### REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination ) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

### RADICAL HOSPITAL LIMITED,

35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.

|  | IEL            | +8802              | 27920       | 116,             | +88 (    | 01955                 | 5670           | 000.   | EMAIL: r                             | adio     | al_h     | ospit                | tals@             | )yah     | 100.CC              | m          |          |  |
|--|----------------|--------------------|-------------|------------------|----------|-----------------------|----------------|--------|--------------------------------------|----------|----------|----------------------|-------------------|----------|---------------------|------------|----------|--|
|  | 20)            | /                  | (           | 900              | TO       | М                     | · ·            |        | Se                                   | ex: A    | 1        | Sei                  | rial No           | :        |                     |            | -        | -  |
| Date of Birth:   | marre          | 07/                | 3503        | 19 °             | ame      |                       | CDC            | Middle | Initial                              |          | _        |                      |                   |          | 0/                  | _          |          |  |
| Vessel:  |                | ERACL              |             | 1-2              | 20       | _ PP/                 |                |        | 10/63                                | 82       | _        | -                    | Rank:             |          | 2/1                 | =          |          |  |
| Home Addres  | s: 1/          | LKACL              | -E          | 6.               |          | <del></del>           | Type:          |        | BUIK                                 |          |          |                      | Route             |          | NOVI                | dwi        | de       |  |
| Thomas Address   | 0              | 5. 00              | ttar        |                  | rar      | Die                   |                | 0::    | sararch<br>ore gon                   | 107      |          |                      | -                 |          |                     |            |          |  |
| Company Nar  | me :           | 0,00               | CLLP        |                  |          | UIS                   | الح            | 30     | oregon                               | 1.1      | - 4      | -                    | _                 | _        |                     |            | -        |  |
| Medical His  |                |                    |             |                  | -        | Dloaco                | 20011          | or th  | o followin-                          |          |          |                      |                   |          |                     |            | _        |  |
| Section W. Section   |                |                    |             | 2010 2012        | Car      | didate                | Exan           | niner  | e following                          | tot      | ne be    | ST OF                | your F            | CHOW     | Candidat            |            |          |  |
| Is there any p   | the fo         | resent ni          | story of    | any of           | 000,3000 | aration               | 1000           | ord    |                                      |          |          |                      |                   |          | Declarati           |            |          | miner<br>cord  |
| Severe one-sided h   |                | - 14 Control (170) |             |                  | Yes      | No                    | Yes            | No     |                                      |          |          | 3000                 |                   |          | Yes                 | No         | Yes      |  |
| Head Injury / Cond   | cussion /      | Loss of Mer        | nmory       |                  |          | 1                     |                | -      | Hemia / Hydro<br>High / Low blo      | ocoele,  | Appen    | dicitis<br>Heart di- | 0300              |          |                     | -          |          | 2  |
| Fits / Epilepsy / Di   | zziness /      | Fainting           |             |                  |          | 1                     |                | 1      | Asthama / Bror                       | nchitis, | Tuben    | culosis              | 3cu3c             |          |                     | -          |          | -  |
| Eye / Vision Proble<br>Hearing Impairme  | nt             |                    |             |                  |          | 1                     |                |        | Allergy / Skin of<br>Infection / Cor |          |          | r.n.                 | - 200             |          |                     | -          |          | -  |
| Ear / Nose / Throa   |                |                    |             |                  |          | 1                     |                | -      | Addicition to a                      | icohol   | drugs    | / tobacc             | 0                 |          |                     | -          | -        | -  |
| Stomach / Bowel of<br>Gall stones / Kidno  |                |                    | -           |                  |          | 1                     |                | 5      | Fracture / Disk<br>Major / Minor     | Operat   | / Injur  | y / Ampi             | tation            |          |                     | 9          | COLE     | -  |
| Jaundice / Liver Di  | sease          |                    |             |                  |          | 1                     |                | -      | Diabetes                             | -        |          |                      |                   | _        | -                   | -          |          | -  |
| Piles / Varicose ver<br>Blood Disorder   | ins            |                    | - 12        |                  |          | 1                     |                | 5      | Nervous / Men<br>Mallignant disc     | tal disc | sase / S | leep disc            | order             |          |                     | 1          |          |  |
| Female Disorder  |                |                    |             |                  |          | 5                     |                | -      | Signed off on                        | medica   | ground   | is / Ded             | ared Uni          | fit      |                     | -          |          |  |
