



# HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880 31 716214-6, Fax : +880 31 710530



Accredited By : BMDC  
Accreditation No. A 55144

PATIENT CONTROL NUMBER  
H1014

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                                           |                                     |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|
| SURNAME<br><b>HASSAN</b>                                                                                                                  | FIRST NAME<br><b>MD.</b>            | MIDDLE NAME<br><b>ABU</b>                       |
| PLACE AND DATE OF BIRTH<br><b>COMILLA 1-May-1994</b>                                                                                      | PASSPORT NUMBER<br><b>A05445118</b> | SEAMAN'S BOOK NUMBER<br><b>CO8487</b>           |
| NATIONALITY : <b>BANGLADESHI</b> SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                           | VESSEL TYPE : <b>CHEM. TANKER</b>   | TRADING AREA : <b>WORLD WIDE</b>                |
| PERMANENT HOME ADDRESS :<br><b>1 NO. MURADPUR, 29/7 JANUMIAH MOSJID ROAD, P.O. MOGALTOLI, COMILLA SADAR, P.S. KOTWALI, DIST. COMILLA.</b> |                                     | CONTACT NUMBER : <b>01621-839323 (SELF)/016</b> |
| RANK :                                                                                                                                    |                                     | <b>3RD ASST ENGINEER</b>                        |

Have you ever had any of the following conditions?

| Condition                         | YES                      | NO                                  | Condition                   | YES                      | NO                                  |
|-----------------------------------|--------------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|
| 1 Eye/vision problem              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18 Sleep problems           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 High blood pressure             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19 Do you smoke?            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Heart/vascular disease          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20 Operation/surgery        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Heart surgery                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21 Epilepsy/seizures        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Varicose veins                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 Dizziness/fainting       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Asthma/bronchitis               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23 Loss of consciousness    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Blood disorder                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24 Psychiatric problems     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Diabetes                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25 Depression               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Thyroid problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26 Attempted suicide        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Digestive disorder             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27 Loss of memory           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Kidney problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28 Balance problem          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 Skin problem                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29 Severe headaches         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Allergies                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 Ear/nose/throat problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 Infectious/contagious diseases | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31 Restricted mobility      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Hernia                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32 Back problems            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Genital disorders              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33 Amputation               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Pregnancy                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34 Fractures/dislocations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                     |                          |                                     |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

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.

*[Signature]*

Signature of Seafarer

### MEDICAL EXAMINATION

| Weight <b>60 kg</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Height (cm) <b>165</b>                                                | BM <b>22.0</b>        | Blood Pressure: Systolic <b>110 mmHg</b> Diastolic <b>80 mmHg</b> | PULSE: <b>78 b/min</b> |      |                                                                                  |                                                                       |  |  |  |                         |  |       |                                                                       |     |      |      |      |                                                                                  |                                                                       |      |                                                                       |            |  |  |  |                                                                                  |                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------|------------------------|------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|--|--|--|-------------------------|--|-------|-----------------------------------------------------------------------|-----|------|------|------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|------|-----------------------------------------------------------------------|------------|--|--|--|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <table border="1"> <tr> <th colspan="2">Ear</th> <th colspan="4">Hearing by Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <td>Right</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> </tr> <tr> <td>Left</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td colspan="4"><b>N/A</b></td> <td><input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> </tr> </table> |                                                                       |                       |                                                                   |                        | Ear  |                                                                                  | Hearing by Audiometry                                                 |  |  |  | Hearing by Whisper Test |  | Right | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | 500 | 1000 | 2000 | 3000 | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | Left | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <b>N/A</b> |  |  |  | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |
| Ear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       | Hearing by Audiometry |                                                                   |                        |      | Hearing by Whisper Test                                                          |                                                                       |  |  |  |                         |  |       |                                                                       |     |      |      |      |                                                                                  |                                                                       |      |                                                                       |            |  |  |  |                                                                                  |                                                                       |
| Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | 500                   | 1000                                                              | 2000                   | 3000 | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |  |  |                         |  |       |                                                                       |     |      |      |      |                                                                                  |                                                                       |      |                                                                       |            |  |  |  |                                                                                  |                                                                       |
| Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <b>N/A</b>            |                                                                   |                        |      | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |  |  |                         |  |       |                                                                       |     |      |      |      |                                                                                  |                                                                       |      |                                                                       |            |  |  |  |                                                                                  |                                                                       |
| Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                       |                                                                   |                        |      |                                                                                  |                                                                       |  |  |  |                         |  |       |                                                                       |     |      |      |      |                                                                                  |                                                                       |      |                                                                       |            |  |  |  |                                                                                  |                                                                       |



