



# HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.  
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Accredited By : BMDC  
Accreditation No. A-55144

PATIENT CONTROL NUMBER  
H2210

## MEDICAL EXAMINATION CERTIFICATE



SURNAME <b>ISLAM</b>	FIRST NAME AND <b>KAISUL</b>	MIDDLE NAME
PLACE AND DATE OF BIRTH <b>JAMALPUR 9-Nov-1998</b>	PASSPORT NUMBER <b>A01538354</b>	SEAMAN'S BOOK NUMBER <b>CO10245</b>
NATIONALITY : <b>BANGLADESHI</b>	SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESSEL TYPE : <b>CONTAINER</b>
PERMANENT HOME ADDRESS : <b>VILL-SIMLAPOLLI, PO-SARISHABARI, PS. -SARISHABARI, DIST. JAMALPUR, BANGLADESH.</b>		TRADING AREA : <b>WORLD WIDE</b>
		CONTACT NUMBER : <b>01749-942866 (SELF)</b>
		RANK : <b>3RD ASST ENGINEER</b>

Have you ever had any of the following conditions?

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

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Have you ever been hospitalised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Have you ever been declared unfit for sea duty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Has your medical certificate ever been restricted or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39 Are you aware that you have any medical problems, diseases or illnesses?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41 Are you allergic to any medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

**FIT FOR DUTY ON BOARD SHIP**

42 Are you taking any non-prescription or prescription medications?  YES  NO

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.

Kaisul

Signature of Seafarer

### MEDICAL EXAMINATION

Weight 52kg Height (cm) 165 BM 19.1 Blood Pressure: Systolic 110 mmHg Diastolic 80 mmHg PULSE: 78 /min

Ear	Hearing by Audiometry	
Right	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
Left	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES  NO

04.2023.3880

Visual acuity				Visual fields	
Unaided		Aided		Normal	Defective
Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6		/	
Near				/	

Visual acuity meets the standard laid down in STCW Code Section A-1/9  YES / NO  NO

Colour vision as per STCW CODE Section A-1/9:  Normal  Doubtful  Defective

Date of last colour vision test: Date (day/month/year) 05/MAY/2023

	Normal	Abnormal		Normal	Abnormal
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinuses, nose, throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vascular (inc. pedal pulses)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mouth/teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G-U system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spine (C/S, T/S and L/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurologic (full brief)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast examination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**RESULTS OF ANCILLARY EXAMINATIONS**

Chest X-Ray	NAD	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
ECG	NAD	BILIRUBIN	Alcohol Test	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative
BLOOD R/E		SGPT	URINE R/E	NAD	
DC(differential count)	NAD	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	12.2	DRUG AND ALCOHOL TEST		HBsAg	<input type="checkbox"/> Reactive
ESR (WESTERGREN)	11	Morphine	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	<input checked="" type="checkbox"/> Nonreactive
WBC	7.700	Amphetamine	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	<input checked="" type="checkbox"/> Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	Blood Type
RANDOM	5.2	Barbiturates	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	Psychological Exam
HBA1C	4.5%	Cocaine	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Negative	Others(KUB Ultraso

Hereby I declare that I am in knowledge of the contents of the Physical examinations: 05 MAY 2023

Kaisul KAISUL ISLAM 5-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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: 05 MAY 2023 Valid Until: 04 MAY 2025

[Signature]  
Name and Signature of Authorized Physician





## DECLARATION OF HEALTH BY CREW

NAME OF CREW : KAISUL ISLAM RANK : 3RD ASST ENGINEER

CDC NO : C/O/10245 DOB : 09-Nov-1998

### 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Are you suffering from any heart related complications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Are you a diabetic ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 If you are diabetic, do you need injections of insulin for diabetes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Have you ever had a stroke, or unexplained loss of consciousness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Have you ever been treated for a mental or nervous problem?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Are you an alcoholic, or have you had alcohol or drug addiction problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Do you have any hearing difficulties or are you using any hearing aid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Have you ever suffered from any STD (Sexually Transmitted Disease)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Are you aware of any other health condition that could affect your fitness for seafaring employment *	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 : 05 MAY 2023

Signed :

Kaisul

The Crew Member

\* If yes, mention details below:-

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

Medical Information: (医療情報) \* Please check the appropriate items.  
 該当する二項、三項、四項を記入して下さい。

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 in detail: (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) \_\_\_\_\_

(2) Surgery: (手術) \_\_\_\_\_ When? (時期) \_\_\_\_\_ Age (年齢) \_\_\_\_\_

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Yes/No): (持病/有無)  
 Name of illness: (持病名) \_\_\_\_\_

Name (s) of medicine (s) used for the above disease (s). (上記持病に使用した一投薬品名)  
 \_\_\_\_\_

