



# HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.  
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Accredited By: BMDC  
Accreditation No: A 55144

PATIENT CONTROL NUMBER:  
HSL-003836

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                |                                                                               |                                                                  |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------|
| SURNAME<br><b>MAHMUD</b>                                                                                       | FIRST NAME<br><b>ABID</b>                                                     | MIDDLE NAME                                                      |
| PLACE AND DATE OF BIRTH<br><b>NOAKHALI 28-Aug-2000</b>                                                         | PASSPORT NUMBER<br><b>A00615775</b>                                           | SEAMAN'S BOOK NUMBER<br><b>CO11747</b>                           |
| NATIONALITY: <b>BANGLADESHI</b>                                                                                | SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | VESSEL TYPE: <b>CHEM. TANKER</b> TRADING AREA: <b>WORLD WIDE</b> |
| PERMANENT HOME ADDRESS:<br><b>VILL-HOUSING STATE, ROAD NO-12, PO- MAIZDI COURT PS- SUDHARAM DIST- NOAKHALI</b> |                                                                               | CONTACT NUMBER:                                                  |
|                                                                                                                |                                                                               | RANK: <b>APP ENGINEER SCHOLAR</b>                                |

Have you ever had any of the following conditions?

| Condition                         | YES                      | NO                                  | Condition                   | YES                      | NO                                  |
|-----------------------------------|--------------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|
| 1 Eye/vision problem              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18 Sleep problems           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 High blood pressure             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19 Do you smoke?            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Heart/vascular disease          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20 Operation/surgery        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Heart surgery                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21 Epilepsy/seizures        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Varicose veins                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 Dizziness/fainting       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Asthma/bronchitis               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23 Loss of consciousness    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Blood disorder                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24 Psychiatric problems     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Diabetes                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25 Depression               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Thyroid problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26 Attempted suicide        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Digestive disorder             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27 Loss of memory           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Kidney problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28 Balance problem          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 Skin problem                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29 Severe headaches         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Allergies                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 Ear/nose/throat problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 Infectious/contagious diseases | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31 Restricted mobility      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Hernia                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32 Back problems            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Genital disorders              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33 Amputation               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Pregnancy                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34 Fractures/dislocations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If any of the above questions were answered "yes", please give details.

### Additional questions

|                                                                                              | YES                                 | NO                                  |
|----------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 35 Have you ever been signed off as sick or repatriated from a ship?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                     |                          |                                     |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

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

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

*(Signature)*

Signature of Seafarer

### MEDICAL EXAMINATION

|                                                                                                                                          |                                                                       |                    |                                                                                  |                      |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------|----------------------|
| Weight <b>75 kg</b>                                                                                                                      | Height (cm) <b>175</b>                                                | BMI <b>24.4</b>    | Blood Pressure: Systolic <b>120 mm</b> Diastolic <b>80 mm</b>                    | PULSE: <b>78 1/2</b> |
| Ear                                                                                                                                      | Hearing by Audiometry                                                 | Audiometry         | Hearing by Whisper Test                                                          |                      |
| Right                                                                                                                                    | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | 500 1000 2000 3000 | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                      |
| Left                                                                                                                                     | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <b>N/A</b>         | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                      |
| Hearing meets the standards as laid down in STCW Code Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                                                       |                    |                                                                                  |                      |

|         | Visual acuity |          |           |          | Visual fields                       |                          |
|---------|---------------|----------|-----------|----------|-------------------------------------|--------------------------|
|         | Unaided       |          | Aided     |          | Normal                              | Defective                |
|         | Right eye     | Left eye | Right eye | Left eye |                                     |                          |
| Distant | 6/6           | 6/6      |           |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Near    |               |          |           |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) 10 MAR 2023

