

ND RAIL

## HAQUE & SONS LTD.



Accreditation No. A 55144

PATIENT CONTROL NUMBER
H1125

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

#### MEDICAL EXAMINATION CERTIFICATE

	IE NO. NO.	FIRST	NAME AND				MIDDLE	NAM				
ACE A	ALAM ND DATE OF BIRTH	DACCD	ODT NUMBER	MD			0511111			HURSHED		
	IAWABGANJ 10-Dec-1989	PASSPI	ORT NUME				SEAMAN	'S B				
	ALITY: BANGLADESH SEX:	To State	☐ Female	0146464	FECEL	TVDII W	NIETHO II			CO6006	00 00	227 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
_	IENT HOME ADDRESS :	W Male	LJ Female	e vi	ESSEL		CT NUMBI		EIRAL	DING AREA		ORLD W
	OBINDOPUR, KHAITHAPARA, RA	MCHAND	DADIID HA	T CHAP	A.	CONTA	CT NUMBI	EK.		00880	1753387	303
	ANJ SADAR, CHAPAI NAWABGAN			AT, CHAP	AI .	RANK				2	ND ENG	INEER
Have y	ou ever had any of the following co	nditions?										
	Condition	YES	NO,	T	Conc	lition					YES	NO
1	Eye/vision problem		9	18		probler	ns					
2	High blood pressure		3	19	11111111111	u smok						4
3	Heart/vascular disease		0	20		ation/sur						5
4	Heart surgery	0	4	21		osy/seiz						Y
5	Varicose veins		4	22		ness/fair						
6	Asthma/bronchitis		4	23			iousness				0	E D
7	Blood disorder		4	24		niatric pr						4
8	Diabetes		4	25		natric pr ession	obiems					
9	Thyroid problem			26			lelde					
10	Digestive disorder		H	27		pted su						
11	Kidney problem		१ घण्यत्त्र द्रवत्त्र द्	28		of memo	1000					פושיים
12	PEC14-0 E1		2	7-25-0		ce probi						
	Skin problem		9	29		re heada	1000					
13	Allergies		7	30			at problem	IS				D.
14	Infectious/contagious diseases			31		icted mo			121			B
15	Hernia		L.	32		problem	is					B
16	Genital disorders			33	775007333	itation						. 5
17	Pregnancy		る	34	Fract	ures/disl	ocations		-30			0
	of the above questions were answere onal questions	eu yes, p	lease give	details.								
35					_			-			YES	NO
	Have you ever been signed off as		patriated fro	om a ship	2							5
36	Have you ever been hospitalised?		3972									ď
37	Have you ever been declared unfi			1	2							9
38	Has your medical certificate ever											19
39	Are you aware that you have any											Y
40	Do you feel healthy and fit to		duties of	f your des	signated	position	n/occupatio	n?			V	
41	Are you allergic to any medication	is?				301.5						T
omme	ents:	FIT FO	OR DUTY	ON BO	DARD	SHIP						
42	Are you taking any non-prescription	on or preso	ription med	dications?	?			- 1	are .	100	. 0	B
yes, p	please list the medications taken an	d the purp	ose(s) and	dosage(s	5)	=+15				7.	1	
1200000												
12300000												
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hereb	y authorize the release of all my pre	vious med	ical records	s from an	y health	profess	sionals, hea	ilth in	stitutions	s and public	authori	ties to
hereb	Md. Raihan (approved medical pra	ctioner) I a	also certify	s from an that my h	y health istory c	profess ontained	sionals, hea d above is t	ilth in rue a	stitutions nd any fa	s and public alse statem	authori ent will	ties to
hereb	y authorize the release of all my pre Md. Raihan (approved medical pra lify me from my employment, benefi	ctioner) I a	also certify	s from an	y health istory c	profess ontained	sionals, hea d above is t	ilth in rue a	stitutions nd any fa	s and public alse statem	authori ent will	ties to
hereb	Md. Raihan (approved medical pra	ctioner) I a	also certify	s from an that my h	y health istory c	profess ontained	sionals, hea d above is t	ilth in rue a	stitutions nd any fa	s and public alse statem	authori ent will	ties to
hereb	Md. Raihan (approved medical pra	ctioner) I a	also certify	s from an that my h	y health	profess ontained	sionals, hea d above is t	ilth in rue a	stitutions nd any fa	s and public alse statem	authori ent will	ties to
hereb r. Mir isqual	r Md. Raihan (approved medical pra lify me from my employment, benefi	ctioner) I a	also certify	s from an that my h	y health	profess ontained	sionals, hea d above is t	alth in	stitutions nd any fa	s and public alse statem	authori ent will	ties to
hereb r. Mir isqual	Md. Raihan (approved medical pra lify me from my employment, benefit A Signature of Seafarer  EXAMINATION	ectioner) I a ts and clair	also certify	that my h	istory c	ontained	sionals, head above is t	rue a	stitutions nd any fa	alse statem	ent will	ties to
hereb r. Mir isqual	Md. Raihan (approved medical praifity me from my employment, benefit  Signature of Seafarer  EXAMINATION  Height (cn/72	ectioner) I a ts and clair	also certify ms.	that my h	istory c	ontained	d above is t	rue a	mm/VF	PULSE	ent will	T85
hereb r. Mir isqual	Md. Raihan (approved medical pra lify me from my employment, benefit A Signature of Seafarer  EXAMINATION	ectioner) I a ts and clair	also certify ms. Blood Press	that my h	istory c	ontained	d above is t	rue a	mm/VF	PULSE	ent will	785

