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: AZAD (Surname) MD ABUL (First Name) KALAM (Middle Initial) Sex: M Serial No:

Date of Birth: 22/06/1971 PP/CDC: C/0/2717 Rank: C/E

Vessel: Type: OIL-CHEMICAL Route: WORLD WIDE

Home Address: H# D-45, RD: W-1, EASTERN HOUSING, PALLABI PHASE-2, MIRPUR 12, DHAKA 1216

Company Name: PCL

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓			Hernia / Hydrocoele / Appendicitis				
Head Injury / Concussion / Loss of Memmory		✓			High / Low blood pressure / Heart disease				
Fits / Epilepsy / Dizziness / Fainting		✓			Asthama / 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		✓			Mallignant disease (Cancer)				
Female Disorder		✓			Signed off on medical grounds / Declared Unfit				
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp cms	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
168cm	74kg	43-41	130/80 mm Hg	78 / min	19 / min	Good

Distant Vision	Uncorrected	Corrected	Field of Vision
Right Eye		6/6	Normal
Left Eye		6/6	Abnormal
Colour Vision: Ishihara		Normal	Abnormal
Colour Vision: Other		Normal	Abnormal

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

Hearing	Right Ear	Left ear
	N	N

Systemic Examination

	Normal	Abnormal		Normal	Abnormal
Head & Neck	✓		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	✓	

Notes

FIT FOR SEA SERVICE
AS _____
AS PER MLC 2006
Enhanced GARD Medicals done

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	14.0 gm%	14-16 gm %	Colour	Straw
Total WBC count	6,400 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu 63 % Lymp 32 % Eos 02 Ba 00 % Mo 03 %			pH	
Malarial parasite	Not Found		Albumin	Nil
ESR	06 mm / 1st hour	1- - 15 mm / hr	Sugar	Nil
SGPT	U/L	9--43 U / L	Bile pigment	
S.Cholesterol	mg/dl	145--260 mg / dl	Bile salts	
S.Triglycendes	mg/dl	upto 200 mg /dl	Occult blood	
Blood Sugar	RBS PPBS	upto 125 mg %	RBC cells	Nil
HbsAg	Negative		Leucocytes	
HIV I & II	Negative		Others	
VDRL				
Others		GGTP U/L	Spirometry:	N/D
Blood Group			Drugs of Abuse:	Negative
ECG : Normal TMT: Nil			USG:	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: 04 JUN 2025

Candidate's Signature

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

Doctor's Signature:

Date: 05 JUN 2023

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

04.2023.4141

MEDICAL FITNESS CERTIFICATE

Name: MD ABUL KALAM AZAD	
Sex: Male / Female	Date of Birth: 22-06-1971
Nationality: BANGLADESHI	Passport No: B000 66389
Occupation/Rank: CHIEF ENGINEER	
Date of Issue: ~~16 NOV~~ 05 JUN 2023	
Date of Expiry: 04 JUN 2025	
Signature of Holder:	

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

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

Declaration of the recognized Medical Practitioner:			
Confirmation that identification documents were checked at the point of examination?	✓ Yes / No	Fit for look out duties	✓ Yes / No
Hearing meets the standards in section A-I/9 of STCW Code?	✓ Yes / No	Fit for service at sea	✓ Yes / No
Unaided hearing satisfactory?	✓ Yes / No	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?	✓ Yes / No
Visual acuity meets standards in section A-I/9 of STCW Code?	✓ Yes / No		
Color Vision meets standards in section A-I/9 of STCW Code?	✓ Yes / No	Any limitations or restrictions on fitness? If Yes, Please specify	✓ Yes / No
Date of last color vision test 05 JUN 2023			

Date 05 JUN 2023

Examining Physician Signature & Stamp

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

DR. MIR. MD. RAIHAN
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Radical Hospitals Ltd. ★ As Per MLC-2006 ★ Approved by Department of Shipping

Clinical Findings

Height: (cm)	168	Weight: (kg)	74
Pulse rate: /(minute)	78	Rhythm:	Regular
Blood Pressure: Systolic: (mm Hg)	120	Diastolic: (mm Hg)	80

Visual acuity	Unaided			Aided		
	Right eye	Left eye	Binocular	Right Eye	Left Eye	Binocular
Distant				6/6	6/6	✓
Near				N5	N5	✓

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

Visual fields	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision	
Normal	Defective
✓	

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

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

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

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

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

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

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

Medical certificate's date of expiration (day/month/year): 04 JUN 2025
Date Medical certificate issued (day/month/year): 05 JUN 2023
Medical practitioner information (name, license number, address):

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

Signature of Medical Practitioner

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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General Physician
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Pre-Employment and Periodic Medical Fitness Certificate of Seafarers

