

# HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A55144

## MEDIC

Tel: +880-2-333316214-6, Fax: +880-2-333310530	PATIENT CONTROL NUMBER.
	HS6049FF
ICAL EXAMINATION CERTIFICATE	-

ACE AN	HOSSAIN	FIRST NA		MD		MIDDLE NAME	IOSHARAF	
WE W	ND DATE OF BIRTH	PASSPOR	RT NUMBE	R		SEAMAN'S BOOK		-
	NSINGH 1-Jan-1990	1	B00	0523518			CO6049	
	LITY: BANGLADESHI SEX:	Male	☐ Fema	e VES	SEL TYPE: BU	LK CARRIER TRAD	ING AREA: WO	RLD W
	ENT HOME ADDRESS :					CT NUMBER :	0088 01912	
	KHIA VATIPARA, KOTWALI, RAG	HOVPUR-22	200, MYME	NSINGH,	RANK		2ND OFF	ICER
GLAD	ESH				137,511		2110 011	IOLIN
Have yo	ou ever had any of the following cor	nditions?						
	Condition	YES	NO.	T (	Condition		YES	NO,
1	Eye/vision problem		NO	100	Sleep problems			+
2	High blood pressure	D.	0		Do you smoke?			8
3	Heart/vascular disease		<b>d</b>		) Deration/surger	v		1
4	Heart surgery	D.	4		pilepsy/seizures			ď,
-5	Varicose veins	D.	5	1000004 300	Dizziness/fainting			6.
6	Asthma/bronchitis	E3	0	2008/2017 100	oss of consciou		П	Ŭ.
7	Blood disorder		B	1000000	sychiatric proble	5000007		מספפ
8	Diabetes				Depression	0000		Ŭ.
9	Thyroid problem		अष्ष्र मुष्ठ द्वा	32000 50	Attempted suicid	9		F.
10	Digestive disorder		B.	35 75 75 75	oss of memory			1
11	Kidney problem		8	93,550 300	Balance problem			IT.
12	Skin problem		B.	9275.05	Severe headache			d
13	Allergies		8	160,022 05	ar/nose/throat	(F)		4
14	Infectious/contagious diseases		4		Restricted mobili			19
15	Hernia		8	1,000	Back problems			0
16	Genital disorders	- LJ	3	200345 000	mputation			ملاا
17	Pregnancy		NA	597.557	ractures/disloca	tions	ū	
36 37 38	Have you ever been hospitalised? Have you ever been declared unfi Has your medical certificate ever	t for sea duty		ed?				888
39	Are you aware that you have any	medical prob	lems, disea	ases or illn	esses?			J
40	Do you feel healthy and fit to p	erform the o	luties of yo	our designa	ated position/occ	upation?		
41	Are you allergic to any medication	s?	7011 TO 101 TO 1	OBJECTION OF TORRE				4
Comme	ents:	FOR DUT	ON BO	ARD SH	IIP			
	Are you taking any nep proceduli	on or prescrip	tion medic	ations?	×		0	
42	Are you taking any non-prescribin							
	Are you taking any non-prescription please list the medications taken and	d the purpose	e(s) and do					
	please list the medications taken an	d the purpose	e(s) and do					
f yes, p	please list the medications taken an			sage(s)				
f yes, p	please list the medications taken an y authorize the release of all my pre Mir Md. Raihan (approved medical	vious medica practioner) I a	I records fo	sage(s)	ealth professiona	ls, health institutions	s and public autho	rities
f yes, p	please list the medications taken an	vious medica practioner) I a	I records fo	sage(s)	ealth professiona story contained a	ls, health institutions	s and public autho	rities
f yes, p	please list the medications taken an y authorize the release of all my pre Mir Md. Raihan (approved medical	vious medica practioner) I a	I records fo	sage(s)	ealth professiona story contained a	ls, health institutions	s and public autho	rities
f yes, p	please list the medications taken an y authorize the release of all my pre Mir Md. Raihan (approved medical	vious medica practioner) I a	I records fo	sage(s)	ealth professiona story contained a	ls, health institutions	s and public autho	rities
hereby o <b>Dr. N</b>	y authorize the release of all my pre Mir Md. Raihan (approved medical ify me from my employment, benefit Signature of Seafarer	vious medica practioner) I a	I records fo	sage(s)	ealth professiona story contained a	ls, health institutions	s and public autho	rities
hereby o <b>Dr. N</b>	y authorize the release of all my pre Mir Md. Raihan (approved medical ify me from my employment, benefit	vious medica practioner) I a	I records fo	sage(s)	ealth professiona story contained a	ls, health institutions	s and public autho	rities
hereby o Dr. N disquali	y authorize the release of all my pre <b>fir Md. Raihan</b> (approved medical ify me from my employment, benefit Signature of Seafarer EXAMINATION	vious medica practioner) I a is and claims	Il records fi also certify	sage(s)	story contained a	bove is true and an	s and public autho	rities
f yes, p hereby o Dr. N DICAL	y authorize the release of all my pre dir Md. Raihan (approved medical ify me from my employment, benefit Signature of Seafarer EXAMINATION	vious medica practioner) I a is and claims	Il records fi also certify Blood Pre	rom any he that my his ssure: Sys	tolic-110 ma	Diastolic 80 W	s and public authory false statement	rities
hereby o Dr. N DICAL I	y authorize the release of all my pre dir Md. Raihan (approved medical ify me from my employment, benefit Signature of Seafarer EXAMINATION	vious medica practioner) I a ls and claims	Il records fi also certify Blood Pre	rom any he that my his ssure: Sys	tolic 110 mg	Diastolic So Waring by Whisper Te	s and public authory false statement	rities
hereby o Dr. N disquali DICAL I Weight	y authorize the release of all my pre  Mir Md. Raihan (approved medical ify me from my employment, benefit  Signature of Seafarer  EXAMINATION  Hearing by Audiometry  Adequate  Inadequate	vious medica practioner) I a is and claims	Il records fi also certify Blood Pre	rom any he that my his ssure: Sys	tolic 110 mg	Diastolic Diasto	s and public authory false statement	rities
hereby o Dr. N disquali	y authorize the release of all my pre dir Md. Raihan (approved medical ify me from my employment, benefit Signature of Seafarer EXAMINATION	vious medica practioner) I a ls and claims	Il records fi also certify Blood Pre	rom any he that my his ssure: Sys	tolic 110 mg	Diastolic So Waring by Whisper Te	s and public authory false statement	rities

