



HAQUE & SONS LTD.

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

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



Accredited By : BMDC
Accreditation No. A55144

PATIENT CONTROL NUMBER:
HS4381FF



MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND MD	MIDDLE NAME MASUD
PLACE AND DATE OF BIRTH DHAKA 3-Feb-1981	PASSPORT NUMBER B00007046	SEAMAN'S BOOK NUMBER CO4381
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER
PERMANENT HOME ADDRESS : 94/1, NAWABPUR, DHAKA, WARI, NAWABPUR-1226, DHAKA, BANGLADESH		TRADING AREA : WORLD WIDE
CONTACT NUMBER : 8801911291876		RANK : TRAINE MASTER

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.

Masud Rana

Signature of Seafarer

MEDICAL EXAMINATION

Weight 83 kg	Height (cm) 176	BMI 26.7	Blood Pressure: Systolic 130 mm	Diastolic 80 mm	PULSE: 78 b/min
Ear	Hearing by Audiometry	Audiometry		Hearing by Whisper Test	
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000
Left	☐ Adequate ☐ Inadequate	N/A		☒ 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
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: ☒ Normal ☐ Doubtful ☐ Defective

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

Date of last colour vision test: Date (day/month/year) **22 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	N/A	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	N/A	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	N/A	SGPT	URINE R/E	N/A
DC(differential count)	N/A	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	12.3	DRUG AND ALCOHOL TEST		HBsAg
ESR (WESTERGREN)	10	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test
WBC	7.300	Amphetamine	☐ Positive ☒ Negative	VDRL
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type
RANDOM	7.0	Barbiturates	☐ Positive ☒ Negative	Psychological Exam
HBA1C	6.2-1	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultraso

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

MD MASUD RANA

22 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:

22 MAY 2023

Valid Until:

21 MAY 2024

Name and Signature of Authorized Physician

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

Medical Exam Form
CONFIDENTIAL FORM
Pre-sea Exam ☒ Periodic Exam ☐

Name (last,first,middle): RANA MD MASUD

Date of birth (day/month/year): 03/02/1981 Sex: male ☐ female ☒

Home address: 94/1, NAWABPUR, DHAKA, WARI, NAWABPUR-1226, DHAKA, BANGLADESH

Passport No./Discharge Book No.: B00007046

Department (deck/engine/radio/food handling/other): DECK

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): OIL/CHEMICAL

TANKER Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	☐	☒	18. Sleeping 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 below.



Additional questions

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 35. Have you ever been signed off as sick or repatriated from a ship? | ☐ | ☒ |
| 36. Have you ever been hospitalized? | ☐ | ☒ |
| 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?

☐ ☒

If yes, please list the medications taken and the purpose(s) and dosage(s).

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____

Date (day/month/year): 22 MAY 2023

Witnessed by: (Signature) _____

Name: (Typed or printed) _____

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

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. DR. MIR. MD. RAIHAN (the approved medical examiner).

Signature of examinee: _____

Date (day/month/year): 22 MAY 2023

Witnessed by: (Signature) _____

Name: (Typed or printed) _____

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

Date & Contact details for previous medical examination (if known): _____



MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

Visual Acuity						
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	/			
Near	NS	NS	/			

Visual fields		Normal	Defective
Right eye		/	
Left eye		/	

Colorvision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)					
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	
Right ear	20	20	20		
Left ear	20	20	20		

Speech and whisper test (metres)

	Normal	Whisper
Right ear	/	
Left ear	/	

Height: 176 (cm) Weight: (kg) 83 (kg) Pulse rate: 78 (/minute) Rhythm: Regular
Blood pressure: Systolic: 130 (mm Hg) Diastolic: 80 (mm Hg)

Normal Abnormal

Head

Sinuses, nose, throat	☒	☐
Mouth/teeth	☒	☐
Ears (general)	☒	☐
Tympanic membrane	☒	☐
Eyes	☒	☐
Ophthalmoscopy	☒	☐
Pupils	☒	☐
Eyemovement	☒	☐
Lungs and chest	☒	☐
Breast examination	NTA	☐
Heart	☒	☐

