

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: MIHAH MOHAMMAD MUNSUR Sex: M Serial No: _____

Sumamre First Name Middle Initial

Date of Birth: 01.03.1978

PP/CDC: E50389701

Rank: COOK

Vessel: _____ Type: _____

Route: _____

Home Address: PANJORA, NAGARI, KANIBANG, GAZIPUR

Company Name: ADNOC

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		/		/	Hernia / Hydrocoele / Appendicitis		/		/
Head Injury / Concussion / Loss of Memory		/		/	High / Low blood pressure / Heart disease		/		/
Fits / Epilepsy / Dizziness / Fainting		/		/	Asthma / Bronchitis / Tuberculosis		/		/
Eye / Vision Problems (Glasses, etc)		/		/	Allergy / Skin disease		/		/
Hearing Impairment		/		/	Infection / Contagious Disease		/		/
Ear / Nose / Throat problems		/		/	Addiction to alcohol / drugs / tobacco		/		/
Stomach / Bowel disorders		/		/	Fracture / Dislocation / Injury / Amputation		/		/
Gall stones / Kidney disorders		/		/	Major / Minor Operation		/		/
Jaundice / Liver Disease		/		/	Diabetes		/		/
Piles / Varicose veins		/		/	Nervous / Mental disease / Sleep disorder		/		/
Blood Disorder		/		/	Malignant disease (Cancer)		/		/
Female Disorder		/		/	Signed off on medical grounds / Declared Unfit		/		/
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition					
167cm	71kg	40-20	120/80mm	78b/min	14pr/min	Good					
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20			
Left Eye	6/6		Normal	Left Ear	dB	20	20	20			
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear			Left ear			
	Other	Normal	Abnormal		4			4			

Systemic Examination

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	/	/	FIT FOR SEA SERVICE AS COOK AS PER MLC 2006 Enhanced GARD Medicals done		Respiratory system	/
Eyes	/	/			Cardiovascular system	/
Ears / Nose / Throat	/	/			Per Abdomen	/
Teeth / Oral Cavity	/	/			Genito-urinary system	/
Musculo-Skeletal system	/	/			Others	/
Nervous system	/	/			Hernia / Hydrocoele	/
Reflexes	/	/			Varicose Veins	/
Skin	/	/			Fissure/Fistula/Piles	/

Investigations

Blood	Result	Normal	Urine
Hemoglobin	14.0 gm%	14-16 gm %	Colour
Total WBC count	7.000 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 59 % Lymph 35 % Eos 02 % Ba 00 % Mo 02 %			pH
Malaria parasite	Not Found		Albumin
ESR	06 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	32U/L	9-43 U / L	Bile pigment
S.Cholesterol	182 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	132 mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	RBS 5.7 PPBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HIV I & II	Negative		Others
VDRL	Not Run		Spirometry: Normal
Others	38	GGTP U/L	Drugs of Abuse: Negative
Blood Group:	O+ve		USG: Normal

ECG: Normal TMT: N/E

X-Ray Chest: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks /

Recommendations

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 09 AUG 2025

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 10 AUG 2023



DR. MIR MD. RAIHAN

MBBS (DU), DFM, CCD (Biderm), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

04.2023.4558

**MEDICAL SERVICES UNIT
RECRUITMENT ABROAD
PRE EMPLOYMENT MEDICAL FITNESS REQUIREMENT**



INFORMATION FOR APPLICANTS:

The following medical information (including lab/radiology and related assessment reports) must be provided in original to proceed further with your recruitment formalities:

1. FORM A - Pre-Employment Health Screening Questionnaire to be completed and signed by the candidate.
2. FORM B- Pre-Employment Medical Assessment to be completed, signed & stamped by the examining Physician of the healthcare facility.
3. Laboratory Investigations:

- a) Complete Blood Count
- b) Blood Group
- c) FBS
- d) Lipid profile
- e) Liver function tests
- f) Gamma GT
- g) Creatinine
- h) Urea Nitrogen
- i) Urates
- j) HBsAg & Anti-HCV IGM
- k) Anti-HIV (1&2)
- l) Thyroid Hormones (for candidates over 50 years of age)
- m) PSA (for candidates over 50 years of age)
- n) HbA1C (for candidates over 40 years or diabetic)
- o) Urinalysis (general)