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

## RESULTS OF ANCILLARY EXAMINATIONS

|                         |              |                                    |                                                                                |                                   |                                                                                   |
|-------------------------|--------------|------------------------------------|--------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------|
| Chest X-Ray             | <u>NAD</u>   | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana                                                                      | <input type="checkbox"/> Positive | <input checked="" type="checkbox"/> Negative                                      |
| ECG                     | <u>NAD</u>   | BILIRUBIN                          | Alcohol Test                                                                   | <input type="checkbox"/> Positive | <input checked="" type="checkbox"/> Negative                                      |
| BLOOD R/E               | <u>NAD</u>   | SGPT                               | URINE R/E                                                                      | <u>NAD</u>                        |                                                                                   |
| DC (differential count) | <u>NAD</u>   | SGOT                               | OTHERS                                                                         |                                   |                                                                                   |
| HAEMOGLOBIN (HGB)       | <u>15.7</u>  | DRUG AND ALCOHOL TEST              |                                                                                | HBsAg                             | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| ESR (WESTERGREN)        | <u>05</u>    | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test                   | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| WBC                     | <u>7.200</u> | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL                              | <input type="checkbox"/> Reactive <input checked="" type="checkbox"/> Nonreactive |
| BLOOD GLUCOSE LEVEL     |              | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type                        | <u>B</u>                                                                          |
| RANDOM                  | <u>5.6</u>   | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam                | <u>NAD</u>                                                                        |
| HBA1C                   | <u>5.7%</u>  | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Others (KUB Ultraso               | <u>NAD</u>                                                                        |

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

Signature of Seafarer

ABID - MAHMUD

Name of Seafarer

10 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:

☒ Fit for lookout duties☐ Not fit for lookout duties

|       | Deck service             | Engine service                      | Catering service         | Other services           |
|-------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| Fit   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unfit | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

☒ 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:

10 MAR 2023

Valid Until:

09 MAR 2025

Name and Signature of Authorized Physician  
MDCC (D), DPM, CCB (D), PGT (D)BMDG 55144 MMC 000 016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

In Accordance with Medical Examination (Seafarers) Convention 1958 and STCW 1978/1996 as Amended, MLC 2006

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

|                                                                                                                                                                                                                                         |                                                                                                                                         |                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| SURNAME: MAHMUD                                                                                                                                                                                                                         | GIVEN NAME (S): ABID                                                                                                                    |                                                                                 |
| DATE OF BIRTH:<br>DAY 28 MONTH 08 YEAR 2000                                                                                                                                                                                             | PLACE OF BIRTH<br>CITY NOAKHALI COUNTRY BANGLADESH                                                                                      | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |
| POSITION ON BOARD:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OPERATOR <input type="checkbox"/><br>RATING <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT:<br>VILL-HOUSING STATE<br>ROAD NO-12, DIST- NOAKHALI<br>PO- MAIZDI COURT PS- SUDHARAM<br>BANGLADESH - 3800 |                                                                                 |

## DECLARATION OF THE AUTHORIZED PHYSICIAN

| VISION    |                 | COLOR TEST TYPE | HEARING   |
|-----------|-----------------|-----------------|-----------|
|           | WITHOUT GLASSES | WITH GLASSES    |           |
| RIGHT EYE | 6/6             | —               | RIGHT EAR |
| LEFT EYE  | 6/6             | —               | LEFT EAR  |

☒ BOOK  
☒ LANTERN  
 YELLOW RED   
 GREEN BLUE

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

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

Unaided hearing satisfactory? YES ☒ NO ☐

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

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

Date of the last colour vision test: (Day/Month/Year) 10 MAR 2023

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

Able for watchkeeping? YES ☐ NO ☐

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

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

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

ABID MAHMUD

10 MAR 2023

Signature of Applicant

Name of Applicant

Date

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

**FIT FOR DUTY ON BOARD SHIP**

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

ADDRESS: REDICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE, SECTOR-12 UTTARA, DHAKA-1230, BANGLADESH

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-2014

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE:

10 MAR 2023

EXPIRY DATE OF CERTIFICATE:

09 MAR 2025

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

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

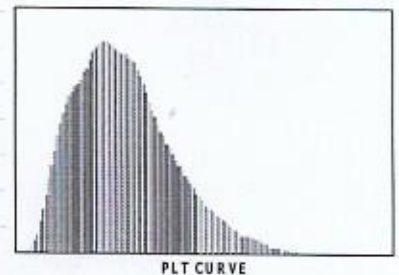
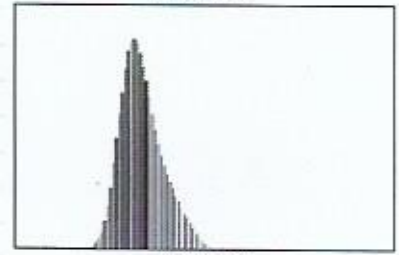
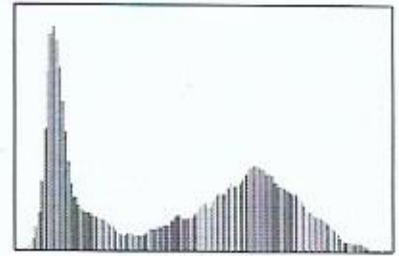


**Id No** : 0273 **Date** : 10-Mar-2023 **D.Date** : 10-Mar-2023  
**Patient's Name** : ABID MAHMUD **Age** : 22Y 6M 10D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/11747

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>15.7 gm/dl</b>     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>05 mm/1st hr</b>   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>7,200 /cumm</b>    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>64 %</b>           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>31 %</b>           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>03 %</b>           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02 %</b>           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00 %</b>           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>144 /cumm</b>      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.50 m/ul</b>      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>43.5 %</b>         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>79.1 fL</b>        | 76 - 94 fL                                                                                         |
| MCH                                | <b>28.5 pg</b>        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>36.1 g/dL</b>      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>13.4 %</b>         | 11 - 16 %                                                                                          |
| PDW                                | <b>15.6 fL</b>        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>2,23,000 /cumm</b> | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>10.1 fL</b>        | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.225 %</b>        | 0.1 - 0.2 %                                                                                        |
| Bleeding Time(BT)                  | <b>%</b>              | 10 - 18 %                                                                                          |
| Cloting Time(CT)                   | <b>%</b>              | 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        | DIA23030273                                           | Received Date | 10/03/2023       |
| Patient's Name | ABID MAHMUD                                           |               |                  |
| Patient's Age  | 22Y 6M 10D                                            | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/11747 |
| Sample         | BLOOD                                                 |               |                  |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.6 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total)  | 0.8 mg/dl  | 0.2 - 1.1 mg/dl  |
| Serum AST (SGOT)         | 25 U/L     | Up to 37 U/L     |
| Serum ALT (SGPT)         | 32 U/L     | Up to 40 U/L     |
| HbA1C                    | 5.7 %      | 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 Technologist  
Radical Hospitals Ltd.

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

East West Medical College and Hospital

|                |                                                       |               |                  |
|----------------|-------------------------------------------------------|---------------|------------------|
| Bill No        | DIA23030273                                           | Received Date | 10/03/2023       |
| Patient's Name | ABID MAHMUD                                           |               |                  |
| Patient's Age  | 22Y 6M 10D                                            | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/11747 |
| Sample         | BLOOD                                                 |               |                  |

## SEROLOGICAL REPORT

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

| <b>BLOOD GROUPING Result</b> |           |
|------------------------------|-----------|
| ABO Blood Group              | "B" (+ve) |
| Rh(D)Factor                  | Positive  |

Checked By

  
 Medical Technologist  
 Radical Hospitals Ltd.

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

East West Medical College and Hospital

|                |                                                       |               |                  |
|----------------|-------------------------------------------------------|---------------|------------------|
| Bill No        | DIA23030273                                           | Received Date | 10/03/2023       |
| Patient's Name | ABID MAHMUD                                           |               |                  |
| Patient's Age  | 22Y 6M 10D                                            | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/11747 |
| Sample         | URINE                                                 |               |                  |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

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        | DIA23030273                                           | Received Date | 10/03/2023       |
| Patient's Name | ABID MAHMUD                                           |               |                  |
| Patient's Age  | 22Y 6M 10D                                            | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/11747 |
| 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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