

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

RADICAL HOSPITAL LIMITED

35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230

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

Name: HASSAN MD MAHEDI

Sex: *MALE* Serial No:

Date of Birth: 01/12/1987

PP/CDC: 407541829

Rank: CHIEF OFFICER

Vessel: MT CELSIUS PORTO

Type: OIL/CHEMICAL

Route: WCCA

Home Address: MIRPUR-13/15, KAFRUL, RAKEEN CITY, DHAKA

Company Name: FLEET MANAGEMENT

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	☐	☒	☐	☒

Medical Examination

Height		Weight in Kgs		Chest	Insp-Exp	Blood Pressure in mm of Hg		Pulse--Beats / min		Resp. Rate / min		General Condition						
168cm		76kg		42	21	130/80 mmHg		78 / min		19 / min		Good						
Distant Vision		Uncorrected		Corrected		Field of Vision		Audiometry		Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye		5/6		5/6		Normal		Right Ear		dB	20	20	20					
Left Eye		6/6		6/6		Abnormal		Left Ear		dB	20	20	20					
Colour Vision		Ishihara		Normal		Abnormal		Hearing		Right Ear				Left ear				
Other		Normal		Normal		11				9								

Systemic Examination

Physical Examination		Notes	Normal	Abnormal
Head & Neck	/	FIT FOR SEA SERVICE AS <i>OK</i> OFF AS PER MLC 2006	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	/	Enhanced GARD Medicals done	Fissure/Fistula/Piles	/

Investigations

Blood	Result	Normal	Urine
Hemoglobin	15.7 gm%	14-16 gm %	Colour
Total WBC count	6.460 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 57 % Lymph	40 % Eos 02 % Bas 00 % Mono 02 %		pH
Malarial parasite	NOT FOUND		Albumin
ESR	05 mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	25 U/L	9-43 U / L	Bile pigment
S.Cholesterol	176 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	176 mg/dl	upto 200 mg/dl	Occult blood
Blood Sugar	RBS PPBS	upto 125 mg %	RBC cells
HbsAg	Reactive		Leucocytes
HIV 1 & II	Reactive		Others
VDRL	Reactive		
Others	NOT FOUND	GGTP U/L	Spirometry:
Blood Group			

ECG: Normal TMT: N/A

X-Ray Chest: Normal

Drugs of Abuse: Negative

USG:	Nonm
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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 HIL. RAHMAN 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: 25 AUG 2025

Candidate's Signature _____

Official Stamp

Date:

Official Stamp

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.

04.2023.4670

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME HASSAN	GIVEN NAME(S) MD MAHEDI	
DATE OF BIRTH 12 MONTH 01 DAY 1987 YEAR	PLACE OF BIRTH CITY BRASHAL COUNTRY BANGLADESH	SEX ☐ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: BUILDING NO - AT-T2-05/04, BIJOY RAKEEN CITY, MIRPUR-15, DOB, SQUAD ROAD, PLOT 1/2, KAFRUL, DHAKA. BANGLADESH	

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

HEIGHT 168cm	WEIGHT 76kg	BLOOD PRESSURE 130/80 mmHg	PULSE 78 4/min	RESPIRATION 19 4/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR nm LEFT EAR nm	

COLOR TEST TYPE: BOOK ☒ LANTERN ☐ IS COLOR TEST NORMAL? ☒ YES ☐ NO (If "NO" EXPLAIN ON PAGE 2)

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

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

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES ☒ NO ☐

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 ☒

YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2

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

SIGNATURE OF APPLICANT [Signature]	DATE OF EXAMINATION 26 AUG 2023	EXPIRY DATE 25 AUG 2025
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THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **MD. MAHEDI HASSAN**

FIT FOR DUTY ON BOARD SHIP

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

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 / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD RAIHAN MBBS, 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 [Signature]	DATE 26 AUG 2023
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This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention 2006, as amended.



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.I.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, senility, 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 or of any organization of shipowners or seafarers.

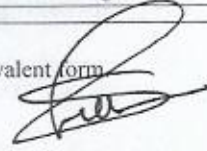
Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form (See RMI MG 7-17-1, §3.3).