| Notes  |                |                    |             |                  |          |                       |                | V- 1   |                                      | - 20-3   |          |                      | 10.00000          | -        |                     |            |          |  |
| Medical Ex   |                | nt in Kgs          | Chart       | are for          | Blood    |                       |                |        |                                      |          |          |                      |                   |          |                     | - 22       |          | 10818  |
| 10 non   | 0              | 21/0               | 43          | nsp-Exp          | 51000    | Pressure              | In mm c        | or rig | Pulse-Beats                          | S/ min   |          | esp.Rate             |                   |          | Gene                | eral Condi | tion     |  |
| Distant Vision   | 00             | M.                 | CI          | rs.              | •        | -/-                   | 1              | 0      |                                      | /        | 200      |                      | 5/m               | 0.135    |                     | woo        | 0        | 7  |
| Right Eye  | Unc            | orected            | Com         | ected            | Fi       | Normal                | ion            |        | Right Ear                            | Hz<br>dB | 200      | 1000                 | 2000<br>20        | 3000     | 4000                | 5000       | 6000     | .8000  |
| Left Eye   |                | 6/6                |             |                  |          | Abnorma               |                |        | Left Ear                             |          | 20       | 20                   | w                 |          |                     |            |          |  |
| COLOUR VISION -  | hihara<br>her  |                    | -           | iormal<br>iormal |          | -                     | ormal<br>ormal | - 50   | Hearing                              |          | 2000     | Right E              | аг                |          |                     | Left e     | ear      | -  |
| Systemic E   | xamii          | nation             | Normal      | Abnorm           | al       | 74010                 | German         | No     | tes                                  | -        | -        | 4                    |                   |          |                     | 9          | Lat      |  |
| Head & Neck  |                |                    |             |                  |          |                       |                |        |                                      | -        | 1        | Resnirat             | ory syste         | om       |                     | Normal     | Abn      | normal   |
| Eyes<br>Ears / Nose / Thro   | at             |                    | 1           |                  |          | FIT F                 | OR :           | SEA    | SERVI                                | CE       |          | Cardiova             | ascular s         |          | 100                 | V          |          |  |
| Teeth / Oral Cavity  | /              | 180                | 5           |                  |          |                       |                |        | ENG                                  |          |          | Per Abdi<br>Genito-i | omen<br>irinary s | vstem    |                     | ~          | -        |  |
| Musculo-Skeletal s<br>Nervous system   | ystem          |                    | /,          |                  |          | AS D                  | EDA            | AL C   | 2006                                 |          |          | Others               | dece de           |          |                     |            | 2        |  |
| Reflexes   |                |                    | -           |                  |          |                       |                |        |                                      |          |          | Hernia /<br>Varicose | Hydroco           | oele     |                     | -          |          |  |
| Skin   |                | 076                | -           |                  | EI       | nance                 | d GA           | KD     | Medicals                             | done     | 2        |                      | Fistula/F         | Piles    |                     | -          | +        |  |
| Investigation  | ons            |                    |             |                  |          |                       |                |        |                                      | 50       |          |                      |                   |          |                     |            |          | MIS-   |
| Blood<br>Hemoglobin  |                | 100                | Resu        |                  | - 1.     |                       | rmal           |        | Urine                                |          |          |                      | 200               | 7        | - 4                 |            |          |  |
| Total WBC count  | -              | 7.                 | 700         | cu.mm            | 40       | -16 gm %<br>00-11000  | / cu.mm        | n      | Colour<br>Specific Gravit            |          |          | CEN                  | 4                 |          |                     |            |          |  |
| Neu 58<br>Malarial parasite  | * % Lyn        | p 32               | % Eos       | 02               | Ba 🗸     | 00 %                  | Mon            | 2 %    | pН                                   |          |          | 4                    |                   |          | - 70                | -          |          |  |
| ESR  |                | 06                 |             | n / 1st ho       | ur 11-   | 15 mm/                | hr             |        | Albumin<br>Sugar                     | -        |          | 1                    |                   |          |                     |            | ×        |  |
| SQPT<br>S Obelesteral  |                | 32                 | U/L         |                  | 9-       | 43 U/L                |                |        | Bilé pigment                         |          | 8        |                      |                   |          | 4                   | 50         | 3        |  |
