



# HAQUE & SONS LTD.

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

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



Accredited By : BMDC  
Accreditation No : A-55144

PATIENT CONTROL NUMBER:  
HSL-003398



## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                       |                                     |                                          |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------|
| SURNAME<br><b>NAG</b>                                                                                                 | FIRST NAME AND<br><b>RAHUL</b>      | MIDDLE NAME                              |
| PLACE AND DATE OF BIRTH<br><b>BAGERHAT 24-Jun-1992</b>                                                                | PASSPORT NUMBER<br><b>EF0506679</b> | SEAMAN'S BOOK NUMBER<br><b>CO6663</b>    |
| NATIONALITY : <b>BANGLADESHI</b> SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female       | VESSEL TYPE : <b>Container Ship</b> | TRADING AREA : <b>WORLD WIDE</b>         |
| PERMANENT HOME ADDRESS :<br><b>BASABATI, 244, DARATANA ROAD, BAGERHAT SADAR, BAGERHAT-9300, BAGERHAT, BANGLADESH.</b> |                                     | CONTACT NUMBER : <b>880 1931 053 440</b> |
| RANK :                                                                                                                |                                     | <b>3RD OFFICER</b>                       |

Have you ever had any of the following conditions?

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

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

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                     |                          |                                     |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

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 practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

*Rahul Nag*

Signature of Seafarer

### MEDICAL EXAMINATION

Weight **82 kg** Height (cm) **175** BMI **26.7** Blood Pressure: Systolic **110** Diastolic **78** PULSE: **78**

|       |                                                                       |
|-------|-----------------------------------------------------------------------|
| Ear   | Hearing by Audiometry                                                 |
| Right | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |
| Left  | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |

|                    |      |      |      |
|--------------------|------|------|------|
| Audiometry         |      |      |      |
| 500                | 1000 | 2000 | 3000 |
| <i>[Signature]</i> |      |      |      |

|                                              |                                     |
|----------------------------------------------|-------------------------------------|
| Hearing by Whisper Test                      |                                     |
| <input type="checkbox"/> Adequate            | <input type="checkbox"/> Inadequate |
| <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |

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

|         | Visual acuity |          |           |          | Visual fields |           |
|---------|---------------|----------|-----------|----------|---------------|-----------|
|         | Unaided       |          | Aided     |          | Normal        | Defective |
|         | Right eye     | Left eye | Right eye | Left eye |               |           |
| Distant | 6/6           | 6/6      |           |          |               |           |
| Near    |               |          |           |          |               |           |

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) **17 JUL 2023**

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

## RESULTS OF ANCILLARY EXAMINATIONS

|                        |                                     |                                    |                                                                                |                                                                                |
|------------------------|-------------------------------------|------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Chest X-Ray            | <input checked="" type="checkbox"/> | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana                                                                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| ECG                    | <input checked="" type="checkbox"/> | BILIRUBIN                          | Alcohol Test                                                                   | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| BLOOD R/E              |                                     | SGPT                               | URINE R/E                                                                      |                                                                                |
| DC(differential count) | <input checked="" type="checkbox"/> | SGOT                               | OTHERS                                                                         | <input checked="" type="checkbox"/>                                            |
| HAEMOGLOBIN (HGB)      | 17.8                                | DRUG AND ALCOHOL TEST              |                                                                                |                                                                                |
| ESR (WESTERGREN)       | 09                                  | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HBsAg                                                                          |
| WBC                    | 8.301                               | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test                                                                |
| BLOOD GLUCOSE LEVEL    |                                     | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL                                                                           |
| RANDOM                 | 4.8                                 | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type                                                                     |
| HBA1C                  | 4.47                                | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam                                                             |
|                        |                                     |                                    |                                                                                | Others(KUB Ultraso                                                             |

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

Rahul Nag  
Signature of Seafarer

RAHUL NAG  
Name of Seafarer

17 JUL 2023  
17-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         | <input checked="" type="checkbox"/> | <input type="checkbox"/>   |
| Engine service       | <input checked="" type="checkbox"/> | <input type="checkbox"/>   |
| Catering service     | <input checked="" type="checkbox"/> | <input type="checkbox"/>   |
| Other services       | <input checked="" type="checkbox"/> | <input type="checkbox"/>   |
| Without restrictions | <input checked="" type="checkbox"/> | <input type="checkbox"/>   |
| With restrictions    | <input type="checkbox"/>            | <input type="checkbox"/>   |

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                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

Fitness Date:

17 JUL 2023

16 JUL 2025

DR. MIR. MD. RAIHAN

Medical Officer (General Practitioner) / Physician

BMDC A-55144, MMB BCB 616

General Physician

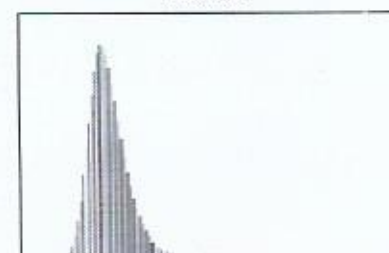
Radical Hospitals Limited.

