

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: RAHAMAN MD MUSTAFIJUR Sex: MALE Serial No: _____

Date of Birth: 15/08/1987 PP/CDC: C/O/6020 Rank: C/O

Vessel: MT. RATHBONE Type: OIL/CHEMICAL Route: WORLD WIDE

Home Address: VIL. NARIKEL PARA

POST-UP: CHATMOHAR-6620

Company Name: ATLANTAS CREW MANAGEMENT

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		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)					Hernia / Hydrocoele / Appendicitis				
Head Injury / Concussion / Loss of Memory					High / Low blood pressure / Heart disease				
Fits / Epilepsy / Dizziness / Fainting					Asthma / Bronchitis / Tuberculosis				
Eye / Vision Problems (Glasses, etc.)					Allergy / Skin disease				
Hearing Impairment					Infection / Contagious Disease				
Ear / Nose / Throat problems					Addiction to alcohol / drugs / tobacco				
Stomach / Bowel disorders					Fracture / Dislocation / Injury / Amputation				
Gall stones / Kidney disorders					Major / Minor Operation				
Jaundice / Liver Disease					Diabetes				
Piles / Varicose veins					Nervous / Mental disease / Sleep disorder				
Blood Disorder					Malignant disease (Cancer)				
Female Disorder					Signed off on medical grounds / Declared Unfit				
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition	
165cm	70kg	41-42	130/80 mmHg	78b/min	19b/min	Good	
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000
Right Eye	6/1		Normal	Right Ear	dB	20	20
Left Eye	6/1		Abnormal	Left Ear	dB	20	20
Colour Vision	Ishihara	Other	Normal	Hearing	Right Ear	4	4
			Abnormal		Left ear		

Systemic Examination	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck			FIT FOR SEA SERVICE AS CH OFF AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	
Eyes				Cardiovascular system	
Ears / Nose / Throat				Per Abdomen	
Teeth / Oral Cavity				Genito-urinary system	
Musculo-Skeletal system				Others	
Nervous system				Hernia / Hydrocoele	
Reflexes				Varicose Veins	
Skin				Fissure/Fistula/Piles	

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	14.4 gm%	14-16 gm %	Colour	SW
Total WBC count	11,300 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu 76 % Lymph 20 % Eos 02 % Ba 00 % Mo 03 %			pH	
Malarial parasite	Not Found		Albumin	Nil
ESR	05 mm / 1st hour	1-15 mm / hr	Sugar	Nil
SGPT	20 U/L	9-43 U / L	Bile pigment	
S.Cholesterol	175 mg/dl	145-260 mg / dl	Bile salts	
S.Triglycerides	175 mg/dl	upto 200 mg / dl	Occult blood	
Blood Sugar	RBS 8.5 PPBS	upto 125 mg %	RBC cells	Nil
HbsAg	Negative		Leucocytes	
HIV I & II	Negative		Others	
VDRL	Negative		Spirometry:	N/D
Others	30	GGTP U/L	Drugs of Abuse:	Negative
Blood Group	O(+ve)		USG:	Normal
ECG:	Normal	TMT: N/D		
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: **11 JUN 2025**

Candidate's Signature

Date: 12/06/2023
12 JUN 2023

Official Stamp



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.

04.2023.4196

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



Form No: SMC

SL NO.

04.2023.4196

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 RAHAMAN First MD Middle MUSTAFIJUR
Gender: (Male/Female) MALE Nationality: BANGLADESHI Date: 12/06/2023
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: CHIEF OFFICER
Father's/ Husband's name: MD. ABDUL MANNA C.D.C No. 010/6020
Mother's Name: OBADA BEGUM Seaman ID No. 050004955
Address: House No: Street/ Road No: Passport No. B00007642
Locality/Village: NARIKEL PARA NID No.
P.O. CHATMOHAR-6630 Date of Birth: 15/08/1987
P.S. CHATMOHAR (DD/MM/YYYY)
District: PABNA

