



INTERNATIONAL LABOUR ORGANIZATION

Sectoral Activities Programme

See text links
below.

ILO/WHO/D.2/1997

Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

Annex D

Minimum requirements for the medical examination of seafarers

MD. ALIF HOSSAIN PALLAB

Name (last, first, middle):

Date of birth (day/month/year): 22/01/1993 Sex: ☒ male ☐ female

Home address: Vlg: Pagladah; P.O: Nandagram; PS: KOTWALI
DIST: JESSORE

Passport No./Discharge Book No.: A00888237 / C/0/7551

Type of ship (container, tanker, passenger, fishing): TANKER

Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	☐	☒	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	☐	☒	Loss of consciousness	☐	☒

04.2023.3134



- | | | | | | |
|------------------------------------|--------------------------|-------------------------------------|------------------------------|--------------------------|-------------------------------------|
| 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

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 35. Have you ever been signed off as sick or repatriated from a ship? | ☐ | ☒ |
| 36. Have you ever been hospitalized? | ☐ | ☒ |
| 37. Have you ever been declared unfit for sea duty? | ☐ | ☒ |
| 38. Has your medical certificate ever been restricted or revoked? | ☐ | ☒ |
| 39. Are you aware that you have any medical problems, diseases or illnesses? | ☐ | ☒ |
| 40. Do you feel healthy and fit to perform the duties of your designated position/occupation? | ☒ | ☐ |
| 41. Are you allergic to any medications? | ☐ | ☒ |

Comments:

FIT FOR DUTY ON BOARD SHIP

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



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

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

Signature of examinee: Pallab Date (day/month/year): 29 JAN 2023

Witnessed by: (Signature)

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

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. DR. MIR. MD. RAIHAN (the approved medical examiner).

Signature of examinee: Pallab Date (day/month/year): 29 JAN 2023

Witnessed by: (Signature)

Name: (Typed or printed) **DR. MIR. MD. RAIHAN**
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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General Physician
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Medical examination

☐ Pre-sea

☒ Periodic

☐ Other

Sight

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

	Visual fields	
	Normal	Defective
Right eye		
Left eye		

Colour vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

	Pure tone and audio metry (threshold values in dB)						Speech and whisper test (metres)	
	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz	Normal	Whisper
Right ear	20	20	20	20			4	4
Left ear	20	20	20	20			4	4



Height: 180 (cm)

Weight: 86 (kg)

Pulse rate: 78 (/minute)

Rhythm: Regular

Blood pressure: Systolic: 110 (mm Hg) Diastolic: 75 (mm Hg)

Urinalysis: Glucose: Nil Protein: Nil

	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	☒	☐			

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 29 JAN 2023

Results: Normal EM & Ray

Other diagnostic test(s) and result(s):

Test Blood Uricine Result Normal

Medical examiner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded:

☒ Yes

☐ No

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:



☒ Fit for look-out duty

☐ Not fit for look-out duty

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

Without restrictions ☒ With restrictions ☐

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

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

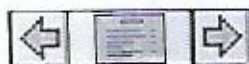
Place of examination: RADICAL HOSPITAL LIMITED Date of examination (day/month/year): 29 JAN 2023
Uttara, Dhaka, Bangladesh

Medical certificate's date of expiration (day/month/year): 28 JAN 2025

Official stamp (also print name of medical examiner if not legible): DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDG A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Signature of medical examiner: [Signature]

Authorized by: DG SHIPPING BANGLADESH (competent authority)



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at Tel: Fax: or email: sector@ilo.org

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This page was created by BR/PL. It was approved by BW/BKN. It was last updated Tues, 17 Jun 1999.



