

# HAQUE & SONS LTD.

Tel: +880-2-333316214-6, Fax: +880-2-333310530



Accredited By : BMDC Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Accreditation No. A55144

PATIENT CONTROL NUMBER:

H425

### MEDICAL EXAMINATION CERTIFICATE

DATE OF BIRTH  RA 25-Nov-1988  Y: BANGLADESHI SEX: THOME ADDRESS:	PASSPO		ME NO. A STREET NAME AND MD			MIDDLE NAME		
RA 25-Nov-1988 Y: BANGLADESHI SEX:	PASSPU	DENHARES				ATFUL H		
Y: BANGLADESHI SEX:			≺ 652444		SEAMAN'S	BOOK NUMB	100	
	Male	☐ Female		CCEL TV	PE : BULK CARRIER	CO558		DI D 1
Trome rabbitedo.	Zi iviale	□ remaie	i lac	SSEL I II	CONTACT NUMBE	P - 00	88 01722	
					Commontes	(768)	0.429@35.550	Helmosy in
SHIBGANJ, MOKAMTOLA-58	10, BOGUR	A, BANGLA	DESH		RANK :	1ST	ASST E	NGINE
ever had any of the following con	iditions?							
andition	VEC	NO.		Canditio			VEC	NO
70/70/70		100	18		25//			NO
		1	200 CT L					7
		H	17-27-20					4
			1000 G 15 1 H					-
		7	1000	200 D 200 C 200 T 1				
			3855				20000	
2011100101001000			3500					5
MMC (8) 11.1			0.00	10000000000000000000000000000000000000				
12 CO 10 CO			00000000	A				त्रवपुर्वव्यव्यव्यव्यव्यव
	77	B	85-37-33	21.				U
			27	Loss of r	nemory			4
idney problem			28	Balance	problem			
kin problem		5	29	Severe h	eadaches			4
llergies			30	Ear/nose	/throat problems			2
fectious/contagious diseases			31	Restricte	d mobility			5
emia		<b>-</b>	32		22.5 (C.20.5 (DECATOR CO.)			4
enital disorders		ب	33					19
	700	The second second	34379					
ave you over been signed off as	niek er mee	triated from	o obio?				15 -0.0750	NO
		triated from a	a snip?					
								0
[20] 16 2 (1) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Torre Constant terranous and U.						
								<b>J</b>
이 그 그리는 얼마가 아내지 않아 아이를 하는 것 같아 아니는 얼마를 하는데 없다면 없다면 없다.								
THE PROPERTY OF THE PROPERTY O		duties of you	ur desig	nated pos	ition/occupation?		100000000000000000000000000000000000000	
	s?							8
FITS	OR DUTY	ON BOA	RD S	HP				
re you taking any non-prescription	n or prescrip	ption medica	tions?			-		4
se list the medications taken and	the purpos	e(s) and dos	age(s)			No.		
		<u> </u>				VI.		
	ondition ye/vision problem igh blood pressure eart/vascular disease eart surgery aricose veins sthma/bronchitis lood disorder iabetes hyroid problem igestive disorder dney problem kin problem lergies fectious/contagious diseases ernia enital disorders regnancy e above questions were answere questions  ave you ever been signed off as ave you ever been hospitalised? ave you ever been declared unfit as your medical certificate ever the you aware that you have any re of you feel healthy and fit to pe re you allergic to any medications:  """ The you taking any non-prescriptions se list the medications taken and	ondition  ye/vision problem  igh blood pressure eart/vascular disease eart surgery aricose veins sthma/bronchitis lood disorder labetes hyroid problem ligestive disorder dney problem lergies fectious/contagious diseases ernia enital disorders eabove questions were answered "yes", please  questions  ave you ever been signed off as sick or repart ave you ever been hospitalised? ave you ever been declared unfit for sea duby as your medical certificate ever been restrict the you aware that you have any medical problem by you feel healthy and fit to perform the ore the you allergic to any medications?  The poor DUT  The you taking any non-prescription or prescription sea list the medications taken and the purpose	ondition  ye/vision problem  igh blood pressure eart/vascular disease eart surgery aricose veins sthma/bronchitis  lood disorder iabetes hyroid problem igestive disorder diney problem kin problem lergies fectious/contagious diseases emia enital disorders regnancy e above questions were answered "yes", please give detailed a sick or repatriated from a save you ever been hospitalised? ave you ever been declared unfit for sea duty? as your medical certificate ever been restricted or revoke the you aware that you have any medical problems, disease you feel healthy and fit to perform the duties of you go you feel healthy and fit to perform the duties of you go you feel healthy and fit to perform the duties of you go you feel healthy and fit to perform the duties of you go you feel healthy and fit to perform the duties of you go you feel healthy and fit to perform the duties of you go you feel healthy and fit to perform the duties of you go you feel healthy and fit to perform the duties of you go you taking any non-prescription or prescription medical see list the medications taken and the purpose(s) and dos	ondition  ye/vision problem igh blood pressure eart/vascular disease eart surgery aricose veins sthma/bronchitis cood disorder iabetes inyroid problem ilergies ingestive disorder diney problem ilergies ernia enital disorders earby above questions were answered "yes", please give details.  Inguestions  ave you ever been signed off as sick or repatriated from a ship? ave you ever been declared unfit for sea duty? as your medical certificate ever been restricted or revoked? The you aware that you have any medical problems, diseases or iller you allergic to any medications?  The you taking any non-prescription or prescription medications? See list the medications taken and the purpose(s) and dosage(s)	condition  ye/vision problem igh blood pressure eart/vascular disease eart surgery aricose veins sthma/bronchitis cood disorder iabetes condition  ye/vision problem aricose veins sthma/bronchitis cood disorder cook disorder co	condition  yelvision problem  gh blood pressure eart/vascular disease eart/vascular disease eart surgery eart	ondition  yelvision problem  igh blood pressure  igh	rondition  YES  NO  yet/vision problem  yet/vision problem  ligh blood pressure eart/vascular disease eart/vascular diseases eart/vascular diseases/eart/vascular diseases eart/vascular diseases eart/vascular diseases eart/vascular diseases eart/vascular diseases eart/vascular diseases/eart/vascular diseases eart/vascular

