



HAQUE & SONS LTD.

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

Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMOC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
HSL-002509

MEDICAL EXAMINATION CERTIFICATE

SURNAME RASHID	FIRST NAME AND MD	MIDDLE NAME MAHMUDUR
PLACE AND DATE OF BIRTH BARISHAL 8-Mar-1999	PASSPORT NUMBER A00006969	SEAMAN'S BOOK NUMBER CO10727
NATIONALITY : BANGLADESH	SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : 163/2, MERADIA COMMISSIONER ROAD, MERADIA, KHILGAON, DHAKA, 1219, BANGLADESH.		CONTACT NUMBER : 01842-682483, 01686 3368
		RANK : APPRENTICE OFFICER

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

	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]
Signature of Seafarer

MEDICAL EXAMINATION

Weight 68 kg	Height (cm) 175	BM 22.2	Blood Pressure: Systolic 120 mm	Diastolic 80 mm	PULSE: 78 bpm																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Hearing by Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></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		Hearing by Audiometry				Hearing by Whisper Test				500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	
Ear		Hearing by Audiometry				Hearing by Whisper Test																															
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Left	☐ 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: ☒ Normal ☐ 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) 27 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	<u>MD</u>	SGPT	URINE R/E	☐ Positive	☒ Negative
DC(differential count)	<u>MD</u>	SGOT	OTHERS	☐ Positive	☒ Negative
HAEMOGLOBIN (HGB)	<u>14.6</u>	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<u>5.20</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<u>5.20</u>	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL	<u>5.8</u>	Phencyclidine	☐ Positive ☒ Negative	Blood Type	<u>MD</u>
RANDOM	<u>5.8</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	<u>MD</u>
HBA1C	<u>5.0%</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultraso	<u>MD</u>

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

<u>MD</u> Signature of Seafarer	MD MAHMUDUR RASHID Name of Seafarer	<u>27-Mar-2023</u> Date
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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
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: <u>27 MAR 2023</u>	Valid Until: <u>26 MAR 2025</u>
<u>MD</u> Name and Signature of Authorized Physician	

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RASHID	GIVEN NAME (S): MD MAHMUDUR	
DATE OF BIRTH: DAY 08 MONTH MAR YEAR 1999	PLACE OF BIRTH CITY BARISHAL COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: 163/2, MERADIA COMMISSIONER ROAD, MERADIA, KHILGAON, DHAKA, 1219, 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 is required every six years)

Date of the last colour vision test: (Day/Month/Year) 27 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 of Applicant	MD MAHMUDUR RASHID Name of Applicant	27 MAR 2023 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:

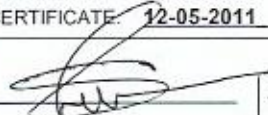
FIT FOR DUTY ON BOARD SHIP

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:  STAMP OF PHYSICIAN:  DATE: 27 MAR 2023

EXPIRY DATE OF CERTIFICATE: 26 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), DPM, CCD (Birdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 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	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.
(医師に伝える特別なコメントを英語で簡潔に)

Date: 27 MAR 2023 Signature: (署名)

[Signature]
(Card holder) (本人)

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Nationality: BANGLADESH
(所属会社) (国籍)
Tel: _____ Fax: _____
Name: DR. MIR. MD. RAIHAN M/F: M
(氏名) (姓) (名) (性別)
Family name (姓): _____
Name of Position: APP OFF
(役職) Date of Birth: 08 MAR - 99
(生年月日) (D - M - Y)

Height: 175 cm Weight: 68 kg/at age 20 (20才時) _____ kg
Pulse: 78 /min Normal breathing rate: 20 /min Normal temperature: _____ °C
(脈拍/分) (正常呼吸数/分) (平熱)

Blood pressure: 120/80 mmHg Blood type: O+ /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



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[Signature]

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)

☐ 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: 三つ(既往症) 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 (毎日)

☐ Moderate drinker (中程度)

☐ Light drinker (時々)

(2) Smoking: (喫煙)

☐ Never smoke (吸わない)

☐ Quit smoking in 19____年 (禁煙)

☐ Smoke cigarettes a day (毎日平均____本)

(3) Bowel movements:

(排便)

☐ Regular (規則的)

☐ Irregular (不規則)

☐ Constipated (便秘)

(4) Dietary preferences: (食事の好み)

☐ Salty (塩辛)

☐ Meat (肉類)

☐ Sweet (甘い)

☐ Fish (魚類)

☐ Often (よくする)

☐ Sometimes (時々)

☐ Never (しない)

(5) 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)

(6) Weight: (体重)

☐ Constant (変わらない)

☐ Losing weight (やせてきた)

☐ Putting on weight (太ってきた)



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General Physician
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27 MAR 2023



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD MAHMUDUR RASHID

RANK : APPRENTICE OFFICER

CDC NO : C/O/10727

DOB : 08-Mar-1999

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.