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:

- Confirmation that identification documents were checked at the point of examination: ☒ YES/NO
- Hearing meets the standards in section A-I/9: ☒ YES/NO
- Unaided hearing satisfactory: ☒ YES/NO
- Visual acuity meets standards in section A-I/9: ☒ YES/NO
- Colour vision meets standards in section A-I/9: ☒ YES/NO
Date of last colour vision test: 12 JUN 2023
- Fit for lookout duties: ☒ 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 service or to render the health of any other persons on board? ☒ YES/NO
- 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): 12 JUN 2023

11. Date of expiry (DD/MM/YYYY): 11 JUN 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.

Seafarer's Signature



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birmam), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng 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 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 24 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.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 whispered 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 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/Navigation 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 transmissible 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/navigation 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 right 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:

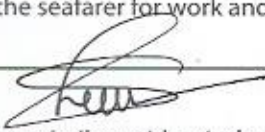
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

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

12 JUN 2023


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

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME <u>RAHAMAN</u>			GIVEN NAME(S) <u>MD MUSTAFIJUR</u>		
DATE OF BIRTH 08 MONTH 15 DAY 1987 YEAR			PLACE OF BIRTH PABNA CITY		BANGLADESH COUNTRY
SEX ☒ MALE ☐ FEMALE			MAILING ADDRESS OF APPLICANT: VIL: NARIKEL PARA POST TUP: CHATMOHAR-6630 DIST: PABNA COUNTRY: BANGLADESH.		
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER (e/o) ☒ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐					

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

HEIGHT <u>165cm</u>	WEIGHT <u>70kg</u>	BLOOD PRESSURE <u>130/80 mm</u>	PULSE <u>78 6/min</u>	RESPIRATION <u>19 5/min</u>	GENERAL APPEARANCE <u>Good</u>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <u>6/6</u> LEFT EYE <u>6/6</u>		HEARING: RT. EAR <u>nm</u> LEFT EAR <u>nm</u>	

COLOR TEST TYPE: BOOK ☒ LANTERN ☐ IS COLOR TEST NORMAL? ☒ YES ☐ NO (If "No" EXPLAIN ON PAGE 2)

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

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

EXTREMITIES:
UPPER Normal LOWER Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES ☐ NO ☐

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 ☐

IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2

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

SIGNATURE OF APPLICANT

DATE OF EXAMINATION

EXPIRY DATE

12 JUN 2023

11 JUN 2025

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

FIT FOR DUTY ON BOARD SHIP

MD MUSTAFIJUR RAHAMAN

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

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 /

☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN DR. MIR MD RAIHAN MBBS, DFM

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

12 JUN 2023

DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bldem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
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MI-105M

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 medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - 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. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. 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/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should 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.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

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.

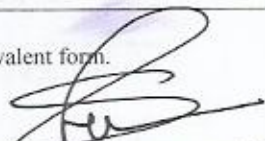
Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.
(See RMI MG-7-47-1, §3.3).

12 JUN 2023




DR. MIR. MD. RAIHAN
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ATLANTAS CREW MANAGEMENT

Form No – FP 02D

Revision – 1

Seafarer's declaration of medicines being carried on board

Date – 01 Jul 21

Date: **12 JUN 2023**

To,
The Company appointed Doctor,
XXXX (Management Company)

Dear Sir,

I hereby declare that I will be carrying the following medicines for usage onboard. These have been prescribed by my family doctor and/or by company appointed doctor.

