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 MAKDUM AVENUE, UTTARA, DHAKA-1230.

01055567000 FMAIL radical hospitals@vahoo.com

	Service Comments			10000 T					Sex:			Serial No:					Tak
Suman	pa	/	F	First Nai	ine	N Hm	CDC:	nagle I	Sex:	3			F	10			
ate of Birth:	2	0/0	8	200	N.O.	211567	type.	7	21100	~	-8	Route:		-		400	
essel: Hatra	a A	vente	unne	(+m	0.5	411071	At.	- 2	usan 1	1312	2):	PS: k	eno	inis	ani		
ate of Birth: essel: Harri- ome Address:	May	Dis	tric'	. Dh	ake	9 , 1.0	7100	-62	COECUTE (<i>y y</i>				,		
опірану маше	. 0	unt	ech						following t						_		
ledical Histo						ndidate	Exami		; ronowing c	o ene	0000	01 700. 1	C	andidate	000		niner
there any past	/ pres		tory of a	iny or	100	daration	Reco Yes						Ь	Yes	No/	Yes	No
vere one-sided head					Yes	-		-	Hemia / Hydroco	ele / App	pendicit	is			1	N	
ad Injury / Concuss	sion / Lo	ss of Mem	mory			1			High / Low blood Asthama / Bronch	pressur	e / Hea berculos	rt disease sis			-		1
s / Epilepsy / Dizzir e / Vision Problems	(Glasse:	s, etc)				1			Allergy / Skin dis	ease	ACIONO17.		-	- 134	-	2	-
aring Impairment r / Nose / Throat p						-		-	Infection / Conta Addication to alco	phol / dru	ugs / to				1		-
omach / Bowel diso	rders					-		-2	Fracture / Disloc -Major / Minor Op	ation / Ir	njury / /	Amputation			1		-
II stones / Kidney o undice / Liver Disea			1/2	- 3		-		-	Diabetes		7.79	Total Sales			-		-
es / Varicose veins						-	-	$\stackrel{\sim}{-}$	Nervous / Menta Mallignant disea	se (Cano	cer)						-
ood Disorder emale Disorder						1		_	Signed off on m	edical gro	ounds /	Declared Uni	it		/	-	
otes		ion		_	-							+5 = #/ +1 # =		17/5/2	or constru		11
Medical Exar		in Kgs	Chest I	nsp-Exp	Blo	od Pressure			Pulse-Beats			.Rate / min			eral Con		e a viva
16400	50	240	43	-41		120/.	84 m	M	789			9 4/~			Luc	10000	Too
istant Vision	Unco	reded.	-	ected		Field of Vi	sion			Hz 50		000 2000	3000	4000	5000	6000	800
ight Eye eft Eye		66				Normal Abnorm	nal		Right Ear Left Ear		201	W 20			1.00	1	- 1
Ishir		0 10		lornial			normal		Hearing		Ri	ght Ear		_	Len	ear	
Othe		Man.		lormal Abnorr	len	Abi	normal	No	otes	_	_	9			Norm	_	norma
