



HAQUE & SONS LTD.

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

Accredited By : BMD
Accreditation No. A-55144

PATIENT CONTROL NUMBER.
HS3926FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME AHAMMED		FIRST NAME AND FEROZE		MIDDLE NAME	
PLACE AND DATE OF BIRTH JHENAI DAH 5-Jun-1977		PASSPORT NUMBER B00116755		SEAMAN'S BOOK NUMBER CO3926	
NATIONALITY : BANGLADESH		SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER		TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : 363/22, NORTH PIRER BAG, MIRPUR, DHAKA, 1216, BANGLADESH.				CONTACT NUMBER : 01727177412 (SELF)	
				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?	☐	☒
---	--------------------------	-------------------------------------

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 60 kg	Height (cm) 165	BM 22.0	Blood Pressure: Systolic 130 mm Diastolic 80 mm	PULSE: 78 / min																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th>Hearing by Audiometry</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>					Ear		Audiometry				Hearing by Whisper Test			Hearing by Audiometry	500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	
Ear		Audiometry				Hearing by Whisper Test																														
	Hearing by Audiometry	500	1000	2000	3000																															
Right	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate																														
Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate																														
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																																				

04.2023.3532

	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

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

☒ Normal☐ Doubtful☐ Defective

Date of last colour vision test: Date (day/month/year)

09 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	MAR	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	MAR	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	URINE R/E		
DC(differential count)	MAR	SGOT			
HAEMOGLOBIN (HGB))	13.5	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	8.101	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	B
RANDOM	5.2	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	MAR
HBA1C	5.9%	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultraso	MAR

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

MAR

Signature of Seafarer

FEROZE AHAMMED

Name of Seafarer

09 MAR 2023

9-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	☐	☒	☐	☐
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:

09 MAR 2023

Valid Until:

08 MAR 2025

Name and Signature of Authorized Physician

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

Revision : 5.1

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

Revision Date : 24th July 2022

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: AHAMMED		GIVEN NAME (S): FEROZE	
DATE OF BIRTH: DAY 05 MONTH JUNE YEAR 1977		PLACE OF BIRTH CITY JHENAIDAH COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: 363/22, NORTH PIRER BAG, MIRPUR, DHAKA, 1216, BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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) 09, 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.

[Signature]

FEROZE AHAMMED

09 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, UTTARA, DHAKA-1230.**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **12-05-2011**

SIGNATURE OF PHYSICIAN: [Signature] STAMP OF PHYSICIAN: [Stamp: Radical Hospitals Ltd. ver-MLC-2006] DATE: **09 MAR 2023**

EXPIRY DATE OF CERTIFICATE: **08 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)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.



DECLARATION OF HEALTH BY CREW

NAME OF CREW : FEROZE AHAMMED

RANK : CHIEF ENGINEER

CDC NO : C/O/3926

DOB : 05-Jun-1977

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 will bear all the expenses as may incur as a direct result of such concealment.

09 MAR 2023

Date : _____

Signed : _____

The Crew Member

* If yes, mention details below:-

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
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Medical Information: (医療情報) * Please check the appropriate items.

該当する二欄に✓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: (過去の重症) Age (年齢)

(2) Surgery: (手術)

When? (時期)

Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Year): (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般薬品名)

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____年 (19____年に禁煙)

- ☐ Smoke cigarettes a day (1日____本)
☐ Smoke (喫煙)

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

- (4) Dietary preferences: (食事の好み)
☐ Meat (肉類)
☐ Fish (魚類)
☐ Sweet (甘い)
☐ Only (偏った)

- (5) Exercise: (運動)
☐ Often (よくする)
☐ Sometimes (時々)
☐ Never (しない)

- (6) Sleep: (睡眠)
☐ Sleep well (よく眠る)
☐ 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 (増えてきた)
☐ Losing weight (減ってきた)

DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Bridem), PGT (Opth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

09 MAR 2023



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 | B | 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.