| S.Cholesterol<br>S.Triglycendes  |                | NIE                |             |                  |          | 5-260 mg<br>to 200 mg |                |        | Bile salts<br>Occult blood           | _        | y        |                      |                   |          | 1                   | (500)      | 4        |  |
| Blood Sugar  |                | RBS                | mil         | PPBS             | upt      | o 125 mg              |                | Sella: | RBC cells                            |          | 4        |                      | -                 |          | 8                   |            | 1        | 200  |
| HbsAg<br>HIV I & II  |                | 1                  | VES         | 2011             | -        |                       |                | 4      | Leucocytes                           |          | 4        |                      | $\exists$         |          | -                   | 4          |          | The same   |
| VDRL   |                | 1                  | 2011        | THE S            | de       | E.,                   |                |        | Others                               |          | _        | 17                   |                   |          |                     |            |          |  |
| Others<br>Blood Group  | -              |                    | tue el com  | W                |          | G                     | GTP U/         | L      | Spiromet                             | ry:      | 1        | 1                    | ) (3              | 2        |                     |            |          |  |
|  | 210            | 2000 1             | -           | TMT:             |          | 1                     | 10             |        | Drugs of                             | 1        | rei      | مار                  | 10                | R        |                     |            |          |  |
|  | 1500 CO 100 CO | mil                | -           |                  | -        | 10                    | D              |        | Abuse:                               | , .      | 0        |                      | 1                 | LTI      | TALS) *             |            |          |  |
|  | Chest          |                    | _ ^         | uni              | nel      |                       |                |        | USG:                                 |          | N        | om                   | Me                | -        | 165/                |            |          |  |
| Result of M  |                |                    | inatio      | n                |          |                       |                |        |                                      |          |          |                      | 1                 | (O.      |                     |            | - 13     | 314.5  |
| On the basis of  |                |                    |             |                  | minatio  | n and dia             | gnostic        | tests, | I,Dr. M                              | IR MD    | Raiha    | n , he               | reby de           | clare t  | he exami            | nee med    | lically  | Water.   |
| The state of the s | Infit          | Temp               | orarily ur  | nfit             | Pen      | manently              | unfit          | 5      | Should be re-e:                      | xamin    | ed in    |                      | days /            | week     | s / mont            | hs.        |          |  |
| Remarks /<br>Recommendation  | ins            |                    |             |                  |          |                       |                |        |                                      |          |          |                      |                   |          |                     |            |          | -53  |
| I, Doctor's Name: (  | DR.MIR I       | ID. RAIHAN         | certify the | at all info      | rmation  | required u            | nder Ani       | nexure | E & F of M.S. (M                     | fedical  | Examin   | ation) Ru            | iles 2000         | 0 is inc | orporated           | in this Ce | tificate | e  |
| This certificate   |                | d till:            | 15 JAN      | 2025             |          |                       |                | _      |                                      |          |          |                      |                   |          | /                   | /          |          |  |
| Candidate's Sign   | nature         | al                 |             |                  |          |                       | 1/2            | Hos    | olia/s                               |          |          |                      |                   | Roc      | tor's stor          | lature:    | _        | Contract of the contract of th |
| Date: 16 a   |                |                    | V30.000     |                  |          | /                     | ( SICO         | _      |                                      |          |          |                      |                   | 6        | Tw                  |            |          |  |
| Date: 16.01  |                | The second of      |             |                  |          | 16                    | 00             |        | 121                                  |          |          | C                    | R. N              | MIR      | MD                  | RAI        | LIA      |  |
| 16 JA  | N ZUZ          | 1                  |             |                  |          |                       | AS P           | er-MLC | -2006                                |          |          | 1/0                  | 385 (FR)          | I DEM    | CCD (D)             |            |          |  |
|  |                |                    |             |                  |          | 1/2                   | 13             |        | 2000                                 |          |          |                      |                   |          | 144, MN<br>Banglade |            |          |  |
|  |                |                    |             |                  |          |                       | 80             | 2      | nent distin                          |          |          |                      |                   |          |                     |            |          | d  |
| n  | 4.             | 200                | 2 3         | 3 1              | E        | 3                     | 1              | epartn | No.                                  |          |          |                      | Na(               | urcai F  | lospitals           | Limited    | f.       |  |

