

HAQUE & SONS LTD.



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

Accredited By : BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER. 203095

MEDICAL EXAMINATION CERTIFICATE

	O. NO.				0	
SURNAM	1E	FIRST NAME	AND		MIDDLE NAME	
	ALAM		MD. NURUL			
PLACE A	ND DATE OF BIRTH	PASSPORT N	NUMBER		SEAMAN'S BOO	OK NUMBER
CUI	MILLA 23-Mar-1964	1	A11011218		Committee and the committee of the commi	CO3515
NATION/	LITY: BANGLADESHI SEX:	☑ Male □	Female VE	SSEL TYPE	; OIL/CHEM TANKER TRA	DING AREA: WORLD WIDE
PERMAN	ENT HOME ADDRESS :			(CONTACT NUMBER :	0088 01711982704
SUSUNDA	, PASCHIM PARA, MURADNAGAF	R, SUSUNDA-35	40, CUMILLA,		ANIV .	2ND ÉNGINEER
BANGLAD	DESH				RANK :	2ND ENGINEER
Have y	ou ever had any of the following con	iditions?				
			13			
	Condition		10,	Condition		YES NO
1	Eye/vision problem		18	Sleep prob		
2	High blood pressure		19	Do you sm		
3 4	Heart/vascular disease	Z	20	Operation/s		N. 0
	Heart surgery		21	Epilepsy/se		
5	Varicose veins		22	Dizziness/f	NO. 100 (N. T. 10)	
6	Asthma/bronchitis	- Z	23		nsciousness	
7	Blood disorder		24	Psychiatric	1400 140 1100 1100 1100 1	
8	Diabetes	2 /	25	Depression		
9	Thyroid problem	- J	26	Attempted		9 9/1
10	Digestive disorder		27	Loss of me		
11	Kidney problem		28	Balance pr		
12	Skin problem	<u> </u>	29	Severe hea		
13	Allergies		30		roat problems	- 2/
14	Infectious/contagious diseases	=)	31	Restricted	C 535 (CC) C 55	- Z/
15	Hernia		32	Back proble		
16	Genital disorders		33	Amputation		
17	Pregnancy of the above questions were answere		34	Fractures/c	dislocations	
35 36 37 38 39 40	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfi Has your medical certificate ever I Are you aware that you have any I Do you feel healthy and fit to p	t for sea duty? been restricted o medical problem erform the dutie	r revoked? s, diseases or il		on/occupation?	
41	Are you allergic to any medication	s?				
Comm	ents:		121122451	Cuin		
	FI	T FOR DUTY	ON BOAK	Shir		
42	Are you taking any non-prescription	n or property	modications			1
-		Name and Address of the Owner, where the Owner, which is th		750		0 0
ii yes, j	please list the medications taken and	the purpose(s)	and dosage(s)			
Lhorak	y authorize the release of all my pre-	vioue modical	corde from an	analth acaf	reionale health to the	no and public outbacks
to Dr. I	Mir Md. Rainan (approved medical p	rractioner) I also	certify that my	nistory conta	ssionais, nealth institution	ny false statement will
	lify me from my employment, benefit		ociniy maciny	natory conta	inied above is true and a	ny laise statement win
F6845500	Allan					
	Affician					
_	Signature of Seafarer	-				
MEDICAL	EXAMINATION					
Moinh	00 12 Haints (and 160	01908 NI	ad Danasana C		Marine Charles	2 DI H OF - 1/2 3
Weight	Height (cm) 168	BM283 Blo	od Pressure: Sy	stolic-	Diastolic SU	PULSE: TELONO
Ear	Hearing by Audiometry		Audiometry		Hearing by Whisper To	act
Right	☐ Adequate ☐ Inadequate			000	Adequate Inade	
Left	☐ Adequate ☐ Inadequate	300 10	2000	7	☐ Adequate ☐ Inade	NAME AND ADDRESS OF THE PARTY O
LCIL	To Maddate D madeduate		110			Square
Haarin	a moste the etandards as laid down	in STCW Code 9	Section A 1/0 2	YES	O NO	П
nearing	g meets the standards as laid down	mi STOW Code (Section W-1/9 ?	IEO:	NO NO	

