



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By: BMDC
Accreditation No: A-55144

PATIENT CONTROL NUMBER
H713

MEDICAL EXAMINATION CERTIFICATE

SURNAME ISEAM	FIRST NAME AND ADNAN	MIDDLE NAME
PLACE AND DATE OF BIRTH DHAKA 28-Jan-1992	PASSPORT NUMBER B00092473	SEAMAN'S BOOK NUMBER C07185
NATIONALITY: BANGLADESH SEX: ☒ Male ☐ Female	VESSEL TYPE: CONTAINER	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: MONARCH MANOR, FLAT-DG 162, SHANTINAGAR, DHAKA, BANGLADESH	CONTACT NUMBER: 01886284612 (SELF)	
	RANK: 1ST ASST 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. 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 of Seafarer

MEDICAL EXAMINATION

Weight: 86 kg	Height (cm): 168	BM: 30.4	Blood Pressure: Systolic: 120 mm Diastolic: 80 mm	PULSE: 78 bpm												
<table border="1"> <thead> <tr> <th>Ear</th> <th>Hearing by Audiometry</th> <th>Audiometry</th> <th>Hearing by Whisper Test</th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td>500 1000 2000 3000</td> <td>☒ Adequate ☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td>☒ Adequate ☐ Inadequate</td> </tr> </tbody> </table>					Ear	Hearing by Audiometry	Audiometry	Hearing by Whisper Test	Right	☐ Adequate ☐ Inadequate	500 1000 2000 3000	☒ Adequate ☐ Inadequate	Left	☐ Adequate ☐ Inadequate		☒ Adequate ☐ Inadequate
Ear	Hearing by Audiometry	Audiometry	Hearing by Whisper Test													
Right	☐ Adequate ☐ Inadequate	500 1000 2000 3000	☒ Adequate ☐ Inadequate													
Left	☐ Adequate ☐ Inadequate		☒ Adequate ☐ Inadequate													
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																

	Visual acuity				Right eye	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) 12 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	<u>MD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>MD</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	<u>MD</u>
DC(differential count)	<u>MD</u>	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	<u>14.9</u>	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	<u>00</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	<u>8.500</u>	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	<u>5.5</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	<u>5.4%</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)

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

Signature of Seafarer _____ ADNAN ISLAM _____ 12-Mar-2023

Name of Seafarer _____ 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	☐	☒	☐	☐
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 ☐
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Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date: 12 MAR 2023 Valid Until: 11 MAR 2025

Name and Signature of Authorized Physician

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

Revision : 5.1

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.

Revision Date : 24th July 2022

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: ISLAM	GIVEN NAME (S): ADNAN	
DATE OF BIRTH: DAY 28 MONTH JAN YEAR 1992	PLACE OF BIRTH CITY DHAKA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: MONARCH MANOR, FLAT-DG, 162, SHANTINAGAR, DHAKA, BANGLADESH,	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	☐ BOOK ☒ LANTERN YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	RIGHT EAR ☒
LEFT EYE	6/6	—		LEFT EAR ☒

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) **12 MAR 2023**

Date of the last colour vision test: (Day/Month/Year) — / — / —

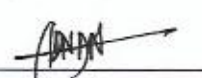
Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☐ NO ☐

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

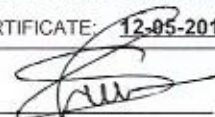
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☐

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

 Signature of Applicant	ADNAN ISLAM Name of Applicant	12 MAR 2023 Date
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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, UTTARA, DHAKA-1230.	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)	
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 12-05-2011	
SIGNATURE OF PHYSICIAN: 	STAMP OF PHYSICIAN: 
EXPIRY DATE OF CERTIFICATE: 11 MAR 2025	DATE: 12 MAR 2023

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), DPM, CCD (Biom), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
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Medical Information: (医療情報) * Please check the appropriate items.

該当する二線にV印を記入して下さい。

1. ALLERGIES: (アレルギー) ☐ Urticaria (hives) (じんましん) ☐ Asthma (ぜんそく) ☐ Other (その他)

☐ Drug allergies (name): (薬品名) ☐ Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)

(1) Past serious illness: (主な既往歴) Age (年齢)

(2) Surgery: (手術)

When?

