



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

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Accredited By : BMDG
Accreditation No. A 55144

PATIENT CONTROL NUMBER
HS3221FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME UDDIN	FIRST NAME AND A K M	MIDDLE NAME SHIHAB
PLACE AND DATE OF BIRTH NOAKHALI 1-Jan-1975	PASSPORT NUMBER EB0916244	SEAMAN'S BOOK NUMBER CO3221
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : OIL/CHEM TANKER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : HOUSE#08, ROAD-21, SECTOR-07, UTTARA, UTTARA, DHAKA, BANGLADESH	CONTACT NUMBER : 8801784397044	RANK : CHIEF ENGINEER

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. Md. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 75kg	Height (cm) 170	BM 25.9	Blood Pressure: Systolic 120mm Diastolic 80mm	PULSE: 78/min
Ear	Hearing by Audiometry	Audiometry		
Right	☐ Adequate ☐ Inadequate	500	1000	2000
Left	☐ Adequate ☐ Inadequate	3000		
		Hearing by Whisper Test		
		☒ 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: ☒ YES / NO ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☐ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 22 MAR 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		BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG		BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	
DC(differential count)		SGOT	OTHERS	
HAEMOGLOBIN (HGB)	13.0	DRUG AND ALCOHOL TEST		
ESR (WESTERGREN)	0.7	Morphine	☐ Positive ☒ Negative	HBsAg
WBC	6.500	Amphetamine	☐ Positive ☒ Negative	HIV / AIDS Test
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	VDRL
RANDOM	5.6	Barbiturates	☐ Positive ☒ Negative	Blood Type
HBA1C	5.2%	Cocaine	☐ Positive ☒ Negative	Psychological Exam
				Others(KUB Ultrasound)

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

Signature of Seafarer

A K M SHIHAB UDDIN
Name of Seafarer

22 MAR 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:

	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: 22 MAR 2023

Valid Until:

21 MAR 2025

DR. MIB MD. RAHAN

MBBS (DU), DPM, CCD (Biom), PGT (Ophth)

In Accordance with Medical Examination (BMD) as per Convention 1960 (1968) and STCW 1978/1996 as Amended, MLC 2006

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

Medical Exam Form
CONFIDENTIAL FORM
Pre-sea Exam ☒ Periodic Exam ☐

Name (last,first,middle): UDDIN A K M SHIHAB

Date of birth (day/month/year): 01/01/1975 Sex: male female ☒ ☐

Home address: HOUSE#08, ROAD-21, SECTOR-07, UTTARA, UTTARA, DHAKA, BANGLADESH

Passport No./Discharge Book No.: EB0916244

Department (deck/engine/radio/food handling/other): ENGINE

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OIL/CHEMICAL

TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	☐	☒	18. Sleeping 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 below.

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 seaduty?
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?

Yes No

☐ ☒

☐ ☒

☐ ☒

☐ ☒

☐ ☒

☒ ☐

☐ ☒

Comments.

FIT FOR DUTY ON BOARD SHIP

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

☐ ☒

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

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

Signature of examinee: [Signature]

Date (day/month/year): 22 MAR 2023

Witnessed by: (Signature) [Signature]

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.

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 (the approved medical examiner).

Signature of examinee: [Signature]

Date (day/month/year): 22 MAR 2023

Witnessed by: (Signature) [Signature]

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.

Date & Contact details for previous medical examination (if known):



MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

Visual Acuity						
Unaided			Aided			
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	/			
Near	15	15	/			

Visual fields		
	Normal	Defective
Right eye	/	
Left eye	/	

Colorvision:

☐ Not tested

☒ Normal

☐ Doubtful

☐ Defective

Hearing

Pure tone and audio metry (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	/	/
Left ear	/	/

Height: 170 (cm) Weight: (kg) 75 (kg) Pulse rate: 78 (minute) Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Normal Abnormal

