil

	Normal	Abnormal
Head	☑	☐
Sinuses, nose, throat	☑	☐
Mouth/teeth	☑	☐
Ears (general)	☑	☐
Tympanic membrane	☑	☐
Eyes	☑	☐
Opthalmoscopy	☑	☐
Pupils	☑	☐
Eye movement	☑	☐
Lungs and chest	☑	☐
Breast examination	N/A	☐
Heart	☑	☐

	Normal	Abnormal
Skin	☑	☐
Varicose veins	☑	☐
Vascular (inc. pedal pulses)	☑	☐
Abdomen and viscera	☑	☐
Hernia	☑	☐
Anus (not rectal exam.)	☑	☐
G-U system	☑	☐
Upper and lower extremities	☑	☐
Spine (C/S, T/S and L/S)	☑	☐
Neurologic (full brief)	☑	☐
Psychiatric	☑	☐
General appearance	☑	☐

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 24 AUG 2023

Results: Normal chest x-ray

Radical Hospitals Ltd Approved by Department of Shipping

Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Other diagnostic test(s) and result(s):

Test Blood fe rine *Result* Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

(a) the hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacities where fitness for the work to be performed is liable to be affected by defective colour vision, are all satisfactory; and

(b) the seafarer concerned is not suffering from any medical condition 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.

Official stamp: Signature of medical practitioner

Vaccination status recorded (optional, but recommended by Administrator): ☑ Yes ☐ No

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 look-out duty ☐ Not fit for look-out duty

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

Without restrictions ☑ With restrictions ☐ Visual aid required ☑ Yes ☐ No

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

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

Medical certificate's date of expiration (day/month/year): _____ / 23 AUG 2025 / _____

Date of medical certificate issued (day/month/year): _____ / 24 AUG 2023 / _____

Number of medical certificate: _____

Official stamp:

Signature of medical practitioner: _____

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Name of medical practitioner: *(Typed or printed)* _____

License number of medical practitioner: _____

Address of medical practitioner: _____

Authorized by: DG SHIPPING BANGLADESH (competent authority)

PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT	FIRST NAME	MIDDLE INITIAL
RAHIM	AZIZUR	

DATE OF BIRTH	PLACE OF BIRTH	SEX
MONTH 12 DAY 16 YEAR 1972	CITY KHULNA COUNTRY BANGLA	MALE ☑ FEMALE ☐

EXAMINATION FOR DUTY AS:

MASTER	☐	RATING	☐
MATE	☐	MOU DECK	☐
ENGINEER	☑	MOU ENGINE	☐
RADIO OFF	☐	SUPERNUMERARY	☐

MAILING ADDRESS OF APPLICANT:
H-09, Rd-01, Sec-13, Uttara, 1230, Dhaka-1230.

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
164cm	72kg.	130/80 mm.	78 b/m	19 b/min	Good

VISION:

	RIGHT EYE	LEFT EYE
WITHOUT GLASSES		
WITH GLASSES	6/6	6/6

DATE OF LAST COLOR VISION TEST (Month/Day/Year) 24 AUG 2023 Testing Required every 6 years

COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☑ NO ☐

COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL YELLOW ☑ RED ☑ GREEN ☑ BLUE ☑

HEARING:
RT. EAR Nrm LEFT EAR Nrm

HEAD AND NECK	HEART (CARDIOVASCULAR)
Normal	Normal
LUNGS	**SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?**
Normal	

EXTREMITIES:
UPPER Normal. LOWER Normal

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.
NO.

SIGNATURE OF APPLICANT	DATE OF EXAM	EXPIRY DATE
	24 AUG 2023	23 AUG 2025

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: AZIZUR RAHIM (NAME OF APPLICANT)

FIT FOR DUTY ON BOARD SHIP

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIHAN MBBS,(DU), DFM

ADDRESS RADICAL HOSPITALS LIMITED. 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014

SIGNATURE OF PHYSICIAN DATE OF EXAMINATION 24 AUG 2023

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M (REV. 12/17)

DR. MIR. MD. RAIHAN
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Radical Hospitals Ltd. ★ Approved by DG Shipping ★ Department MLC-2006

MEDICAL REQUIREMENT

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(a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.

(b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.

(c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(d) An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.

(f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.