04.2023,3153

# PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

| THE R   | EPUBLIC O                             | F LIBE             | RIA  | 711112                                     |           |
|---|---------------------------------------|--------------------|--|--|-----------|
| LAST NAME OF APPLICANT ROY  | FIRST NAME                            |                    | DUTOM  | MIDDLE<br>INITIAL                          | =         |
| DATE OF BIRTH   | PLACE OF BI                           | RTH                | KISHOREGON   | J SEX                                      |           |
| MONTH NOV DAY 07 YEAR 1990  | CITY 56                               | me                 | COUNTRY BAN  | NGLA MALE V                                | FEMALE    |
| EXAMINATION FOR DUTY AS:  |                                       |                    | SS OF APPLICANT:   | NJ.  |           |
| MASTER RATING   | U VILI                                | .: Utt             | ar Saran   | rchar p.o:                                 | Sararcha  |
| MATE MOU DECK   |                                       | ^ ·                |  |  | og ra ich |
| ENGINEER MOU ENGINE   | ☐  P. 5;                              | त्र वडम            | pur Dis:   | Kishoregon                                 | ?†        |
| RADIO OFF SUPERNUMERARY   |                                       |                    |  | U  |           |
| MEDICAL EXAMINATION (SEE PAGE 2) STATE  | DETAILS ON F                          | PAGE 2             |  |  |           |
| HEIGHT WEIGHT BLOOD PRESSURE PUL  | 702/                                  | RESPIRA            | TION J GET   | NERAL APPEARANCE                           |           |
| VISION 82 KS 120/8V MM/S  | to Junio                              | 19                 | 3 6/min  | 2000                                       | _         |
| WITHOUT GLASSES 6/67 / 6/1  | -                                     |                    | 7  |  |           |
| WITH GLASSES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | ม รถรร                                |                    |  |  |           |
| DATEOF LAST COLOR VISION TEST (Month/Day/Year) 6 JA   | N LULJ Testin                         | ng Required        | eyery 6 years  |  |           |
| COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE  | EA-I/9? Y                             | ES                 | NO .   |  |           |
| COLOR TEST TYPE: BOOK - LANTERN - CHECK IF COLOR  | TEST IS NORMAL                        | YEL                | LOW RED  | GREEN                                      | BLUE _    |
| HEARING: RT. EAR NAS  |                                       |                    | LEFT EAR   | M)   | -         |
| HEAD AND NECK   | . н                                   | EART (CAF          | (DIOVASCULAR)  | 1  | - 4       |
| LUNGS   |                                       | DEPOSE ON          | CITAL LING LINGS IN A  | Normel                                     | 1 2       |
| Normal  |                                       |                    |  | FFICER AND RADIO OFF<br>MAL VOICE COMMUNIC |           |
| EXTREMITIES: UPPER VOO  | mel                                   |                    | LOWER  | Nonme                                      | 1         |
| IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO<br>TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOA | BE AGGRAVATEI                         | DBY, OR TO         | O RENDER HIM UNFIT   | FOR SERVICE AT SEA C                       | R LIKELY  |
|   | 100,070.0                             | 20                 | *  | MALION ON FAOL 2.                          |           |
| DV.   | 16                                    | JAN 20             | 23   | 15 JAN 2025                                |           |
| SIGNATURE OF APPLICANT  | DA                                    | TE OF EXA          | M  | EXPIRY DATE                                |           |
| THIS SIGNATURE SHOULD BE A  | VERIXED IN THE PI                     | RESENCE C          | E THE EXAMINING PE   | IVSICIAN                                   |           |
|   |                                       | GOUT               |  | /  | 9         |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WA   | O OI VEIL TO.                         | -                  | (NAME OF APPLICAN  |  |           |
| FIT FOR DUTY ON   |                                       | 1 _                |  | 93   |           |
| (HE) (SHE) IS FOUND TO BE (FH) (NOT FIT) FOR DUTY AS A SUPERNUMERARY). IF EMPLOYED AS A WATCHSTA    | .: (MASTER MATE<br>NDER (HE) (SHE) I: | ENGINEE<br>FOUND T | R, RADIO OFFICER, R/<br>O BE (FIT) (NOT FIT) F   | ATING, MOU DECK, MOU<br>OR LOOKOUT DUTIES? | ENGINE or |
| NAME AND DEGREE OF PHYSICIAN DR. MIR M  | ID. RAIHAN M                          | BBS,(DU            | J), DFM  |  |           |
| ADDRESS RADICAL HOSPITALS LIMITED. 35   | 5, SHAH MAKI                          | HDUM A             | VENUE, SECTO   | R-12, UTTARA, DH                           | IAKA-1230 |
| NAME OF PHYSICIAN'S CERTIFICATING AUTH  | QRITY DG SH                           | IPPING E           | BANGLADESH   |  |           |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE  | 06 MAY 2014                           |                    |  |  |           |
| SIGNATURE OF PHYSICIAN  |                                       |                    | DATE OF EX   | XAMINATION: 16 J                           | AN 2023   |
| This certificate is issued by authority of the Deputy<br>requirements of the Maritime Labour Cor    |                                       |                    | e Affairs, R.L. and  | in compliance with the                     | ne        |
| The Medical Certificate shall be valid for no more  | than two (2) yea                      | rs from th         | e date of the Exami  | ination for those over                     | 18        |
| years of age and for no more than one (1)   | year for those ui                     | nder 18 ye         | ars of age.  | Hospifalo                                  |           |
| RLM-105M (REV. 12/17) DR. MIR. MD. I  | RAIHAN                                |                    | (30)   | 100  |           |
| MBBS (DU), DFM, CCD (Birder<br>BMDC A-55144, MMC  | n), PGT (Ophth)<br>C-BGD-016          |                    | 1 M 1 Ac 1   | Per MI Canne                               | 449       |
| DG Shipping Banglades   | sh Approved                           |                    | The state of the s | \$ ( S ( S )                               |           |
| General Physic<br>Radical Hospitals   | Limited.                              |                    | 34   |  |           |