Skin

Varicose veins	☒	☐
Vascular (inc. pedal pulses)	☒	☐
Abdomen and viscera	☒	☐
Hernia	☒	☐
Anus (not rectal exam.)	☒	☐
G-U system	☒	☐
Upper and lower extremities	☒	☐
Spine (C/S, T/S and L/S)	☒	☐
Neurologic (full brief)	☒	☐
Psychiatric	☒	☐
General appearance	☒	☐

Normal Abnormal

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 22 MAY 2023

Results: Normal chest x-ray



Urinalysis: Glucose: Nil Protein: Nil

Blood Analysis: Hepatitis B Test Negative, V.D.R.L. Non Reactive
Immunodeficiency Virus Anti bodies _____

Other diagnostic test(s) and result(s):

Test Blood Routine Result Normal

Medical Examiners comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

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 duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☒	☐	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☒ With restrictions ☐

Visual aid required: Yes ☐ No ☒

Describe restrictions (eg. Specific positions, type of ship, trade area)

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

Medical certificate's date of expiration (day/month/year): ____/____/____ **21 MAY 2024**

Date of examination (day/month/year): ____/____/____ **22 MAY 2023**

Number of Medical Certificate: _____

Official stamp: _____

Signature of medical practitioner: _____

Name of medical examiner: (Typed or printed) _____

Address of medical practitioner: _____

Authorized by: DA SHIPPING BANGLADESH (competent authority)

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

RADICAL HOSPITALS LIMITED
Dhaka, Bangladesh



SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE
CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME RANA		GIVEN NAME(S) MD MASUD	
NATIONALITY BANGLADESHI		ID DOCUMENT NO: C/O4381	
DATE OF BIRTH 02 MONTH 03 DAY 1981 YEAR		PLACE OF BIRTH DHAKA CITY	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☒ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: 94/1, NAWABPUR, DHAKA, WARI, NAWABPUR-1226, DHAKA, BANGLADESH	

DECLARATION OF APPROVED MEDICAL PRACTITIONER:
I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

MEDICAL EXAMINATION (SEE LAST PAGE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 176cm	WEIGHT 85kg	BLOOD PRESSURE 130/80 mm	PULSE 78b/min	RESPIRATION 19 b/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6 WITH GLASSES		HEARING: RT. EAR <u>nm</u> LEFT EAR <u>nm</u>			
COLOR TEST TYPE: BOOK ☒ LANTERN ☒ CHECK IF COLOR TEST IS NORMAL - YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒					

DATE OF LAST COLOR VISION TEST: 22 MAY 2023

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

HEAD AND NECK Normal	HEART (CARDIOVASCULAR) Normal
LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? ☒
EXTREMITIES: UPPER <u>Normal</u> LOWER <u>Normal</u>	

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?
Yes ☐ No ☒

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

Masud Rana
SIGNATURE OF APPLICANT

22 MAY 2023

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

DATE



THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

MD MASUD RANA

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: Yes ☒

No ☐

SEAFARER IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER / RATING/CHIEF COOK/ COOK) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN _____

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

ADDRESS **RADICAL HOSPITAL LIMITED**
Uttara, Dhaka, Bangladesh

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY **DG SHIPPING BD**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE _____

06 MAY 2024

SIGNATURE OF PHYSICIAN :



DATE OF EXAMINATION: **22 MAY 2023**

EXPIRY DATE OF CERTIFICATE: **21 MAY 2024**

SEAFARER ACKNOWLEDGMENT

I, MD MASUD RANA (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.



MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualification 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 24 months immediately preceding applications for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specified duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physicians should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) 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 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, *International Travel and Health, Vaccination Requirements and Health Advice*, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- (g) Diseases or Conditions
 - 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 use of narcotics.
- (h) Physical Requirements
 - Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fireman/watertender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' as evidence of physical qualification while serving on board a vessel. An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers. Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the model provided - Medical Exam Form).

