



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMDG
Accreditation No. A-55144

PATIENT CONTROL NUMBER:
HS6745FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME HASAN	FIRST NAME AND MD. NAZMUL	MIDDLE NAME
PLACE AND DATE OF BIRTH MUNSHIGANJ 6-Jan-1990	PASSPORT NUMBER EE0261818	SEAMAN'S BOOK NUMBER CO6745
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : 157/E, SUNDARBON JOYNAL VILLA, 4TH FLOOR, ROAD NO: 2, SHAH ALI BAGH, JANATA HOUSING, WARD NO:12, 1216, BANGLADESH.		CONTACT NUMBER : +8801722644122 (SELF)
RANK :		CHIEF OFFICER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	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/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

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?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

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

NAZMUL HASAN
Signature of Seafarer

MEDICAL EXAMINATION

Weight 74kg	Height (cm) 180	BM 22.0	Blood Pressure: Systolic 120mm Diastolic 80mm	PULSE: 78b/min																																
<table border="1"> <thead> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>					Hearing by Audiometry		Audiometry				Hearing by Whisper Test				500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	
Hearing by Audiometry		Audiometry				Hearing by Whisper Test																														
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Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate																														
Hearing meets the standards as laid down in STCW Code Section A-1/9? YES ☒ NO ☐																																				

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6				
Near						

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

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

20 JUN 2023

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	NAD	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	URINE R/E		
DC(differential count)	NAD	SGOT			
HAEMOGLOBIN (HGB)	14.6	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive
ESR (WESTERGREN)	6.2	Morphine	☐ Positive	☐ Negative	☐ Nonreactive
WBC	10,000	Amphetamine	☐ Positive	☐ Negative	☐ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☐ Negative	☐ Nonreactive
RANDOM	4.9	Barbiturates	☐ Positive	☐ Negative	☐ Nonreactive
HBA1C	4.6-1	Cocaine	☐ Positive	☐ Negative	☐ Nonreactive
				Psychological Exam	NAD
				Others(KUB Ultraso	NAD

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

20 JUN 2023

NAZMUL HASAN

MD. NAZMUL HASAN

Signature of Seafarer

Name of Seafarer

20-Jun-2023

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	☒	☐	☐	☐
Unfit	☐	☐	☐	☐

☒ 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:

20 JUN 2023

Valid Until:

19 JUN 2025

Name and Signature of Authorized Physician

In Accordance with Medical Examination of Seafarers Convention (No. 178) and STCW 1978/1996 as Amended, MLC 2006

Revision : 5.1

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

Revision Date : 24th July 2022

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: HASAN

GIVEN NAME (S): MD. NAZMUL

DATE OF BIRTH:
DAY 06 MONTH JAN YEAR 1990

PLACE OF BIRTH

CITY MUNSHIGANJ COUNTRY BANGLADESH

SEX

MALE ☒

FEMALE ☐

POSITION ON BOARD:
MASTER ☐
DECK OFFICER ☒
ENGINEERING OFFICER ☒
RADIO OPERATOR ☐
RATING ☐

MAILING ADDRESS OF APPLICANT:

157/E, SUNDARBON JOYNAL VILLA, 4TH FLOOR, ROAD NO: 2,
SHAH ALI BAGH, JANATA HOUSING, WARD NO:12, 1216,
BANGLADESH.

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GLASSES	☐ BOOK	☐ LANTERN	
RIGHT EYE	6/6	—	☒ YELLOW	☒ RED	RIGHT EAR <i>MB</i>
LEFT EYE	6/6	—	☒ GREEN	☒ BLUE	LEFT EAR <i>MB</i>

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

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

Unaided hearing satisfactory? YES ☒ NO ☐

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

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐
(the visual test is required every six years)

Date of the last colour vision test: (Day/Month/Year) 20 JUN 2023

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

Able for watchkeeping? YES ☒ NO ☐

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

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

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

NAZMUL HASAN

Signature of Applicant

MD. NAZMUL HASAN

Name of Applicant

20 JUN 2023

Date

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

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144

ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230.

