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 MAKDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: ARIFUZZAMAN ARIF MD (Surname / First Name / Middle Initial) Sex: M Serial No:

Date of Birth: 05/10/1984 PP/CDC: C10/4986 Rank: 2E S

Vessel: PUFFIN PACIFIC. Type: TANKER Route: WORD WIDE

Home Address: MOZZAFFOR GARDEN CITY - FLAT- 4/A. H-7 R-1, TURAG, UTTARA. DHAKA

Company Name :

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		✓		✓
Addicition to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Malignant 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	75kg	41 40	120/70mm	78b/m	14b/m	Good

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

Field of Vision: Normal / Abnormal

Colour Vision		Normal	Abnormal
	Ishihara	✓	
	Other	✓	

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

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 _____
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	15.6 gm%	14-16 gm %
Total WBC count	7,400 cu.mm	4000-11000 / cu.mm
Neu 58 % Lymp 37 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	06 mm / 1st hour	1- - 15 mm / hr
SGPT	U/L	9--43 U / L
S.Cholesterol	mg/dl	145--260 mg / dl
S.Tnglycendes	mg/dl	upto 200 mg /dl
Blood Sugar	RBS PP6S	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL		
Others		
Blood Group		GGTP U/L

Urine	
Colour	Yellow
Specific Gravity	N/E
pH	N/E
Albumin	Nil
Sugar	Nil
Bile pigment	Nil
Bile salts	Nil
Occult blood	Nil
RBC cells	
Leucocytes	
Others	

ECG : N/E TMT: N/E

X-Ray Chest: N/E

Spirometry: N/E

Drugs of Abuse: Negative

USG: N/E

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

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, [illegible] 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: 05 JUL 2025

Candidate's Signature

Date: 06 JUL 2023

Official Stamp: Radical Hospitals Ltd. Approved by Department of Shipping ASPer MLC 2006

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

04.2023.4321

MEDICAL FITNESS CERTIFICATE

Name:	
Sex: Male / Female	Date of Birth: 05.10.1984
Nationality: BANGLADESHI	Passport No: B00686490
Occupation/Rank: 2E	
Date of Issue: 06 JUL 2023	
Date of Expiry: 05 JUL 2025	
Signature of Holder:	

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

This is to certify that the lawful holder had been found duly qualified in accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation I/9 and the WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers.

Declaration of the recognized Medical Practitioner:			
Confirmation that identification documents were checked at the point of examination?	Yes / No	Fit for look out duties	Yes / No
Hearing meets the standards in section A-I/9 of STCW Code?	Yes / No	Fit for service at sea	Yes / No
Unaided hearing satisfactory?	Yes / No	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 to endanger the health of other persons on board?	Yes / No
Visual acuity meets standards in section A-I/9 of STCW Code?	Yes / No		
Color Vision meets standards in section A-I/9 of STCW Code?	Yes / No	Any limitations or restrictions on fitness? If Yes, Please specify	Yes / No
Date of last color vision test 06 JUL 2023			

Date 06 JUL 2023

Examining Physician Signature & Stamp

Validity of certificate: 2 years from the date of issue except for persons below 18 years on the date of medical examination where this certificate is valid for 1 year from the date of issue.

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04.2023.4321

Clinical Findings

Height: (cm)	176 cm	Weight: (kg)	75 kgs.
Pulse rate: /(minute)	78	Rhythm:	Regular
Blood Pressure: Systolic: (mm Hg)	120	Diastolic: (mm Hg)	80

Visual acuity						
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right Eye	Left Eye	Binocular
Distant	6/6	6/6	—			
Near	6/6	6/6	—			

Hearing			
	Normal	Normal speech at a distance of 4m	Otoscopy (Tympanic Membrane)
Right ear	✓	✓	✓
Left ear	✓	✓	

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision	
Normal	Defective
✓	

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

Other diagnostics Tests and results	
Test	Result
Chest X-ray	Normal
HIV	Negative
VDRL	Non Reactive
Urinalysis:	Glucose: Nil Protein: Nil Blood: Nil
ECG(if required):	

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

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

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

Without restrictions ☑ With Restrictions ☐ Visual aid required ☐ Yes ☑ No

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

Medical certificate's date of expiration (day/month/year): 05 JUL 2025
Date Medical certificate issued (day/month/year): 06 JUL 2023
Medical practitioner information (name, license number, address):

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

Signature of Medical Practitioner

DR. MIR. MD. RAIHAN
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Pre-Employment and Periodic Medical Fitness Certificate of Seafarers

Issued in accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation I/9 and ILO/WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers.

