HAQUE & SONS LTD.

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

Accredited By : BMDC
Accreditation No A55144

PATIENT CONTROL NUMBER
HS4361 FF

MD RAIHAN RADICAL HOSPITALS LTD REG. NO. A-55144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
ALI	MOHAMMAD	FORHAD
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
SIRAJGONJ 1-Jan-1980	A07532215	CO4361

NATIONALITY : BANGLADESHI | SEX : ☑ Male ☐ Female | VESSEL TYPE : BULK CARRIER | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
TAMAI, BELKUCHI , TAMAI-6730, SIRAJGANJ, BANGLADESH

CONTACT NUMBER : 01673-541614

RANK : CHIEF ENGINEER

Have you ever had any of the following conditions?

	Condition	YES	NO		Condition	YES	NO
1	Eye/vision problem	☐	☑	18	Sleep problems	☐	☑
2	High blood pressure	☐	☑	19	Do you smoke?	☐	☑
3	Heart/vascular disease	☐	☑	20	Operation/surgery	☐	☑
4	Heart surgery	☐	☑	21	Epilepsy/seizures	☐	☑
5	Varicose veins	☐	☑	22	Dizziness/fainting	☐	☑
6	Asthma/bronchitis	☐	☑	23	Loss of consciousness	☐	☑
7	Blood disorder	☐	☑	24	Psychiatric problems	☐	☑
8	Diabetes	☐	☑	25	Depression	☐	☑
9	Thyroid problem	☐	☑	26	Attempted suicide	☐	☑
10	Digestive disorder	☐	☑	27	Loss of memory	☐	☑
11	Kidney problem	☐	☑	28	Balance problem	☐	☑
12	Skin problem	☐	☑	29	Severe headaches	☐	☑
13	Allergies	☐	☑	30	Ear/nose/throat problems	☐	☑
14	Infectious/contagious diseases	☐	☑	31	Restricted mobility	☐	☑
15	Hernia	☐	☑	32	Back problems	☐	☑
16	Genital disorders	☐	☑	33	Amputation	☐	☑
17	Pregnancy	☐	N/A	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 hospitalised?	☐	☑
37	Have you ever been declared unfit for sea duty?	☐	☑
38	Has your medical certificate ever been restricted or revoked?	☐	☑
39	Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☑	☐
41	Are you allergic to any medications?	☐	☑

Comments:

FIT FOR DUTY ON BOARD SHIP

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

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

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 64 kg Height (cm) 160 BMI 25.0 Blood Pressure: Systolic 130 mg Diastolic 80 mg PULSE: 78 b/m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☑ Adequate	☐ Inadequate
☐ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

Cont'd from page 1

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

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-1/9 YES / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 24 JUL 2023

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)				Marijuana	☐	Positive	☑ Negative
ECG	NAD	BILIRUBIN	0.9			Alcohol Test	☐	Positive	☑ Negative
BLOOD R/E		SGPT	32			URINE R/E	NAD		
DC(differential count)	NAD	SGOT	24			OTHERS			
HAEMOGLOBIN (HGB)	14.8	DRUG AND ALCOHOL TEST				HBsAg	☐	Reactiv	☑ Nogreactive
ESR (WESTERGREN)	07	Morphine	☐	Positive	☑ Negative	HIV / AIDS Test	☐	Reactiv	☑ Nogreactive
WBC	9.000	Amphetamine	☐	Positive	☑ Negative	VDRL	☐	Reactiv	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐	Positive	☑ Negative	Blood Type			
RANDOM	5.8	Barbiturates	☐	Positive	☑ Negative	Psychological Exam			
HBA1C	4.7%	Cocaine	☐	Positive	☑ Negative	Others(KUB Ultraso			

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

Signature of Seafarer	MOHAMMAD FORHAD ALI Name of Seafarer	24 JUL 2023 Date

Assessment of fitness for service at sea:

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

☑ Fit for lookout duties ☐ Not fit for lookout duties

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

☑ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	No
☐	☐

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

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

Fitness Date:	24 JUL 2023	Valid Until :	23 JUL 2025

DR. MIR. MD. RAIHAN
Name and Signature of Physician
BMDC A-55144, MMC-BGD-016
(SC-Shipping, Bangladesh Approved)
General Physician
Radical Hospitals Limited.

Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers

Merchant Shipping Directorate

Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica.stow@transport.gov.mt

Transport Malta

PART A – To be completed by applicant

Surname (Family Name)	First Name	Second Name
ALI	MOHAMMAD	FORHAD
Date of Birth	**Country of Birth**	**Nationality**
01-JAN-1980	SIRAJGONJ	BANGLADESHI

Department

Deck ☐ Engine ☑ Radio ☐ Other ☐ Please specify:

Passport No. / Discharge Book No. / Identity Card No.	Gender
A07532215	Male ☑ Female ☐

Address

TAMAI, BELKUCHI, TAMAI-6730, SIRAJGANJ, BANGLADESH.

Applicant`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 problem	☐	☑
2. High blood pressure	☐	☑	19. Do you smoke, use alcohol or drugs?	☐	☑
3. Heart / vascular disease	☐	☑	20. Operation / surgery	☐	☑
4. Heart surgery	☐	☑	21. Epilepsy / seizures	☐	☑
5. Varicose veins / piles	☐	☑	22. Dizziness / fainting	☐	☑
6. Asthma / bronchitis	☐	☑	23. Loss of consciousness	☐	☑
7. Blood disorder	☐	☑	24. Psychiatric problems	☐	☑
8. Diabetes	☐	☑	25. Depression	☐	☑
9. Thyroid problem	☐	☑	26. Attempted suicide	☐	☑
10. Digestive disorder	☐	☑	27. Loss of memory	☐	☑
11. Kidney problem	☐	☑	28. Balance problem	☐	☑
12. Skin problem	☐	☑	29. Severe headache	☐	☑
13. Allergies	☐	☑	30. Ear (hearing/tinnitus)/nose/ throat problem	☐	☑
14. Infectious / contagious diseases	☐	☑	31. Restricted mobility	☐	☑
15. Hernia	☐	☑	32. Back or joint problem	☐	☑
16. Genital disorder	☐	☑	33. Amputation	☐	☑
17. Pregnancy	☐	N/A	34. Fractures / dislocations	☐	☑

If you answered ***yes*** to any of the above questions, please write details below:

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ As Per MLC-2006

• 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 medication?	☐	☑

Comments:

FIT FOR DUTY ON BOARD SHIP

	Yes	No
42. Are you taking any non-prescription or prescription medications?	☐	☑

If ***yes***, please list the medications taken, and the purpose/s and dosage/s:

Applicant must sign personal declaration in the presence of a duly qualified medical practitioner who will be filling PART B of this medical report

I hereby certify that the personal declaration above is a true statement to the best of my knowledge. Furthermore, I authorize the release of all my records from any health professionals, health institutions and public authorities to the appointed medical practitioner.

Applicant`s Signature
(Signed in the presence of medical practitioner)

Date: 24 JUL 2023

Radical Hospitals Ltd. ★ Approved by Department of Health ★ As Per Art. 6 - 2006

Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers

Merchant Shipping Directorate

Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica.stcw@transport.gov.mt

Transport Malta

PART B – To be completed by a duly qualified medical practitioner

Medical Examination

Height	160 (cm)	Weight	64 (kg)	Pulse Rate	78 / (minute)	Rhythm	Regular
Blood pressure (mm HG)				Urinalysis			
Systolic	120	Diastolic	80	Glucose	Nil	Protein	NIL
Blood	Nil						

Sight (Table on the "Minimum in-service eyesight standards for seafarers" is found on page 4 of this medical report)

Use of glasses or contact lenses: Yes ☑ No ☐

	Visual acuity						Visual fields		
	Unaided			Aided			NAD		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular		Right eye	Left eye
Distant				6/6	6/6		Normal	6/6	6/6
Near				N5	N5		Defective		

Colour vision Not tested ☑ Normal ☐ Doubtful ☐ Defective ☐

Hearing

	Pure tone and audiometry (threshold values in dB)						Speech and whisper test (metres)		
	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz		Normal	Whisper
Right ear	20	20	20		-	-	Right ear	4	4
Left ear	20	20	20		-	-	Left ear	4	4