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

Name: (last,first,middle)	AZAD MD ABUL KALAM	Date of birth (day/month/year):	22-JUN-1971
Gender: (male/female)	MALE	Nationality:	BANGLADESHI
Home Address:	H# D-45, RD: W-1, EASTERN HOUSING, PALLABI PHASE-II MIRPUR 12, DHAKA 1216, BANGLADESH		
Passport No.	B00066389	Discharge book No.:	90/2717
Type of Ship: (e.g. container, tanker,passenger,fishing)	TANKER	Trade Area: (coastal, tropical, worldwide)	WORLD WIDE
Department: (Deck, Engine, Catering, Other)	ENGINE		

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

If you answered "yes" to any of the above questions, please give details:

Additional questions		
35. Have you ever been signed off as sick or repatriated from a ship?		✓
36. Have you ever been hospitalized?		✓
37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even been restricted or revoked?		✓
39. Are you aware that you have any medical problems, diseases or illnesses?		✓
40. Do you feel healthy and fit to perform the duties of your designated position/ occupation?	✓	
41. Are you allergic to any medication?		✓

Comments:

FIT FOR DUTY ON BOARD SHIP

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

If you answered "yes" to any of the above questions, please give details:

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

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

Date (day/month/year) 05 JUN 2023

Signature of examinee: _____

Witnessed by: (Signature) _____

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

Name: (typed or printed) 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.

ANNEX C

MPA
SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(*Last, first, middle*) AZAD MD ABUL KALAM		Gender: Male/Female*
Date of Birth: (*Day/month/year*) 22-06-1971	Nationality: BANGLADESHI	Place of Birth: KUSHTIA

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	✓	
2	Hearing meets the standards in STCW Code Section A-I/9?	✓	
3	Unaided hearing satisfactory?	✓	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	✓	
5	Colour vision meets the standards in STCW Code Section A-I/9?	✓	
	Date of last colour vision test: 05 JUN 2023	✓	
6	Fit for look-out duty?		
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	✓	No
8	No limitations or restrictions on fitness?	✓	
	If "**no**" specify limitations or restrictions		
9	Date of examination: (*day/month/year*) 05 JUN 2023		
10	Expiry of certificate: (*day/month/year*) 04 JUN 2025 ** *Maximum two years from date of examination unless the seafarer is under the age of 18*		

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.

05 JUN 2023
Date

Signature of Authorised Medical Practitioner

Medical Practitioner's Official stamp (*name, licence number, address etc*)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

* delete as appropriate

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

ANNEX B

MPA SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(*Last, first, middle*) AZAD MD ABUL KALAM (BLOCK CAPITALS)			Gender: Male/Female*
Date of Birth: day/month/year 22-06-1971	Place of Birth: KUSHTIA	Nationality: BANGLADESHI	
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: B0066389	Dept: Deck / Engine / Catering / others Rank: CHIEF ENGINEER		Type of ship: OIL-CHEMICAL TANKER
Home Address: HOUSE: D-45, RD: W-1 EASTERN HOUSING, PALLABI PHASE-2 MIRPUR 12, DHAKA 1216, BANGLADESH	Routine and emergency duties: MANAGEMENT LEVEL		Trading area: e.g. coastal / worldwide

*For identity verification purpose

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		✓	18. Sleep problem		✓
2. High blood pressure		✓	19. Do you smoke, use alcohol or drugs?		✓
3. Heart/vascular disease		✓	20. Operation/surgery		✓
4. Heart Surgery		✓	21. Epilesy/seizures		✓
5. Varicose veins/piles		✓	22. Dizziness/fainting		✓
6. Asthma/bronchitis		✓	23. Loss of consciousness		✓
7. Blood disorder		✓	24. Psychiatric problems		✓
8. Diabetes		✓	25. Depression		✓
9. Thyroid problem		✓	26. Attempted suicide		✓
10. Digestive disorder		✓	27. Loss of memory		✓
11. Kidney problem		✓	28. Balance problem		✓
12. Skin Problem		✓	29. Severe headaches		✓
13. Allergies		✓	30. Ear(hearing, tinnitus/nose/throat problem		✓
14. Infectious / contagious diseases		✓	31. Restricted mobility		✓
15. Hernia		✓	32. Back or joint problem		✓
16. Genital disorder		✓	33. Amputation		✓
17. Pregnancy	N/A		34. Fracture/dislocations		✓

If you answer "yes" to any of the above questions, please provide details:

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Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		✓
36. Have you ever been hospitalized?		✓
37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even been restricted or revoked?		✓
39. Are you aware that you have any medical problems, diseases or illnesses?		✓
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
41. Are you allergic to any medication?		✓
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

05 JUN 2023

Date

Signature of Seafarer

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

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. MIR MD. RAIHAN.