Name: (last,first,middle)	ARIFUZZAMAN ATM	Date of birth (day/month/year):	05-10-1984
Gender: (male/female)	MALE	Nationality:	BANGLADESHI
Home Address:	MOZZAFFOR GARDEN, FLAT 4/A, TURAG, UTTARA. HOUSE-7 ROAD-01.		
Passport No.	B00686490	Discharge book No.:	C-0/4986
Type of Ship: (e.g. container, tanker,passenger,fishing)	TANKER	Trade Area: (coastal, tropical, worldwide)	World Wide
Department: (Deck, Engine, Catering, Other)	ENGINE		

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem		✓	18. Sleep problem		✓
2. High blood pressure		✓	19. Do you smoke, use alcohol or drugs?		✓
3. Heart/vascular disease		✓	20. Operation/Surgery		✓
4. Heart Surgery		✓	21. Epilepsy/seizures		✓
5. Varicose veins/piles		✓	22. Dizziness/fainting		✓
6. Asthma/bronchitis		✓	23. Loss of consciousness		✓
7. Blood disorder		✓	24. Psychiatric problems		✓
8. Diabetes		✓	25. Depression		✓
9.Thyroid problem		✓	26. Attempted suicide		✓
10. Digestive disorder		✓	27. Loss of memory		✓
11. Kidney Problem		✓	28. Balance problem		✓
12. Skin problem		✓	29. Severe headaches		✓
13. Allgergies		✓	30. Ear(hearing, tinnitus) /nose/throat problem		✓
14. Infectious/contagious diseases		✓	31. Restricted mobility		✓
15.Hernia		✓	32. Back or joint problem		✓
16.Genital disorder		✓	33. Amputation		✓
17. Pregnancy	N/A		34. Fractures/dislocations		✓
If you answered "yes" to any of the above questions, please give details:					
Additional questions					
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?					✓
Comments:					
42. Are you taking any non-prescription or prescription medications?					✓
If you answered "yes" to any of the above questions, please give details:					

I hereby certify that the personal declaration above is a true statement to the best of my knowledge. I am fully aware that if I withhold any information, this pre-employment examination will be considered null and void. I am aware that the information supplied by me forms the basis upon which I will be offered employment as seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and/or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and/or owners and/ or insurers of the vessel or their authorized representatives. I am aware of the results of this checkup and my rights to a review incase the result is unfit or fit with any limitations.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____ (the approved medical practitioner).

Date (day/month/year) 06 JUL 2023

Signature of examinee: _____

Witnessed by: (Signature) _____

Name: (typed or printed)

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ANNEX C

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*) ARIFUZZAMAN ATM		Gender: Male/Female*
Date of Birth: (*Day/month/year*) 05-10-1984	Nationality: BANGLADESHI	Place of Birth: FARIDPUR

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: 06 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*) 06 JUL 2023		
10	Expiry of certificate: (*day/month/year*) 05 JUL 2025 ** *Maximum two years from date of examination unless the seafarer is under the age of 18*		

06 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
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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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) ARIFUZZAMAN ATM			Gender: Male/Female*
Date of Birth: day/month/year 05-10-1984	Place of Birth: FARIDPUR	Nationality: BANGLADESHI	
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A). / Passport No. for Foreigners: B00686490	Dept: Deck / ~~Engine~~ / Catering / others Rank: 2ND. ENG		Type of ship: TANKER
Home Address: MOZAFFOR GARDEN CITY H-7, R-1, TURAG, UTTARA, DHAKA.	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.

06 JUL 2023

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN
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BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Name and Signature of Witness

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. MIR. MD. RAIHAN

06 JUL 2023

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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Name and Signature of Witness

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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	6/6	6/6	Distant		
Near	6/6	6/6	Near		

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	170 (cm)	Weight	75 (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): 06 JUL 2023

Results: Normal on X-Ray

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.

FITNESS 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.)

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

****

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RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

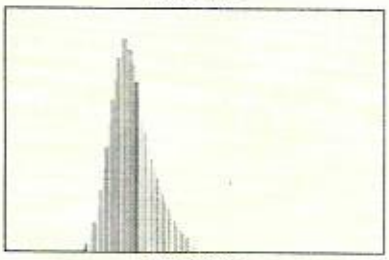
Id No : 0114	**Date :** 06-Jul-2023	**D.Date :** 06-Jul-2023
Patient's Name : A T M ARIFUZZAMAN	**Age :** 38Y 9M 0D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4986		

Haematology Report

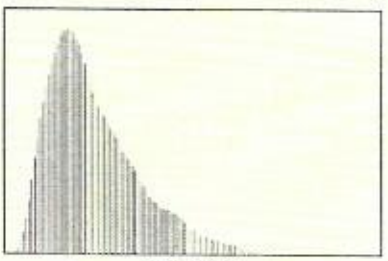
(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.6** 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)	**7,400** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**59** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**37** %	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	**148** /cumm	50-450/cumm
Total RBC Count	**5.20** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**41.0** %	M: 40-54%, F:37-47%
MCV	**78.8** fL	76 - 94 fL
MCH	**30.0** pg	27 - 32 pg
MCHC	**38.0** g/dL	29 - 34 g/dL
RDW	**13.2** %	11 - 16 %
PDW	**15.3** fL	35 - 56 fl
Total Platelete Count (PC)	**2,60,000** /cumm	150,000-450,000/cumm
MPV	**8.4** fL	7.0 - 11.0 fL
PCT	**0.218** %	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
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Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

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RADICAL HOSPITAL LIMITED

Bill No	DIA23070114	Received Date	06/07/2023
Patient's Name	A T M ARIFUZZAMAN		
Patient's Age	38Y 9M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/4986	
Sample	BLOOD		

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

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MBBS, MD (Microbiology)
Associate Professor
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Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	0-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

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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

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