



HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER HS3221FF

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MEDICAL EXAMINATION CERTIFICATE

SURNAME		FIRST NAME AND				MIDDLE NAME		
UDDIN PLACE AND DATE OF BIRTH		AKM			SHIHAB			
		PASSPOR	RT NUMBER			SEAMAN'S BOOK NU		
	KHALI 1-Jan-1975 LITY: BANGLADESHI SEX			16244			CO3221	
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KIVIAIN	ENT HOME ADDRESS:				CONTA	CT NUMBER :	8801784	397044
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lave y	ou ever had any of the following con	ditions?						
Acti	Condition	YES	NO_	Condi	tion		YES	NO .
1	Eye/vision problem		1	18 Sleep	problems		П	1
2	High blood pressure		1	19 Do you	smoke?			6
3	Heart/vascular disease		1		tion/surger	y	П	
4	Heart surgery		1	21 Epilep	sy/seizure	s		0
5	Varicose veins		Kn	22 Dizzin	ess/faintin	0		6
6	Asthma/bronchitis		N.		f consciou			1
7	Blood disorder		N	THE STREET STREET, STR	iatric probl			11
8	Diabetes		6	25 Depre	10.00			10
9	Thyroid problem		1		oted suicid	le	0	1
10	Digestive disorder	П	1		f memory			1
11	Kidney problem		16		e problem		D	/
12	Skin problem		8		e headach		0	
13	Allergies		1		se/throat	7.7	0	1
14	Infectious/contagious diseases		100		cted mobil		0	1/
15	Hernia	13	1	DESIRE CITE	problems	ıty		1
,,,	ricina		11	ov pack	nooiems			+//
16	Capital disorders	1.1	1	NOS. UNIT 40 1955			177	1 1
16	Genital disorders	- []	in	33 Ampu	tation	17.24		1
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Without restrictions With restrictions No Yes No U Rescribe restrictions (e.g., specific position, type of ship, trade area): Cition taken by medical examiner (e.g., referral):			Dec		Engine ser	vice'		rvice	Oth	
Without restrictions With restrictions 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 render the seafarer unfit for such seafarer unfit for				U						
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 indanger the health of other persons on board? Yes No Describe restrictions (e.g., specific position, type of ship, trade area): Cition taken by medical examiner (e.g., referral):			-	F1						1.1
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 indanger the health of other persons on board? Yes No Describe restrictions (e.g., specific position, type of ship, trade area): Cition taken by medical examiner (e.g., referral):	Infit Onfit				П					U
rescribe restrictions (e.g., specific position, type of ship, trade area): ction taken by medical examiner (e.g., referral):	Infit	Without re	estrictions			restrictions				
				Г] With		12			
Fitness Date: 2 2 MAR 2023 2 1 MAR 2025	s the Seafarer free andanger the health Describe restrictions	from any m of other pe s (e.g., spe	nedical condit ersons on boa cific position,	ions likely to be agard? Yes type of ship, trade	With		12	afarer un	nfit for such ser	
	s the Seafarer free andanger the health Describe restrictions	from any m of other pe s (e.g., spe	nedical condit ersons on boa cific position,	ions likely to be agard? Yes type of ship, trade	With		12	afarer un	afit for such ser	
A LOW	s the Seafarer free indanger the health Describe restrictions action taken by med	from any m of other pe s (e.g., spec	nedical condit ersons on boa cific position, ner (e.g., refe	ions likely to be agard? Yes type of ship, trade	With agravated by se	rvice at sea o	r to render the se			

MBBS (DU), DFM, CCD (Birdem), PGT (Opith)
In Accordance with Medical Examination (SAMDGA-5504Ne MINIOCI SEG No. 6/8) and STCW 1978/1996 as Amended, MLC 2006
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.



