

HAQUE & SONS LTD.

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Accredited By BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER 201014

MEDICAL EXAMINATION CERTIFICATE

PLACE AL	E	FIRST NA				MIDDLE NAME		
TIME F AL	RAHMAN NO DATE OF BIRTH	DARGES	MD MA		UR			
	ND DATE OF BIRTH IOLA 1-Jan-1977	PASSPO	RT NUMBER	20199		SEAMAN'S BOOK		
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	ENT HOME ADDRESS	Maic	Li i cinale	101		CT NUMBER :	0088 01913-	
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ANGLADI					RANK	Y	MASTE	R
Have yo	ou ever had any of the following con	ditions?		- 10				
1	Condition	YES	NO	10	Condition		YES	NO
2	Eye/vision problem High blood pressure			18 19	Sleep problems		0	8
3	Heart/vascular disease		5	20	Do you smoke?			
4	The state of the s			21	Operation/surger			9
5	Heart surgery Varicose veins			22	Epilepsy/seizures			<u>-</u>
122			B		Dizziness/fainting			
6	Asthma/bronchitis		25.00.00	23	Loss of conscious			
7	Blood disorder		8	24	Psychiatric proble	ems		
8	Diabetes		<i>J</i> '	25	Depression			13
9	Thyroid problem		B^	26	Attempted suicide	Y		4
10	Digestive disorder			27	Loss of memory			12
11	Kidney problem			28	Balance problem			9
12	Skin problem			29	Severe headache	Ø		
13	Allergies			30	Ear/nose/throat p			
14	Infectious/contagious diseases			31	Restricted mobilit	y		
15	Hernia			32	Back problems			D.
16	Genital disorders			33	Amputation			
17	Pregnancy		MA	34	Fractures/disloca	tions		4
36 37	Have you ever been hospitalised? Have you ever been declared unfit	for sea duty	ed or revoked	? '	71		0	10999
38 39 40	Are you aware that you have any r Do you feel healthy and fit to p Are you allergic to any medication	medical prob erform the				upation?		
38 39	Are you aware that you have any r Do you feel healthy and fit to p Are you allergic to any medication	medical prob erform the o	duties of you	r desig	gnated position/occ	upation?		
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38 39 40 41 Comme	Are you aware that you have any r Do you feel healthy and fit to p Are you allergic to any medication ents:	medical prob erform the os? FOR DUTY	ON BOA	RD S	gnated position/occ	upation?		
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38 39 40 41 Comme 42 If yes, p I hereby Dr. Mir disqualif	Are you aware that you have any no you feel healthy and fit to part you allergic to any medication ents: Are you taking any non-prescription please list the medications taken and you authorize the release of all my prevent your management of the form my employment, benefit when the signature of Seafarer EXAMINATION Height (cm)	FOR DUTY n or prescrip the purpose vious medica	ON BOAT tion medication medication medication medication medication and dosation and dosation records from the control of certify that it is a second medication and the control of the certify that it is a second medication and the certify that it is a second medication and the certify that it is a second medication and the certification and the certi	r design representation of the second represe	health professional tory contained abo	s, health institutions at ve is true and any falso	nd public authoritie	
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ne standard laid d	Normal Abno	e Section A-1/9 Normal MAR 2023 Ormal Varico Vascul	Left ey YES / Doubtf	e NO	Normal Abnorma
ne standard laid d	Normal Abno	MAR 2023 ormal Varico Vascul	Left ey YES / Doubtf	e NO	Normal Abnorma
STCW CODE Sec	Normal Abno	MAR 2023 ormal Varico Vascul	YES / □ Doubtfi	NO	Normal Abnorma
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	DRUG A			HBsAg	☐ Reactiv ☐ Nonreactiv
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6.500	Amphetamine	□ Positive 4	Negative	Charles of the Control of the Contro	☐ Reactiv ☐ Nonreactiv
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152					NO.(VE)
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	-	1			1112
in knowledge of	the contents of the	Physical examina	ations:		10 MAD 2000
		MD MAKELIDU	D DAUSSAN		19 MAR 2023
_					
		Name of Si	eararer		Date
		al examination ar	nd the diagnos	tic test results recorde	d above, I declare the exam
- 1					
Dec	ck seprice	Engine serv	ice	Catering service	Other services
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out restrictions	E) With re	estrictions	4	responsable of
	OR/E B) 3.0 OSE LEVEL or in knowledge of the personal decrease	RY EXAMINATIONS BIO CHEMICA BILIRUBIN SGPT SGOT B) Morphine Amphetamine OSE LEVEL Phencyclidine Barbiturates Cocaine In knowledge of the contents of the preservice at sea: nee's personal declaration, my clinic Fit for lookout duties Deck service	RY EXAMINATIONS BIO CHEMICAL (LIVER FUNCT) BILIRUBIN BID CHEMICAL (LIVER FUNCT) BILIRUBIN BID CHEMICAL (LIVER FUNCT) BILIRUBIN BID CHEMICAL (LIVER FUNCT) COUNTY COU	RY EXAMINATIONS BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN OR/E SGPT SGOT B) DRUG AND ALCOHOL TEST No Morphine Positive Negative OSE LEVEL Phencyclidine Positive Negative Darbiturates Positive Negative To service at sea: The se	General appearance Skin RY EXAMINATIONS BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN BILIRUBIN BILIRUBIN BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN BILIRUBIN BIO CHEMICAL (LIVER FUNCTION TEST) Alcohol Test URINE R/E SGOT BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN BILIRUBIN BIO CHEMICAL (LIVER FUNCTION TEST) BILIRUBIN Alcohol Test URINE R/E Positive Negative Blood Type Barbiturates Positive Regative Psychological Exam Positive Regative Others(KUB Ultrasour Director of Seafarer Or service at sea: The season of Seafarer Positive Regative Others(KUB Ultrasour Deck service Engine service Catering service Catering service



MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE.

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, mic	Gender:		
	RAHMAN MD MAKSUD	UR	Male/Female*
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:	
01-01-1977	BANGLADESHI	BHOLA	

Declaration of the recognized medical practitioner:

			Yes	No
1	Identification documents were checked at the point of examination?		/	1
2	Hearing meets the standards in STCW Code Section A-I/9?	111	-	
3	Unaided hearing satisfactory?			
4	Visual acuity meets the standards in STCW Code Section A-I/9?			1
5	Colour vision meets the standards in STCW Code Section A-I/9?			
	Date of last colour vision test: 19 M.	AR 2023		
6	Fit for look-out duty?		1	
7	Is the seafarer free from any medical condition likely to be aggravated by s to render the seafarer unfit for such service or endanger the life of person of		/	,
8	No limitations or restrictions on fitness?		/	1
	If "no" specify limitations or restrictions			
9	Date of examination: (day/month/year)	19 MAR 20	23	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	18 MAR 2	025	

19 MAR 2023

Date

Signature of Authorized

Signature of Authorised Medical Practitioner 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.

Medical Practitioner's Official stamp (name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer







MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION



RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A - to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS)	RAHMAN MD MAKSUDUR			Gender: Male/ Eemalo*
Date of Birth: day/month/year 01-01-1977		Nationa BANGI	ality: _ADESHI	
Type of ID documents: NRIC No. / Passport No.: A03420199	Dept: Deck / Engine / Catering / others Rank:		Type of s	ship: MICALTANKE
Home Address: BATAMARA, SOUTH BURHANUODIN, BURHANUODIN-8320, BHOLA, BANGLADESH	Routine and emergency duties: Tra		Trading a	area: e.g coastal ride

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	es	No		Yes No
Eye/vision problem		0	18. Sleep problem	
High blood pressure		U	19. Do you smoke, use alcohol or drugs?	-
Heart/vascular disease		_	20. Operation/surgery	
Heart Surgery	-	_	21. Epilesy/seizures	
Varicose veins/piles			22. Dizziness/fainting	
6. Asthma/bronchitis			23. Loss of consciousness	
7. Blood disorder			24. Psychiatric problems	
8. Diabetes			25. Depression	-
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(hearing, tinnitus/nose/throat problem	-
14. Infectious / contagious diseases		Y	31. Restricted mobility	
15. Hernia			32. Back or joint problem	
16. Genital disorder		-	33. Amputation	
17. Pregnancy	7	B	34. Fracture/dislocations	

If you answer "yes" to any of the above questions, please prov	vide deta	iils:	
			ř

Additional questions	Yes No
35. Have you ever been signed off as sick or repaired from a ship?	
36. Have you ever been hospitalized?	
As Per-MIC-2006	

그 가는 보면 하는 것이 없는 것이 하는 것이 없는 것이 되었습니다. 그 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이다.	ne release of all my previous mediany health professional, health		RAIHAN m), PGT (Ophth)							
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Date	Signature of Seafarer	Name and Signatural Physics Radical Hospitals L	aness.							
19 MAR 2023	Dahman	DR. MR. MD. R. MBBS (DU). DFM, CCD (Birdem). BMDC A-55144, MMC-I DG Shipp.ng Bangladesh	3GD-016 Approved							
hereby declare that	t the personal declaration above is	s a true statement to the best of m	y knowledge.							
If you answer "yes",	please list the medications taken, the	e purpose(s) and the dosage:								
42. Are you using ar	ny non-prescription or prescription me	edication?								
41. Are you allergic			_							
		ur designated position/occupation?								
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?										
	39. Are you aware that you have any medical problems, diseases or illnesses?									
39. Are you aware th	37. Have you ever been declared unfit for sea duty? 38. Has your medical certificate even been restricted or revoked?									

