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

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

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

RADICAL HOSPITAL LIMITED,
35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: AMIN (Surname) MD: AL (First Name) Sex: M Serial No:
Date of Birth: 31/12/1996 PP/CDC: ✓ (Middle Initial) C/0192114 Rank: 3/E
Vessel: NEW HONOR Type: BULK CARRIER Route: World wide.
Home Address:

Company Name : SINOSIN CO. LTD.

## Medical History

**Please answer the following to the best of your knowledge.**

| Is there any past / present history of any of the following | Candidate Declaration Yes | Candidate Declaration No | Examiner Record Yes | Examiner Record No |
|---|---|---|---|---|
| Severe one-sided headaches (Migraine) | | ✓ | | ✓ |
| Head Injury / Concussion / Loss of Memmory | | ✓ | | ✓ |
| Fits / Epilepsy / Dizziness / Fainting | | ✓ | | ✓ |
| Eye / Vision Problems (Glasses, etc ) | | ✓ | | ✓ |
| Hearing Impairment | | ✓ | | ✓ |
| Ear / Nose / Throat problems | | ✓ | | ✓ |
| Stomach / Bowel disorders | | ✓ | | ✓ |
| Gall stones / Kidney disorders | | ✓ | | ✓ |
| Jaundice / Liver Disease | | ✓ | | ✓ |
| Piles / Varicose veins | | ✓ | | ✓ |
| Blood Disorder | | ✓ | | ✓ |
| Female Disorder | | ✓ | | ✓ |
| Notes | | | | |

| | Candidate Declaration Yes | Candidate Declaration No | Examiner Record Yes | Examiner Record No |
|---|---|---|---|---|
| Hernia / Hydrocoele / Appendicitis | | ✓ | | ✓ |
| High / Low blood pressure / Heart disease | | ✓ | | ✓ |
| Asthama / Bronchitis / Tuberculosis | | ✓ | | ✓ |
| Allergy / Skin disease | | ✓ | | ✓ |
| Infection / Contagious Disease | | ✓ | | ✓ |
| Addiction to alcohol / drugs / tobacco | | ✓ | | ✓ |
| Fracture / Dislocation / Injury / Amputation | | ✓ | | ✓ |
| Major / Minor Operation | | ✓ | | ✓ |
| Diabetes | | ✓ | | ✓ |
| Nervous / Mental disease / Sleep disorder | | ✓ | | ✓ |
| Mallignant disease ( Cancer) | | ✓ | | ✓ |
| Signed off on medical grounds / Declared Unfit | | ✓ | | ✓ |

## Medical Examination

| Height | Weight in Kgs | Chest Insp-Exp | Blood Pressure in mm of Hg | Pulse--Beats / min | Resp.Rate / min | General Condition |
|---|---|---|---|---|---|---|
| 172cm | 70kg | 41 cm / 40 | 100/70 mm/Hg | 78/min | 18/min | Good |

| Distant Vision | Uncorrected | Corrected |
|---|---|---|
| Right Eye | 6/6 | |
| Left Eye | 6/6 | |

| Colour Vision | | Normal | Abnormal |
|---|---|---|---|
| | Ishihara | ✓ | |
| | Other | ✓ | |

Field of Vision: Normal / Abnormal

| Audiometry | Hz | 500 | 1000 | 2000 | 3000 | 4000 | 5000 | 6000 | 8000 |
|---|---|---|---|---|---|---|---|---|---|
| Right Ear | dB | 20 | 20 | 15 | | | | | |
| Left Ear | dB | 20 | 20 | 15 | | | | | |

| Hearing | Right Ear | Left ear |
|---|---|---|
| | ✓ | ✓ |

## Systemic Examination

| | Normal | Abnormal |
|---|---|---|
| Head & Neck | ✓ | |
| Eyes | ✓ | |
| Ears / Nose / Throat | ✓ | |
| Teeth / Oral Cavity | ✓ | |
| Musculo-Skeletal system | ✓ | |
| Nervous system | ✓ | |
| Reflexes | ✓ | |
| Skin | ✓ | |