Right Distant Near Visual acuity meets th Colour vision as per S Date of last colour vis  Head Sinuses, nose, throat Mouth/teeth Ears (general)	e standard laid do	Right eye wn in STCW Code	Normal	Right e Left ev	NO NO	
Distant Near Visual acuity meets th Colour vision as per S Date of last colour vis Head Sinuses, nose, throat Mouth/teeth	e standard laid do	wn in STCW Code : ion A-I/9:	Section A-1/9 Normal	Left ey	NO NO	ective
Near Visual acuity meets th Colour vision as per S Date of last colour vis  Head Sinuses, nose, throat Mouth/teeth	e standard laid do TCW CODE Sect	wn in STCW Code: ion A-l/9:	Normal	Left ey	NO NO	ective
Colour vision as per S  Date of last colour vis  Head  Sinuses, nose, throat  Mouth/teeth	TCW CODE Sect	ion A-I/9: 20	Normal	YES 1	NO	ective
Colour vision as per S  Date of last colour vis  Head  Sinuses, nose, throat  Mouth/teeth	TCW CODE Sect	ion A-I/9: 20	Normal	□ Doubtf	ul □ Def	ective
Date of last colour vis Head Sinuses, nose, throat Mouth/teeth		/month/year) 20	MAR 2023	-	500,500,000	-
Sinuses, nose, throat Mouth/teeth		Normal Abnor				
Sinuses, nose, throat Mouth/teeth			mal			Normal Abnorma
Mouth/teeth				ose veins		
			Vasc	ular (inc. pedal	pulses)	
Ears (general)			Abdo	men and visce	ra	
			Hem	ia		B 0
Tympanic membrane			Anus	(not rectal exa	m)	
Eyes			G-U	system	120	
Opthalmoscopy		0 0	Uppo	er and lower ext	remities	0 0
Pupils			Spine	e (C/S, T/S and		
Eye movement		488898		ologic (full brief		
Lungs and chest		LJ LJ	Psyc	hiatric		649
Breast examination		NAD	. D. C. (1997)	eral appearance		
Heart		IV (New )				
				114	ye	
SULTS OF ANCILLA	RY EXAMINATION					
Chest X-Ray	MI	BIO CHEMICAL	(LIVER FUN	CTION TEST)	Marijuana	☐ Positive ☐ Negative
ECG	MAD	BILIRUBIN	0.	7	Alcohol Test	☐ Positive ☑ Negative
BLOOD	R/E	SGPT	3	3	URINE R/E	1100
DC(differential count)	MI	SGOT	12	5	The second secon	OTHERS
HAEMOGLOBIN (HG	Contract Contract of the Contr	- Committee of the Comm	ND ALCOHO		HBsAg	☐ Reactiv ☑ Nonreacti
ESR (WESTERGREI	1) 07	Morphine	and the same of th	□ Negative	HIV / AIDS Test	☐ Reactiv ☐ Nonreacti
WBC	9200	Amphetamine		□ Negative	VDRL	☐ Reactiv ☐ Nonreacti
BLOOD GLUC	OSÉ LEVEL	Phencyclidine		☐ Negative	Blood Type	A+(VE)
RANDOM	12-8	Barbiturates		□ Negative	Psychological Exam	
HBA1C	15.41	Cocaine	□ Positive	☐ Negative	Others(KUB Ultraso	NIE
reby I declare that I an	in knowledge of	the contents of the l	Physical exam	inations:	, i	2 0 MAR 2023
Dan-1			MD MOSHAF	RAF HOSSAIN		
nature of Seafarer	_	- Marie - 1	Name of	Seafarer		Date
		7			- servinie de la compa	
sessment of fitness in the basis of the example aminee medically:	inee's personal de		al examination	and the diagno	ostic test results record	ded above, I declare the ut duties
	De	ck service	Engine s	ervice	Catering service	Other services
		1				
fit		D			- 0	0
U Witt	nout restrictions	С	] With	restrictions		11 69 7

# PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

			THE RE	PUBLI	C OF	LIBERIA	1	
LAST NAME OF	APPLICANT	•	FIRST NAM	F.			MIDD	LE INITIAL
HOSSAIN			MD				MOSI	HARAF
DATE OF BIRTI	ł		PLACE OF B	IRTH			SEX	
1	1	1990	MYMENSIN	GH	BANG	GLADESH		
MONTH	DAY	YEAR	CITY		COU	NTRY	MALE	FEMALE
EXAMINATION	FOR DUTY /	AS:		M	AILING	ADDRESS OF APPI	JCANT	
MASTER		RATING		C	HARNH	AKHIA VATIPAR	A, KOTWAL	I, RAGHOVPUR-2200,
MATE		MOU DECK		M	YMENS	INGH, BANGLADI	ESH	
ENGINEER		MOU ENGINE						
RADIO OFF		SUPERNUME						
	TO SERVICE STREET	-		OR MEDIC	CAL RE	QUIREMENTS) S	TATE DETA	ALS ON REVERSE SIDE
168em	73KJ	BLOOD PR	my	78	المراجع	19 5/m	GEN	ERAL APPEARANCE
VISION: WITHOUT GLAS	٨	IGHT EYE	(9/	TEYE .	65			
WITH GLASSES	-	10	1					
DATE OF LAST	_	ON TEST (Month	/Day/Yeari <b>? N</b>	MAR 70	123	Testing Requi	red even 6 v	eure
COLOR VISION					-		•	con 3
						YES	NO	) )
	E BOOK LA	NTERN - CHECK	IF COLOR TEST	IS NORMA	d.	AETTOM WW	RED WY	GREEN MY BLUE
HEARING						YEAR	W-	)
HEAD AND NEC	:K	NUI	my	HEART	(CARD	OVASCULAR)	Noi	nmil
LUNGS		Non	nul			NAVIGATIONAL OF MPAIRED FOR NO		
EXTREMITIES:								
UPPER		NOI	nmy			LOWER	^	Junm 1
IS APPLICANT S OR LIKELY TO I EXAMINATION	ENDANGER '	ROM ANY DIST THE HEALTH O	ASE LIKELY FOTHER PER	FO BE AGO SONS ON I	GRAVA BOARD:	TED BY, OR TO RE IF YES, EXPLAIN I	NDER HIM UI N DETAILS C	NEIT FOR SERVICE AT SEA DE MEDICAL
	to Dame			1	2 0 MA	R 2023	7	19 MAR 2025
SIGN	ATURE OF A	PPLICANT			TE OF E			EXPIRY DATE
	THIS SIGNA	TURE SHOULD	BE AFFIXED I	N THE PRI	ESENCE	OF THE EXAMININ	NG PHYSICIA	N
THIS IS TO CER							MOSHARAF I	
1	3	FIT FOR I	DUTY ON E	BOARD	SHIP	(NAME OF	APPLICANT)	
(HE) (SHE) IS FO MOU ENGINE or	OUND TO BE SUPERNUM	(FIT) (NOT FIT)				TE, ENGINEER, RA	DIO OFFICE	R, RATING, MOU DECK.
NAME AND D	EGREE OF I	PHYSICIAN	DR. MIR M	ID , RAH	IAN ; N	I.B.B.S (D.U), RE	G.NO.A-551	14
ADDRESS I	REDICAL H	OSPITALS L						TTARA, DHAKA-1230,
_						ON NO.: DG SHI	ACCOUNTS TO STATE OF	
DATE OF ISSU	E OF PHYS	ICIAN'S CERT	IFFEATE	6-May-	-14			
SIGNATURE O	F PHYSICI/	AN E			-	DATE OF EXAM	INATION:	2 0 MAR 2023
This certificate	is issued by	authority of the	Deputy Comn	nissioner o	l' Maritii	me Affairs, R.L. an ledical Examination	d in complian	ce with the requirements of
The Medical Co	ertificate shal	l be valid for no	more than two	a (2) years	from th	e date of the Ex am	ination 405	wer 18 years of age and
	EV. 06/10) MBE	R. MIR. M SS (DU), DFM, CCD ADC A 55144	D. RAIH, (Birdem), PGT (O	AN <sup>1</sup>	or anose	1	As Per-MLC	2006
	DG	Shipping Bang General P Radical Hospi	ladesh Appro	ved	4,		Departm	and S

#### MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

#### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXA	MINATION INCLUDING HEARING TEST.
2. PATHOLOGICAL EXAMINA	FION: A) Complete Blood Count., B) Blood Sugar Estimation,
	C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),
	E) Urinlysis F) Drug Test G) Alcohol Test.
3. X - RAY EXR PA VIEW	0

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

2 0 MAR 2023

RLM-I05M (REV. 06/16)



MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.



Id No

: 0544

Date: 20-Mar-2023

D.Date: 20-Mar-2023

Patient's Name: MD MOSHARAF HOSSAIN

Age: 33Y 2M 19D

Gender: Male

Specimen

: Blood

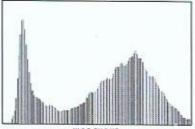
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

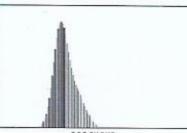
CDC NO:C/O/6049

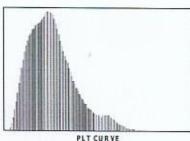
## **Haematology Report**

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

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)	<b>14.3</b> 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.	
ESR(Westergreen)	<b>07</b> mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	9,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)			I dille
Neutrophils	<b>77</b> %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	19 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %	W BC CURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	ı ii
Total Cir. Eosinophils	184 /cumm	50-450/cumm	
Total RBC Count	4.91 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	40.5 %	M: 40-54%, F:37-47%	
MCV	82.5 fL	76 - 94 fL	
MCH	<b>29.1</b> pg	27 - 32 pg	
MCHC	35.3 g/dL	29 - 34 g/dL	RBC CURVE
RDW	12.9 %	11'- 16 %	dis
PDW	17.3 fL	35 - 56 fl	411
Total Platelete Count (PC)	2,25,000 /cumm	150,000-450,000/cumm	
MPV	9.1 fL	7.0 - 11.0 fL	
PCT	0.205 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	PLT CURVE







Checked By Medical Technologist

Dr. Sumaiya Khatun

MBBS, MD(Gold Medalist) (BSMMU) Associate Professor

Dept. Of Microbiology

East West Medical College & Hospital.



Bill No	DIA23030544	Received Date	20/03/2023
Patient's Name	MD MOSHARAF HOSSAIN		
Patient's Age	33Y 2M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	EM),PGT(Eye),DFM	CDC NO:C/O/6049
Sample	BLOOD	34	

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	26 U/L	Up to 37 U/L
Serum ALT (SGPT)	33 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	DIA23030544	Received Date	20/03/2023
Patient's Name	MD MOSHARAF HOSSAIN	,	
Patient's Age	33Y 2M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDI	EM),PGT(Eye),DFM	CDC NO:C/O/6049
Sample	BLOOD	TATEMACH.	

