



HAQUE & SONS LTD.

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

Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMD
Accreditation No. A-55144

PATIENT CONTROL NUMBER
H2213

MEDICAL EXAMINATION CERTIFICATE

SURNAME AHMED	FIRST NAME AND MERAZ	MIDDLE NAME
PLACE AND DATE OF BIRTH TANGAIL 5-Dec-1998	PASSPORT NUMBER A05584948	SEAMAN'S BOOK NUMBER CO10308
NATIONALITY : BANGLADESHI SEX : ☐ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL-KORIATA, PO-CHATUTIA PS-GOPALPUR, DIST-TANGAIL, BANGLADESH	CONTACT NUMBER : +8801771256197 (SELF)	RANK : 3RD ASST ENGINEER

Have you ever had any of the following conditions?

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

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

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby 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.

Mir Md. Raihan

Signature of Seafarer

MEDICAL EXAMINATION

Weight 76 kg	Height (cm) 170	BM 26.2	Blood Pressure: Systolic 120 mm Diastolic 80 mm	PULSE: 78 bpm
Ear	Hearing by Audiometry	Audiometry		
Right	☐ Adequate ☐ Inadequate	500	1000	2000
Left	☐ Adequate ☐ Inadequate	N/A		
		Hearing by Whisper Test		
		☒ Adequate ☐ Inadequate		
		☒ Adequate ☐ Inadequate		
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐				

	Visual acuity				Right eye	Visual fields	
	Unaided		Aided			Normal	Defective
	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: ☒ 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) 03 JAN 2023

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<u>NAD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>NAD</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	<u>NAD</u>
DC(differential count)	<u>NAD</u>	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	<u>13.4</u>	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	<u>10</u>	Morphine	☐ Positive ☒ Negative	☐ Reactive ☒ Nonreactive
WBC	<u>8400</u>	Amphetamine	☐ Positive ☒ Negative	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	<u>4.8</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	<u>5.3%</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultraso

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

Mess
Signature of Seafarer

MERAZ AHMED
Name of Seafarer

03 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
<u>Fit</u>	☐	☒	☐	☐
Unfit	☐	☐	☐	☐

☒ 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:

03 JAN 2023

Valid Until:

02 JAN 2024

Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Revision : 5.1

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

Revision Date : 24th July 2022



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MERAZ AHMED

RANK : 3RD ASST ENG

CDC NO : C/O/10308

DOB : 05-Dec-1998

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

- | | YES | NO |
|--|--------------------------|-------------------------------------|
| 1 Have you ever had coronary thrombosis or certain types of heart surgery? | ☐ | ☒ |
| 2 Are you suffering from any heart-related complications? | ☐ | ☒ |
| 3 Are you a diabetic ? | ☐ | ☒ |
| 4 If you are diabetic, do you need injections of insulin for diabetes? | ☐ | ☒ |
| 5 Have you ever had a stroke, or unexplained loss of consciousness? | ☐ | ☒ |
| 6 Have you ever been treated for a mental or nervous problem? | ☐ | ☒ |
| 7 Are you an alcoholic, or have you had alcohol or drug addiction problems? | ☐ | ☒ |
| 8 Do you have any hearing difficulties or are you using any hearing aid? | ☐ | ☒ |
| 9 Have you ever suffered from any STD (Sexually Transmitted Disease)? | ☐ | ☒ |
| 10 Are you aware of any other health condition that could affect your fitness for seafaring employment * | ☐ | ☒ |

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel, I will bear all the expenses as may incur as a direct result of such concealment.

Date : 03 JAN 2023

Signed :

The Crew Member

* If yes, mention details below:-

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Medical Information (医療情報) * Please check the appropriate items.