List/qty. of prescribed medicines, which will be carried by me on board. The period of medicine course is prescribed for - weeks/months

Sr. No	Name of Medicine(S) Onboard (Allopathic medicines to be mentioned here)	Quantity	Dosages	Ailment
1				
2				
3				
4				

Note: As a rule, not more than 4 medicines or combinations as allowed,

1. I agree to carry the original prescription on board for the above-mentioned medication.
2. I agree to inform the Master, all details of my medication immediately upon joining the vessel.
3. I also confirm that at no time any other drugs/medicines shall be found with me or in my cabin.
4. I am also aware of my responsibility for self-medication.
5. Subject to obtaining approval from Company and Company appointed Doctor for the above mentioned medicines, I will ensure to carry sufficient medication with me to cover the period of my onboard tenure and extra supply for an additional month. The Company will not be responsible to arrange for replenishment.
6. I hereby consent that the above medical information may be shared as necessary.

I have read and understood the above terms. Should I fail to follow the above terms, I agree that I will not be eligible for the sick, injury, and death pay/compensation as per the company's standard terms and condition and/or the respective collective bargaining agreement of the applicable vessel.

Name & Rank of the seafarer: MD MUSTAFIJUR RAHAMAN, C/O	Signature:
Vessel Name:	Date: 12/06/2023
Confirmed by a company appointed doctor (signature & date): 12 JUN 2023	
The company appointed doctor's name & city:	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.
The company appointed doctor's remarks, if any:	

Note: Doctors are requested to send the original form along with the medical report to the company.



Id No : 0324 **Date** : 12-Jun-2023 **D.Date** : 12-Jun-2023
Patient's Name : MD MUSTAFIJUR RAHAMAN **Age** : 35Y 9M 28D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/6020

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.4 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	11,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	76 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	20 %	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	226 /cumm	50-450/cumm
Total RBC Count	4.95 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.5 %	M: 40-54%, F:37-47%
MCV	77.8 fL	76 - 94 fL
MCH	29.1 pg	27 - 32 pg
MCHC	37.4 g/dL	29 - 34 g/dL
RDW	13.4 %	11 - 16 %
PDW	15.2 fL	35 - 56 fL
Total Platelete Count (PC)	3,50,000 /cumm	150,000-450,000/cumm
MPV	7.3 fL	7.0 - 11.0 fL
PCT	0.255 %	0.1 - 0.5 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist



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

Bill No	DIA23060324	Received Date	12/06/2023
Patient's Name	MD MUSTAFIJUR RAHAMAN		
Patient's Age	35Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6020		
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	22 U/L	Up to 37 U/L
Serum Creatinine	0.9 mg/dl	0.3 - 1.3 mg/dl
Urice Acid	4.1 mg/dl	3.8 - 8.0 mg/dl
GGT	38 U/L	Adult Males : <55

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	DIA23060324	Received Date	12/06/2023
Patient's Name	MD MUSTAFIJUR RAHAMAN		
Patient's Age	35Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6020
Sample	Blood		

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
VDRL	Non-reactive
Malarial Parasite (ICT)	Negative

BLOOD GROUPING Result

ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologist
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

East West Medical College and Hospital

Bill No	DIA23060324	Received Date	12/06/2023
Patient's Name	MD MUSTAFIJUR RAHAMAN		
Patient's Age	35Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6020
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-4/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

Checked By


Medical Technologist
Radical Hospitals Ltd.



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



Bill No	DIA23060324	Received Date	12/06/2023
Patient's Name	MD MUSTAFIJUR RAHAMAN		
Patient's Age	35Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6020		
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

