



# HAQUE & SONS LTD.

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



Accredited By : BMDC  
Accreditation No. A55144

PATIENT CONTROL NUMBER  
HS5164FF

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                                                |                                     |                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------|
| SURNAME<br><b>DIPU</b>                                                                                                                         | FIRST NAME AND<br><b>MD JUBAER</b>  | MIDDLE NAME<br><b>TANSEN</b>              |
| PLACE AND DATE OF BIRTH<br><b>GOPALGANJ 17-Mar-1986</b>                                                                                        | PASSPORT NUMBER<br><b>B00691573</b> | SEAMAN'S BOOK NUMBER<br><b>CO5164</b>     |
| NATIONALITY : <b>BANGLADESHI</b> SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                                | VESSEL TYPE : <b>BULK CARRIER</b>   | TRADING AREA : <b>WORLD WIDE</b>          |
| PERMANENT HOME ADDRESS :<br><b>H.NO.306/1, EAST MIAPARA, GOPALGANJ SADAR, BISWAS BARI ROAD, GOPALGANJ, BEDGRAM-8100, GOPALGANJ, BANGLADESH</b> |                                     | CONTACT NUMBER : <b>0088 01716-954381</b> |
|                                                                                                                                                |                                     | RANK : <b>CHIEF 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

| Question                                                                                     | 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 practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

### MEDICAL EXAMINATION

| Weight <b>80 kg</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Height (cm) <b>176</b>                                                | BM <b>25.8</b> | Blood Pressure: Systolic <b>120 mm</b> Diastolic <b>80 mm</b> | PULSE: <b>78 bpm</b>                         |                                     |  |            |  |                         |  |  |  |     |      |      |      |       |                                                                       |            |  |                                   |                                     |      |                                                                       |                                              |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------|---------------------------------------------------------------|----------------------------------------------|-------------------------------------|--|------------|--|-------------------------|--|--|--|-----|------|------|------|-------|-----------------------------------------------------------------------|------------|--|-----------------------------------|-------------------------------------|------|-----------------------------------------------------------------------|----------------------------------------------|-------------------------------------|
| <table border="1"> <thead> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="2">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> </tr> </thead> <tbody> <tr> <td>Right</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td colspan="2" rowspan="2"><b>N/A</b></td> <td><input type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Inadequate</td> </tr> <tr> <td>Left</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td><input checked="" type="checkbox"/> Adequate</td> <td><input type="checkbox"/> Inadequate</td> </tr> </tbody> </table> |                                                                       |                |                                                               |                                              | Hearing by Audiometry               |  | Audiometry |  | Hearing by Whisper Test |  |  |  | 500 | 1000 | 2000 | 3000 | Right | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <b>N/A</b> |  | <input type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate | Left | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| Hearing by Audiometry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Audiometry     |                                                               | Hearing by Whisper Test                      |                                     |  |            |  |                         |  |  |  |     |      |      |      |       |                                                                       |            |  |                                   |                                     |      |                                                                       |                                              |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | 500            | 1000                                                          | 2000                                         | 3000                                |  |            |  |                         |  |  |  |     |      |      |      |       |                                                                       |            |  |                                   |                                     |      |                                                                       |                                              |                                     |
| Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <b>N/A</b>     |                                                               | <input type="checkbox"/> Adequate            | <input type="checkbox"/> Inadequate |  |            |  |                         |  |  |  |     |      |      |      |       |                                                                       |            |  |                                   |                                     |      |                                                                       |                                              |                                     |
| Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                |                                                               | <input checked="" 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 |           |          |           | Visual fields |                                     |
|---------------|-----------|----------|-----------|---------------|-------------------------------------|
|               | Unaided   |          | Aided     |               |                                     |
|               | Right eye | Left eye | Right eye | Left eye      | Normal                              |
| Distant       | 6/6       | 6/6      |           |               | <input checked="" type="checkbox"/> |
| Near          |           |          |           |               | <input checked="" type="checkbox"/> |

