

HAQUE & SONS LTD.

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

Accredited By : BMDC

Accreditation No. A 55144

MEDICAL EXAMINATION CERTIFICATE

PATIENT CONTROL NUMBER: H984

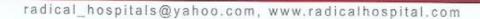
Revision Date: 24th July 2022

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CEA	ND DATE OF BIRTH	PASSPORT NUMBER		IBRAHIM			
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	N BARI(NEAR KADOMTOLA COLL	EGE) VIII IALISHA	PO	CONT	ICT NUMBER :	01714724118 (SELF)/0
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lave y	ou ever had any of the following cor	iditions?					
	Condition	YES NO	Cond	ition		YES	NO A
1	Eye/vision problem	0 /0/	18 Sleep	problems			1
2	High blood pressure		19 Do yo	u smoke?			Z.
3	Heart/vascular disease			tion/surger	V		1/
4	Heart surgery	0 1		sy/seizures			1
5	Varicose veins			ess/fainting			0/
6	Asthma/bronchitis		23 Loss	of consciou	sness		61
7	Blood disorder	0 9,	24 Psych	iatric proble	ems		14
8	Diabetes	0 6/	25 Depre				4
9	Thyroid problem			pted suicid	e		6
10	Digestive disorder	· /9'.	27 Loss	of memory			1
11	Kidney problem			ce problem			61
12	Skin problem		D-6134 N.V-1055Y	e headache			de
13	Allergies		30 Ear/no	ose/throat	problems		1
14	Infectious/contagious diseases			cted mobili			Z.
15	Hernia			problems			La
16	Genital disorders	0 4	33 Ampu				1
17	Pregnancy	- NIN	ANSWERS TRANSPORTER	ires/disloca	finne		1
dditio	onal questions					1470	
		eick or reputriated from	a chio?	-	100	YES	NO
35 36	Have you ever been signed off as	sick or repatriated from	a ship?		201		NO
35	Have you ever been signed off as Have you ever been hospitalised?		a ship?		100	0	NO
35 36 37	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfi	t for sea duty?				0	NO DO
35 36	Have you ever been signed off as Have you ever been hospitalised? Have you ever been declared unfi Has your medical certificate ever	t for sea duty? been restricted or revok	ed?	22		0 0 0	NO SON
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			Visual acuity							Visual f	fields
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Distant	- igan oy	Lience	, Kigi	t eye	Left ey	5	Right e	1100		_	Delective
Near			101		001	-	Leftey		/	-	
Visual acuity	meets the	standard laid o	down in STCV	V Code	Section A-1	ر 1/9	-	NO	-		
Colour vision	as per ST	CW CODE Se	ction A-I/9:		Normal		Doubtf	0.3.40	□ Def	fective	
Date of last of	colour visior	n test: Date (da	ay/month/year	,_17	MAY, 20	23					
1212 171			Normal	Abnori	mal					No	rmal Abnorr
Head	2		19/			ricose vein					
Sinuses, nos	e, throat		1/	. 🗆	Va	scular (inc.	pedal p	pulses)		<	2/1 0
Mouth/teeth			10/		Ab	domen and	d viscen	а		1	
Ears (general			11			rnia				1	9/ 0
Tympanic me	embrane		11			us (not rec	tal exan	n)		1	б, п
Eyes			71			U system				j	
Opthalmosco	ру		1/			per and lov					
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Breast examin	nation		IVE			neral appe	arance				
Heart			1.7		Ski	n				7	
ESILTS OF A	NOUL ADV								-		
Chest X-Ray	INCILLARY	EXAMINATIO		MOC	d n eren	100					1
ECG		Was		IMICAL	(LIVER FUI	-		Marijuana			ive (Negative
	BLOOD R/	1111	BILIRUBIN			1.7		Alcohol Test			ive Negative
DC(differentia		MA	SGPT		2	25		URINE R/E			mx
HAEMOGLOE		11,50	SGOT		2	4				THERS	
ESR (WESTE		14.7			ID ALCOHO			HBsAg		□ Reac	tiv ET Nopread
