

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.

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

Name: ISLAM MD ZAHIRUL Sex: M Serial No: _____
 Date of Birth: 01 / 11 / 1995 PP/CDC: C/018665 Rank: 3RD OFF.
 Vessel: PETREL PACIFIC Type: _____ Route: _____
 Home Address: WUHD TOWER, FLAT 32,
NOY ANAHAR, UTTARA, DHAKA
 Company Name: PAC TANKER PTE LTD.

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	
181 cm	90 kg	93-41	120/80 mm	78 bpm	19 1/2	Good	
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000
Right Eye	6/6		Normal	Right Ear	dB	20	20
Left Eye	6/6		Abnormal	Left Ear	dB	20	20
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	4	4
	Other	Normal	Abnormal		Left ear	4	4

Systemic Examination

Head & Neck	Normal	Abnormal	FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	Normal	Abnormal
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	10.5 gm%	14-16 gm %	Colour
Total WBC count	9300 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu	72% Lymph	% Eos 02 % Mo 03 %	pH
Malanai parasite	Not found		Albumin
ESR	08 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	U/L	9-43 U / L	Bile pigment
S.Cholesterol	mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HIV I & II	Negative		Others
VDRL	Non reactive		
Others		GGTP U/L	Spirometry:
Blood Group			Drugs of Abuse:

ECG: Normal TMT: N/D
 X-Ray Chest: Normal USG: 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: 13 AUG 2025

Candidate's Signature: _____

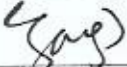
Date: 14.08.23
14 AUG 2023



Doctor's signature: _____
DR. MIR MD. RAIHAN
 MBBS (DU), DFM, CCD (Birdem), PGT (Opth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited

04.2023.4587

MEDICAL FITNESS CERTIFICATE

Name: MD. ZAHIRUL ISLAM	
Sex: Male / Female	Date of Birth: 01 NOV 1995
Nationality: BANGLADESHI	Passport No: EB 0969035
Occupation/Rank: 3RD OFF.	
Date of Issue: 14 AUG 2023	
Date of Expiry: 13 AUG 2025	
Signature of Holder: 	



This is to certify that the lawful holder had been found duly qualified in accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation 1/9 and ILO/WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers.

Declaration of the recognized Medical Practitioner:			
Confirmation that identification documents were checked at the point of examination?	☒ Yes / ☐ No	Fit for look out duties	☒ Yes / ☐ No
Hearing meets the standards in section A-1/9 of STCW Code?	☒ Yes / ☐ No	Fit for service at sea	☒ Yes / ☐ No
Unaided hearing satisfactory?	☒ Yes / ☐ No	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?	☒ Yes / ☐ No
Visual acuity meets standards in section A-1/9 of STCW Code?	☒ Yes / ☐ No		
Color Vision meets standards in section A-1/9 of STCW Code?	☒ Yes / ☐ No	Any limitations or restrictions on fitness? If Yes, Please specify	☒ Yes / ☐ No
Date of last color vision test 14 AUG 2023			

Date 14 AUG 2023


Examining Physician Signature & Stamp

Validity of certificate: 2 years from the date of issue except for persons below 18 years on the date of medical examination where this certificate is valid for 1 year from the date of issue.



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04.2023.4587

Clinical Findings

Height: (cm)	187 cm	Weight: (kg)	90
Pulse rate: / (minute)	78	Rhythm:	Regular
Blood Pressure: Systolic: 120 mm Hg		Diastolic: 80 mm Hg	

Visual acuity

	Unaided			Aided		
	Right eye	Left eye	Binocular	Right Eye	Left Eye	Binocular
Distant	6/6	6/6	✓			
Near	N5	N5	✓			

Hearing

	Normal	Normal speech at a distance of 4m	Otoscopy (Tympanic Membrane)
Right ear	✓		
Left ear	✓		

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision

Normal	Defective
✓	

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose veins	✓	
Sinuses, nose, throat	✓		Vascular (inc. pedal pulses)	✓	
Mouth/teeth	✓		Abdomen and viscera	✓	
Ears (general)	✓		Hernia	✓	
Eyes	✓		Anus (not rectal exam)	✓	
Ophthalmoscopy	✓		G-U system	✓	
Pupils	✓		Upper and lower extremities	✓	
Eye movement	✓		Spine (C/S, T/S and L/S)	✓	
Lungs and chest	✓		Neurologic (full/brief)	✓	
Breast examination	✓		Psychiatric	✓	
Heart	✓		General appearance	✓	
Skin	✓				

Other diagnostics Tests and results

Test	Result
Chest X-ray	Normal
HIV	Negative
VDRL	Non Reactive
Urinalysis:	Glucose: Nil Protein: Nil Blood: Nil
ECG(if required):	

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare that the examinee medically:

☒ Fit for look-out duty

☐ Not fit for look-out duty

Fit ☒ Deck service ☐ Engine service ☐ Catering service ☐ Other service
Unfit ☐ Without restrictions ☒ With Restrictions ☐ Visual aid required ☐ Yes ☒ No

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

Medical certificate's date of expiration (day/month/year): 13 AUG 2025

Date Medical certificate issued (day/month/year): 14 AUG 2023

Medical practitioner information (name, license number, address):

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh



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

Pre-Employment and Periodic Medical Fitness Certificate of Seafarers

Issued in accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation I/9 and ILO/WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers.