Γ		Vi	sual acuity			1		Visual	fields
		Jnaided			ded	1		Normal	Defective
District	Right eye	Left eye	-	-	Left eye	-		Torrida	Delective
Distant Near			660	2	000	Right Left e			
	meets the s	tandard laid do	wn in STCW (Code	Section A-1/9	YES /	The state of the s	-	
Colour vision	as per STC	W CODE Sect	ion A-I/9:	1	Normal	☐ Doubt		Defective	
Date of last or	olour vision	test: Date (day	/month/year) _	<u>L</u> 3	JUL ZOZS				19
					200			7/1907	
Head			Normal > A	Tonda	mai Varicos	e veins		N	ormal Abnorma
Sinuses, nose	e, throat		No.			ar (inc. peda	l pulses)		21 0
Mouth/teeth			N.			en and visce			10
Ears (general)				Hernia		(A)		0
Tympanic me			101	O		not rectal exa	am)	1	60 0
Eyes			K		G-U sy		2)		7 0
Opthalmoscop	ру		m.			and lower ex	tremities		W 0
Pupils	O.A.V		10/			C/S, T/S and		/	0 0
Eye movemer	nt		12			ogic (full brie			6, 0
Lungs and ch			1		Psychia		36.0	8.	60
Breast examin		8	NAA			l appearance	e		0
Heart		,	X		Skin	100			
			-						36
ESULTS OF A	MOULARY	EVANINATION	VIC.						
Chest X-Ray	NCILLART	2000	Name and Address of the Address of t	MCAI.	(LIVER FUNCT	ION TEST)	Marijuana	Trilpos	itive Negative
ECG		nn	BILIRUBIN	IIOAL	D.C	7	Alcohol Test		itive Negative
	BLOOD RA		SGPT	-	20	, —	URINE R/E	□ F08	ilive divegative
DC(differentia		mas	SGOT		36	_	OKINE R/E	OTHERS	111
HAEMOGLOE		12 7		IG A	ND ALCOHOL T	EST	HReAn		ctiv C Nopreact
ESR (WESTE		07	Morphine	JO AI	Positive 2		HBsAg HIV / AIDS Tes		ctiv . Nonreact
WBC	NONLIN)	0 100	Amphetamine		☐ Positive ☐		VDRL		ctiv Nonreact
	GLUCOSE	2.100	Phencyclidine		☐ Positive ☐		Blood Type	□ Rea	B+(VE)
RANDOM	JOLUCUSE	5:0	Barbiturates	e	☐ Positive		Psychological I	- Venns	DT(VE)
HBA1C		02.1	Cocaine	-	☐ Positive		Others(KUB UI		THE THE
	-	20%	10000		- P	rioganio	Tourist (NOD O	0000	
reby I declare t	hat I am in I	knowledge of the	he contents of	the P	hysical examina	itions:		723	SE 8550 TOXISTO
111		A A A A A A A A A A A A A A A A A A A			A STATE OF THE PROPERTY OF THE			7	5 JUL 2023
Afran			4		MD. NURUL	ALAM			
gnature of Seafa	arer				Name of Se	afarer			Date
sessment of fi				dinical	evamination an	d the disass	ostic test results re	enorded show	a I dactore the
aminee medical		o personal de	saration, my C	an nedi	CAGITITIANOTI AL	o tric diagrit	one rest results fi	conden apov	o, i deciale tile
	of a	Et Et	for lookout du	ties		D	Not fit for 1	ookout duties	
	-	- "	Is unout du			1	THE ILL TOT I	- mout duties	
		Deci	k service		Engine serv	rce)	Catering serv	vice	Other services
			0		-				
ifit	V.		0						
	M Sale and	reatriations			A& Cale	etriotico-			1. 1.57
_	vviiiivv	restrictions			vvitn re	strictions	4.5		
the Seafaror fro	e from any	medical condit	ions likely to h	e agg	ravated by sone	ice at sea or	to render the eas	forer unfit for	such service or to
danger the heal				- 199	. avaica by serv	oc at oca Ul	to render the sec	narer unit tot	Such Service of to
			Yes	7	No				
97				1 2					
97 -			/	_					
97		:5:	type of shin to	rade a	area):				
	ns (e.a. sn	SECTIC DOSTORA	The or stub, n	6					
escribe restrictio	ons (e.g., sp	ecinc position,							
			rral):						
escribe restrictio	edical exam	niner (e.g., refe	rral):		-6	=		74 1111 2	024
escribe restrictio	edical exam		rral):		The state of the s		<u> </u>	24 JUL 2	024
scribe restrictio	edical exam	niner (e.g., refe			MD. RA	JHAN	7	24 JUL 2	024