**Notes**

FIT FOR SEA SERVICE
AS 3RD EMO
AS PER MLC 2006
Enhanced GARD Medicals done

| | Normal | Abnormal |
|---|---|---|
| Respiratory system | ✓ | |
| Cardiovascular system | ✓ | |
| Per Abdomen | ✓ | |
| Genito-urinary system | ✓ | |
| Others | ✓ | |
| Hernia / Hydrocoele | ✓ | |
| Varicose Veins | ✓ | |
| Fissure/Fistula/Piles | ✓ | |

## Investigations

| Blood | Result | Normal |
|---|---|---|
| Hemoglobin | 14.5 gm% | 14-16 gm % |
| Total WBC count | 8,200 cu.mm | 4000-11000 / cu.mm |
| Neu 65 % Lymp 31 % Eos 02 Ba 00 Mo 02 % | | |
| Malarial parasite | NOT FOUND | |
| ESR | 06 mm / 1st hour | 1- - 15 mm / hr |
| SGPT | 21 U/L | 9--43 U / L |
| S.Cholesterol | NIE mg/dl | 145--260 mg / dl |
| S.Tnglycerides | NIE mg/dl | upto 200 mg /dl |
| Blood Sugar | RBS 5.7 PPBS | upto 125 mg % |
| HbsAg | NEGATIVE | |
| HIV I & II | NEGATIVE | |
| VDRL | NON REACTIVE | |
| Others | | GGTP U/L |
| Blood Group | | |

| Urine | |
|---|---|
| Colour | STRAW |
| Specific Gravity | NIL |
| pH | ✓ |
| Albumin | ✓ |
| Sugar | ✓ |
| Bile pigment | ✓ |
| Bile salts | ✓ |
| Occult blood | ✓ |
| RBC cells | ✓ |
| Leucocytes | |
| Others | |

**Spirometry:** NORMAL

**Drugs of Abuse:** NEGATIVE

**USG:** NIE

**ECG :** NORMAL **TMT:** NIE

**X-Ray Chest:** NORMAL

## Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically
Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR.MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

**This certificate is valid till:** 24 JUL 2025

Candidate's Signature

Date: 25.07.23.

Official Stamp: Radical Hospitals Ltd. As Per MLC-2006 Approved by D.G Department of Shipping

Doctor's Signature:

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.

25 JUL 2023

04.2023.4457

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
## REPUBLIC OF PANAMA

| | |
|---|---|
| SURNAME: AMIN | GIVEN NAME (S): MD. AL |
| DATE OF BIRTH: DAY 31 MONTH 12 YEAR 1996 | PLACE OF BIRTH CITY NAOGAON COUNTRY BANGLADESH / SEX MALE ☑ FEMALE ☐ |
| POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☑ RADIO OPERATOR ☐ RATING ☐ | MAILING ADDRESS OF APPLICANT: Pati Naogaon, Hajji Para, Naogaon Sadar, Naogaon. |

**DECLARATION OF THE AUTHORIZED PHYSICIAN**

| VISION | WITHOUT GLASSES | WITH GLASSES | COLOR TEST TYPE | HEARING |
|---|---|---|---|---|
| RIGHT EYE | 6/6 | — | ☐ BOOK ☑ LANTERN | RIGHT EAR |
| LEFT EYE | 6/6 | — | YELLOW — RED — GREEN — BLUE — | LEFT EAR |

Confirmation that identification documents were checked at the point of examination: YES ☑ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☑ NO ☐ NOT APLICABLE ☐

Unaided hearing satisfactory? YES ☑ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐
(the visual test it is required every six years)
Date of the last colour vision test: (Day/Month/Year) 25 JUL 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☑

Able for watchkeeping? YES ☑ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☑

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

| Signature of Applicant | Name of Applicant | Date |
|---|---|---|
| | MD. AL AMIN | 25 JUL 2023 |

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

**FIT FOR DUTY ON BOARD SHIP**

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS,(DU), DFM REG: A-55144

ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

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

SIGNATURE OF PHYSICIAN: STAMP OF PHYSICIAN: Radical Hospitals Ltd. As Per MLC 2006 DATE: 25 JUL 2023

