HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
HS5097FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
NEWAZ	MOHAMMAD	SHAH
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
CHATTOGRAM 1-Jan-1985	EB0702569	CO5097

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : CONTAINER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
VILL-NORTH GUZRA, PO-BINAJURI, PS-RAOZAN, DIST-CHATTOGRAM, BANGLADESH.

CONTACT NUMBER : +8801813726658 (SELF)

RANK : CHIEF OFFICER

Have you ever had any of the following conditions?

	Condition	YES	NO		Condition	YES	NO
1	Eye/vision problem	☐	☑	18	Sleep problems	☐	☑
2	High blood pressure	☐	☑	19	Do you smoke?	☐	☑
3	Heart/vascular disease	☐	☑	20	Operation/surgery	☐	☑
4	Heart surgery	☐	☑	21	Epilepsy/seizures	☐	☑
5	Varicose veins	☐	☑	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/nose/throat problems	☐	☑
14	Infectious/contagious diseases	☐	☑	31	Restricted mobility	☐	☑
15	Hernia	☐	☑	32	Back problems	☐	☑
16	Genital disorders	☐	☑	33	Amputation	☐	☑
17	Pregnancy	☐	N/A	34	Fractures/dislocations	☐	☑

If any of the above questions were answered "yes", please give details.

Additional questions

		YES	NO
35	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36	Have you ever been hospitalised?	☐	☑
37	Have you ever been declared unfit for sea duty?	☐	☑
38	Has your medical certificate ever 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 medications?	☐	☑

Comments: FIT FOR DUTY ON BOARD SHIP

42	Are you taking any non-prescription or prescription medications?	☐	☑

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Shah newaz

Signature of Seafarer

MEDICAL EXAMINATION

Weight 70kg Height (cm) 172 BMI 26.7 Blood Pressure: Systolic 130mm Diastolic 80mm PULSE: 78b/m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☑ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

04.2023.3394

Cont'd from page 1

	Visual acuity				
	Unaided		Aided		
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-1/9 YES / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 18 FEB 2023

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)		Marijuana	☐ Positive ☑ Negative
ECG	NAD	BILIRUBIN	0.6	Alcohol Test	☐ Positive ☑ Negative
BLOOD R/E		SGPT	29	URINE R/E	NAD
DC(differential count)	NAD	SGOT	24	OTHERS	
HAEMOGLOBIN (HGB)	14.2	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☑ Nonreactive
ESR (WESTERGREN)	08	Morphine	☐ Positive ☑ Negative	HIV / AIDS Test	☐ Reactive ☑ Nonreactive
WBC	10.200	Amphetamine	☐ Positive ☑ Negative	VDRL	☐ Reactive ☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☑ Negative	Blood Type	A+ve
RANDOM	5.7	Barbiturates	☐ Positive ☑ Negative	Psychological Exam	NAD
HBA1C	5.4%	Cocaine	☐ Positive ☑ Negative	Others(KUB Ultrasound)	NAD

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Shahnewaz — Signature of Seafarer

MOHAMMAD SHAH NEWAZ — Name of Seafarer

18 FEB 2023 — Date

Assessment of fitness for service at sea:

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

☑ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit ✓	☑	☐	☐	☐
Unfit	☐	☐	☐	☐

☑ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions 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
☑	☐

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

Action taken by medical examiner (e.g., referral):

Fitness Date: 18 FEB 2023 Valid Until : 17 FEB 2025

Name and Signature of Authorized Physician

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: NEWAZ	GIVEN NAME (S): MOHAMMAD SHAH
DATE OF BIRTH: DAY 01 MONTH JAN YEAR 1985	PLACE OF BIRTH CITY CHATTOGRAM COUNTRY BANGLADESH SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: VVILL-NORTH GUZRA, PO-BINAJURI, PS-RAOZAN, DIST-CHATTOGRAM, BANGLADESH.

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	☐ BOOK	
RIGHT EYE	6/6	—	☑ LANTERN YELLOW NM RED NM	RIGHT EAR NM
LEFT EYE	6/6	—	GREEN NM BLUE NM	LEFT EAR NM

Confirmation that identification documents were checked at the point of examination: YES ☑ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☐ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☐ NO ☐
(the visual test it is required every six years)
Date of the last colour vision test: (Day/Month/Year) 18/FEB 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☑

Able for watchkeeping? YES ☑ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☑

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☑ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

Shahnewaz	MOHAMMAD SHAH NEWAZ	18 FEB 2023
Signature of Applicant	Name of Applicant	Date

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144**

ADDRESS: **REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230.**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **12-05-2011**