YES

NO

Hearing meets the standards as laid down in STCW Code Section A-1/9?

Distant			sual acuity	A 1-1	al .	_	-	V	isual	fields	
Distant	Righteye	Jnaided Left eye	Right eye	Aide	Left eye			Normal		D	efective
The second secon	GIL	CA	Tugint sys			Right	eye		(		
Near		-0-				Left e	ye e				
Visual acuity	meets the s	standard laid do	own in STCW C	ode S	Section A-		S / NO				
Colour vision	as per STC	W CODE Sect	tion A-I/9: 🗠	Nor		☐ Doubt	ful	□ Defe	ctive		
Date of last of	colour vision	test: Date (day	y/month/year) _	10,	JAN 207	23					5
			Normal_Abn	ormal				- 14/47		Normal	Abnorma
Head					1775772150	ose veins				H	
Sinuses, nos	e, throat					ılar (inc. peda				19	
Mouth/teeth					25 23011 350	men and visce	era				
Ears (genera					Hemi	100 100 10000	122				
Tympanic me	embrane					(not rectal ex	am)			19	O
Eyes						ystem				D	
Opthalmosco	ру		4		(10 m) (10 m) (10 m)	and lower ex				4	
Pupils	102				1200000000000	(C/S, T/S and	Name and the second				
Eye moveme			4			ologic (full brie	1)			7	
Lungs and ch					Psych					100000000000000000000000000000000000000	
Breast exami	ination					ral appearanc	e				
Heart				7	Skin					U	
ESULTS OF A		EXAMINATIO	NS BIO CHEMICA	Δ1 /LP	VER FLIN	CTION TEST	Marijuana	-2- 10	LOIF	Oneitiad 12	Negative
ECG		man	BILIRUBIN	IL ILI	O.	6	Alcohol Te	et			Negative
200	BLOOD R/	1111	SGPT		31		URINE R/E		1-1	OSILIVE	rivegative
DC(differentia		MAN	SGOT	-	25	-	OININE PUE		ERS	///	10
HAEMOGLO		1166		AND	ALCOHOL	TEST	HBsAg	OIL		Reactive P	Nonreactiv
ESR (WEST		13.0	Morphine	_	Positive	Negative		Test			Nonreacti
WBC	LNGREN)	6 linn	Amphetamine	-	Positive	□ Negative Negative	and the same of th	rest			Nonreacti
	GLUCOS	0.400	Phencyclidine	_	Positive	□ Negative			Lul	Reactive E	
RANDOM	J GLUCUSI	5.7	Barbiturates	_	Positive	Negative			1	2/2	970
HBA1C	-	5.2%	Cocaine	-	Positive			B Ultrasound)	1	1	TE
	that I am in	knowledge of t					1.3/1.0			///	
(VA					- Utilita	SHED ALAM				10.	JAN 2023
nature of Seal	farer	č	-	-		Seafarer.	M)		-	-	Date
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edically:	3			E	~	rice .	Cate			Oth	
				E		uice .	Cate			Oth	