(h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

01. Completed Physical Examination

02. Pathological Test

03. Radiological Test

04. Ophthalmology Examination For VA & CV

24 AUG 2023

Radical Hospitals Ltd. ★ Approved For Department of Shipping ★ Per-Mbl-2006

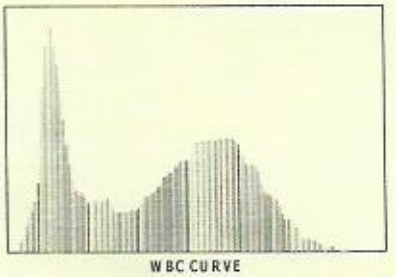
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 1168	**Date :** 24-Aug-2023	**D.Date :** 24-Aug-2023
Patient's Name : AZIZUR RAHIM	**Age :** 50Y 8M 8D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2930		

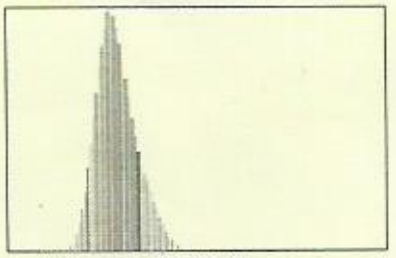
Haematology Report

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

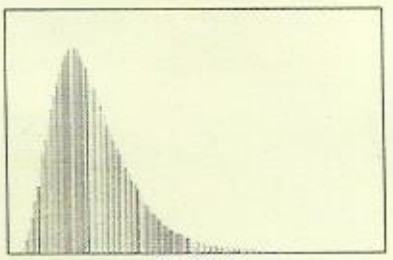
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**12.8** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**06** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,000** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm 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	**120** /cumm	50-450/cumm
Total RBC Count	**5.31** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**36.1** %	M: 40-54%, F:37-47%
MCV	**68.0** fL	76 - 94 fL
MCH	**24.1** pg	27 - 32 pg
MCHC	**35.5** g/dL	29 - 34 g/dL
RDW	**14.8** %	11 - 16 %
PDW	**15.9** fL	35 - 56 fl
Total Platelete Count (PC)	**3,25,000** /cumm	150,000-450,000/cumm
MPV	**8.1** fL	7.0 - 11.0 fL
PCT	**0.263** %	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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA21081168	Received Date	24/08/2023		
Patient's Name	AZIZUR RAHIM				
Patient's Age	50Y 8M 8D	Patient's Sex	Male		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:	C/O/2930		
Sample	Blood				

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative

Checked By

Medical Technologist,
Radical Hospitals Ltd.
and Hospital

Dr. SumaiyaKhatun
MBBS, MD (Microbiology)
Assistant Professor
Dept. of Microbiology
East West Medical College

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RADICAL HOSPITAL LIMITED

Bill No	DIA23081168	Received Date	24/08/2023
Patient's Name	AZIZUR RAHIM		
Patient's Age	50Y 8M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23081168	Receive: Print: 24/08/2023		
Patient's Name	:	**AZIZUR RAHIM**			
Age	:	51 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	62 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

ID: 140

Aziz ur Rahman.

