



# HAQUE & SONS LTD.

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

Tel : +880 31 716214-6, Fax : +880 31 710530



Accredited By : BMD  
Accreditation No. A 55144

PATIENT CONTROL NUMBER:  
H1447

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                             |                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------|
| SURNAME<br><b>HOSSAIN</b>                                                                                                   | FIRST NAME<br><b>MD.</b>            | MIDDLE NAME<br><b>NADIM</b>                                        |
| PLACE AND DATE OF BIRTH<br><b>BOGRA 1-Sep-1995</b>                                                                          | PASSPORT NUMBER<br><b>EG0918854</b> | SEAMAN'S BOOK NUMBER<br><b>CO9199</b>                              |
| NATIONALITY : <b>BANGLADESHI</b> SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female             |                                     | VESSEL TYPE : <b>CHEM. TANKER</b> TRADING AREA : <b>WORLD WIDE</b> |
| PERMANENT HOME ADDRESS :<br><b>NORTHERN LION RP TOWER, FLAT- 2/L, BLOCK- D, PLOT- 4, MIRPUR-2, DHAKA- 1216, BANGLADESH.</b> |                                     | CONTACT NUMBER : <b>01919983456 (SELF)/0191</b>                    |
|                                                                                                                             |                                     | RANK : <b>2ND 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

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

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

*Signature of Seafarer*

Signature of Seafarer

### MEDICAL EXAMINATION

|                                                                                                                                           |                                                                       |                |                                        |                                              |                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------|----------------------------------------|----------------------------------------------|-------------------------------------|
| Weight <b>88 kg</b>                                                                                                                       | Height (cm) <b>171</b>                                                | BM <b>20.0</b> | Blood Pressure: Systolic <b>120 mm</b> | Diastolic <b>80 mm</b>                       | PULSE: <b>78 bpm</b>                |
| Ear                                                                                                                                       | Hearing by Audiometry                                                 | Audiometry     |                                        | Hearing by Whisper Test                      |                                     |
| Right                                                                                                                                     | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | 500            | 1000                                   | 2000                                         | 3000                                |
| Left                                                                                                                                      | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <b>N/A</b>     |                                        | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                                                       |                |                                        |                                              |                                     |

|         | Visual acuity |          |           |          | Visual fields                       |           |
|---------|---------------|----------|-----------|----------|-------------------------------------|-----------|
|         | Unaided       |          | Aided     |          | Normal                              | Defective |
|         | Right eye     | Left eye | Right eye | Left eye |                                     |           |
| Distant |               |          | 6/6       | 6/6      | <input checked="" type="checkbox"/> |           |
| Near    |               |          |           |          | <input checked="" type="checkbox"/> |           |

Visual acuity meets the standard laid down in STCW Code Section A-1/9

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

☒ Normal  
15 MAY 2023

YES / NO

☐ Doubtful

☐ Defective

Date of last colour vision test: Date (day/month/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

|                       | 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                               |                                   |                                              |                                              |
| HAEMOGLOBIN (HGB)      | 14.8   | DRUG AND ALCOHOL TEST              |                                   | HBsAg                                        | <input type="checkbox"/> Reactive            |
| ESR (WESTERGREN)       | 08     | Morphine                           | <input type="checkbox"/> Positive | <input checked="" type="checkbox"/> Negative | HIV / AIDS Test                              |
| WBC                    | 10.100 | Amphetamine                        | <input type="checkbox"/> Positive | <input checked="" type="checkbox"/> Negative | VDRL                                         |
| BLOOD GLUCOSE LEVEL    |        | Phencyclidine                      | <input type="checkbox"/> Positive | <input checked="" type="checkbox"/> Negative | Blood Type                                   |
| RANDOM                 | 4.8    | Barbiturates                       | <input type="checkbox"/> Positive | <input checked="" type="checkbox"/> Negative | Psychological Exam                           |
| HBA1C                  | 4.5-1  | Cocaine                            | <input type="checkbox"/> Positive | <input checked="" type="checkbox"/> Negative | Others(KUB Ultrasound)                       |

