NAAF MARINE SERVICES	NMS/F-04	Date	1 July 2012
TITLE:- **PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE**		Issue No	00
		Page No	1 of 6

CONFIDENTIAL FORM

SURNAME: ASADUZZAMAN	GIVEN NAME(S) MD
DATE OF BIRTH: 10 MONTH 21 DAY 1990 YEAR	PLACE OF BIRTH: CITY BARGUNA, BANGLADESH COUNTRY
SEX: ☑ MALE ☐ FEMALE	
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RATING ☐ OTHERS (RANK: _____) ☐	MAILING ADDRESS OF APPLICANT: HOUSE # 0655-A-02, USOUF MANSION, WARD NO: 09, POST CODE: 8600, PATUAKHALI, BANGLADESH.

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
181cm	92kg.	120/80 mmHg	78/min	19/min	Good

VISION:	RIGHT EYE	LEFT EYE	HEARING:			
WITHOUT GLASSES	/	/				
WITH GLASSES	6/6	6/6	RT. EAR	NAD	LEFT EAR	NAD

COLOR TEST TYPE: BOOK ☐ LANTERN ☑ CHECK IF COLOR TEST IS NORMAL - YELLOW ☑ RED ☑ GREEN ☑ BLUE ☑

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? YES ☑ NO ☐

HEAD AND NECK: Normal	HEART (CARDIOVASCULAR): Normal
LUNGS: Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes

EXTREMITIES: UPPER: Normal LOWER: Normal

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES ☐ NO ☑

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☑

Asaduzzaman — SIGNATURE OF APPLICANT

03 JUL 2023 — DATE

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

FIT FOR DUTY ON BOARD SHIP

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MD ASADUZZAMAN — NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☑ NO ☐

SEAFARER IS FOUND TO BE ☑ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☑ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK / ☑ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS, DFM Reg No: A-55144

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

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 06 MAY- 2014

SIGNATURE OF PHYSICIAN

03 JUL 2023 — DATE

This certificate is in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

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 ★ AsiPer-MLC-2006

04.2023.4298

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

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

(a) Hearing

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

(b) Eyesight

- Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50)in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental

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

(d) Blood Pressure

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

(e) Voice

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

(f) Vaccinations

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

(g) Diseases or Conditions

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

(h) Physical Requirements

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

IMPORTANT NOTE:

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

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

DETAILS OF MEDICAL EXAMINATION

(Please fill attached form)

DR. MIR. MD. RAIHAN
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Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Name (last, first, middle): ASADUZZAMAN MD

Date of birth (day/month/year): 21/10/1990 Sex: ☑ Male ☐ Female

Home address: HOUSE # 0665-A-02, USOUF MANSION, WARD NO. 09, POST CODE: 8600 PATUAKHALI, BANGLADESH.

Passport No./Discharge Book No.: EG0359749 / C0/6326

Department (deck/engine/radio/food handling/other): DECK

Type of ship: Multi-Purpose cargo/Container/Bulk Carrier/Tanker (Oil/Product/Chemical/Crude)
Trade area: Worldwide

Examinee's personal declaration
(Assistance should be offered by medical staff)
Have you ever had any of the following conditions:

	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem	☐	☑	19.	Do you smoke, use alcohol or drugs	☐	☑
2.	High blood pressure	☐	☑	20.	Operation/surgery	☐	☑
3.	Heart/vascular disease	☐	☑	21.	Epilepsy/seizures	☐	☑
4.	Heart surgery	☐	☑	22.	Dizziness/fainting	☐	☑
5.	Varicose veins/piles	☐	☑	23.	Loss of consciousness	☐	☑
6.	Asthma/bronchitis	☐	☑	24.	Psychiatric problems	☐	☑
7.	Blood disorder	☐	☑	25.	Depression	☐	☑
8.	Diabetes	☐	☑	26.	Attempted suicide	☐	☑
9.	Thyroid problem	☐	☑	27.	Loss of memory	☐	☑
10.	Digestive disorder	☐	☑	28.	Balance problem	☐	☑
11.	Kidney problem	☐	☑	29.	Severe headaches	☐	☑
12.	Skin problem	☐	☑	30.	Ear (hearing/tinnitus)/ nose/throat problems	☐	☑
13.	Allergies	☐	☑	31.	Restricted mobility	☐	☑
14.	Infectious/contagious diseases	☐	☑	32.	Back or joint problem	☐	☑
15.	Hernia	☐	☑	33.	Amputation	☐	☑
16.	Genital disorders	☐	☑	34.	Fractures/dislocations	☐	☑
17.	Pregnancy	☐	N/A				
18.	Sleep problem	☐	☑				

If any of the above questions were answered "yes," please give details.