In Accordance with Medical Examination (Statishing of Rangladesh Approved
General Physician (No. 78) and STCW 1978/1996 as Amended, MLC 2006
Radical Hospitals Limited.
Revision Date : 24

Revision: 5.1

Revision Date : 24th July 2022

CLIDNIANE AL ARE		1	VIEW KINNER TO	MD MINE			
SURNAME: ALAM		GI	VEN NAME (S):	MD. NURUI	<u> </u>		
DATE OF BIRTH:		PLAC	E OF BIRTH			SEX	
DAY 23	MONTH 3 YEAR	1964 CITY	CUMILLA	COUNTRY	BANGLADES	MALE	FEMALE
POSITION ON BOAF	RD;	MAIL	ING ADDRESS	OF APPLICA	NT:		
MASTER		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1/EAST BASAI		GH-1214,		
DECK OFFICER	ocen.	DHA	KA, BANGLAD	ESH			
ENGINEERING OFFI RADIO OPERATOR	CER						
RATING							
DECLARATION OF	THE AUTHORIZED PHYSIC	IAN				137111	
	VISION		COLOR	TEST TYPE	1	HEARING	
	WITHOUT GLASSES	WITH GLASSES	BOO	K			
RIGHT EYE		1.16		ITERN	RIGHT FAR	M	
		01-	YELLOW M	NO M	RIGHT EAR	P	
LEET EVE		612	m	REDITION		N	
LEFT EYE		0020	GREEN	BLUE	LEFT EAR	<u>~</u>	
	ntification documents were o		of examination:	LES NO			
Hearing meets the sta	andards in STOW Code, Se	ction A-1/9? Y58	NO	NOT APLICA	BLE		
Unaided hearing satis	factory? YES NO	/	_				
Visual acuity meets s	tandards in STCW Code, Se	ection A-1/92 YES	1 NO				
Colour vision meets s	standards in STCW Code, S	ection A-1/9? YES	NO				
	quired every six years)						
	r vision test: (Day/Month/Ye	, 25	JUL 2023	1			
		··/ — · —	_ ' '				
	t lenses necessary to meet	the required vision :	standards?*YES	NO			
Able for watchkeeping	g?YE\$ NO						
ls applicant taking an	y non-prescription or prescri	ption medications?	YES NO				
	om any medical condition lik f other persons on board?		d by service at se	a or to render th	e seafarers unfit fo	r such servic	e or to
Hereby I declare that	I am in knowledge of the co	intents of the Physic	al Examination.				
(.)		MD. NURUL	ALAM			7 E 1111 00	202
MIC	2				,	7 5 JUL 20	IZJ
Signature of	Applicant	Name of Appl	licant	,	Date	,	
	ATE CHOICE: (HE / SHE			FIT) FOR DUT			FECIER /
ENGINEERING OF	TIÇER / RADIO OPERA	TOR / RATING) (WITHOUT ANY	/ WITH THE	FOLLOWING) RE	ESTRICTIO	NS:
	Te.	T FOR DUTY C	N DOARD C	COL		4.22	
NAME AND DECDE				nir	***	340,000	
	OF PHYSICIAN: DR. MIR		25.00.00.00.00.00		*		
	L HOSPITALS LIMITED, U			ADECU MEDIO	U AND DENTAL	SOUNCE (B	M D C \
NAME OF PHYSICIA	N'S CERTIFICATING AUTH YSICIAN'S CERTIFICATE:	ORITY. REG NO.:	A-55144,DANGL	HOS	AND DENTAL	JOUNGIL (B.	.M.D.C.)
DATE OF ISSUE PH	YSICIAN'S CERTIFICATE:	06-MAY-2014			130 1		
	AIIII.			李 As Per-MLC	2006 *	25	JUL 202
SIGNATURE OF PHY	rsicado.	STAM	MP OF PHYSICIA	N: ABPERMIC		DATE:	- 2020
EXPIRY DATE OF C	ERTIFICATE:	2 4 JUL 20	74	20 Epartini			
		ertificate is issued	in compliance wi				
	of the STCW Conve	ntion, 1978, as ame	nded and the Ma	ritime Labour C	onvention, 2006.		
-							
Mile	R. MIR. MD. RAI	(Mahaha)					
MIP.	R. MIR. MD. RAI BS (DU). DFM. CCD (Birdem). PGT WDC A-55144. MMC-BGL Shipping Bangladesh App General Physician	(Ophth)					