AUDIOLOGICAL REPORT

Patient Name : MD MUSTAFIJUR RAHAMAN

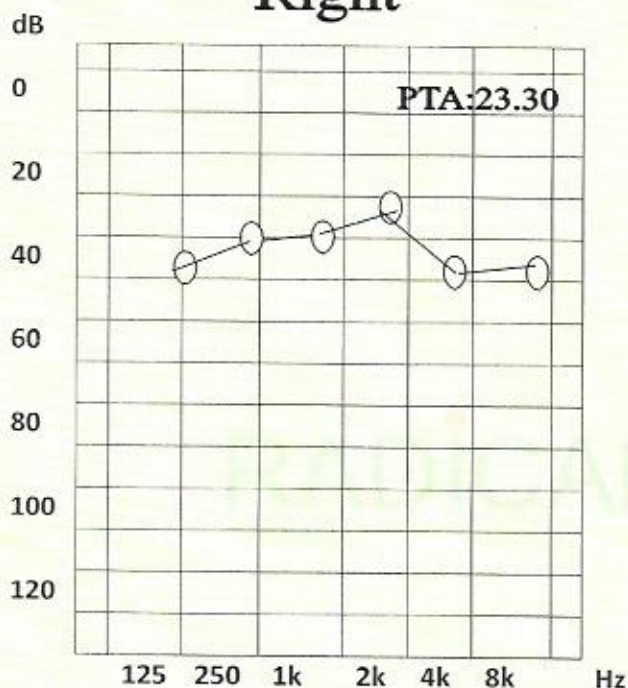
12/06/2023

Age : 35 Yrs

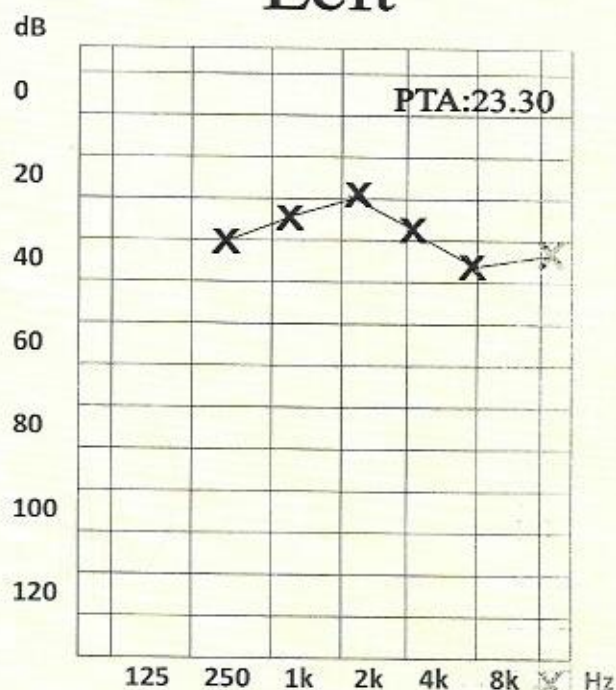
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan, MBBS,(DU), DFM

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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

Patient's Name	:	MD MUSTAFIJUR RAHAMAN	ID NO	:	23060324
Age	:	35 Yrs	Date	:	12/06/2023
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

Dental Examination Reports

On Examination

- | | | |
|-----------------------------|---|--------|
| 1. Dental Caries | : | Absent |
| 2. Calculus | : | Absent |
| 3. Missing | : | Absent |
| 4. Gum Condition | : | Normal |
| 5. Filling | : | No |
| 6. Root Canal Treatment | : | No |
| 7. Any Bridge/Denture/Crown | : | No |
| 8. Oral Hygiene | : | Normal |

Comments : Normal



Dr. Mir Md. Raihan

MBBS (DU), CCD (Birdem), PGT (ophth)
 Reg- A55144 BGD-016(MMC)
 DG Shipping Bangladesh Approved
 Malaysian Medical Council Approved
 General Physician
 Radical Hospitals Limited

Patient's Name	:	MD MUSTAFIJUR RAHAMAN	ID NO	:	23060324
Age	:	35 Yrs	Date	:	12/06/2023
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU), DFM			
Nature of Specimen	:				

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6
 FEV = 5
 FEV/FVC = 80%

Comments: Normal Lung Function

Checked By



Dr. Mir Md. Raihan

MBBS (DU) CCD(Birdem),PGT (ophth)
 Reg- A55144 BGD-016(MMC)
 DG Shipping Bangladesh Approved
 Malaysian Medical Council Approved
 General Physician
 Radical Hospitals Limited