26 AUG 2023



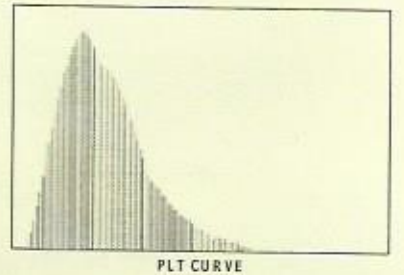
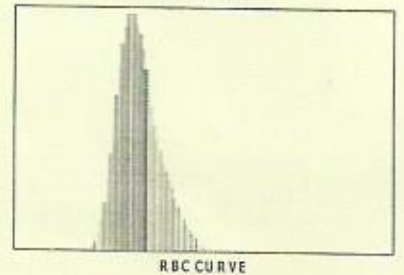
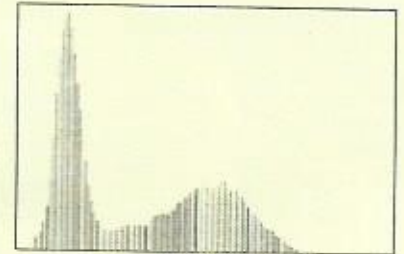

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 23081232 **Date** : 26-Aug-2023 **D.Date** : 26-Aug-2023
Patient's Name : MD MAHEDI HASSAN **Age** : 35Y 8M 25D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5841

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.7 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	6,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	51 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	40 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	06 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	192 /cumm	50-450/cumm
Total RBC Count	4.88 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.1 %	M: 40-54%, F:37-47%
MCV	78.1 fL	76 - 94 fL
MCH	32.2 pg	27 - 32 pg
MCHC	41.2 g/dL	29 - 34 g/dL
RDW	13.6 %	11 - 16 %
PDW	15.0 fL	35 - 56 fL
Total Platelete Count (PC)	1,98,000 /cumm	150,000-450,000/cumm
MPV	8.7 fL	7.0 - 11.0 fL
PCT	0.164 %	0.1 - 0.5 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked by
Medical Technologist

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

Bill No	DIA23081232	Received Date	26/08/2023
Patient's Name	MD MAHEDI HASSAN		
Patient's Age	35Y 8M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/5841		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.67 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	24 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	147 U/L	98 - 279 U/L

REMARKS (IF ANY)

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23081232	Received Date	26/08/2023
Patient's Name	MD MAHEDI HASSAN		
Patient's Age	35Y 8M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5841
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

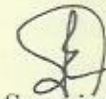
Result

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative



Checked By


 Medical Technologist
 Radical Hospitals Ltd.



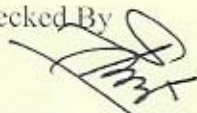
 Dr. Sumaiya Khatun
 MBBS, MD (Microbiology)
 Associate Professor
 Dept. of Microbiology
 East West Medical College and Hospital

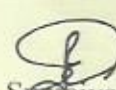
Bill No	DIA23081232	Received Date	26/08/2023
Patient's Name	MD MAHEDI HASSAN		
Patient's Age	35Y 8M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5841
Sample	BLOOD		

CHEMICAL TEST

<u>TEST NAME</u>	<u>RESULTS</u>
CARCINOGENIC	NORMAL
ISOCYANATE	NORMAL
VINYL ACETATE	NORMAL
EPICHLOROHYDRIN	NORMAL
PHENOLS CRESOLS	NORMAL

Checked By


 Medical Technologist
 Radical Hospitals Ltd.


 Dr. Sumaiya Khatun
 MBBS, MD (Microbiology)
 Associate Professor
 Dept. of Microbiology

East West Medical College and Hospital

Bill No	DIA23081232	Received Date	26/08/2023
Patient's Name	MD MAHEDI HASSAN		
Patient's Age	35Y 8M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5841		
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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 Technologist
Radical Hospitals Ltd.