4. DAILY LIFE HABITS: (日常生活)

- (1) Alcohol intake: (飲酒)  
 Do not drink (飲まない)  
 Drink 2-3 times a week (週に2~3回)  
 Drink every evening (毎晩)  
 Heavy drinker (強飲)  
 Moderate drinker (中程度)  
 Light drinker (弱飲)

- (2) Smoking: (喫煙)  
 Never smoke (吸わない)  
 Quit smoking in 19\_\_\_\_ (19\_\_\_\_年に禁煙)  
 Smoke \_\_\_\_\_ cigarettes a day (1日平均\_\_\_\_支吸う)

- (3) Bowel movements: (排便)  
 Regular (規則的)  
 Irregular (不規則)  
 Constipated (便秘)

- (4) Dietary preferences: (食事の好み)  
 Meat (肉類)  
 Fish (魚類)  
 Salty (塩辛)  
 Sweet (甘い)  
 Only (特別な嗜好)

- (5) Exercise: (運動)  
 Often (よくする)  
 Sometimes (時々)  
 Never (しない)

- (6) Sleep: (睡眠)  
 Sleep well - 良く寝る  
 Have Sleeplessness (眠れない)  
 Have insomnia (不眠症)  
 Sometimes take sleeping pills, etc. (時々睡眠薬を使用)

- (7) Weight: (体重)  
 Constant (変わらない)  
 Putting on weight (太ってきた)  
 Losing weight (痩してきた)

05 MAY 2023



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



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)
- Cancer / part (癌 / 部位)
- Diabetes (糖尿病)
- Hypertension (高血圧症)
- Cerebral Apoplexy (脳卒中)
- Liver disease (肝臓疾患)
- Other: Name of disease (病名)

Name of Company: \_\_\_\_\_  
(所属会社)

Tel: \_\_\_\_\_ FAX: \_\_\_\_\_

Name: KAROL RAIHAN  
(氏名) given name (名) family name (姓)

Name of Position: SALESMAN  
(職位)

Nationality: Bangladesh  
(国籍)

Sex: M  
(性別) (男/女)

Date of Birth: 09/10/98  
(生年月日) (D・M・Y)

Height: (身長) 165 cm Weight: (体重) 52 kg/as age 20 (20才時) 3 kg

Pulse: (脈拍) 70 /min Normal breathing rate: (正常呼吸数/分) 18 /min Normal temperature: (平熱) \_\_\_\_\_ C

Blood pressure: (血圧) 120/80 mm Blood type: (血液型) B+ Rh ( ) Single/Married (独身/既婚)

Blood sugar: (血糖値) \_\_\_\_\_ mg/dl x 0.05625 = ( ) mmol/l

Uric acid: (尿酸値) \_\_\_\_\_ mg/dl x 0.05914 = ( ) mmol/l

Signature: (署名) Karol  
(Card holder) (本人)

Date: 05 MAY 2023

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)



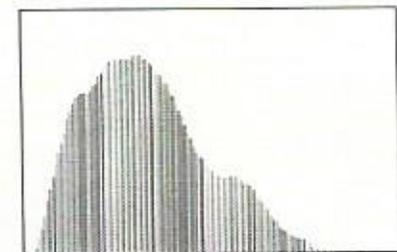
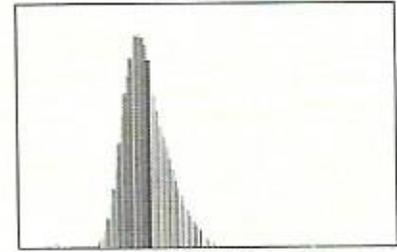
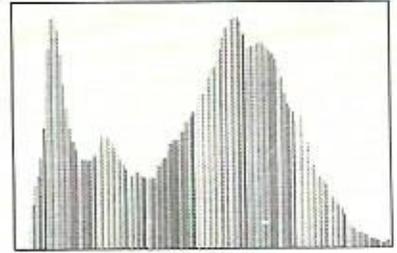
DR. MIR. MD. RAIHAN  
MBBS (DU), DFM, CCD (Biocem), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

**Id No** : 0151 **Date** : 05-May-2023 **D.Date** : 05-May-2023  
**Patient's Name** : KAISUL ISLAM **Age** : 24Y 7M 12D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 10245