該当する二箇に「印」を入れて下さい。

1. ALLERGIES: ☐ Urticaria (hives) ☐ Asthma ☐ Other
(アレルギー) (じんましん) (ぜんそく) (その他)
☐ Drug allergies (name): ☐ Food allergies (name):
(薬物アレルギー) (食料アレルギー)

2. PAST HISTORY (病歴)
(1) Past serious illness: ☐ (既往の重症) * Age (年齢):

Surgeon (手術) _____ Anest. _____
(手術科) (麻酔科) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE)..... (Yes/No): ☒ (持病/有無)
Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

03 JAN 2023

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4. DAILY LIFE HABITS: (日常生活)

- (1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない)
☐ Drink 2-3 times a week (週に2~3回) ☐ Drink every evening (毎日)
☐ Heavy drinker (強い) ☐ Moderate drinker (中程度) ☐ Light drinker (弱い)
- (2) Smoking: (喫煙) ☐ Never smoke (吸わない)
☐ Quit smoking in 19_____, 19_____, 年に禁煙
☐ Smoke _____ cigarettes a day (1日平均_____) 毎日
- (3) Bowel movements: ☐ Regular (規則的) ☐ Irregular (不規則) ☐ Constipated (便秘)
- (4) Dietary preferences: (食事の好み) ☐ Meat (肉類) ☐ Fish (魚類)
☐ Salty (塩辛い) ☐ Sweet (甘い) ☐ Only (独特な)
- (5) Exercise: (運動) ☐ Often (よくやる) ☐ Sometimes (時々) ☐ Never (しない)
- (6) Sleep: (睡眠) ☐ Sleep well (よく寝る) ☐ Have Sleeplessness (寝れない)
☐ Have Insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)
- (7) Weight: (体重) ☐ Constant (変わらない) ☐ Putting on weight (太る傾向)
☐ Losing weight (痩せる傾向)

5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

- | | | | | |
|--|---|---|---|---|
| ☐ Heart disease (心臓病) | F | M | B | S |
| ☐ Cancer: part (癌/部位) | F | M | D | S |
| ☐ Diabetes (糖尿病) | F | M | B | S |
| ☐ Hypertension (高血圧症) | F | M | B | S |
| ☐ Cerebral Apoplexy (脳卒中) | F | M | B | S |
| ☐ Liver disease (肝臓疾患) | F | M | B | S |
| ☐ Other: Name of disease (病名) | F | M | B | S |

Briefly enter any special comments to the Attending Physician in English.
(受診医へ特に行いたいこと、英語で簡潔に)

MEDICAL RECORDS
(Write in block letters)

Name of Company: _____ Tel: _____ Fax: _____
(所属会社)
Nationality: Bangladeshi (国籍)
Name: MERZUHAN Sex: (性別) M/F
(氏名) (男/女)
family name (姓)
Name of Position: 3003875MB Date of Birth: 05-22-98
(職種) (生年月日) (D-M-Y)
Height: 170 cm Weight: 75 kg/at age 20: (20 才時) _____ kg
Pulse: 78 /min Normal breathing rate: 24 /min Normal temperature: _____ °C
(脈拍) (正常呼吸数/分) (正常体温)
Blood pressure: 120/80 mmHg Blood type: B+ Rh () Single/Married
(血圧) (血液型) (独身/既婚)
Blood sugar: (血糖値) _____ mg/dl × 0.05625 = () mmol/l
Uric acid: (尿酸値) _____ mg/dl × 0.05914 = () mmol/l



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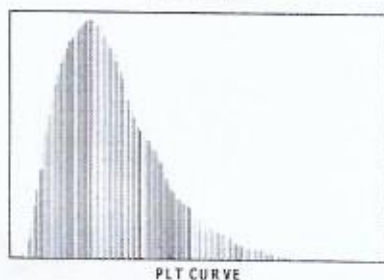
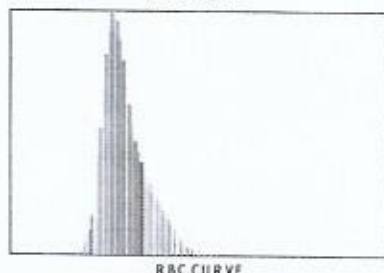
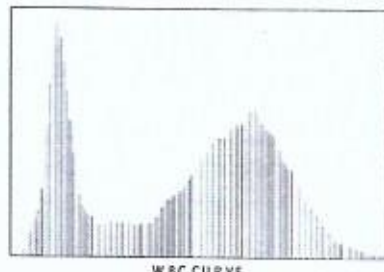
Date: 03 JAN 2023 Signature: (署名) Mirza
(Card holder) (本人)