Date : 27 MAR 2023

Signed :

The Crew Member

* If yes, mention details below:-

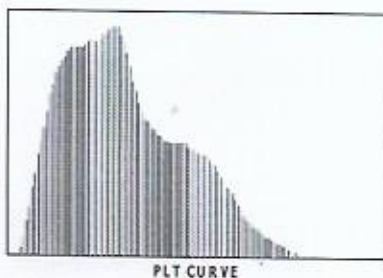
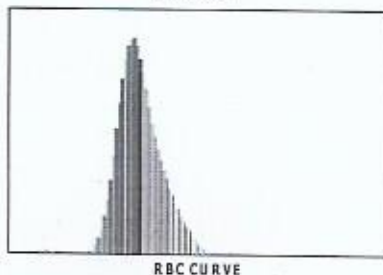
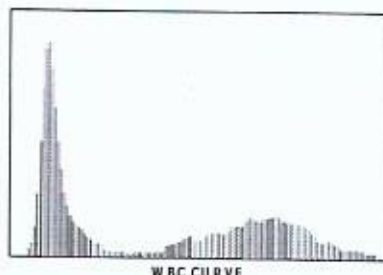
DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

Id No : 0692 **Date** : 27-Mar-2023 **D.Date** : 27-Mar-2023
Patient's Name : MD MAHMUDUR RASHID **Age** : 24Y 0M 19D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:** C/O/ 10727

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.6 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	11 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	5,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	54 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	41 %	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	104 /cumm	50-450/cumm
Total RBC Count	4.93 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.1 %	M: 40-54%, F:37-47%
MCV	81.3 fL	76 - 94 fL
MCH	29.6 pg	27 - 32 pg
MCHC	36.4 g/dL	29 - 34 g/dL
RDW	13.3 %	11 - 16 %
PDW	15.0 fL	35 - 56 fL
Total Platelete Count (PC)	1,55,000 /cumm	150,000-450,000/cumm
MPV	10.8 fL	7.0 - 11.0 fL
PCT	0.167 %	0.1 - 0.5 %
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	DIA23030692	Received Date	27/03/2023
Patient's Name	MD MAHMUDUR RASHID		
Patient's Age	24Y 0M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/ 10727
Sample	BLOOD		

BIOCHEMISTRY REPORT

Liver Function Test

Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.0 %	4.0- 6.0 %
Serum Bilirubin (Total)	0.7mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum ALT (SGPT)	27 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 Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23030692	Received Date	27/03/2023
Patient's Name	MD MAHMUDUR RASHID		
Patient's Age	24Y 0M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/ 10727
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING Result

ABO Blood Group	"O" (+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	DIA23030692	Received Date	27/03/2023
Patient's Name	MD MAHMUDUR RASHID		
Patient's Age	24Y 0M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/10727		
Sample	URINE		

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	1-3/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 Technologists
Radical Hospitals Ltd.

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

Bill No	DIA23030692	Received Date	27/03/2023
Patient's Name	MD MAHMUDUR RASHID		
Patient's Age	24Y 0M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/10727
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 Technologists
Radical Hospitals Ltd.