PHYSICAL EXAMINATION REPORT/CERTIFICATE

DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT PALLAB	FIRST NAME MD. ALIF	MIDDLE INITIAL HOSSAIN
DATE OF BIRTH	PLACE OF BIRTH JESSORE	SEX
MONTH 01 DAY 22 YEAR 1995	CITY KHULNA COUNTRY BANGLA	MALE ☒ FEMALE ☐
EXAMINATION FOR DUTY AS		MAILING ADDRESS OF APPLICANT:
MASTER ☐ MATE ☒ ENGINEER ☐ RADIO OFF ☐	RATING ☐ MOU DECK ☐ MOU ENGINE ☐ SUPERNUMERARY ☐	vig! Pagladah ; P.O: Naudagram P.S: KOTAH DIST: JESSORE BANGLADESH

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT 5ft 11inch	WEIGHT 86 kg	BLOOD PRESSURE 120/70mm	PULSE 78/min	RESPIRATION 24/min	GENERAL APPEARANCE GOOD
VISION WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6			
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 29 JAN 2023				Testing Required every 6 years	
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9?				YES ☒ NO ☐	
COLOR TEST TYPE: BOOK LANTERN CHECK IF COLOR TEST IS NORMAL				YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	
HEARING					
RT EAR NAD			LEFT EAR NAD		
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal		
LUNGS Normal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes		
EXTREMITIES					
UPPER Normal			LOWER Normal		
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2					
NO.					

Pallab	29 JAN 2023	28 JAN 2025
SIGNATURE OF APPLICANT	DATE OF EXAM	EXPIRY DATE

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO **MD. ALIF HOSSAIN PALLAB** (NAME OF APPLICANT)

FIT FOR DUTY ON BOARD SHIP

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY) IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD. RAIHAN MBBS, (DU), DFM**

ADDRESS **RADICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY **DG SHIPPING BANGLADESH**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06 MAY 2014**

SIGNATURE OF PHYSICIAN DATE OF EXAMINATION **29 JAN 2023**

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements 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 Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M (REV. 12/17) **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



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.
- (b) 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.
- (c) 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.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seafarer deck, 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, able seafarer engine 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)

01. Completed Physical Examination

02. Pathological Test

03. Radiological Test

04. Ophthalmology Examination For VA & CV

29 JAN 2023

RLM-105M (REV. 12/17)




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

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2023.3134

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last PALLAB First MD. ALIF Middle HOSSAIN
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 29 JAN 2023
Occupation: Deck/Engine/Catering/Other (specify) 2ND OFFICER
Father's/ Husband's name: SHEIKH FAISUR ZAMAN C.D.C No. C10/7551
Mother's Name: SHIRINA KHATUN Seaman ID No. 050005882
Address: House No: NAVDACRAM Street/ Road No: A00888207
Locality/Village: PACULADAH NID No. 7783890440
P.O. KOTO ALI Date of Birth: 22.01.1993
P.S. JESSORE (DD/MM/YYYY)
District: JESSORE

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

1. Confirmation that identification documents were checked at the point of examination YES/NO
 2. Hearing meets the standards in section A-I/9 YES/NO
 3. Unaided hearing satisfactory? YES/NO
 4. Visual acuity meets standards in section A-I/9? YES/NO
 5. Colour vision meets standards in section A-I/9? YES/NO
Date of last colour vision test 29 JAN 2023
 6. Fit for lookout duties? YES/NO
 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? YES/NO
 8. Any limitations or restrictions on fitness? YES/NO
- If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category: ☒ Fit-No restriction ☐ Fit-Subject to restrictions ☐ Unfit

10. Date of examination/Issue (DD/MM/YYYY) 29 JAN 2023

11. Date of expiry (DD/MM/YYYY) 28 JAN 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Pallab
Seafarer's Signature



DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited
Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

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

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements, and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

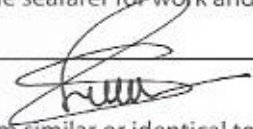
DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

