



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530



Accredited By : BMDC
Accreditation No. A-55144

PATIENT CONTROL NUMBER
H484

MEDICAL EXAMINATION CERTIFICATE

SURNAME SABUJ	FIRST NAME AND MD ZABED	MIDDLE NAME MAHMUD
PLACE AND DATE OF BIRTH CUMILLA 31-Dec-1992	PASSPORT NUMBER B00042404	SEAMAN'S BOOK NUMBER CO7034
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : CONTAINER	TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VILL-NOWTALA, PO-MADHAIYA, PS-CHANDINA, DIST-CUMILLA, BANGLADESH.	CONTACT NUMBER : 01674943748 (SELF)	
	RANK : 2ND OFFICER	

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?

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.

Z. Mahmud

Signature of Seafarer

MEDICAL EXAMINATION

Weight: 77 kg	Height (cm): 172	BMI: 26.0	Blood Pressure: Systolic: 120 mmHg Diastolic: 80 mmHg	PULSE: 78/min																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th>Hearing by Audiometry</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☐ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☐ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>					Ear		Audiometry				Hearing by Whisper Test			Hearing by Audiometry	500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate	
Ear		Audiometry				Hearing by Whisper Test																														
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Right	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate																														
Left	☐ Adequate ☐ Inadequate					☐ 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 ☒ YES / NO ☐ 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) 21 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	/	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	/	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E	/	SGPT	URINE R/E	/
DC(differential count)	/	SGOT	OTHERS	
HAEMOGLOBIN (HGB))	/	DRUG AND ALCOHOL TEST		
ESR (WESTERGREN)	/	Morphine	☐ Positive ☒ Negative	HBsAg
WBC	/	Amphetamine	☐ Positive ☒ Negative	HIV / AIDS Test
BLOOD GLUCOSE LEVEL	/	Phencyclidine	☐ Positive ☒ Negative	VDRL
RANDOM	/	Barbiturates	☐ Positive ☒ Negative	Blood Type
HBA1C	/	Cocaine	☐ Positive ☒ Negative	Psychological Exam
				Others(KUB Ultraso

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

<u>Zahumud</u> Signature of Seafarer	<u>MD ZABED MAHMUD SABUJ</u> Name of Seafarer	<u>21-May-2023</u> Date
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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
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: <u>21 MAY 2023</u>	Valid Until: <u>20 MAY 2025</u>
<u>[Signature]</u> Name and Signature of Authorized Physician	

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: SABUJ	GIVEN NAME (S): MD ZABED MAHMUD	
DATE OF BIRTH: DAY 31 MONTH DEC YEAR 1992	PLACE OF BIRTH CITY CUMILLA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: VILL-NOWTALA, PO-MADHAIYA, PS-CHANDINA, DIST-CUMILLA, BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	☒ BOOK ☒ LANTERN YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	RIGHT EAR ☒
LEFT EYE	6/6	—		LEFT EAR ☒

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

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 21 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 ZABED MAHMUD SABUJ Name of Applicant	21 MAY 2023 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:

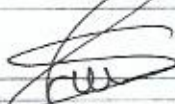
FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144

ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA, DHAKA-1230.

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 12-05-2011

SIGNATURE OF PHYSICIAN: 	STAMP OF PHYSICIAN: 	DATE: <u>21 MAY 2023</u>
EXPIRY DATE OF CERTIFICATE: <u>20 MAY 2025</u>		

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

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



DECLARATION OF HEALTH BY CREW

NAME OF CREW : MD ZABED MAHMUD SABUJ

RANK : 2ND OFFICER

CDC NO : C/OI7034

DOB : 31-Dec-1992

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

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, I will bear all the expenses as may incur as a direct result of such concealment.

21 MAY 2023

Date : _____

Signed : _____

Z. Mahmud

The Crew Member

* If yes, mention details below:-

[Signature]
DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Brdem), 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 (name): (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)

Surgery: (手術) When? (時期) Age (年齢)

3. PRESENT ILLNESS (CHRONIC DISEASE).....(Year): (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 (毎日)
- Heavy drinker (強い) - Moderate drinker (中程度) - Light drinker (軽い)

(2) Smoking: (喫煙)

- Never smoke (吸わない)

- Not smoking in 19... (19...年、に禁煙)

- Smoke... cigarettes a day (1日平均...本吸ふ)

(3) Bowel movements: (排便)

- Regular (規則的)

- Irregular (不規則)

- Constipated (便秘)

(4) Dietary preferences: (食味の好み)

- Meat (肉類)

- Sweet (甘い)

- Fish (魚類)