4. Other tests:

- a) Audiometry test (audiogram)
- b) Vision Acuity & Color vision test
- c) Spirometry (Vitalograph)
- d) Resting ECG

5. Special tests

- a) Stress ECG (for candidates above 35 years of age and for job titles including drivers (heavy & light duty), crane operators, fire fighters, forklift drivers –irrespective of age.
- b) Stool general and culture for food handlers

6. Radiology Investigations:

Chest x-ray (P.A) – All candidates shall undergo chest X-ray in their home country only if indicated and/or as per the recommendation of examining Physician. According to the visa screening standard of Health Authority Abu Dhabi (HAAD) all candidates shall undergo chest x-ray upon arrival in UAE as a part of their medical fitness assessment.

SPECIAL NOTE ON MEDICAL FITNESS:

All the above mentioned requirements are only intended to screen the candidates for their health status during recruitment abroad. It is not designed, nor intended to replace subsequent medical assessment including physical examination and laboratory / radiology investigations that would be conducted upon arrival in UAE.

The final fitness certificate shall only be released subject to repeating medical assessment/investigations at ADNOC and receiving medical clearance from related government entities (after arriving in UAE), with no additional liability in whatsoever means, to ADNOC or its group companies.



MEDICAL SERVICES UNIT
Form – A. ABROAD RECRUITMENT
PRE EMPLOYMENT HEALTH SCREENING QUESTIONNAIRE



This questionnaire is only intended to screen the candidates for their health status during recruitment abroad. It is not designed, nor intended to replace subsequent medical assessment including physical examination and laboratory / radiology investigations that are highly specific to evaluate candidate ability to perform identified tasks as per the position applied for within ADNOC or its group companies.

The final fitness certificate shall be released subject to repeating medical assessment/investigations at ADNOC and receiving medical clearance from related government entities after arriving in UAE, with no additional liability in whatsoever means, to ADNOC or its group companies.

First Name: <u>MUHAMMAD</u>	Middle Name: <u>MUNSOR</u>	Family Name: <u>MIAH</u>
Date of birth: <u>02-03-1978</u>	Gender: <u>MALE</u>	Nationality: <u>BANGLADESH</u>
Company: <u>ADNOC L & S</u>	Job Title: <u>COOK</u>	Marital Status: <u>MARRIED</u>
Home Address (Mobile): <u>09822669005</u>	E-mail: <u>mdmunsorfc0912@gmail.com</u>	Reason for examination: <u>MEDICAL CHECK-UP</u>

Previous Employment			
Jobs	Company	From (Year)	To (year)
1.	ADNOC L & S	<u>2022</u>	TILL NOW
2.			
3.			
4.			

Previous Exposure

Have you ever been exposed to: (Tick if Yes)

☐ Noise	☐ Heavy Metals	☐ Skin Infections	☐ Ever Industrial / Accident compensation
☐ Chemicals	☐ Radiation	☐ Dust	☐ Ever found unfit for employment

☐ Registered Disable, if yes specify No:

Family History

Tick if Yes

☐ Heart disease	☐ Asthma	☐ Diabetes	☐ High Blood Pressure	☐ Tuberculosis
☐ Allergy	☐ Cancer	☐ Mental Disorder	☐ Others (specify):	

	Age	State of Health - Cause of Death		Age	State of Health - Cause of Death
Father	<u>76</u>	<u>NOTORIAL</u>	Wife / Husband	<u>34</u>	
Mother	<u>62</u>		Children	<u>9</u>	
Siblings				<u>3</u>	

Personal History

Do you have or have you ever had in the past?	Yes	No	Do you have or have you ever had in the past?	Yes	No
High Blood pressure		☒	Kidney disease		☒
Angina (Chest pain)		☒	Kidney stones		☒
Heart disease		☒	Anxiety/Depression/ Phobias/ Stress/ Panic attack		☒
Cardiac surgery		☒	Sleep Disturbance/ Fear of heights/ Fear of confined spaces		☒