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Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Additional questions

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

Comments.

FIT FOR DUTY ON BOARD SHIP

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

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

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

Signature of examinee: _____
Date (day/month/year): 03 JUL 2023 / _____
Witnessed by: *(Signature)* _____
Name: *(Typed or printed)* _____

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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 (The approved medical examiner).

Signature of examinee: _____
Date (day/month/year): 03 JUL 2023 / _____
Witnessed by: *(Signature)* _____
Name: *(Typed or printed)* _____
Date and contact details for previous medical examination (if know): _____

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Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Sight

Use of glasses or contact lenses: Yes / No (if yes, specify which type and for what purpose)

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant				6/6	6/6	✓
Near				N5	N5	✓

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Color vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Height: 181 (cm) Weight: 92 (kg)

Pulse rate: 78 (/minute) Rhythm: Regular.

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Urinalysis: Glucose: Nil Protein: Nil

	Normal	Abnormal
Head	✓	
Sinuses, nose, throat	✓	
Mouth/teeth	✓	
Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Opthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	

	Normal	Abnormal
Skin	✓	
Varicose veins	✓	
Vascular (inc. pedal pulses)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam.)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/S, T/S and L/S)	✓	
Neurologic (full brief)	✓	
Psychiatric	✓	
General appearance	✓	

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 03 JUL 2023

Results: Normal chest x-ray

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Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Other diagnostic test(s) and result(s):
Test Blood + Urine *Result* Normal.

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

(a) the hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacities where fitness for the work to be performed is liable to be affected by defective colour vision, are all satisfactory; and
(b) the seafarer concerned is not 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.

Official stamp: Signature of medical practitioner

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Vaccination status recorded (optional, but recommended by Administrator): ☒ Yes ☐ No

Assessment of fitness for service at sea

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

☒ Fit for look-out duty ☐ Not fit for look-out duty

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

Without restrictions ☒ With restrictions ☐ Visual aid required ☒ Yes ☐ No

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

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

Medical certificate's date of expiration (day/month/year): ____ / 02 JUL 2025 / ____

Date of medical certificate issued (day/month/year): ____ / 03 JUL 2023 / ____

Number of medical certificate: _____

Official stamp:

Signature of medical practitioner: _____

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Name of medical practitioner: *(Typed or printed)* _____

License number of medical practitioner: RADICAL HOSPITAL LIMITED

Address of medical practitioner: Uttara, Dhaka, Bangladesh

Authorized by: DG SHIPPING BANGLADESH (competent authority)

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ANNEX C

MPA
SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(*Last, first, middle*) ASADUZZAMAN MD		Gender: Male/~~Female~~*
Date of Birth: (*Day/month/year*) 21/10/1990	Nationality: BANGLADESHI	Place of Birth: BARGUNA

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	✓	
2	Hearing meets the standards in STCW Code Section A-I/9?	✓	
3	Unaided hearing satisfactory?	✓	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	✓	
5	Colour vision meets the standards in STCW Code Section A-I/9?	✓	
	Date of last colour vision test: 03 JUL 2023		
6	Fit for look-out duty?	✓	
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	✓	
8	No limitations or restrictions on fitness?	✓	
	If "**no**" specify limitations or restrictions		
9	Date of examination: (*day/month/year*) 03 JUL 2023		
10	Expiry of certificate: (*day/month/year*) 02 JUL 2025 ** *Maximum two years from date of examination unless the seafarer is under the age of 18*		

03 JUL 2023

DR. MIR. MD. RAIHAN
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Date	Signature of Authorised Medical Practitioner	Medical Practitioner's Official stamp (*name, licence number, address etc*)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

* delete as appropriate

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SEAFARER MEDICAL CERTIFICATE – March 2020

04.2023.4298

ANNEX B

MPA SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(*Last, first, middle*) (BLOCK CAPITALS) ASADUZZAMAN MD		Gender: ✓Male/Female*
Date of Birth: day/month/year 21/10/1990	Place of Birth: BARGUNA	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: EG0359749	Dept: Deck / Engine / Catering / others Rank: CHIEF OFFICER	Type of ship: GENERAL CARGO
Home Address: HOUSE # 0655-A-02 USOUF MANSION, WARD-09 POST CODE: 8600, PATUAKHALI BANGLADESH	Routine and emergency duties:	Trading area: e.g. coastal / ✓worldwide

*For identity verification purpose

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

	Yes	No		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. Epilesy/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 headaches		✓
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. Fracture/dislocations		✓

If you answer "yes" to any of the above questions, please provide details:

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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 even 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?		✓
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

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

03 JUL 2023

Date | Signature of Seafarer | Name and Signature of Witness

DR. MIR. MD. RAIHAN
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I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. DR. MD. RAIHAN.