#### 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, scrility, 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

Radiological Test

04. Ophthalmology Examination For VA & CV

16 JAN 2023

As Per-MDC-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.

RLM-105M (REV. 12/17)





Id No : 0325 Date: 16-Jan-2023 D.Date: 16-Jan-2023

Patient's Name: GOUTOM ROY Age: 32Y 2M 9D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6382

#### **Haematology Report**

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

| Parameter Name              | Results             | Reference Range  |                 |
|-----------------------------|---------------------|--|-----------------|
| Hemoglobin (Hb)             | <b>13.2</b> gm/dl   | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>Infant: (One year):8-10 gm/dl.          |                 |
| ESR(Westergreen)            | <b>06</b> mm/1st hr | Male:0-10, F:0-20 mm/1st hr.   | Ì.              |
| Total WBC Count(TC)         | <b>7,700</b> /cumm  | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |                 |
| Differential WBC Count (DC) |                     |  | didle.          |
| Neutrophils                 | 58 %                | Child: 25-66 %, Adult: 40-75 %   |                 |
| Lymphocytes                 | 37 %                | Child: 52-62 %, Adult: 20-50 %   | MIN Marie Marie |
| Monocytes                   | 03 %                | Child: 03-07 %, Adult: 02-10 %   | WBCCURVE        |
| Eosinophils                 | 02 %                | Child: 01-03 %, Adult: 01-06 %   |                 |
| Basophils                   | 00 %                | Adult: 00-01 %   | l li            |
| Total Cir. Eosinophils      | 154 /cumm           | 50-450/cumm  | ıllı.           |
| Total RBC Count             | 5.70 m/ul           | M: 4.5-6.5, F:3.8-5.8 m/ul   |                 |
| HCT/PCV                     | 37.6 %              | M: 40-54%, F:37-47%  | 1111            |
| MCV                         | <b>66.0</b> fL      | 76 - 94 fL   | 4000            |
| MCH                         | <b>23.2</b> pg      | 27 - 32 pg   | .41111          |
| MCHC                        | <b>35.1</b> g/dL    | 29 - 34 g/dL   | RBC CURVE       |
| RDW                         | 14.9 %              | 11 - 16 %  | A.              |
| PDW                         | 16.0 fL             | 35 - 56 fl   | All.            |
| Total Platelete Count (PC)  | 2,83,000 /cumm      | 150,000-450,000/cumm   |                 |
| MPV                         | 8.2 fL              | 7.0 - 11.0 fL  |                 |
| PCT                         | 0.232 %             | 0.1 - 0.%  |                 |
| 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        | IDA23010325                     | Received Date  | 16/01/2023      |
|----------------|---------------------------------|--|-----------------|
| Patient's Name | GOUTOM ROY                      | received Date  | 10/01/2023      |
| Patient's Age  | 32Y 2M 9D                       | Patient's Sex  | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),Co | The control of the co | 200000000       |
| Sample         | BLOOD                           | ,,   | 000110.0/0/0302 |

## BIOCHEMISTRY REPORT

| Liver Function Test         0.6 mg/dl         0.2 - 1.1 mg/dl           Serum Bilirubin (Total)         0.6 mg/dl         0.2 - 1.1 mg/dl           Serum ALT (SGPT)         27 U/L         Up to 40 U/L           Serum AST (SGOT)         32 U/L         Up to 37 U/L           Serum Alkaline Phosphatase         155 U/L         98 - 279 U/L   | Test Name                  | Result    | ReferenceRange  |
|---|----------------------------|-----------|-----------------|
| Serum ALT (SGPT)         27 U/L         Up to 40 U/L           Serum AST (SGOT)         32 U/L         Up to 37 U/L   | Liver Function Test        |           |                 |
| Serum AST (SGOT)  32 U/L  Up to 37 U/L  Serum Aller For Bland and Service Aller For Bland and Service | Serum Bilirubin (Total)    | 0.6 mg/dl | 0.2 - 1.1 mg/dl |
| Some Alleria Blanck   | Serum ALT (SGPT)           | 27 U/L    | Up to 40 U/L    |
| Serum Alkaline Phosphatase 155 U/I 98 - 279 U/I   | Serum AST (SGOT)           | 32 U/L    | Up to 37 U/L    |
| 100 0/2 30 - 2/9 0/2  | Serum Alkaline Phosphatase | 155 U/L   | 98 - 279 U/L    |