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 12-05-2011

SIGNATURE OF PHYSICIAN: *[Signature]*

STAMP OF PHYSICIAN



20 JUN 2023

DATE:

EXPIRY DATE OF CERTIFICATE:

19 JUN 2025

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

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birm), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

Medical Information: (医療情報) • Please check the appropriate items.

該当する二欄に○印を記入して下さい。

1. ALLERGIES: (アレルギー)
☐ Urinary chives (じんましん) ☐ Asthma (ぜんそく) ☐ Other (その他)
☐ Drug allergies (name): (薬品名) ☐ Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

- (1) Past serious illness: (重大な病歴) Age (年齢)

Surgery: (手術)

When?

(時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持続/有無)

Name of illness: (持病)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一般薬品名)

4. DAILY LIFE HABITS: (日常生活)

- (1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない)
☐ Drink 2-3 times a week (週に2~3回) ☐ Drink every evening (毎日)
☐ Heavy drinker (強飲) ☐ Moderate drinker (中程度) ☐ Light drinker (弱飲)
- (2) Smoking: (喫煙) ☐ Never smoke (吸わない)
☐ Quit smoking in 19____ (19____年に禁煙)
☐ Smoke _____ cigarettes a day (1日平均____本吸う)
- (3) Bowel movements: (排便) ☐ Regular (規則的) ☐ Irregular (不規則的) ☐ Constipated (便秘)
☐ Dietary preferences: (食事の好み) ☐ Meat (肉類) ☐ Fish (魚類)
☐ Salty (塩辛) ☐ Sweet (甘い) ☐ Oily (油っこい)
☐ Often (よくする) ☐ Sometimes (時々) ☐ Never (しない)
- (5) Exercise: (運動) ☐ Sleep well (良く眠る) ☐ Have Sleeplessness (眠れない)
☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)
- (7) Weight: (体重) ☐ Constant (変わらない) ☐ Putting on weight (増えてきた)
☐ Losing weight (やせてきた)

20 JUN 2023

DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Birm), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
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 Radical Hospitals Limited



S. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

- | | | | | |
|--|---|---|---|---|
| ☐ Heart disease (心臓病) | F | M | B | S |
| ☐ Cancer (癌/がん) | F | M | B | S |
| ☐ Diabetes (糖尿病) | F | M | B | S |
| ☐ Hypertension (高血圧症) | F | M | B | S |
| ☐ Cerebral Apoplexy (脳卒中) | F | M | B | S |
| ☐ Liver disease (肝臓疾患) | F | M | B | S |
| ☐ Other, Name of disease (病名) | F | M | B | S |

Briefly enter any special comments to the Attending Physician in English.

(受診医師へ特に伝えたいこと、英語で簡潔に)

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Tel: _____ Fax: _____
(所属会社)
Name: MD. NAZMUL HASAN Sex: (性別) M/F
(氏名) (男/女)
Family name (姓): _____
Name of Position: MD. OPF
(職種)
Date of Birth: 06-02-90
(生年月日) (D-M-Y)
Height: (身長) 180 cm Weight: (体重) 65 kg/at age 20, (20才時) _____ kg
Pulse: (脈拍) 75 /min Normal breathing rate: (正常呼吸数/分) 18 /min Normal temperature _____ °C
(平熱)
Blood pressure: (血圧) 120/80 mmHg Blood type: B+ Single Married (未婚/結婚)
(血液型)
Blood sugar (血糖値) _____ mg/dl < 0.05625 = (_____ mmol/L)
Uric acid (尿酸値) _____ mg/dl > 0.05914 = (_____ mmol/L)

Date: 20 JUN 2023
Signature: (署名) NAZMUL HASAN
(Card holder) (本人)


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



Nationality: BANGLADESHI
(国籍)



HAQUE & SONS LTD



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD. NAZMUL HASAN

RANK : CHIEF OFFICER

CDC NO : C/O/6745

DOB : 06-Jan-1990

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart-related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel and will bear all the expenses as may incur as a direct result of such concealment.