Name: (last,first,middle)	ISLAM MD ZAHIRUL	Date of birth (day/month/year):	01 NOV 1995
Gender: (male/female)	MALE	Nationality:	BANGLADESHI
Home Address:	MULTIP TOWER, FLAT 02, NOYANAGAR, UTTARA, DHAKA		
Passport No.	EB 0969035	Discharge book No.:	40/8665
Type of Ship: (e.g. container, tanker, passenger, fishing)	OIL / CHEM TANKER	Trade Area: (coastal, tropical, worldwide)	WORLDWIDE
Department: (Deck, Engine, Catering, Other)	DECK		

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

If you answered "yes" to any of the above questions, please give details:

Additional questions

35. Have you ever been signed off as sick or repatriated from a ship?

36. Have you ever been hospitalized?

37. Have you ever been declared unfit for sea duty?

38. Has your medical certificate even been restricted or revoked?

39. Are you aware that you have any medical problems, diseases or illnesses?

40. Do you feel healthy and fit to perform the duties of your designated position/ occupation?

41. Are you allergic to any medication?

Comments:

FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription or prescription medications?

If you answered "yes" to any of the above questions, please give details:

I hereby certify that the personal declaration above is a true statement to the best of my knowledge. I am fully aware that if I withhold any information, this pre-employment examination will be considered null and void. I am aware that the information supplied by me forms the basis upon which I will be offered employment as seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and/or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and/or owners and/or insurers of the vessel or their authorized representatives. I am aware of the results of this checkup and my rights to a review in case the result is unfit or fit with any limitations.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____ (the approved medical practitioner).

Signature of examinee:

Witnessed by: (Signature)

Date (day/month/year)

14 AUG 2023



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Ridem), PGT (Opth)
BMO A-55144, MMC-BGD-016
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General Physician
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SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name : (Last, first, middle) ISLAM MD ZAHIRUL		Gender: Male/ Female *
Date of Birth: (Day/month/year) 01 NOV 1995	Nationality: BANGLADESHI	Place of Birth: PIROJPUR

Declaration of the recognized medical practitioner:

	Yes	No
1 Identification documents were checked at the point of examination?	☒	☐
2 Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3 Unaided hearing satisfactory?	☒	☐
4 Visual acuity meets the standards in STCW Code Section A-I/9?	☒	☐
5 Colour vision meets the standards in STCW Code Section A-I/9?	☒	☐
Date of last colour vision test: 14 AUG 2023		
6 Fit for look-out duty?	☒	☐
7 Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	☒	☐
8 No limitations or restrictions on fitness?	☒	☐
If "no" specify limitations or restrictions		
9 Date of examination: (day/month/year)	14 AUG 2023	
10 Expiry of certificate: (day/month/year)	13 AUG 2025	
** Maximum two years from date of examination unless the seafarer is under the age of 18		

14 AUG 2023



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Date

Signature of Authorised
Medical Practitioner

Medical Practitioner's Official stamp
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.



Signature of Seafarer

* delete as appropriate



**MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION**

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name : (Last, first, middle) (BLOCK CAPITALS)		Gender: Male/Female*
Date of Birth: day/month/year 01.11.1995	Place of Birth: PIROJPUR	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: EB 0969035	Dept: Deck / Engine / Catering / others Rank: 3RD OFF.	Type of ship: OIL/CHEM TANKER
Home Address: NUHUD TOWER, FLAT B2, NOYANHAR, UTTARA, DHAKA	Routine and emergency duties:	Trading area: e.g. eastal / worldwide

*For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

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

If you answer "yes" to any of the above questions, please provide details:



Additional questions

	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		✓
36. Have you ever been hospitalized?		✓
37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even been restricted or revoked?		✓
39. Are you aware that you have any medical problems, diseases or illnesses?		✓
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?		✓
41. Are you allergic to any medication?	✓	
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

14.08.2023

Date

[Signature]

Signature of Seafarer

[Signature]
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

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. Mir. Md. Raihan

14.08.2023

Date

[Signature]

Signature of Seafarer

[Signature]
DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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 Radical Hospitals Limited

Name and Signature of Witness



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☒ No

☐ Yes Type Purpose

Visual Acuity

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

Visual fields

	Normal	Defective
Right eye	☒	☐
Left eye	☒	☐

Colour Vision (please tick)

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	180	(cm)	Weight	90	(kg)
Pulse rate		(per minute)	Rhythm		Regular
Blood Pressure Systolic		(mm Hg)	Diastolic		(mm Hg)
Urinalysis: Glucose	Nil	Protein	Nil	Blood	Nil