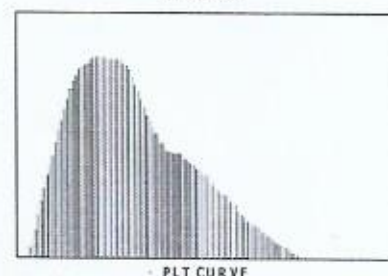
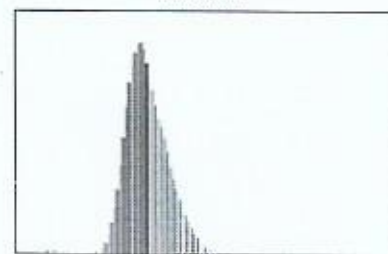
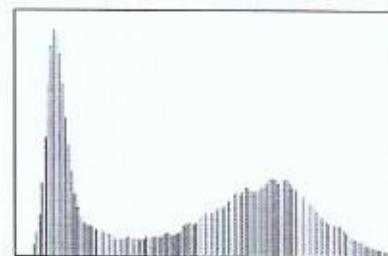

DR. MIR, MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0709 **Date** : 29-Jan-2023 **D.Date** : 29-Jan-2023
Patient's Name : MD ALIF HOSSAIN PALLAB **Age** : 30Y 0M 7D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 7551

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.9 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)	8,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	33 %	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	166 /cumm	50-450/cumm
Total RBC Count	4.42 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.6 %	M: 40-54%, F:37-47%
MCV	82.8 fL	76 - 94 fL
MCH	29.2 pg	27 - 32 pg
MCHC	35.2 g/dL	29 - 34 g/dL
RDW	12.9 %	11 - 16 %
PDW	16.6 fL	35 - 56 fL
Total Platelete Count (PC)	1,57,000 /cumm	150,000-450,000/cumm
MPV	10.6 fL	7.0 - 11.0 fL
PCT	0.166 %	0.1 - 0.2 %
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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

Bill No	DIA23010709	Received Date	29/01/2023
Patient's Name	MD ALIF HOSSAIN PALLAB		
Patient's Age	30Y 0M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7551
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	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

Bill No	DIA23010709	Received Date	29/01/2023
Patient's Name	MD ALIF HOSSAIN PALLAB		
Patient's Age	30Y 0M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 7551
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.