### REMARKS (IF ANY)

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

Chacked By

Medical Technologis Radical Hospitals Ltd.



| IDA23010325                  | Received Date                                       | 16/01/2023   |
|------------------------------|---|--|
| GOUTOM ROY                   |   |  |
| 32Y 2M 9D                    | Patient's Sex                                       | Male   |
| Dr. Mir Md. Raihan MBBS,(DU) | ),CCD(BIRDEM),PGT(Eye),DFM                          | CDCNO:C/O/6382   |
| BLOOD                        |   |  |
|                              | GOUTOM ROY  32Y 2M 9D  Dr. Mir Md. Raihan MBBS,(DU) | GOUTOM ROY  32Y 2M 9D Patient's Sex  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |

#### SEROLOGYCAL REPORT

Test Name

Result

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

RADICAL

Checked By

Medical Technologis Radical Hospitals Ltd.



**Test Name** 

Propoxyphene

| Bill No        | IDA23010325                           | Received Date     | 16/01/2023     |
|----------------|---------------------------------------|-------------------|----------------|
| Patient's Name | GOUTOM ROY                            |                   |                |
| Patient's Age  | 32Y 2M 9D                             | Patient's Sex     | Male           |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRI | DEM),PGT(Eye),DFM | CDCNO:C/O/6382 |
| Sample         | URINE                                 |                   |                |
|                |                                       |                   |                |

Result

Negative

#### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

| Drug Level of Urine |          |
|---------------------|----------|
| Cocaine             | Negative |
| Morphine            | Negative |
| Marijuana           | Negative |
| Barbiturates        | Negative |
| Amphetamines        | Negative |
| Phencyclidine       | Negative |
| Alcohol             | Negative |
| Benzodiazepines     | Negative |
| Methadone           | Negative |

Checked By

Medical Technologis Radical Hospitals Ltd.



| Bill No        | IDA23010325                        | Received Date  | 16/01/2023     |
|----------------|------------------------------------|--|----------------|
| Patient's Name | GOUTOM ROY                         |  |                |
| Patient's Age  | 32Y 2M 9D                          | Patient's Sex  | Male           |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(I | BIRDEM),PGT(Eye),DFM                                       | CDCNO:C/O/6382 |
| Sample         | BLOOD                              | 1000 St. 000-00 - 2000-00-00-00-00-00-00-00-00-00-00-00-00 |                |
|                |                                    |  |                |

### CHEMICAL TEST

### TEST NAME

### **RESULTS**

| CARCINOGENIC    | NORMAL |
|-----------------|--------|
| ISOCYANATE      | NORMAL |
| VINYL ACETATE   | NORMAL |
| EPICHLOROHYDRIN | NORMAL |
| PHENOLS CRESOLS | NORMAL |

Checked By

Medical Technologis Radical Hospitals Ltd.



Date: 16/01/2023

### EYE EXAMINATION REPORT

 NAME:
 GOUTOM ROY

 AGE:
 32 YRS

 RANK: 2<sup>ND</sup> ENG
 CDC NO: C/O/6382

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

666

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

## AUDIOLOGICAL REPORT

Patient Name : GOUTOM ROY

16/01/2023

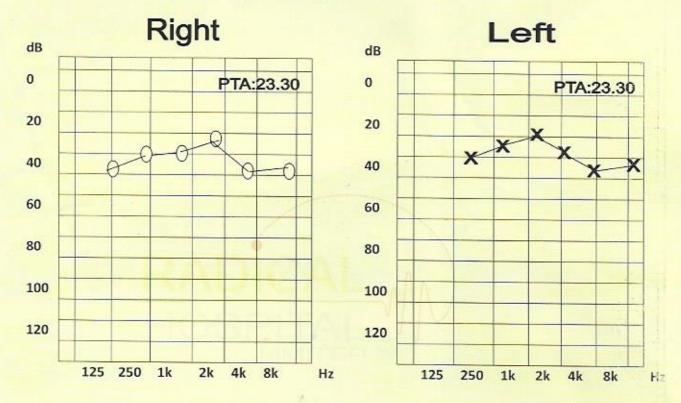
Age

: 32 Yrs

Address

: RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM



0-25= Normal Hearing.