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060324 Receive: Print: 12/06/2023
Patient's Name : MD MUSTAFIJUR RAHAMAN
Age : 35 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 95 b/min

Rhythm : Regular

P-Wave : Normal

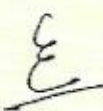
P-R Interval : Normal

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

ID: 0011

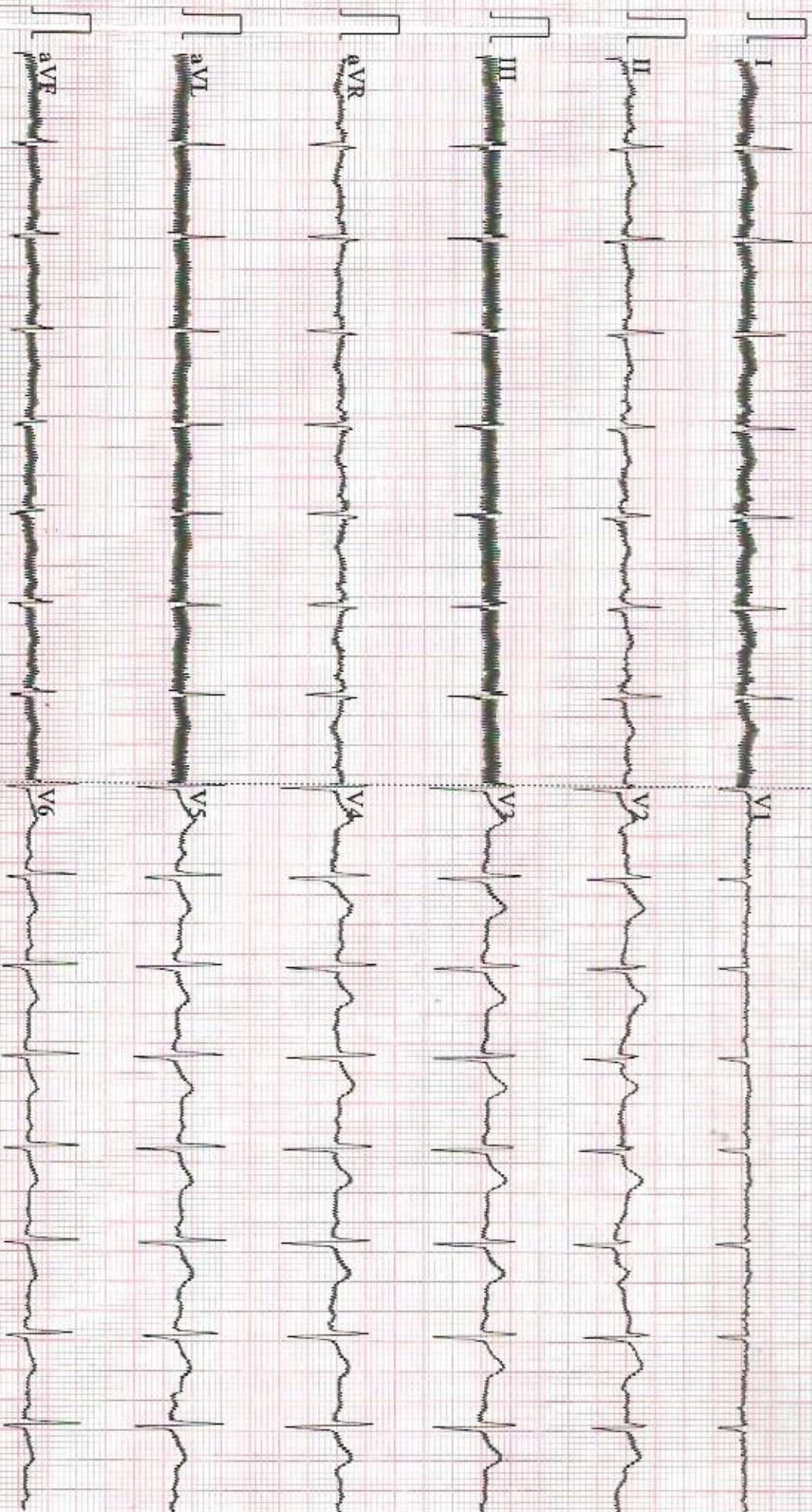
12-06-2023 19:25:36

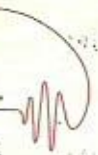
Mr. Mark D. C. Kellerman
Male 35 Years

HR	: 95	bpm
P	: 96	ms
PR	: 146	ms
QRS	: 74	ms
QT/QTc	: 348/438	ms
P/QRS/T	: 46/-5/34	°
RV5/SV1	: 0.80/0.475	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:





Date: 12/06/2023

EYE EXAMINATION REPORT

NAME:	MD MUSTAFIJUR RAHAMAN		
AGE:	35 YRS	RANK: CH.OFF	CDC NO:C/O/6020

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060324 Receive: 12/06/2023 Print: 12/06/2023
Patient's Name : MD MUSTAFIJUR RAHAMAN
Age : 35 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

Patient ID	23060324	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	12/06/2023
Patient Name	MD MUSTAFIJUR RAHAMAN		
Age	35 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.0cm shape and position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER :- Normal size regular in shape. **Lumen is normal.**

Wall thickens is normal.

CBD & Intrahepatic biliary trees are not dilated. Diameter of CBD is normal.

PANCREASE :- Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

SPLEEN :- Is normal in size and shape uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size. RK-9.0cm, LK-10.0cm The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is within normal limit. No intravesicle lesion is seen

Prostate: Normal size regular in shape. Echogenicity is homogenous.

COMMENT: Normal Study.

Sonologist

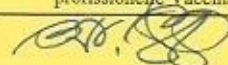

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training in TVS

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONNAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to certify that MD MUSTAFIJUR RAHAMAN Date of birth 15/08/82 Sex MALE
JE Soussigne (e) certifie que _____ no (e) le _____ sexe _____

Whose signature follows [Signature]
dont la signature suit _____

has on the Date indicated been vaccinated or revaccinated against Cholera
a été vaccine (e) or revaccine (e) contre le Cholera a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualité professionnelle Vaccinateur	Approved Stamp Cachet d'authentification