Medical Exam Form CONFIDENTIALFORM Pre-seaExam PeriodicExam

			-				
Nan	ne (last,first,middle): <u>UDDIN A K</u>	M SH	IHAB				
Date	of birth (day/month/year): 01/01/	1975	Sex:	ma	ale female		
Hon	ne address: HOUSE#08, ROAD-21, SI	ECTOR	8-07, UTTA	RA, I	JTTARA, DHAKA, BANGLADI	ESH	
Pass	port No./Discharge Book No.: EBO	91624	4				
Dep	artment (deck/engine/radio/food ha	ndling/	other): EN	NGIN	<u>E</u>		
Rou	tine and emergency duties (if know	n):	3708				
	e of ship (eg. Bulkcarrier, chemica	See and	as tanker	conta	niner other cargo shins): OII	/CHFM	ICA
						CHEN	IC/L
	NKER Trade area (e.g., coastal, trop	ncai, w	oriawiae)	. <u>wo</u>	KLDWIDE		
(Ass	minee's personal declaration sistanceshould beoffered bymedic veyou ever had anyof thefollowi		~				
	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem		D	18.	Sleepingproblems		Z
2.	High blood pressure		0	19.	Do you smoke?		/
3.	Heart/vasculardisease		0	20.	Operation/surgery		E
4.	Heart surgery		0/	21.	Epilepsy/seizures		C
5.	Varicose veins		9	22.	Dizziness/fainting		D
6.	Asthma/bronchitis		9	23.	Loss of consciousness		5
7.	Blood disorder		11/	24.	Psychiatricproblems		-
	Blood disorder		7	44.			1.2
8.	Diabetes		3/	25.	Depression		
8. 9.			Z		Depression Attempted suicide		-
	Diabetes			25.	The Contract of the Contract of		
9.	Diabetes Thyroid problem		NO DO	25. 26. 27.	Attempted suicide		
9. 10.	Diabetes Thyroid problem Digestivedisorder		NO DE LA COMO	25. 26. 27.	Attempted suicide Loss of memory		
9. 10. 11.	Diabetes Thyroid problem Digestivedisorder Kidneyproblem		MARINE	25. 26. 27. 28.	Attempted suicide Loss of memory Balanceproblem		
9. 10. 11. 12.	Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem		MAN MAN MAN	25. 26. 27. 28.	Attempted suicide Loss of memory Balanceproblem Severeheadaches		
9. 10. 11. 12. 13.	Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem Allergies		GRANG GRACK	25. 26. 27. 28. 29. 30.	Attempted suicide Loss of memory Balanceproblem Severeheadaches Ear/nose/throat problems		
9. 10. 11. 12. 13.	Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem Allergies Infectious/contagious diseases		NAME OF THE REAL OF THE PARTY O	25. 26. 27. 28. 29. 30.	Attempted suicide Loss of memory Balanceproblem Severeheadaches Ear/nose/throat problems Restricted mobility		

If anyof the above questions were answered "yes," please give details below.



Additional questions	40- T-	
(4)424	Yes	N
 Haveyou ever been signed offas sick or repart 	riated from a ship?	1
36. Haveyou ever been hospitalized?		Ł
37. Haveyou ever been declared unfit forseaduty	?	E
38. Has your medical certificate ever been restrict	eted or revoked?	E
39. Areyou awarethat you have anymedical prob	lems, diseases or illnesses?	E
40. Do you feel healthyand fit to perform the duti position/occupation?	es of your designated	
41. Areyou allergic to anymedications?		C
Comments.		14000
FIT FOR DUTY ON BOARI	SHIP	
42. Areyou takinganynon-prescription or prescrip	otion medications?	
If yes, pleaselist themedications taken and thepurp		_
Iherebycertifythat the personal declaration above is Signature of examinee:	a truestatement to thebest of myknowledge.	
Date (day/month/year): 2 2 MAR 2023	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)	_
	BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved	
Witnessed by: (Signature)	General Physician Radical Hospitals Limited.	_
Name:(Typed or printed)	THE REPORT OF THE PARTY OF THE	
Iherebyauthorizethereleaseofallmypreviousmedical institutions and public authorities to Dr. medical examiner).	recordsfromanyhealthprofessionals,health	ed
Signature of examinee:		
Date (day/month/year): 2 2 MAR 2023 /	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144 MMC BCD	Ī
Witnessed by: (Signature)	DG Shipping Bangladesh Approved	
Name:(Typed or printed)	Radical Hospitals Limited.	
Date & Contact details for previous medical exami	nation (if known):)	
lev. 03	THE RESERVE THE PROPERTY OF THE PERSON OF TH	



