COOK ISLANDS
PHYSICAL EXAMINATION
REPORT / CERTIFICATE

Ship Registration
FORM. 31
v.3

Surname	SAYED	Given Name(s)	KAZI MD ABU
Date of Birth	Day 01	Month 01	Year 1988
Place of birth	City CHANDPUR	County **BANGLADESH**	

Examination for Duty As	
Master	☐
Deck Officer	☐
Engineering Officer	☑
Radio Officer	☐
Rating	☐

Mailing Address of Applicant
A-11, Property Crest, 66, New Circular Road, Malibagh, Dhaka-1217

(a)

Medical Examination
See reverse side of medical requirements

Height	Weight	Blood pressure	Pulse	Respiration	General appearance
172cm	77.5 kg	120/80 mmHg	78/min	16/min	Good

Vision	Right Eye	Left Eye	Hearing	Right Ear	Left Ear
With Glasses	6/6	6/6		WNL	WNL
Without Glasses					

Dental

The applicant is free from visual infections of the mouth cavity or gums — Yes ☑ No ☐

Colour Test

Book ☑ — Red ☑ Yellow ☑

Lantern ☑ — Blue ☑ Green ☑

Are glasses or contact lenses required to meet the required vision standard — Yes ☑ No ☐

Head and Neck	Heart (Cardiovascular)
WNL	WNL
Lungs	**Speech** (Deck/Navigational – Officer/Radio Officer. Speech must be unimpaired for normal voice communication)
WNL	
Upper extremities	**Lower extremities**
Normal	Normal

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

04.2023.3450

Is applicant vaccinated in accordance with WHO requirements **	Yes ☑	No ☐
Is the 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?		
Is the applicant taking any non-prescription or prescription medications If yes please describe below	Yes ☐	No ☑

Abu Sayed — 26 FEB 2023

Signature of Applicant — Date

To be affixed in the presence of the examining physician

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

Abu Sayed — who is / not* certified to be free of communicable disease

Name of applicant

She / he* is found to be fit / not fit* for duty as a Master / Deck Officer / Engineering Officer / Radio Officer / Rating * ~~without~~ / with the following restrictions:*

FIT FOR DUTY ON BOARD SHIP

*delete as appropriate

PHYSICIAN NAME : **DR. MIR MD RAIHAN MBBS,(DU), DFM**

ADDRESS: **RADICAL HOSPITALS LIMITED UTTARA, DHAKA-1230, BANGLADESH**

PHYSICIANS CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH**

LICENCE NUMBER: **A-55144**

DATE OF ISSUE*: 26 FEB 2023

DATE OF EXPIRY*: 25 FEB 2025

**of this certificate*

Signature of Physician — 26 FEB 2023 — Date

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

INSTRUCTIONS

All applicants for an officer certificate, endorsement, seaman's book or certification of special qualifications shall be required to have a physical examination, by a certified physician.

The completed medical certificate must accompany the application for officer certificate, endorsement, seaman's book or certification of special qualifications.

The physical examination must be carried out not more than 12 months prior to the date of making an application for officer certificate, endorsement, and certification of special qualifications or seaman's book.

The examination shall be conducted in accordance with the International Labour Organization, World Health Organization *Guidelines for Conducting Pre-Sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken by the applicant, and that he/ she is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conduction the examinations, the certified physician should, where appropriated, 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:

1) Hearing
   a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poor ear at 5 feet (1.52m)

2) Eyesight
   a) 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 eye. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes.
   b) Deck officer applicants must also have normal colour perception and be capable of distinguishing the colours red, green, blue and yellow
   c) 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. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colours red, yellow and green.

3) Dental
   a) Seafarers must be free from infections of the mouth cavity or gums

4) Blood Pressure
   a) An applicant's blood pressure must fall within an average range

26 FEB 2023

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

5) Voice
   a) Deck /Navigational officer applicants and radio officer applicants must have speech which is unimpaired for normal voice communications.

6) Vaccinations
   a) All applicants shall be vaccinates according to the requirements indicated in the WHO publication, International travel and Health, Vaccinations and Requirements and Health Advice (Available at http://www.who.int/ith/chapters/ith2012en_chap6.pdf) and shall be given advice by the certified physicians on immunizations. If new vaccinations are given these shall be recorded.