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

Date: 26/08/2023

EYE EXAMINATION REPORT

NAME:	MD MAHEDI HASSAN		
AGE:	36 YRS	RANK: CH.OFF	CDC NO:C/O/5841

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

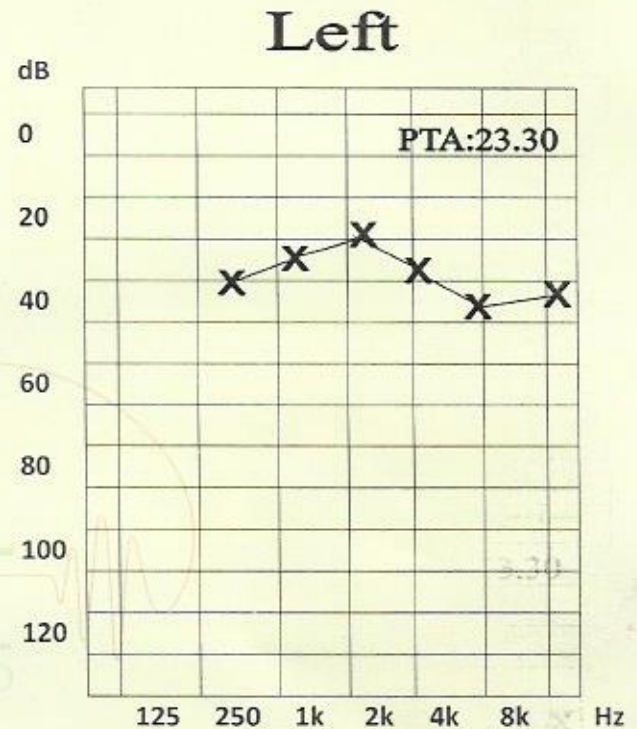
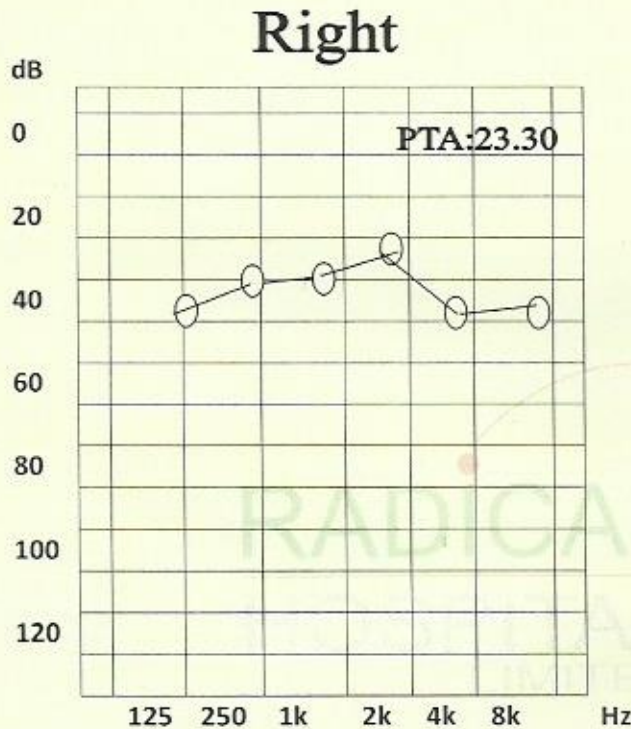
Patient Name : MD MAHEDI HASSAN

26/08/2023

Age : 36 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.

Signature
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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23081232 Receive: 26/08/2023 Print: 26/08/2023
Patient's Name : MD MAHEDI HASSAN
Age : 36 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: 149