03 JUL 2023

Date | Signature of Seafarer | Name and Signature of Witness

DR. MIR. MD. RAIHAN
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Part B – Result of medical examinations

Eyesight
Use of glasses or contact lenses

☐ No

☑ Yes Type ..... Purpose .....

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant			Distant	6/6	6/6
Near			Near	N5	N5

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision *(please tick)*

☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	184 (cm)		Weight	92 (kg)	
Pulse rate	(per minute)	78	Rhythm		Regular
Blood Pressure Systolic (mm Hg)		120	Diastolic (mm Hg)		80
Urinalysis:	Glucose : Nil	Protein: Nil		Blood:	Nil

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	

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Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/s, T/S, L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance		

Chest X-ray

☐ Not performed ☑ Performed on (day/month/year): 03 JUL 2023

Results: Normal chest xray

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

Test .. Blood urine Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea *(please tick)*

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

☑ Fit for look out duty ☐ Unfit for lookout duty

☑ Visual aid required ☐ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	✓	•		
Unfit				

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☑ Without restrictions ☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

03 JUL 2023

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Date	Signature of Medical Practitioner	Medical Practitioner's name, licence number, address

****

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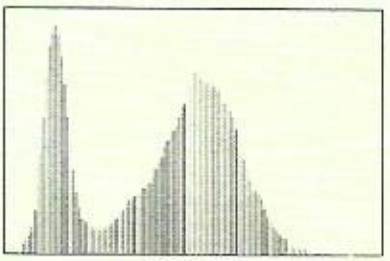
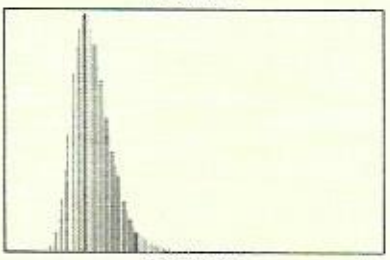
Id No : 0054	**Date :** 03-Jul-2023	**D.Date :** 03-Jul-2023
Patient's Name : MD ASADUZZAMAN	**Age :** 32Y 8M 12D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6326		

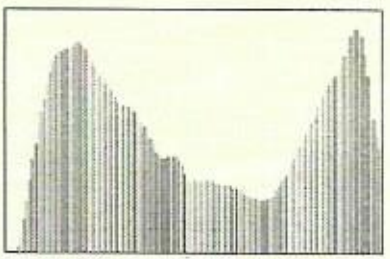
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.2** 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)	**06** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**8,500** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**64** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**31** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**03** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**170** /cumm	50-450/cumm
Total RBC Count	**7.34** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**39.2** %	M: 40-54%, F:37-47%
MCV	**53.4** fL	76 - 94 fL
MCH	**20.7** pg	27 - 32 pg
MCHC	**38.8** g/dL	29 - 34 g/dL
RDW	**17.9** %	11 - 16 %
PDW	**25.5** fL	35 - 56 fl
Total Platelete Count (PC)	**1,80,000** /cumm	150,000-450,000/cumm
MPV	**11.1** fL	7.0 - 11.0 fL
PCT	**0.200** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %


WBC CURVE


RBC CURVE


PLT CURVE

Checked By
Medical Technologist

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

Bill No	DIA23070054	Received Date	03/07/2023
Patient's Name	MD ASADUZZAMAN		
Patient's Age	32Y 8M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6326
Sample	BLOOD		

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	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 HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23070054	Received Date	03/07/2023
Patient's Name	MD ASADUZZAMAN		
Patient's Age	32Y 8M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/6326	
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 HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23070054	Receive:03/07/2023	Print: 03/07/2023
Patient's Name	:	**MD ASADUZZAMAN**		
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

This report has been electronically signed.

ID: 23060868

Md. Rashidzaman.