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: Radical Hospitals Ltd. As per MLC-2006 Department of Shipping DATE: 18 FEB 2023

EXPIRY DATE OF CERTIFICATE: 17 FEB 2025

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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 Information: (医療情報) * Please check the appropriate items.
該当する二箇に✓印を記入して下さい。

1. ALLERGIES: (アレルギー)
☐ Urticaria (hives) (じんましん) ☐ Asthma (ぜんそく) ☐ Other (その他)
☐ Drug allergies (name): _____ (薬品名) ☐ Food allergies (name): _____ (食品名)

2. PAST HISTORY: (病歴)
(1) Past serious illness: (主な疾患) Age (年齢)

_____

(2) Surgery: (手術) When? _____

_____ (時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)
Name of illness: (持病名)

_____

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

_____

18 FEB 2023

4. DAILY LIFE HABITS: (日常生活)
(1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない)
☐ Drink 2-3 times a week (週に2～3回) ☐ Drink every evening (毎日)
☐ Heavy drinker (強い) ☐ Moderate drinker (中程度) ☐ Light drinker (弱い)

(2) Smoking: (喫煙) ☐ Never smoke (吸わない)
☐ Quit smoking in 19_____ (19_____年に禁煙)
☐ Smoke _____ cigarettes a day (1日平均 _____ 本吸う)

(3) Bowel movements: (便通) ☐ Regular (規則的) ☐ Irregular (不規則) ☐ Constipated (便秘)

(4) Dietary preferences: (食事の好み) ☐ Meat (肉類) ☐ Fish (魚類)
☐ Salty (塩辛い) ☐ Sweet (甘い) ☐ Oily (脂っこい)

(5) Exercise: (運動) ☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)

(6) Sleep: (睡眠) ☐ Sleep well (良く眠る) ☐ Have Sleeplessness (眠れない)
☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重) ☐ Constant (変わらず) ☐ Putting on weight (ふとってきた)
☐ Losing weight (やせてきた)

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

日本財団 補助
The Nippon Foundation

<PRIVATE>

秘

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Nationality: Bangladeshi
(所属会社) Tel: _____ Fax: _____ (国籍)

Name: MOHAMMAD SHAH NEWAZ Sex: (性別) M/F
(氏名) given name (名) family name (姓) (男／女)

Name of Position: CH OFF Date of Birth: 02 01 85
(職種) (生年月日) (D - M - Y)

Height: (身長) 172 cm Weight: (体重) 79 kg/at age 20: (20才時) _____ kg
Pulse: 78 /min Normal breathing rate: 19 /min Normal temperature: _____ C
(脈拍／分) (正常呼吸数／分) (平熱)

Blood pressure: 120/80 mmHg Blood type: A+ /Rh ( ) Single/Married
(血圧) (血液型) (独身／既婚)

Blood sugar: (血糖値) _____ mg/dl × 0.05625 = (_____ mmol/l)
Uric acid: (尿酸値) _____ mg/dl × 0.05914 = (_____ mmol/l)

5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

☐ Heart disease (心臓病)	F	M	B	S
☐ Cancer / part (癌／部位) _____	F	M	B	S
☐ Diabetes (糖尿病)	F	M	B	S
☐ Hypertension (高血圧症)	F	M	B	S
☐ Cerebral Apoplexy (脳卒中)	F	M	B	S
☐ Liver disease (肝臓疾患)	F	M	B	S
☐ Other: Name of disease (病名) _____	F	M	B	S

Briefly enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡潔に)

Date: 18 FEB 2023 Signature: (署名) Shahnewaz
(Card holder) (本人)

DR. MIR. MD. RAIHAN
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Radical Hospitals Ltd.
As Per-MLC-2006
Approved by Department of Shipping

HAQUE & SONS LTD

DECLARATION OF HEALTH BY CREW

NAME OF CREW : MOHAMMAD SHAH NEWAZ RANK : CHIEF OFFICER

CDC NO : C/O/5097 DOB : 01-Jan-1985

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO		YES	NO
1	Have you ever had coronary thrombosis or certain types of heart surgery?		✓
2	Are you suffering from any heart·related cotnplications?		✓
3	Are you a diabetic ?		✓
4	If you are diabetic, do you need injectio.ns of insulin for diabetes?		N/A
5	Have you ever had a stroke, or unexplained loss of consciousness?		✓
6	Have you ever been treated for a mental.or nervous problem?		✓
7	Are you an alcoholic, or have you had alcohol or drug addiction problems?		✓
8	Do you have any hearing difficulties or are you using any hearing aid?		✓
9	Have you ever suffered from any STD (Sexually Transmitted Disease)?		✓
10	Are you aware of any other health condition that could affect your fitness for seafaring employment *		✓

Ideclare that Iread above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowlede. true and complete. Ialso declare that Iam a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which Imay have concealed before joining vesse,l ?nd will bear all the expenses as may incur as a direct result of such concealment.