MEDICAL EXAMINATION

0				
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ы	۰	5	**	

			Visual Acu	ity				Vieu	al fields
	Unaided			Aided				Normal	Defectiv
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	Right eye	/)
Distant	616	666					Left eye		1
Near	NS	NS					[-
Colo Hear	Pure tone		ot tested		ormal es in dB)	Doub	Speech and	Defection	
D: L:	500 Hz	1,000 Hz	2,000 H	z 3,00	00 Hz			Normal	Whisper
Right ear	20	20	20	5					,
Left ear	20	200	20	,			Right ear Left ear		7_
leight.2	20(cm)	Weight	(kg)	kg) Pulse	rate 34	7-minutal Di	nythm:	Samo	
	d pressure:		c: 12				iyunin:		
Diooc	a pressure.	Syston	. 420	<u> </u>	Hg) Dias	tone:	20	(mn	n Hg)
Mouth Ears (Tymp Eyes Optha Pupils Eyeme Lungs Breast Heart Chest	es, nose, the h/teeth (general) canicmember almoscopy s ovement cand chest t examinati X-ray:	rane	nal		Abdomen Hernia Anus (not G-U syste Upper and Spine (C/S Neurologi Psychiatric General ap	and viscera rectal exame m I lower extre S, T/S and L/ c (full brief)	mities [2 MAR 20	



Urinalysis: Glucose: Blood Analysis: Hepatitis B Test Immunodeficiency V	Estice V.D.R.L Non Reserve
Other diagnostic test(s) and result(s	
Medical Examiners comments:	FIT FOR DUTY ON BOARD SHIP
Vaccination status recorded: Ye	s No
Assessi	ment of fitness forserviceat sea
On thebasis of theexaminee's person results recorded above. Ideclare the	nal declaration, myclinical examination and the diagnostic tes examineemedically:
Fit for lookou	t duty Not fit for look-out duty
Deck service Engine Unfit Without restrict Visual aid required	
Describe restrictions (eg. Specific positions,	type of ship, trade area)
Action taken bymedical examiner (c	e.g., referral):
Medical certificate's dateof expiration	on (day/month/year):// 2 1 MAR 2025
Date of examination (day/month/year	r):
Number of Medical Certificate:	Official stamp:
Signature of medical practitioner:	DR. MIR. MD. RAIHAN M8BS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016
	Typed or printed) DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.
Page of 7	DUNG MANEST.

AL DOCUMENT withtherequirementsoftheMedicalExamination(Seafarers)Convention1946(Tel.abourConvention, 2006. NAME(S) I SHIHAB JUMENT NO: 3221 OF BIRTH CHALI BANGLADESH COUNTRY GADDRESS OF APPLICANT: E#08, ROAD-21, SECTOR-07, UTTARA, UTTARA, DHAKA, LADESH NO AL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE RESPIRATION GENERAL APPEARANCE HEARING: RT. EAB LEFT EAR LE
NAME(S) I SHIHAB JUMENT NO: 3221 OF BIRTH CHALI BANGLADESH COUNTRY G ADDRESS OF APPLICANT: E#08, ROAD-21, SECTOR-07, UTTARA, UTTARA, DHAKA, LADESH NO AL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE RESPIRATION GENERAL APPEARANCE HEARING:
DIMENT NO: 3221 DEF BIRTH CHALI BANGLADESH COUNTRY MALE FEMAL FEMAL G ADDRESS OF APPLICANT: E#08, ROAD-21, SECTOR-07, UTTARA, UTTARA, DHAKA, LADESH NO AL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE RESPIRATION GENERAL APPEARANCE HEARING:
BANGLADESH COUNTRY BANGLADESH COUNTRY G ADDRESS OF APPLICANT: E#08, ROAD-21, SECTOR-07, UTTARA, UTTARA, DHAKA, LADESH NO AL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE RESPIRATION GENERAL APPEARANCE HEARING:
SEX CHALI BANGLADESH COUNTRY GADDRESS OF APPLICANT: E#08, ROAD-21, SECTOR-07, UTTARA, UTTARA, DHAKA, LADESH NO AL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE RESPIRATION GENERAL APPEARANCE HEARING:
SHALI BANGLADESH COUNTRY MALE FEMA G ADDRESS OF APPLICANT: E#08, ROAD-21, SECTOR-07, UTTARA, UTTARA, DHAKA, LADESH NO AL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE RESPIRATION GENERAL APPEARANCE HEARING:
E#08, ROAD-21, SECTOR-07, UTTARA, UTTARA, DHAKA, LADESH NO AL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE RESPIRATION GENERAL APPEARANCE HEARING:
RESPIRATION GENERAL APPEARANCE HEARING:
RESPIRATION GENERAL APPEARANCE ABOUT HEARING:
HEARING:
man ma
R TEST IS NORMAL - YELLOW RED GREEN BLUE
QUIRED VISION STANDARD? YES NO
HEART (CARDIOVASCULAR)
SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
LOWER NOTIMAL.
MMENDATIONS? YES NO
RAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HE HEALTH OF OTHER PERSONS ON BOARD?
N MEDICATIONS? YES NO
A HOSPITATO 2 2 MAR 2023 S Per-MLC-2006 * DATE
3 (c) MLC 2000 C)