22 MAY 2023



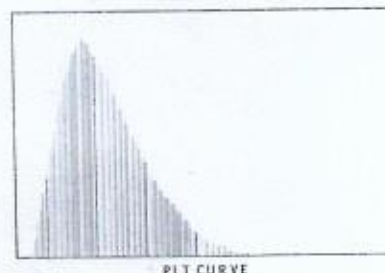
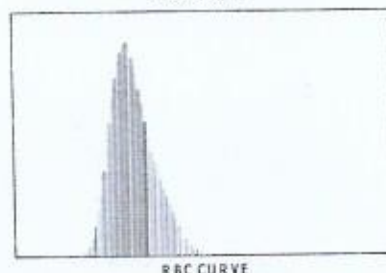
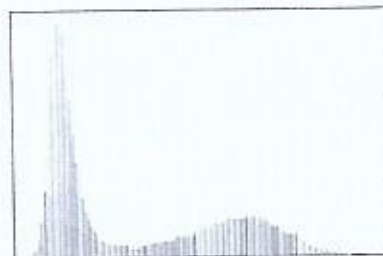
DR. MIR. MD. RAIHAN
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General Physician
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Id No : 0670 **Date** : 22-May-2023 **D.Date** : 22-May-2023
Patient's Name : MD MASUD RANA **Age** : 42Y 3M 19D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:** C/O/ 4381

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.3 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)	10 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	44 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	49 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	05 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	146 /cumm	50-450/cumm
Total RBC Count	4.55 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	33.9 %	M: 40-54%, F:37-47%
MCV	74.5 fL	76 - 94 fL
MCH	27.0 pg	27 - 32 pg
MCHC	36.3 g/dL	29 - 34 g/dL
RDW	15.0 %	11 - 16 %
PDW	15.1 fL	35 - 56 fL
Total Platelete Count (PC)	3,04,000 /cumm	150,000-450,000/cumm
MPV	8.4 fL	7.0 - 11.0 fL
PCT	0.255 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Microbiologist

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

Bill No	DIA23050670	Received Date	22/05/2023
Patient's Name	MD MASUD RANA		
Patient's Age	42Y 3M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4381
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	7.9 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22 U/L	Up to 37 U/L
HbA1C	6.1 %	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 Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23050670	Received Date	22/05/2023
Patient's Name	MD MASUD RANA		
Patient's Age	42Y 3M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/4381
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING Result

ABO Blood Group

"O" (+ve)

Rh(D) Factor

Positive

Checked By


 Medical Micrologist
 Radical Hospitals Ltd.


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

Bill No	DIA23050670	Received Date	22/05/2023
Patient's Name	MD MASUD RANA		
Patient's Age	42Y 3M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4381
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC 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 EXAMINATIONCASTS / 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 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 Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23050670	Received Date	22/05/2023
Patient's Name	MD MASUD RANA		
Patient's Age	42Y 3M 19D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4381
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. Suraiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