Date : 20 JUN 2023

Signed :

NAZMUL HASAN

The Crew Member

* If yes, mention details below:-

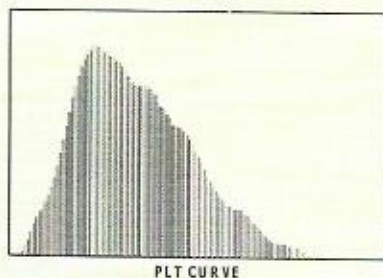
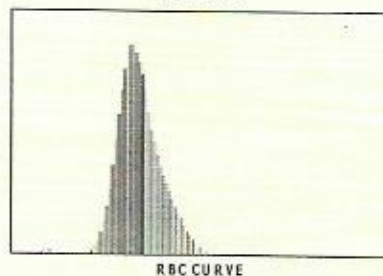
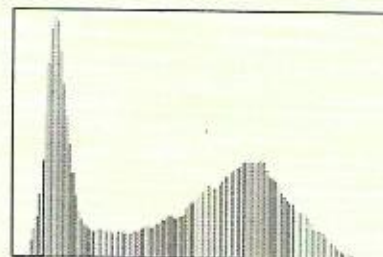

DR. MIR, MD. RAIHAN
 MBBS (DU), DFM, CCD (Birm), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

Id No : 0534 **Date** : 20-Jun-2023 **D.Date** : 20-Jun-2023
Patient's Name : MD NAZMUL HASAN **Age** : 33Y 7M 30D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**;C/O/6745

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.6 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	10,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	200 /cumm	50-450/cumm
Total RBC Count	4.79 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	80.4 fL	76 - 94 fL
MCH	30.5 pg	27 - 32 pg
MCHC	37.9 g/dL	29 - 34 g/dL
RDW	13.0 %	11 - 16 %
PDW	15.6 fL	35 - 56 fL
Total Platelete Count (PC)	1,63,000 /cumm	150,000-450,000/cumm
MPV	11.5 fL	7.0 - 11.0 fL
PCT	0.153 %	0.1 - 0.6 %
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	DIA23060534	Received Date	20/06/2023
Patient's Name	MD NAZMUL HASAN		
Patient's Age	33Y 7M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	BLOOD	CDC NO:C/O/6745	

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.9 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.5 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	18 U/L	Up to 37 U/L
Serum ALT (SGPT)	21 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	DIA23060534	Received Date	20/06/2023
Patient's Name	MD NAZMUL HASAN		
Patient's Age	33Y 7M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6745		
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING Result

ABO Blood Group	"B" (+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	DIA23060534	Received Date	20/06/2023
Patient's Name	MD NAZMUL HASAN		
Patient's Age	33Y 7M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6745		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	0-1/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	DIA23060534	Received Date	20/06/2023
Patient's Name	MD NAZMUL HASAN		
Patient's Age	33Y 7M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE	CDC NO:C/O/6745	

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

[Signature]

Medical Technologist
Radical Hospitals Ltd.

[Signature]

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

REF: MV. ONE HONG KONG

DATE: 20/06/2023

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

EYE EXAMINATION REPORT

NAME: MD NAZMUL HASAN

RANK: CH.OFF

CDC NO: C/O/6745

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

ID: 0054

20-06-2023 16:13:47

Male 33 Years

Mr. [Name]