Part B – Re	suit of medic	ai examina	itions	5		-
Eyesight						
Use of glasse	s or contact ler	nses				
No						
Yes	Туре			Purpose		
1es	туре			ruipose		
Visual Acuity	/					
	Unaided				Aided	
Right eye	Left eye	Binocular	F	light eye	Left eye	Binocular
Distant	616	2)2		istant		
Near	6/6	616	N	lear		
Visual fields						
	Norm	al	Do	fective	7	
Dielet	Norm	4	De	ecuve		
Right eye		-				
Left eye						
Colour Visio	n (please tick)	12				
Not tes	tod Date	lormal		Doubtful	□ De	fective
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Hearing						
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	500 Hz	1,000 Hz	-	2,000 Hz	3,000 Hz	-
Right ear	20		0			
Left ear	20	20	-	120		
Speech and	whisper test (metres)				
A	l No	rmal	T	Wh	isper	
Right ear		4		-(4	
Left ear		11	1		9	THE OWNER
Leit cai	1	4	_		1	Charles and Self
Clinical Find	lings	*			976	
Height	171	(cm)		Weight	×2 (kg)	
Pulse rate	(ner	minute)	18	Rhythm	(1.9)	Legul
	sure Systolic (1.3		(mm Hg)	
	Glucose: N			711	Blood:	NI
		Norm	nal	Abnormal		
Head	7412				- 58	
Sinus, nose	e, throat		-	Gal Hospitals	K	
Mouth/teet	n			2	e/\	
X				(Asger Mildr 2006)	*	
REGORD OF MEDICAL EXAM	INATIONS OF SEAFARERS - Ma	reh 2020	15		<u>\$</u>	
			1	30 Department of		

Ears (general)		
Tympanic membrane		
Eyes		
Ophthalmoscopy		and the same of th
Pupils		
Eye movement		
Lungs and chest		
Breast examination	4/14	
Heart	110	
Skin		
Varicose Vein	oulse)	
Vascular (inc. pedal p	ulse)	
Abdomen and viscera		
Hernia		
Anus (not rectal exam		
G-U system		
Upper and lower extre	emities	
Spine (C/s, T/S, L/S)	/IIIII00	
Neurologic (full/brief)		
Psychiatric		
General appearance		
her diagnostic test(s	s) and result(s):	Nonmy cher Xy
Medical practitioner's		ent of fitness, with reasons for any limitations.
	s for service at sea (plea	ise tick)
n the basis of the seaf sults recorded above,	I declare the seafarer me	
n the basis of the seaf	I declare the seafarer me	edically:
r the basis of the seaf sults recorded above, Fit for look out duty Visual aid required	I declare the seafarer me y Unfit for loc d Visual aid r Engine Catering	edically: bkout duty not required Other
r the basis of the seaf sults recorded above, Fit for look out duty Visual aid required Deck Service	y Unfit for loc Visual aid r	edically: bkout duty not required Other
r the basis of the seaf sults recorded above, Fit for look out duty Visual aid required Deck Service	y Unfit for loc Visual aid r	edically: bkout duty not required Other
n the basis of the seaf sults recorded above, Fit for look out duty Visual aid required	I declare the seafarer me y Unfit for loc d Visual aid r Engine Catering	edically: bkout duty not required Other

Without restric	ctions With re	estrictions	W- 1
Description of res	strictions (e.g. specific po	sition, type of ship, trading area etc.)	
			2
1 9 MAR 2023	HU	DR. MIR. MD. RAIHAN MBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 BMDC Bangladesh Approved General Physician Radical Hospitals Limited.	
Date	Signature of Medical Practitioner	Medical Practitioner's name, licence nu	mber, address





