

# HAQUE & SONS LTD.



Accredited By BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER H46

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel: +880 31 716214-6, Fex: +880 31 710530

### MEDICAL EXAMINATION CERTIFICATE

RNAM		FIRST NA		INCUI		MIDDLE NAME		
CE A	MAMUN ND DATE OF BIRTH	MUNSHI PASSPORT NUMBER				AL SEAMAN'S BOOK NUMBER		
	NIDAH 31-Dec-1985	PASSECI		594251		SEAMAN S BU	CO5551	
IONA	ALITY: BANGLADESHI SEX:	☑ Male	☐ Female		YPE : CHE	M. TANKER TRA		RLD WII
MAN	ENT HOME ADDRESS :					CT NUMBER :	01717746512 (	SELF)/0
PAIR	C PARA, P.O. HATGOPALPUR, P.S	S. JHENAID	AH. DIST.	JHENAIDAH.	RANK :		1ST ASST E	-
					1	10-1	101710172	TOMEL
lave y	ou ever had any of the following con	ditions?						XX 7
	Condition	YES	NO.	Condit	ion		YES	NO
1	Eye/vision problem		~O_		problems			8
2	High blood pressure		W/		smoke?			T
3	Heart/vascular disease				ion/surgery			
4	Heart surgery		40		y/seizures			U
5	Varicose veins		Ø,		ss/fainting			B
6	Asthma/bronchitis		12	23 Loss of	conscious	ness		
7	Blood disorder		D,	24 Psychia	atric probler	ns	□ .	B
8	Diabetes		९९४१९६६	25 Depres				R
9	Thyroid problem		13	THE PERSON SECTIONS	ted suicide			8
10	Digestive disorder		9999	100000000000000000000000000000000000000	memory			3
11	Kidney problem		B	CALLEGO CO. HOLLOW CO.	e problem			17
12	Skin problem				headaches		ā	
13	Allergies	П	П		se/throat pr			
14	Infectious/contagious diseases		D'		ted mobility			5
15	Hemia		8		roblems			8
16	Genital disorders		1	33 Amputa				
17	Pregnancy		MA		ation es/dislocati			
35	Have you ever been signed off as	sick or repat	triated from	a ship?			YES	(दिविड
36	Have you ever been hospitalised?							4
37	Have you ever been declared unfi	for sea duty	?					<b>1</b>
38	Has your medical certificate ever l	een restricte	ed or revoke	ed? /				0
39	Are you aware that you have any i	nedical prob	lems, disea	ses or illnesses?	?			D
	Do you feel healthy and fit to p					pation?	-1	, 0
40						Carrier .	0'	10
41	Are you allergic to any medication	\$?						
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41 omm	Are you allergic to any medication ents:	FOR DU		OARD SHIP	]		A Company of the Comp	
41 ommo	Are you allergic to any medication ents:  Are you taking any non-prescription	T FOR DU	tion medica	itions?	]			<b>S</b>
41 ommo	Are you allergic to any medication ents:	T FOR DU	tion medica	itions?	]		A Company of the Comp	<b>S</b>
41 ommo 42 yes, p	Are you allergic to any medication ents:  Are you taking any non-prescription please list the medications taken and you authorize the release of all my present the present of the present	n or prescrip the purpose	otion medica e(s) and dos	ations? sage(s) om any health pr	rofessionals	, health institutio	ons and public autho	prities
42 yes, phereb	Are you allergic to any medication ents:  Are you taking any non-prescription please list the medications taken and you authorize the release of all my previous Mir Md. Raihan (approved medical printing me from my employment, benefit	n or prescrip the purpose vious medica actioner) I al	otion medica e(s) and dos al records fro lso certify th	ations? sage(s) om any health pr	rofessionals	, health institution	ons and public autho	prities
42 yes, phereb Dr. Magazia	Are you allergic to any medication ents:  Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevaling me from my employment, benefit when the property of Seafarer	n or prescrip the purpose vious medica actioner) I al	otion medica e(s) and dos al records fro lso certify th	ations? sage(s) om any health pr	rofessionals	, health institution	ons and public autho	prities
42 yes, pherebb Dr. M	Are you allergic to any medication ents:  Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevaling Md. Raihan (approved medical printing me from my employment, benefit are signature of Seafarer EXAMINATION	n or prescrip the purpose vious medica actioner) I als and claims	otion medica e(s) and dos al records from	ations? sage(s) om any health priat my history con	rofessionals ntained abo	ve is true and a	ons and public authory false statement v	prities
42 yes, phereboner	Are you allergic to any medication ents:  Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevoling Md. Raihan (approved medical printing me from my employment, benefit Signature of Seafarer EXAMINATION  Height (cm)	n or prescrip the purpose vious medica actioner) I al	otion medica e(s) and dos al records from lso certify the	sage(s) om any health priat my history con	rofessionals ntained abo	ve is true and a	ons and public authory false statement v	prities
42  yes, s  nereb Dr. N  squal	Are you allergic to any medication ents:  Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevaling me from my employment, benefit and signature of Seafarer EXAMINATION  Hearing by Audiometry	n or prescrip the purpose vious medica actioner) I as and claims	ation medica e(s) and dos al records from lso certify the Blood Pres	etions?  sage(s)  om any health print my history constant my history my hi	rofessionals ntained abo	Diastolic & D Y	ons and public authory false statement v	prities
42 yes, phereboner	Are you allergic to any medication ents:  Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevoling Md. Raihan (approved medical printing me from my employment, benefit Signature of Seafarer EXAMINATION  Height (cm)	n or prescrip the purpose vious medica actioner) I als and claims	ation medica e(s) and dos al records from lso certify the Blood Pres	sage(s) om any health priat my history con	rofessionals ntained abo	ve is true and a	ons and public authory false statement v	prities