7) Disease or Conditions
   a) Applicants afflicted with any of the following disease or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and / or the use of narcotics.

8) Physical Requirements
   a) Applicants for able seafarer, bosom, GP-1 ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
   b) Applicants for fire/water tender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officers certificate.

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NAAF MARINE SERVICES	NMS/F-04	Date	1 July 2012
TITLE:- **PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE**		Issue No	00
		Page No	1 of 6

CONFIDENTIAL FORM

SURNAME: SAYED

GIVEN NAME(S) KAZI MD ABU

DATE OF BIRTH: 07 MONTH 07 DAY 1988 YEAR

PLACE OF BIRTH: CITY CHANDPUR BANGLADESH COUNTRY

SEX: ☑ MALE ☐ FEMALE

EXAMINATION FOR DUTY AS:
- MASTER ☐
- DECK OFFICER ☐
- ENGINEERING OFFICER ☑
- RATING ☐
- OTHERS (RANK: _____) ☐

MAILING ADDRESS OF APPLICANT: A-11, PROPERTY CREST, 66 NEW CIRCULAR ROAD, MALIBAGH, DHAKA-1217

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

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
172cm	75kg	120/80 mmHg	78 b/min	19 b/min	Good

VISION: WITHOUT GLASSES / WITH GLASSES — RIGHT EYE 6/6 : LEFT EYE 6/6

HEARING: RT. EAR WNL LEFT EAR WNL

COLOR TEST TYPE: BOOK ☑ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☐ RED ☑ GREEN ☐ BLUE ☐

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? YES ☑ NO ☐

HEAD AND NECK: Normal

HEART (CARDIOVASCULAR): Normal

LUNGS: Normal

SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes.

EXTREMITIES: UPPER Normal LOWER Normal

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 ☑

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

Abu Sayed — SIGNATURE OF APPLICANT

26 FEB 2023 — DATE

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: KAZI MD ABU SAYED — NAME OF APPLICANT

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 / ☐ 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 — 26 FEB 2023 DATE

This certificate is in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

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

04.2023.3450

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 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 12 months prior to the date of making application 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.2/1997)*. 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. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (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 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 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 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 shall be vaccinated according to the requirements indicated in the WHO publication, International 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 use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable 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 engineer 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 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

(Please fill attached form)

26 FEB 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

Radical Hospitals Limited
Approved by Department of Shipping

Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Name (last, first, middle): SAYED, KAZI MD ABU

Date of birth (day/month/year): 01-01-1988 Sex: ☑ Male ☐ Female

Home address: A-11, Property Crest, 66, New Circular Road, Malibagh, Dhaka -1217

Passport No./Discharge Book No.: G0158338

Department (deck/engine/radio/food handling/other): ENGINE

Type of ship: Multi-Purpose cargo/Container/Bulk Carrier/Tanker (Oil/Product/Chemical/Crude)
Trade area: Worldwide

Examinee's personal declaration
(Assistance should be offered by medical staff)
Have you ever had any of the following conditions:

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

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

Radical Hospitals Ltd. As Per-MLC-2006 Occupational Health Department

Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

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 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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: Abu Sayed
Date (day/month/year): 26 FEB 2023
Witnessed by: *(Signature)*
Name: *(Typed or printed)*

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

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. (The approved medical examiner).

Signature of examinee: Abu Sayed
Date (day/month/year): 26 FEB 2023
Witnessed by: *(Signature)*
Name: *(Typed or printed)*

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

Date and contact details for previous medical examination (if know):

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Chittagong

Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Sight

Use of glasses or contact lenses: Yes / No (if yes, specify which type and for what purpose)

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

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Color vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 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

Height: 172 (cm) Weight: 75 (kg)

Pulse rate: 78 (/minute) Rhythm: Regular.