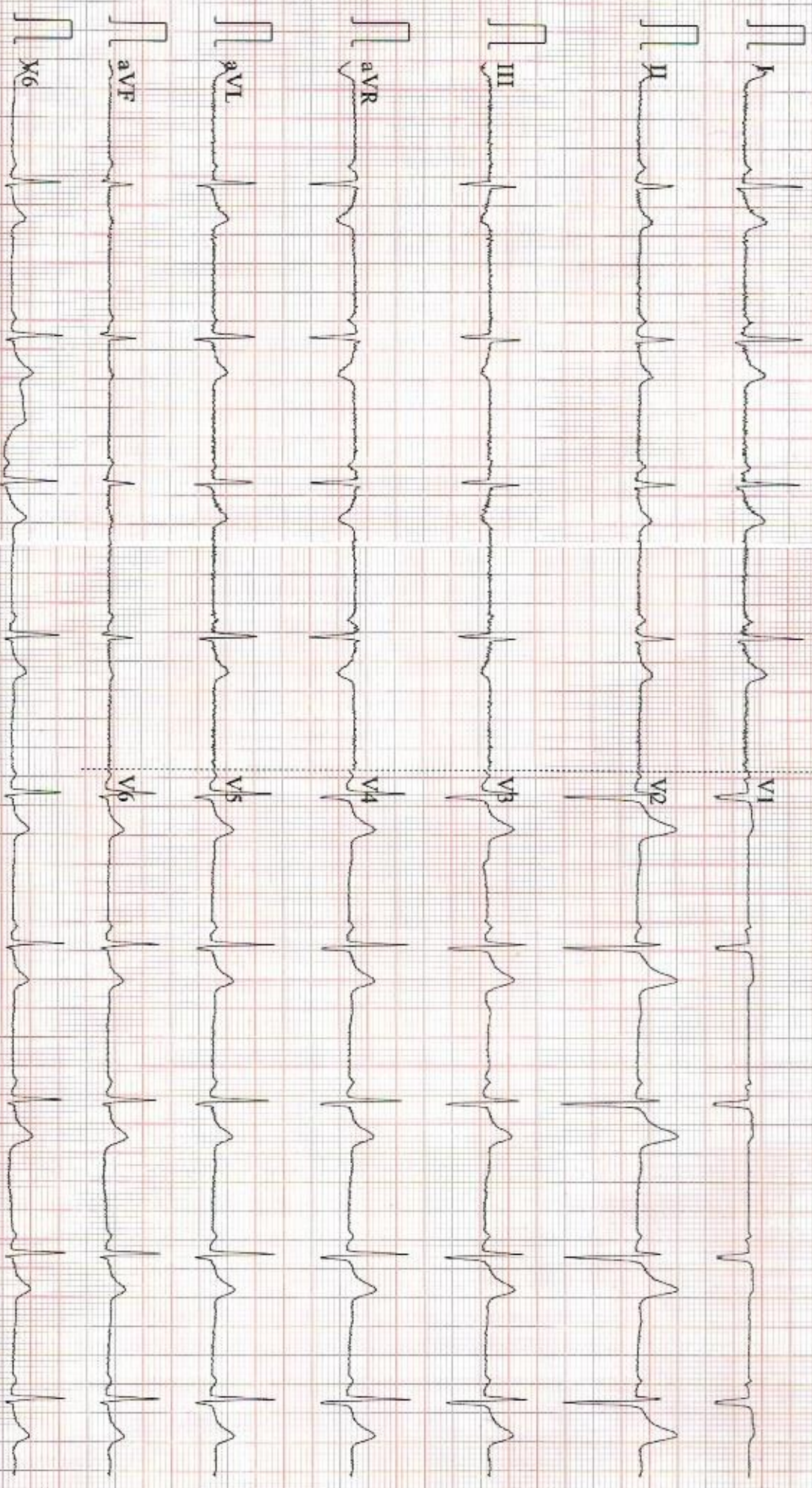
Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

ID: 4
Male 50 Years
29-01-2023 12:19:49 PM

HR : 55 bpm
P : 108 ms
PR : 144 ms
QRS : 76 ms
QT/QTc : 378/362 ms
P/QRS/T : 45/24/11
RV5/SV1 : 1.066/0.595 mV

Diagnosis Information:
Sinus bradycardia
Normal ECG except for rate

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23010709 Receive: Print: 29/01/2023
Patient's Name : MD ALIF HOSSAIN PALLAB
Age : 30 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 68 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

Impression : Findings are within normal limit.



Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to certify that
JE Soussigne (e) certifie que | **MD. ALIF HOSSAIN** date of birth | **22.01.93** Sex | **M**
no (e) le | sexe |

Whose signature follows
dont la signature suit | **PALLAB**
|

has on the Date indicated been vaccinated or revaccinated against Cholera
a etc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cechet d'authentification	
1 21 NOV 2021	DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.	

2 29 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.	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs	
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The validity of this certificate shall extend for a period of Two Years, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a from prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validite de ce certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partiques a sept jours d intervalle et sa validite commence le jour de la seconde injection.

De cachet d authentification doit etre conforme au modele present per l administration sanitaire du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t effecter sa validite.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that
JE soussigne' (e) certifie que) MD ALIF HOSSAIN date of birth) 22.01.23 Sex) M
no' (e) le) PALLAB sexe)

Whose signature follows) [Signature]
dont la signature suit)

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et num'ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
<u>14 NOV 2021</u>	<u>Sabrina</u> DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC. Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.		
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificat n' est valable que si le vaccin employé a e' tc' a approuvé par l' Organisation Mondiale de la Santé et si le centre de vaccination a e' tc' habilité par l' administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute correction ou rature sur le certificat ou l' omission d' une quelconque des mentions qu' il comporte peut affecter sa validité.