Normal Abnormal

Head

Sinuses, nose, throat	☒	☐
Mouth/teeth	☒	☐
Ears (general)	☒	☐
Tympanic membrane	☒	☐
Eyes	☒	☐
Ophthalmoscopy	☒	☐
Pupils	☒	☐
Eyemovement	☒	☐
Lungs and chest	☒	☐
Breast examination	☒	☐
Heart	☒	☐

Skin

Varicose veins	☒	☐
Vascular (inc. pedal pulses)	☒	☐
Abdomen and viscera	☒	☐
Hernia	☒	☐
Anus (not rectal exam.)	☒	☐
G-U system	☒	☐
Upper and lower extremities	☒	☐
Spine (C/S, T/S and L/S)	☒	☐
Neurologic (full brief)	☒	☐
Psychiatric	☒	☐
General appearance	☒	☐

Chest X-ray: ☐ Not performed ☐ Performed on (day/month/year):

22 MAR 2023

Results: Normal



Urinalysis: Glucose: NIL Protein: NIL

Blood Analysis: Hepatitis B Test Non reactive V.D.R.L. Non reactive
Immunodeficiency Virus Anti bodies _____

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

Test Blood Sugar Result Normal

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

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 duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☒	☒	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☒ With restrictions ☐

Visual aid required: Yes ☐ No ☒

Describe restrictions (eg. Specific positions, type of ship, trade area)

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

Medical certificate's date of expiration (day/month/year): 21 MAR 2025

Date of examination (day/month/year): 22 MAR 2023

Number of Medical Certificate: _____

Official stamp: _____

Signature of medical practitioner: _____

Name of medical examiner: (Typed or printed) _____

Address of medical practitioner: _____

Authorized by: DR. SHARING BANGLADESH (competent authority)

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



SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE
CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73) as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME UDDIN	GIVEN NAME(S) A K M SHIHAB		
NATIONALITY BANGLADESHI	ID DOCUMENT NO: C/O/3221		
DATE OF BIRTH 01 01 1975 MONTH DAY YEAR	PLACE OF BIRTH NOAKHALI CITY	BANGLADESH COUNTRY	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: HOUSE#08, ROAD-21, SECTOR-07, UTTARA, UTTARA, DHAKA, BANGLADESH		

DECLARATION OF APPROVED MEDICAL PRACTITIONER:
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 170cm	WEIGHT 75kg	BLOOD PRESSURE 120/80mm	PULSE 78b/min	RESPIRATION 14b/min	GENERAL APPEARANCE Good	
VISION: WITHOUT GLASSES RIGHT EYE 6/6		LEFT EYE 6/6		HEARING: RT. EAR Normal		LEFT EAR Normal

COLOR TEST TYPE: BOOK ☐ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☐ RED ☒ GREEN ☐ BLUE ☐

DATE OF LAST COLOR VISION TEST: 22 MAR 2023

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

HEAD AND NECK Normal	HEART (CARDIOVASCULAR) Normal
LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? ☒
EXTREMITIES: UPPER Normal	LOWER Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
Yes ☐ No ☒

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

SIGNATURE OF APPLICANT

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.



22 MAR 2023

DATE

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

A K M SHIHAB UDDIN

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: Yes ☒

No ☐

SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER /
RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN

DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

ADDRESS

RADICAL HOSPITAL LIMITED

Uttara, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY

DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE

26 MAY 2024

SIGNATURE OF PHYSICIAN :



DATE OF EXAMINATION:

22 MAR 2023

EXPIRY DATE OF CERTIFICATE :

21 MAR 2025

SEAFARER ACKNOWLEDGMENT

I, A K M SHIHAB UDDIN (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT
OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.



MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualification shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months immediately preceding applications for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specified duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

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

- (a) **Hearing**
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).
- (b) **Eyesight**
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) **Dental**
 - Seafarers must be free from infections of the mouth, cavity or gums.
- (d) **Blood Pressure**
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) **Voice**
 - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) **Vaccinations**
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- (g) **Diseases or Conditions**
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) **Physical Requirements**
 - Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fireman/water tender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

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).