(時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)

Name of illness: (持病名)

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一錠薬品名)

4. DAILY LIFE HABITS: (日常生活)

(1) Alcohol intake: (飲酒) ☐ Do not drink (飲まない)

☐ Drink 2-3 times a week (週に2〜3回) ☐ Drink every evening (毎日)

☐ Heavy drinker (強い) ☐ Moderate drinker (中程度) ☐ Light drinker (弱い)

(2) Smoking: (喫煙) ☐ Never smoke (吸わない)

☐ Quit smoking in 19____ cigarettes a day (1日10____本に喫煙)

☐ Smoke ☐ Irregular (規則的) ☐ Constipated (便秘)

(3) Bowel movements: (排便) ☐ Regular (規則的) ☐ Constipated (便秘)

☐ Irregular (規則的) ☐ Constipated (便秘)

(4) Dietary preferences: (食事の好み) ☐ Meat (肉類) ☐ Fish (魚類)

☐ Salty (塩辛い) ☐ Sweet (甘い) ☐ Only (脂っこい)

(5) Exercise: (運動) ☐ Often (よくやる) ☐ Sometimes (時々) ☐ Never (しない)

(6) Sleep: (睡眠) ☐ Sleep well (良く眠る) ☐ Have Sleeplessness (眠れない)

☐ Have insomnia (不眠症) ☐ Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重) ☐ Constant (変わらない) ☐ Putting on weight (太ってきた)

☐ Losing weight (やせてきた)

12 MAR 2023

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGD (Ophth)

BMDC A-55144, MMC-BGD-016

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General Physician

Radical Hospitals Limited.



5. FAMILY HISTORY: (家族歴)

Notation: F = father, M = mother, B = brother, S = sister
(父) (母) (兄弟) (姉妹)

- ☐ Heart disease (心臓病) F M B S
☐ Cancer: part (癌/部位) F M D S
☐ Diabetes (糖尿病) F M B S
☐ Hypertension (高血圧症) F M B S
☐ Cerebral Apoplexy (脳卒中) F M B S
☐ Liver disease (肝臓疾患) F M B S
☐ Other: Name of disease (病名) F M B S

Briefly, enter any special comments to the Attending Physician in English.
(受診医師へ特に伝えたいこと、英語で簡明に。)

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Tel: _____ Fax: _____
(所属会社)
 Name: RAHAN given name (名) RAHAN family name (姓)
(氏名)
 Nationality: Bangladesh
(国籍)
 Sex: (性別) M/F
(男/女)
 Date of Birth: 28/02/92
(生年月日) (D-M-Y)

Height: (身長) 168 cm Weight: (体重) 58 kg/age 20: (20 才時) _____ kg
 Pulse: 78 /min Normal breathing rate: 19 /min Normal temperature: _____ °C
 (脈拍/分) (正常呼吸数/分) (平熱)

Blood pressure: 120/80 Blood type: B+ /Rh () Single Married
(血圧) (血液型) (独身/既婚)

Blood sugar: (血糖値) _____ mg/dl × 0.05625 = _____ mmol/l
 Uric acid: (尿酸値) _____ mg/dl × 0.05914 = _____ mmol/l

Date: 12 MAR 2023 Signature: (署名) _____
(Card holder) (本人)



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DECLARATION OF HEALTH BY CREW

NAME OF CREW : ADNAN ISLAM

RANK : 1ST ASST ENGINEER

CDC NO : C/O/17185

DOB : 28-Jan-1992

HEALTH QUESTIONNAIRE

PLEASE ANSWER FOLLOWING BY TICKING (✓) YES OR NO

	YES	NO
1 Have you ever had coronary thrombosis or certain types of heart surgery?	☐	☒
2 Are you suffering from any heart-related complications?	☐	☒
3 Are you a diabetic ?	☐	☒
4 If you are diabetic, do you need injections of insulin for diabetes?	☐	☒
5 Have you ever had a stroke, or unexplained loss of consciousness?	☐	☒
6 Have you ever been treated for a mental or nervous problem?	☐	☒
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	☐	☒
8 Do you have any hearing difficulties or are you using any hearing aid?	☐	☒
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	☐	☒
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	☐	☒

I declare that I read above questionnaire and answered by ticking as appropriate and the answers are, to the best of my knowledge, true and complete. I also declare that I am a healthy man and will be fully responsible for all the consequences in case of detection of any chronic disease or its past history which I may have concealed before joining vessel, I and will bear all the expenses as may incur as a direct result of such concealment.