Do you have or have you ever had in the past?	Yes	No	Do you have or have you ever had in the past?	Yes	No
Asthma		☒	Do you have any eye sight problems not corrected by glasses/contact lenses?		☒
Chronic Bronchitis		☒	Other eye problems / Glaucoma / Keratoconus / Restricted vision		☒
Tuberculosis		☒	Do you have any hear problems?		☒
Peptic ulcer		☒	Tinnitus		☒
Hepatitis B/C		☒	Chronic ear infection		☒
Piles / Hemorrhoids		☒	Diabetes (☐ Insulin dependent)		☒
Hernia		☒	Diabetes (☐ Non- Insulin dependent)		☒
Chronic constipation		☒	Thyroid Disease		☒
Chronic diarrhea		☒	Anemia		☒
Other bowel disease		☒	Thalassemia		☒
Epilepsy		☒	Sickle cell		☒
Stroke		☒	Allergies that required medical advice		☒
Migraine		☒	Are you taking any medication on regular basis? If yes, please specify		☒
Vertigo/balance problem		☒	Are you having any hospital treatment or investigations at the moment? If yes, please specify		☒
Back problems (neck/shoulder problems)		☒	Are you waiting for any hospital treatment or investigation? If yes, please specify		☒
Joint problems (Flat-Feet)		☒	Do you have any other medical conditions? If yes, please specify		☒
Fractures / Deformities		☒	Do you smoke? If yes, please specify the daily amounts.		☒
Eczema		☒	Do you drink alcohol? If yes, please specify the daily amounts.		☒
Vitiligo		☒	Do you/have you taken any drugs? If yes, which one?		☒
			Others, skin condition		☒

FEMALES

Date of Last period	<i>N/A</i>	Is menstrual Blood loss heavy ☐ Yes ☐ No
Are the periods regular ☐ Yes ☐ No	Are the periods painful ☐ Yes ☐ No	Are you taking contraceptive pills ☐ Yes ☐ No
Number of pregnancy:		Number of Live birth(s):

DISCLAIMER: I hereby permit ADNOC to disclose confidential medical information to relevant departments and/or entities in line with ADNOC policies or pertinent Ministry of Health Laws or local regulatory agency requirements. I do hereby release ADNOC or the assessing Physician from any legal liability by doing so. I also declare the above provided information to be correct to the best of my knowledge and acknowledge that furnishing falsified information would have serious implications, including on my recruitment status in line with ADNOC Policy.

Date: 10 AUG 2023	Signature:
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MEDICAL SERVICES UNIT
Form B – RECRUITMENT ABROAD
PRE EMPLOYMENT MEDICAL ASSESSMENT



Date of Examination:			
First Name: <u>MOHAMMAD</u>		Middle Name: <u>MUNSOR</u>	Family Name: <u>MIAH</u>
Date of Birth: <u>02-03-1978</u>		Gender: ☒ Male ☐ Female	Nationality: <u>BANGLADESH</u>
Company: <u>ADNOC L & S</u>		Job Title: <u>COOK</u>	Marital Status: <u>MARRIED</u>
Job Title: <u>COOK</u>		Reason for Examination: <u>MEDICAL CHECK-UP</u>	
Home Address:		<u>PANOURA, NAWABI, KALIMANCAHAR</u>	
Illnesses since last Examination: <u>21-NOV-2021</u>			
System	Examination	Findings	Comment on Abnormal Findings or History
Cardiovascular	Pulse	<u>78b/min</u>	
	Blood Pressure	<u>120/80mmHg</u>	
	Heart Apex	<u>normal</u>	
	Heart Sounds	<u>normal</u>	
	Heart Murmurs	<u>normal</u>	
	Varicose Veins	<u>normal</u>	
Respiratory	Nasal Airway	<u>normal</u>	
	Thyroid	<u>normal</u>	
	Trachea	<u>normal</u>	
	Chest Shape/Movement	<u>normal</u>	
	Percussion	<u>normal</u>	
	Air Entry	<u>normal</u>	
	Breath Sounds	<u>normal</u>	
	Adventitia	<u>normal</u>	
Alimentary	Teeth	<u>normal</u>	
	Tongue/Fauces	<u>normal</u>	
	Abdomen	<u>normal</u>	
	Liver	<u>normal</u>	
	Spleen	<u>normal</u>	
	Lymphadenopathy	<u>normal</u>	
	Hernial Orifices	<u>normal</u>	
	Anus, Rectum/P.R.	<u>normal</u>	
GU	Kidney	<u>normal</u>	
	Genitalia	<u>normal</u>	
INTGN	Hair	<u>normal</u>	
	Skin	<u>normal</u>	
	Nails	<u>normal</u>	
Musculo-skeletal	Hands	<u>normal</u>	
	Limbs	<u>normal</u>	
	Back	<u>normal</u>	
	Joints	<u>normal</u>	
	Injuries	<u>normal</u>	