ne Seafarer free anger the health	(e.g., speci	fic position, ty	Yes ype of ship, tra	ade are	ea):	d Until :		10	J MAY 20	25	
ne Seafarer free tanger the health cribe restrictions on taken by med	(e.g., speci	fic position, ty	Yes ype of ship, tra	ade are	ea):	2		5.87		Mr.	
ne Seafarer free hanger the health	(e.g., speci	fic position, ty	Yes ype of ship, tra	ade are		<u></u>					
e Seafarer free anger the health	or sure, po,	3013 011 000	Yes	ade are							
e Seafarer free anger the health	or sure, po,	3013 011 000	Yes	1 E							
e Seafarer free	from any me of other per	rsons on boar	-	1	9000						
e Seafarer free	from any me of other per	sons on boar	-								
e Seafarer free	from any me	cone on t	41.6		No						
		dical condition	ns likely to be	e aggra	vated by s	ervice :	at sea or to	render the seaf	arer unfit for	r such servi	ice or to
								12			
t	Without res	strictions	-3-54		Witt	n restric	ctions			4	
1						1					]
	_				1		7,77		-0.1	Colors	
1			service		Engine s	ervice'		Catering servi	ce	Other s	ervices
+		A A STANSON		ues				Not fit for lo	okout dutie	s	
medically		5366223	or lookout dut								
the basis of the minee medically	examinee's	personal deci	laration, my c	linical e	examinatio	n and t	ne diagnost	ic test results re	corded abo	ve, I declar	e the
sessment of fitr	ness for ser	vice at sea:	V 10 10 10 10 10 10 10 10 10 10 10 10 10	CAROLIN ST							
-					Name o	or Seafa	rer		-	Date	1
nature of Seafar	er			1	MD ATFUL				_	8.50	
Shible										11 MAY	2023
reby I declare tha	at I am in kn	owledge of th	e contents of	the Ph	ysical exa	minatio	ns:	_			
								Others(KUB Ult	raso	MI	5
HBA1C		5:5%	Cocaine	-	☐ Positive		egative	Psychological E	xam	M	0
RANDOM		5.0	Phencyclidin Barbiturates	е	☐ Positiv	and the second	egative -	Blood Type	718	A+(VE	
WBC	GLUCOSE I	0.200	Amphetamin		☐ Positiv	e 🗆 N	egative	VDRL	the second secon	eactiv D	Vonreacti
ESR (WESTER	RGREN)	26	Morphine		☐ Positiv	e D N	egative	HIV / AIDS Tes	t DR	eactiv	Jonreact
HAEMOGLOBI	IN (HGB)	13.8	the state of the s	UG AN	ID ALCOH	OL TES	ST	HBsAg	OTHER	RS eactiv 21	Jones
DC(differential	count) /	CAM	SGOT		-/2	5		URINE R/E	OTHE	M	1
E	BLOOD R/E		SGPT		0	1		Alcohol Test	□ P	ositive 🗆 I	Vegative
ECG		man	BILIRUBIN	WICAL	(LIVER FL	NCTIC	N TEST)	Marijuana			Vegative
ESULTS OF AN Chest X-Ray	ICILLARY E	XAMINATION									
ESIII TE OF AL	ICII I ADVICE	VALUE			9-10-2						
										П	
Heart			5			cin	-pp-carance				
Breast examin			MA	0			ic appearance			-	0
Lungs and che						eurolog sychiatr	ic (full brief	).		2	0
Eye movemen	ıt						S, T/S and			T	
Pupils	'y		9999		U	pper an	d lower ext	remities		19999999	
Eyes Opthalmoscop	nu -		<u> </u>		G	-U syst	em	100		П,	
Tympanic mer	mbrane		3				t rectal exa	m)		9	
Ears (general)			4			emia	. unu viace	u .			
Mouth/teeth			سلعا	Ö			(inc. pedal			9	
Sinuses, nose	throat		G-			aricose ascular		nula a c \		9	
Head			Normal	Abnor						Normal	Abnorn
1907:554			Normal	Abnor	mal					Normal	Abnorn
			28		7.5						
Date of last co	olour vision	test: Date (da	y/month/year	11	MAY 20	23					
Colour vision	as per STC	W CODE Sec	ction A-I/9:	4	Normal		□ Doubt		☐ Defectiv	e	
	meets the st	tandard laid d	own in STCV	V Code	Section A-	-1/9	VES .	NO			- "
Visual acuity	- 1			100	_		Right Left e		/		
Near Visual acuity	616	Leit ey	Ve Righ	t eye	Left e	ye	En. L		Normal	De	efective
Visual acuity	Right eye	1.0 (1900)	m Divi		ided			7 11 20	Normal		fort
Near Visual acuity	1	Jnaided v	isual acuity		luco.				Vis	ual fields	

### PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

#### THE REPUBLIC OF LIBERIA

LAST NAME OF A	APPLICANT		FIRST NAME		35	MIDDLE INITIAL
SHIBLY			MD			ATFUL HYE
DATE OF BIRTH			PLACE OF BIRT	11		SEX
11	25	1988	BOGRA	BANG	GLADESH	100.000
MONTH	DAY	YEAR	CITY	COU	NTRY	MALE FEMALE
EXAMINATION F	OR DUTY AS	:		MAILING	ADDRESS OF APPLICA	ANT:
MASTER		RATING		KARATK	OLA, SHIBGANJ, MOI	KAMTOLA-5810.
MATE		MOU DECK			BANGLADESH	100
ENGINEER		MOU ENGINI	Е	(0.686) 000,207		
RADIO OFF		SUPERNUME	RARY	-		
MEDICAL EX				MEDICAL RE	OUREMENTS) STA	TE DETAILS ON REVERSE SIDI
HEIGHT'	WEIGHT	BLOOD PE		PULSE	RESPIRATION	GENERAL APPEARANCE
283m 9	5/4		mmy	785/m	19 b/Mi	n Gerd
VISION:	RIG	HT EYE	CEFT EY	_		
WITHOUT GLASS	ES	6/6	1 _ 6	L		
WITH GLASSES	8		1			
DATE OF LAST CO	OLOR VISION	TEST (Month	h/Day/Year) 11	MAY 2023	Testing Required	every 6 years
COLOR VISION M	EETS STANE	OARDS IN STO	CW CODE, TABLE	A-1/9?	YES 🖵	NO []
OLOR TEST TYPE:	BOOK - LANT	TERN : CHECK	IF COLOR TEST IS N	ORMAL	YELLOW RE	ED MYGREEN MY BLUE
IEARING	RT. EAR	~	15)	LEFT	YEAR ^	M
HEAD AND NECK		- huo	1 1	IEART (CARDI	OVASCULAR)	1000 0
		Nor	me	SV2017-0013-115-2072-5		Normal
LUNGS		Nor				ICER AND RADIO OFFICER) AL VOICE COMMUNICATION?
EXTREMITIES:		- 1				1
UPPER		Nu	me		LOWER	Normy
IS APPLICANT SU OR LIKELY TO EN EXAMINATION O	DANGER TH	OM ANY DISI IE HEALTH O	EASE LIKELY TO E FOTHER PERSON	BE AGGRAVAT S ON BOARD?	TED BY, OR TO RENDE IF YES, EXPLAIN IN D	ER HIM UNFIT FOR SERVICE AT SE DETAILS OF MEDICAL
	1					
SI	Subly			111	MAY 2023	1 0 MAY 2025
81	Libly TURE OF API	PLICANT		DATE OF E		1 0 MAY 2025 EXPIRY DATE
SIGNA			BE AFFIXED IN TH	DATE OF E		EXPIRY DATE
SIGNA TI	HIS SIGNATU	RE SHOULD	BE AFFIXED IN TH	DATE OF E	XAM OF THE EXAMINING I	EXPIRY DATE
SIGNA TI	HIS SIGNATU	RE SHOULD		DATE OF E HE PRESENCE GIVEN TO	OF THE EXAMINING I	EXPIRY DATE PHYSICIAN. FUL HYE SHIBLY
SIGNA' TI THIS IS TO CERTI	HIS SIGNATU FY THAT A P IND TO BE (F	PHYSICAL EX	FOR DUTY O	DATE OF E HE PRESENCE GIVEN TO N BOARD	OF THE EXAMINING I MD AT	EXPIRY DATE PHYSICIAN. FUL HYE SHIBLY