Male 52 Years

24-08-2023 19:13:35

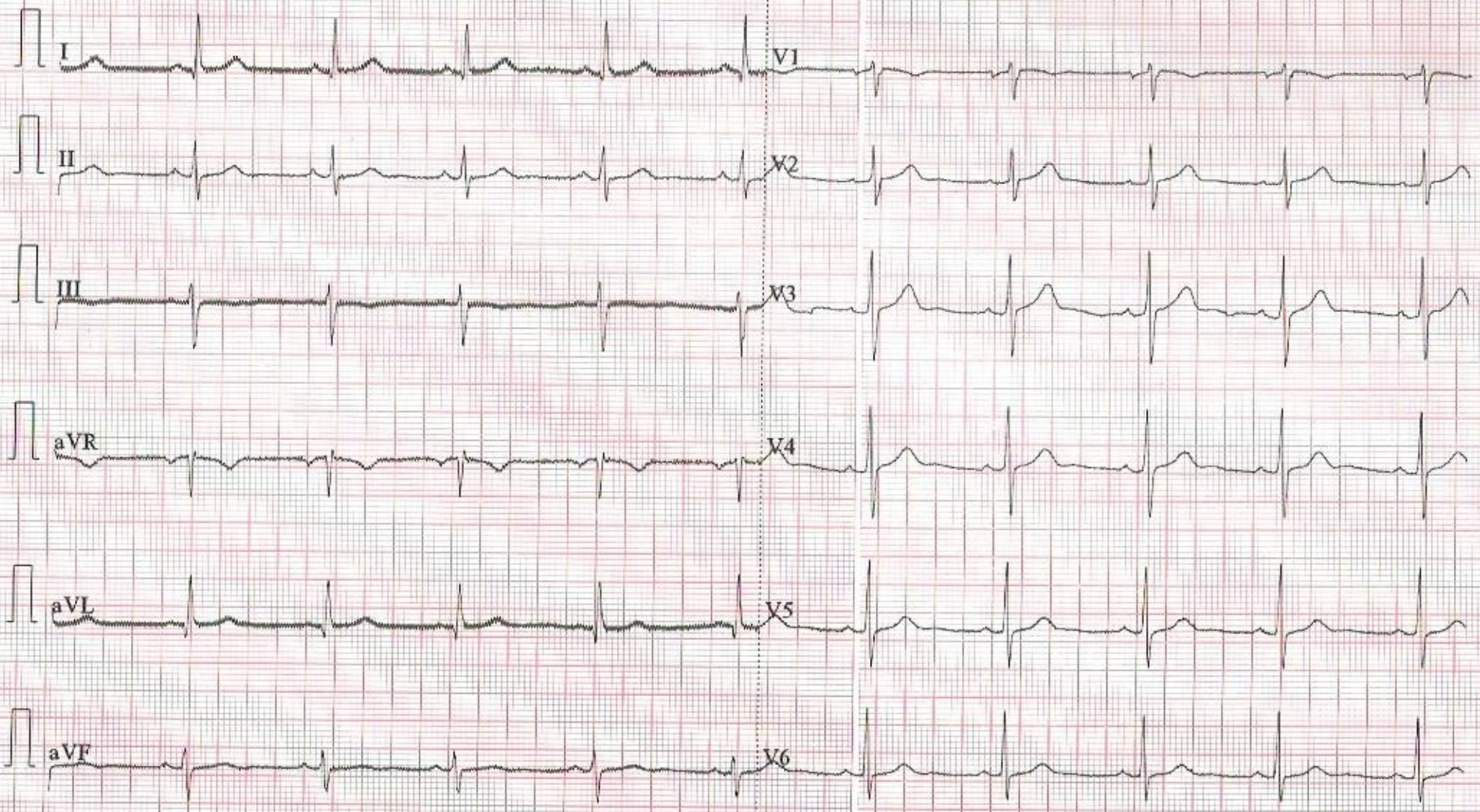
HR	: 62	bpm	
P	: 98	ms	
PR	: 158	ms	
QRS	: 84	ms	
QT/QTc	: 410/417	ms	
P/QRS/T	: 39/-11/21	°	
RV5/SV1	: 1.200/0.495	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥62 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

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DEPARTMENT OF RADIOLOGY & IMAGING

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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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGINEST YELLOW FEVER

CERTIFICATE INTERNATIONAL DE VACCINATION OR DE REVACCINATION CONTRE LE FIEVRE JAUNE

AZIZUR RAHIM

Date	signature and professional status of vaccinator signature et qualite professionnelle du vaccinateur	Origin and batch No of vaccine Origin du vaccine employe et numero du lot	official stamp of vaccinating centre cachet official du centre de vaccination
14 NOV 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.	YELLOW FEVER VACCINE L NO DAKAR	CENTER FOR VACCINATION 35, Shati Maktabum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			
5			

There is no exemption for the requirement of a certificate of vaccination against yellow. fever on account of age.

The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or in the event of a revaccination with in such period of ten years, from the date of that revaccination.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGINEST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OR DE REVACCINATION CONTRE LE CHOLERA

This is to certify that / Je soussigne (e) certific que: AZIZUR RAHIM — date of birth / ne(e) le: 16.12.1972 — sex / sexe: M

whose signature follows / dont la signature suit:

has on the date indicated been vaccinated or revaccinated against cholera
a etc vaccine (e) ou revaccine(c) contre le cholera a la date indiquee

Date	signature and professional status of vaccinator / signature et qualite professionnelle du vaccinateur	Approved Stamp / Cachet d'authentification	
1 — 14 NOV 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.	CENTER FOR VACCINATION 25, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2			
3		3	4
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5		5	6
6			
7		7	8
8			

Continued overleaf saite au verso