Male 52 Years

03-07-2023 18:38:41

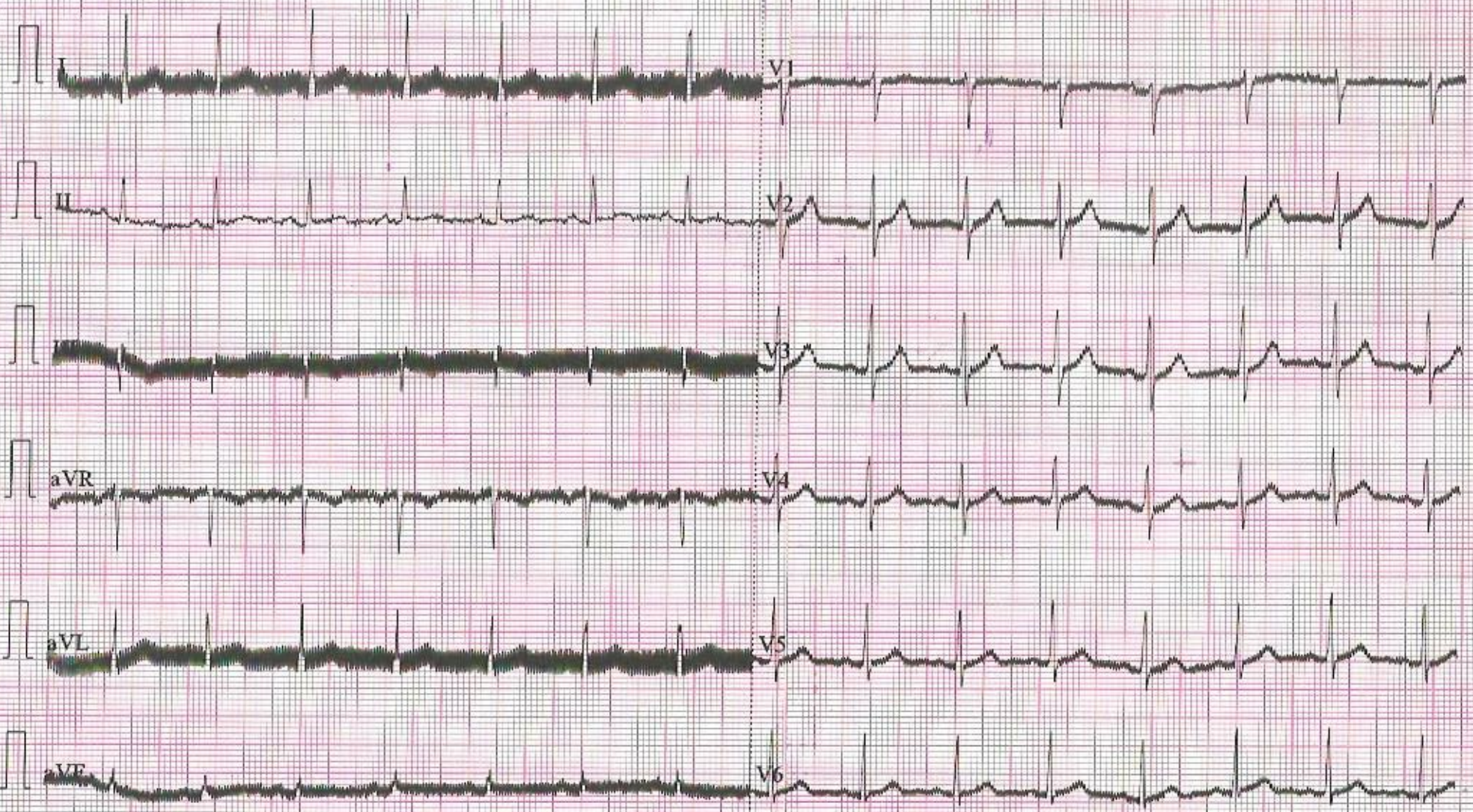
HR	: 90	bpm	
P	: 104	ms	
PR	: 158	ms	
QRS	: 90	ms	
QT/QTc	: 336/412	ms	
P/QRS/T	: 66/21/21	°	
RV5/SV1	: 1.083/0.729	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥90 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

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radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23070054	Receive: Print: 03/07/2023		
Patient's Name	:	**MD ASADUZZAMAN**			
Age	:	32 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	90 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

This is to certify that MD. ASADUZZAMAN date of birth 21/10/1990 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

Whose signature follows Asaduzzaman
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	03 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 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
3		
4		

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 evont of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins 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 form prescribed by the health administration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cette revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottialre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur lc certificate ou I o. mission d' une quelconquc des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

This is to certify that / JE Soussigne' (e) certifie que: MD ASADUZZAMAN
date of birth / no' (e) le: 21/10/1990
Sex / sexe: MALE

Whose signature follows / don't la signature suit: Asaduzzaman

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1 03 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 DAKAR 216	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I lcalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

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

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

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par I' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il