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Urinalysis: Glucose: Nil Protein: Nil

	Normal	Abnormal
Head	☑	☐
Sinuses, nose, throat	☑	☐
Mouth/teeth	☑	☐
Ears (general)	☑	☐
Tympanic membrane	☑	☐
Eyes	☑	☐
Opthalmoscopy	☑	☐
Pupils	☑	☐
Eye movement	☑	☐
Lungs and chest	☑	☐
Breast examination	N/A	☐
Heart	☑	☐

	Normal	Abnormal
Skin	☑	☐
Varicose veins	☑	☐
Vascular (inc. pedal pulses)	☑	☐
Abdomen and viscera	☑	☐
Hernia	☑	☐
Anus (not rectal exam.)	☑	☐
G-U system	☑	☐
Upper and lower extremities	☑	☐
Spine (C/S, T/S and L/S)	☑	☐
Neurologic (full brief)	☑	☐
Psychiatric	☑	☐
General appearance	☑	☐

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 26 FEB 2023

Results: Normal chest x-ray

Radical Hospitals Ltd. As Per-MLC-2006 Medical Department Chittagong

Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Other diagnostic test(s) and result(s):
Test Blood Urine *Result* Normal.

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

(a) the hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacities where fitness for the work to be performed is liable to be affected by defective colour vision, are all satisfactory; and
(b) the seafarer concerned is not suffering 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.

Official stamp: Signature of medical practitioner

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Vaccination status recorded (optional, but recommended by Administrator): ☐ Yes ☐ No

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 look-out duty ☐ Not fit for look-out duty

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

Without restrictions ☑ With restrictions ☐ Visual aid required ☑ Yes ☐ No

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

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

Medical certificate's date of expiration (day/month/year): _____ / 25 FEB 2025 / _____

Date of medical certificate issued (day/month/year): _____ / 26 FEB 2023 / _____

Number of medical certificate: _____
Official stamp:
Signature of medical practitioner: _____
Name of medical practitioner: *(Typed or printed)* RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh
License number of medical practitioner: _____
Address of medical practitioner: _____
Authorized by: DG SHIPPING BANGLADESH (competent authority)

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. (As Per MLC-2006) Approved by Department of Shipping

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Id No : 0726	**Date :** 25-Feb-2023	**D.Date :** 25-Feb-2023
Patient's Name : KAZI MD ABU SAYED	**Age :** 35Y 1M 24D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5838

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.0** 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)	**9,300** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**54** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**41** %	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	**186** /cumm	50-450/cumm
Total RBC Count	**5.16** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**41.7** %	M: 40-54%, F:37-47%
MCV	**80.8** fL	76 - 94 fL
MCH	**29.1** pg	27 - 32 pg
MCHC	**36.0** g/dL	29 - 34 g/dL
RDW	**13.9** %	11 - 16 %
PDW	**13.6** fL	35 - 56 fl
Total Platelete Count (PC)	**1,13,000** /cumm	150,000-450,000/cumm
MPV	**11.1** fL	7.0 - 11.0 fL
PCT	**0.125** %	0.1 - 0.%
Bledding 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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23020726	Received Date	25/02/2023
Patient's Name	KAZI MD ABU SAYED		
Patient's Age	35Y 1M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5838
Sample	**BLOOD**		

SEROLOGYCAL REPORT

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

Bill No	DIA23020726	Received Date	25/02/2023
Patient's Name	KAZI MD ABU SAYED		
Patient's Age	35Y 1M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5838
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 HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23020726	Receive: Print: 25/02/2023		
Patient's Name	:	**KAZI MD ABU SAYED**			
Age	:	35 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	70 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: 12