Medical Exam Form CONFIDENTIALFORM Pre-seaExam PeriodicExam

Nam			1 2 1 4		_		
	ne (last,first,middle): RAHMAN N	AD MA	KSUDUI	3			
Date	of birth (day/month/year): 01/01/	1977	Sex:	ma	le female	П	
Hom	ne address: BATAMARA, SOUTH BU	JRHAN	UDDIN, E	URH.	ANUDDIN-8320, BHOLA, BAN	GLADE	SH
Pass	port No./Discharge Book No.: A03	42019	9				
Depa	artment (deck/engine/radio/food har	ndling/	other): <u>Dl</u>	<u>ECK</u>			
Rout	tine and emergency duties (if known	n):					
Гуре	e of ship (eg. Bulkcarrier, chemica	l/oil/ga	as tanker,	conta	iner, other cargo ships): OIL	CHEM	ICA
ΓΑΝ	NKER Trade area (e.g., coastal, trop	oical, w	orldwide)	: WO	RLDWIDE		
(Ass	minee's personal declaration istanceshould beoffered bymedic veyou ever had anyof thefollowi	ngcon	ditions:				
2/1	Condition	Yes	No		Condition	Yes	N
١.	Eye/vision problem	Н		18.	Sleepingproblems		F
2.	High blood pressure	Н		19.	Do you smoke?	Н	Ę
3.	Heart/vasculardisease	Ц		20.	Operation/surgery		Ļ
1.	Heart surgery			21.	Epilepsy/seizures	Щ	L
5.	Varicose veins			22.	Dizziness/fainting		
	Varicose veins Asthma/bronchitis			22. 23.	Dizziness/fainting Loss of consciousness		
5.			1999		Supergraph of the Control of the Con		
5. 7.	Asthma/bronchitis		(प्रत्रुत	23.	Loss of consciousness		
6. 7. 8.	Asthma/bronchitis Blood disorder			23. 24.	Loss of consciousness Psychiatricproblems		
6. 7. 8. 9.	Asthma/bronchitis Blood disorder Diabetes			23. 24. 25.	Loss of consciousness Psychiatricproblems Depression		
6. 7. 8. 9.	Asthma/bronchitis Blood disorder Diabetes Thyroid problem		,प्रवापातापात्त्व	23.24.25.26.27.	Loss of consciousness Psychiatricproblems Depression Attempted suicide		
6. 7. 8. 9. 10.	Asthma/bronchitis Blood disorder Diabetes Thyroid problem Digestivedisorder		प्रवापात्त्व व	23.24.25.26.27.	Loss of consciousness Psychiatricproblems Depression Attempted suicide Loss of memory		
6. 7. 8. 9. 10. 11.	Asthma/bronchitis Blood disorder Diabetes Thyroid problem Digestivedisorder Kidneyproblem		तित्र विवायत्त्र व	23. 24. 25. 26. 27. 28.	Loss of consciousness Psychiatricproblems Depression Attempted suicide Loss of memory Balanceproblem		
6. 7. 8. 9. 10. 11. 12.	Asthma/bronchitis Blood disorder Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem		मित्रम् विकायात्वात्	23. 24. 25. 26. 27. 28.	Loss of consciousness Psychiatricproblems Depression Attempted suicide Loss of memory Balanceproblem Severeheadaches		
6. 7. 8. 9. 10. 11. 12.	Asthma/bronchitis Blood disorder Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem Allergies			23. 24. 25. 26. 27. 28. 29. 30.	Loss of consciousness Psychiatricproblems Depression Attempted suicide Loss of memory Balanceproblem Severeheadaches Ear/nose/throat problems		
5. 6. 7. 88. 99. 110. 111. 113. 114.	Asthma/bronchitis Blood disorder Diabetes Thyroid problem Digestivedisorder Kidneyproblem Skin problem Allergies Infectious/contagious diseases			23. 24. 25. 26. 27. 28. 29. 30. 31.	Loss of consciousness Psychiatricproblems Depression Attempted suicide Loss of memory Balanceproblem Severeheadaches Ear/nose/throat problems Restricted mobility		

Departmen

Add	ditional questions				
35.	Haveyou ever been signed offas sick	or repatriated fro	om a ship?	Yes	No
36.	Haveyou ever been hospitalized?		S		
37.	Haveyou ever been declared unfit for	seaduty?			19
38.	Has your medical certificate ever bee	n restricted or re	evoked?		19
39.	Areyou awarethat you have anymedic				P
40.	Do you feel healthyand fit to perform position/occupation?				· 🗆
41.	Areyou allergic to anymedications?				
	FIT FOR DUTY C				
42.	Areyou takinganynon-prescription or	prescription me	dications?		
Iher	ebycertifythat the personal declaration	aboveis a truesta	atement to thebest of my	knowledg	e.
Sign	natureof examinee:	-		mined	
_	(day/month/year): 19 MARy 2023	1	DR. MIR. MD. RAIHA MBSS (DU). DFM. CCD (Birdem). PGT (Op) BMDC A-55144. MMC-BGD-01	hatte l	
Witn	nessed by: (Signature)	4	General Physician	ed	
	ne:(Typed or printed)	The	Radigal Hospitals Limited	divi	
insti med	ebyauthorizethereleaseofallmyprevious tutions and public authorities to Dr. 12 ical examiner).		RAMBN.	(theappro	ved
	(day/month/year):	1 0	DR. MIR. MD. RA MBBS (DU), DFM, CCD (Birdem), PC BMDC A-55144, MMC-BC	GT (Ophth) GD-016	-
Witr	nessed by: (Signature)	1	DG Shipp.ng Bangladesh A General Physician Radical Hospitals Limit	pproved	
	e:(Typed or printed)	Thus			
Date	3 Repré 2	al examination (in particular of 7 cm.	if known): /		