(受診記録へ特になんたいこと、英語で簡潔に)

Date: 09 MAR 2023

Signature: (署名)

(Card holder) (本人)

MEDICAL RECORDS

(Write in block Letters)

Name of Company: _____ Nationality: Bangladesh (国籍)
(所属会社) Tel: _____ Fax: _____
Name: PEROZE RAHMAN (性別) M/F
(氏名) given name (名) family name (姓)
Name of Position: CH. ENA (職種)
Date of Birth: 05-06-77 (生年月日) (D-M-Y)

Height: (身長) 165 cm Weight: (体重) 60 kg / at 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: 130/80 /mmHg Blood type: B+ (血液型) Single / Married
(血圧) (血型)

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



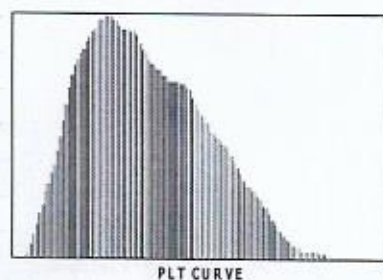
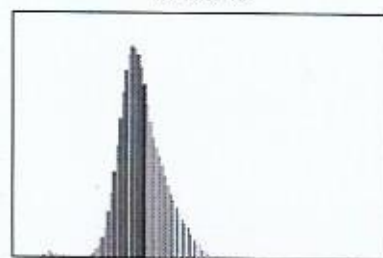
RAHAN
DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Bdcm), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0234 **Date** : 09-Mar-2023 **D.Date** : 09-Mar-2023
Patient's Name : FEROZE AHAMMED **Age** : 45Y 8M 4D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3926

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	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	168 /cumm	50-450/cumm
Total RBC Count	5.18 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41.5 %	M: 40-54%, F:37-47%
MCV	80.1 fL	76 - 94 fL
MCH	29.9 pg	27 - 32 pg
MCHC	37.3 g/dL	29 - 34 g/dL
RDW	12.7 %	11 - 16 %
PDW	15.5 fL	35 - 56 fL
Total Platelete Count (PC)	1,52,000 /cumm	150,000-450,000/cumm
MPV	12.1 fL	7.0 - 11.0 fL
PCT	0.184 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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



Bill No	DIA23030234	Received Date	09/03/2023
Patient's Name	FEROZE AHAMMED		
Patient's Age	45Y 8M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3926
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	25 U/L	Up to 37 U/L
HbA1C	5.1 %	4.2 - 6.7 %
Serum ALT (SGPT)	32 U/L	Up to 40 U/L

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	DIA23030234	Received Date	09/03/2023
Patient's Name	FEROZE AHAMMED		
Patient's Age	45Y 8M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3926
Sample	BLOOD		

SEROLOGICAL REPORT

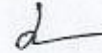
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
HBsAg (Method : (ICT)	Negative

BLOOD GROUPING Result	
ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By



Medical Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23030234	Received Date	09/03/2023
Patient's Name	FEROZE AHAMMED		
Patient's Age	45Y 8M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3926
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	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	DIA23030234	Received Date	09/03/2023
Patient's Name	FEROZE AHAMMED		
Patient's Age	45Y 8M 4D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3926		
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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030234 Receive: 09/03/2023 Print: 09/03/2023
Patient's Name : **FEROZE AHAMMED**
Age : 45 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: 4