SIGNA' THIS IS TO CERTI THES (SHE) IS FOUL MOU ENGINE OF S	HIS SIGNATU FY THAT A P IND TO BE (F SUPERNUMEI	ORE SHOULD PHYSICAL EX IT) (NOT FIT) RARY).	FOR DUTY OF FOR DUTY AS A:	DATE OF E HE PRESENCE GIVEN TO N BOARD (MASTER, MA	OF THE EXAMINING F MD AT NAME OF APPI TE, ENGINEER, RADIO	EXPIRY DATE PHYSICIAN. FUL HYE SHIBLY LICANT) O OFFICER, RATING, MOU DECK,
SIGNA' THIS IS TO CERTI THES (SHE) IS FOUL MOU ENGINE OF S	HIS SIGNATU FY THAT A P IND TO BE (F SUPERNUMEI	ORE SHOULD PHYSICAL EX IT) (NOT FIT) RARY).	FOR DUTY OF FOR DUTY AS A:	DATE OF E HE PRESENCE GIVEN TO N BOARD (MASTER, MA	OF THE EXAMINING I MD AT	EXPIRY DATE PHYSICIAN. FUL HYE SHIBLY LICANT) O OFFICER, RATING, MOU DECK,
SIGNA TI THIS IS TO CERTI HE) (SHE) IS FOU MOU ENGINE or S NAME AND DEC	HIS SIGNATU FY THAT A P IND TO BE (F EUPERNUMEI GREE OF PH	PRE SHOULD PHYSICAL EX PHYSICAL EX PHYSICAL EX PHYSICAL EX PHYSICIAN	FOR DUTY OF FOR DUTY AS A:	DATE OF E HE PRESENCE GIVEN TO N BOARD (MASTER, MA RAIHAN; M	OF THE EXAMINING I  MD AT  SHIP ONAME OF APPL  TE, ENGINEER, RADIO  LB.B.S (D.U), REG.N	EXPIRY DATE PHYSICIAN. FUL HYE SHIBLY LICANT) O OFFICER, RATING, MOU DECK,
SIGNATION SIGNATION SIGNATION SIGNATION SIGNATION SIGNATION SIGNATURE OF SIGNATURE AND DECEMBER OF SIGNATURE AND DECEMBER SIGNATURE SIGN	HIS SIGNATU FY THAT A P IND TO BE (F IUPERNUMEI GREE OF PH	ORE SHOULD PHYSICAL EX IT) (NOT FIT) RARY). IYSICIAN OSPITALS L	FOR DUTY OF FOR DUTY AS A: OF THE PROPERTY OF	DATE OF E HE PRESENCE GIVEN TO N BOARD (MASTER, MA RAIHAN; M AH MAKHDU	OF THE EXAMINING I  MD AT  SHIP ONAME OF APPL  TE, ENGINEER, RADIO  LB.B.S (D.U), REG.N	EXPIRY DATE PHYSICIAN. FUL HYE SHIBLY LICANT) OFFICER, RATING, MOU DECK, IO.A-55144
SIGNA' TI THIS IS TO CERTI HE) (SHE) IS FOU MOU ENGINE or S NAME AND DEC	HIS SIGNATU FY THAT A P IND TO BE (F IUPERNUME) GREE OF PH EDICAL HO	ORE SHOULD PHYSICAL EX IT) (NOT FIT) RARY). IYSICIAN PSPITALS L RTIFICATIN	DR. MIR MD , IMITED. 35, SHA	DATE OF E HE PRESENCE GIVEN TO N BOARD (MASTER, MA RAIHAN; M AH MAKHDU	SHIP ON AME OF APPLICATION OF THE EXAMINING FOR APPLICATION OF APP	EXPIRY DATE PHYSICIAN. FUL HYE SHIBLY LICANT) OFFICER, RATING, MOU DECK, IO.A-55144