MEDICAL EXAMINATION

Sight

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

		XX-034-03E	Visual Acuit	ty					Visua	al fields
	Unaided			Aided					Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocu	ular	Right eye		
Distant	6/6	6/1	1					Left eye		-
Near	6/6	6/1								
	100				1					
Colo	rvision:	□ No	ot tested	DY	Jormal		oubtfu	ı [Defectiv	/e
Hear	ring									
59									d whisper t	est
		_	o metry (thres	10000	100000000000000000000000000000000000000		<u> </u>	metres)	1	
Diahe	500 Hz	1,000 Hz	2,000 H	z 3,	000 Hz		+		Normal	Whisper
Right ear	20	20	20				l F	Right ear	4	4
Left ear	~	20	w				-	eft ear	4	4
Height: 🖊	<u>76 (cm)</u>	Weight	::(kg)72	kg) Puls	se rate: 7 8	(/minute)	Rhyt	hm:Rec	gala	- 1
Bloo	d pressure:	Systol	ic: 130m	mly (m	m Hg) Dia	stolic:	80	min	(mr	n Hg)
		No	rmal Abnor	mal				No	rmal Abi	ormal
Head	ı		961		Skin					
Sinu	ses, nose, t	hroat [1 г	1 -	Varicose	eveins			7	
Mou	th/teeth	- 111		i -	Váscula	r(inc. peda	al puls	es) [7	П
Ears	(general)			i	Abdome	en and vis	cera	Î	7	ī
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Pupi	268	ī		i	Upper a	nd lower	extrem	ities	Ť	П
	novement	i	- -	1	Spine (C	C/S, T/S as	nd L/S)	7	ī
	s and ches	. [1		gic (full b		Same land	5	$\overline{\Box}$
	st examina	83	71A-F	1	Psychiat				9	\Box
Hear				1		appearan	ce	12.000		
								19	MAR 2023	_
Ches	st X-ray:	☐ Not po	erformed [☐ Perfe	ormed on (day/mont	h/year):	11511 2023	
R	esults:		Jonn	1	che	1-	×	my	et Turner	
				A Per	osnie		130	/		
				Bical	Service Comments				The sale	
				A A. Pet	MLC-2006 *					
Rev. 03				e 3cot 7						

FOITH NO. QUISE PSKINI 18
Urinalysis: Glucose: Ni Protein: Ni
Blood Analysis: Hepatitis B Test Neyak, V.D.R.L MonRevely, Immunodeficiency Virus Anti bodies Negati
Other diagnostic test(s) and result(s): Test Blood Crime Result Nommer.
Medical Examiners comments: FIT FOR DUTY ON BOARD SHIP
Vaccination status recorded: Ves No
Assessment of fitness forserviceat sea
On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic to results recorded above, Ideclarethe examineemedically:
Fit for lookout duty Not fit for look-out duty
Deck service Engine service Cateringservice Other services Unfit
Visual aid required: Yes o
Describe restrictions (eg. Specific positions, type of ship, trade area)
Action taken bymedical examiner (e.g., referral):
Medical certificate's dateof expiration (day/month/year):/18 MAR 2025/
Number of Medical Certificate: Official stamp:
Signature of medical practitionary
Name of medical examiner: (Typed or printed) Name of medical examiner: (Typed or printed) MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician
Address of medical practitioner::
Authorized by: DG SHIP No BANGUE (competent authority) Page 4 Per-MLC-2006
The Department of the Company of the