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	A K M SHIHAB UDDIN
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: YES	NAME OF APPLICANT
SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / EN RATING/CHIEF COOK/ COOK) (WITHOUT ANY) WITH THE FOLLOWING) RESTRICTIONS:	NGINEERING OFFICER / RADIO OFFICER /
NAME AND DEGREE OF PHYSICIAN DR. MBSS (DU), DFM, CCD (Birdom), PGT (Ophth)	
BMDC A-55144, MMC-BGD-016	
ADDRESS — Uttara, Dhaka, Bangladesh Radical Hospitals Limited.	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DGS SHIPPI	NO BANGIADER
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 26 17	My 2011
	1209.
SIGNATURE OF PHYSICIAN :	
All the second s	
DATE OF EXAMINATION: 2.2 MAR 2000	
2 2 MAR 2023	
EXPIRY DATE OF CERTIFICATE: 2.1 MAR 2025	
Z . 11/11 2020	
SEAFARER ACKNOWLEDGMENT	
SEN AIGH ACRIOWELDOWEN	
I, A K M SHIHAB UDDIN (NAME OF SEAFARER), CONFIRM THAT I HAV	E BEEN INFORMED OF THE CONTENT
OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.	



MEDICALREQUIREMENTS

Allapplicants for an officer certificate. Seafarer's Identification and Record Book or certification of special qualifications shall be required examinationreported onthis Medical Formcompleted certificated by2 physician The completedmedical formmust accompanytheapplicationforofficercertificate, applicationforseafarer's identity document, or application for certification of special qualifications. Thisphysical examination must be carried out not no rethan months immediately preceding applicationsforanofficer certificate, certification of special qualifications or a sea farer's book. The examination shall be conducted in accordance with the InternationalLaborOrganizationWorld Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical FitnessExaminationsforSeafarers(ILO/WHO/D.2/1997.Suchproofofexaminationmustestablishthatthe applicantisinsatisfactoryphysicaland mental condition for the specific duty assignment under taken and is generally in possession of all body faculties necessary inful filling the requirements of the seafaring profession.

Inconducting the examination, the certified physicians hould, where appropriate, examine the sea farer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - Allapplicantsmusthavehearingunimpairedformormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m).
- (b) Evesight
 - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninoneeyeandatleast20/40 (0.50)intheother. If the applicant wears glasses, hemust havevisionwithoutglasses of at least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsred.green,blueand yellow.
 - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)inthoother.Iftheapplicantwearsglasses, hemusthavevisionwithoutglassesofatleast20/200(0.10)in botheyes. Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen.
- (c) Dental
 - Seafarers must befreefrominfections ofthemouthcavityor gums.
- (d) BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.
- (e) Voice
 - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalyoice communication.
- (f) Vaccinations
 - AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication,InternationalTraveland
 Health,VaccinationRequirementsandHealthAdvice,andshallbegivenadvicebythecertifiedphysicianonimmunizations.
 Ifnewvaccinations aregiven, theseshall berecorded.
- (g) Diseases or Conditions
 - Applicantsafflictedwithanyofthefollowingdiseasesorconditionsshallbedisqualified:epilepsy,insanity,senility, alcoholism,tuberculosis, acute venereal disease or neurosyphilis, AIDS,and/ortheuse of narcotics.
- (h) Physical Requirements
 - Applicantsforableseaman,bosun,GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysicalrequirementsfor adeck/navigational officer's certificate.
 - Applicants for fireman/watertender,oiler/motor,pumpman,electrician,wiper,tanker rating andsurvivaleraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