09-03-2023 04:52:56 PM

feroze ahmed
Male Years

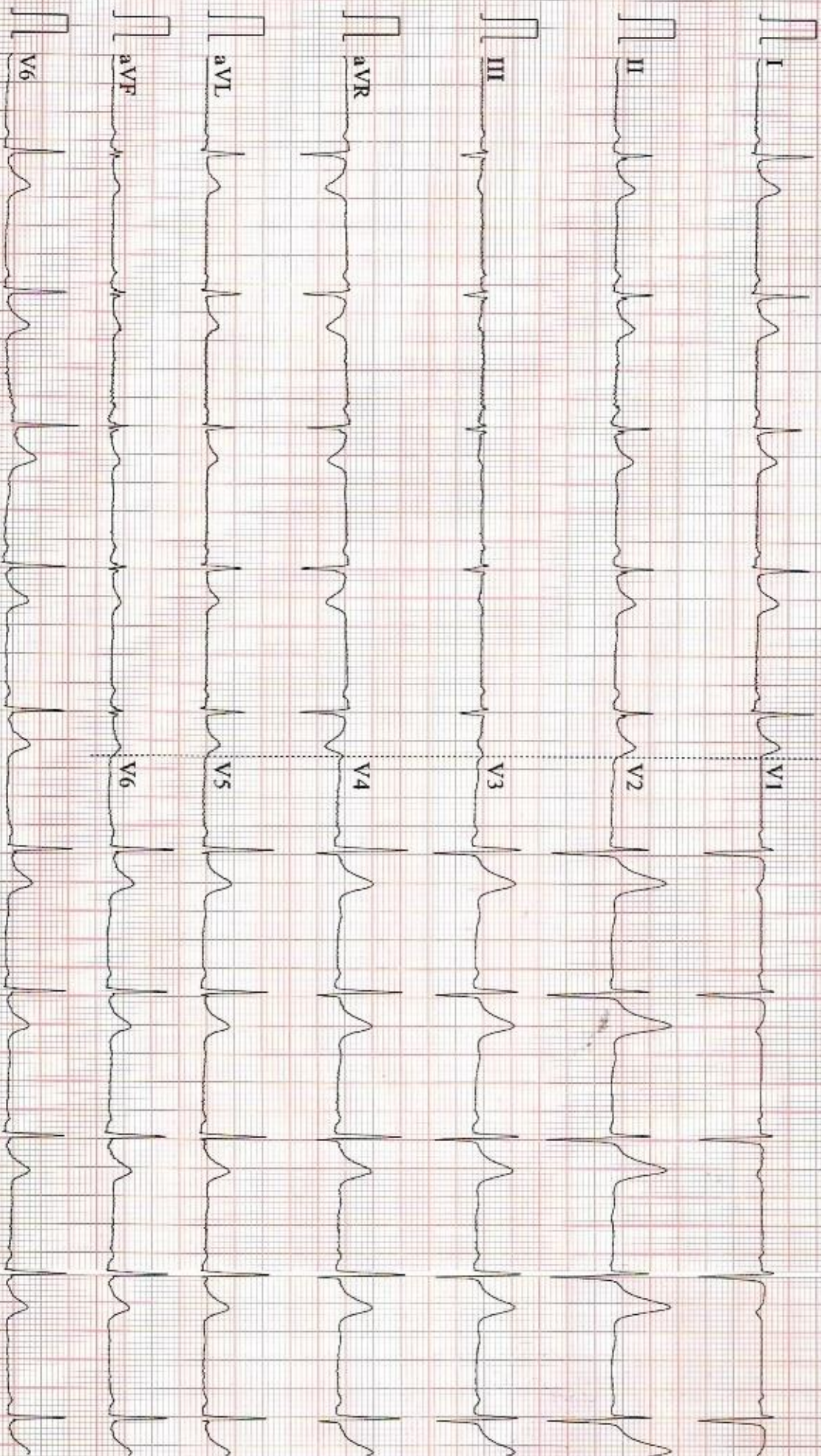
HR	: 59	bpm
P	: 106	ms
PR	: 148	ms
QRS	: 82	ms
QT/QTc	: 380/377	ms
P/QRS/T	: 58/20/25	°
RV5/SV1	: 1.188/1.099	mV

Diagnosis Information:

Sinus bradycardia

Normal ECG except for rate

Report Confirmed by:





REF: MV. ONE HOUSTON

DATE: 09/03/2023

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

EYE EXAMINATION REPORT

NAME: FEROZE AHAMMED

RANK: CH.ENG

CDC NO: C/O/3926

VISUAL ACUITY:

RIGHT

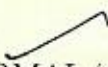
LEFT

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

Completed by Company's M.O.

4

CA

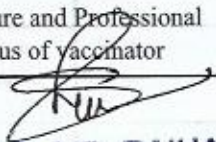
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

AGAINST YELLOW-FEVER

FEROZE AHAMMED

This is to certify that
whose signature followsDate of birth 05.06.1977 Sex M

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 05 AUG 2019	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
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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, or failure to complete any part of it may render it invalid.

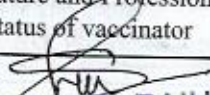
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

PEROZE RAHMAN

This is to certify that
whose signature follows

Date of birth 05.06.1977 Sex M

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
09 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.		
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Continued overleaf Suite our erso