	Normal	Abnormal		Normal	Abnormal
1. Head	☑	☐	13. Skin	☑	☐
2. Sinuses, nose, throat	☑	☐	14. Varicose veins	☑	☐
3. Mouth / teeth	☑	☐	15. Vascular (inc. pedal pulses)	☑	☐
4. Ears (general)	☑	☐	16. Abdomen and viscera	☑	☐
5. Tympanic membrane	☑	☐	17. Hernia	☑	☐
6. Eyes	☑	☐	18. Anus (not rectal exam)	☑	☐
7. Ophthalmoscopy	☑	☐	19. G-U system	☑	☐
8. Pupils	☑	☐	20. Upper and lower extremities	☑	☐
9. Eye movement	☑	☐	21. Spine (C/S, T/S and L/S)	☑	☐
10. Lungs and chest	☑	☐	22. Neurologic (full brief)	☑	☐
11. Breast examination	N/A	☐	23. Psychiatric	☑	☐
12. Heart	☑	☐	24. General appearance	☑	☐

Chest X-ray ☐ Not performed ☑ Performed on 24 JUL 2023

Results: Normal chest x-ray

Other diagnostic test/s and results:

Test: Blood picture Result: Normal.

Medical practitioner`s comments and assessment for fitness, with reasons for any limitations

Vaccination status recorded: Yes ☑ No ☐

Radical Hospitals Ltd. ★ Approved by the Department of Shipping ★ Aster-MED-2006

Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers

Transport Malta

Merchant Shipping Directorate

Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica.stcw@transport.gov.mt

Medical certificate for service at sea

Surname (Family Name)	*First Name*	*Second Name*
ALI	**MOHAMMAD**	**FORHAD**
Date of Birth	*Country of Birth*	*Nationality*
01-JAN-1980	**BANGLADESH**	**BANGLADESHI**

Department

Deck ☐ Engine ☐ Radio ☐ Other ☐ Please specify:

Passport No. / Discharge Book No. / Identity Card No.	*Gender*
A07532215	Male ☑ Female ☐

Declaration of duly qualified medical practitioner

	Yes	No
Confirmation that applicant`s identification documents were checked?	☑	☐
Hearing meets the standards in STCW Code, section A-I/9?	☑	☐
Visual acuity meets standards in STCW Code, section A-I9?	☑	☐
Colour vision meets standards in STCW Code, section A-I9?	☑	☐
Visual aid required?	☐	☐
Fit for lookout duties?	☑	☐
Is applicant suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?	☐	☑

This is to certify that I have examined the applicant and that my findings are recorded in this medical report

Result: FIT FOR DUTY ON BOARD SHIP

Fit for Sea Duty ☑ Unfit for Sea Duty ☐ **Fit with limitations or restrictions ☐

**Please specify limitations or restrictions, if any:

Signature of duly qualified medical practitioner	Applicant`s Signature (Signed in the presence of medical practitioner)
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.	24 JUL 2023
Medical practitioner`s stamp	Date of Examination

Validity :- 23 JUL 2025

This medical certificate shall remain valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ BSRM VII / 2006

Table A-I/9

Minimum in-service eyesight standards for seafarers

STCW Convention regulation	Category of seafarer	Distance vision Aided[1]		Near/immediate vision	Colour vision[3]	Visual fields[4]	Night blindness[4]	Diplopia (double vision)[4]
		One eye	Other eye	Both eyes together, aided or unaided				
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	Masters, deck officers and ratings required to undertake look-out duties	0.5[2]	0.5	Vision required for ship's navigation (e.g., chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 6	Normal Visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	All engineer officers, electro-technical officers, electro-technical ratings and ratings or others forming part of an engine-room watch	0.4[5]	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/ components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 IV/2	GMDSS Radio operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/ components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

Notes:

1 Values given in Snellen decimal notation.

2 A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.

3 As defined in the *International Recommendations for Colour Vision Requirements for Transport* by the Commission Internationale de l'Eclairage (CIE-143-2001 including any subsequent versions).