	NONEN)	0.6	Morphine		☐ Positive	Negaj	ive	HIV / AIDS To	est	□ Reac	tiv Nonread
WBC		9.300	Amphetami	ne	☐ Positive	Negat	jve ive	VDRL	est	☐ Reac	tiv ☐ Nonread
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MEDICAL CER	RTIFICATE FO	OR PERSONNI	EL SERVIC	E ON BOARD)
SURNAME: KHALIL		GIVEN NAME (S):	K M IBRAH	IIM	
DATE OF BIRTH:	PL	ACE OF BIRTH			SEX
DAY 27 MONTH 9 YEAR	CSC	TY DHAKA	COUNTRY	BANGLADES	
POSITION ON BOARD:	M	AILING ADDRESS	(7) (To 6) (10) (10)	100000000000000000000000000000000000000	
MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	JII DI BA	66/4, SULTANGON GATALA, HAZARI IST. DHAKA. ANGLADESH.		ARAK,	· *
DECLARATION OF THE AUTHORIZED PHYSI	CIAN		- Eu		
VISION		COLOR	TEST TYPE		HEARING
WITHOUT GLASSES	WITH GLASS	SES BOOK	<		
RIGHT EYE	661	YELLOW M	TERN PRED MO	RIGHT EAR /	MO
LEFT EYE	616	GREEN M	BUEM	PEFT EAR	mas
Confirmation that identification documents were	checked at the po	oint of examination:	ES NO		
Hearing meets the standards in STCW Code, So	ection A-1/9? YES	s no	NOT APLICA	BLE	
Unaided hearing satisfactory? YES NO		1			
Visual acuity meets standards in STCW Code, S	Section A-1/92 VE	s NO			
Colour vision meets standards in STCW Code.		/	*****		
(the visual test it is required every six years) Date of the last colour vision test: (Day/Month/You Are glasses or contact lenses necessary to mee	cai) / _	MAY 2023 on standards 2/ES	NO NO		
Able for watchkeeping2/ES NO			2		
Is applicant taking any non-prescription or presc	cription medication	s? YES NO			
Is the seafarer free from any medical condition li endanger the health of other persons on board?	likely to tj e aggravi YES NO	ated by service at se	a or to render th	e seafarers unfit fo	r such service or to
Hereby I declare that I am in knowledge of the c	contents of the Phy	ysical Examination.			
Donahim	K M IBRAHI	IM KHALIL		1	7 MAY 2023
Signature of Applicant	Name of A			Date	
CIRCLE APPROPIATE CHOICE: (MÉ / SH ENGINEERING OFFICER / RADIO OPER	HE) IS FOUND T	O BE (FIT / NOT F G) (WITHOUT ANY	TT) FOR DUT	Y AS A (MASTER FOLLOWING) RI	R / DECK OFFCIER / ESTRICTIONS:
	FIT FOR DU	TY ON BOARD	SHIP		- L (
NAME AND DEGREE OF PHYSICIAN: DR. MIR	R MD. RAIHAN; M.	.B.B.S.(D.U.), REG. I	NO. A-55144	* 7.	
ADDRESS: REDICAL HOSPITALS LIMITED, 35, S	SHAH MAKHDUM A	AVENUE, SECTOR-12	, UTTARA, DHAI	KA-1230, BANGLAD	EGH
NAME OF PHYSICIAN'S CERTIFICATING AUT					con.
	THORITY: DG SHI	PPING BANGLADES			Con.
DATE OF ISSUE PHYSICIAN'S CERTIFICATE:		PPING BANGLADES		THE	Ean.
DATE OF ISSUE PHYSICIAN'S CERTIFICATE:	06-05-2014		osited Hos	2006	1 7 MAY 2023
DATE OF ISSUE PHYSICIAN'S CERTIFICATE:	: 06-05-2014 S1	TAMP OF PHYSICIA	AND AND THE	2006 *	
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: SIGNATURE OF PHYSICIAN: EXPIRY DATE OF CERTIFICATE:	06-05-2014 S1	TAMP OF PHYSICIA Y 2025	AsiPer-Mill	2006 *	1 7 MAY 2023
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: SIGNATURE OF PHYSICIAN: EXPIRY DATE OF CERTIFICATE: This	1 6 MA certificate is issue	TAMP OF PHYSICIA	Asperation the the requirement	and district	1 7 MAY 2023
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: SIGNATURE OF PHYSICIAN: EXPIRY DATE OF CERTIFICATE: This of the STCW Conv.	16 MA certificate is issue vention, 1978, as a	TAMP OF PHYSICIA Y 2025 ed in compliance wi	Asperation the the requirement	and district	1 7 MAY 2023