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Distant 6		6 Right Cyc	-	Lon Cyc	Right	eve	-7			0-21-05
Near	10 1				Lefthe		~		10 F	
Visual acuity meets t	he standard laid d	lown in STCW Cod	le Sec	tion A-1		-				
Colour vision as per			No		☐ Doub	tful	□ De	fective		
Date of last colour vi	sion test: Date (da	sy/month/year/123	FEB	2023	-		14170300000			
		Normal Abn	ormal					No	rmal	Abnorma
Head				Var	ricose veins			4	1	
Sinuses, nose, throat	10	A I		Vas	scular (inc. peda	l pulses)		-	1	
Mouth/teeth		8			domen and visce			1	1	
Ears (general)		12		6333	rnia				1	
Tympanic membrane	33			2,955		am)			1	0
Eves					us (not rectal exa	am)				
					J system				1	
Opthalmoscopy					per and lower ex				1	
Pupils		117.560.00.203	]		ne (C/S, T/S and				1	
Eye movement	8		)	Ne	urologic (full brie	f)		I	3	
Lungs and chest				Psy	ychiatric				1	
Breast examination		NO B			neral appearano	e		1	4	
Heart				Ski				1	1	
			-	*24.0						
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Chest X-Ray	MASS	BIO CHEMICA	AL (LI	VER FUI	NCTION TEST)	Marijuana		☐ Posit	ive [	Negative
ECG	man	BILIRUBIN	T	0	2.8	Alcohol Test				Negative
BLOOK	) R/F	SGPT	-		23	URINE R/E		E P CON	7	200
DC(differential count)	27.10.10.5	SGOT	-	- 5	21	OR THE	-	OTHERS	44	120
HAEMOGLOBIN (HO			ANID	AL COLIC	OL TECTS	I ID. A.				
					DL TESP	HBsAg		□ Reac		Nonreactiv
ESR (WESTERGRE	N) 081	Morphine		Positive	Negative	HIV / AIDS 1	est	☐ Read		Nonreactiv
WBC	9.300	Amphetamine	D		☑ Negative	VDRL		□ Reac	tiv 🛭	Nonreactiv
BLOOD GLUC	OSE LEVEL	Phencyclidine		Positive	Megative	Blood Type			13,	711
RANDOM	6.0	Barbiturates		Positive	☑ Negative	Psychologic	al Exam		1	190
HBA1C	5-6%	Cocaine			Negative	Others(KUB			1	270
ereby I declare that I an	n in knowledge of	the contents of the			minations:			2	3 FE	B 2023
gnature of Seafarer				Name o	f Seafarer				Da	ate
			cal exa	aminatio	n and the diagno	stic test result			I dec	lare the
ssessment of fitness to the basis of the exam caminee medically:	€ , Fi	t for lookout duties		24		Not fit fo		ut duties		
n the basis of the exam aminee medically:	€ , Fi	ck service		Engine s	service	Catering s		ut duties	Othe	r services
n the basis of the exam aminee medically:	€ , Fi	ck service		V	sepvice	Catering s		ut duties	Othe	
n the basis of the exam	€ , Fi	ck service			sepvice	Catering s		ut duties	Othe	-