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

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal

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

02 JAN 2023

|  | Visual fields                       |                                     |
|--|-------------------------------------|-------------------------------------|
|  | Normal                              | Defective                           |
|  | Right eye                           | Left eye                            |
|  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

☒ YES / NO☐ Doubtful☐ Defective

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

## RESULTS OF ANCILLARY EXAMINATIONS

|                        |       |                                    |                                                                                |                    |                                   |                                                 |
|------------------------|-------|------------------------------------|--------------------------------------------------------------------------------|--------------------|-----------------------------------|-------------------------------------------------|
| Chest X-Ray            | NAD   | BIO CHEMICAL (LIVER FUNCTION TEST) |                                                                                | Marijuana          | <input type="checkbox"/> Positive | <input checked="" type="checkbox"/> Negative    |
| ECG                    | NAD   | BILIRUBIN                          | 0.8                                                                            | Alcohol Test       | <input type="checkbox"/> Positive | <input checked="" type="checkbox"/> Negative    |
| BLOOD R/E              |       | SGPT                               | 18 N/E                                                                         | URINE R/E          | NAD                               |                                                 |
| DC(differential count) | NAD   | SGOT                               | 25                                                                             | OTHERS             |                                   |                                                 |
| HAEMOGLOBIN (HGB)      | 16.7  | DRUG AND ALCOHOL TEST              |                                                                                | HBsAg              | <input type="checkbox"/> Reactive | <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN)       | 04    | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test    | <input type="checkbox"/> Reactive | <input checked="" type="checkbox"/> Nonreactive |
| WBC                    | 5.500 | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL               | <input type="checkbox"/> Reactive | <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL    |       | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type         | O51B                              |                                                 |
| RANDOM                 | 5.2   | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam | NAD                               |                                                 |
| HBA1C                  | 4.6%  | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others(KUB Ultraso | NAD                               |                                                 |

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

Signature of Seafarer

MD. ABU HASSAN

Name of Seafarer

02 JAN 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   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unfit | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |



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:

02 JAN 2023

Valid Until:

01 JAN 2025

Name of Medical Examiner: DR. M. RAHAN

MBBS (DU), DPM, CCD (Biom), PGT (Ophth)

BMD Accredited Medical Officer and STCW 1978/1996 as Amended, MLC 2006

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

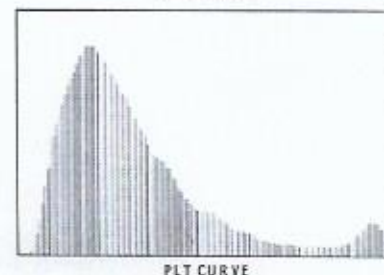
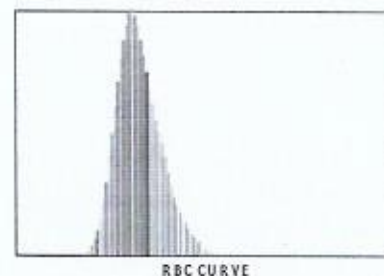
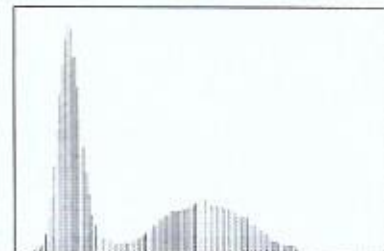
In Accordance with Medical Examination (Seafarers) Regulations, 1995 and STCW 1978/1996 as Amended, MLC 2006

**Id No** : 0015 **Date** : 02-Jan-2023 **D.Date** : 02-Jan-2023  
**Patient's Name** : MD ABU HASSAN **Age** : 28Y 6M 5D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO** : C/O/ 8487