**Id No** : 0483 **Date** : 17-Jul-2023 **D.Date** : 17-Jul-2023  
**Patient's Name** : RAHUL NAG **Age** : 31Y 0M 23D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/6663

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                                           |
|------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>11.8</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.<br>Male:0-10, F:0-20 mm/1st hr. |
| <b>ESR(Westergreen)</b>            | <b>09</b> mm/1st hr   | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm                        |
| <b>Total WBC Count(TC)</b>         | <b>8,300</b> /cumm    |                                                                                                                           |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                                           |
| Neutrophils                        | <b>64</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                                            |
| Lymphocytes                        | <b>32</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                                            |
| Monocytes                          | <b>02</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                                            |
| Eosinophils                        | <b>02</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                                            |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                                            |
| Total Cir. Eosinophils             | <b>166</b> /cumm      | 50-450/cumm                                                                                                               |
| <b>Total RBC Count</b>             | <b>5.96</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                                                |
| HCT/PCV                            | <b>32.3</b> %         | M: 40-54%, F:37-47%                                                                                                       |
| MCV                                | <b>54.2</b> fL        | 76 - 94 fL                                                                                                                |
| MCH                                | <b>19.8</b> pg        | 27 - 32 pg                                                                                                                |
| MCHC                               | <b>36.5</b> g/dL      | 29 - 34 g/dL                                                                                                              |
| RDW                                | <b>17.0</b> %         | 11 - 16 %                                                                                                                 |
| PDW                                | <b>43</b> fL          | 35 - 56 fL                                                                                                                |
| <b>Total Platelete Count (PC)</b>  | <b>1,56,000</b> /cumm | 150,000-450,000/cumm                                                                                                      |
| MPV                                | <b>8.9</b> fL         | 7.0 - 11.0 fL                                                                                                             |
| PCT                                | <b>0.145</b> %        | 0.1 - 0.0 %                                                                                                               |



*(Signature)*

Checked By  
Medical Technologist

*(Signature)*

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

|                |                                                                       |               |            |
|----------------|-----------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA23070483                                                           | Received Date | 17/07/2023 |
| Patient's Name | RAHUL NAG                                                             |               |            |
| Patient's Age  | 31Y 0M 23D                                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6663 |               |            |
| Sample         | Blood                                                                 |               |            |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 4.8 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total)  | 0.9 mg/dl  | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 22 U/L     | Up to 37 U/L     |
| HbA1C                    | 4.4 %      | 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        | DIA23070483                                           | Received Date | 17/07/2023      |
| Patient's Name | RAHUL NAG                                             |               |                 |
| Patient's Age  | 31Y 0M 23D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/6663 |
| Sample         | Blood                                                 |               |                 |

## SEROLOGICAL REPORT

### Test Name

### Result

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

### BLOOD GROUPING Result

|                 |           |
|-----------------|-----------|
| ABO Blood Group | "O" (+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        | DIA23070483                                           | Received Date | 17/07/2023      |
| Patient's Name | RAHUL NAG                                             |               |                 |
| Patient's Age  | 31Y 0M 23D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/6663 |
| Sample         | URINE                                                 |               |                 |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

#### CHEMICAL EXAMINATIONCASTS / LPF

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

#### ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologis  
Radical Hospitals Ltd.

*Dr. Sumaiya Khatun*

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

|                |                                                       |               |                 |
|----------------|-------------------------------------------------------|---------------|-----------------|
| Bill No        | DIA23070483                                           | Received Date | 17/07/2023      |
| Patient's Name | RAHUL NAG                                             |               |                 |
| Patient's Age  | 31Y 0M 23D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/6663 |
| Sample         | URINE                                                 |               |                 |

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

| Test Name | Result |
|-----------|--------|
|-----------|--------|

Drug Level of Urine

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

Checked By



Medical Technologist  
Radical Hospitals Ltd.