## SEROLOGYCAL REPORT

Negative
Non-reactive
Negative

D GROUPINGResult	
ABO Blood Group	"A" (+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	DIA23030544	Received Date	20/03/2023
Patient's Name	MD MOSHARAF HOSSAIN		
Patient's Age	33Y 2M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCI	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/6049
Sample	URINE		

#### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

#### CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	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

Glocked 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. : 23030544 Receive:20/03/2023 Print: 20/03/2023

Patient's Name : MD MOSHARAF HOSSAIN

Age : 33 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.

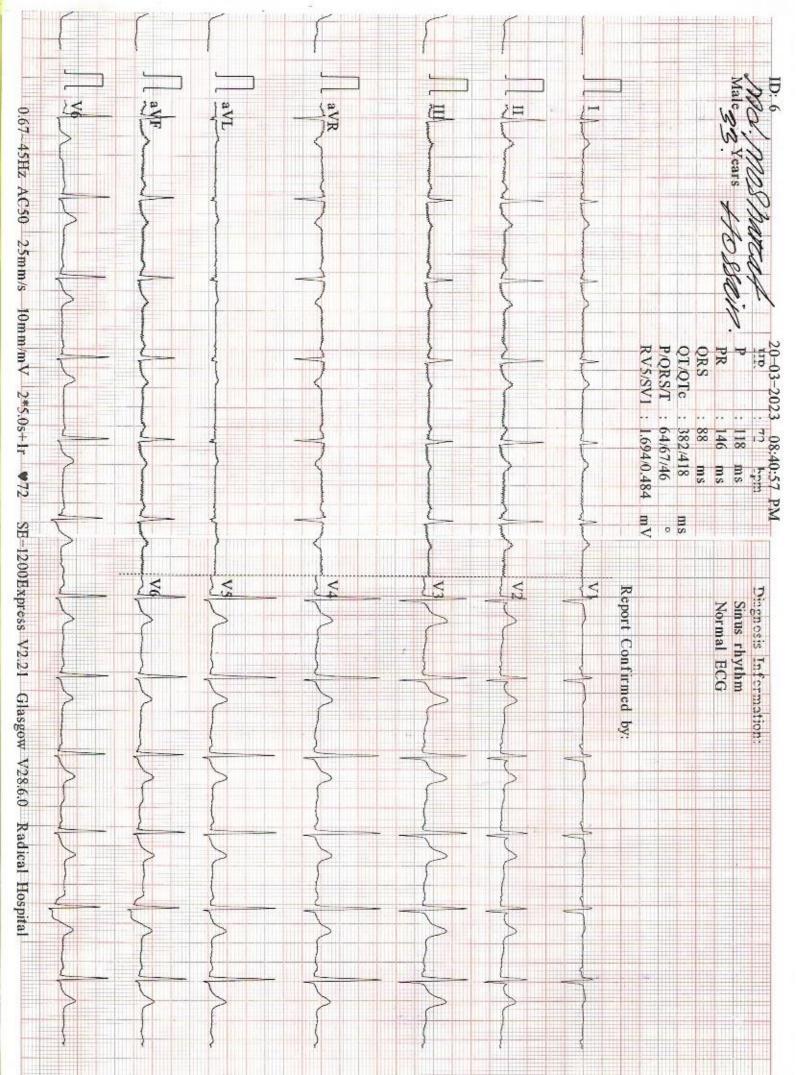
Comments : Normal chest skiagram.

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



MV. HIROSHIMA STAR REF:

DATE: 20/03/2023

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

## EYE EXAMINATION REPORT

RANK: 2<sup>ND</sup> OFF CDC NO: C/O/6049 NAME: MD MOSHARAF HOSSAIN

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

666

AIDED

COLOUR VISION: NORMAL / BLIND

**OPINION** 

LINET / 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 Md. Mashar of Hassn'n. This is to certify that Date of birth 01-01-1990 males. whose signature follows Bund has on the date indicated been vaccinated or revaccinated against Cholera Date Signature and Professional Approved Stamp status of vaccinator 1 DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabed C/A Chittagong, Regn. No. A-11829 WBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A- 55144, MMC- BGD- 016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. 3 4 3 DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.S. Shipping, Dhaka. UUL 5 FEB 2021 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladash Approved General hysician Radical Hospitals Limited. 7 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Odhth) BMDC A-55144, MMC BGD-016 DG Shipping Bangladesh Approved General Physician

8

Radical Hospitals Limited.