EXPIRY DATE OF CERTIFICATE: 24 JUL 2025

*This certificate is issued by the Panama Maritime Authority in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.*

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

**ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING**
**GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH**

Form No: SMC

SL NO. 04.2023.4457

# SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

## SEAFARER INFORMATION:

**Name: Last** AMIN **First** MD. AL **Middle**

Gender: (Male/Female) Male Nationality: BANGLADESHI Date: 31.12.1996 25 JUL 2023

Occupation: Deck/Engine/Catering/Other (specify) Rank: 3/E

Father's/ Husbad'sname: MD. ABU BAKAR SIDDIQUE C.D.C No. C1019214

Mother's Name: MST. NAZIRA PARVIN Seaman ID No. 050008387

Address: House No: Street/ Road No: Passport No. EF 0612889

Locality/Village: HATTI PARA NID No.

P.O: PAR NAOGAON Date of Birth: 31.12.1996 (DD/MM/YYYY)

P.S: SADAR

District: NAOGAON

## DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

**I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:**

1. Confirmation that identification documents were checked at the point of examination :YES/NO
2. Hearing meets the standards in section A-I/9 :YES/NO
3. Unaided hearing satisfactory? :YES/NO
4. Visual acuity meets standards in section A-I/9? :YES/NO
5. Colour vision meets standards in section A-I/9? :YES/NO
   Date of last colour vision test : 25 JUL 2023
6. Fit for lookout duties? :YES/NO
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? :YES/NO
8. Any limitations or restrictions on fitness? :YES/NO

If YES, specify limitations or restrictions:

Duties:
Location/Vessel:
Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category : [✓] Fit-No restriction [ ] Fit-Subject to restrictions [ ] Unfit

10. Date of examination/Issue (DD/MM/YYYY) 25 JUL 2023

11. Date of expiry (DD/MM/YYYY) 24 JUL 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

MD. AL AMIN
Seafarer's Signature

Radical Hospitals Ltd. Approved by Department of Shipping Official Stamp

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
Name & Signature of the practitioner:

## MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 24 months prior to the date of making applieation 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.211997).* 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 seafarers 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 whis pered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (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 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [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 infectiqns 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, Interna-tional 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 useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table 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 enineer 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:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

**1. Complete physical Examination.**

**2. Pathological Examination:**

**a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E**

25 JUL 2023

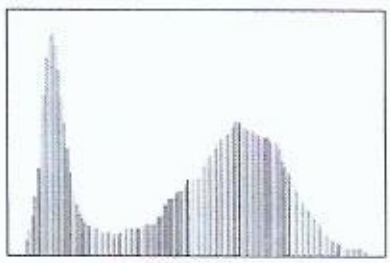
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited

| | | | | | |
|---|---|---|---|---|---|
| **Id No** | : 0827 | **Date :** 25-Jul-2023 | **D.Date :** | 25-Jul-2023 |
| **Patient's Name** | : MD AL AMIN | **Age :** 26Y 6M 24D | **Gender:** | Male |
| **Specimen** | : Blood | | | |
| **Doctor Name** | : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9214 | | | |