	SEAFARER'S MEDICAL	EXAMINATIO		ERTIFICATE		- 4-
This certificate is issued by authority of the LONo. 73), as amended, STCW Co	he Maritime Administratorandingo	mpliancewiththere	quirementsoftheMe	edicalExamination(S	Seafarers)Conve	ntion1946(1
SURNAME RAHMAN		GIVEN NAME(S) MD MAKSU				
NATIONALITY BANGLADESHI		ID DOCUMENT	NO:			72
	01 1977 DAY YEAR	PLACE OF BIRTH BHOLA CITY	E	BANGLADESH COUNTRY	SEX	FEMAI
EXAMINATION FOR DUTY MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	Ą	BATAMAI		BURHANUDI BHOLA, BAI		Н
DECLARATION OF APPROVED N I CONFIRM THAT IDENTIFICATION	MEDICAL PRACTIONER: ON DOCUMENTS WERE CHECKED	D: YES/NO				
MEDICAL EXA	MINATION (SEE LAST PAGE FO	OR MEDICAL REQU	HREMENTS) STAT	E DETAILS ON RI	EVERSE SIDE	
	BLOOD PRESSURE PULSE		195/m	GENERAL APPEAR	5450 K. T.	<u></u>
WITHOUT GLASSES WITH GLASSES COLOR TEST TYPE: BO DATE OF LAST COLOR	OOK DANTERN CHEC	K IF COLOR TEST I	S NORMAL - YELLO	VY LEFTE		WE T
	LENSES NECESSARY TO MEE	T THE REQUIRE	VISION STANDA	ARD? YES	No 🗆	7
HEAD AND NECK	Nonmel		HEART (CARDIC	The same of the sa	ny	,
LUNGS	Nonme	\	SPEECH (DECK/N Is speech unimpairei	AVIGATIONAL OFFIC FOR NORMAL VOICE O	CER AND RADIO OMMUNICATION?	OFFICEA)
EXTREMITIES: UPPER _	Nonw	4	LOWER	N	onny	
IS APPLICANT VACCINATED	O IN ACCORDANCE WITH WE	HO RECOMMEN	DATIONS?	YES	No 🗌	
IS APPLICANT SUFFERING I HIM/HER UNFIT FOR SERV YES NO	FROM ANY DISEASE LIKELY TO FICE AT SEA OR LIKELY TO ENI	O BE AGGRAVAT DANGER THE HE	ED BY WORKING ALTH OF OTHER	ABOARD A VESSE PERSONS ON BOA	EL, OR TO REN	DER
IS APPLICANT TAKING ANY	NON-PRESCRIPTION OR PRI	ESCRIPTION MED	DICATIONS?	YES 🗌	No	
THIS SIGNATURE SHOULD BE A	SIGNATURE OF APPLICANT FFIXED IN THE PRESENCE OF THE EX	AMINING HOSP	Take I		MAR 2023	No.
7. 03	Page 5 of	7 As Per-MLC				



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINAT	TON WAS GIVEN TO:	MD MAKSUDUR RAHMAN
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICAB	LE DISEASE: YES	NO NO
SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR OUTP RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH	AS A (MASTER / DECK OFFICE I THE FOLLOWING) RESTRICTIO	R / ENGINEERING OFFICER / RADIO OFFICER /
NAME AND DEGREE OF PHYSICIAN ADDRESS RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladash	DR. MIR. MD. I MBBS (DU), DFM, CCD (Birden BMDC A-55144, MMC DG Shipp.ng Banglades General Physic Radical Hospitals I	n), PGT (Ophth) -BGD-016 sh Approved dan
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	DG SHIPH	UNG BANGLADESH
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	96 m	194 2014.
SIGNATURE OF PHYSICIAN:	>	
DATE OF EXAMINATION:		
EXPIRY DATE OF CERTIFICATE : 18 MAR 2025		
SEAFARER ACKNOWLEDGMENT		
I, MD MAKSUDUR RAHMAN (NAME OF SE CONTENT OF CERTIFICATE AND THE RIGH	AFARER), CONFIRM TH T TO GET A REVIEW.	AT I HAVE BEEN INFORMED OF THE



MEDICALREQUIREMENTS

Allapplicants for an office reertificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required tohaveaphysical examinationreported onthis Medical Formcompleted certificated physician The completedmedical formmust accompanytheapplicationforofficercertificate,applicationforseafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than months immediately preceding applicationsforanofficer certificate, certification of special qualifications or a scalarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical FitnessExaminationsforSeafarers(ILO/WHO/D.2/1997.Suchproofofexaminationmustestablishthatthe applicantisinsatisfactoryphysicaland mentalconditionforthespecifiedutyassignmentundertakenandisgenerallyinpossessionofall body faculties necessary inful filling the requirements of the seafaring profession.