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

Nadim H.  
Signature of Seafarer

MD. NADIM HOSSAIN

Name of Seafarer

15 MAY 2023

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                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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

Fitness Date: 15 MAY 2023 Valid Until: 14 MAY 2025

Name and Signature of Authorized Physician

DR. MIR. MD. FARUK  
Seafarer's Convention (No. 178) and STCW 1978/1996 as Amended, MLC 2006  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

|                                                                                                 |  |                                                                                                                                                               |                    |
|-------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| SURNAME: <b>HOSSAIN</b>                                                                         |  | GIVEN NAME (S): <b>MD. NADIM</b>                                                                                                                              |                    |
| DATE OF BIRTH: DAY <b>1</b> MONTH <b>9</b> YEAR <b>1995</b>                                     |  | PLACE OF BIRTH<br>CITY <b>BOGRA</b> COUNTRY <b>BANGLADESH</b>                                                                                                 | SEX<br>MALE FEMALE |
| POSITION ON BOARD:<br>MASTER<br>DECK OFFICER<br>ENGINEERING OFFICER<br>RADIO OPERATOR<br>RATING |  | MAILING ADDRESS OF APPLICANT:<br><b>NORTHERN LION RP TOWER, FLAT- 2/L, BLOCK- D, PLOT- 4,<br/>MIRPUR-2, DHAKA-1216, BANGLADESH.</b><br><br><b>BANGLADESH.</b> |                    |

## DECLARATION OF THE AUTHORIZED PHYSICIAN

| VISION    |                 | COLOR TEST TYPE | HEARING             |
|-----------|-----------------|-----------------|---------------------|
|           | WITHOUT GLASSES | WITH GLASSES    |                     |
| RIGHT EYE | —               | <b>6/6</b>      | RIGHT EAR <b>mm</b> |
| LEFT EYE  | —               | <b>6/6</b>      | LEFT EAR <b>mm</b>  |

Confirmation that identification documents were checked at the point of examination: YES NO

Hearing meets the standards in STCW Code, Section A-1/92? YES NO NOT APPLICABLE

Unaided hearing satisfactory? YES NO

Visual acuity meets standards in STCW Code, Section A-1/92? YES NO

Colour vision meets standards in STCW Code, Section A-1/9? YES NO

(the visual test it is required every six years) **15 MAY 2023**

Date of the last colour vision test: (Day/Month/Year) **15 MAY 2023**

Are glasses or contact lenses necessary to meet the required vision standards? YES NO

Able for watchkeeping? YES NO

Is applicant taking any non-prescription or prescription medications? YES NO

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES NO

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

*Signature of Applicant*

**MD. NADIM HOSSAIN**

**15 MAY 2023**

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

**FIT FOR DUTY ON BOARD SHIP**

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144  
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.  
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH  
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-2014

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE: **15 MAY 2023**

EXPIRY DATE OF CERTIFICATE:

**14 MAY 2025**

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

**DR. MIR MD. RAIHAN**

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)

MBBS A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited.

**Id No** : 0461 **Date** : 15-May-2023 **D.Date** : 15-May-2023  
**Patient's Name** : MD NADIM HOSSAIN **Age** : 27Y 8M 14D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9199

### 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>14.8</b> gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>08</b> mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>10,100</b> /cumm   | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>58</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>37</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>202</b> /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.15</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>40.4</b> %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>78.4</b> fL        | 76 - 94 fL                                                                                         |
| MCH                                | <b>28.7</b> pg        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>36.6</b> g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>13.7</b> %         | 11 - 16 %                                                                                          |
| PDW                                | <b>17.0</b> fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>2,30,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>9.4</b> fL         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.216</b> %        | 0.1 - 0.2 %                                                                                        |
| Bleeding Time(BT)                  | %                     | 10 - 18 %                                                                                          |
| Cloting Time(CT)                   | %                     | 0.1- 0.2 %                                                                                         |

Checked By  
Medical Technologist

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



|                |                                                           |                  |            |
|----------------|-----------------------------------------------------------|------------------|------------|
| Bill No        | DIA23050461                                               | Received Date    | 15/05/2023 |
| Patient's Name | MD NADIM HOSSAIN                                          |                  |            |
| Patient's Age  | 27Y 8M 14D                                                | Patient's Sex    | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM |                  |            |
| Sample         | BLOOD                                                     | CDC NO: C/O/9199 |            |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 4.8 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                    | 4.5 %      | 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 Technologist  
Radical Hospitals Ltd.