In Accordance with Medical Examination (Seafard S) Convention 1995 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

DG Shipping Sangladesh Approximation (Seafard S) Convention (Seafa

N	MEDICAL CERTIF	ICATE FO	R PEF	RSONNEL SERVICE ON B	OARD		
SURNAME: MAMUN		(	GIVEN N	IAME (S): MUNSHI AL			
DATE OF BIRTH:		ı	PLACE (	OF BIRTH	SEX		
DAY 31 MONTH 1	2 YEAR 1985	0	CITY JE	IENIDAH COUNTRY BANGLADE	SH MALE FEMALE		
POSITION ON BOARD:  MASTER  DECK OFFICER  ENGINEERING OFFICER  RADIO OPERATOR  RATING			MAILING ADDRESS OF APPLICANT: VILL. PAIK PARA P.O. HATGOPALPUR P.S. JHENAIDAH, DIST. JHENAIDAH. BANGLADESH				
DECLARATION OF THE	AUTHORIZED PHYSICIA	AN					
	VISION			COLOR TEST TYPE	HEARING		
	WITHOUT GLASSES	WITH GLAS	SSES	₩ вөок			
RIGHT EYE	6/6	-		_ ^ ^ ^	RIGHT EAR		
LEFT EYE	6/6.			100	LEFT EAR MM)		
Confirmation that identifica	ation documents were che	ecked at the po	oint of ex				
Hearing meets the standar		- December 1		NO ☐ NOT APLICABL	.E 🗌		
Unaided hearing satisfactor	ory? YES NO						
Visual acuity meets standa	ards in STCW Code, Sec	tion A-1/9? YE	s 🗹	NO 🗆			
Colour vision meets stand (the visual test it is require Date of the last colour vision Are glasses or contact len Able for watchkeeping? Yt	d every six years) on test: (Day/Month/Year, ses necessary to meet th	2 3 FE	B 2023 on stand	lards? YES NO NO			
Is applicant taking any nor			-				
is the seafarer free from a endanger the health of oth	ny medical condition likel er persons on board? YE	y to be aggrav.	ated by :	service at sea or to render the seafar	ers unfit for such service or to		
Hereby I declare that I am	in knowledge of the control	ents of the Phy	ysical Ex	amination.			
V At-Ho	mu	MUNS	SHIAL	MAMUN	2 3 FEB 2023		
Signature of A			Name of	Applicant	Date		
CIRCLE APPROPIATE ( ENGINEERING OFFICER	/ RADIO OPERATOR / F	RATING) (WIT	HOUT A	T / NOT FIT) FOR DUTY AS A NY / WITH THE FOLLOWING) REST	(MASTER / DECK OFFCIER IRICTIONS:		
NAME AND DEGREE OF	PHYSICIAN: DR. MIF	R MD. RAIHA	N: M.E	B.B.S(D.U.), REG. NO. A-55144			
ADDRESS <u>: <b>REDICAL HO</b></u> NAME OF PHYSICIAN'S O	SPITALS LIMITED 35, S	HAH MAKHD	UM AVE	NUE ,SECTOR-12 UTTARA, DHAK	A-1230. BANGLADESH		
DATE OF ISSUE PHYSIC	IAN'S CERTIFICATE:	06-05-2014		(cal Hospital)	1		
SIGNATURE OF PHYSICI	AN: W		STAMP (	DF PHYSICIAN AS Per-MLC-2006	2 3 FEB 2023		
EXPIRY DATE OF CERTII		-	EB 20	E 1 1.6			
	This cer of the STCW Convent	rtificate is issued tion, 1978, as an	d in comp nended ar	liance with the requirement epartment of the Maritime Labour Compension 200	6.		
Bi	R. MIR. MD. R BS (DU), DFM, CCD (Birdem), MDC A-55144, MMC-E Shipping Bangladesh	AIHAN PGT (Ophth)					

Radical Hospitals Limited.