Systemic Ex	amın	ation	Normal	ADHON	iliai -		No.					spiratory syst			-		-
yes						FITE	OR :	SEA	A SERVIC	CE	Pe	rdiovascular er Abdomen	NI-CYCKICA C		-		
ars / Nose / Throat feeth / Oral Cavity		130000	-			AS						enito-urinary :	system				1
Musculo-Skeletal sys Nervous system	stem			-	-	ASP	ERI	MLC	2006		H	ernia / Hydro	oele				+-
Reflexes					18.1	1) Medicals	done	Fi	aricose Veins ssure/Fistula	Piles			-	-
Investigatio	ns		-	1		Limane			1.22.00					and a			
Blood			Resu	ult			ormal		Urine		-	CAR.			1		
Hemoglobin		13	30	gm%		14-16 gm 4000-1100		m	Colour Specific Gravit	1		,,,,,		1			
Total WBC count Neu 80	% Lym	016	96 Eos	02	Ba	00 9	6 MO 0	2	% pH Albumin		_	N					
Malarial parasite ESR		05	NO	m / 1st	-	1 15 mm			Sugar			111		-			-
SGPT		20	U/L			943 U / 145260 n	L		Bile pigment Bile salts	-					-	-	
S.Cholesterol S.Triglycerides	1	127	mg/dl mg/dl			upto 200	mg /dl		Occult blood						1	-	
Blood Sugar HbsAg		RBS	52	PPBS	ne	upto 125 n	ng %		RBC cells Leucocytes		_ ^						-
HIV I & II			NE	ga	ice	_			Others				-	W	100		
VDRL Others		1	NO	200	ye	_	GGTP I	U/L	Spirome	try:	-	10	(A	ł	116	1	V
Blood Group		1.		T147	_	~	111	_	Drugs of	2/2	01 0		RN				- 1
ECG: N	CMA	ny		TMT	_	. 1	12		Abuse:	440	2	11-11	RAT	M			
	Chest			ror	me	1			USG:	1	NI	0 1	LID	13		_	- 4-
Result of M	ledica	al Exar	minatio	on		-bis d	dinance	tic too	te I Dr. N	AIR MD	Raiha	n hereb	NOV Gree	the ex	aminee	medica	lly
On the basis of			nistory, cl nporarily		xamin	ation and Permaner	uragnos ntly unfit	t es	Should be re-				s / wee				- 4
Remarks /	Infit													/		1	
Recommendation I, Doctor's Name: This certificate	OR,MIR.	MD, RAIH	All segify,	that all i	nforma	ation require	ed under	Annexi	ure E & F of M.S. (Medical (Examin	ation) Rules 2	000 is ir	confor	tellin th	is Certifi	cate
This certificate	e is val	id till:	UZI	AUG Z	075	1000 1000 1000		Off	icial 9th								
Candidate's Sig		0.000						10	icial 9405012			LIDOS	WIND D		D. F	1. 1151 (Obstant
Date: 03	09	3.20	023)				13	MASIPOR MI C 2000	100		DIA	DC A-	55144	dados	-BGD-	016
03 A							-5-5-5	Jan Jan	The second Second	E.		03		OPER	Physic pitals L	C144	
UJA	00 20	LU						113	200	3			radio	GI 1105	Anna a		49

