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: HOQUE (Surname) MD ZAKARIA (First Name) (Middle Initial) Sex: MALE Serial No:

Date of Birth: 16 / 06 / 1992 PP/CDC: C10/11829 Rank: 2/O

Vessel: Type: Route: workwide

Home Address: Roybahadun Road, Jaleshwaritola, Bogura Sadar, Bogura

Company Name :

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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat problems		✓		✓
Stomach / Bowel disorders		✓		✓
Gall stones / Kidney disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Varicose veins		✓		✓
Blood Disorder		✓		✓
Female Disorder		✓		✓
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High / Low blood pressure / Heart disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin disease		✓		✓
Infection / Contagious Disease		✓		✓
Addiction to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
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
178cm	90kg	41 cm / 42 cm	120/80 mm/Hg	76/min	18/min	Good

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal ✓ / Abnormal

Colour Vision		Normal	Abnormal
	Ishihara	✓	
	Other	Normal	Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Hearing	Right Ear	Left ear
	✓	✓

Systemic Examination

	Norm	Abnor
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS 2/OFF
AS PER MLC 2006
Enhanced GARD Medicals done

	Norm	Abnor
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	17.2 gm%	14-16 gm %
Total WBC count	7600 cu.mm	4000-11000 / cu.mm
Neu 63 % Lymp 32 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	06 mm / 1st hour	1- - 15 mm / hr
SGPT	N/E U/L	9--43 U / L
S.Cholesterol	N/E mg/dl	145--260 mg / dl
S.Triglycerides	N/E mg/dl	upto 200 mg /dl
Blood Sugar	RBS N/E PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Not Done	
Others		GGTP U/L
Blood Group		

Urine	
Colour	Straw
Specific Gravity	N/E
pH	✓
Albumin	✓
Sugar	✓
Bile pigment	✓
Bile salts	✓
Occult blood	✓
RBC cells	✓
Leucocytes	
Others	

ECG : Normal **TMT:** N/E

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

USG: N/E

DR. MIR MD. RAIHAN RADICAL HOSPITALS LTD. REG. NO. A-25144

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.MD.MIR RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 09 AUG 2025

Candidate's Signature Zakaria

Official Stamp

Doctor's signature:

Date: 10-08-2023

10 AUG 2023

Radical Hospitals Ltd. As Per MLC-2006 Approved by Department of Shipping

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

04.2023.4557

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME: HOQUE	GIVEN NAME(S): MD ZAKARIA
DATE OF BIRTH: 16 JUNE 1992 (06 MONTH / DAY / YEAR)	PLACE OF BIRTH: CITY BOGURA, BANGLADESH COUNTRY
SEX: ☑ MALE ☐ FEMALE	
EXAMINATION FOR DUTY AS: ☐ MASTER ☑ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING	MAILING ADDRESS OF APPLICANT: Junishoque@gmail.com 918/3, Roybahadur Road, Jaleshwaritola, Bogura

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

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
178cm	90kg.	120/80mm	78/min	18/min	Good

VISION: WITHOUT GLASSES — RIGHT EYE: 6/6, LEFT EYE: 6/6; WITH GLASSES — RIGHT EYE: ____, LEFT EYE: ____

HEARING: RT. EAR: Nil, LEFT EAR: Nil

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

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

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

Zakaria	10 AUG 2023	09 AUG 2025
SIGNATURE OF APPLICANT	DATE OF EXAMINATION	EXPIRY DATE

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MD ZAKARIA HOQUE
NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

FIT FOR DUTY ON BOARD SHIP

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: _____ DATE: 10 AUG 2023

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, as amended.

Rev. Mar/2022

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

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ MSIPer-MLC-2006

MI-105M

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-7-47-1, §3.3).

10 AUG 2023

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

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

Form No: SMC

SL NO. 04.2023.4557

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 HOQUE **First** MD ZAKARIA **Middle**

Gender: (Male/Female) MALE Nationality: BANGLADESHI

Occupation: Deck/Engine/Catering/Other (specify)

Father's/ Husbad'sname: MD SHAMSUL HOQUE

Mother's Name: RITA MEHERUN NESA

Address: House No: 918/3 Street/ Road No: ROYBAHADUR

Locality/Village: JALESHWARITOLA

P.O: BOGURA SADAR

P.S: BOGURA SADAR

District: BOGURA

Date: 10 AUG 2023

Rank: 2/O

C.D.C No. C/O/11829

Seaman ID No. 050015670

Passport No. EH0008995

NID No.