23 OCT 2021	 Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD) Marine Health Care Dhaka	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs. 

2 12 JUN 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.	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs 
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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 event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate, shall indicate that two injection 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 performed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render it invalid.
La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination au cours de cette période de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

De cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

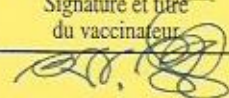
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that JE Soussigne' (e) certifie que } MD MUSTAFIJUR RAHAMAN Date of birth } 15/06/87 Sex } MALE
no (e) le sexe

Whose signature follows }  dont la signature suit }

has on the Date indicated been vaccinated or revaccinated against yellow fever
a ete vaccine (e) ou revaccine (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre' du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
23 OCT 2021	 Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD) Marine Health Care Dhaka		
2			

This certificate is valid only if the vaccine used has been approved by the World Health Organization and vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

This validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccination.

This certificate must be signed by a medical practitioner in his own hand, his official stamp is not an accepted substitute for the signature.

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

Ce certificat n' est valable que si le vaccin employe' a e' te' a approuve' par l' Organisation Mondiale de la Sante' et sile entre de vaccination ae' te' habilite par l' administration sanitaire du territoire dans lequel ce centre est situe'

La validite' de ce certificat couvre une pe' riode de dix ans commençant dix jours apres la date de la vaccination ou, dans le cas d'une revaccination au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificat doit etre signe' par un me' decin de sa propre main, son cachet officiel ne pouvant etre considere' comme tenant lieu de signature.

Toute correction ou rature sur le certificat ou l' omission d' une quelconque des mentions qu' il comporte peut affecter sa Validite'