4 Subject to assessment by a clinical vision specialist where indicated by initial examination findings.

5 Engine department personnel shall have a combined eyesight vision of at least 0.4.

6 CIE colour vision standard 1 or 2.

7 CIE colour vision standard 1, 2 or 3.

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

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★

CRW15 – CHEMICAL BLOOD TEST REPORT

LAST NAME	FIRST NAME	POSITION ON BOARD
ALI	MOHAMMAD FORHAD	CHIEF ENGINEER

DATE OF BIRTH	PLACE OF BIRTH	SEX	ID DOCUMENT NO
01-JAN-1980	SIRAJGANJ	MALE	C/O/4361

(PLEASE INDICATE BELOW IF THE LISTED TESTS ARE WITHIN THE REFERENCE LEVEL)

TEST	YES	NO	TEST	YES	NO
WHITE BLOOD CELL COUNT (WBC)	☑	☐	LYMPHOCYTE COUNT	☑	☐
RED BLOOD CELL COUNT (RBC)	☑	☐	MONOCYTE COUNT	☑	☐
PLATELET COUNT (PLT)	☑	☐	EOSINOPHIL COUNT	☑	☐
HAEMOGLOBIN (HGB)	☑	☐	BASOPHIL COUNT	☑	☐
HAEMOTOCRIT (HCT)	☑	☐	GRANULOCIYTE COUNT	☑	☐
MEAN CORPUSCULAR VOLUME (MCV)	☑	☐	THROMBOCYTE COUNT	☑	☐
MEAN CORPUSCULAR HAEMOGLOBIN (MCH)	☑	☐	**BIOCHEMISTRY**	**YES**	**NO**
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 DETAILS BELOW

COMMENTS (for abnormal result):

Doctors Comments:

No abnormality found.

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

24 JUL 2023

MEDICAL EXAMINER
(SIGNATURE & PRINTED NAME)

DATE OF EXAMINATION

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Id No : 0798	**Date :** 24-Jul-2023	**D.Date :** 24-Jul-2023
Patient's Name : MOHAMMAD FORHAD ALI	**Age :** 42Y 10M 16	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO;C/O/4361

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.8** 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.
ESR(Westergreen)	**07** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**9,000** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**78** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**18** %	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	**180** /cumm	50-450/cumm
Total RBC Count	**3.39** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**27.4** %	M: 40-54%, F:37-47%
MCV	**80.8** fL	76 - 94 fL
MCH	**28.9** pg	27 - 32 pg
MCHC	**35.8** g/dL	29 - 34 g/dL
RDW	**12.8** %	11 - 16 %
PDW	**15.2** fL	35 - 56 fl
Total Platelete Count (PC)	**2,92,000** /cumm	150,000-450,000/cumm
MPV	**6.7** fL	7.0 - 11.0 fL
PCT	**0.196** %	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.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23070798	Received Date	24/07/2023
Patient's Name	MOHAMMAD FORHAD ALI		
Patient's Age	42Y 10M 16	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4361
Sample	Blood		

SEROLOGYCAL REPORT

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

BLOOD GROUPINGResult	
ABO Blood Group	"A" (+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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23070798	Received Date	24/07/2023
Patient's Name	MOHAMMAD FORHAD ALI		
Patient's Age	42Y 10M 16	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4361
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	24 U/L	Up to 37 U/L
Serum ALT (SGPT)	21 U/L	Up to 40 U/L
HbA1C	4.7 %	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	DIA23070798	Received Date	24/07/2023
Patient's Name	MOHAMMAD FORHAD ALI		
Patient's Age	42Y 10M 16	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4361
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 Technologis
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23070798	Received Date	24/07/2023
Patient's Name	MOHAMMAD FORHAD ALI		
Patient's Age	42Y 10M 16	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4361
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

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

Checked By

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23070798	Receive:24/07/2023	Print: 24/07/2023
Patient's Name	:	MOHAMMAD FORHAD ALI		
Age	:	43 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

This report has been electronically signed.