Visual acuity meets the standard laid down in STCW Code Section A-1/9: ☒ YES / NO ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

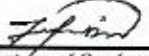
Date of last colour vision test: Date (day/month/year) **04 JAN 2023**

|                       | 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 type="checkbox"/> Negative |
| ECG                     | NAD    | BILIRUBIN                          | Alcohol Test                                                        | <input type="checkbox"/> Positive <input type="checkbox"/> Negative |
| BLOOD R/E               | NAD    | SGPT                               | URINE R/E                                                           | NAD                                                                 |
| DC (differential count) | NAD    | SGOT                               | OTHERS                                                              |                                                                     |
| HAEMOGLOBIN (HGB)       | 14.8   | DRUG AND ALCOHOL TEST              |                                                                     | HBsAg                                                               |
| ESR (WESTERGREN)        | 10     | Morphine                           | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | HIV / AIDS Test                                                     |
| WBC                     | 11.000 | Amphetamine                        | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | VDRL                                                                |
| BLOOD GLUCOSE LEVEL     |        | Phencyclidine                      | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | Blood Type                                                          |
| RANDOM                  | 5.8    | Barbiturates                       | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | Psychological Exam                                                  |
| HBA1C                   | 5.1%   | Cocaine                            | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | Others (KUB Ultraso                                                 |

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

|                                                                                                              |                                                  |                           |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------|
| <br>Signature of Seafarer | <b>MD JUBAER TANSEN DIPU</b><br>Name of Seafarer | <b>4-Jan-2023</b><br>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                                  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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

|                                  |                                 |
|----------------------------------|---------------------------------|
| Fitness Date: <b>04 JAN 2023</b> | Valid Until: <b>03 JAN 2025</b> |
|----------------------------------|---------------------------------|

Name and Signature of Authorized Physician

**DR. MIR. MD. RAHMAN**

In Accordance with Medical Examination of Seafarers Convention 1993 (Annex 8) and STCW 1978/1996 as Amended, MLC 2006

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

|                                                                                                 |  |                                                                                                                                                              |                                                                                 |
|-------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SURNAME: <b>DIPU</b>                                                                            |  | GIVEN NAME (S): <b>MD JUBAER TANSEN</b>                                                                                                                      |                                                                                 |
| DATE OF BIRTH:<br>DAY <b>17</b> MONTH <b>3</b> YEAR <b>1986</b>                                 |  | PLACE OF BIRTH<br>CITY <b>GOPALGANJ</b> COUNTRY <b>BANGLADESH</b>                                                                                            | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |
| POSITION ON BOARD:<br>MASTER<br>DECK OFFICER<br>ENGINEERING OFFICER<br>RADIO OPERATOR<br>RATING |  | MAILING ADDRESS OF APPLICANT:<br><b>H.NO.306/1, EAST MIAPARA, GOPALGANJ SADAR,<br/>BISWAS BARI ROAD, GOPALGANJ, BEDGRAM-8100, GOPALGANJ,<br/>BANGLADESH.</b> |                                                                                 |

## DECLARATION OF THE AUTHORIZED PHYSICIAN

| VISION    |                 | COLOR TEST TYPE | HEARING             |
|-----------|-----------------|-----------------|---------------------|
|           | WITHOUT GLASSES | WITH GLASSES    |                     |
| RIGHT EYE | <b>6/6</b>      | —               | RIGHT EAR <b>mm</b> |
| LEFT EYE  | <b>6/6</b>      | —               | LEFT EAR <b>mm</b>  |

