



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: BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER
HS6243FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME HOSSAIN	FIRST NAME AND IMRAN	MIDDLE NAME
PLACE AND DATE OF BIRTH MUNSHIGANJ 25-Jun-1991	PASSPORT NUMBER EG0090304	SEAMAN'S BOOK NUMBER CO6243
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL-TALUTIA, PO-PUBAIL, PS-PUBAIL, DIST-GAZIPUR, 1721, BANGLADESH.	CONTACT NUMBER : +8801675728280 (SELF)	RANK : 1ST ASST ENGINEER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases, or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

Fit for duty on board ship

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan** (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 72kg	Height (cm) 172	BM 24.2	Blood Pressure: Systolic 110mm	Diastolic 70mm	PULSE: 78b/min
Ear	Hearing by Audiometry	Audiometry		Hearing by Whisper Test	
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000
Left	☐ 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
Distant	Right eye	Left eye	Right eye	Left eye	
Near			6/6	6/6	

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) 17 MAY 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>NAD</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>NAD</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	<u>NAD</u>
DC(differential count)	<u>NAD</u>	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	<u>13.8</u>	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	<u>10</u>	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	<u>9.000</u>	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	<u>6.4</u>	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	<u>4.7%</u>	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultrasound)

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

<u>Imran</u>	IMRAN HOSSAIN	17-May-2023
Signature of Seafarer	Name of Seafarer	Date

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties	☐ Not fit for lookout duties		
Deck service	Engine service	Catering service	Other services
☒ Fit	☒	☐	☐
☐ Unfit	☐	☐	☐
☒ Without restrictions	☐ With restrictions		

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	No
☒	☐

Describe restrictions (e.g., specific position, type of ship, trade area):

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

Fitness Date:	<u>17 MAY 2023</u>	Valid Until:	<u>16 MAY 2024</u>
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Name and Signature of Authorized Physician

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

秘

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.
(受診医師へ特に伝えたいこと、英語で簡潔に。)

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Tel: _____ Fax: _____
(所属会社)

Name: IMRAN HOSEIN Sex: (性別) M/F
(氏名) given name (名) family name (姓)

Name of Position: PALENG (職位)

Date of Birth: 25 JAN 92
(生年月日) (D・M・Y)

Height: (身長) 172 cm Weight: (体重) 72 kg at age 20: (20 才時) _____ kg
Pulse: (脈拍) 78 min Normal breathing rate: (正常呼吸数/分) 19 /min Normal temperature: (平熱) _____ °C

Blood pressure: (血圧) 100/70 Blood type: (血液型) A+ Rh: (陰性/陽性) _____ Single Married (独身/既婚)

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

Date: 17 MAY 2023 Signature: (署名) Imran
(Card holder) (本人)



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

Medical information: (医療情報) * Please check the appropriate items.
 該当する二個にノ記号を入れて下さい。

1. ALLERGIES: (アレルギー)
☐ Urticaria (hives) (じんましん)
☐ Asthma (ぜんそく)
☐ Other (その他)
☐ Drug allergies (name): (薬品名)
☐ Food allergies (name): (食品名)

2. PAST HISTORY: (病歴)
 (1) Past serious illness: 主な既往症) Age (年齢)

Surgeon: (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 (飲みません)
☐ Drink 2-3 times a week (週に2~3回)
☐ Drink every evening (毎日)
☐ Heavy drinker (酒豪)
☐ Moderate drinker (中程度)
☐ Light drinker (軽い)
- (2) Smoking: (喫煙)
☐ Never smoke (吸わない)
☐ Not smoking in 19____ (19____年に禁煙)
☒ Smoke cigarettes a day: 1 2 3 平均____ (5吸)
☐ Regular (規則的)
☐ Irregular (不規則)
- (3) Bowel movements: (排便)
☐ Regular (規則的)
☐ Irregular (不規則)
☐ Consistent (変化)
- (4) Dietary preferences: (食事の好み)
☐ Meat (肉類)
☐ Fish (魚類)
☐ Salty (塩辛)
☐ Sweet (甘い)
☐ Only (指すだけ)
- (5) Exercise: (運動)
☐ Often (よくやる)
☐ Sometimes (時々)
☐ Never (しない)
- (6) Sleep: (睡眠)
☐ Sleep well (よく寝る)
☐ Have Sleeplessness (寝れない)
☐ Have Insomnia (不眠症)
☐ Sometimes take sleeping pills, etc. (時々睡眠薬を使う)
- (7) Weight: (体重)
☐ Constant (変わらない)
☐ Putting on weight (太ってきた)
☐ Losing weight (やせてきた)

17 MAY 2023



DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CCO (Sri Lanka), PGD (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
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DECLARATION OF HEALTH BY CREW

NAME OF CREW : IMRAN HOSSAIN

RANK : 1ST ASST ENGINEER

CDC NO : C/O/6243

DOB : 25-Jun-1991

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

Date : 17 MAY 2023

Signed :