East West Medical College and Hospital



REF: MV. ONE TRIBUTE

DATE: 22/05/2023

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

EYE EXAMINATION REPORT

NAME: MD MASUD RANA

RANK: MASTER

CDC NO: C/O/4381

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

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: 230568

22-05-2023 11:53:49

Mr. Mervin Ponn

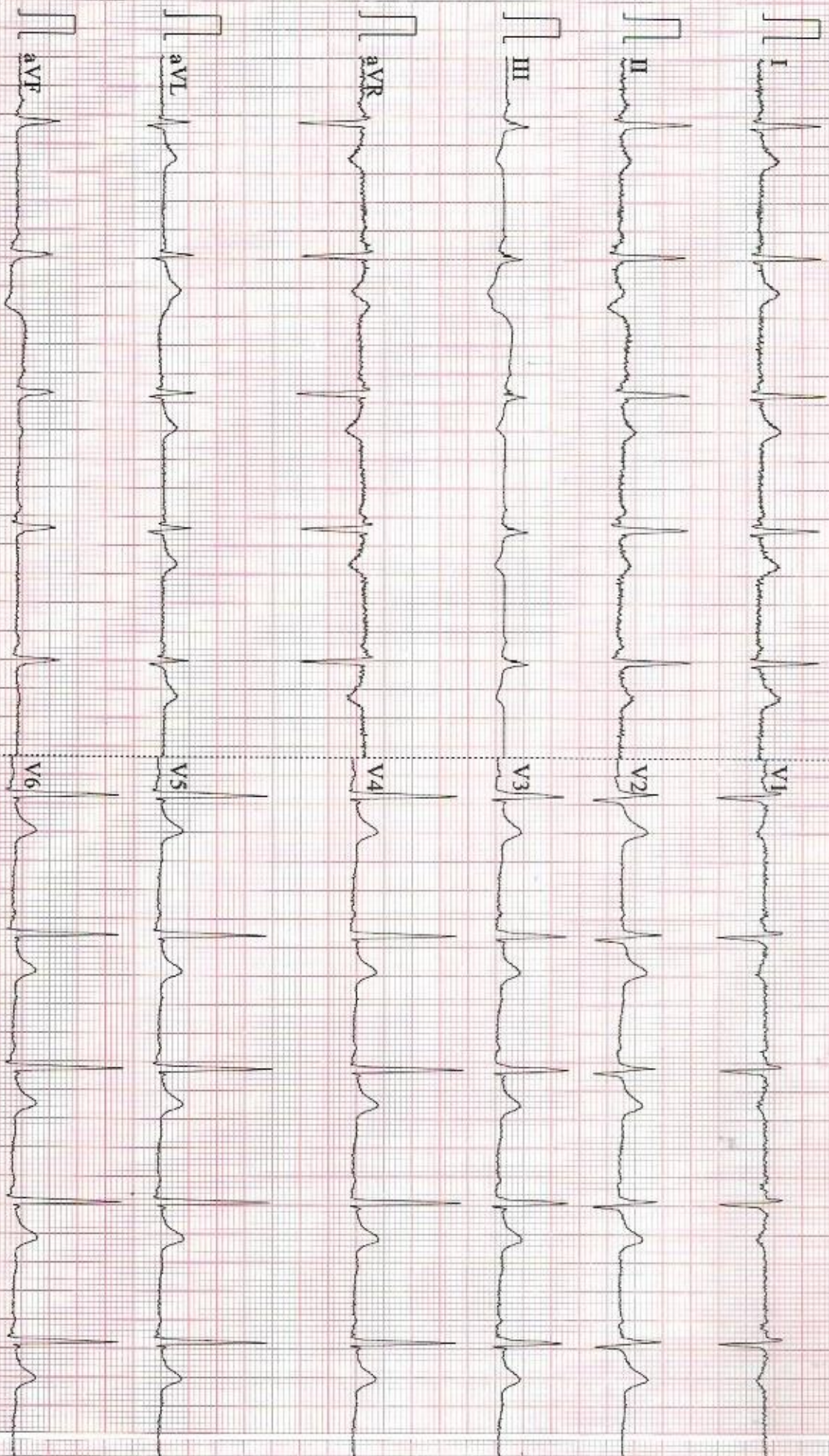
Male 42 Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 62	bpm
P	: 114	ms
PR	: 148	ms
QRS	: 104	ms
QT/QTc	: 410/417	ms
P/QRS/T	: 72/48/7	°
RV5/SV1	: 1954/0.844	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050670 Receive: 22/05/2023 Print: 22/05/2023
Patient's Name : MD MASUD RANA
Age : 42 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.



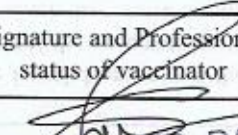
Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 03-FEB-1981 Sex MALE
MD. MASUD RAIHA (C/O/4381)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 22 MAY 2023	 DR. M. R. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-015 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3		3	4
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8			

Continued overleaf Suite our erso

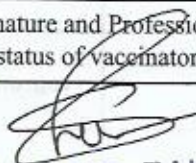
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 03 FEB-1981 Sex MALE

MD. MASUD RANA (C/O/4381)

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
1 22 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.		
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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