### Haematology Report

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

Parameter Name	Results	Reference Range
<b>Hemoglobin (Hb)</b>	<b>12.2</b> gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
<b>ESR(Westergreen)</b>	<b>11</b> mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
<b>Total WBC Count(TC)</b>	<b>7,700</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
<b>Differential WBC Count (DC)</b>		
Neutrophils	<b>79</b> %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	<b>16</b> %	Child: 52-62 %, Adult: 20-50 %
Monocytes	<b>03</b> %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	<b>02</b> %	Child: 01-03 %, Adult: 01-06 %
Basophils	<b>00</b> %	Adult: 00-01 %
Total Cir. Eosinophils	<b>154</b> /cumm	50-450/cumm
<b>Total RBC Count</b>	<b>4.19</b> m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	<b>33.8</b> %	M: 40-54%, F:37-47%
MCV	<b>80.7</b> fL	76 - 94 fL
MCH	<b>29.1</b> pg	27 - 32 pg
MCHC	<b>36.1</b> g/dL	29 - 34 g/dL
RDW	<b>13.9</b> %	11 - 16 %
PDW	<b>16.9</b> fL	35 - 56 fL
<b>Total Platelete Count (PC)</b>	<b>2,23,000</b> /cumm	150,000-450,000/cumm
MPV	<b>11.3</b> fL	7.0 - 11.0 fL
Cloting Time(CT)	%	0.1- 0.2 %



*(Signature)*

**Checked By**  
Medical Technologist

*(Signature)*

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

Bill No	DIA23050151	Received Date	05/05/2023
Patient's Name	KAISUL ISLAM		
Patient's Age	24Y 7M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 10245
Sample	BLOOD		

**BIOCHEMISTRY REPORT**

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.2 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)	31 U/L	Up to 40 U/L
HbA1C	4.5 %	4.2 - 6.7 %

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	DIA23050151	Received Date	05/05/2023
Patient's Name	KAISUL ISLAM		
Patient's Age	24Y 7M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 10245
Sample	BLOOD		

### SEROLOGICAL REPORT

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

<b>BLOOD GROUPING Result</b>	
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

Bill No	DIA23050151	Received Date	05/05/2023
Patient's Name	KAISUL ISLAM		
Patient's Age	24Y 7M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 10245
Sample	URINE		

**URINE ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION****MICROSCOPIC EXAMINATION**

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

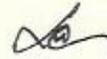
**ON REQUEST****CRYSTALS & OTHERS**

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.



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

Bill No	DIA23050151	Received Date	05/05/2023
Patient's Name	KAISUL ISLAM		
Patient's Age	24Y 7M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 10245
Sample	URINE		

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical 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. : 23050151      Receive:05/05/2023      Print: 05/05/2023  
 Patient's Name : **KAISUL ISLAM**  
 Age : 24 Yrs      Sex : M  
 Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