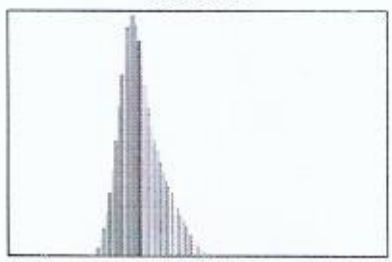
## Haematology Report

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

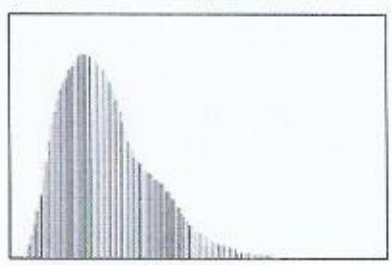
| Parameter Name | Results | Reference Range |
|---|---|---|
| **Hemoglobin (Hb)** | **14.5** gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. |
| **ESR(Westergreen)** | **06** mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| **Total WBC Count(TC)** | **8,800** /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm |
| **Differential WBC Count (DC)** | | |
| Neutrophils | **65** % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | **31** % | 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 | **176** /cumm | 50-450/cumm |
| **Total RBC Count** | **4.76** m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | **39.4** % | M: 40-54%, F:37-47% |
| MCV | **82.8** fL | 76 - 94 fL |
| MCH | **30.5** pg | 27 - 32 pg |
| MCHC | **36.8** g/dL | 29 - 34 g/dL |
| RDW | **11.5** % | 11 - 16 % |
| PDW | **14.5** fL | 35 - 56 fl |
| **Total Platelete Count (PC)** | **2,10,000** /cumm | 150,000-450,000/cumm |
| MPV | **9.1** fL | 7.0 - 11.0 fL |
| PCT | **0.191** % | 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.

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

| | | | |
|---|---|---|---|
| Bill No | DIA23070827 | Received Date | 25/06/2023 |
| Patient's Name | MD AL AMIN | | |
| Patient's Age | 26Y 6M 24D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/9214 |
| Sample | BLOOD | | |

## BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|---|---|---|
| **Liver Function Test** | | |
| Random Blood Sugar (RBS) | 5.2 mmol/l | 4.2 – 6.4 mmol/l |
| Serum ALT (SGPT) | 21 U/L | Up to 40 U/L |

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 | DIA23070827 | Received Date | 25/07/2023 |
| Patient's Name | MD AL AMIN | | |
| Patient's Age | 26Y 6M 24D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/9214 |
| Sample | Blood | | |

# SEROLOGYCAL REPORT

| Test Name | Result |
|---|---|
| HBsAg (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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

| | | | |
|---|---|---|---|
| Bill No | DIA23070827 | Received Date | 25/07/2023 |
| Patient's Name | MD AL AMIN | | |
| Patient's Age | 26Y 6M 24D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/9214 |
| Sample | URINE | | |

## URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| | | | |
|---|---|---|---|
| Quantity | Sufficient | CELLS / HPF | |
| Colo | Straw | R B C | Nil |
| Appearance | Clear | Pus Cells | 1-2/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
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

| | | | |
|---|---|---|---|
| Bill No | DIA23070827 | Received Date | 25/07/2023 |
| Patient's Name | MD AL AMIN | | |
| Patient's Age | 26Y 6M 24D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/9214 |
| 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.

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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.* | : | 23070827 | Receive: Print: 25/07/2023 | | |
| *Patient's Name* | : | **MD AL AMIN** | | | |
| *Age* | : | 27 YRS | *Sex* | : | M |
| *Refd. by* | : | **Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM** | | | |

# ELECTROCARDIOGRAM (E.C.G) REPORT

| | | |
|---|---|---|
| **Rate** | : | 72 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