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

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

Unaided hearing satisfactory? YES ☒ NO ☐

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

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **04 JAN 2023**

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

Able for watchkeeping? YES ☒ NO ☐

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

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

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

*[Signature]*

**MD JUBAER TANSEN DIPU**

**4-Jan-2023**

Signature of Applicant

Name of Applicant

Date

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

**FIT FOR DUTY ON BOARD SHIP**

|                                                                                                      |                                                                                                          |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NAME AND DEGREE OF PHYSICIAN: <b>DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144</b>             |                                                                                                          |
| ADDRESS: <b>REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230.</b>                                       |                                                                                                          |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: <b>BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)</b> |                                                                                                          |
| DATE OF ISSUE PHYSICIAN'S CERTIFICATE: <b>12-05-2011</b>                                             |                                                                                                          |
| SIGNATURE OF PHYSICIAN: <i>[Signature]</i>                                                           | STAMP OF PHYSICIAN:  |
| EXPIRY DATE OF CERTIFICATE: <b>03 JAN 2025</b>                                                       | DATE: <b>04 JAN 2023</b>                                                                                 |

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

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

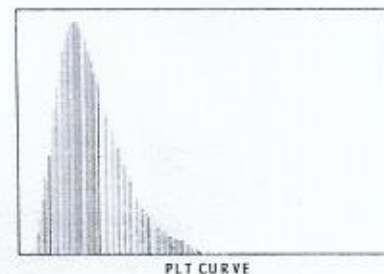
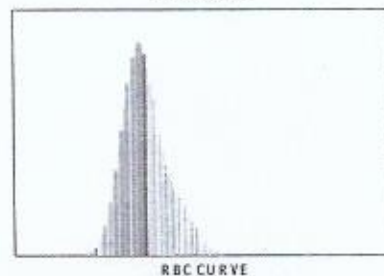
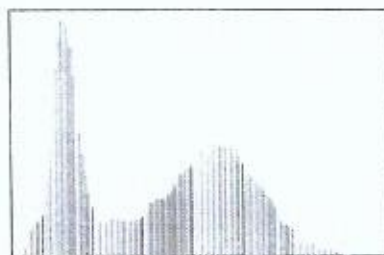


**Id No** : 0060 **Date** : 04-Jan-2023 **D.Date** : 04-Jan-2023  
**Patient's Name** : MD. JUBAER TANSEN DIPU **Age** : 36Y 8M 2D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 5164

## 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>14.8 gm/dl</b>     | 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>10 mm/1st hr</b>   | 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>11,000 /cumm</b>   |                                                                                                                           |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                                           |
| Neutrophils                        | <b>63 %</b>           | Child: 25-66 %, Adult: 40-75 %                                                                                            |
| Lymphocytes                        | <b>33 %</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>110 /cumm</b>      | 50-450/cumm                                                                                                               |
| <b>Total RBC Count</b>             | <b>4.74 m/ul</b>      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                                                |
| HCT/PCV                            | <b>39.6 %</b>         | M: 40-54%, F:37-47%                                                                                                       |
| MCV                                | <b>83.5 fL</b>        | 76 - 94 fL                                                                                                                |
| MCH                                | <b>31.2 pg</b>        | 27 - 32 pg                                                                                                                |
| MCHC                               | <b>37.4 g/dL</b>      | 29 - 34 g/dL                                                                                                              |
| RDW                                | <b>13.6 %</b>         | 11 <sup>f</sup> - 16 %                                                                                                    |
| PDW                                | <b>15.0 fL</b>        | 35 - 56 fL                                                                                                                |
| <b>Total Platelete Count (PC)</b>  | <b>4,44,000 /cumm</b> | 150,000-450,000/cumm                                                                                                      |
| MPV                                | <b>7.0 fL</b>         | 7.0 - 11.0 fL                                                                                                             |
| PCT                                | <b>0.311 %</b>        | 0.1 - 0.5 %                                                                                                               |
| Bleeding Time(BT)                  | <b>%</b>              | 10 - 18 %                                                                                                                 |
| Cloting Time(CT)                   | <b>%</b>              | 0.1- 0.2 %                                                                                                                |



*(Signature)*

Checked By  
Medical Technologist

*(Signature)*

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

|                |                                                                       |               |            |
|----------------|-----------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA-23010060                                                          | Received Date | 04/01/2023 |
| Patient's Name | MD. JUBAER TANSEN DIPU                                                |               |            |
| Patient's Age  | 36Y 8M 2D                                                             | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5164 |               |            |
| Sample         | BLOOD                                                                 |               |            |