Id No : 0684 Date : 23-Feb-2023 D.Date : 23-Feb-2023

Patient's Name: MUNSHI AL MANUN Age: 37Y 1M 22D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 5551

### **Haematology Report**

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

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)	<b>14.5</b> 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)	<b>04</b> mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	4
Total WBC Count(TC)	<b>9,300</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)			
Neutrophils	<b>55</b> %	Child: 25-66 %, Adult: 40-75 %	and the same
Lymphocytes	38 %	Child: 52-62 %, Adult: 20-50 %	A Description of the
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %	W BC CURVE
Eosinophils	05 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	Jl.
Total Cir. Eosinophils	465 /cumm	50-450/cumm	
Total RBC Count	<b>5.05</b> m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	40.2 %	M: 40-54%, F:37-47%	
MCV	<b>79.6</b> fL	76 - 94 fL	
MCH	<b>28.7</b> pg	27 - 32 pg	
MCHC	<b>36.1</b> g/dL	29 - 34 g/dL	RBC CURVE
RDW	13.1 %	11 - 16 %	AL.
PDW	15.5 fl.	35 - 56 fl	
Total Platelete Count (PC)	2,12,000 /cumm	150,000-450,000/cumm	
MPV	9.2 fL	7.0 - 11.0 fL	
PCT	0.195 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	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	DIA23020684	Received Date 23/02		
Patient's Name	MUNSHI AL MANUN			
Patient's Age	37Y 1M 22D	Patie	nt's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PC	GT(Eye),DFM	CDC NO	C/O/5551
Sample	BLOOD	51		

# BIOCHEMISTRY REPORT

Test Name	Result	ReferenceRange
Liver Function Test		
Random Blood Sugar (RBS)	6.0 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	33 U/L	Up to 40 U/L
Serum AST (SGOT)	31 U/L	Up to 37 U/L
HbA1C	5.6%	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 MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23020684	Received Date		23/02/2023	
Patient's Name	MUNSHI AL MANUN				2 1
Patient's Age	37Y 1M 22D Pa		Patient's Sex Ma		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),P	GT(Eye),DFN	1 C	DC NO	C/O/5551
Sample	BLOOD				4

# SEROLOGYCAL REPORT

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

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

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

Bill No	DIA23020684	Received Date			2023
Patient's Name	MUNSHI AL MANUN			*	
Patient's Age	37Y 1M 22D Pa		Patient's	s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	ST(Eye),DFN	и с	DC NO	C/O/5551
Sample	URINE		-		

#### URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-2/HPF

# CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

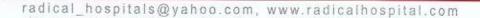
### ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

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

RADICAL HOSPITAL LIMITED | DIAGNOSTIC & CONSULTATION CENTRE



**Test Name** 



Bill No	DIA23020684	Received Date 23/02/2023		2023	
Patient's Name	MUNSHI AL MANUN				
Patient's Age	37Y 1M 22D Pat		Patient's Sex Mal		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		1 C	DC NO	C/O/5551
Sample	URINE				Š

Result

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Cocaine	Negative	
Morphine	Negative	
Marijuana	Negative	
Barbiturates	Negative	
Amphetamines	Negative	
Phencyclidine	Negative	
Alcohol	Negative	
Benzodiazepines	Negative	
Methadone	Negative	

Checked By

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

**OPINION** 



radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. GINGA CARACAL

DATE: 23/02/2023

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

# EYE EXAMINATION REPORT

NAME: MUNSHI AL MAMUN

RANK: 1A/ENG

CDC NO: C/O/5551

VISUAL ACUITY:

RIGHT

LEFT

G/G

UNAIDED

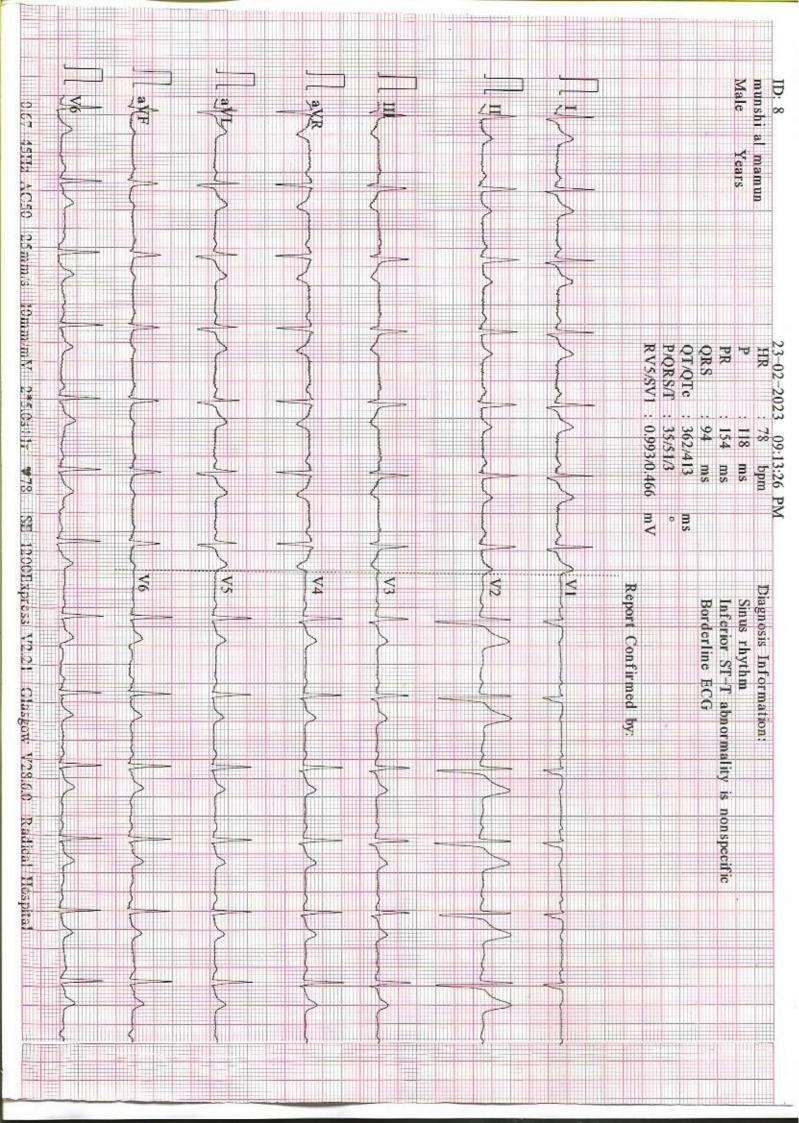
COLOUR VISION:

NORMAL/BLIND

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX)

East west Medical College & Hospital



radical\_hospitals@yahoo.com, www.radicalhospital.com



# **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23020684 Receive:23/02/2023 Print: 23/02/2023

Patient's Name : MUNSHI AL MAMUN

Age : 37 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 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





Patient ID	23020684	Voucher No	
Test Name	USG OF KUB	Delivery Date	23/02/2023
Patient Name	MUNSHI AL MAMUN		
Age	37 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

#### THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 10.5 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 10..8 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URETER: There is no dilatation in both ureter.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size, volume is 17.1 cc, regular in shape. Echogenicity is homogenous.
No area of calcification is seen.

COMMENT: Normal study.

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist

13/10 to	DRAHR MD. RAIHAN	SS, Sheh Meldhidum
13.	DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	Avenue DAINGLADEST
168 July 1	DR NH (ID FOUNDAM)	DATORESCHIE

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
		11.	
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			1 1 1 1 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N
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