

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: SIDDIQUE MDHAMMED ARMAN HOSSAIN Sex: M Serial No: _____
 Date of Birth: 02/01/1976 PP/CDC: C/D/3395 Rank: MASTER
 Vessel: _____ Type: TANKER Route: WORLD WIDE
 Home Address: 5605/A OXYGEN R/A. BONGGLOBONDHU AVENUE
P.O. NAHADIYA, P.S. BAYAH BOSTAMI, CHITTAGONG
 Company Name: PACC TANKERS MANAGEMENT PTE.LTD.

Medical History

Please answer the following to the best of your knowledge.

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

Notes

Medical Examination

Height	Weight in Kgs	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp.Rate / min	General Condition			
<u>170cm</u>	<u>69kg</u>	<u>41</u>	<u>40</u>	<u>120/80mm</u>	<u>78b/min</u>	<u>14b/min</u>	<u>Good</u>			
Distant Vision	Uncorrected	Corrected	Field of Vision		Audiometry	Hz	500	1000	2000	3000
Right Eye		<u>6/6</u>	Normal		Right Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
Left Eye		<u>6/6</u>	Normal		Left Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
Colour Vision	Ishihara	Other	Normal	Abnormal	Hearing	Right Ear		Left ear		
			Normal	Abnormal		<u>4</u>		<u>4</u>		

Systemic Examination

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

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	<u>13.9</u> gm%	14-16 gm %	Colour	<u>Straw</u>
Total WBC count	<u>5300</u> cu.mm	4000-11000 / cu.mm	Specific Gravity	<u>1.01</u>
Neu <u>62</u> % Lymph <u>32</u> % Eos <u>02</u> % Bas <u>00</u> % Mono <u>02</u> %			pH	<u>7</u>
Malarial parasite	<u>NOT FOUND</u>		Albumin	<u>0</u>
ESR	<u>07</u> mm / 1st hour	1-15 mm / hr	Sugar	<u>0</u>
SGPT	<u>U/L</u>	9-43 U / L	Bile pigment	<u>0</u>
S.Cholesterol	<u>mg/dl</u>	145-260 mg / dl	Bile salts	<u>0</u>
S.Triglycerides	<u>mg/dl</u>	upto 200 mg / dl	Occult blood	<u>0</u>
Blood Sugar	RBS	upto 125 mg %	RBC cells	<u>0</u>
HbsAg	<u>negative</u>		Leucocytes	
HIV 1 & II	<u>negative</u>		Others	
VDRL	<u>negative</u>		Spirometry: <u>Normal</u>	
Others	<u>Not done</u>	GGTP U/L	Drugs of Abuse: <u>Negative</u>	
Blood Group			USG: <u>NIE</u>	
ECG: <u>NIE</u>	TMT: <u>NIE</u>			
X-Ray Chest: <u>NIE</u>				

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, 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: 19 JUN 2025

Candidate's Signature: [Signature]
 Date: 20-JUN-2023

Official Stamp

Doctor's signature: [Signature]



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.

20 JUN 2023

04.2023.4248



MARITIME AND PORT AUTHORITY OF SINGAPORE

ANNEX C

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) SIDDIQUE, MDHAMMED ARMAN HOSSAIN		Gender: ☒ Male ☐ Female*
Date of Birth: (Day/month/year) 02/01/1976	Nationality: BANGLADESHI	Place of Birth: CHATTOGRAM

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:	20 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?	☒	☐
8	No limitations or restrictions on fitness?	☒	☐
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year)	20 JUN 2023	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	19 JUN 2025	

20 JUN 2023

Date

Signature of Authorised
Medical Practitioner

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

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





MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

ANNEX B

MPA
SINGAPORE

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

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

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS) SIDDIQUE, MDHAMMED ARMAN HOSSAIN		Gender: Male/Female*
Date of Birth: day/month/year 02/01/1976	Place of Birth: CHATTGRAM	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: EG 053 8631	Dept: Deck Engine / Catering / others Rank: MASTER	Type of ship: TANKER
Home Address: 5605/A OXYGEN, BONGGODONDHU AVE, WADIA P.S. BAZAR, CHATTGRAM	Routine and emergency duties: COMMAND OF THE SHIP	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. 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. 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	☒	☒	34. Fracture/dislocations		☒

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



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.

20/06/23
Date


Signature of Seafarer


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.
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.