Nervous System	Cranial Nerves		I	II	III	IV	V	VI
			VII	VIII	IX	X	XI	XII
	Reflexes	Bl	Tl	Sup	Kn	An	Pl	
		Rt	[Handwritten: Normal]					
		Lt	[Handwritten: Normal]					
	Power		[Handwritten: Normal]					
	Tone		[Handwritten: Normal]					
	Coordination		[Handwritten: Normal]					
	Sensation		[Handwritten: Normal]					
	Emotional Stability		[Handwritten: Normal]					
Intelligence		[Handwritten: Normal]						
Ears	Meatus		[Handwritten: Normal]					
	Ear Drums		[Handwritten: Normal]					
	Webber/Rinne	Rt.	[Handwritten: Normal]				Lt.	[Handwritten: Normal]
	Hearing	Rt.	[Handwritten: Normal]				Lt.	[Handwritten: Normal]
Eyes	Light Reflexes		[Handwritten: Normal]					
	Accommodation		[Handwritten: Normal]					
	Nystagmus		[Handwritten: Normal]					
	Fundi		[Handwritten: Normal]					
Visual Acuity								
			Near		Distance		Color Vision	
Uncorrected	R	6/6		6/6		Normal		Abnormal
	L	6/6		6/6		[Handwritten: Normal]		
Corrected	R							
	L							

Miscellaneous				
Height: 167	Weight: 71	BMI: 25.4	Pulse: 78	BP: 120/80
Chest Expansion: 40	Vital Capacity: 40	Forced Expiratory Volume: [Handwritten: Normal]	Chest X-ray: [Handwritten: Normal]	
Audiometry: [Handwritten: Normal]	ECG: [Handwritten: Normal]			
Blood Group: [Handwritten: O+]	Haemoglobin: 14.0	Urine Sugar: [Handwritten: Nil]	Urine Protein: [Handwritten: Nil]	
Hepatitis B: [Handwritten: Negative]	Hepatitis C: [Handwritten: Negative]	Hepatitis A (Food handlers):		

Examining Physician's Evaluation/Recommendation:

☒ Fit for the job

☐ Unfit for the job

☐ Temporarily unfit and to be re-evaluated later

FIT FOR DUTY ON BOARD SHIP

Physician Name (Print name): DR. MIR MD. RAIHAN MBBS, DFM

Physician Signature: [Handwritten Signature] Contact Phone / email: +8801716134074

Facility Name & Stamp:

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



Date of Examination: 10 AUG 2023

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2023.4558

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last MIAH First MOHAMMAD Middle MUNSUR
Gender: (Male/Female) MALE Nationality BANGLADESHI Date: 10 AUG 2023
Occupation: Deck/Engine/Catering/Other (specify) _____ Rank: COOK
Father's/ Husband's name: AFSAR MIAH C.D.C No. PA0189359
Mother's Name: BUKIS BEGUM Seaman ID No. _____
Address: House No. _____ Street/ Road No. _____ Passport No. EB0389701
Locality/Village: PANJORA NID No. _____
P.O.: NAHARI Date of Birth: 01-03-1978
P.S.: KALIBANJ (DD/MM/YYYY)
District: GAZTAR

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

1. Confirmation that identification documents were checked at the point of examination : YES/NO
2. Hearing meets the standards in section A-I/9 : YES/NO
3. Unaided hearing satisfactory? : YES/NO
4. Visual acuity meets standards in section A-I/9? : YES/NO
5. Colour vision meets standards in section A-I/9? : YES/NO
Date of last colour vision test : 10 AUG 2023
6. Fit for lookout duties? : YES/NO
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? : YES/NO
8. Any limitations or restrictions on fitness? : YES/NO

If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category :

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) : 10 AUG 2023

11. Date of expiry (DD/MM/YYYY) : 09 AUG 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Biom), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.
Name & Signature of the practitioner:

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 24 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.211997)*. 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 seafarers 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 (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (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 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [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 transmissible 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 right 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:

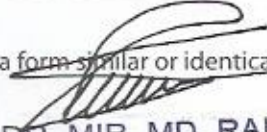
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

10 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.