ID: 23070521 24-07-2023 19:58:48

Mohammad Fouad Ali

Male 23 Years

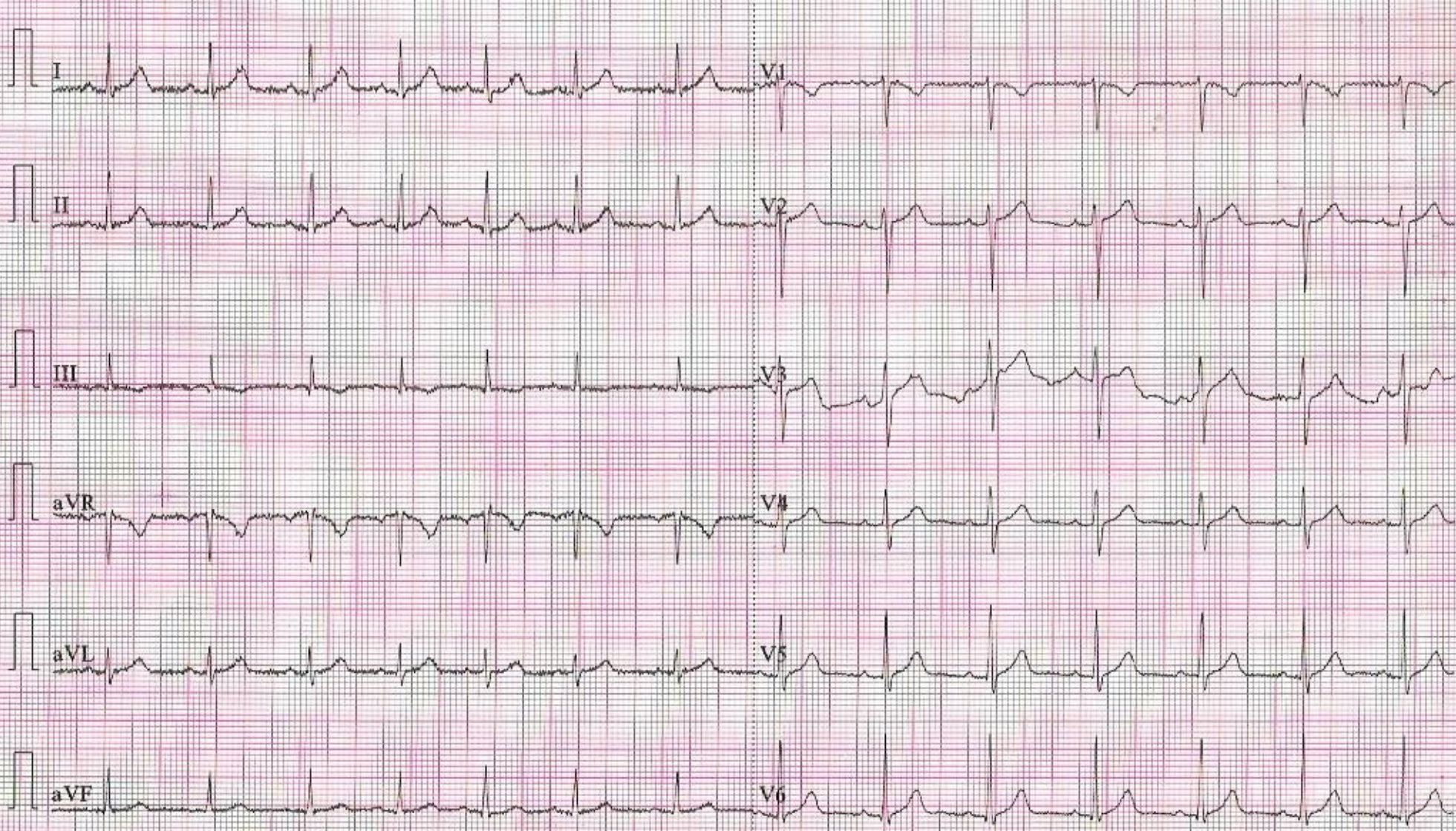
HR	: 84	bpm
P	: 92	ms
PR	: 154	ms
QRS	: 84	ms
QT/QTc	: 354/419	ms
P/QRS/T	: 20/53/19	°
RV5/SV1	: 1.162/0.820	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥84 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

REF:	MV. PAMPERO	DATE: 24/07/2023

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

EYE EXAMINATION REPORT

NAME:	MOHAMMAD FORHAD ALI	RANK: CH.ENG	CDC NO: C/O/4361

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED 6/6 6/6

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows } Date of birth 01-JAN-1980 Sex MALE

MOHAMMAD FORHAD ALI (CM 4361)

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
24 JUL 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.	YELLOW FEVER VACCINE L. NO DAKART G	1 2 CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			3 4
4			

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

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 01-JAN-1980 Sex MALE

MOHAMMAD FORHAD ALI (C10/4361)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
24 JUL 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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
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8			

Continued overleaf Suite our erso