HR : 88 bpm

P : 110 ms

PR : 154 ms

QRS : 82 ms

QT/QTc : 336/407 ms

P/QRS/T : 56/18/-5 °

RV5/SV1 : 1.202/0.640 mV

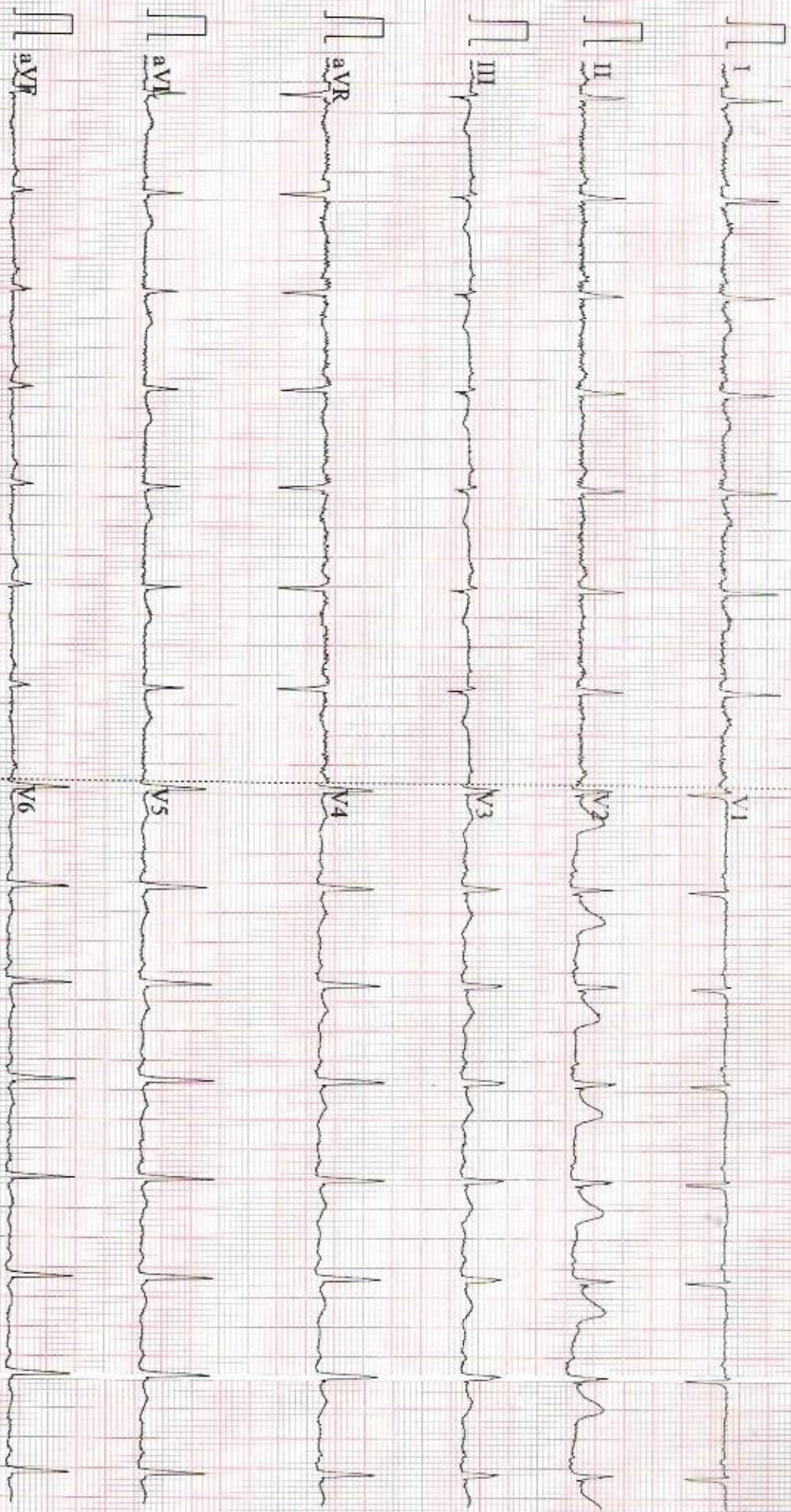
Diagnosis Information:

Sinus rhythm

Inferior T wave abnormality is nonspecific

Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060534 Receive: 20/06/2023 Print: 20/06/2023
Patient's Name : **MD NAZMUL HASAN**
Age : 33 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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
20 JUN 2023	ONE PORT 130150	80/60 Pulse 70	Normal	Normal	Normal	Normal	Normal

8

Completed by Company's M.O.

Creatinine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.

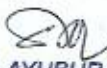
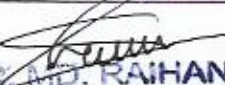
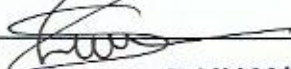
DR. M. M. D. RAIHAN
MBBS, DPM, CCD (Gen), PGD (Gen)
BMDG A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

9

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that *Mr. Nasim Hasan* } Date of birth 06-01-1990 Sex Male
 whose signature follows }

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
15 MAR 2018	 DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820		
19 DEC 2018	 DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820		
13 OCT 2019	 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.		4
14 OCT 2020	 DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820		6
07 OCT 2022	 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.		8
20 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.		



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