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and

for no more than one (1) year for those under 18 years of the second of

Radical Hospitals Limited

#### 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 EXAMINATION INCLUDING HI	EARING TES	EARING TES	HEARING TE
---	------------	------------	------------

2. PATHOLOGICAL EXAMINATION: 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

4. E.C.G. TEST

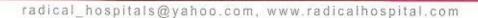
5. EYE EXAMINATION FOR V/A & C/V

11 MAY 2023

RLM-105M (REV. 06/16)



DR. MIR. MD. RAIHAN
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 : 0348 Date : 11-May-2023 D.Date : 11-May-2023

Patient's Name: MD ATFUL HYE SHIBLY Age: 34Y 3M 23D Gender: Male

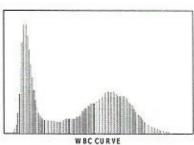
Specimen : Blood

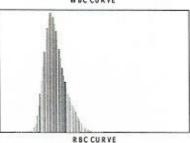
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5584

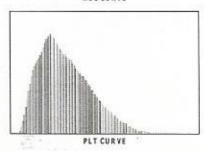
### **Haematology Report**

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	<b>13.8</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>06</b> mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	10,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	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	216 /cumm	50-450/cumm
Total RBC Count	5.21 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.2 %	M: 40-54%, F:37-47%
MCV	<b>69.5</b> fL	76 - 94 fL
MCH	<b>26.5</b> pg	27 - 32 pg
MCHC	38.1 g/dL	29 - 34 g/dL
RDW	14.4 %	11 - 16 %
PDW	14.4 fL	35 - 56 fl
Total Platelete Count (PC)	1,91,000 /cumm	150,000-450,000/cumm
MPV	10.2 fL	7.0 - 11.0 fL
PCT	0.195 %	0.1 - 0.%
Bledding 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.

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23050348	Received Date	11/05/2023
Patient's Name	MD ATFUL HYE SHIBLY	1,000,000	11/00/2020
Patient's Age	34Y 3M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5584
Sample	BLOOD		110.0.0.0001

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	32 U/L	Up to 37 U/L
HbA1C	5.5 %	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	DIA23050348	Received Date	11/05/0000
Patient's Name	MD ATFUL HYE SHIBLY	received Date	11/05/2023
Patient's Age	34Y 3M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	The state of the s	CDC NO:C/O/5584
Sample	BLOOD	,	CDC NO.C/O/5584

# SEROLOGYCAL REPORT

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

OD 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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	MD ATFUL HYE SHIBLY		11/05/2023
Patient's Age	34Y 3M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5584
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	1-2/HPF