22 MAR 2023



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

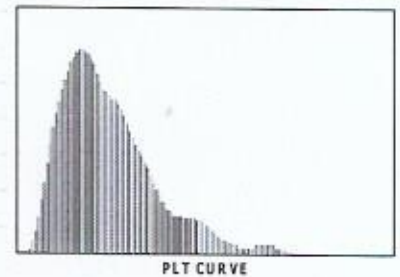
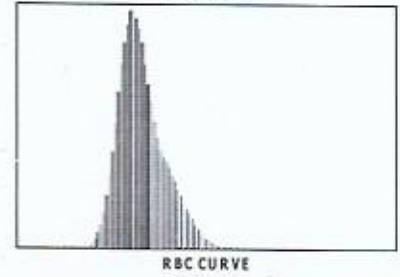
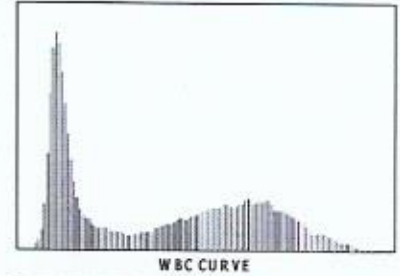


Id No : 0608	Date : 22-Mar-2023	D.Date : 22-Mar-2023
Patient's Name : A.K.M SHIHAB UDDIN	Age : 48Y 0M 0D	Gender : Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3221

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.9 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)	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 %
Lymphocytes	36 %	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	136 /cumm	50-450/cumm
Total RBC Count	4.72 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.2 %	M: 40-54%, F:37-47%
MCV	78.8 fL	76 - 94 fL
MCH	29.4 pg	27 - 32 pg
MCHC	37.4 g/dL	29 - 34 g/dL
RDW	13.3 %	11 - 16 %
PDW	14.4 fL	35 - 56 fL
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 - 0.2 %
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	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		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
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.

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
M BBS, 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		
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		

SEROLOGICAL REPORT

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

BLOOD GROUPING Result	
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

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		
Sample	URINE	CDC NO:C/O/3221	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologist
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		
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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
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	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