CRW15 - CHEMICAL BLOOD TEST REPORT

ALAM MONUNCUL SECONDE SINGLER DATE OF BIRTH 23-MAR-1964 PLACE OF BIRTH 24-MAR-1964 PLACE OF BIRTH 24-MAR-1964 PLACE OF BIRTH 25-MAR-1964 P	FIRST			POSITION ON BOARD	
23-MAR-1964 CUMILLA (PLEASE MOICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REPERENCE LEVEL) TEST YES NO TEST YES WHITE BLOOD CELL COUNT (MBC) LYMPHOCYTE COUNT RED BLOOD CELL COUNT (MBC) DATELET COUNT (PLT) DECINOPHIL COUNT HAEMOGLOBIN (HGB) DESCRIPTION MEAN CORPUSCULAR VOLUME (MCV) MEAN CORPUSCULAR VOLUME (MCV) MEAN CORPUSCULAR HAEMOGLOBIN (MCH) MEAN CORPUSCULAR HAEMO	MD NU		OFV.		
TEST YES NO TEST YES NO TEST YES NO TEST YES WHITE BLOOD CELL COUNT (MBC) UVMPHOCYTE COUNT RED BLOOD CELL COUNT (MBC) UVMPHOCYTE COUNT RED BLOOD CELL COUNT (MBC) REAR CORPUSCULAR (MGB) REAR CORPUSCULAR VOLUME (MCV) REAR CORPUSCULAR HAEMOGLOBIN (MCH) REAR CORPUSCULAR HAEMOGL					
WHITE BLOOD CELL COUNT (MBC) LYMPHOCYTE COUNT PLATELET VOLUME (MCV) PLATELET VOLUME (MCV) PLATELET VOLUME (MPV) PLATELET VOLUME (MP	(F				
RED BLOOD CELL COUNT (RBC) MONOCYTE COUNT PLATELET VOLUME (MCV) PLATELET VOLUME (MCV) PLATELET VOLUME (MPV) PLATELET VOLUME	TEST YE	s NO	TEST	YES	NO
PLATELET COUNT (PLT) COSINOPHIL COUNT PLATEMENT	L COUNT (WBC)		LYMPHOCYTE COUNT	2	
HAEMOGLOBIN (HGB) HAEMOTOCRIT (HCT) HAEMOTOCRIT (HCT) HAEMOTOCRIT (HCT) HAEMOTOCRIT (HCT) HAEMOTOCRIT (HCT) HAEMOTOCRIT (HCT) HEAN CORPUSCULAR VOLUME (MCV) HEAN CORPUSCULAR HAEMOGLOBIN (MCH) HEAN CORPUSCULAR HAEMOGLOBIN (MCH) HEAN CORPUSCULAR HAE CONC (MCHC) HEAN CORPUSCULAR HAE CONC (MCHC) HEAN PLATELET VOLUME (MPV) HEAN P	COUNT (RBC)		MONOCYTE COUNT	D	
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) MEAN CORPUSCULAR HAEMOGLOBIN (MCH) MEAN CORPUSCULAR HAEMOGLOBIN (MCH) MEAN CORPUSCULAR HB. CONC (MCHC) MEAN PLATELET VOLUME (MPV)	PLT)		EOSINOPHIL COUNT	D	
MEAN CORPUSCULAR VOLUME (MCV) THROMBOCYTE COUNT MEAN CORPUSCULAR HAEMOGLOBIN (MCH) MEAN CORPUSCULAR HAEMOGLOBIN (MCH) MEAN CORPUSCULAR HB. CONC (MCHC) MEAN CORPUSCULAR HB. CONC (MCHC) MEAN CORPUSCULAR HB. CONC (MCHC) MEAN PLATELET VOLUME (MPV) ALANINE AMINOTRANSFERASE (AST, SGOT) TOTAL BILIRUBIN NEUTORPHIL COUNT IF ANY OF THE ABOVE CHECMICAL-SPECIFIC \$LOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DET COMMENTS (for abnormal result): DOCTORS COMMENTS: DR. MIR. MD. RAIHAN MBSS (DU), DFM. CCD (Birden), PST (DAIHAN)	(SB)		BASOPHIL COUNT	X	