Date : 12 MAR 2023

Signed :

The Crew Member

* If yes, mention details below:-

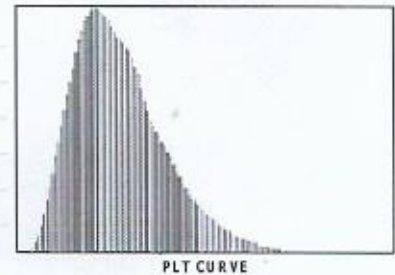
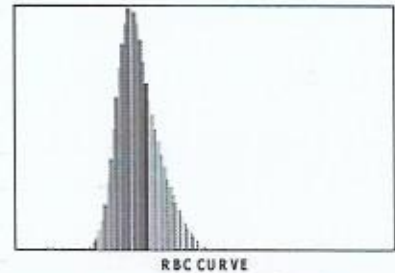
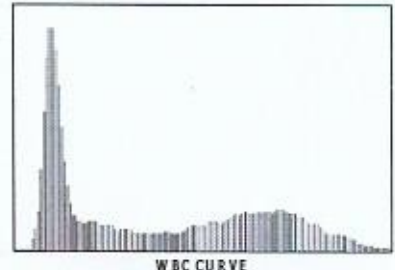
DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CCD (Bldm), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

Id No : 0319 **Date** : 12-Mar-2023 **D.Date** : 12-Mar-2023
Patient's Name : ADNAN ISLAM **Age** : 31Y 1M 12D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:**C/O/7185

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.2 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	09 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	58 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	37 %	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	170 /cumm	50-450/cumm
Total RBC Count	5.26 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.2 %	M: 40-54%, F:37-47%
MCV	76.4 fL	76 - 94 fL
MCH	27.0 pg	27 - 32 pg
MCHC	35.3 g/dL	29 - 34 g/dL
RDW	13.2 %	11 - 16 %
PDW	16.4 fL	35 - 56 fL
Total Platelete Count (PC)	2,74,000 /cumm	150,000-450,000/cumm
MPV	9.6 fL	7.0 - 11.0 fL
PCT	0.263 %	0.1 - 0.4 %
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	DIA23030319	Received Date	12/03/2023
Patient's Name	ADNAN ISLAM		
Patient's Age	31Y 1M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7185		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22 U/L	Up to 37 U/L
Serum ALT (SGPT)	31 U/L	Up to 40 U/L
HbA1C	5.4 %	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	DIA23030319	Received Date	12/03/2023
Patient's Name	ADNAN ISLAM		
Patient's Age	31Y 1M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: C/O/7185		
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING Result	
ABO Blood Group	"O" (+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	DIA23030319	Received Date	12/03/2023
Patient's Name	ADNAN ISLAM		
Patient's Age	31Y 1M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7185
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	2-4/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	DIA23030319	Received Date	12/03/2023
Patient's Name	ADNAN ISLAM		
Patient's Age	31Y 1M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7185
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 Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23030319	Receive: 12/03/2023	Print: 12/03/2023
Patient's Name	: ADNAN ISLAM		
Age	: 31 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