Date of Birth: 16/06/1992 (DD/MM/YYYY)

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

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

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

If YES, specify limitations or restrictions:

Duties:
Location/Vessel: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh
Medical/Other:

9. Medical fitness category : Fit-No restriction | Fit-Subject to restrictions | Unfit

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

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

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

Zakaria
Seafarer's Signature

Radical Hospitals Ltd. Approved by Department of Shipping As Per ML 2006 Stamp

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 & Signature of the practitioner:

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 applieation 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 infectiqns 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, Interna-tional 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

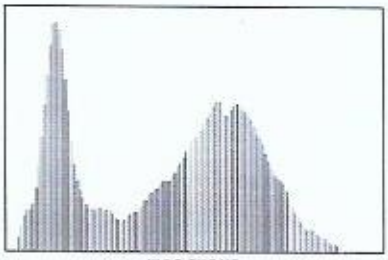
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 0484	**Date :** 10-Aug-2023	**D.Date :** 10-Aug-2023
Patient's Name : MD ZAKARIA HOQUE	**Age :** 31Y 1M 25D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/11829		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**17.2** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**06** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**7,600** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**63** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**32** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**03** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**152** /cumm	50-450/cumm
Total RBC Count	**5.89** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**43.6** %	M: 40-54%, F:37-47%
MCV	**74.0** fL	76 - 94 fL
MCH	**29.2** pg	27 - 32 pg
MCHC	**39.4** g/dL	29 - 34 g/dL
RDW	**12.2** %	11 - 16 %
PDW	**16.4** fL	35 - 56 fl
Total Platelete Count (PC)	**2,66,000** /cumm	150,000-450,000/cumm
MPV	**8.3** fL	7.0 - 11.0 fL
PCT	**0.221** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %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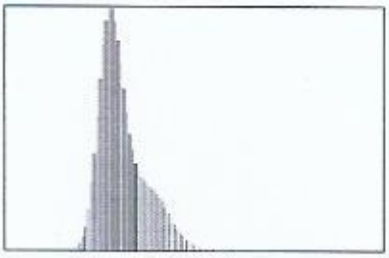
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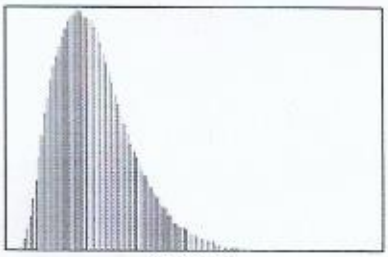
PLT CURVE

Checked By
Medical Technologist

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23080484	Received Date	10/08/2023
Patient's Name	MD ZAKARIA HOQUE		
Patient's Age	31Y 1M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:	C/O/11829
Sample	Blood		

SEROLOGYCAL REPORT

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

Checked By

Medical Technologist,
Radical Hospitals Ltd.
and Hospital

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23080484	Received Date	10/08/2023
Patient's Name	MD ZAKARIA HOQUE		
Patient's Age	31Y 1M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11829	
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	Sufficient
Color	Straw
Appearance	Clear
Sediment	Nil

MICROSCOPIC EXAMINATION

CELLS / HPF	
R B C	NIL
Pus Cells	1-3/HPF
Epithelial	1-2/HPF

CHEMICAL EXAMINATION

Reaction	Acidic
Albumin	Nil
Sugar	NIL
Ex.Phosphate	Nil

CASTS / LPF

R B C	0-1 /HPF
W B C	Nil
Epithelial	Nil
Granular	Nil
Hyaline	Nil

ON REQUEST

Bile Salt	Not Done
Bile Pigment	Not Done
Ketones	Not Done
Urobilinogen	Not Done
B.J. Protein	Not Done

CRYSTALS & OTHERS

Urates	Nil
Uric Acid	Nil
Cal. Oxalate	Nil
Amor. Phos	Nil
Tripple Phos	Nil

Checked By

Medical Technologist.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23080484	Received Date	10/08/2023
Patient's Name	MD ZAKARIA HOQUE		
Patient's Age	31Y 1M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23080484	Receive: Print: 10/08/2023		
Patient's Name	:	**MD ZAKARIA HOQUE**			
Age	:	31 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	91 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