**BIOCHEMISTRY REPORT**

| <u>Test Name</u>         | <u>Result</u> | <u>ReferenceRange</u> |
|--------------------------|---------------|-----------------------|
| Serum Bilirubin (Total)  | 0.8 mg/dl     | 0.2 - 1.1 mg/dl       |
| Serum AST (SGOT)         | 20 U/L        | Up to 37 U/L          |
| Blood Sugar Random (RBS) | 5.8 mmol/L    | <7.8 mmol/L           |
| HbA1C                    | 5.1 %         | 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 Technologist  
Radical Hospitals Ltd.



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

|                |                                                                       |               |            |
|----------------|-----------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA-23010060                                                          | Received Date | 04/01/2023 |
| Patient's Name | MD. JUBAER TANSEN DIPU                                                |               |            |
| Patient's Age  | 36Y 8M 2D                                                             | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5164 |               |            |
| Sample         | BLOOD                                                                 |               |            |

## SEROLOGICAL REPORT

| Test Name                 | Result       |
|---------------------------|--------------|
| HIV 1 & 2 (Method : (ICT) | Negative     |
| HBsAg (Method : (ICT)     | Negative     |
| VDRL                      | Non-reactive |

### BLOOD GROUPINGResult

|                 |           |
|-----------------|-----------|
| ABO Blood Group | "O" (+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

|                |                                                                       |               |            |
|----------------|-----------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA-23010060                                                          | Received Date | 04/01/2023 |
| Patient's Name | MD. JUBAER TANSEN DIPU                                                |               |            |
| Patient's Age  | 36Y 8M 2D                                                             | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5164 |               |            |
| 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  | 0-2/HPF |

#### CHEMICAL EXAMINATIONCASTS / LPF

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

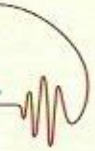
#### ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologist

Dr. Sumaiya Khatun  
MBBS, MD (Microbiology)  
Associate Professor  
Dept. of Microbiology



REF: MV. RED LILY

DATE: 04/01/2023

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

**EYE EXAMINATION REPORT**

NAME: MD JUBAER TANSEN DIPU

RANK: CH.ENG

CDC NO:C/O/5164

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/2

6/6.

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

: UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan  
MBBS, PGT (Ophthalmology)  
Assistant Registrar (EX)  
East west Medical College & Hospital

ID: 2  
Mr. James Rogers  
Male 66 Years  
D.R.