## Haematology Report

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

| Parameter Name                     | Results              | Reference Range                                                                                                           |
|------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>16.7</b> gm/dl    | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr. |
| <b>ESR(Westergreen)</b>            | <b>04</b> mm/1st hr  | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm                        |
| <b>Total WBC Count(TC)</b>         | <b>5,500</b> /cumm   |                                                                                                                           |
| <b>Differential WBC Count (DC)</b> |                      |                                                                                                                           |
| Neutrophils                        | <b>49</b> %          | Child: 25-66 %, Adult: 40-75 %                                                                                            |
| Lymphocytes                        | <b>47</b> %          | Child: 52-62 %, Adult: 20-50 %                                                                                            |
| Monocytes                          | <b>03</b> %          | Child: 03-07 %, Adult: 02-10 %                                                                                            |
| Eosinophils                        | <b>01</b> %          | Child: 01-03 %, Adult: 01-06 %                                                                                            |
| Basophils                          | <b>00</b> %          | Adult: 00-01 %                                                                                                            |
| Total Cir. Eosinophils             | <b>55</b> /cumm      | 50-450/cumm                                                                                                               |
| <b>Total RBC Count</b>             | <b>5.89</b> m/ul     | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                                                |
| HCT/PCV                            | <b>45.5</b> %        | M: 40-54%, F:37-47%                                                                                                       |
| MCV                                | <b>77.2</b> fL       | 76 - 94 fL                                                                                                                |
| MCH                                | <b>28.4</b> pg       | 27 - 32 pg                                                                                                                |
| MCHC                               | <b>36.7</b> g/dL     | 29 - 34 g/dL                                                                                                              |
| RDW                                | <b>14.6</b> %        | 11 - 16 %                                                                                                                 |
| PDW                                | fL                   | 35 - 56 fL                                                                                                                |
| <b>Total Platelete Count (PC)</b>  | <b>177,000</b> /cumm | 150,000-450,000/cumm                                                                                                      |
| MPV                                | fL                   | 7.0 - 11.0 fL                                                                                                             |
| PCT                                | %                    | 0.1 - 0.2 %                                                                                                               |
| Bleeding Time(BT)                  | %                    | 10 - 18 %                                                                                                                 |
| Cloting Time(CT)                   | %                    | 0.1- 0.2 %                                                                                                                |



Checked By  
Medical Technologist

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



|                |                                                                        |               |            |
|----------------|------------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA23010015                                                            | Received Date | 02/01/2023 |
| Patient's Name | MD ABU HASSAN                                                          |               |            |
| Patient's Age  | 28Y 6M 5D                                                              | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/ 8487 |               |            |
| Sample         | BLOOD                                                                  |               |            |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | ReferenceRange  |
|--------------------------|------------|-----------------|
| Serum Bilirubin (Total)  | 0.8 mg/dl  | 0.2 - 1.1 mg/dl |
| Serum AST (SGOT)         | 18 U/L     | Up to 37 U/L    |
| Serum ALT (SGPT)         | 25 U/L     | Up to 40 U/L    |
| HbA1C                    | 4.6 %      | 4.2 - 6.7 %     |
| Blood Sugar Random (RBS) | 5.2 mmol/L | <7.8 mmol/L     |

#### REMARKS (IF ANY)

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

Checked By

Medical Technologist,  
Radical Hospitals Ltd.

**Dr. Sumaiya Khatun**  
MBBS, MD (Microbiology)

Assistant Professor  
Dept. of Microbiology

East West Medical College and Hospital

|                |                                                           |               |                   |
|----------------|-----------------------------------------------------------|---------------|-------------------|
| Bill No        | DIA23010015                                               | Received Date | 02/01/2023        |
| Patient's Name | MD ABU HASSAN                                             |               |                   |
| Patient's Age  | 28Y 6M 5D                                                 | Patient's Sex | Male              |
| Ref. by        | Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM |               | CDC NO: C/O/ 8487 |
| Sample         | BLOOD                                                     |               |                   |

### SEROLOGICAL REPORT

#### BLOOD GROUPING Result

|                 |           |
|-----------------|-----------|
| ABO Blood Group | "O" (+ve) |
| Rh(D) Factor    | Positive  |

