



# HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.  
Tel : +880 31 716214-6, Fax : +880 31 710530

Accredited By: BMDC  
Accreditation No. A 55144

PATIENT CONTROL NUMBER  
202715

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                         |                                                                               |                                                |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------|
| SURNAME<br><b>MAMUN</b>                                                                 | FIRST NAME<br><b>MD</b>                                                       | MIDDLE NAME<br><b>MUNTASIR</b>                 |
| PLACE AND DATE OF BIRTH<br><b>NATORE 22-Feb-1975</b>                                    | PASSPORT NUMBER<br><b>A00053000</b>                                           | SEAMAN'S BOOK NUMBER<br><b>CO3356</b>          |
| NATIONALITY: <b>BANGLADESHI</b>                                                         | SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | VESSEL TYPE: <b>CHEM. TANKER</b>               |
| PERMANENT HOME ADDRESS:<br><b>VILL. LALPUR, P.O. LALPUR, P.S. LALPUR, DIST. NATORE.</b> |                                                                               | CONTACT NUMBER: <b>01711-308329 (SELF)/017</b> |
|                                                                                         |                                                                               | RANK: <b>CHIEF ENGINEER</b>                    |

Have you ever had any of the following conditions?

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

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

### Additional questions

| Question                                                                                     | YES                                 | NO                                  |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 35 Have you ever been signed off as sick or repatriated from a ship?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

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

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

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

### MEDICAL EXAMINATION

| Weight <b>75kg</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Height (cm) <b>172</b>                                                | Blood Pressure: Systolic <b>130</b> Diastolic <b>80</b> | PULSE: <b>78</b>                             |                       |  |                         |  |       |      |     |      |                                                                       |                                                                       |                                              |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------|-----------------------|--|-------------------------|--|-------|------|-----|------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| <table border="1"> <thead> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th>Right</th> <th>Left</th> <th>500</th> <th>1000</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td><input checked="" type="checkbox"/> Adequate</td> <td><input checked="" type="checkbox"/> Adequate</td> </tr> </tbody> </table> |                                                                       |                                                         |                                              | Hearing by Audiometry |  | Hearing by Whisper Test |  | Right | Left | 500 | 1000 | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input checked="" type="checkbox"/> Adequate | <input checked="" type="checkbox"/> Adequate |
| Hearing by Audiometry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | Hearing by Whisper Test                                 |                                              |                       |  |                         |  |       |      |     |      |                                                                       |                                                                       |                                              |                                              |
| Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Left                                                                  | 500                                                     | 1000                                         |                       |  |                         |  |       |      |     |      |                                                                       |                                                                       |                                              |                                              |
| <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input checked="" type="checkbox"/> Adequate            | <input checked="" type="checkbox"/> Adequate |                       |  |                         |  |       |      |     |      |                                                                       |                                                                       |                                              |                                              |
| Hearing meets the standards as laid down in STCW Code Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                         |                                              |                       |  |                         |  |       |      |     |      |                                                                       |                                                                       |                                              |                                              |



|         | Visual acuity |          |           |          | Visual fields                       |                          |
|---------|---------------|----------|-----------|----------|-------------------------------------|--------------------------|
|         | Unaided       |          | Aided     |          | Normal                              | Defective                |
|         | Right eye     | Left eye | Right eye | Left eye |                                     |                          |
| Distant |               |          | 6/6       | 6/6      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Near    |               |          |           |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☒ YES / NO☐ Doubtful☐ Defective

19 JUN 2023

Date of last colour vision test: Date (day/month/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## RESULTS OF ANCILLARY EXAMINATIONS

|                        |                                     |                                    |                    |                                     |                                                 |
|------------------------|-------------------------------------|------------------------------------|--------------------|-------------------------------------|-------------------------------------------------|
| Chest X-Ray            | <input checked="" type="checkbox"/> | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana          | <input type="checkbox"/> Positive   | <input checked="" type="checkbox"/> Negative    |
| ECG                    | <input checked="" type="checkbox"/> | BILIRUBIN                          | Alcohol Test       | <input type="checkbox"/> Positive   | <input checked="" type="checkbox"/> Negative    |
| BLOOD R/E              | <input checked="" type="checkbox"/> | SGPT                               | URINE R/E          | <input checked="" type="checkbox"/> | <input type="checkbox"/>                        |
| DC(differential count) | <input checked="" type="checkbox"/> | SGOT                               | OTHERS             | <input checked="" type="checkbox"/> | <input type="checkbox"/>                        |
| HAEMOGLOBIN (HGB)      | 13.4                                | DRUG AND ALCOHOL TEST              | HBsAg              | <input type="checkbox"/> Reactive   | <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGRN)        | 0.7                                 | Morphine                           | HIV / AIDS Test    | <input type="checkbox"/> Reactive   | <input checked="" type="checkbox"/> Nonreactive |
| WBC                    | 9.800                               | Amphetamine                        | VDRL               | <input type="checkbox"/> Reactive   | <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL    |                                     | Phencyclidine                      | Blood Type         | <input checked="" type="checkbox"/> | <input type="checkbox"/>                        |
| RANDOM                 | 5.8                                 | Barbiturates                       | Psychological Exam | <input checked="" type="checkbox"/> | <input type="checkbox"/>                        |
| HBA1C                  | 4.6%                                | Cocaine                            | Others(KUB Ultraso | <input checked="" type="checkbox"/> | <input type="checkbox"/>                        |