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

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA23050461                                           | Received Date | 15/05/2023 |
| Patient's Name | MD NADIM HOSSAIN                                      |               |            |
| Patient's Age  | 27Y 8M 14D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/9199   |
| Sample         | BLOOD                                                 |               |            |

### SEROLOGICAL REPORT

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

| <b>BLOOD GROUPING Result</b> |           |
|------------------------------|-----------|
| ABO Blood Group              | "A" (+ve) |
| Rh(D)Factor                  | Positive  |

Checked By



Medical Technologist  
Radical Hospitals Ltd.



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



|                |                                                                       |               |            |
|----------------|-----------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA23050461                                                           | Received Date | 15/05/2023 |
| Patient's Name | MD NADIM HOSSAIN                                                      |               |            |
| Patient's Age  | 27Y 8M 14D                                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9199 |               |            |
| Sample         | URINE                                                                 |               |            |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | R B C       | Nil     |
| Appearance | Clear      | Pus Cells   | 1-2/HPF |
| Sediment   | Nil        | Epithelial  | 2-3/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        | DIA23050461                                           | Received Date | 15/05/2023      |
| Patient's Name | MD NADIM HOSSAIN                                      |               |                 |
| Patient's Age  | 27Y 8M 14D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/9199 |
| 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 Technologist  
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. : 23050461 Receive: 15/05/2023 Print: 15/05/2023  
Patient's Name : MD NADIM HOSSAIN  
Age : 27 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: 230516