04.2023.4517

MEDICAL EXAMINATION REPORT/CERTIFICATE MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF TI	HE MARSHALL ISLANDS
IRNAME Rupa	GIVEN NAME(S) Farzama Amin
ATE OF BIRTH OR DAY PEAR	PLACE OF BIRTH: Keranganj SEX BANGLADESH COUNTRY MALE DEMALE
XAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APPLICANT: aminfarzana 71 @gmail. com Mayakanan Housing J. p.O; Ati Bazar (P.S: Keranigonj; Distric: Dhaka
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR	R MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE PULSE	85 mi RESPIRATION GENERAL APPEARANCE
/ISION: RIGHT EYE LEFT EYE VITHOUT GLASSES /	HEARING: RT. EAR LEFT EAR
COLOR TEST TYPE: BOOK LANTERN IS C	COLOR TEST NORMAL? YES NO (IF "NO" EXPLAIN ON PAGE 2)
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUI	
HEAD AND NECK	HEART (CARDIOVASCULAR)
Nonne!	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
EXTREMITIES:	. \
UPPER Nonw	· / /
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMME	
SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON I	VATED BY WORKING ABOARD A VESSEL OR TO RENDER HIM/HER UNFIT FOR SERVICE A BOARD? YES NO OF ON PAGE 2
SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON I IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTO IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION M	DOM OF ON PAGE 2
SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON I IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTO IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION M	DOM OF ON PAGE 2
SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON I IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTO IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION M SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE I	DOM OF ON PAGE 2 MEDICATIONS? YES NO NO NO NO PAGE 2 MEDICATIONS? YES NO NO NO NO PAGE 2 MEDICATIONS NO NO NO NO PAGE 2 MEDICATIONS NO
SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON I IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTO IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION IN O3.08.2023 SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE I THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATI FIT FOR DUTY THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE	DOARD? YES NO NO NO PAGE 2 MEDICATIONS? YES NO NO NO NO PAGE 2 MEDICATIONS? YES NO NO NO NO PAGE 2 MEDICATIONS? YES NO NO NO PAGE 2 MEDICATIONS PAGE 2 MEDICATIONS? YES NO NO NO PAGE 2 MEDICATIONS? YES NO NO PAGE 2 MEDICATIONS? YES NO NO PAGE 2 MEDICATIONS? YES NO NO NO PAGE 2 MEDICATIONS? YES NO PAGE 2 MEDICATIONS YE
SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON I IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTO IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION IN SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE E THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATI FIT FOR DUTY THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY RADIO OFFICER / RATING / CHIEF COOK / RESTRICTIONS:	DATE OF EXAMINATION EXAMINING PHYSICIAN. ON BOARD SHIP DISEASE (OR VIRLISES FOR COOKS): YES NO IN AME OF APPLICANT (SURNAME, GIVEN NAME(S)) NAME OF APPLICANT (SURNAME, GIVEN NAME(S)) ON BOARD SHIP DISEASE (OR VIRLISES FOR COOKS): YES NO IT AS A MASTER / DECK OFFICER / ENGINEERING OFFICER / COOK WITHOUT ANY RESTRICTIONS / WITH THE FOLLOWING
SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON I IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTO IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION M OB. 20 2.3 SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE I THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATI FIT FOR DUTY THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY RADIO OFFICER / RATING / CHIEF COOK / RESTRICTIONS: NAME AND DEGREE OF PHYSICIAN DR. MIR MD R	DATE OF EXAMINATION EXAMINING PHYSICIAN. ON BOARD SHIP DISEASE (OR VIRLISES FOR COOKS): YES NO TY AS A MASTER / DECK OFFICER / ENGINEERING OFFICER / COOK WITHOUT ANY RESTRICTIONS / WITH THE FOLLOWING
SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON I IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTO IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION M OB. 20 2.3 SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE I THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUT RADIO OFFICER / RATING / CHIEF COOK / RESTRICTIONS: NAME AND DEGREE OF PHYSICIAN DR. MIR MD R	DATE OF EXAMINATION EXAMINING PHYSICIAN. ON BOARD SHIP DISEASE (OR VIPUSES FOR COOKS): YES NO NO NOT YES AS A MASTER / DECK OFFICER / ENGINEERING OFFICER / COOK WITHOUT ANY RESTRICTIONS / WITH THE FOLLOWING MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230
SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON I IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTO. IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION OF THE INTERPOLATION OF THE INTERPOLATION OF THE INTERPOLATION OF PHYSICIAN OF PHYSICIAN OR MIR MD RADDRESS RADICAL HOSPITALS LIMITED 35, SHAINAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	DOMOF ON PAGE 2 MEDICATIONS? YES NO DATE OF EXAMINATION EXPIRY DATE EXAMINING PHYSICIAN. ION WAS GIVEN TO: Rupa, Farsana Amus NAME OF APPLICANT (SURNAME, GIVEN NAME(S)) DISPASE (OR VIRUSES FOR COOKS): YES NO DECK OFFICER / ENGINEERING OFFICER / COOK WITHOUT ANY RESTRICTIONS / WITH THE FOLLOWING MAIHAN MBBS, DFM H MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230 DG SHIPPING BANGLADESH MAY 2014
SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON I IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTO IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION IN SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE I THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUT RADIO OFFICER / RATING / CHIEF COOK / RESTRICTIONS: NAME AND DEGREE OF PHYSICIAN DR. MIR MD R ADDRESS RADICAL HOSPITALS LIMITED 35, SHAINAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	BOARD? YES NO NO NO FOR PAGE 2 MEDICATIONS? YES NO DATE OF EXAMINATION EXPIRY DATE EXAMINING PHYSICIAN. MON WAS GIVEN TO: NAME OF APPLICANT (SURNAME, GIVEN NAME(S)) DISEASE (OR VIRUSES FOR COOKS): YES NO DESCRIPTIONS / DECK OFFICER / ENGINEERING OFFICER / COOK WITHOUT ANY RESTRICTIONS / WITH THE FOLLOWING MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230 DG SHIPPING BANGLADESH