26-08-2023 13:43:02

Male 56 Years

Mr. Michael James

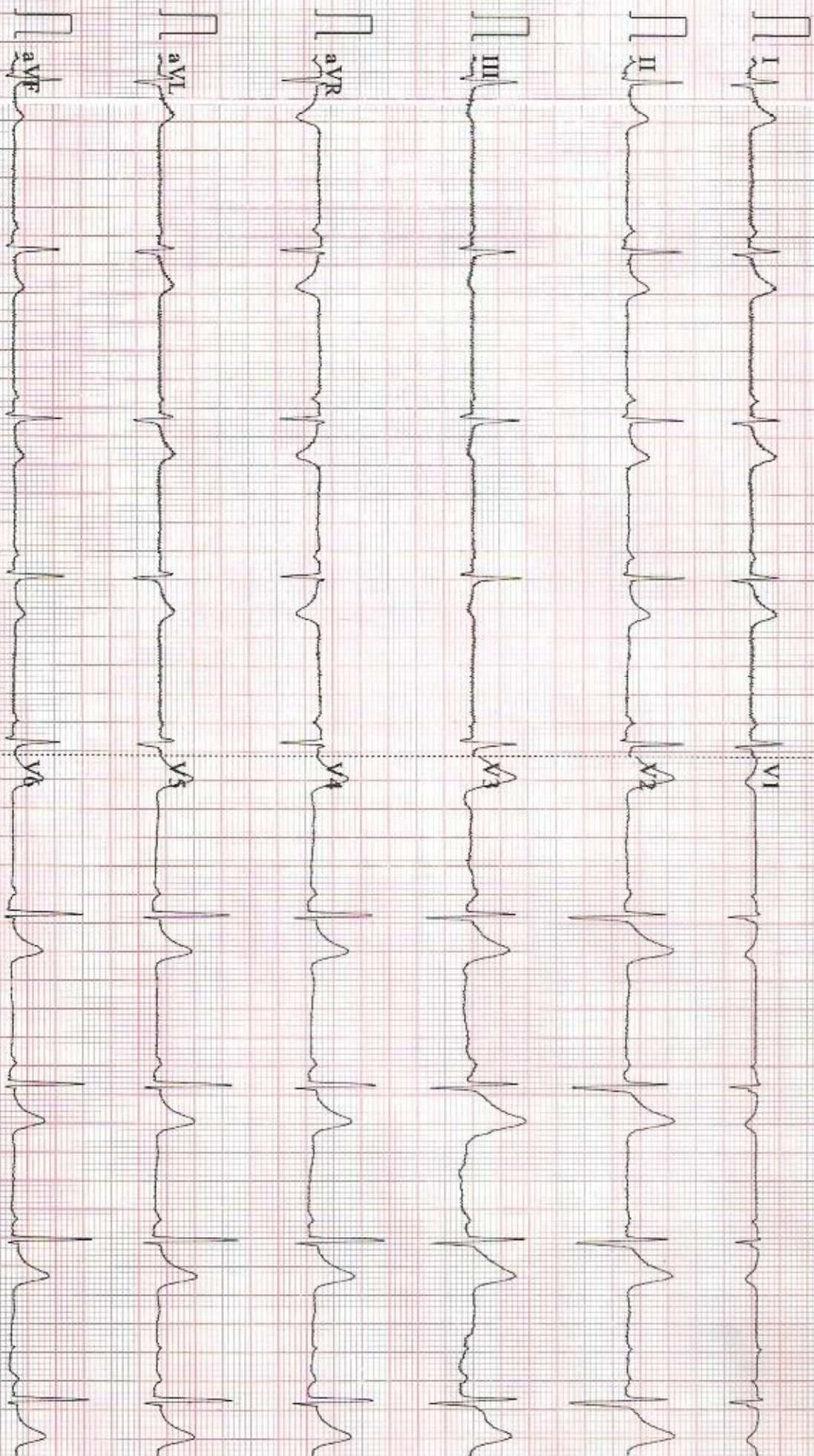
Diagnosis Information:

Sinus bradycardia

Normal ECG except for rate

P	: 110	ms
PR	: 162	ms
QRS	: 86	ms
QT/QTc	: 404/372	ms
P/QRS/T	: 40/73/24	°
RV5/SV1	: 1.387/0.480	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23081232 Receive: Print: 26/08/2023
 Patient's Name : MD MAHEDI HASSAN
 Age : 36 YRS Sex : M
 Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 51 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

TREADMILLSTRESS TEST

Patient ID	23081232	Test Date	26-08-2023	
Patient Name	MD MAHEDI HASSAN	Age	36 Yrs	Sex Male
Attending Dr.	Dr. ROSEYAT PERVEEN			

Total Exercise Time : 09:10 Min **Max.HR attained** : 167 bpm.
% of max.pred. hR : 99 % **Max. Pred HR** : 165 bpm.
Maximum BP : 150/90 mmHg. **Max. work load attained** : 13.00METS.
Indication : Screening for IHD.
Risk Factors :
Reason for Termina : Attainment of THR.
Test Profile : BRUCE
Symptoms :
Summary Result ⇒ **NEGATIVE**
Comments :

Male

- **MD MAHEDI HASSAN** performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion : Stress test is **NEGATIVE** for ECG evidence of promotable myocardial ischemia.