Id No : 0043 **Date** : 03-Jan-2023 **D.Date** : 03-Jan-2023
Patient's Name : MERAZ AHMED **Age** : 24Y 0M 29D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO** : C/O/10308

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.4 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	10 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	70 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	26 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	178 /cumm	50-450/cumm
Total RBC Count	4.86 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	35.2 %	M: 40-54%, F:37-47%
MCV	72.4 fL	76 - 94 fL
MCH	27.6 pg	27 - 32 pg
MCHC	38.1 g/dL	29 - 34 g/dL
RDW	12.6 %	11 - 16 %
PDW	17.4 fL	35 - 56 fL
Total Platelete Count (PC)	2,42,000 /cumm	150,000-450,000/cumm
MPV	9.4 fL	7.0 - 11.0 fL
PCT	0.227 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
 Medical Technology

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

Bill No	DIA-23010043	Received Date	03/01/2023
Patient's Name	MERAZ AHMED		
Patient's Age	24Y 0M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/10308		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	22 U/L	Up to 40 U/L
Serum AST (SGOT)	24 U/L	Up to 37 U/L
Blood Sugar Random (RBS)	4.8 mmol/L	<7.8 mmol/L
HbA1C	5.3 %	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 Technologists
Radical Hospitals Ltd.


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

Bill No	DIA-23010043	Received Date	03/01/2023
Patient's Name	MERAZ AHMED		
Patient's Age	24Y 0M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/10308		
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING Result

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

Checked By

Medical Technologist
Radical Hospitals Ltd.


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Associate Professor
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/10308		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-4/HPF
Sediment	Nil	Epithelial	1-2/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
Radical Hospitals Ltd.

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

Bill No	DIA-23010043	Received Date	03/01/2023
Patient's Name	MERAZ AHMED		
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/10308		
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 Technologists
Radical Hospitals Ltd.