15-05-2023 20:03:49

Mr. Martin McNeill  
Male 77 Years

HR : 77 bpm

P : 106 ms

PR : 132 ms

QRS : 88 ms

QT/QTc : 358/406 ms

P/QRS/T : 56/-4/-4 °

RV5/SV1 : 1.281/1.034 mV

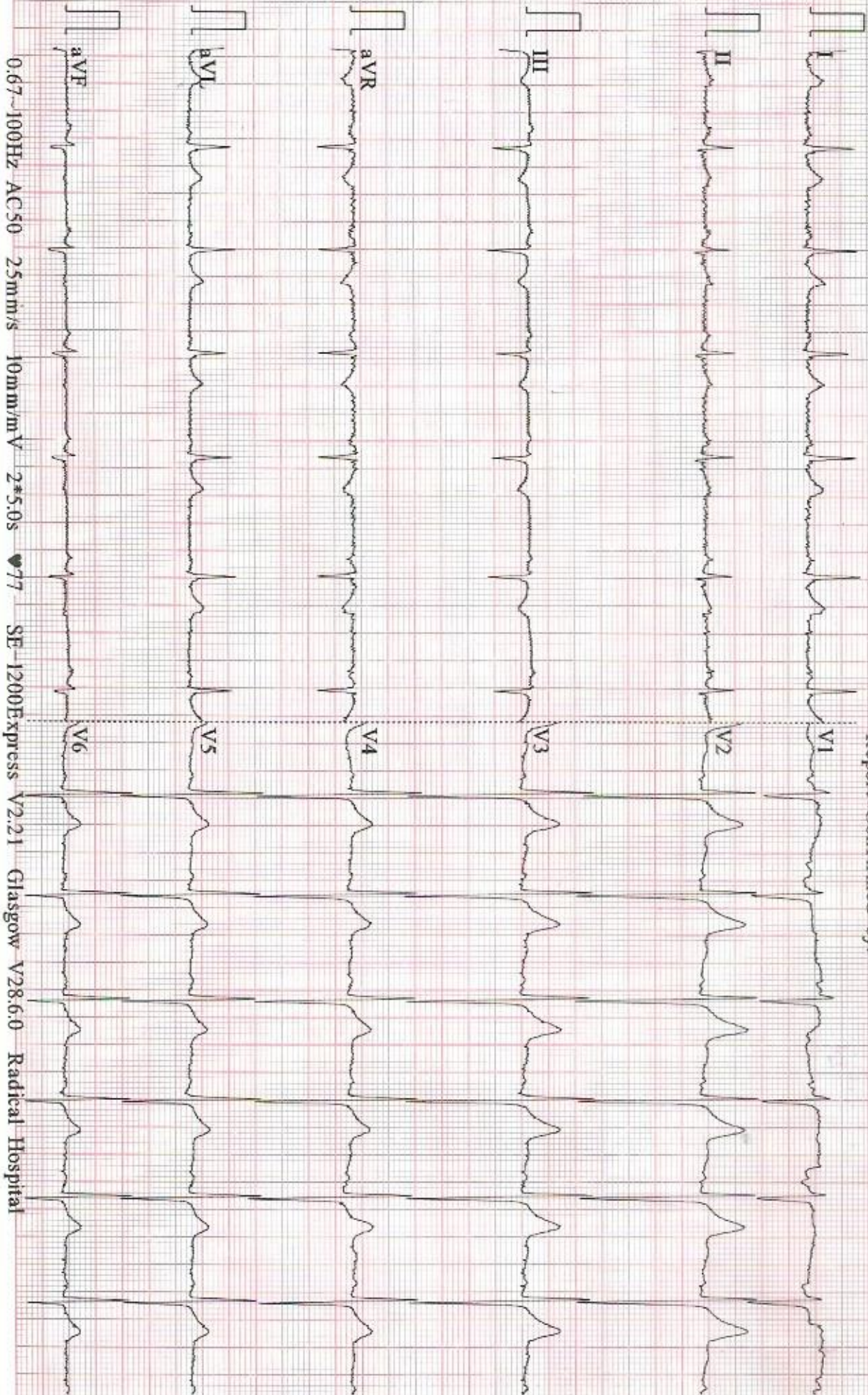
## Diagnosis Information:

Sinus rhythm

Inferior T wave abnormality is nonspecific

Borderline ECG

Report Confirmed by:





REF: MT. AZALEA GALAXY

DATE: 15/05/2023

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

**EYE EXAMINATION REPORT**

NAME: MD NADIM HOSSAIN

RANK: 2A/ENG

CDC NO: C/O/9199

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

AIDED

6/6 6/6

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / ☒ FIT FOR EMPLOYMENT ON BOARD

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

|              |                                                       |               |            |
|--------------|-------------------------------------------------------|---------------|------------|
| Patient ID   | 23050461                                              | Voucher No    |            |
| Test Name    | USG OF KUB                                            | Delivery Date | 15/05/2023 |
| Patient Name | MD NADIM HOSSAIN                                      |               |            |
| Age          | 27 Yrs                                                | Sex           | Male       |
| Refd. By     | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               |            |

### THANK YOU FOR THE COURTESY OF THIS REFERRAL

**RT KIDNEY:** - Is normal in size regular in shape and position. Bipolar length –9.3 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.*

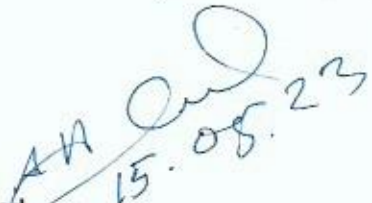
**LT KIDNEY:** - Is normal in size regular in shape and position. Bipolar length – 10.7 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.  
*P-C systems are not dilated.*

**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

**PROSTATE:** Normal in size, volume is 10.3 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

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15 MAY 2023

DR. MIR. MD. RAIHAN  
MBBS (DU), DFM, CCD (Birdem), PGT (Ophthi)  
BMDC A-55144, MMC-8GD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

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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.

### OTHER VACCINATIONS AUTERS VACCINATION

[illegible]