MEAN CORPUSCULAR HAEMOGLOBIN (MCH) MEAN CORPUSCULAR HAEMOGLOBIN (MCH) MEAN CORPULSCULAR HB. CONC (MCHC) MEAN PLATELET VOLUME (MPV) MEAN PL	T) Z		GRANULOCIYTE COUNT	Z'	
MEAN CORPULSCULAR HB, CONC (MCHC) ASPARTATE AMINOTRANSFERASE (AST, SGOT) MEAN PLATELET VOLUME (MPV) ALANINE AMINOTRANSFERASE (ALT, SGPT) RED BLOOD CELL DISTRIBTION WIDTH (RDW) TOTAL BILIRUBIN NEUTORPHIL COUNT IF ANY OF THE ABOVE CHECMICAL-SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DET COMMENTS (for abnormal result): Doctors Comments: DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) MBD, A-55144, MMC-BGD-016 75. JUL 2073	AR VOLUME (MCV)		THROMBOCYTE COUNT	D	
MEAN PLATELET VOLUME (MPV) RED BLOOD CELL DISTRIBTION WIDTH (RDW) NEUTORPHIL COUNT IF ANY OF THE ABOVE CHECMICAL SPECIFIC BLOOD TEST INDICATES NEGATIVE RESPONSE TO CLINICAL TEST PARAMETERS, PLEASE GIVE DET COMMENTS (for abnormal result): Doctors Comments: DR. MIR. MD. RAIHAN MBSS (DU), DFM. CDC (Birdem), PST (Dplth) BMDC A-551444, MMD. RGD-0116 7.5 Jill 7023	AR HAEMOGLOBIN (MCH)		BIOCHEMISTRY	YES	NO
Doctors Comments: DR. MIR. MD. RAIHAN MBBs (DU) DFM. CCD (Birdem), PST (De)thib) BMDC A55144, (Birdem), PST (De)thib) BMDC C55144, (Birdem), PST (De)thib)	LAR HB. CONC (MCHC)		ASPARTATE AMINOTRANSFERASE (AS	ST, SGOT)	
Doctors Comments: DR. MIR. MD. RAIHAN MBBS (DU) DFM. CD. (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 75 JUL 2023	OLUME (MPV)		ALANINE AMINOTRANSFERASE (ALT, S	SGPT)	
Doctors Comments: DR. MIR. MD. RAIHAN MBBs (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 7.5 JUL 2023	DISTRIBTION WIDTH (RDW)	1 0	TOTAL BILIRUBIN	No.	
Doctors Comments: DR. MIR. MD. RAIHAN MBBS (DU). DFM. CCD (Birdem). PGT (Ophth) BMDC A-55144, MMC-BGD-016 7.5 JUL 2023	vī 5				
DR. MIR. MD. RAIHAN MBSS (DU). DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 7.5 Jill 7073					
DR. MIR. MD. RATHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 7.5 JUL 2023	mments:	Apporo	malet I Four	nd.	
General Physician Radical Hospitals Limited.		DR. MIR. MBBS (DU). DFM. 0 BMDC A-551- DG Shipp.ng B Gener	MD. RAIHAN CCD (Birdem), PGT (Ophth) 44, MMC-BGD-016 angladesh Approved al Physician		
MEDICAL EXAMINER DATE OF EXAMINATION (SIGNATURE & PRINTED NAME)			The state of the s	ATE OF EXAMINATION	