Id No : 0450 **Date** : 10-Aug-2023 **D.Date** : 10-Aug-2023
Patient's Name : MOHAMMAD MUNSUR MIAH **Age** : 45Y 0M 0D **Gender**: Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.0 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. 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	59 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	35 %	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	140 /cumm	50-450/cumm
Total RBC Count	4.63 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.7 %	M: 40-54%, F:37-47%
MCV	79.3 fL	76 - 94 fL
MCH	30.2 pg	27 - 32 pg
MCHC	38.1 g/dL	29 - 34 g/dL
RDW	12.9 %	11 - 16 %
PDW	16.0 fL	35 - 56 fL
Total Platelete Count (PC)	1,85,000 /cumm	150,000-450,000/cumm
MPV	10.5 fL	7.0 - 11.0 fL
PCT	0.121 %	0.1 - 0.4 %

Checked By
Medical Technologist

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

Bill No	DIA23080450	Received Date	10/08/2023
Patient's Name	MOHAMMAD MUNSUR MIAH		
Patient's Age	45Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Urea	22 mg/dl	10 - 40 mg/dl
Fasting Blood Sugar (FBS)	5.7 mmol/l	4.2 - 6.4 mmol/l
HbA1C	5.0 %	4.2 - 6.7 %
Gamma GT	38 U/L	Adult Males : <55

Liver Function Test

Serum AST (SGOT)	28 U/L	Up to 37 U/L
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
Serum Bilirubin (Total)	0.5 mg/dl	0.2 - 1.1 mg/dl
Serum Alkaline Phosphatase	178 U/L	98 - 279 U/L

Lipid Profile

Serum Triglyceride	132 mg/dl	50 - 150 mg/dl
Serum Cholesterol	185 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	42 mg/dl	>35 mg/dl
Serum LDL- Cholesterol	125 mg/dl	<130 mg/dl

Checked By

[Signature]

Medical Technologist,
Radical Hospitals Ltd.

[Signature]

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

Bill No	DIA23080450	Received Date	10/08/2023
Patient's Name	MOHAMMAD MUNSUR MIAH		
Patient's Age	45Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	Blood		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
<u>Renal Function Test</u>		
Serum Creatinine	0.8 mg/dl	0.4 - 1.3 mg/dl
Serum Urea	28 mg/dl	10 - 40 mg/dl
Serum Sodium	136 mmol/L	135-146
Serum Potassium	3.8 mmol/L	3.5-5.5
Serum Chloride	98 mmol/L	96-110

Checked By


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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	Blood		

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
ICT for Syphilis	Negative
TPHA	Negative

Anti HCV (ELISA) 0.6 OD Ratio Negative: <1.0
Positive: <1.0

BLOOD GROUPING

Result

ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By



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Bill No	DIA23080450	Received Date	10/08/2023
Patient's Name	MOHAMMAD MUNSUR MIAH		
Patient's Age	45Y 0M 0D	Patient's Sex	MALE
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	Urine		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION****MICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1
Sediment	Nil	Epithelial	2-2

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	Cal. Oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Tripple Phos	Nil

Checked By


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Dept. of Microbiology
East West Medical College

Bill No	DIA23080450	Received Date	10/08/2023
Patient's Name	MOHAMMAD MUNSUR MIAH		
Patient's Age	45Y 0M 0D	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

[Signature]

Medical Technologist,
Radical Hospitals Ltd.

[Signature]

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MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital

Bill No	DIA23080450	Received Date	10/08/2023
Patient's Name	MOHAMMAD MUNSUR MIAH		
Patient's Age	45Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	Stool		

STOOL ANALYSIS

Physical Examination:

Color	: Brown
Consistency	: Soft
Worm	: Nil
Mucus	: Nil
Blood	: Nil

Chemical Examination:

Reaction	: Acid
Occult Blood Test (OBT)	: Not done
Reducing Substance (RS)	: Not done

Microscopic Examination:

Ova	: Not found	Mucus flakes	: Nil
Cyst	: Not found	Cyst of Giardia	: Not found
Protozoa (Trophozoite)	: Not found	Macrophage	: Not found
Larva	: Not found	Fat Globules	: (+)
Epithelial Cell	: Nil	Vegetable Cell	: Nil
Pus Cell	: Nil	Starch	: Nil
RBC	: Nil	Muscle fibre	: Nil

Checked By

Signature

Medical Technologist,
Radical Hospitals Ltd.
Hospital Uttara, Dhaka.