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



REF: MV. ONE MACKINAC

DATE: 03/01/2023

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

EYE EXAMINATION REPORT

NAME: MERAZ AHMED

RANK: 3A/ENG

CDC NO: C/O/10308

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

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

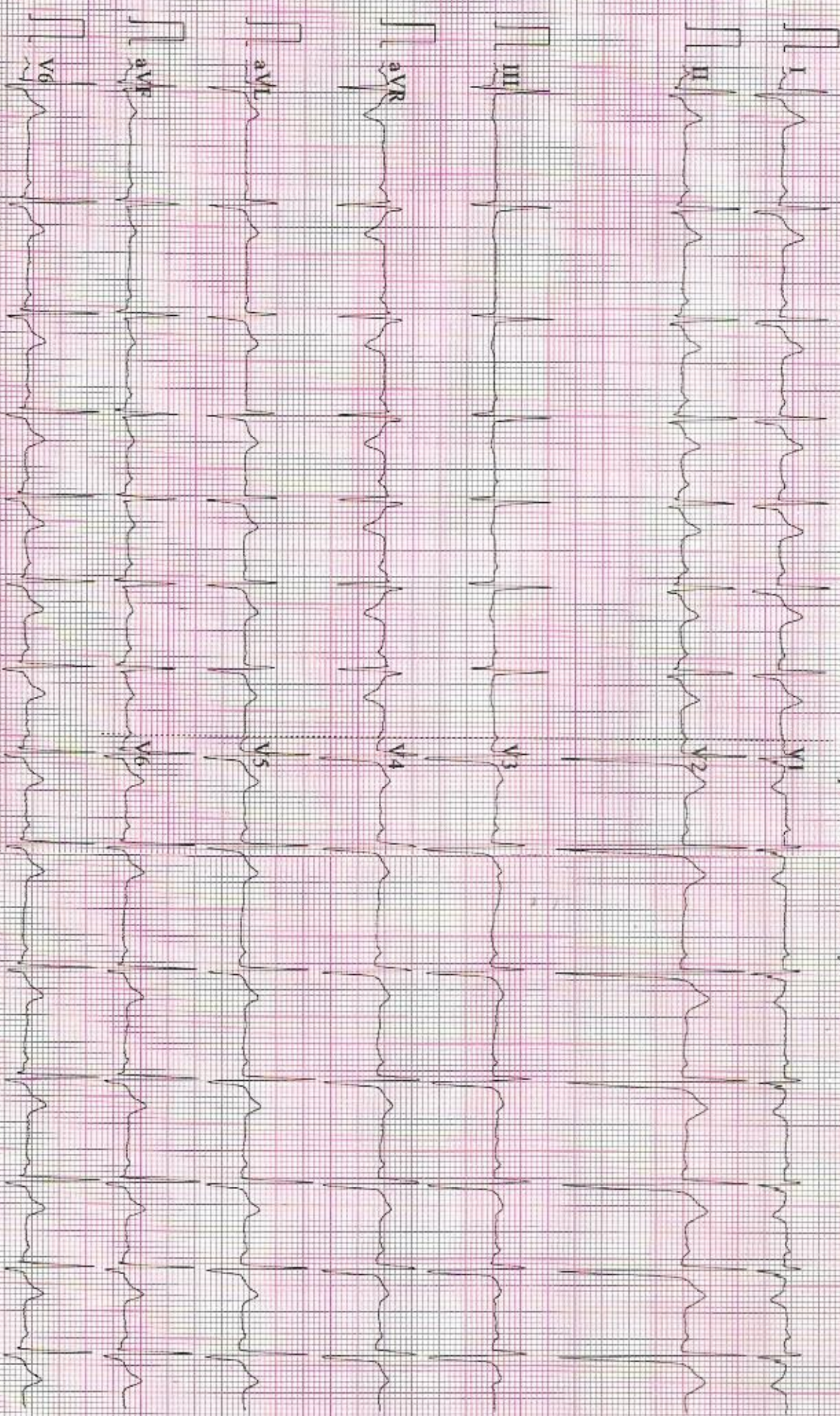
ID: 2
Patricia James
Male 24 Years

03-01-2023 05:40:10 PM

HR : 83 bpm
P : 94 ms
PR : 134 ms
QRS : 100 ms
QT/QTc : 338/398 ms
P/QRS/T : 48/67/23 °
RV5/SV1 : 1.24/3.0/5.06 mV

Diagnosis Information
Sinus arrhythmia
Normal ECG

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23010043 Receive: 03/01/2023 Print: 03/01/2023
Patient's Name : **MERAZ AHMED**
Age : 24 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

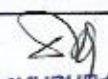
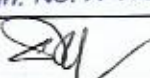
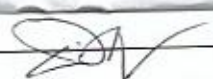
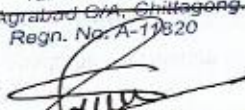
Completed by Company's M.O.

Creation	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
N/D	N/D			DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820	
Not Done	Not Done			DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820	
Not Done	Not Done			DR. M.D. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820	
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Geriatr), PGD (Dipht) BMDC A-55144, MM-C-BGD-076 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that Merraz Ahmed } Date of birth 05-12-1988 Sex Male
 whose signature follows }

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp		
03 JUL 2019	 DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820			
06 JAN 2020	 DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820			
26 FEB 2022	 DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820		3	4
03 JAN 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.			6
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