Id No : 0824 Date: 25-Jul-2023 D.Date: 25-Jul-2023

Patient's Name: MD NURUL ALAM Age: 59Y 4M 2D Gender: Male

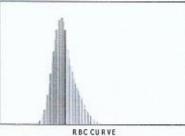
Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3515

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analy

Parameter Name	Results	Reference Range
Hemoglobin (Hb) ESR(Westergreen)	13.4 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
Total WBC Count(TC)	07 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Section of the sectio	8,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC) Neutrophils	62.0/	Child DE CC OL A Lib to TE TO
10°	62 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	162 /cumm	50-450/cumm
Total RBC Count	4.61 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.1 %	M: 40-54%, F:37-47%
MCV	80.5 fL	76 - 94 fL
MCH	29.1 pg	27 - 32 pg
MCHC	36.1 g/dL	29 - 34 g/dL RBC CU
RDW	13.9 %	11 - 16 %
PDW	16.6 fL	35 - 56 fl
Total Platelete Count (PC)	230000 /cumm	150,000-450,000/cumm
MPV	10.1 fL	7.0 - 11.0 fL
PCT	0.185 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %



PLT CURVE

Checked By

Medical Technologist

Cloting Time(CT)

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

0.1-0.2 %



Bill No	DIA23070824	Received Date	25/07/2023
Patient's Name	MD NURUL ALAM		20/01/2020
Patient's Age	59Y 4M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	EM),PGT(Eye),DFM	CDC NO:C/O/3515
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 - 6.4 mmol/l
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	28 U/L	Up to 37 U/L
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
HbA1C	5.6 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

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



Bill No	DIA23070824		
Patient's Name	MD NURUL ALAM	Received Date	25/07/2023
Patient's Age	59Y 4M 2D		
Ref. by		Patient's Sex	Male
Sample	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	N),PGT(Eye),DFM	CDC NO:C/O/3515
Sample	Blood		== = 1,0.0,0,0010

SEROLOGYCAL REPORT

Test Name	Result

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

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

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology)

Associate Professor
Dept. of Microbiology
East West Medical College and Hospital



Bill No	DIA23070824	-		
Patient's Name		Received Da	ate 25/07/2	2023
Patient's Age	59Y 4M 2D	Dati	ont's Carr	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	/Fue) DEM	ent's Sex	Male
Sample	URINE URINE	(Eye),DFM	CDC NO	C/O/3515

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	NI:1
Bile Pigment		Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen			Nil
B.J. Protein	Not Done	Amor. Phos	Nil
	THE DOILE	Hippurate crystal	NIL