Inconductingtheexamination,thecertifiedphysicianshould,whereappropriate,examinetheseafarer'spreviousmedicalrecords (including vaccinations) and information on occupational history, noting any diseases, including alcoholor drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - Allapplicantsmusthavehearingunimpairedfornormalsoundsandbecapableofhearingawhisperedvoiceinbetterearat15 feet (4.57m) andin poorer ear at 5feet (1.52m).
- (b) Eyesight
 - Deckofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/20(1.00)visioninonecyeandatleast20/40 (0.50)intheother. If the applicant wears glasses, hemust havevisionwithoutglasses ofat least 20/160(0.13) in botheyes. Deckofficerapplicantsmustalsohavenormalcolorperceptionandbecapableofdistinguishingthecolorsed,green,blueand yellow.
 - Engineerandradioofficerapplicantsmusthave(eitherwithorwithoutglasses)atleast20/30(0.63)visioninoneeyeandat least20/50(0.40)intheother.Iftheapplicantwearsglasses, hemusthavevisionwithoutglassesofatleast20/200(0.10)in botheyes.
 Engineer andradio officer applicants must also be ableto perceivethe colors red, yellowandgreen.
- (c) Dental
 - Scafarers must befreefrominfections ofthemouthcavityor gums.
- (d) BloodPressure
 - Anapplicant's blood pressuremust fall withinanaveragerange, taking ageintoconsideration.
- (e) Voice
 - Deck/NavigationalofficerapplicantsandRadioofficerapplicantsmusthavespeechwhichisunimpairedfornormalvoice communication.
- (f) Vaccinations
 - AllapplicantsshallbevaccinatedaccordingtotherequirementsindicatedintheWHOpublication,InternationalTraveland
 Health,VaccinationRequirementsandHealthAdvice,andshallbegivenadvicebythecertifiedphysicianonimmunizations.
 Ifnewvaccinations aregiven, theseshall berecorded.
- (g) Diseases or Conditions
 - Applicantsafflictedwithanyofthefollowingdiseasesorconditionsshallbedisqualified:epilepsy,insanity,senility, alcoholism,tuberculosis, acute venereal disease or neurosyphilis, AIDS,and/ortheuse of narcotics.
- (h) Physical Requirements
 - Applicantsforableseaman,bosun,GP-1,ordinaryseamanandjuniorordinaryseamanmustmeetthephysicalrequirementsfor adeck/navigational officer's certificate.
 - Applicants for fireman/watertender,oiler/motor,pumpman,electrician,wiper,tanker rating andsurvivalcraft/rescueboat crewmanmust meet thephysical requirements for anengineer officer's certificate.

IMPORTANTNOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers. Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided — Medical Examinorm).

19 MAR 2023



DR. MIR. MD. RAIHAN
M888 (DU). DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144. MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.





Id No : 0507 Date : 19-Mar-2023 D.Date : 19-Mar-2023

Patient's Name: MD MAKSUDUR RAHMAN Age: 46Y 2M 18D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3653

Haematology Report

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

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)	13.9 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.	0
ESR(Westergreen)	07 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	The state of the s
Total WBC Count(TC)	6,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)			I IIIk audillian.
Neutrophils	72 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	23 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %	W BC CURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	4
Basophils	00 %	Adult: 00-01 %	1.
Total Cir. Eosinophils	130 /cumm	50-450/cumm	I III.
Total RBC Count	5.05 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	88.
HCT/PCV	38.4 %	M: 40-54%, F:37-47%	486
MCV	76.0 fL	76 - 94 fL	ALL IN
MCH	27.5 pg	27 - 32 pg	
MCHC	36.2 g/dL	29 - 34 g/dL	R BC CURVE
RDW	13.7 %	11 - 16 %	and b
PDW	13.1 fL	35 - 56 fl	
Total Platelete Count (PC)	1,33,000 /cumm	150,000-450,000/cumm	
MPV	10.8 fL	7.0 - 11.0 fL	
PCT	0.144 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	June -
Cloting Time(CT)	%	0.1- 0.2 %	4 I I I I I I I I I I I I I I I I I I I

Checked By Medical Technologist

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030507	Received Date	19/03/2023
Patient's Name	MD MAKSUDUR RAHMAN		
Patient's Age	46Y 2M 18D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/3653
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	23 U/L	Up to 37 U/L
HbA1C	5.3 %	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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030507	Received Date	19/03/2023
Patient's Name	MD MAKSUDUR RAHMAN		
Patient's Age	46Y 2M 18D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/3653
Sample	BLOOD	- WS - WS - 25 SM - 30	

SEROLOGYCAL REPORT

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

DD GROUPINGResult	
ABO Blood Group	"AB" (+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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030507	Received Date	19/03/2023
Patient's Name	MD MAKSUDUR RAHMAN		
Patient's Age	46Y 2M 18D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3653
Sample	URINE	57	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
1975		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



Test Name



Bill No	DIA23030507	Received Date	19/03/2023
Patient's Name	MD MAKSUDUR RAHMAN	The state of the s	
Patient's Age	46Y 2M 18D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3653
Sample	URINE))

Result

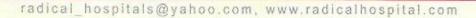
DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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. : 23030507 Receive:19/03/2023 Print: 19/03/2023

Patient's Name : MD MAKSUDUR RAHMAN

Age : 46 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 fields are clear.