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



REF: MV. ONE HOUSTON

DATE: 27/03/2023

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

EYE EXAMINATION REPORT

NAME: MD MAHMUDUR RASHID

RANK: APP OFF

CDC NO: C/O/10727

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

ID: 0

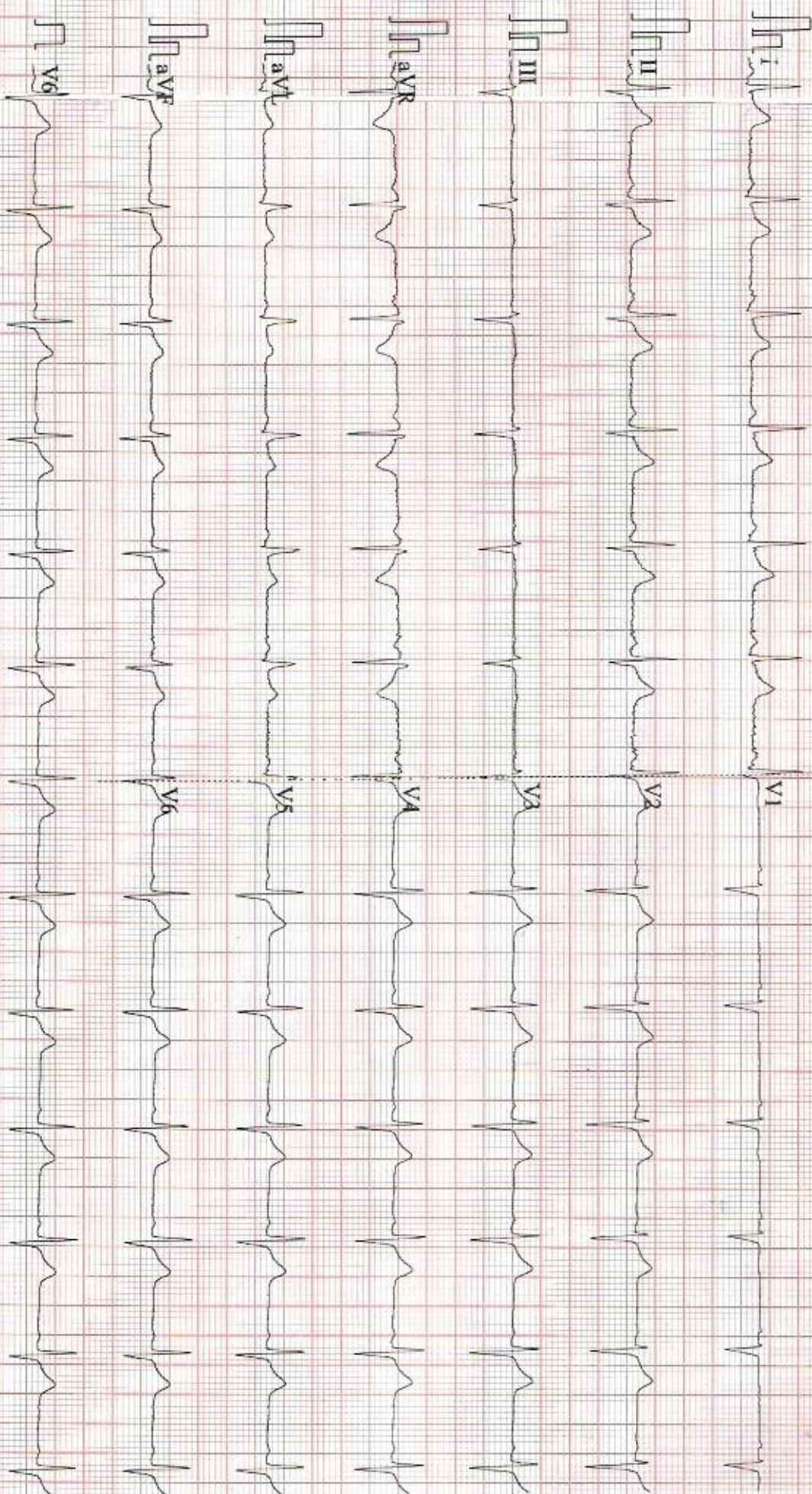
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Rad *Radical Hospital*
Maley. Years

HR	: 75	bpm
P	: 108	ms
PR	: 138	ms
QRS	: 94	ms
QT/QTc	: 350/391	ms
P/QRS/T	: 27/-3/34	°
RV5/SV1	: 1.266/1.159	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030692 Receive: 27/03/2023 Print: 27/03/2023
Patient's Name : MD MAHMUDUR RASHID
Age : 24 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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations					
			X-ray	ECG	Urine	Blood	LFT	
26 AUG 2020	ONE HOUSTON	BP 120/80 Pulse 74	Normal	Normal	Normal	Normal	Normal	Normal
27 MAR 2023	ONE HOUSTON	BP 120/80 Pulse 74	Normal	Normal	Normal	Normal	Normal	Normal

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Completed by Company's M.O.

Creatinine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.

DR. MD. AYUBUR RAHMAN
M.B.B.S.; P.G.T. (Medicine)
Taher Chamber
10, Agrabad C/A, Dhilagang,
Rang. No. A/1820

DR. MIR. MD. RAIHAN
MBBS, DU, DPM, CCD (Internal), PGD (Opth)
BMDC A-55144, MMCC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospital & Limited.

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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

AGAINST CHOLERA

MD. MAHMUDUR RASHID

This is to certify that
whose signature follows

Date of birth 08-03-1999 Sex Male

[Signature] has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 26 AUG 2020	<i>[Signature]</i> DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11620	
2 27 MAR 2023	<i>[Signature]</i> DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Practitioner Radical Hospitals Limited.	

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