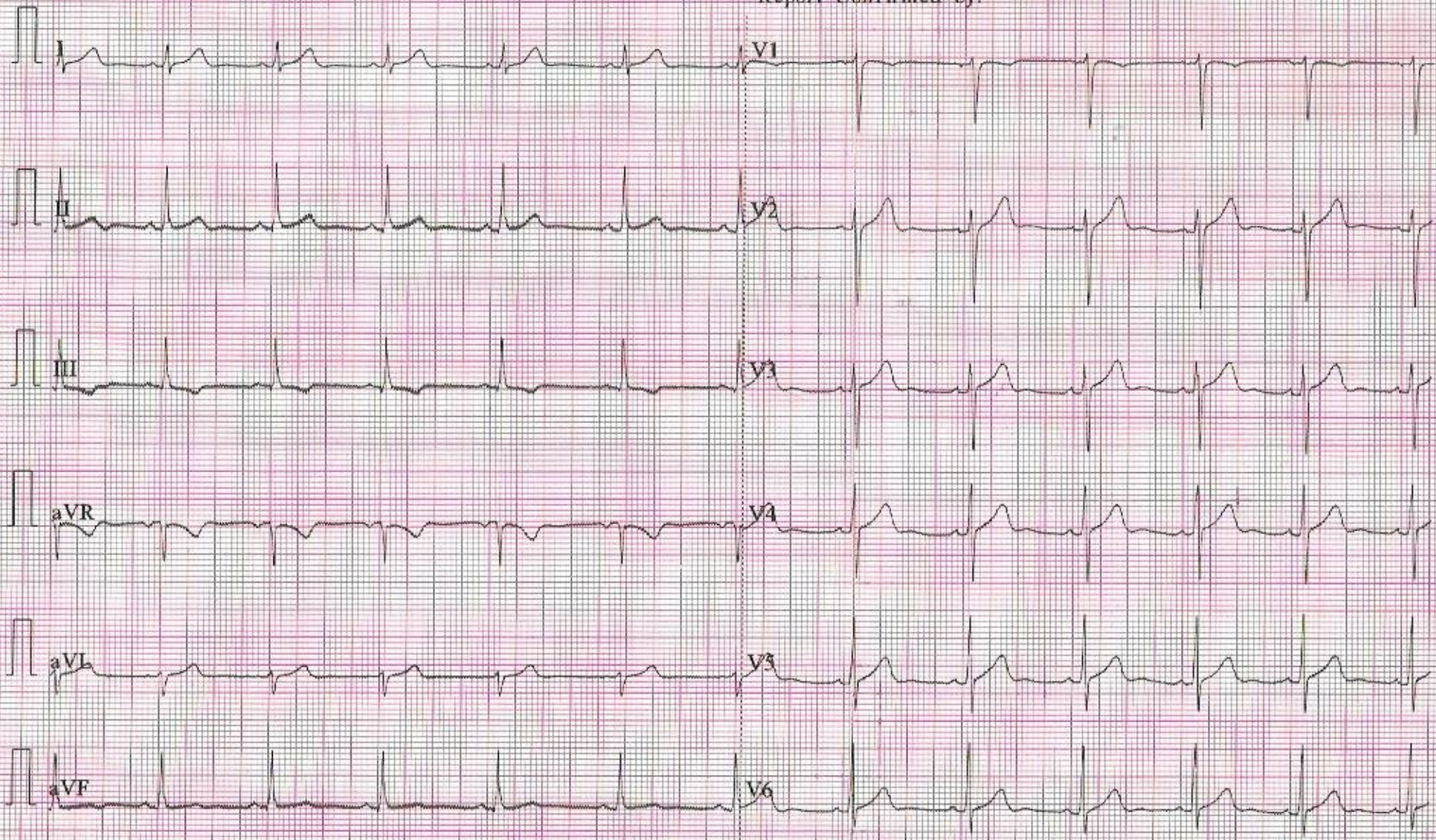
ID: 23070525 25-07-2023 14:00:38

Male 27 Years

| | | |
|---|---|---|
| HR | : 72 | bpm |
| P | : 80 | ms |
| PR | : 116 | ms |
| QRS | : 86 | ms |
| QT/QTc | : 364/399 | ms |
| P/QRS/T | : 57/74/14 | ° |
| RV5/SV1 | : 1.224/1.150 | mV |

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:




0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥72 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

## DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | |
|---|---|---|---|---|
| *ID. No.* | : | 23070827 | Receive:25/07/2023 | Print: 25/07/2023 |
| *Patient's Name* | : | **MD AL AMIN** | | |
| *Age* | : | 27 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.<br>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.

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

MD. AL AMIN | 31.12.1996 | MALE

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le | Sex / sexe

Whose signature follows / don't 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 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 25 JUL 2023 | DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Biroem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited | YELLOW FEVER VACCINE L. NO DAKAR | 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 Icalih 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 l' 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 goreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA**
**CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA**

MD. AL AMIN

This is to certify that JE Soussigne' (e) certifie que _____ date of birth no' (e) le 31.12.1996 Sex sexe MALE

Whose signature follows 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 | 25 JUL 2023 | ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs |
| 2 | DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited | CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH |
| 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 ev6nt 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 cettc revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre 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 l. administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou l o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.