26-40= Mild Hearing Loss.

41-55= Moderate Hearing Loss.

56-70= Moderately Severe Hearing Loss.

71-90= Severe Hearing Loss.

91-120= Profound Hearing Loss.

Right Ear Left Ear Air Unmasking OX Bone Unmasking Right Ear Left Ear Air MaskingOX Bone Masking AA

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.



#### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23010325

Receive: Print: 16/01/2023

Patient's Name

**GOUTOM ROY** 

Age

32 YRS

Sex

: M

Refd. by

Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

### **ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate

79 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

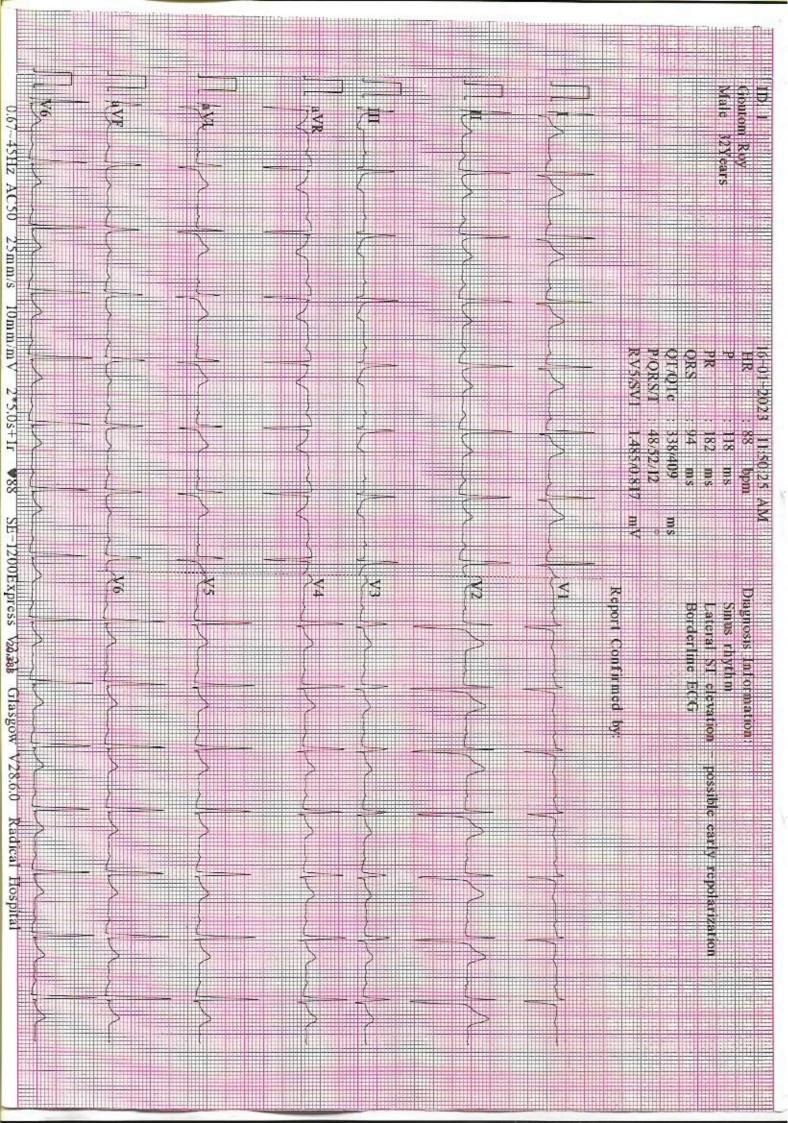
MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1





| Patient ID   | 23010325                        | Voucher No    |            |
|--------------|---------------------------------|---------------|------------|
| Test Name    | USG OF WHOLE ABDOMEN            | Delivery Date | 16/01/2023 |
| Patient Name | GOUTOM ROY                      | and the party | 10/01/2020 |
| Age          | 32 YRS                          | Sex           | Male       |
| Refd. By     | DR. MIR MD. RAIHAN MBBS,(DU),DF |               | Indic      |

### THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.0cm shape and position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER :- Normal size regular in shape. Lumen is normal.

Wall thickens is normal.

CBD & Intrahepatic biliary trees are not dilated. Diameter of CBD is normal.

PANCREASE: Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

SPLEEN: Is normal in size and shape uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size. RK-9.0cm, LK-9.5cm The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

URINARY BLADDER: Is well filled. Wall thickness is within normal limit. No intravesicle lesion is seen Prostate: Normal size regular in shape. Echogenicity is homogenous.