Date : 18 FEB 2023

Signed : Shah newaz

The Crew Member

* If yes, mention details below:-

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 HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

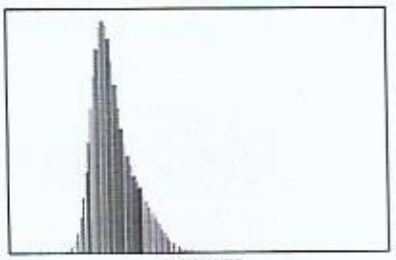
Id No	: 0504	**Date :** 18-Feb-2023	**D.Date :**	18-Feb-2023
Patient's Name :	MOHAMMAD SHAH NEWAZ	**Age :** 38Y 1M 17D	**Gender:**	Male
Specimen	: Blood			
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5097		

Haematology Report

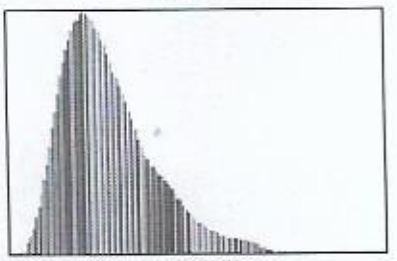
(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.2** 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)	**08** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**10,200** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**61** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**35** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**02** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**204** /cumm	50-450/cumm
Total RBC Count	**5.85** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**38.0** %	M: 40-54%, F:37-47%
MCV	**65.0** fL	76 - 94 fL
MCH	**24.3** pg	27 - 32 pg
MCHC	**37.4** g/dL	29 - 34 g/dL
RDW	**13.0** %	11 - 16 %
PDW	**15.6** fL	35 - 56 fl
Total Platelete Count (PC)	**3,40,000** /cumm	150,000-450,000/cumm
MPV	**9.4** fL	7.0 - 11.0 fL
PCT	**0.320** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

WBC CURVE



RBC CURVE



PLT CURVE

Checked By
Medical Technologist

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

Bill No	DIA23020504	Received Date	18/02/2023
Patient's Name	MOHAMMAD MAHBUBUL ALAM		
Patient's Age	38Y 1M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5097
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	24 U/L	Up to 37 U/L
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
HbA1C	5.4 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23020504	Received Date	18/02/2023
Patient's Name	MOHAMMAD SHAH NEWAZ		
Patient's Age	38Y 1M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:5097
Sample	**blood**		

SEROLOGYCAL REPORT

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

BLOOD GROUPINGResult	
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
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RADICAL HOSPITAL LIMITED

Bill No	DIA23020504	Received Date	18/02/2023
Patient's Name	MOHAMMAD SHAH NEWAZ		
Patient's Age	38Y 1M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5097
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	0-2/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 Technologis
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Dr. Sumaiya Khatun
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East West Medical College and Hospital

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RADICAL HOSPITAL LIMITED

Bill No	DIA23020504	Received Date	18/02/2023
Patient's Name	MOHAMMAD SHAH NEWAZ		
Patient's Age	38Y 1M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5097
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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23020504	Receive:18/02/2023	Print: 18/02/2023
Patient's Name	:	**MOHAMMAD SHAH NEWAZ**		
Age	:	38 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.