#### Test Name Result

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

Checked By

Medical Technologist,  
Radical Hospitals Ltd.  
and Hospital

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



|                |                                                                        |               |            |
|----------------|------------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA23010015                                                            | Received Date | 02/01/2023 |
| Patient's Name | MD ABU HASSAN                                                          |               |            |
| Patient's Age  | 28Y 6M 5D                                                              | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/ 8487 |               |            |
| Sample         | URINE                                                                  |               |            |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | R B C       | Nil     |
| Appearance | Clear      | Pus Cells   | 1-2/HPF |
| Sediment   | Nil        | Epithelial  | 2-3/HPF |

#### CHEMICAL EXAMINATIONCASTS / LPF

|              |        |            |     |
|--------------|--------|------------|-----|
| Reaction     | Acidic | R B C      | Nil |
| Albumin      | NIL    | W B C      | Nil |
| Sugar        | NIL    | Epithelial | Nil |
| Ex.Phosphate | Nil    | Granular   | Nil |
|              |        | Hyaline    | Nil |

#### ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologist  
Radical Hospitals Ltd.

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

|                |                                                       |               |                  |
|----------------|-------------------------------------------------------|---------------|------------------|
| Bill No        | DIA23010015                                           | Received Date | 02/01/2023       |
| Patient's Name | MD ABU HASSAN                                         |               |                  |
| Patient's Age  | 28Y 6M 5D                                             | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/ 8487 |
| 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 Technologist  
Radical Hospitals Ltd.

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



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23010015 Receive: 02/01/2023 Print: 02/01/2023  
Patient's Name : MD ABU HASSAN  
Age : 28 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



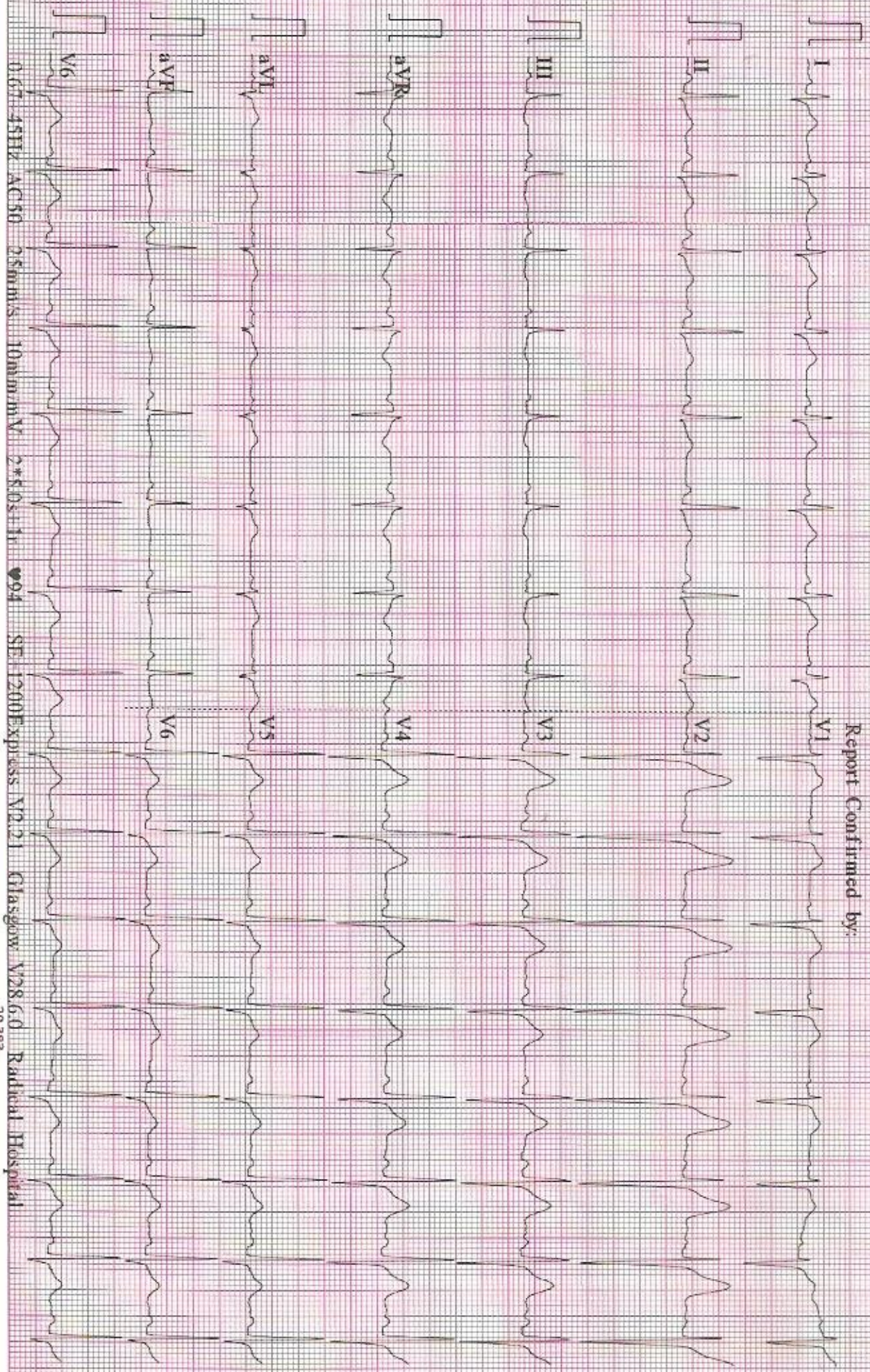
ID: 23010015  
md abu hassan  
Male 28Years