05 JUN 2023

Date

Signature of Seafarer

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

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

Part B – Result of medical examinations

Eyesight
Use of glasses or contact lenses

☐ No

☑ Yes Type ..... Purpose .....

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant			Distant	6/6	6/6
Near			Near	N5	N5

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision *(please tick)*

☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	168 (cm)		Weight	74 (kg)	
Pulse rate	(per minute)	78	Rhythm		Regular
Blood Pressure Systolic (mm Hg)		120	Diastolic (mm Hg)		80
Urinalysis:	Glucose : Nil		Protein: Nil		Blood: Nil

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	

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Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/s, T/S, L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance	✓	

Chest X-ray

☐ Not performed ☑ Performed on (day/month/year): 05 JUN 2023

Results: Normal chest xray

Other diagnostic test(s) and result(s):

Test ... Blood urine Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea *(please tick)*

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

☑ Fit for look out duty ☐ Unfit for lookout duty

☑ Visual aid required ☐ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit		✓		
Unfit				

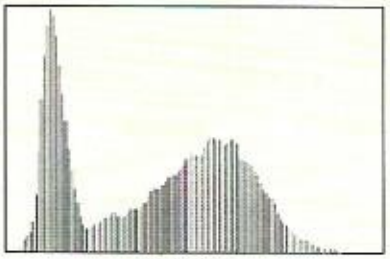
Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

Id No	: 0106	**Date :** 05-Jun-2023	**D.Date :**	05-Jun-2023
Patient's Name :	MD ABUL KALAM AZAD	**Age :** 52Y 6M 3D	**Gender:**	Male
Specimen	: Blood			
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/2717			

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.0** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**06** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,400** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**63** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**32** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**03** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**128** /cumm	50-450/cumm
Total RBC Count	**4.10** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**35.0** %	M: 40-54%, F:37-47%
MCV	**85.4** fL	76 - 94 fL
MCH	**34.1** pg	27 - 32 pg
MCHC	**40.0** g/dL	29 - 34 g/dL
RDW	**12.2** %	11 - 16 %
PDW	**14.6** fL	35 - 56 fl
Total Platelete Count (PC)	**1,07,000** /cumm	150,000-450,000/cumm
MPV	**10.8** fL	7.0 - 11.0 fL
PCT	**0.116** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %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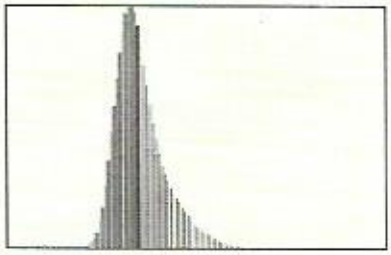
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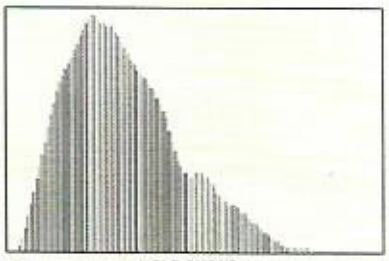
PLT CURVE

Checked By
Medical Technologist

Dr. Sumaiya Khatun
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RADICAL HOSPITAL LIMITED
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Bill No	DIA230600106	Received Date	05/06/2023
Patient's Name	MD ABUL KALAM AZAD		
Patient's Age	52Y 6M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:2717
Sample	BLOOD		

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative

Checked By

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Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	2-3/HPF

CHEMICAL EXAMINATIONCASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

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Sample	**URINE**		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that MD ABUL KALAM AZAD date of birth 22-JUNE-[illegible] Sex MALE
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows
dont la signature suit

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

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateure	Approved Stamp Cechet d'authentification
1 01 DEC 2021	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.	Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
05 JUN 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

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 injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a from prescribed by the health adminstration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t cffecter sa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER
CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that / JE Soussigne (e) certifie que } MD ABUL KALAM AZAD
date of birth / no (e) le } 22-JUNE-1977
Sex / sexe } MALE

Whose signature follows / dont la signature suit }

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numc' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1 12 MAY 2018 1	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bildem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	As Per-MLC-2006 Approved by Department of Shipping	2265
2			

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

The 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 l'evaccinatio.

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 certificate n' est valable que si le vaccin employe' a e' tc" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination e' te' habilite parl' adminstration sanitairc du territoire dans lequel ce cenite est siture'

La validite de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official ne pouvant ctre conside' rc' comme Icnant licu de signature.

Toute correction ou rature sur le certificate ou l'omission d'une quelconique des mentions qu' il comporle peut affecter sa validite.