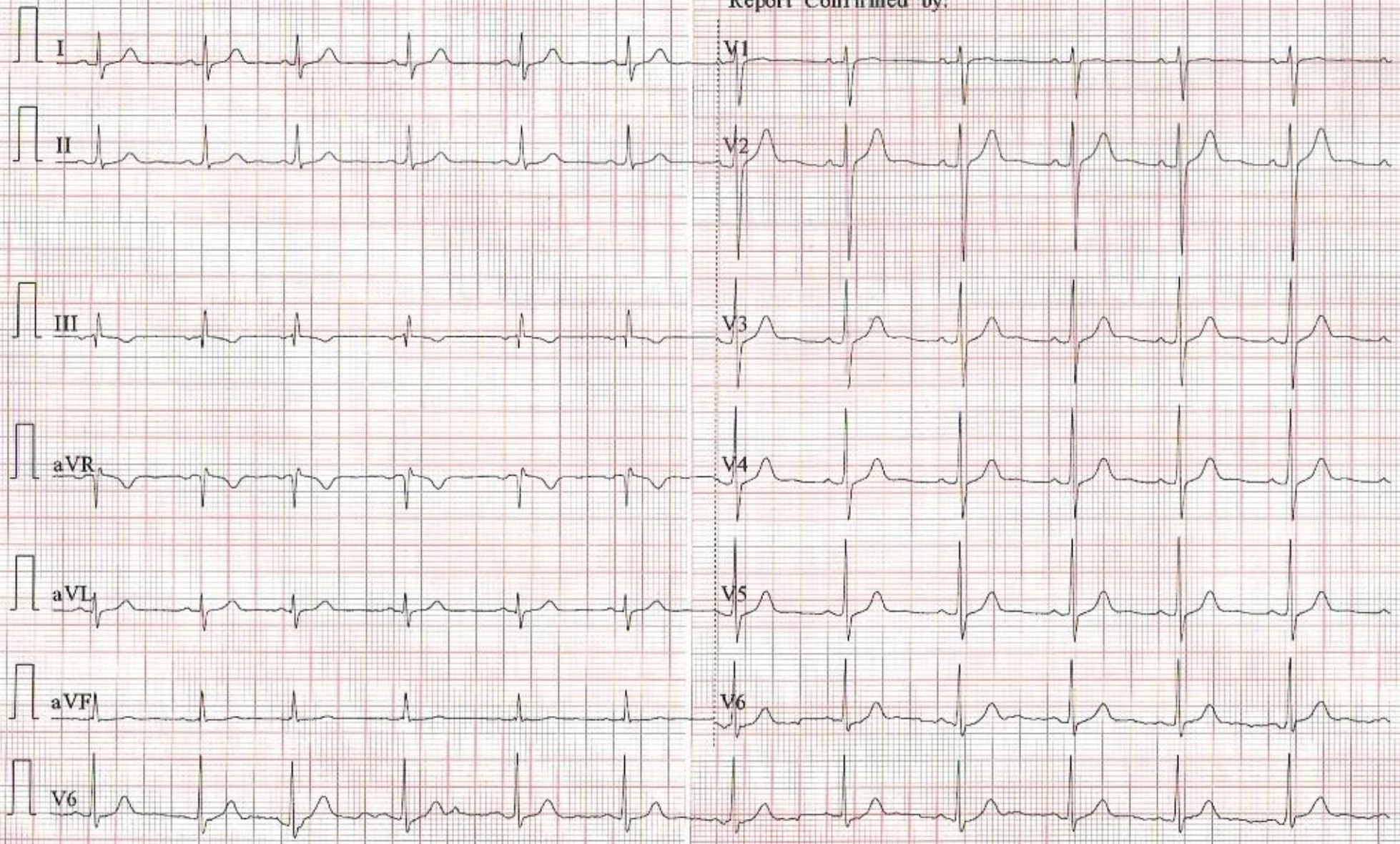
ID: 0
MD SHAHNEWAZ
Male 38Years

18-02-2023 01:28:27 PM

HR	: 73	bpm	
P	: 102	ms	
PR	: 138	ms	
QRS	: 86	ms	
QT/QTc	: 364/402	ms	
P/QRS/T	: 4/58/11	°	
RV5/SV1	: 1.394/0.747	mV	

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥73 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

REF:	MV. PEARL RIVER BRIDGE	DATE: 18/02/2023

M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	MOHAMMAD SHAH NEWAZ	RANK: CH.OFF	CDC NO: C/O/5097

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

Pre-Joining Medical Report to be Completed by Company's M.O.

Date of Exam	Ship Assigned	B.P./ Pulse	Pathological investigations					Creatine	USG	Addl. Test	Special Conditions	Fit / ~~Unfit~~ & Remarks	Doctor's Sign.
			X-ray	ECG	Urine	Blood	LFT						
14 JAN 2022	MV. ONE HOUSTON	BP 120/80 mm Hg Pulse 78/m	NORMAL	NORMAL	NORMAL	NORMAL	NORMAL					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.	
18 FEB 2023	MV. PEARL RIVER BRIDGE	PULSE 98/m BP 120/80 mm	23R02	23R02	23R02	23R02	23R02					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.	

Certificate (continued) Certificate (quite)

9	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.	9	10
10			

18 FEB 2023

CENTER FOR VACCINATION
35, Shah Makhdum Avenue
Uttara, Dhaka
BANGLADESH

The Validity of this certificate shall extend for a period of two years beginning six days after the first injection or the vaccine or in event of a revaccination within such period of two years on the date of that revaccination.

The approved stamp mentioned above must be in a form 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 it invalid.

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine		Physician's Signature