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

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 medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - 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. Applicants for engineering officer or rating and for radio operator must comply with C.L.E., Standards 1, 2, or 3. 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 should be vaccinated according to the recommendations provided in the WHO publication, International Travel
 and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on
 immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senilify, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

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 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

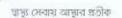
To be completed by examining physician; alternatively, the examining physician may attach an equivalent form. (See RMI MG 7-47-1, §3.3).

0 3 AUG 2023

ASRer-MLC-2006

DR. MIR. MD. RAIHAN
MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Snipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited 105

Rev. Mar/2022





Id No : 0136

Patient's Name: FARZANA AMIN RUPA

Date: 03-Aug-2023

D.Date: 03-Aug-2023

Age: 22Y 11M 14

Gender: Female

Specimen : Blood

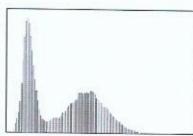
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

CDC NO:C/O/11173

Haematology Report

checked manually)

Parameter Name	Results	Reference Range	_
Hemoglobin (Hb) ESR(Westergreen)	15.1 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.	
Total WBC Count(TC)	05 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	
Differential WBC Count (DC)	8,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Neutrophils	80 %	Children on the second	
Lymphocytes	16 %	Child: 25-66 %, Adult: 40-75 %	
Monocytes	02 %	Child: 52-62 %, Adult: 20-50 %	
Eosinophils	02 %	Child: 03-07 %, Adult: 02-10 %	_
Basophils		Child: 01-03 %, Adult: 01-06 %	
Total Cir. Eosinophils	00 %	Adult: 00-01 %	
Total RBC Count	166 /cumm	50-450/cumm	
HCT/PCV	4.64 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
	33.6 %	M: 40-54%, F:37-47%	
MCV	72.4 fL	76 - 94 fL	
MCH	26.1 pg	27 - 32 pg	
MCHC	36.0 g/dL	29 - 34 g/dL	
RDW	13.8 %	11 - 16 %	_
PDW	16.3 fL	35 - 56 fl	
Total Platelete Count (PC)	1,61,000 /cumm	150,000-450,000/cumm	
MPV	9.2 fL	7.0 - 11.0 fL	
PCT	0.093 %	0.1 - 0.%	
Bledding Time(BT)	%		



RBC CURVE

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 %



Bill No	DIA23080136	Received Date	03/08/2023
Patient's Name	FARZANA AMIN RUPA		
Patient's Age	22Y 11M 14	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11173
Sample	Blood	200 300 500 500	

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	5.2 mmol/l	4.2 – 6.4 mmol/l
Serum Creatinine	0.9 mg/dl	0.3 - 1.3 mg/dl
HbA1C	4.6 %	4.0- 6.0 %
Serum ALT (SGPT)	28 U/L	Up to 40 U/L
Serum Cholesterol	132 mg/dl	up to 200 mg/dl
Serum Triglyceride	121 mg/dl	upto 220 mg/dl

RADICAL

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	DIA23080136	Received Date	03/08/2023
Patient's Name	FARZANA AMIN RUPA	ricocived bate	03/00/2023
Patient's Age	22Y 11M 14	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11173
Sample	Blood		