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

19 JUN 2023

Signature of Seafarer

MD MUNTASIR MAMUN

Name of Seafarer

Date

## Assessment of fitness for service at sea:

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

☒

Fit for lookout duties

☐

Not fit for lookout duties

|       | Deck service                        | Engine service                      | Catering service         | Other services           |
|-------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| Fit   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unfit | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

☒ Yes☐ No

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

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

Fitness Date:

19 JUN 2023

Valid Until:

18 JUN 2025

DR. MIR MD. RAHAN

MBBS (DU), DPM, CCD (Bham), PGT (Opth)

BMDA-55144/MMD-280016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

In Accordance with Medical Examination (SMDA-55144/MMD-280016) and STCW 1978/1996 as Amended, MLC 2006



# HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga,  
Agrabad C/A, Chattogram, Bangladesh.  
Tel: +88 02333316214-6

|             |                   |        |                |
|-------------|-------------------|--------|----------------|
| Name        | MD MUNTASIR MAMUN | Date   | 19-Jun-2023    |
| Age         | 48                | Sex    | MALE           |
| Passport No | A00053000         | CDC No | C/O/3356       |
| Sample      |                   | Rank   | CHIEF ENGINEER |

## BIOCHEMISTRY REPORT COMPARE

|                     |                |                |                 |
|---------------------|----------------|----------------|-----------------|
| Vessel Name:        | GINGA LYNX     | DIVA           |                 |
|                     | After Sign-Off | Before Sign-On | Reference Range |
| Date of Report      | 22 DEC 2022    | 19 JUN 2023    | -               |
| Serum Bilirubin     | 0.7            | 0.9            | 0.2 - 1.1 mg/dl |
| Serum S.G.O.T/A.S.T | 25             | 27             | Up to 37 U/L    |
| Serum S.G.P.T.      | 23             | 25             | Up to 42 U/L    |

DOCTOR'S REMARKS:

No Restrictions



Doctor Seal & 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 Ltd.

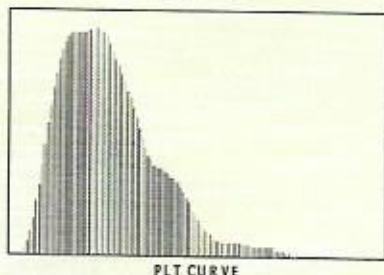
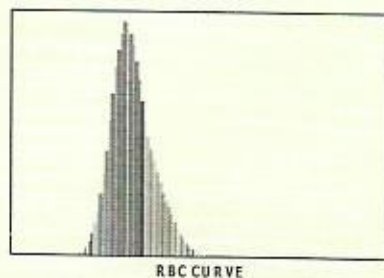
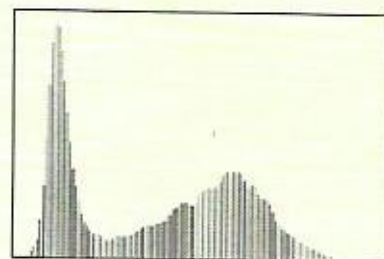


**Id No** : 0508 **Date** : 19-Jun-2023 **D.Date** : 19-Jun-2023  
**Patient's Name** : MD MUNTASIR MAMUN **Age** : 48Y 3M 28D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:**C/O/3356

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>13.4</b> gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>07</b> mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>9,800</b> /cumm    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>61</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>34</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>03</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>196</b> /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>4.81</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>36.3</b> %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>75.5</b> fL        | 76 - 94 fL                                                                                         |
| MCH                                | <b>27.9</b> pg        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>36.9</b> g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>12.9</b> %         | 11 - 16 %                                                                                          |
| PDW                                | <b>17.1</b> fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>1,89,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>9.3</b> fL         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.176</b> %        | 0.1 - 0.4 %                                                                                        |
| Bleeding Time(BT)                  | %                     | 10 - 18 %                                                                                          |
| Cloting Time(CT)                   | %                     | 0.1- 0.2 %                                                                                         |