25-02-2023 09:46:51 PM

Kazi Md. Abu Sayed

Male 38 Years

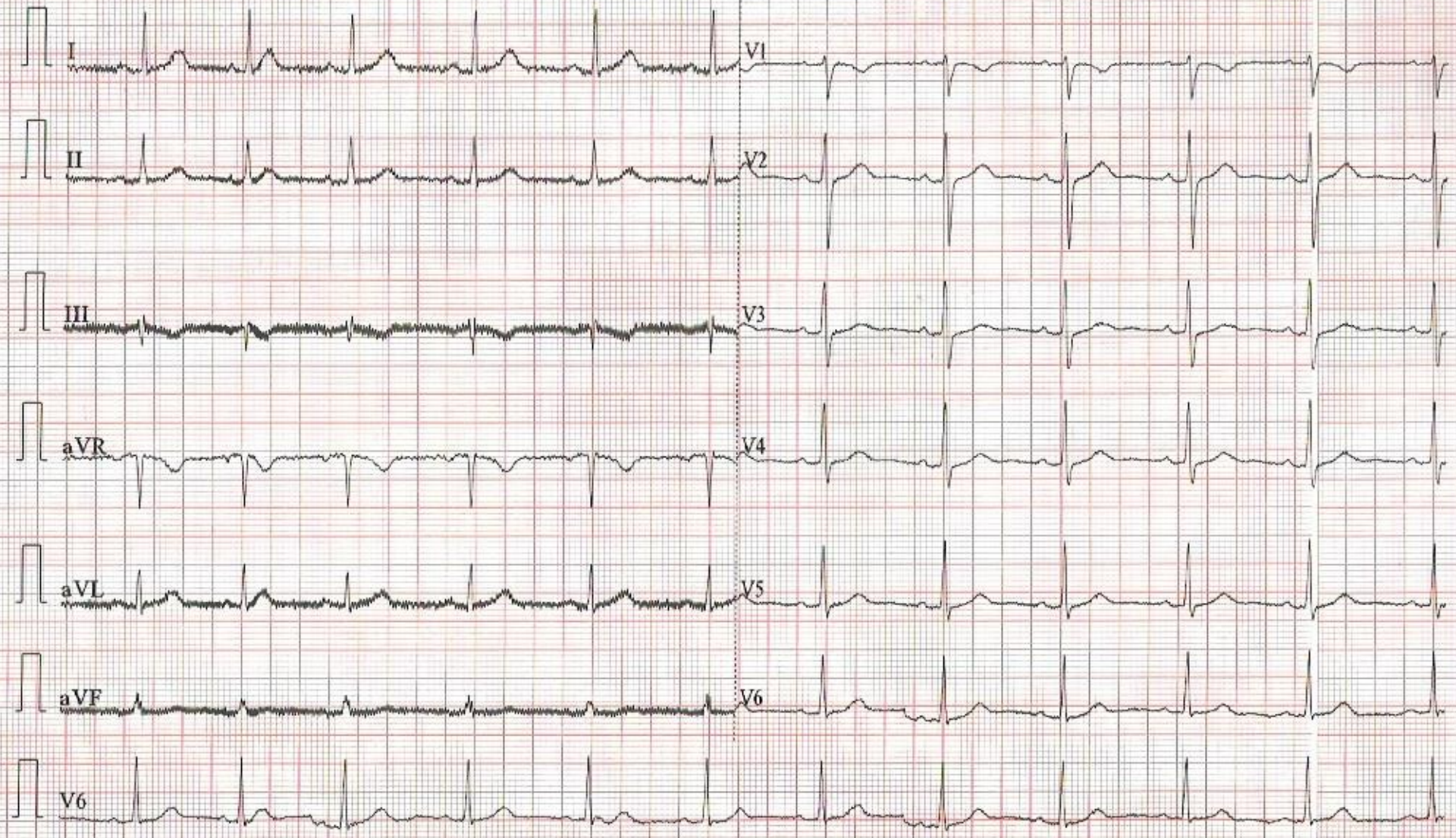
HR	: 70	bpm	
P	: 90	ms	
PR	: 154	ms	
QRS	: 96	ms	
QT/QTc	: 396/428	ms	
P/QRS/T	: 3/21/6	°	
RV5/SV1	: 1.127/0.591	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥70 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

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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.

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Patient ID	23020726	**Voucher No**	
Test Name	USG OF WHOLE ABDOMEN	**Delivery Date**	25/02/2023
Patient Name	**KAZI MD ABU SAYED**		
Age	35 YRS	**Sex**	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Normal in size 13.6cm, regular in shape and normal position. **The echogenicity of the parenchyma is increased.** Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : Normal size regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (9.5X2.7)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.7cm, LK-10.1cm regular in shape. 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.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Normal in size and volume is 12.8cc,regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Fatty change in liver. (Grade-1)

25/2/23

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

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

This is to certify that KAZI MD ATUSAYED date of birth 07-07-1982 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows Atm Sayed
dont 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 ia datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1		
2 26 FEB 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
3		
4		

ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

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" unc revaccination a, cour. d;;gtte period do six mois jour de cettc 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 modelc present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

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

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 ULA2 (MD) ABU SAYED date of birth 01-07-1988 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows Abu Sayed
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 ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	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 26 FEB 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bardem), PGT (Germ) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Medical 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 Icalih 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 Ic 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-aminslralion sanitaire du (erriloire dans Icqucl'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 Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.