SEROLOGYCAL REPORT

Test Name

Result

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

Checked By

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



Bill No	DIA23080136	D	
Patient's Name		Received Date	03/08/2023
i aticiti s ivaille	FARZANA AMIN RUPA		
Patient's Age	22Y 11M 14		
	221 11101 14	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raiban MRRS (DLI) Co	D/DIDDELL BOTT	
<u> </u>	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11173
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-3/HPF
Sediment	Nil	Epithelial	1-3/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	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



Bill No	DIA23080136	Received Date	03/08/2023
Patient's Name	FARZANA AMIN RUPA		00/00/2020
Patient's Age	22Y 11M 14	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	P(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11173
Sample	URINE		WANTED TO BE THE STATE OF THE S

SEROLOGYCAL REPORT

Test Name

Result

Urine for pregnancy (ICT)	Negative	

RADICAL

Gbecked By

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



Test Name

Bill No	DIA23080136	Received Date	00/00/0000
Patient's Name	FARZANA AMIN RUPA	ricceived Date	03/08/2023
Patient's Age	22Y 11M 14	Patient's Sex	Fémale
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC		CDC NO:C/O/11173
Sample	URINE	(======,,, ============================	CDC NO.C/0/11173

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Result



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23080136

Receive: Print: 03/08/2023

Patient's Name

FARZANA AMIN RUPA

Age

23 YRS

Sex

F

Refd. by

Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate

: 64 b/min

Rhythm

Regular

P-Wave

Normal

P-R Interval

Normal

QRS Complex

Normal

ST. Segment

ls electric

T. Wave

: Normal

Impression

Findings are within normal limit.

Dr. Debashish Paul

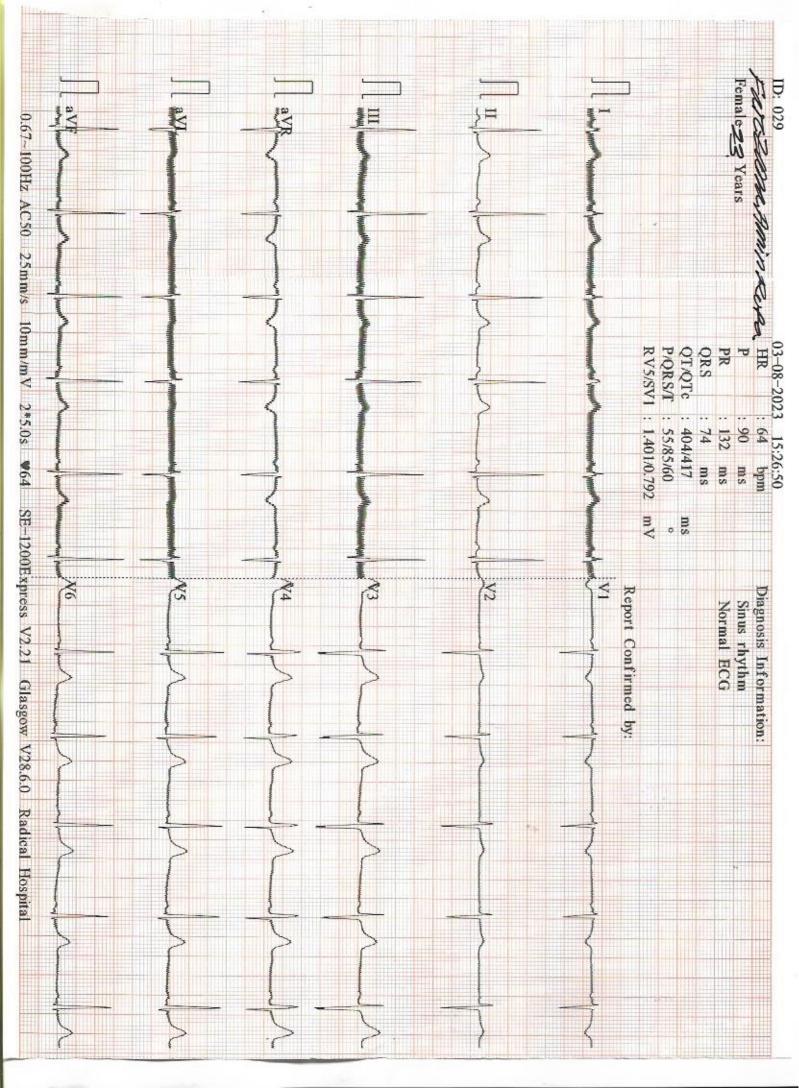
MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23080136