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

6/6

6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD



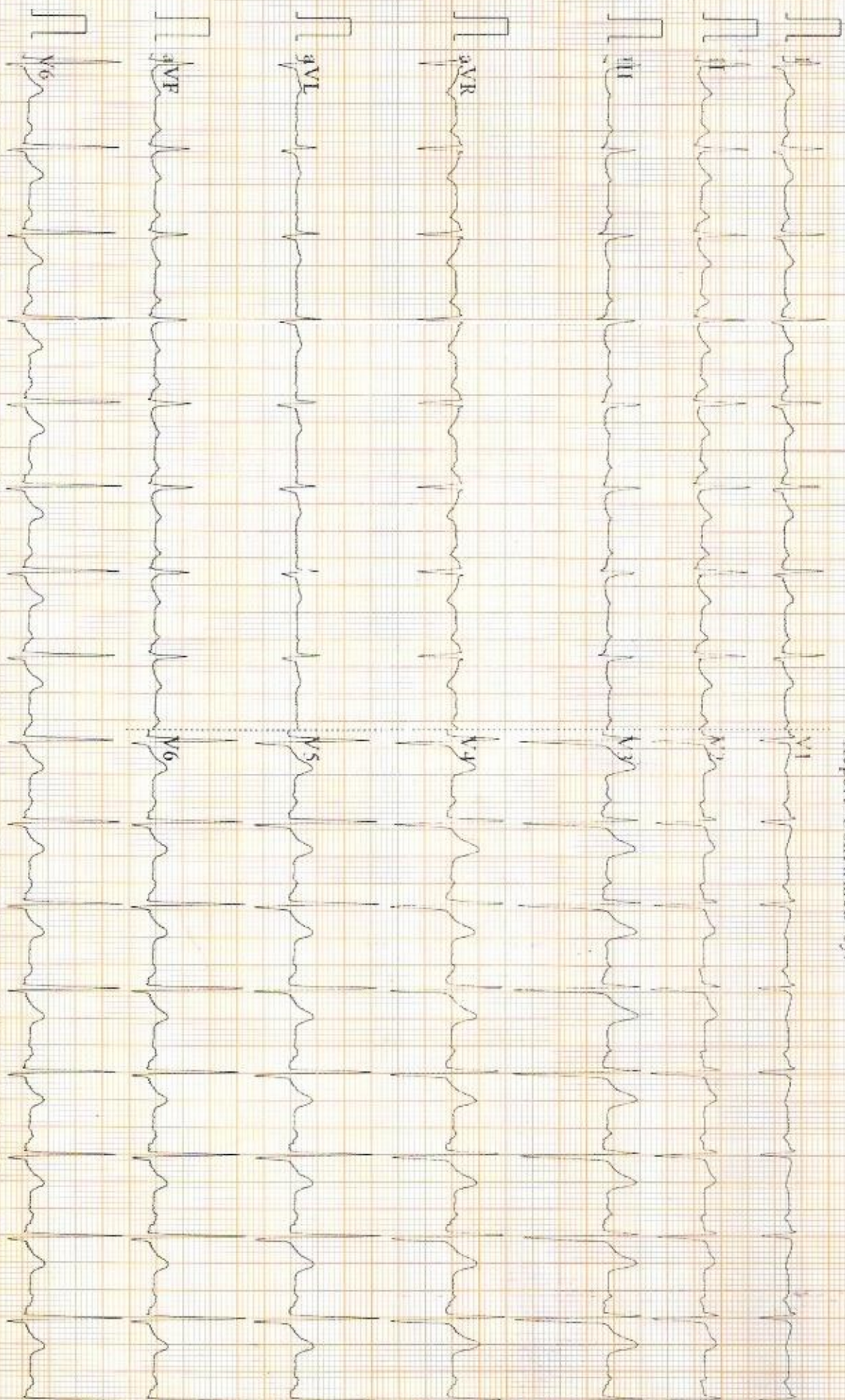
Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

AKOOR Shimabetsu
 18-03-2023

Parameter	Value	Unit
PR	154	ms
QRS	86	ms
QT/QTc	328/415	ms
PQRST	57/55/45	ms
RV5:SV1	1.57/0.558	mV

Diagnostic Information
 Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030608 Receive: 22/03/2023 Print: 22/03/2023
Patient's Name : A K M 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 : 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

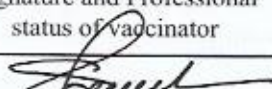
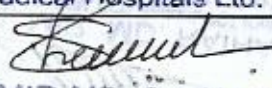
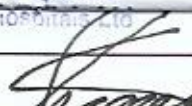
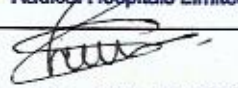
This is to certify that
whose signature follows

Date of birth 01.01.1975

Sex

M

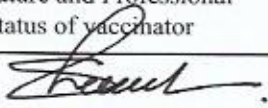
has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
11 OCT 2013	 DR. MIR MD. RAIHAN MBBS (DU). Reg. No. A-55144 General Physician Radical Hospitals Ltd.	
04 AUG 2014	 DR. MIR MD. RAIHAN MBBS (DU). Reg. No. A-55144 DG Shipping Approved General Physician Radical Hospitals Ltd.	
11 JUN 2020	 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	
13 MAY 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.	
22 MAR 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.	

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that } Date of birth 01.01.1975 Sex M
 whose signature follows }
R. K. M. Hossain
 has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
1 11 OCT 2013	 DR. MIR MD. RAIHAN MBBS (DU), Reg. No. A-55144 General Physician Radical Hospitals Ltd.		
2 22 MAR 2023	 DR. MIR MD. RAIHAN MBBS (DU), DPM, CCD (Bldem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
4			

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.

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.