02-01-2023 02:29:38 PM

HR : 94 bpm  
P : 94 ms  
PR : 140 ms  
QRS : 84 ms  
QT/QTc : 336/421 ms  
PQRS/T : 55/74/19 °  
RV5/SV1 : 1.458/1.030 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:





REF:

DATE: 02/01/2023

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

### EYE EXAMINATION REPORT

NAME: MD ABU HASSAN

RANK: 3A/ENG

CDC NO: C/O/8487

VISUAL ACUITY:

RIGHT

LEFT

6/6

6/6

UNAIDED

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



|              |                                                       |               |            |
|--------------|-------------------------------------------------------|---------------|------------|
| Patient ID   | 23010015                                              | Voucher No    |            |
| Test Name    | USG OF KUB                                            | Delivery Date | 02/01/2023 |
| Patient Name | MD ABU HASSAN                                         |               |            |
| Age          | 29 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 -8.4cm. The cortical echogenicity are normal with clear cortico-medullary 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 -9.3cm. The cortical echogenicity are normal with clear cortico-medullary 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 and, regular in shape. Echogenicity is homogenous.  
No area of calcification is seen.

**COMMENT:** Normal Study.

Sonologist

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

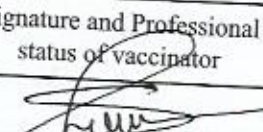


# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION MD ABU HASSAN AGAINST YELLOW-FEVER

This is to certify that  
whose signature follows

Date of birth 01-05-1954 Sex Male

has on the date indicated been vaccinated or revaccinated against yellow-fever

| Date        | Signature and Professional status of vaccinator                                                                                                                                                                                                                                 | Origin and batch no, of vaccine                                                   | Official stamp of vaccination centre                                               |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 02 JAN 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |  |
| 2           |                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                    |
| 3           |                                                                                                                                                                                                                                                                                 |                                                                                   | 2 1 3 4                                                                            |
| 4           |                                                                                                                                                                                                                                                                                 |                                                                                   |                                                                                    |

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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



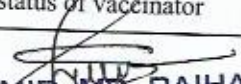
# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

RED ARBU HASSAN

This is to certify that  
whose signature follows

Date of birth 01-05-1997 Sex Male

has on the date indicated been vaccinated or revaccinated against Cholera

| Date             | Signature and Professional status of vaccinator                                                                                                                                                                                                                                | Approved Stamp                                                                    |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1<br>02 JAN 2023 | <br><b>DR. MIR MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |
| 2                |                                                                                                                                                                                                                                                                                |                                                                                   |

|   |  |   |   |
|---|--|---|---|
| 3 |  | 3 | 4 |
| 4 |  |   |   |
| 5 |  | 5 | 6 |
| 6 |  |   |   |
| 7 |  | 7 | 8 |
| 8 |  |   |   |

Continued overleaf Suite our erso