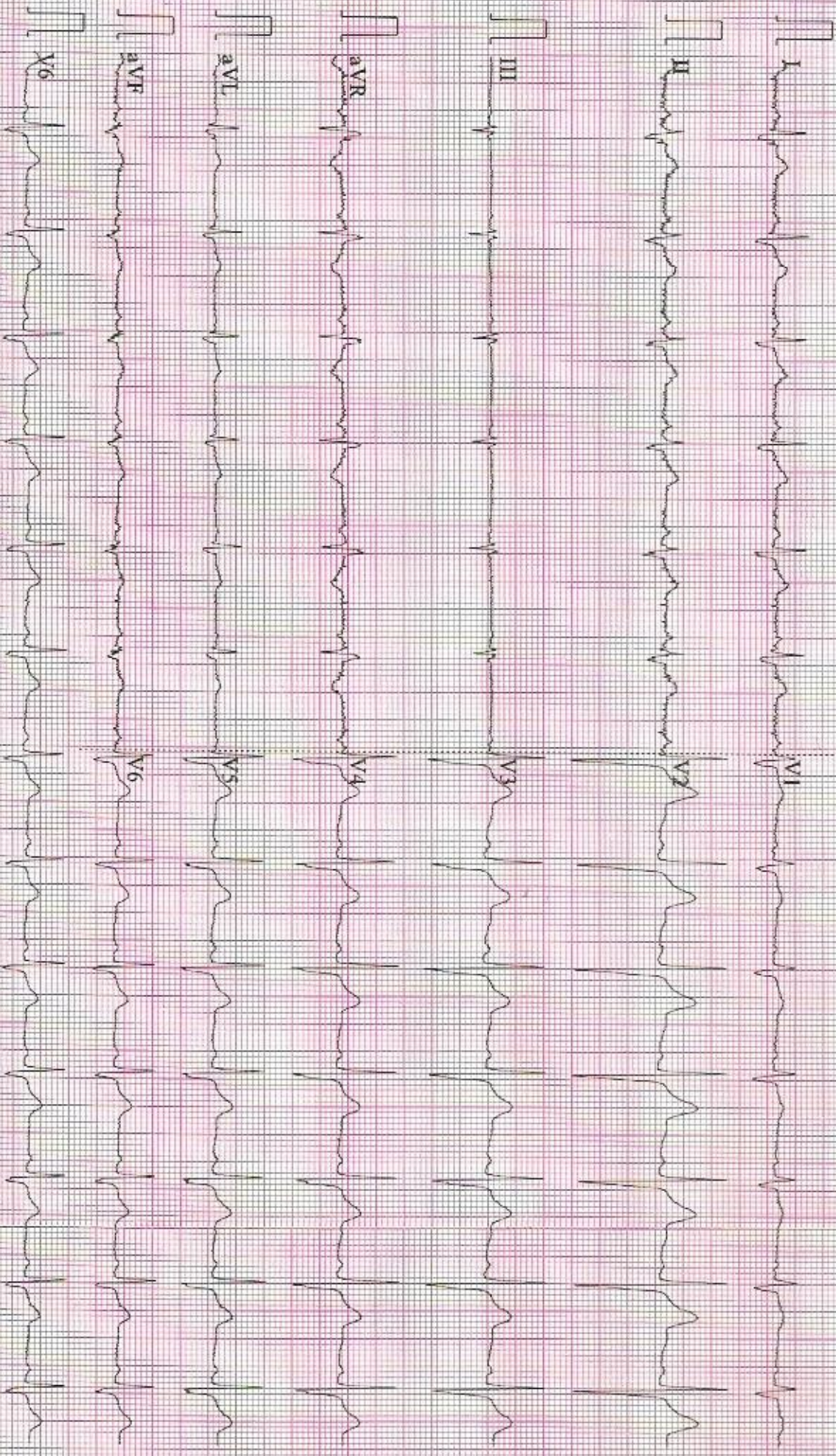
04-01-2023 04:16:08 PM

Diagnosis Information:

Sinus rhythm  
Normal ECG

HR : 79 bpm  
P : 100 ms  
PR : 136 ms  
QRS : 104 ms  
QT/QTc : 380/436 ms  
P/QRS/T : 48/8/37 °  
RV5/SV1 : 0.92/4/0.341 mV

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23010060 Receive: 04/01/2023 Print: 04/01/2023  
Patient's Name : MD JUBAER TANSEN DIPU  
Age : 36 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

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that } Date of birth 17-03-1986 Sex MALE  
whose signature follows } MD. JUBAER TASEN DIPU  
*[Signature]*  
has on the date indicated been vaccinated or revaccinated against Cholera

| Date             | Signature and Professional status of vaccinator                                                                                                                                                                  | Approved Stamp                                                                    |   |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---|
| 1<br>25 NOV 2021 | <i>[Signature]</i><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<br>04 JAN 2023 | <i>[Signature]</i><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. |  |   |
| 3                |                                                                                                                                                                                                                  | 3                                                                                 | 4 |
| 4                |                                                                                                                                                                                                                  |                                                                                   |   |
| 5                |                                                                                                                                                                                                                  | 5                                                                                 | 6 |
| 6                |                                                                                                                                                                                                                  |                                                                                   |   |
| 7                |                                                                                                                                                                                                                  | 7                                                                                 | 8 |
| 8                |                                                                                                                                                                                                                  |                                                                                   |   |

Continued overleaf Suite our erso