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

Date: 10/08/2023

EYE EXAMINATION REPORT

NAME:	MOHAMMAD MUNSUR MIAH	
AGE:	45 YRS	RANK: COOK

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

AUDIOLOGICAL REPORT

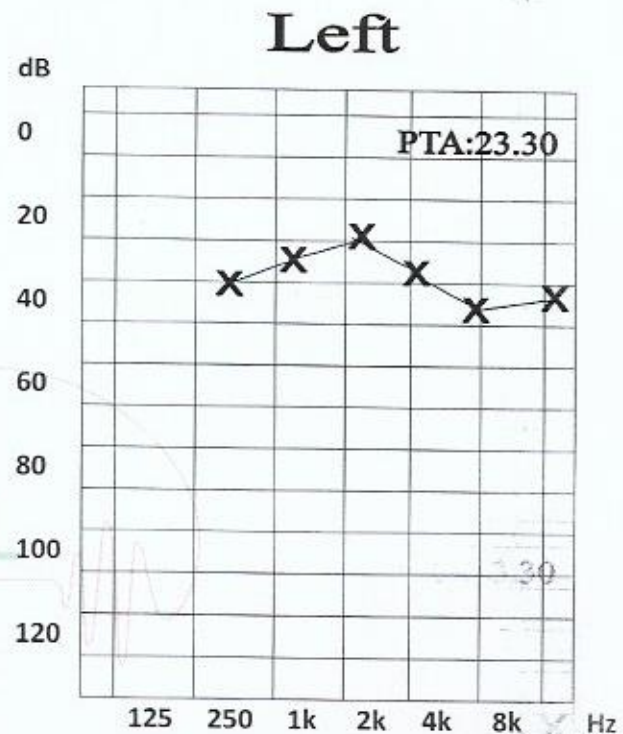
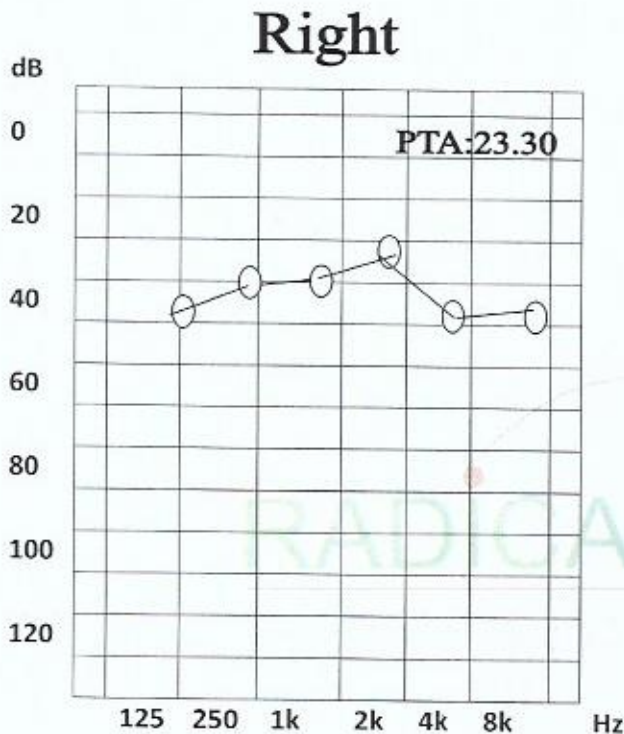
Patient Name : MOHAMMAD MUNSUR MIAH

10/08/2023

Age : 45 Yrs

Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan, MBBS,(DU), DFM



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23080450	Receive: 10/08/2023	Print: 10/08/2023
Patient's Name	: MOHAMMAD MUNSUR MIAH		
Age	: 45 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: 058