Date


Signature of Seafarer


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.
Name and Signature of Witness



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	NS	NS

Visual fields

	Normal	Defective
Right eye	/	
Left eye	/	

Colour Vision (please tick)

☐ Not tested

☒ Normal

☐ Doubtful

☐ Defective

Hearing

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

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	170 (cm)	Weight	69 (kg)
Pulse rate	(per minute) 78	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	120	Diastolic (mm Hg)	80
Urinalysis: Glucose :	NI	Protein:	NI
		Blood:	NI

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



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):

20 JUN 2023

Results:

Normal chest X-ray

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

Test

Blood Urine

Results:

Normal

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

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				





Without restrictions



With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

20 JUN 2023

Date



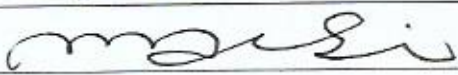
Signature of
Medical Practitioner

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

Medical Practitioner's name, licence number, address



MEDICAL FITNESS CERTIFICATE

Name: MIDHAMMED ARMAN HOSSAIN SIDDIQUE	Photo
Sex: ☒ Male ☐ Female	
Date of Birth: 02/01/1976	
Nationality: BANGLADESHI Passport No: EGD538631	
Occupation/Rank: MASTER	
Date of Issue: 20 JUN 2023	
Date of Expiry: 19 JUN 2025	
Signature of Holder: 	

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 1/9 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-1/9 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-1/9 of STCW Code?	☒ Yes / ☐ No		
Color Vision meets standards in section A-1/9 of STCW Code?	☒ Yes / ☐ No	Any limitations or restrictions on fitness? If Yes, Please specify	☒ Yes / ☐ No
Date of last color vision test 20 JUN 2023			

20 JUN 2023
Date


Examining Physician Signature & Stamp

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

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Clinical Findings

Height: (cm)	170	Weight: (kg)	60
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			NS	NS	✓	

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	NS		Psychiatric	✓	
Heart	✓		General appearance	✓	
Skin	✓				

Other diagnostics Tests and results			
Test	Result		
Chest X-ray	NORMAL		
HIV	NEGATIVE		
VDRL	NON REACTIVE		
Urinalysis:	Glucose:	Protein:	Blood:
ECG(if required):	NIL	NIL	NIL

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

☒ Fit
☐ Unfit
☐ Deck service
☐ Engine service
☐ Catering service
☐ Other service
☐ 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): 19 JUN 2025
 Date Medical certificate issued (day/month/year): 20 JUN 2023
 Medical practitioner information (name, license number, address):

RADICAL HOSPITAL LIMITED
 Dhaka, Bangladesh



Signature of Medical Practitioner

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

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)	SIDDIQUE, MDHAMMED ARMAN HOSSAIN	Date of birth (day/month/year):	02/01/1976
Gender: (male/female)	MALE	Nationality:	BANGLADESHI
Home Address:	5665/A OXYGEN (NEAR KOLER GHAR) BANGLABANDHU AVE, WAZARIA, BAYAZID BOSTAMI, CHATTOGRAM		
Passport No.	EG 053 8631	Discharge book No.:	C/O/3395
Type of Ship: (e.g. container, tanker, passenger, fishing)	TANKER	Trade Area: (coastal, tropical, worldwide)	WORLD WIDE
Department: (Deck, Engine, Catering, Other)	DECK		

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. 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		/	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).

Signature of examinee: _____

Witnessed by: (Signature) _____

Date (day/month/year)

20 JUN 2023

Name: (typed or printed)

DR. MIR. MD. RAIHAN
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Id No : 0544 **Date** : 20-Jun-2023 **D.Date** : 20-Jun-2023
Patient's Name : MOHAMMED ARMAN HOSSAIN SIDDIQUE **Age** : 46Y 10M 14D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3395

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.9 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)	07 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	5,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	62 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	116 /cumm	50-450/cumm
Total RBC Count	4.73 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.0 %	M: 40-54%, F:37-47%
MCV	82.5 fL	76 - 94 fL
MCH	29.4 pg	27 - 32 pg
MCHC	35.6 g/dL	29 - 34 g/dL
RDW	12.6 %	11 - 16 %
PDW	15.9 fL	35 - 56 fL
Total Platelete Count (PC)	250000 /cumm	150,000-450,000/cumm
MPV	9.3 fL	7.0 - 11.0 fL
PCT	0.151 %	0.1 - 0.5 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By
Medical Technologist

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

Bill No	DIA23060544	Received Date	20/06/2023
Patient's Name	MOHAMMED ARMAN HOSSAIN SIDDIQUE		
Patient's Age	46Y 10M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3395
Sample	BLOOD		

SEROLOGICAL REPORT

<u>Test Name</u>	<u>Result</u>
HIV 1 & 2 (Method : (ICT)	Negative

Checked By



Medical Technologist
Radical Hospitals Ltd.


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

East West Medical College and Hospital



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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	0-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

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Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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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