**X-RAY OF CHEST (DIGITAL)**

**Diaphragm** : Both hemidiaphragm are normal in position.  
 C-P angles are clear.

**Heart** : Normal in T.D.

**Lung** : Lung fields are clear.

**Bony thorax** : Reveals no abnormality.

**Comments** : Normal chest skiagram.



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

ID: 607

05-05-2023 02:06:29 PM

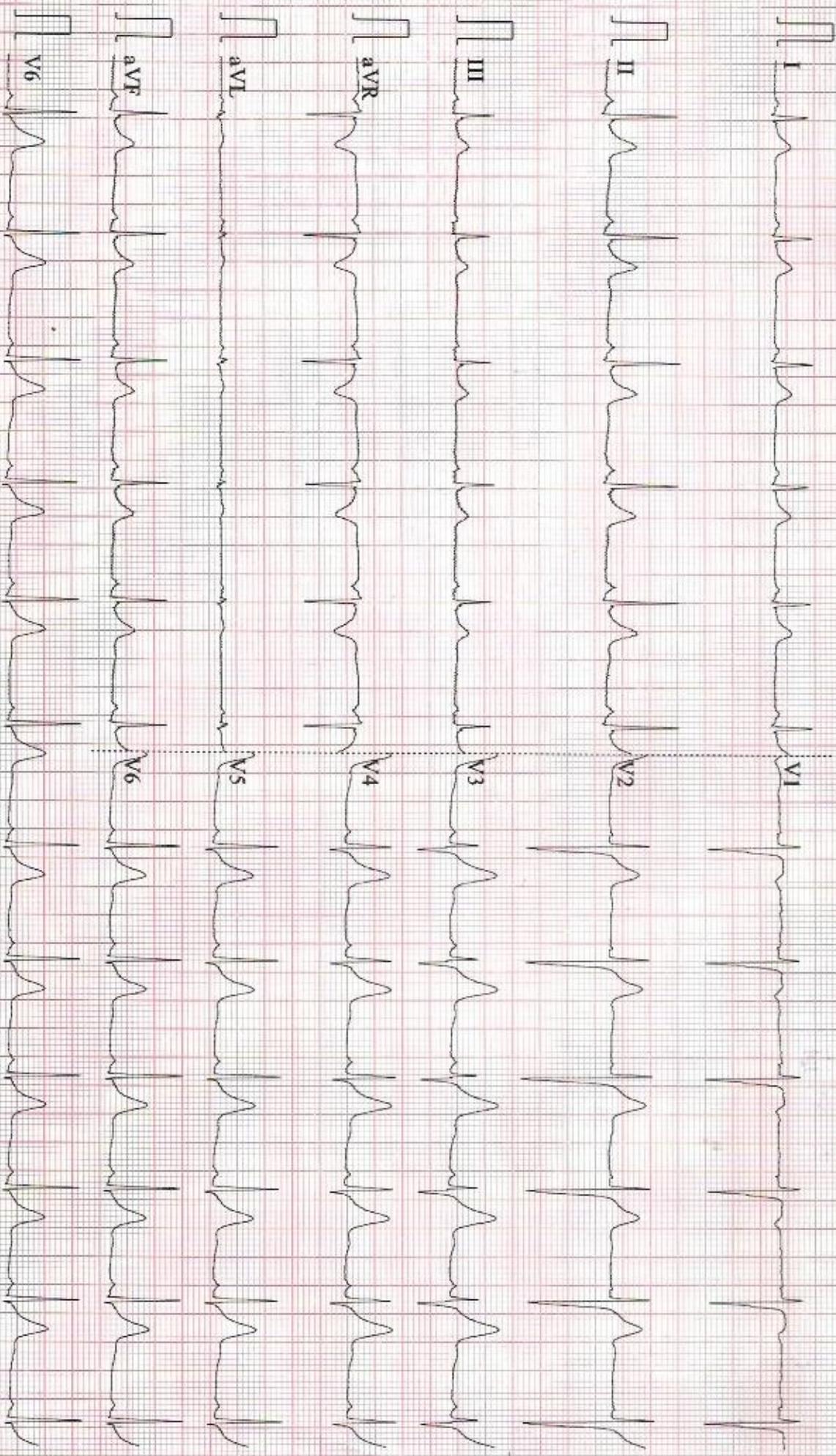
Male *[Signature]* Years

Diagnosis Information:

Sinus rhythm  
Normal ECG

HR	: 70	bpm
P	: 90	ms
PR	: 118	ms
QRS	: 90	ms
QT/QTc	: 346/374	ms
P/QRS/T	: 59/61/57	°
RV5/SV1	: 1.166/1.310	mV

Report Confirmed by:



REF: MV. ONE HOUSTON

DATE: 05/05/2023

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

### EYE EXAMINATION REPORT

NAME: KAISUL ISLAM	RANK: APP ENG	CDC NO: C/O/10245
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VISUAL ACUITY:	RIGHT	LEFT
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UNAIDED

6/6

6/6

AIDED

COLOUR VISION:	NORMAL / BLIND
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OPINION	: UNFIT / FIT FOR EMPLOYMENT ON BOARD
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Dr. Mir Md. Raihan  
 MBBS, PGT (Ophthalmology)  
 Assistant Registrar (EX)  
 East west Medical College & Hospital

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological Investigations					
			X-ray	ECG	Urine	Blood	LFT	
03 JUL 2019	M.V. <i>MISSION</i> RAIDA	120/80 70	Normal	Normal	Normal	Normal	Normal	Normal
15 DEC 2019	M.V. <i>MISSION</i> RAIDA	120/80 70	Normal	Normal	Normal	Normal	Normal	Normal
18 JUL 2022	M.V. <i>MISSION</i> RAIDA	120/80 70	Normal	Normal	Normal	Normal	Normal	Normal
05 MAY 2023	M.V. <i>MISSION</i> RAIDA	120/80 70	Normal	Normal	Normal	Normal	Normal	Normal

Completed by Company's M.O.

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

DR. M. AYUBUR RAHMAN  
M.B.S.; P.G. (Medicine)  
Taher Chamber  
10, Agrabad C/A, Chittagong  
Regn. No. A-11820

DR. M. MIR. MD. RAIHAN  
MBBS (D), DPM, CCD (Internal), PGT (Ortho)  
BMDC-A-55144; MMCI-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

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BMDC-A-55144; MMCI-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

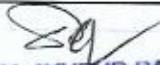
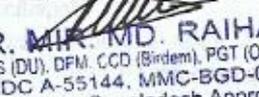
*Kaisul Islam*, AGAINST CHOLERA

This is to certify that  
whose signature follows

Date of birth 09-11-1998 Sex Male

*Kaisul Islam*

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
03 JUL 2019	 <b>DR. M. AYUBUR RAHMAN</b> M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
15 DEC 2019	 <b>DR. MD. AYUBUR RAHMAN</b> M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	
10 JUL 2022	 <b>DR. MIR. MD. RAIHAN</b> MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
05 MAY 2023	 <b>DR. MIR. MD. RAIHAN</b> MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
7		7
8		8

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