Id No : 0516

Patient's Name: K M IBRAHIM KHALIL

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 8455

Date: 17-May-2023 Age: 30Y 7M 20D

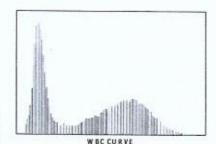
D.Date: 17-May-2023

Gender: Male

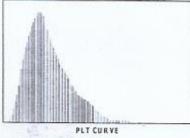
Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Ha zer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.2 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)	06 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		5,000 20,000,00000
Neutrophils	59 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	36 %	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	186 /cumm	50-450/cumm
Total RBC Count	4.94 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.0 %	M: 40-54%, F:37-47%
MCV	76.9 fL	76 - 94 fL
MCH	28.7 pg	27 - 32 pg
MCHC	37.4 g/dL	29 - 34 g/dL
RDW	13.0 %	11 - 46 %
PDW	14.6 fL	35 - 56 fl
Total Platelete Count (PC)	2,71,000 /cumm	150,000-450,000/cumm
MPV	8.7 fL	7.0 - 11.0 fL
PCT	0.236 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %



RBC CURVE



Checked By Medical Technologist

Cloting Time(CT)

Dr. Sumaiya Khatun

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

Dept. Of Microbiology

East West Medical College & Hospital.

0.1-0.2 %

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DIA23050516	Received Date	17/05/2023
K M IBRAHIM KHALIL		1
30Y 7M 20D	Patient's Sex	Male
Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	CDC NO;C/O/8455
BLOOD		
	K M IBRAHIM KHALIL 30Y 7M 20D Dr. Mir Md. Raihan MBBS,(DU)	K M IBRAHIM KHALIL 30Y 7M 20D Patient's Sex Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.0 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	24 U/L	Up to 37 U/L
Serum ALT (SGPT)	25 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 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	DIA23050516	Received Date	17/05/2023
Patient's Name	K M IBRAHIM KHALIL	nooned bate	1170072020
Patient's Age	30Y 7M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/8455
Sample	BLOOD		

SEROLOGYCAL REPORT

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

BLOOD GROUPINGResult	
ABO Blood Group	"B" (+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_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23050516	Received Date	17/05/2023
Patient's Name	K M IBRAHIM KHALIL		11700/2020
Patient's Age	30Y 7M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/8455
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	2-3/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

Checked By

Medical Technologis Radical Mospitals Ltd. Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor Dept. of Microbiology

East West Medical College and Hospital





Bill No	DIA23050516	Received Date	17/05/2023
Patient's Name	K M IBRAHIM KHALIL		
Patient's Age	30Y 7M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8455		
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 Technologis Radical Hospitals Ltd. Dr. Surbalya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. GINGA CHEETAH

DATE: 17/05/2023

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

EYE EXAMINATION REPORT

NAME: K M IBRAHIM KHALIL RANK: 2ND OFF CDC NO: C/O/8455

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6

616

COLOUR VISION:

NORMAL / BLIND

OPINION

JANFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX)

East west Medical College & Hospital

ID: 230527	17-05-2023 14:55:14 HR : 79 bpm	Diagnosis Information:		
Male 20 Years	PR : 128 ms	Sinus rhythm Normal ECG		
	S : 98 QTc : 378/4 RS/T : 44/38 5/SV1 : 1.300	Report Confirmed by:		
		eport Confirmed		
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RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23050516

Receive: 17/05/2023

Print: 17/05/2023

Patient's Name

K M IBRAHIM KHALIL

Age

30 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

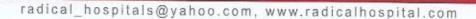
Reveals no abnormality.

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





Patient ID	23050516	Voucher No	
Test Name	USG OF KUB	Delivery Date	17/05/2023
Patient Name	K M IBRAHIM KHALIL	WWW.	1
Age	30 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(E	ye),DFM

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length –9.1 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 10.7 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URETER: There is no dilatation in both ureter.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

2.05.23

PROSTATE: Normal in size, volume is 11.9 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Normal study.

Dr. Asma Ahmed MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist

9 WATER	DR. MIR. MD. RAIHAN	9 Se COR VACCALE 1	0
1111	MBBS (DU), DFM, CCD (Brdelh), PGT (Cphth) BMDC A-55144, MMC-DGD-046 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	Avenus 2 Weers, Uters, Uters	8
10 P MC	1 200 July Princial Islan		N. T.

The Validity of this certificate shall extend for a period of two years beginning six days after the first injection or the vaccine or in event of a revaccination within such period of two years on the date of that revaccination.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

PAULICUATION

OTHER VACCINATIONS AUTERS VACCINATION

Date	Nature of vaccine	Physician's Signature
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