Bony thorax : Reveals no abnormality.

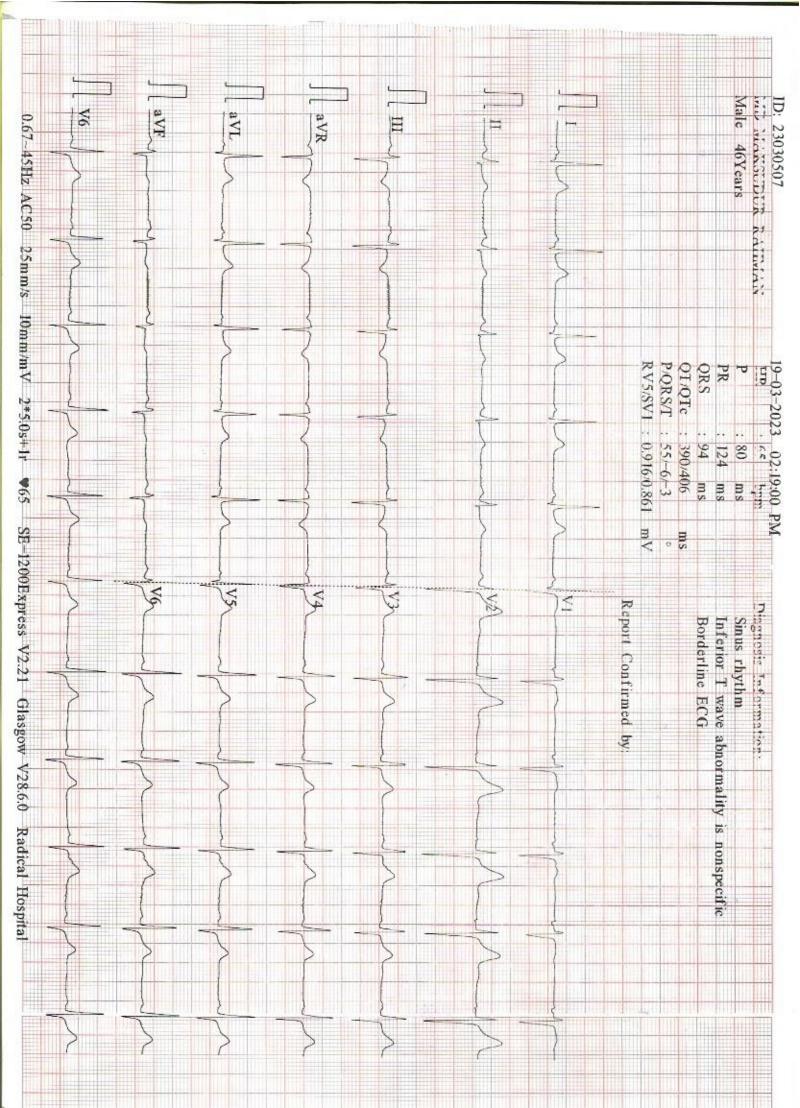
Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

This report has been electronically signed.

Page 1 of 1



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. SRIWANGI

DATE: 19/03/2023

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

EYE EXAMINATION REPORT

NAME: MD MAKSUDUR RAHMAN

RANK: MASTER

CDC NO: C/O/3653

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows Date of birth 01-01-1977 Sex MALB

MD. MAKSUDUR RAHMAN (C/D/36)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of yacchator	Approved Stamp	and the second
5 VB	MBBS (DU), DFM, CCD (Birdem), PGT (Opin	Ultara, Dhaka	
	DG Shipping Bangledesh Approve General Physician Radical Hospitals Limited	MINGLADES	Lower of
300	DR. MIB. MD. RAIHAN MBSS (DU), DFM, CCD (Birdem), PGT (Ophin BMDC A-55144, MMC-BGD-014 DG Shipping Barigladesh Approve General Physician Radical Hospitals Limited.	35, Shah Makhdum Augano Uttara, Ohaka	
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3 HAT 100	DR. MIR. MD. RAIHAN	35, Shah kiakhdum Avenub Ultera, Dhaka	-
		* BANGLADEST	agrams merci
2 MAP	DR. MIR. MD. RAIHAN MBBS (DU). DPM. CCD (BIRDSM), PGT (Ophth)	35, Sheh Mekhdum	6
6	BMDC A-55144, MMC-BGD-016 DG Shipp-ng Bangladesh Approved General Physician Radical Hospitals Limited.	BANGLADEST	
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8		10.7	

Continued overleaf Suite our erso