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

REF: MV. MSC MANZANILLO

DATE: 17/07/2023

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

### EYE EXAMINATION REPORT

NAME: RAHUL NAG

RANK: 3<sup>RD</sup> OFF

CDC NO: C/O/6663

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

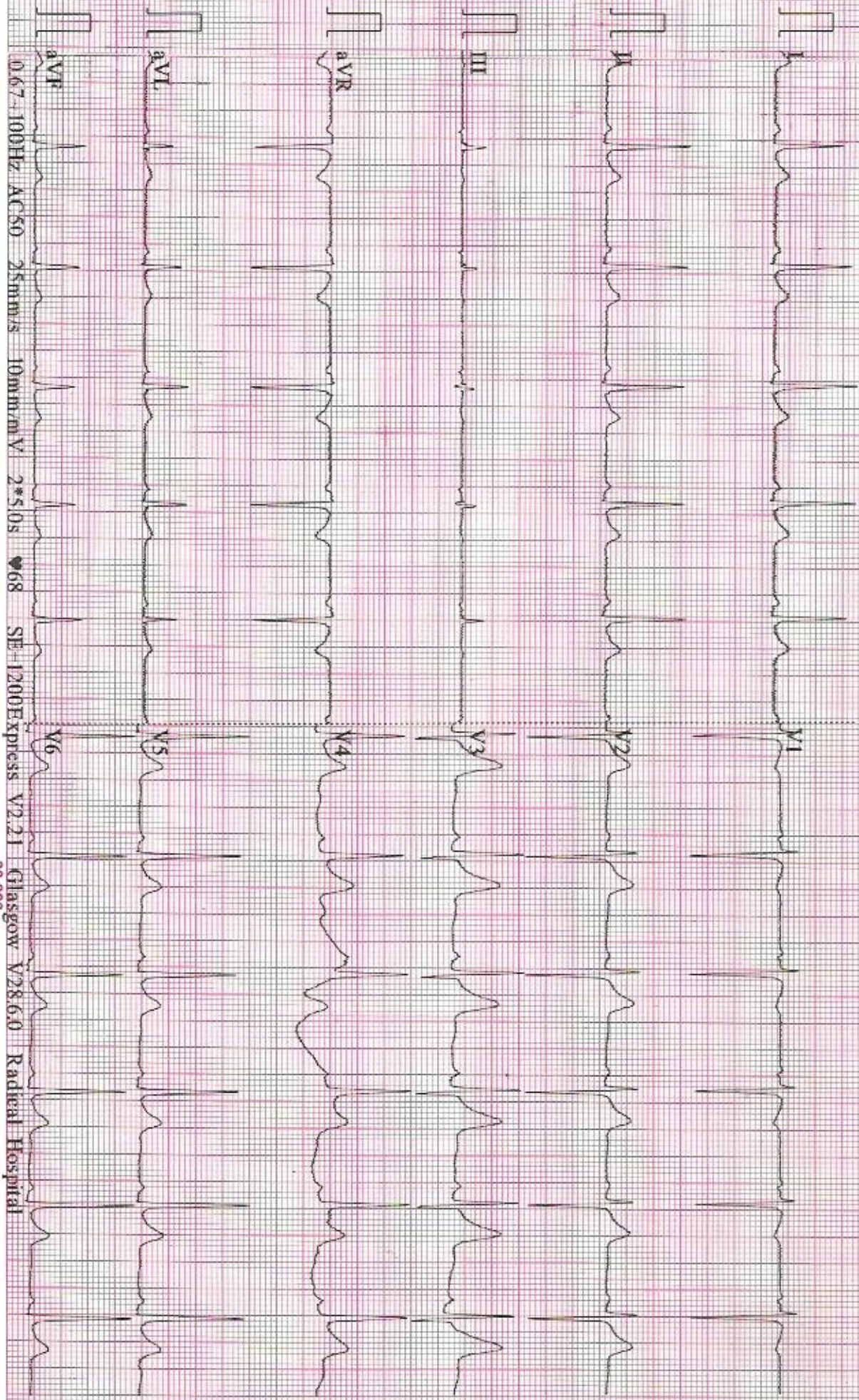

Dr. Mir Md. Raihan  
 MBBS, PGT (Ophthalmology)  
 Assistant Registrar (EX)  
 East west Medical College & Hospital

ID: 23070466  
*James*  
Male 42 Years

17-07-2023 13:54:15  
HR : 68 bpm  
P : 94 ms  
PR : 138 ms  
QRS : 88 ms  
QT/QTc : 360/383 ms  
P/QRS/T : 173/73/31 °  
RV5/SV1 : 1.92/91.624 mV

Diagnosis Information:  
Sinus rhythm  
Normal ECG

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

|                |                                                         |                     |                   |
|----------------|---------------------------------------------------------|---------------------|-------------------|
| ID. No.        | : 23070483                                              | Receive: 17/07/2023 | Print: 17/07/2023 |
| Patient's Name | : <b>RAHUL NAG</b>                                      |                     |                   |
| Age            | : 31 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.



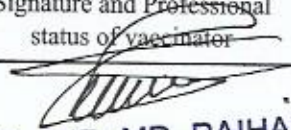
**Prof. Dr. Md. Mojibor Rahman**  
 MBBS, DMRD (Radiology & Imaging)  
 Head of the Department (Radiology & Imaging)  
 Sylhet Women's Medical College Hospital

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

RAHUL NAG AGAINST YELLOW-FEVER

This is to certify that  
whose signature followsDate of birth 24/06/1992 Sex MALE*Rahul Nag*

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                                               |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 17 JUL 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |  |
| 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.

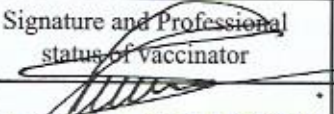
## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

RAHUL NAG

AGAINST CHOLERA

This is to certify that  
whose signature followsDate of birth 24/06/1992 Sex MALE*Rahul Nag.*

has on the date indicated been vaccinated or revaccinated against Cholera

| Date             | Signature and Professional<br>status of Vaccinator                                                                                                                                                                                                                              | Approved Stamp                                                                    |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1<br>17 JUL 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |
| 2                |                                                                                                                                                                                                                                                                                 |                                                                                   |

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