In Accordance with Medical Examination (Section 1974) MIC 2006

DG Shipp.ng Bangladesh Approved

General Physician

Radical Hospitals Limited.

# CRW15 - CHEMICAL BLOOD TEST REPOR.

LAST NAME		FIRST NAME			POSITION ON BOARD		
DATE OF BIRTH	PLACE	MD KHURSH OF BIRTH	IED	SEX	ID DOCUMENT NO	7-11-11-11	
10-DEC-1989		INAWABGANJ		MALE	C/O/6006		
	(PLEA	ASE INDICATE BE	ELOW IF THE	LISTED TESTS ARE	WITHIN THE REFERENCE LEVEL		
TEST		YES	NO		TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)		Ø		LYMPHOCYTE CO	UNT	D	
RED BLOOD CELL COUNT (RBC)		A.		MONOCYTE COUN	NT :	D	
PLATELET COUNT (PLT)				EOSINOPHIL COU	NT	0	
HAEMOGLOBIN (HGB)		4		BASOPHIL COUNT		B'	
HAEMOTOCRIT (HCT)		8		GRANULOCIYTE C	OUNT	JV	
MEAN CORPUSCULAR VOLUME (MC	·V)	I		THROMBOCYTE C	OUNT	9	
MEAN CORPUSCULAR HAEMOGLOB	BIN (MCH)	9		BIOCHEMISTRY		YES	NO
MEAN CORPULSCULAR HB. CONC (I	MCHC)	0		ASPARTATE AMIN	OTRANSFERASE (AST, SGOT)	y	
MEAN PLATELET VOLUME (MPV)		Ø		ALANINE AMINOTE	RANSFERASE (ALT, SGPT)	4	
RED BLOOD CELL DISTRIBTION WID	TH (RDW)	Z,		TOTAL BILIRUBIN		9	
NEUTORPHIL COUNT		9					
IF ANY OF THE ABOVE CHECMIC, DETAILS BELOW. COMMENTS (FO	AL-SPECIFIC E or abnormal re	SLOOD TEST INI sult):	DICATES N	EGATIVE RESPONSE	TO CLINICAL TEST PARAMET	RS, PLEASE G	SIVE
Doctors Comments:			4.				,
8		VO A	bno	rmele	AF FOO	mol	
Fu		MBB: BM	S (DU), DFM, ( DC A-551 Shipping B Gener	MD. RAIHA CCD (Birdem), PGT (Opht 44, MMC-BGD-010 angladesh Approve al Physician lospitals Limited.	h) S	JAN 2023	
	L EXAMINER	AME		le e u	DATE OF	EXAMINATION	
(SIGNATUR	E & PRINTED N	AME)					

#### PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

#### THE REPUBLIC OF LIBERIA

LAST NAME OF	APPLICAN	NT T	FIRST NAME		MIDDLE INITIAL
ALAM			MD		KHURSHED
DATE OF BIRTH	1		PLACE OF BIRT	11	SEX
12	10	1989	CHAPAI NAWA	BGA BANGLADESH	
MONTH	DAY	YEAR	CITY	COUNTRY	MALE FEMALE
EXAMINATION	FOR DUTY	AS:		MAILING ADDRESS OF	FAPPLICANT:
MASTER		RATING		KRISNA GOBINDOPU	R, KHAITHAPARA, RAMCHANDRAPUR HAT,
MATE		MOU DEC	CK .	CHAPAI NAWABGAN	J SADAR, CHAPAI NAWABGANJ, BANGLADESH
ENGINEER		MOU ENG	GINE		
RADIO OFF		SUPERNU	MERARY		
MEDICAL EX	AMINATI	ON (SEE R	EVERSE SIDE F	OR MEDICAL REQUIP	REMENTS) STATE DETAILS ON REVERSE SID
	COLOR VIS MEETS ST. E: BOOK * I	SION TEST ( ANDARDS )	Month/Day/Year) IN STCW CODE, THECK IF COLOR TO  THE SP  Yel  SP  IS	Testing Recall Testin	quired every 6 years  NO   RED MYGREEN BLUE   MY
	TO ENDA	NGER THE			D BY, OR TO RENDER HIM UNFIT FOR SERVICE AT 17 IF YES, EXPLAIN IN DETAILS OF MEDICAL
Œ.	<b>A</b> -		- AL	10 JAN 2023	0 9 JAN 2025
SIGNATI	JRE OF AP	PLICANT	D	OATE OF EXAM	EXPIRY DATE
THIS SIG	NATURE S	HOULD BE	AFFIXED IN THE	PRESENCE OF THE EXA	MINING PHYSICIAN.
11110 010		A DLIVSIC	L EXAMINATIO	M NOC M	
THIS IS TO CER	TIFY THAT	-		111030	D KHURSHED ALAM
	TIFY THAT	FIT FO	OR DUTY ON		ME OF APPLICANT)
THIS IS TO CER' (HE) (SHE) IS FO	OUND TO B	FIT FO	OR DUTY ON	BOARD SHIP (NA)	ME OF APPLICANT)
THIS IS TO CER (HE) (SHE) IS FO MOU ENGINE or	OUND TO B	FIT FO E (FIT) (NO MERARY).	OR DUTY ON I FIT) FOR DUTY	AS A: (MASTER, MATE,	ME OF APPLICANT)
THIS IS TO CER (HE) (SHE) IS FO MOU ENGINE OF NAME AND DE	OUND TO B SUPERNU EGREE OF	FIT FO E (FIT) (NO MERARY).	OR DUTY ON T FIT) FOR DUTY ODR. MIR MD	AS A: (MASTER, MATE, RAIHAN; M.B.B.S (E	ME OF APPLICANT) ENGINEER, RADIO OFFICER, RATING, MOU DECK
THIS IS TO CER  (HE) (SHE) IS FO  MOU ENGINE OF  NAME AND DI  ADDRESS	OUND TO B SUPERNU EGREE OF REDICAL HO	E (FIT) (NO MERARY). PHYSICL OSPITALS L	OR DUTY ON  I FIT) FOR DUTY  DR. MIR MD,  IMITED. 35, SHAH	AS A: (MASTER, MATE, RAIHAN; M.B.B.S (E	ME OF APPLICANT) ENGINEER, RADIO OFFICER, RATING, MOU DECK  D.U), REG.NO.A-55144  TOR-12, UTTARA, DHAKA-1230, BANGLADESH
THIS IS TO CER  (HE) (SHE) IS FO MOU ENGINE OF NAME AND DI ADDRESS	OUND TO BE SUPERNU EGREE OF REDICAL HOST	E (FIT) (NO MERARY). F PHYSICL OSPITALS L CERTIFIC	OR DUTY ON THE FOR DUTY OR. MIR MD, MITTED. 35, SHAH ATING AUTI DO	AS A: (MASTER, MATE, RAIHAN; M.B.B.S (E MAKHDUM AVENUE, SEC	ME OF APPLICANT) ENGINEER, RADIO OFFICER, RATING, MOU DECK  D.U), REG.NO.A-55144  TOR-12, UTTARA, DHAKA-1230, BANGLADESH

of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-I05M (REV. 06/16) DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-018
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

#### MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
  Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy,
- (e) insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

#### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION IN	NCLUDING HEARING TEST.
-------------------------------------	------------------------

PATHOLOGICAL EXAMINAT A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

10 JAN 2023

RLM-105M (REV. 06/16)

A: rer-MLC-2006

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

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



D.Date: 10-Jan-2023

Gender: Male

Id No : 0179

Patient's Name: MD KHURSHED ALAM

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/6006

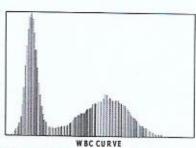
### **Haematology Report**

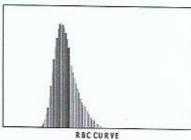
Date: 10-Jan-2023

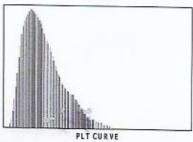
Age: 32Y 8M 14D

k checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)  ESR(Westergreen)	15.8 gm/dl 05 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
Total WBC Count(TC)		Male:0-10, F:0-20 mm/1st hr.
. 1	<b>6,400</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC) Neutrophils	FC 0/	0
Lymphocytes	56 %	Child: 25-66 %, Adult: 40-75 %
Monocytes	40 %	Child: 52-62 %, Adult: 20-50 %
	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	128 /cumm	50-450/cumm
Total RBC Count	5.15 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.9 %	M: 40-54%, F:37-47%
MCV	<b>79.4</b> fL	76 - 94 fL
MCH	<b>30.7</b> pg	27 - 32 pg
MCHC	38.6 g/dL	29 - 34 g/dL
RDW	13.4 %	11 - 16 %
PDW	13.7 fL	35 - 56 fl
Total Platelete Count (PC)	2,37,000 /cumm	150,000-450,000/cumm
MPV	7.6 fL	7.0 - 11.0 fL
PCT	0.180 %	0.1 - 0.%
Bledding Time(BT)	%	
	/0	10 - 18 %







Checked By Medical Technologist

Cloting Time(CT)

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU) Associate Professor

Dept. Of Microbiology

East West Medical College & Hospital.

0.1-0.2 %

RADICAL HOSPITAL

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

Bill No	DIA23010179	Received Date	10/01/2023
Patient's Name	MD KHURSHED ALAM	3333511355550	10.0 1/2020
Patient's Age	32Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC :C/O/6006
Sample	BLOOD		(70) 700 700 700 700 700 700 700 700 700

# BIOCHEMISTRY REPORT

Test Name	Result	ReferenceRange
Serum Bilirubin (Total)	0.6mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	25 U/	Up to 37 U/L
Serum ALT (SGPT)	31 U/L	Up to 40 U/L
Blood Sugar Random (RBS)	5.7 mmol/L	<7.8 mmol/L
HbA1C	5.2 %	4.2 - 6.7 %

### REMARKS (IF ANY)

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

Checked By

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



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

Test Name

Bill No	DIA23010179	Received Date	10/04/0000
Patient's Name	MD KHURSHED ALAM	Received Date	10/01/2023
Patient's Age	32Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	The control of the co	CDC :C/O/6006
Sample	BLOOD	(=====================================	0000,00000

### SEROLOGYCAL REPORT

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

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

Result

Checked By

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



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

Bill No	DIA23010179	Received Date	10/01/2023
Patient's Name	MD KHURSHED ALAM	1.oocived Bate	10/01/2023
Patient's Age	32Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),(	CONTRACTOR SOCIETY OF THE PROPERTY OF	CDC :C/O/6006
Sample	URINE	, , , , , , , , , , , , , , , , , , , ,	0000101000

#### URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-3/HPF

#### CHEMICAL EXAMINATIONCASTS / LPF

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

## ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologis

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



**Test Name** 



Bill No	DIA23010179	Received Date	10/01/2023
Patient's Name	MD KHURSHED ALAM		
Patient's Age	32Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC :C/O/6006
Sample	URINE		

Result

#### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Obecked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital

RADICAL HOSPITAL

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

REF: MT. EASTERN ORCHID

DATE: 10/01/2023

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

# EYE EXAMINATION REPORT

NAME: MD KHURSHED ALAM

RANK: 2<sup>ND</sup> ENG

CDC NO:C/O/6006

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

GPINION:

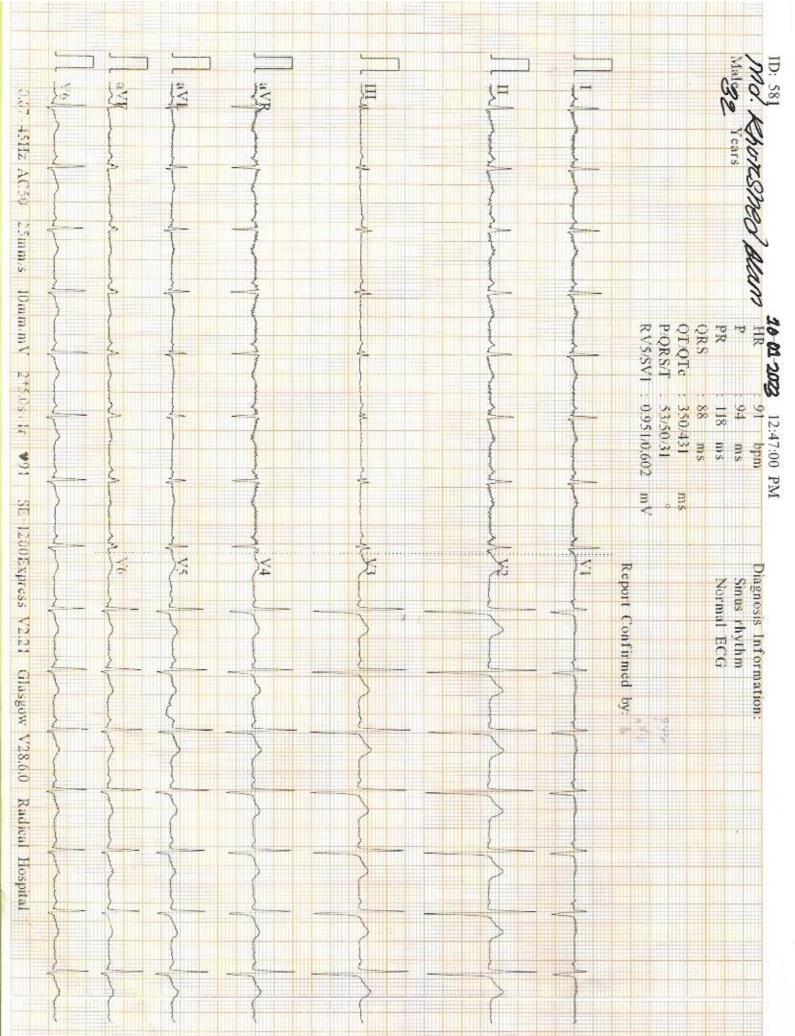
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL

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## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23010179 Receive:10/01/2023 Print: 10/01/2023

Patient's Name : MD KHURSHED ALAM

Age : 32 Yrs Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart : Normal in T.D.

Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

This report has been electronically signed.

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 10-12-1989 Sex MALE MD. KHURSHED ALAM (C/0/6006

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stam	P
149	DR. MIR. MD. RAIHAN  DR. MIR. MD. RAIHAN  MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  BMDC A-55144, MMC-BGD-016  B	SS, Shah Mahhdum Syenus Utsara, Dhaha	
2 (B) 1/1	Radical Hospitals  DR. MIR. MD. RAIHAN  MBBS (DU). DFM. CCD (Birdem). PGT (Ophth)  BMDC A-55144. MMC-BGD-016  DG Shipp.ng Bangladesh Approved  General Physician  Radical Hospitals Limited.	25, Sheh Mekhdum Avenue Uttara, Dhaka	
3 JAH 20	And I	St. Stah Makhdum	4
4	MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	Utlen, Dhaka &	y sales and and
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