Receive:03/08/2023

Print: 03/08/2023

Patient's Name

FARZANA AMIN RUPA

Age

23 Yrs

Sex

: F

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

AUDIOLOGICAL REPORT

Patient Name : FARZANA AMIN RUPA

03/08/2023

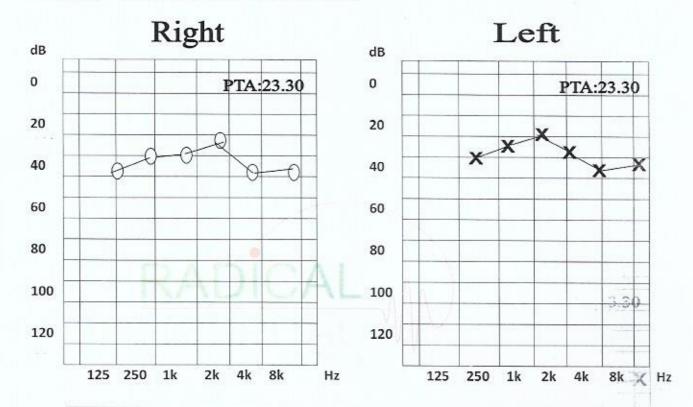
Age

: 23 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
Right Ear Left Ear

Air Masking ΟΧ
Bone Masking ΔΔ

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

RADICAL HOSPITAL

3023

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	FARZANA AMIN RUPA	ID NO		23080136
Age	1:	23 Yrs	Date	1	
Sex	1	Female	Date	1:	03/08/2023
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	1:	TABLE (DC); DIW	-		

Dental Examination Reports

On Examination

1. Dental Caries : Absent

2. Calculus : Absent

3. Missing : Absent

4. Gum Condition : Normal

5. Filling : No

6. Root Canal Treatment : No

7. Any Bridge/Denture/Crown : No

8. Oral Hygine : Normal

Comments: Normal

Dr. Mir Md. Raihan

MBBS (DU,) CCD (Birdem), PGT (opth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited





Patient ID	23080136	Voucher No		
Test Name USG OF WHOLE ABDOMEN Patient Name FARZANA AMIN RUPA Age 23 Yrs		Delivery Date	03/08/2023	
		Sex	Female	
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PG	T(Eye),DFM	

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER: Is normal size 9.0 cm regular in shape and position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: Normal size regular in shape. Lumen is normal. Wall thickens is normal.

No echogenic structure is seen within lumen.

CBD is not dilated.

PANCREASE: Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN: Is normal in size (8.2X3.4) cm and shape uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size regular in shape. RK-(8.7X4.4)cm, LK-(9.2X4.5)cm.

The cortical echogenicity are normal with clear cortico-medullar differentiation.

The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C system are not dilated.

UB:

Partialy filled.

UTERUS: Uterus is normal anteverted is position

Endometrium is normal in thickness mm.

Myometrial echogenicity is homogenous & uniform.

Adnexa: Both ovary appears normal.

Cul-D-Sac: Free

Comments: Normal study.