COMMENT: Normal Study.

Sonologist

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



### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23010325

Receive: 16/01/2023

Print: 16/01/2023

Patient's Name

**GOUTOM ROY** 

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

: 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



| Patient's Name | 2 | GOUTOM ROY                         | 5               |              |
|----------------|---|------------------------------------|-----------------|--------------|
| Age            | : | 32 Yrs                             | Date            | : 16/01/2023 |
| Sex            | : | Male                               | CDC NO:C/O/6382 |              |
| Referred by    | : | Dr. Mir Md. Raihan - MBBS, (DU), D |                 |              |

# Psychometric Test

| Remarks                               |  |
|---------------------------------------|--|
|                                       |  |
| Poor /Good /very good /excellent      |  |
| INFJ / ENFJ / ISPJ / ENTP/ ESFJ /ESFF |  |
|                                       |  |
| Poor /Good /very good /excellent      |  |
|                                       |  |

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved General Physician Radical Hospitals Limited

### TREADMILLSTRESS TEST

| Patient ID    | 23010325            | Test Date | 16-01-2023 |     |      |
|---------------|---------------------|-----------|------------|-----|------|
| Patient Name  | GOUTOM ROY          | Age       | 32 Yrs     | Sex | Male |
| Attending Dr. | Dr. ROSEYAT PERVEEN |           | -          |     |      |

Total Exercise Time : 09:10 Min

Max.HR attained

: 163 bpm.

% of max.pred. hR

: 98 %

Max. Pred HR

: 167 bpm.

Maximum BP

: 150/90 mmHg.

Max. work load attained

:13.10METS.

Indication

: Screening for IHD.

Risk Factors

Reason for Termina : Attainment of THR.

Test Profile

: BRUCE

Symptoms

Summary Result ⇒

NEGATIVE

#### Comments

- GOUTOM ROY performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion

: Stress test is NEGATIVE for ECG evidence of promotable myocardial ischemia.

Dr. ROSEYAT MBBS, MD (Cardiology), NICVD, Dhaka Consultant, IBN SINA D-Lab, Uttara, Dhaka

#### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that JE Soussigne (e) certifie que Whose signature follows dont la signature suit has on the Date indicated been vaccinated or revaccinated against Cholera

a ete vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

| Date     | Signature and professional<br>Status of Vaccinator<br>Signature et qualite<br>professionelle Vaccinateure                      | Approved Stamp<br>Cechet<br>d'authentification |                                |  |
|----------|--|--|--------------------------------|--|
| AUG 2027 | DR. SABRINA MOSTAFA MBBS (D U) Reg. No. BMDC, Dnaka A-68208 Secfarer's Medical Practitioner Approved by, D.G. Snipping, Dhaka. | ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.       | AGRABAD CA CTG. TO STANGLABEST |  |

ORAL CHO DR. MTR. MD. RAIHAN Avenue Valid Upto 2 MBBS (DU), DFM, CCD (Birdem), PGT (Cphth) BMDC A-55144, MMC-BGD-016 Littera, Dhalo DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

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 adminstration 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 validity dece 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 doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite 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 offecter sa validite.

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER

# CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

| This is to certify that<br>JE soussigne' (e) certifie que | 160UTOM | ROY | date of brith 07.11.90 no' (e) le | Sex Sexe |
|---|---------|-----|-----------------------------------|----------|
| Whose signature follows dont la signature suit            | (Fee)   | D.  |                                   | eric     |

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

| 112      |  |  |  |
|----------|--|--|--|
| Date     | Signature and professional Status of Vaccinator Signature et titre du vaccinateur  | Manufacturer and batch<br>no of vaccine Fabricant<br>du vaccin et nunne' ro du lot | Official stamp of<br>vaccinating centre<br>Cachet officiel du<br>centre de vaccination |
| 04 AUB 2 | DR. SABRINA MOSTAFA<br>MBBS (D U)<br>Reg. No. BMDC, Dhaka A-68208<br>Seafarer's Medical Practitioner<br>Approved by, D.G. Shipping, Dhaka. | 1313 CDAKAR NO   |  |
| 2        |  |  |  |

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated 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 revaccinatio.

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 certificate n' est valable que si le vaccin employe' a e' tc" a approve" par I' Organisation Mondiale de la Sante" et sile centre de vaccination ac' tc' habilite parl' adminstration sanitaire du territoire dans lequel' ce centre est siture'

La validite' de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou, dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signe' par un me' decin de sa propre main, son cachet official ne pouvant etre conside' re' comme lenant lieu de signature.

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