Dr. ROSEYAT PERVEEN

MBBS, MD (Cardiology), NICVD, Dhaka
Consultant, IBN SINA D-Lab, Uttara, Dhaka

Patient's Name	: MD MAHEDI HASSAN	Date	: 26/08/2023
Age	: 36 Yrs	CDC NO:	C/O/5841
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor / <u>Good</u> / very good / excellent
Verbal Reasoning test	Poor / <u>Good</u> / very good / excellent
Inductive reasoning test	Poor / <u>Good</u> / very good / excellent
Diagrammatic Reasoning test	Poor / <u>Good</u> / very good / excellent
Logical Reasoning test.	Poor / <u>Good</u> / very good / excellent
Error checking test	Poor / <u>Good</u> / very good / excellent
2.Skill Test	Poor / <u>Good</u> / very good / excellent
3.Personality Test	INFJ / ENFJ / <u>ISFJ</u> / ENTP / ESFJ / ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor / <u>Good</u> / very good / excellent
Assumptions	Poor / <u>Good</u> / very good / excellent
Deductions	Poor / <u>Good</u> / very good / excellent
Interpreting Information's	Poor / <u>Good</u> / very good / excellent
Inferences	Poor / <u>Good</u> / very good / excellent
5.Situational Judgment Test.	Poor / <u>Good</u> / very good / excellent

Poor: <6 Good: 6-7 very good: 7-8 excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB



Dr. Mir Md. Raihan

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

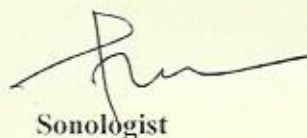
Patient ID	23081232	Voucher No	
Test Name	USG OF KUB	Delivery Date	26/08/2023
	MD .MAHEDI HASSAN		
Age	36Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS (DU), DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

BOTH KIDNEYS :- Are normal in size regular in shape. RK-10.7cm, LK-9.4cm. The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. *P-C systems are not dilated.*

URINARY BLADDER : Is well filled. Wall thickness is within normal limit. No intravesicle lesion is seen
Prostate: Enlarged regular in shape 29cc. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Mildly enlarged prostate.



Sonologist

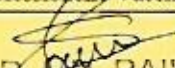
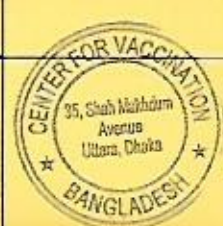
Dr. Farzana Rahman
 MBBS,CMU,DMU, PGT

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICATE INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to certify that MD. MAHERDI HASSAN date of birth 01-12-1987 Sex MALE
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows
dont la signature suit

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

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cechet d'authentification
02 JUL 2012	 DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

2			
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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 administration of the territory in which the vaccination is performed.

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

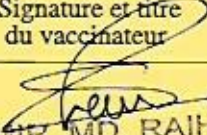
Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t cffecter sa validite.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICATE INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that MD. MAHEDI HASSAN date of birth 01-12-1987 Sex MALE
JE Soussigne (e) certifie que } no (e) le } sexe }

Whose signature follows }
dont la signature suit }

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

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
02 JUL 2022 1	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Burdem), PGD (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been designated 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 revaccination.

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 erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n' est valable que si le vaccin employe' a e' te' approuve' par l' Organisation Mondiale de la Sante' et si le centre de vaccination e' te' habilite par l' administration sanitaire du territoire dans lequel ce centre est situe'.

La validite de ce certificat couvre une pe' riode de dix ans commençant dix jours apres la date de la vaccination ou, dans le cas d'une revaccination au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificat doit e' tre signe' par un me' decin de sa propre main, son cachet officiel ne pouvant e' tre conside' re' comme tenant lieu de signature.

Toute correction ou rature sur le certificat ou l' omission d' une quelconque des mentions qu' il comporte peut affecter sa validite.