Checked By

Medical Technologis Radical Hospitals Ltd. ک

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



Test Name

Bill No	DIA23070824	Received D		ate 25/07/2023	
Patient's Name	MD NURUL ALAM		· Date	20/01/2	-020
Patient's Age	59Y 4M 2D Patient's Sex		Sex	Male	
Ref. by	Dr. Mir Md. Raiban MRRS (DLI) CCD/DIDDEM) POT/5		C/O/3515		
Sample	URINE			20.10	0,013313

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Checked By

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



REF: MT. AMI DATE: 25/07/2023

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

EYE EXAMINATION REPORT

NAME: MD NURUL ALAM RANK: 2ND ENG CDC NO: C/O/3515

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

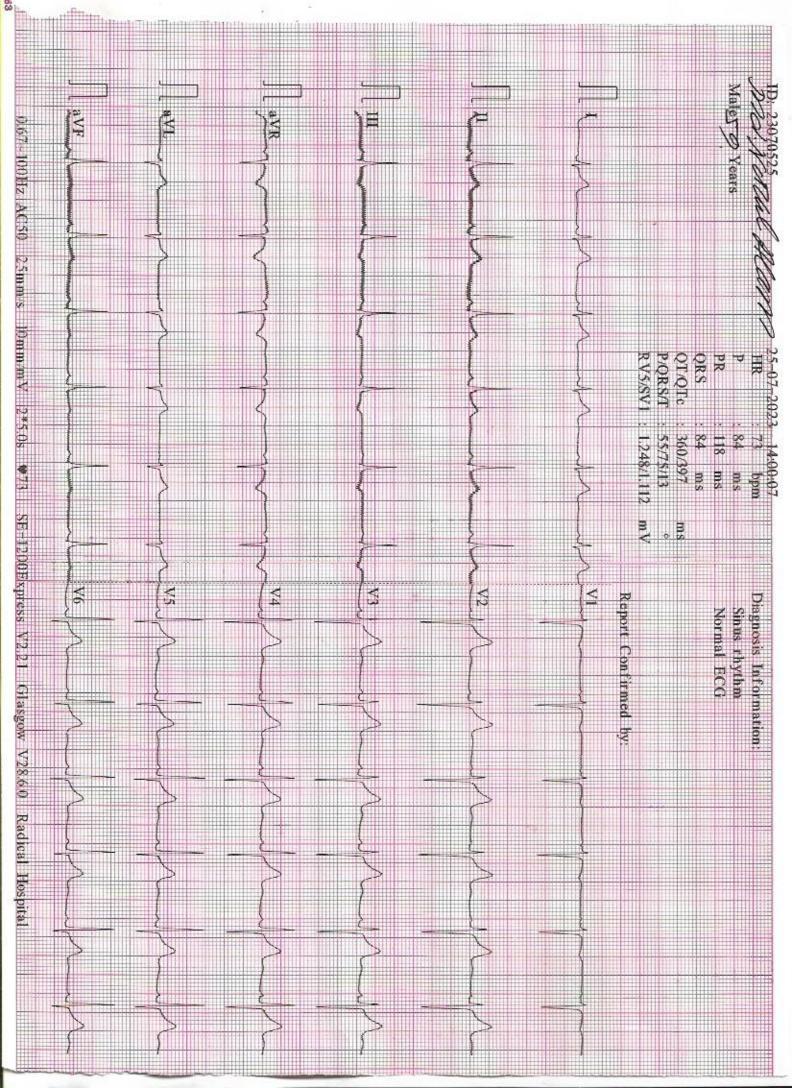
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070824 Receive:25/07/2023 Print: 25/07/2023

Patient's Name : MD NURUL ALAM

Age : 59 Yrs Sex : M

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

X-RAY OF CHEST (DIGITAL)

Diaphragm: Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart: Normal in T.D.

Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

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