	Normal	Abnormal
Head	☒	☐
Sinus, nose, throat	☒	☐
Mouth/teeth	☒	☐



Ears (general)	/	
Tympanic membrane	/	
Eyes	/	
Ophthalmoscopy	/	
Pupils	/	
Eye movement	/	
Lungs and chest	/	
Breast examination	N/A	
Heart	/	
Skin	/	
Varicose Vein	/	
Vascular (inc. pedal pulse)	/	
Abdomen and viscera	/	
Hernia	/	
Anus (not rectal exam)	/	
G-U system	/	
Upper and lower extremities	/	
Spine (C/s, T/S, L/S)	/	
Neurologic (full/brief)	/	
Psychiatric	/	
General appearance	/	

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year): 14 AUG 2023

Results: Normal chest x-ray

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

Test: Blood + urine

Results: Normal

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

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea (please tick)

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

☒ Fit for look out duty

☐ Unfit for lookout duty

☐ Visual aid required

☒ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	/			
Unfit				



☒ Without restrictions

☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

14 AUG 2023

Date



Signature of
Medical Practitioner

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

Medical Practitioner's name, licence number, address



Id No : 23080707

Date : 15-Aug-2023

D.Date : 15-Aug-2023

Patient's Name : MD ZAHIRUL ISLAM

Age : 27Y 9M 13D

Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CCD NO:C/O/8665

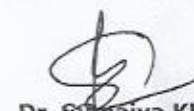
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	10.5 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	72 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	23 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	194 /cumm	50-450/cumm
Total RBC Count	3.83 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	30.4 %	M: 40-54%, F:37-47%
MCV	79.4 fL	76 - 94 fL
MCH	27.4 pg	27 - 32 pg
MCHC	34.5 g/dL	29 - 34 g/dL
RDW	13.2 %	11 - 16 %
PDW	14.5 fL	35 - 56 fL
Total Platelete Count (PC)	2,23,000 /cumm	150,000-450,000/cumm
MPV	9.1 fL	7.0 - 11.0 fL
PCT	0.203 %	0.1 - 0. %
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	DIA23080707	Received Date	14/08/2023
Patient's Name	MD ZAHIRUL ISLAM		
Patient's Age	27Y 9M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8665		
Sample	Blood		

SEROLOGICAL REPORT

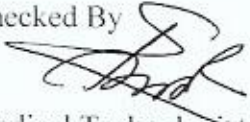
Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative
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RADICAL
HOSPITAL
LIMITED

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	DIA23080707	Received Date	14/08/2023
Patient's Name	MD ZAHIRUL ISLAM		
Patient's Age	27Y 9M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8665
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / 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 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 Technologist
Radical Hospitals Ltd.


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

Bill No	DIA23080707	Received Date	14/08/2023
Patient's Name	MD ZAHIRUL ISLAM		
Patient's Age	27Y 9M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8665
Sample	URINE		

DRUG ABUSE TEST

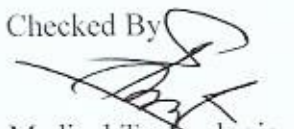
METHOD: Immunochromatographic Assay (Rapid one Step Test)

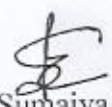
Test Name	Result
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Drug Level of Urine

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.

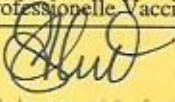

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

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

This is to certify that MD ZAHIRUL ISLAM date of birth 01 NOV 1995 Sex Male
JE Soussigne (e) certifie que Said no (e) le 01 NOV 1995 sexe Male

Whose signature follows
dont la signature suit

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.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cechet d'authentification
15 DEC 2020 ¹	 Dr. Mohammad Saifuddin (Sahuj) MBBS (CU), PGT (Medicine), CDD (BMDC) BMDC Reg No 441434 Approved Medical Physician DG Shipping Bangladesh New Popular Medical Services, Dhaka	 ORAL CHOLERA "DUKORAL" Valid Upto 2 Years

14 AUG 2023 ²	 DR. MIR, MD. RAIHAN MBBS (DU), DFM, CDD (Bdum), PGT (Ophth) BMDC A-55144; MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
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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 effecter sa validite.

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

MD ZAHIRUL ISLAM

This is to certify that
JE Soussigne (e) certifie que } date of birth / no (e) le } 01 NOV 1995 Sex / sexe } male

Whose signature follows
dont la signature suit } *E. Saib*

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' 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
15 DEC 2020 1	<i>E. Saib</i> Dr. Mohammad Saifuddin (Sabuj) MBBS (CU), PGD (Medicine), CCD (BIRDEM) BMDC Reg. No. A 41434 Approved Medical Physician DG Shipping Bangladesh		 
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 certificate n' est valable que si le vaccin employe' a e' tc' a approuve' par l' Organisation Mondiale de la Sante' et si le centre de vaccination e' tc' 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 etre signe' par un me' decin de sa propre main, son cachet officiel ne pouvant etre considere' comme l'enant 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.