*[Signature]*

**Checked By**  
Medical Technologist

*[Signature]*

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



|                |                                                       |               |                 |
|----------------|-------------------------------------------------------|---------------|-----------------|
| Bill No        | DIA23060508                                           | Received Date | 19/06/2023      |
| Patient's Name | MD MUNTASIR MAMUN                                     |               |                 |
| Patient's Age  | 48Y 3M 28D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/3356 |
| Sample         | BLOOD                                                 |               |                 |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.8 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total)  | 0.9 mg/dl  | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 27 U/L     | Up to 37 U/L     |
| Serum ALT (SGPT)         | 25 U/L     | Up to 40 U/L     |
| HbA1C                    | 4.6 %      | 4.2 - 6.7 %      |

### REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologists  
Radical Hospitals Ltd.

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

|                |                                                       |               |                 |
|----------------|-------------------------------------------------------|---------------|-----------------|
| Bill No        | DIA23060508                                           | Received Date | 19/06/2023      |
| Patient's Name | MD MUNTASIR MAMUN                                     |               |                 |
| Patient's Age  | 48Y 3M 28D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/3356 |
| Sample         | BLOOD                                                 |               |                 |

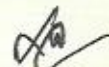
## SEROLOGICAL REPORT

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

| <b>BLOOD GROUPING Result</b> |           |
|------------------------------|-----------|
| 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        | DIA23060508                                           | Received Date | 19/06/2023      |
| Patient's Name | MD MUNTASIR MAMUN                                     |               |                 |
| Patient's Age  | 48Y 3M 28D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/3356 |
| Sample         | URINE                                                 |               |                 |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | R B C       | Nil     |
| Appearance | Clear      | Pus Cells   | 1-2/HPF |
| Sediment   | Nil        | Epithelial  | 1-2/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 Technologis  
Radical Hospitals Ltd.

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

East West Medical College and Hospital



|                |                                                       |               |                 |
|----------------|-------------------------------------------------------|---------------|-----------------|
| Bill No        | DIA23060508                                           | Received Date | 19/06/2023      |
| Patient's Name | MD MUNTASIR MAMUN                                     |               |                 |
| Patient's Age  | 48Y 3M 28D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/3356 |
| Sample         | URINE                                                 |               |                 |

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

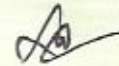
| Test Name | Result |
|-----------|--------|
|-----------|--------|

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



|              |                                                       |               |            |
|--------------|-------------------------------------------------------|---------------|------------|
| Patient ID   | 23060508                                              | Voucher No    |            |
| Test Name    | USG OF KUB                                            | Delivery Date | 19/06/2023 |
| Patient Name | MD. MUNTASIR MAMUN                                    |               |            |
| Age          | 48 Yrs                                                | Sex           | Male       |
| Refd. By     | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               |            |

**THANK YOU FOR THE COURTESY OF THIS REFERRAL**

**RT KIDNEY:** - Is normal in size regular in shape and position. Bipolar length –11.5 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.  
*P-C systems are not dilated.*

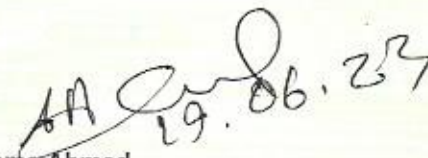
**LT KIDNEY:** - Is normal in size regular in shape and position. Bipolar length – 11.5 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.  
*P-C systems are not dilated.*