IMPORTANTNOTE

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers. Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided – Medical Exam Form).

2 2 MAR 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.



Id No : 0608

Date: 22-Mar-2023

D.Date: 22-Mar-2023

Patient's Name: A.K.M SHIHAB UDDIN

Age: 48Y 0M 0D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

CDC NO:C/O/3221

Haematology Report

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

Parameter Name	Results	Reference Range	
Hemoglobin (Hb) ESR(Westergreen)	13.9 gm/dl 07 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	6,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)			
Neutrophils	59 %	Child: 25-66 %, Adult: 40-75 %	A modelle
Lymphocytes	36 %	Child: 52-62 %, Adult: 20-50 %	A Disputed Company
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %	WBC CURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	4
Basophils	00 %	Adult: 00-01 %	- At
Total Cir. Eosinophils	136 /cumm	50-450/cumm	- Ah
Total RBC Count	4.72 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	All.
HCT/PCV	37.2 %	M: 40-54%, F:37-47%	400
MCV	78.8 fL	76 - 94 fL	
MCH	29.4 pg	27 - 32 pg	
MCHC	37.4 g/dL	29 - 34 g/dL	RBC CURVE
RDW	13.3 %	11 - 16 %	
PDW	14.4 fL	35 - 56 fl	d).
Total Platelete Count (PC)	1,89,000 /cumm	150,000-450,000/cumm	
MPV	8.7 fL	7.0 - 11.0 fL	
PCT	0.164 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	
			PLT CURVE

Checked By Medical Technologist

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030608	Received Date	22/02/0202
Patient's Name	A.K.M SHIHAB UDDIN	Neceived Date	22/03/2023
Patient's Age	48Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/3221
Sample	BLOOD	(CDC NO.C/0/3221

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	19 U/L	Up to 37 U/L
HbA1C	5.1 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Chroked By

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030608	Received Date	22/03/2023
Patient's Name	A.K.M SHIHAB UDDIN		
Patient's Age	48Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3221
Sample	BLOOD		

SEROLOGYCAL REPORT

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

OOD GROUPINGResult	- a I
ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com



DIAGGOGGG		
DIA23030608	Received Date	22/03/2023
A.K.M SHIHAB UDDIN		22/00/2020
48Y 0M 0D		
401 0W 0D	Patient's Sex	Male
Dr. Mir Md. Raihan MBBS.(DU) CCD(BIRDEM) PGT(Evo) DEM		CDC NO CIO (CAS
LIBINE		CDC NO:C/O/3221
	48Y 0M 0D Dr. Mir Md. Raihan MBBS,(DU),CCD	A.K.M SHIHAB UDDIN

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

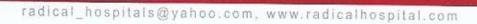
ON REQUESTCRYSTALS & OTHERS

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	DIA23030608	Received Date	22/03/2023
Patient's Name	A.K.M SHIHAB UDDIN	Tiodana Bate	22/00/2020
Patient's Age	48Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3221
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	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



radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. OAK EXPRESS

DATE: 22/03/2023

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

EYE EXAMINATION REPORT

NAME: A K M SHIHAB UDDIN RANK: CH.ENG CDC NO: C/O/3221

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

666

AIDED

COLOUR VISION:

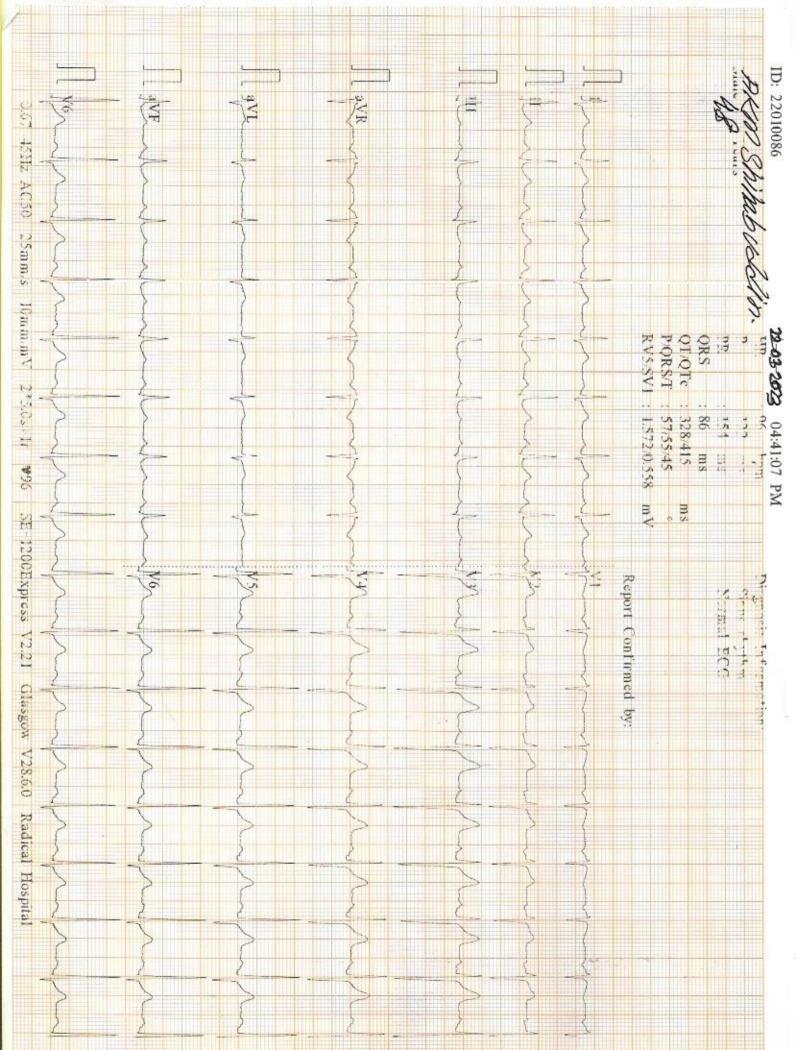
NORMAL / BLIND

OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030608 Receive:22/03/2023 Print: 22/03/2023

Patient's Name : AKM SHIHAB UDDIN

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 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

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Page 1 of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

ate	Signature and Professional status of valcinator	Approved Stamp	
100	OR. MIR MD. RAIHAN MBBS (DU). Reg. No. A-55144 General Physician Radical Hospitals Ltd.	15, Shan Macadam Carlon Mara, Analas Mara, A	
100 Jun	DR. MIR MD RAIHAN MBBS (DU), Reg. No A-55144 DO Shipping Approved General Physician	SE STATE OF	
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JUH 2	DR. DE VID. RAIHA MBSS (00), DPM, CCD (Birdem), PGT (Oph	St. Stein Manham	93
4	BMDC A- 55144 IMMC- BGD- 0 DG Shipping Bangladesh Approve General Physician Radical Hospitals Limited	Utions, Dhato	
S PO	DR. MIR. MD. RAIHAN	35, Sheh Makhdum	
	Radical Hospitals Limited	Witnera, Dhaka *	-
H TO	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016	36, Sheh Meithclum Avenue Littere, Obsita	0000
8	DG Shipping Bangiadash Approved General Physician Radical Hospitals Limited.	* 0000	

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

Date of birth 01.01, 1975 This is to certify that whose signature follows ALM, HHIMS WIDIN has on the date indicated been vaccinated or revaccinated against yellow-fever Date Signature and Professional Origin and batch Official stamp of status of vaccinator no, of vaccine vaccination centre OR, MIR MD, RAIHAN MBBS (DU), Reg. No. A-55144 General Physician Radical Hospitals Ltd.

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

Radical Hospitals Limited.

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

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