The Crew Member

* If yes, mention details below:-

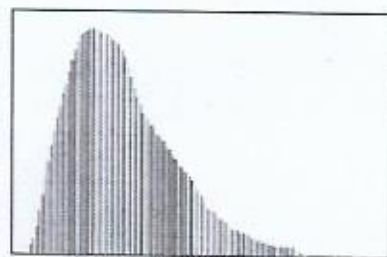
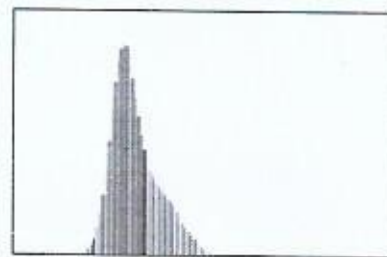
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bitem), PGT (Ophth)
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 0527 **Date** : 17-May-2023 **D.Date** : 17-May-2023
Patient's Name : IMRAN HOSSAIN **Age** : 31Y 10M 22 **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/6243

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.8 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	10 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	56 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	39 %	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	180 /cumm	50-450/cumm
Total RBC Count	4.78 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.8 %	M: 40-54%, F:37-47%
MCV	77.0 fL	76 - 94 fL
MCH	28.9 pg	27 - 32 pg
MCHC	37.5 g/dL	29 - 34 g/dL
RDW	13.2 %	11 - 16 %
PDW	16.9 fL	35 - 56 fL
Total Platelete Count (PC)	1,61,000 /cumm	150,000-450,000/cumm
MPV	10.1 fL	7.0 - 11.0 fL
PCT	0.163 %	0.1 - 0.4 %
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	DIA23050527	Received Date	17/05/2023
Patient's Name	IMRAN HOSSAIN		
Patient's Age	31Y 10M 22	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/6243
Sample	BLOOD		

BIOCHEMISTRY REPORT

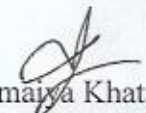
Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.4 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22 U/L	Up to 37 U/L
Serum ALT (SGPT)	37 U/L	Up to 40 U/L
HbA1C	4.7 %	4.2 - 6.7 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologists
Radical Hospitals Ltd.


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

Bill No	DIA23050527	Received Date	17/05/2023
Patient's Name	IMRAN HOSSAIN		
Patient's Age	31Y 10M 22	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:	C/O/6243
Sample	BLOOD		

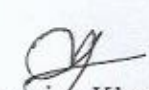
SEROLOGICAL REPORT

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

<u>BLOOD GROUPING Result</u>	
ABO Blood Group	"A" (+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	DIA23050527	Received Date	17/05/2023
Patient's Name	IMRAN HOSSAIN		
Patient's Age	31Y 10M 22	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		
Sample	Urine	CDC NO: C/O/6243	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	2-4/HPF

CHEMICAL EXAMINATION CASTS / 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 REQUEST CRYSTALS & 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.

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

Bill No	DIA23050527	Received Date	17/05/2023
Patient's Name	IMRAN HOSSAIN		
Patient's Age	31Y 10M 22	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/6243
Sample	Urine		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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

REF:	MV. ONE MEISHAN	DATE: 17/05/2023
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M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	IMRAN HOSSAIN	RANK: 1A/ENG	CDC NO: C/O/6243
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VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED

6/6

6/6

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: 230529

17-05-2023 18:53:04

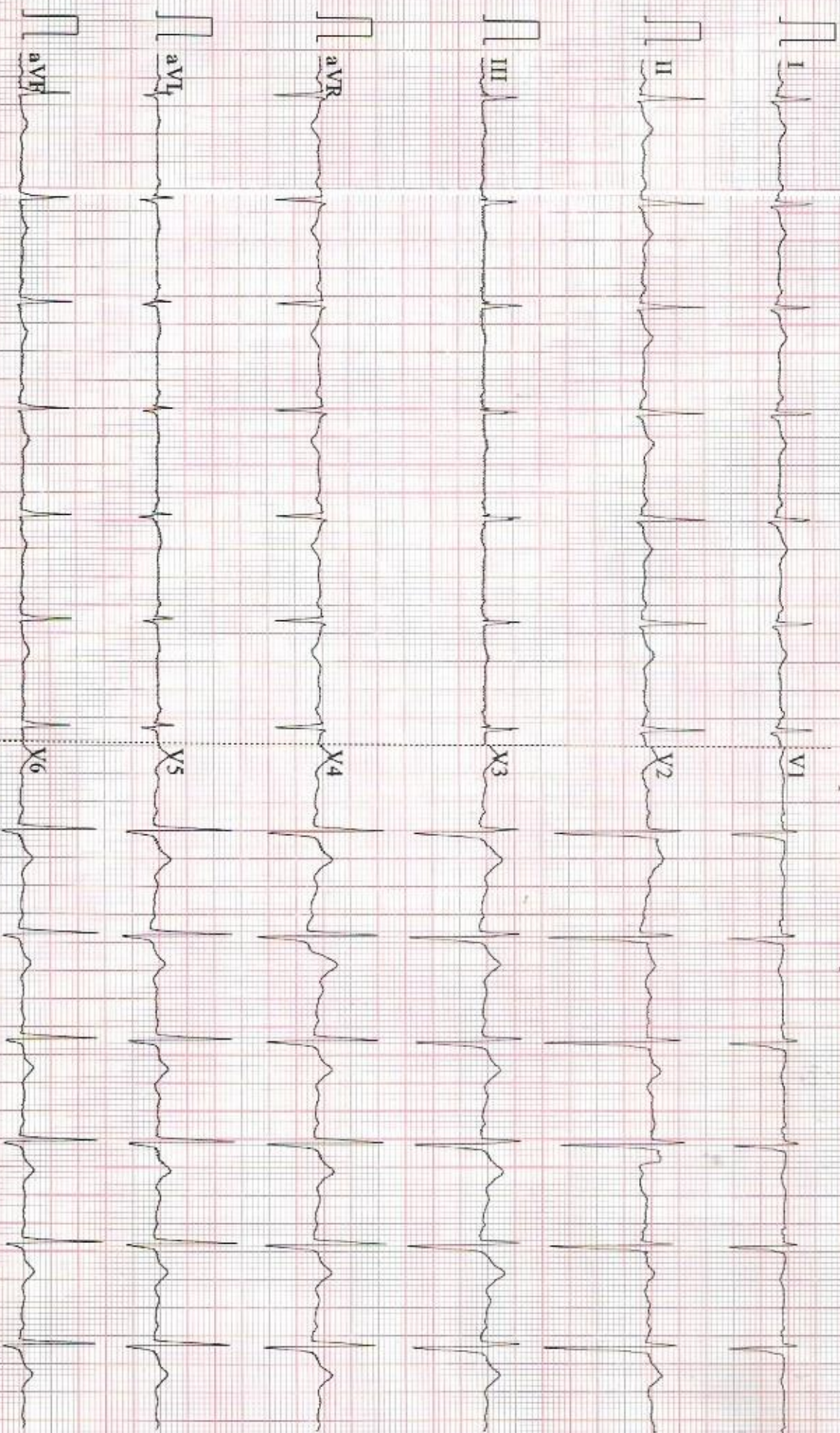
IMRAN HOSSEIN
Male 32 Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 79	bpm
P	: 106	ms
PR	: 140	ms
QRS	: 92	ms
QT/QTc	: 372/427	ms
P/QRS/T	: 26/66/46	°
RV5/SV1	: 1.382/0.968	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050527 Receive: 17/05/2023 Print: 17/05/2023
Patient's Name : **IMRAN HOSSAIN**
Age : 32 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.



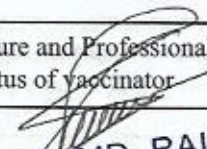
Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 25-JUN-91 Sex MALE
IMRAN HOSSAIN

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 17 AUG 2021	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
2 07 APR 2022	 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.	
3 17 MAY 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
4		4
5		5
6		6
7		7
8		8

Continued overleaf Suite our erso

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations				
			X-ray	ECG	Urine	Blood	LFT
24 APR 2018	MV MEISHAN BRIDGE	Pulse 78 bpm BP 110/70 mmHg	M3P02	M3P02	M3P02	M3P02	M3P02
09 JUN 2019	MV MEISHAN BRIDGE	Pulse 76 bpm BP 110/70 mmHg	M3P02	M3P02	M3P02	M3P02	M3P02
16 JUL 2020	MV ONE HUNTER	Pulse 78 bpm BP 110/70 mmHg	M3P02	M3P02	M3P02	M3P02	M3P02
17 AUG 2021	MV ONE HUNTER	Pulse 78 bpm BP 110/70 mmHg	M3P02	M3P02	M3P02	M3P02	M3P02
07 APR 2022	MV MEISHAN BRIDGE	Pulse 78 bpm BP 110/70 mmHg	M3P02	M3P02	M3P02	M3P02	M3P02
17 MAY 2023	MV ONE MEISHAN	Pulse 78 bpm BP 110/70 mmHg	M3P02	M3P02	M3P02	M3P02	M3P02

6

Completed by Company's M.O.

Creatinine	USG	Addl. Test	Special Conditions	Fit / Unfit & Remarks	Doctor's Sign.
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Bitem), PGT (Genl) BMDG A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospital Limited	
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Bitem), PGT (Genl) BMDG A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospital Limited	
				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Bitem), PGT (Genl) BMDG A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospital Limited	
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				DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Bitem), PGT (Genl) BMDG A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospital Limited	

7

Radical Hospital Limited.