**URETER:** There is no dilatation in both ureter.

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

**PROSTATE:** Normal in size, volume is 22.27 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

**COMMENT:** Normal study.

  
 Dr. Asma Ahmed  
 MBBS,DMU,DU,PGT  
 Consultant Sonologist



ID: 0048

19-06-2023 14:01:08

*Mr. Murtadha Murtadha*  
Male 98 Years

HR : 71 bpm

P : 118 ms

PR : 158 ms

QRS : 82 ms

QT/QTc : 400/435 ms

P/QRS/T : 45/50/95 °

RV5/SV1 : 1.748/0.715 mV

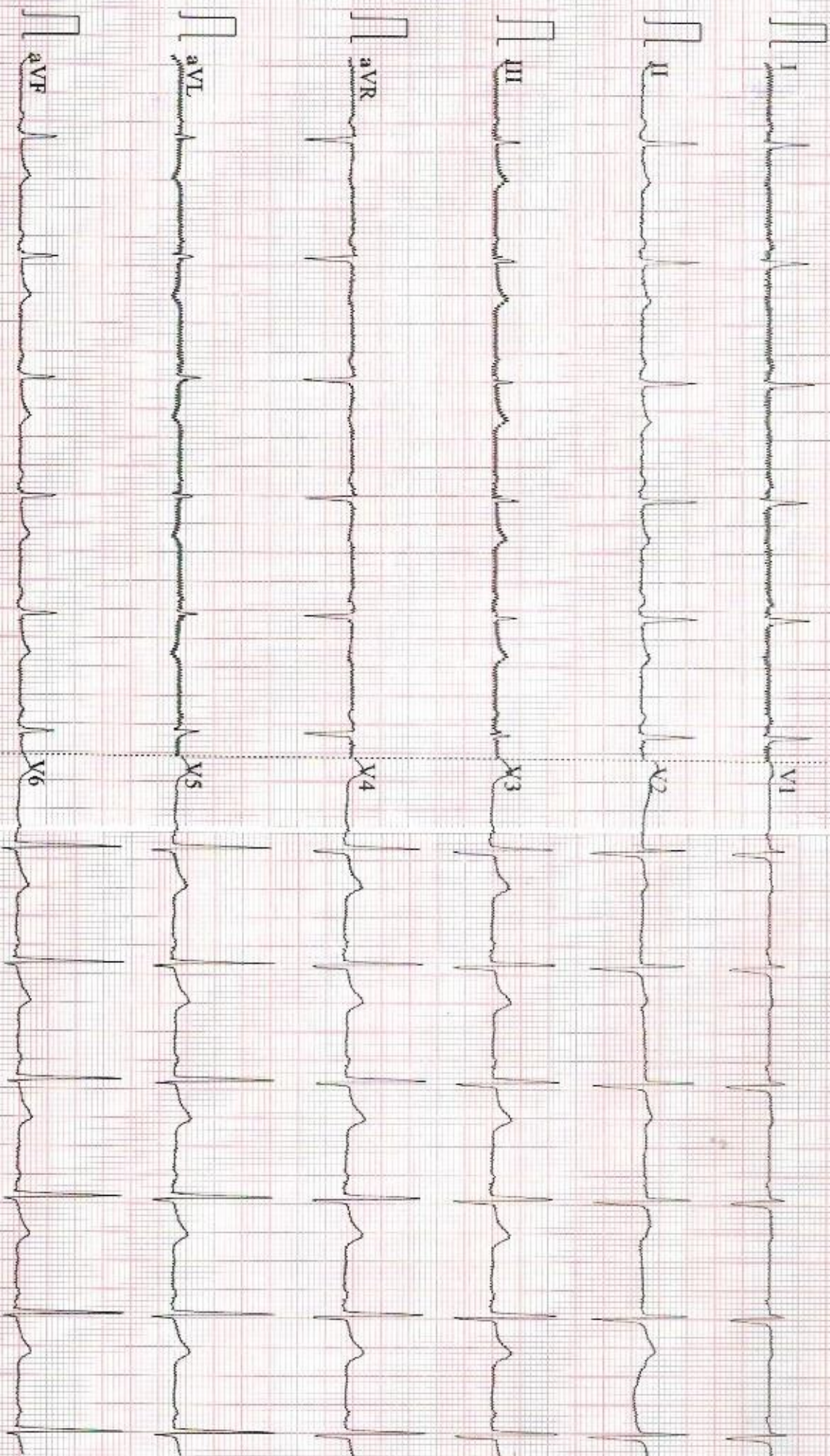
## Diagnosis Information:

Sinus rhythm

Lateral T wave abnormality is nonspecific

Borderline ECG

Report Confirmed by:





**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23060508 Receive: 19/06/2023 Print: 19/06/2023  
Patient's Name : MD MUNTASIR MAMUN  
Age : 48 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



REF: MT. DIVA

DATE: 19/06/2023

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

### EYE EXAMINATION REPORT

NAME: MD MUNTASIR MAMUN

RANK: CH.ENG

CDC NO: C/O/3356

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6

6/6

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



# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

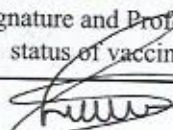
## MD. MUNTASILAMAMUN AGAINST CHOLERA

C/E - C/013356

This is to certify that  
whose signature follows

Date of birth 22.02.1975 Sex 'M'

has on the date indicated been vaccinated or revaccinated against Cholera

| Date             | Signature and Professional status of vaccinator                                                                                                                                                                                                                                 | Approved Stamp                                                                     |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 1<br>15 JUL 2021 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |   |
| 2<br>02 JUN 2022 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |   |
| 3<br>19 JUN 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |
| 4                |                                                                                                                                                                                                                                                                                 |                                                                                    |
| 5                |                                                                                                                                                                                                                                                                                 | 5                                                                                  |
| 6                |                                                                                                                                                                                                                                                                                 |                                                                                    |
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| 8                |                                                                                                                                                                                                                                                                                 | 8                                                                                  |

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