ID: 23030319

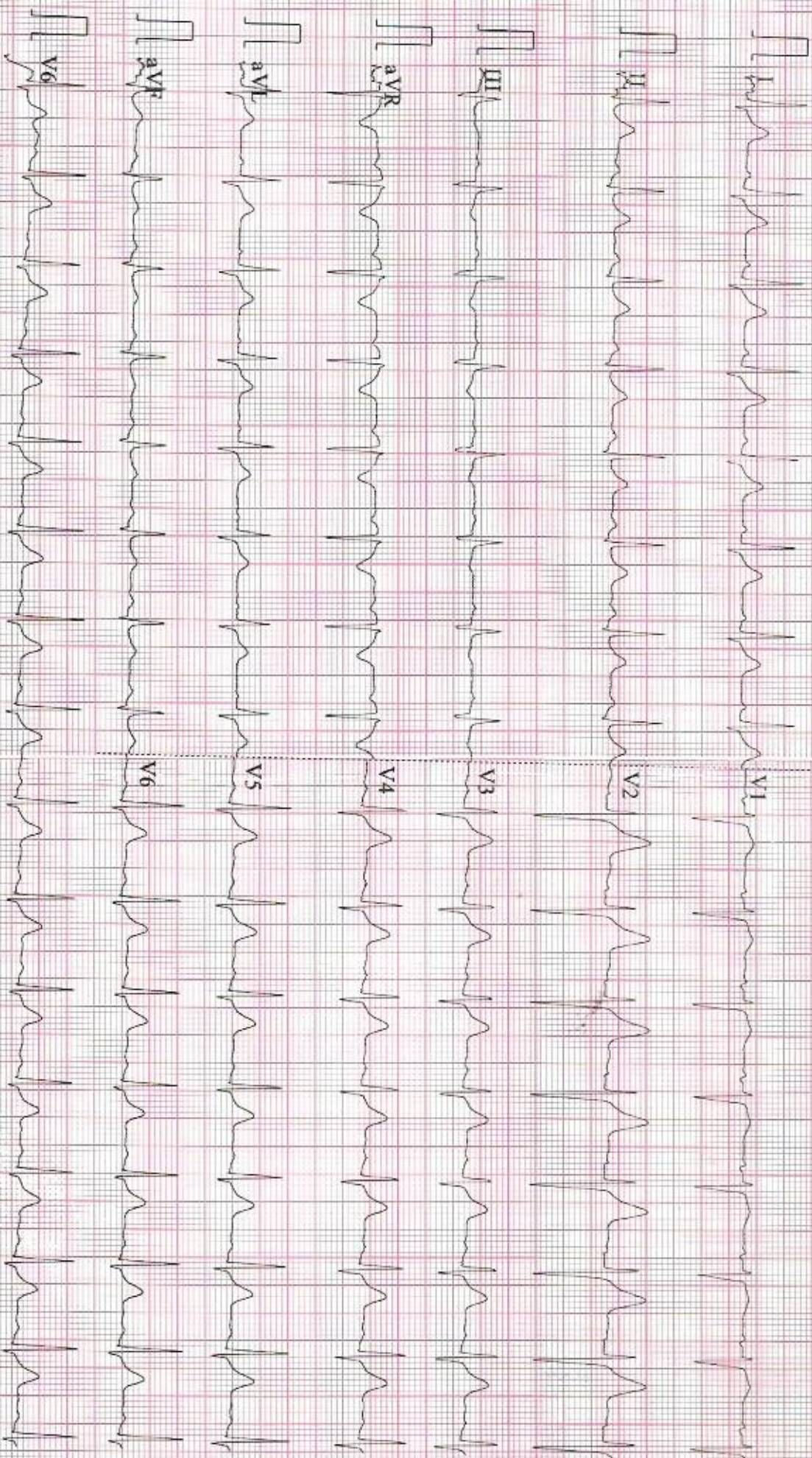
Male 31 Years

12-03-2023 01:59:56 PM

HR	92	bpm
P	100	ms
PR	152	ms
QRS	90	ms
QT/QTc	336/416	ms
P:QRS/T	51/40/20	°
RV5/SV1	1.023/0.905	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:





REF: MV. ONE HOUSTON

DATE: 12/03/2023

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

EYE EXAMINATION REPORT

NAME: ADNAN ISLAM

RANK: 1A/ENG

CDC NO: C/O/7185

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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
09 SEP 2018	MEISHAN BRIDGE	120/80 72	200224	200224	200224	200224	200224
17 APR 2019	BRIDGE	120/80 72	200224	200224	200224	200224	200224
14 JAN 2020	MEISHAN BRIDGE	120/80 72	200224	200224	200224	200224	200224
13 MAR 2021	MEISHAN BRIDGE	120/80 72	200224	200224	200224	200224	200224
23 MAY 2021	MEISHAN BRIDGE	120/80 72	200224	200224	200224	200224	200224
12 MAR 2023	MEISHAN BRIDGE	120/80 72	200224	200224	200224	200224	200224

Completed by Company's M.O.

Creatine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
Not Done.	Not Done.			DR. M. AYUBUR RAHMAN M.B.S.; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
Not Done.	Not Done.			DR. M. AYUBUR RAHMAN M.B.S.; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
Not Done.	Not Done.			DR. M. AYUBUR RAHMAN M.B.S.; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
				DR. MIR. MD. RAIHAN M.B.S.; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
				DR. MIR. MD. RAIHAN M.B.S.; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	

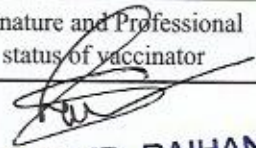
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

ADNAN ISLAM

This is to certify that
whose signature follows

Date of birth 28.01.1992 Sex MALE

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
12 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.		
2			
3			3 4
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.

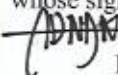
Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.

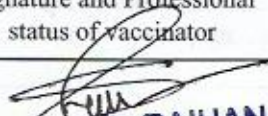
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

ADNAN ISLAM

This is to certify that
whose signature follows

Date of birth 28.01.1992 Sex MALE

 has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
12 MAR 2023	 DR. MR. MD. RAIHAN MBBS (DU), DPM, CCD (Birm), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
2			

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5		5	6
6			
7		7	8
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Continued overleaf Suite our erso