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

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

This report has been electronically signed

ID: 056

Mr. Zakaria Shaikh

Male 52 Years

10-08-2023 13:10:42

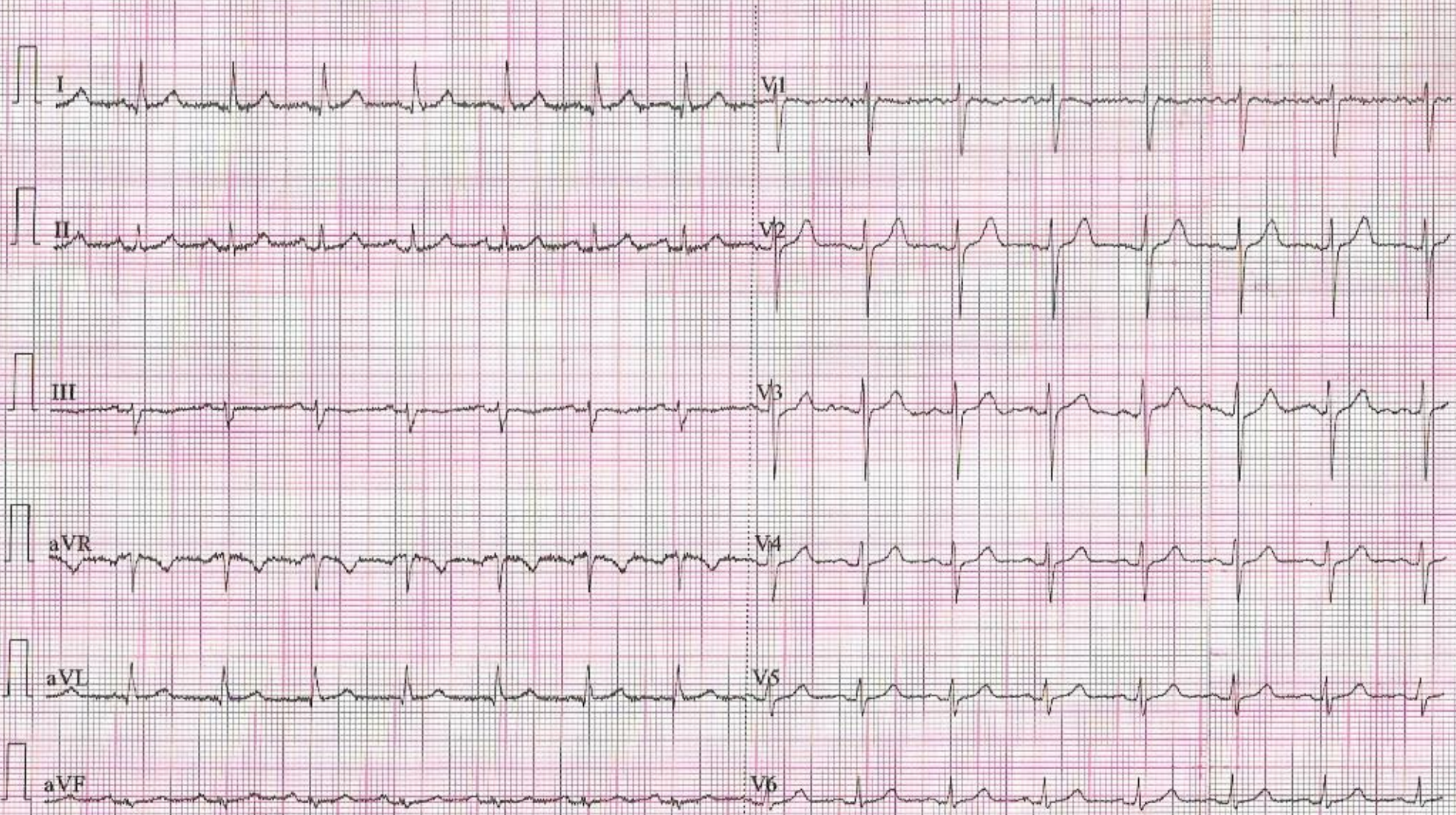
HR	: 91	bpm	
P	: 124	ms	
PR	: 166	ms	
QRS	: 86	ms	
QT/QTc	: 352/433	ms	
P/QRS/T	: 59/11/26	°	
RV5/SV1	: 0.390/0.934	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥91 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

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ID. No.	:	23080484	Receive:10/08/2023	Print: 10/08/2023
Patient's Name	:	**MD ZAKARIA HOQUE**		
Age	:	31 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

This report has been electronically signed.

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

This is to certify that MD ZAKARIA HOQUE
JE Soussigne' (e) certifie que

date of birth 16.06.92
no' (e) le

Sex Male
sexe

Whose signature follows Zakaria
don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vacmateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1	10 AUG 2023 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I lcalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

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

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

Ce certificate n' est avalable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsiralion sanitaire du (erriloire dans lcqucl'ce centre est siture;

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion u ou a cittc lie,iio.i. a" dix ans lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc lcnant lieu de signature

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA

MD ZAKARIA HOQUE

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 16.06.92 | Sex / sexe: Male

Whose signature follows / dont la signature suit: Zakaria

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Status of Vaccinator / Signature et qualite profess-sionelle vaccinateur	Approved Stamp / Cechet d'authentiftcation
1	10 AUG 2023	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH
3		
4		

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 cv6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins 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 form prescribed by the health administration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;,gtte period do six mois jour de cette revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou I o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.