10-08-2023 15:14:57

Males 55 years

Prothomas/Pearce

HR : 67 bpm

P : 116 ms

PR : 160 ms

QRS : 94 ms

QT/QTc : 374/395 ms

P/QRS/T : 51/49/34 °

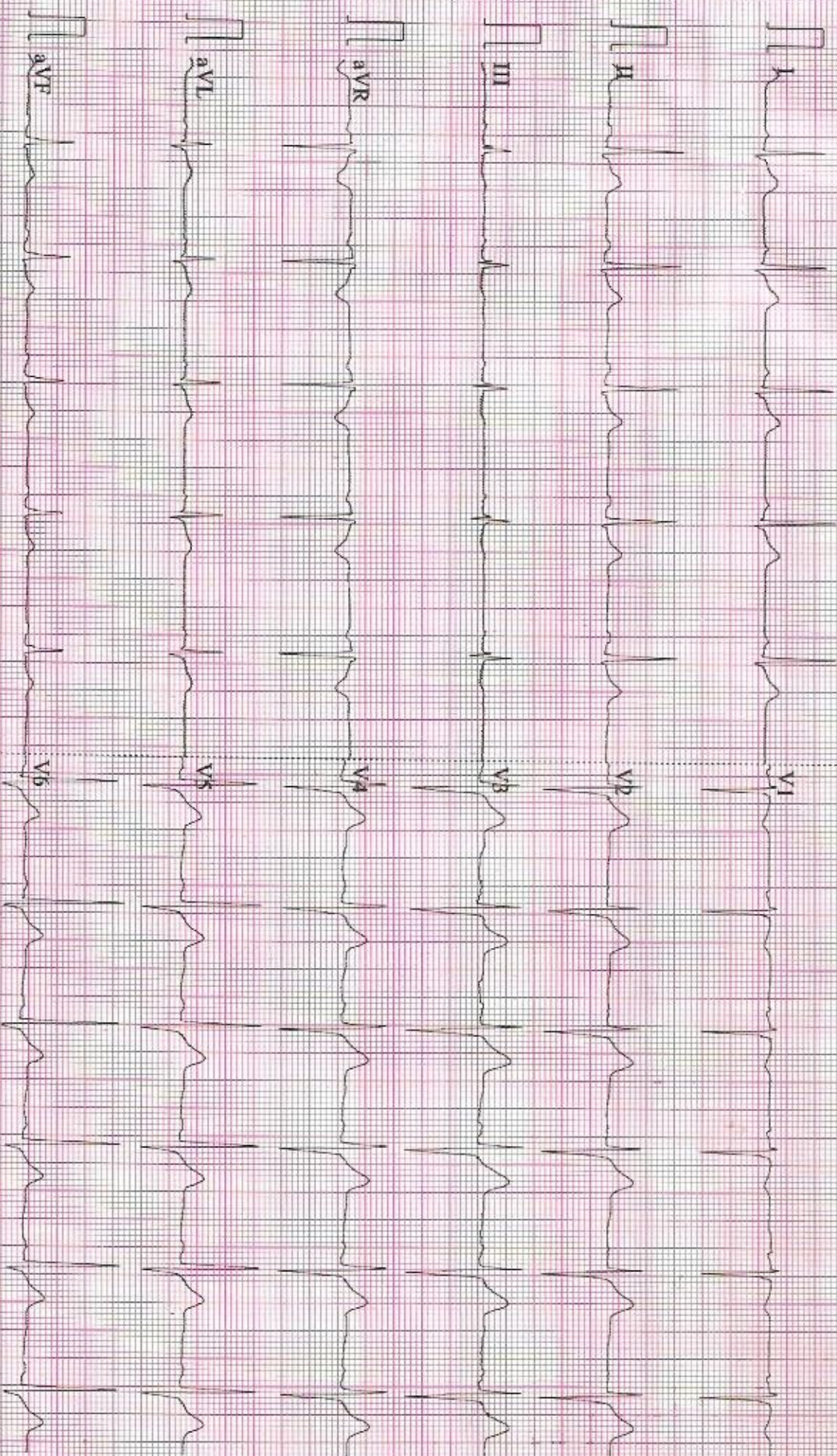
RV5/SV1 : 1.369/1.219 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23080450 Receive: Print: 10/08/2023
Patient's Name : **MOHAMMAD MUNSUR MIAH**
Age : 45 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 67 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

Page 1 of 1

Patient's Name	: MOHAMMAD MUNSUR MIAH	ID NO	: 23080450
Age	: 45 Yrs	Date	: 10/08/2023
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan MBBS,(DU), DFM		
Nature of Specimen	:		

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6
 FEV = 5
 FEV/FVC = 80%

Comments: Normal Lung Function

Checked By



Dr. Mir Md. Raihan

MBBS (DU) CCD(Birdem),PGT (ophth)
 Reg- A55144 BGD-016(MMC)
 DG Shipping Bangladesh Approved
 Malaysian Medical Council Approved
 General Physician
 Radical Hospitals Limited