### CHEMICAL EXAMINATIONCASTS / LPF

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



radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. HSL VARNA

DATE: 11/05/2023

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

# EYE EXAMINATION REPORT

NAME: MD ATFUL HYE SHIBLY

RANK: 1A/ENG

CDC NO: C/O/5584

VISUAL ACUITY:

RIGHT

LEFT

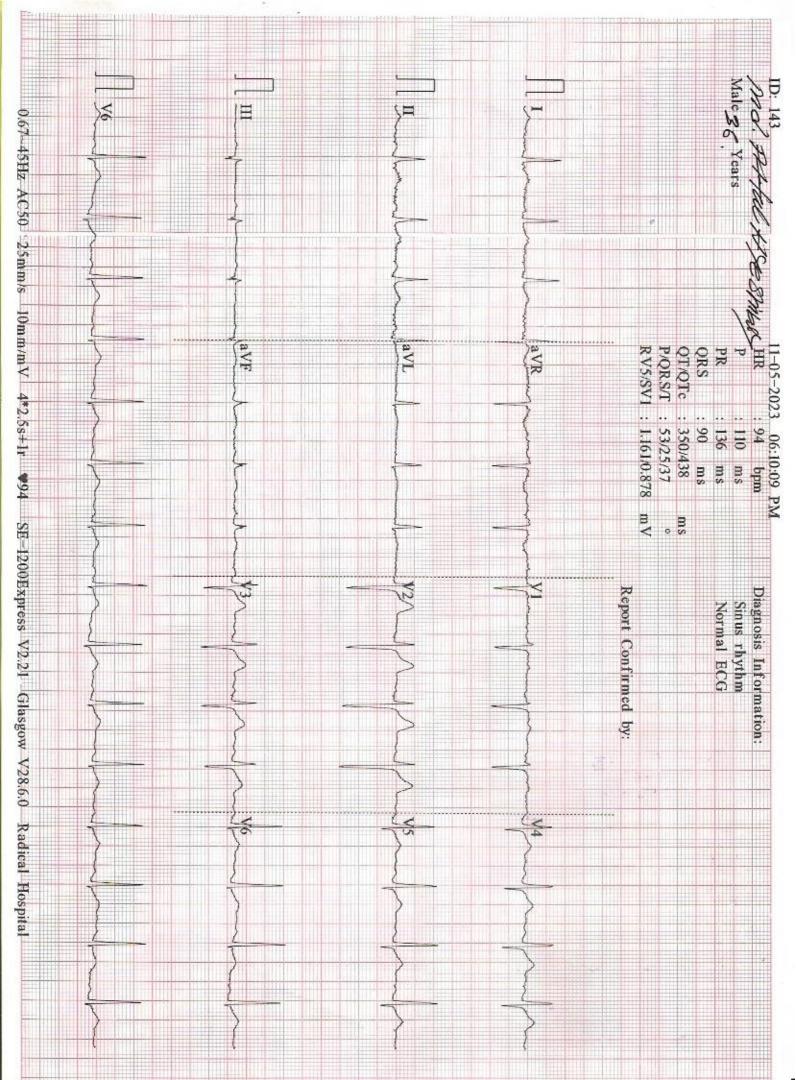
GUB

UNAIDED

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX) East west Medical College & Hospital



radical\_hospitals@yahoo.com, www.radicalhospital.com



## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No.

23050348

Receive:11/05/2023

Print: 11/05/2023

Patient's Name

MD ATFUL HYE SHIBLY

Age

36 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-Nov-1088 Sex MALE

MD. ATFUL HYE SHIBLY

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vecephator	Approved Stamp		
MAL B	BMDC A-55144, MMC-BGD BBDC Shipping Bangladesh Approve		TION X	
2: 24 75	DR. MHR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophin) BMDC A-55134, MMC-BGD-018 DG Shipp,ng Bangladesh Approved	St. Sheh Makirdan St. Averuse Uttera, Dhake		
3 M	DR. MIR. MD. RAIHAN MBS (DU), DFM, CCD (Birdem), PGT (Ophin) BMDC A-55144, MMC-BGD-016	St. Shah Maindum	4	
5	DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	BANGLADEST 5	A STATE OF THE STA	
6		*		
7		7	8	
8			0 1	