Dr. Nusrat Akter MBBS,CMU,DMU Advance Trained in TVS

Sonologist

Radical Hospital Ltd.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that For zana	Amin Rupadate of birth 20 -	08-2000 Sex Female
JE Soussigne (e) certifie que	no (e) le	sexe
Whose signature follows 23.00 dont la signature suit	z.2023	

has on the Date indicated been vaccinated or revaccinated against Cholera a ctc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Sin	Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateure	Approved Stamp Cechet d'authentification
03 1110 2073		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.	ORAL CHOLERA DUKORAL" Valid Upto 2 yrs AMGLADES
		4	

2	#	

The validity of this certificate shall extend for a period of Two Years, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a from prescribed by the health adminstration 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 in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d'intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d'une quelconque des mentions qu il comporte pe u.t cffecter sa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that	Farzana Ami	n Regadate of birth	20-08-200	Sex Female
JE Soussigne (e) certifie que		no (e) le	}	sexe }
Whose signature follows dont la signature suit	203.08.2	023		000000

has on the Date indicated been vaccinated or revaccinated against yellow fever a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

333	Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination	
0	1 1	DR. MIR. MD. RAIHAN BBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 G Shipo.ng Bangladesh Approved General Physician Radical Hospitals Limited.	L. NO O	SANGLADES*	
	2				

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated by the health administration for the territory in which that centre is situated.

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 within such period of ten years, from the date of that I'evaccinatio.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificate n' est valable que si le vaccin employe' a e' te" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination e' te' habilite parl' adminstration sanitaire du territoire dans lequel ce cenite est etime.

La validite de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signe' par un me' decin de sa propre main, son cachet official ne pouvant etre conside' re' comme Ienant lieu de signature.

Toute correction ou rature sur le certificate ou l'omission d'une quelconique des mentions qu'il comporle peut affecter sa validite.

03/16

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

Form No: SMC



SL NO._

04.2023.4517

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 Rupa First Fantana	Middle Amen
Gender: (Male/Female)FemaleNationality:Bangl. Doccupation: Deck/Engine/Catering/Other (specify)Engine	adeshi Date: 20.08.2000 03 AUG 20
Occupation: Deck/Engine/Catering/Other (specify). L. N.G	Rank F(C
Father's/ Husbad'sname: M.D. Ruhul Amin	
Mother's Name: Haxina Amin	2000
ddress: House No:Street/ Road No:	
Locality/Village: Mayakana Housing	NID No. 2865.047274
Locality/Village: Mayakana Housing P.O. Ati Bazar (1312)	Date of Birth: 20.08.2060
Ps: Kenaniyonj	(DD/MM/YYYY)
District: Dhaka	<u> </u>
ECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER	
am duly authorized by the Department of Shipping, Governr he followings:	ient of the People's Republic of Bangladesh and Col
Confirmation that identification documents were checked at	the point of examination :VES/NO
Hearing meets the standards in section A-I/9	:VES/NO
Unaided hearing satisfactory?	:XES/NO
Visual acuity meets standards in section A-I/9?	:VES/NO
Colour vision meets standards in section A-I/9?	:XES/NO
Date of last colour vision test	0 3, AUG 2023
6. Fit for lookout duties?	×ES/NO
Is the seafarer free from any medical condition likely to be a	
render the seafarer unfit for service or to render the health of	/
8. Any limitations or restrictions on fitness?	:YES/NO
If YES, specify limitations or restrictions:	
Duties: RADICAL HOSPITAL	LIMITED
Location/Vessel: Unara, Dhaka, Barn Medical/Other:	gadesh
Medical/Other.	
. Medical fitness category :Fit-No restriction	Fit-Subject to restrictions Unfit
- modern misses stategory :	
Date of examination/Issue (DD/MM/YYYY).	
0.2 ALIC 2026	
1. Date of expiry (DD/MM/YYYY)	more than 2 years from the date of examination".
	FULL TANK
I have read the contents of the certificate and have been informed of the right to review. Seafarer's Signature	DR. MTR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
and have been informed of the right to review. Office As Parklet	BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved
As Pendle	DG Shipping Bangladesh Approved
Seafarer's Signature	Radical Hospitals Limited
Sound of Street Control of Str	Name & Signature of the practitione

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 whis pered 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 useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table 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 enineer 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:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

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

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