- Only (唯一)

- Never (しない)

(5) Exercise: (運動)

- Often (よくやる)

- Sometimes (時々)

- Never (しない)

(6) Sleep: (睡眠)

- Sleep well (よく寝る)

- Have Sleeplessness (眠れない)

- Have insomnia (不眠症)

- Sometimes take sleeping pills, etc. (時々睡眠薬使用)

(7) Weight: (体重)

- Constant (変わらない)

- Losing weight (やせてきた)

- Putting on weight (太ってきた)



21 MAY 2023

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

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) | F | M | B | S |
| ☐ Cancer / pan (癌/部位) | F | M | B | S |
| ☐ Diabetes (糖尿病) | F | M | B | S |
| ☐ Hypertension (高血圧症) | F | M | B | S |
| ☐ Cerebral Apoplexy (脳卒中) | F | M | B | S |
| ☐ Liver disease (肝臓疾患) | F | M | B | S |
| ☐ Other, Name of disease (病名) | F | M | B | S |

Briefly enter any special comments to the Attending Physician in English.

(医師に連絡へ送りたいこと、英語で簡潔に)

Date: 21 MAY 2023

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

MEDICAL RECORDS
(Write in block Letters)

Name of Company: _____ Tel: _____ Fax: _____
(所属会社)
Name: DR. ZUBAIR MIR given name (名) ZUBAIR family name (姓) MIR Sex: (性別) M/F
(氏名) (男/女)
Name of Position: 2ND OFF Date of Birth: 81.12.1992
(職種) (生年月日) (D・M・Y)

Height: (身長) 172 cm Weight: (体重) 77 kg/al age 20: (20 才時) _____ kg
Pulse: (脈拍) 78 /min Normal breathing rate: 19 /min Normal temperature: _____ °C
(正常呼吸数/分) (平熱)

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

Blood sugar: (血糖値) _____ mg/dl $\times 0.05625 =$ () mmol/l
Uric acid: (尿酸値) _____ mg/dl $\times 0.0514 =$ () mmol/l



DR. MIR, MD. RAIHAN
MBBS (DU), DPM, CCD (Bridem), PGT, Ophthalm
BMDC A-55144, MINC-BGD-016
Approved
DG Shikong Bangladesh Approved
General Physician
Radical Hospitals Limited



Id No : 0639 **Date** : 21-May-2023 **D.Date** : 21-May-2023
Patient's Name : MD ZABED MAHMUD SABUJ **Age** : 30Y 4M 20D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 7034

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	16.7 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. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	05 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	6,400 /cumm	
Differential WBC Count (DC)		
Neutrophils	49 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	43 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	06 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	128 /cumm	50-450/cumm
Total RBC Count	5.47 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.3 %	M: 40-54%, F:37-47%
MCV	77.3 fL	76 - 94 fL
MCH	30.5 pg	27 - 32 pg
MCHC	39.5 g/dL	29 - 34 g/dL
RDW	13.9 %	11 - 16 %
PDW	17.0 fL	35 - 56 fL
Total Platelete Count (PC)	1,71,000 /cumm	150,000-450,000/cumm
MPV	10.5 fL	7.0 - 11.0 fL
PCT	0.180 %	0.1 - 0.5 %
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	DIA23050639	Received Date	21/05/2023
Patient's Name	MD ZABED MAHMUD SABUJ		
Patient's Age	30Y 4M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7034		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.0 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	24 U/L	Up to 37 U/L
Serum ALT (SGPT)	25 U/L	Up to 40 U/L
HbA1C	4.7 %	4.2 - 6.7 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23050639	Received Date	21/05/2023
Patient's Name	MD ZABED MAHMUD SABUJ		
Patient's Age	30Y 4M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7034
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 Technologist
Radical Hospitals Ltd.


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

Bill No	DIA23050639	Received Date	21/05/2023
Patient's Name	MD ZABED MAHMUD SABUJ		
Patient's Age	30Y 4M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7034		
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	DIA23050639	Received Date	21/05/2023
Patient's Name	MD ZABED MAHMUD SABUJ		
Patient's Age	30Y 4M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/7034
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. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

REF:	MV. ONE HONG KONG	DATE: 21/05/2023
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M/S. HAQUE & SONS LTD.
 RUMMANA HAQUE TOWER
 1267/A, GOSHAIL DANGA
 AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	MD ZABED MAHMUD SABUJ	RANK: 2 ND OFF	CDC NO: C/O/7034
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VISUAL ACUITY: RIGHT LEFT

UNAIDED

6/6

4/4

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: 230558

21-05-2023 13:30:14

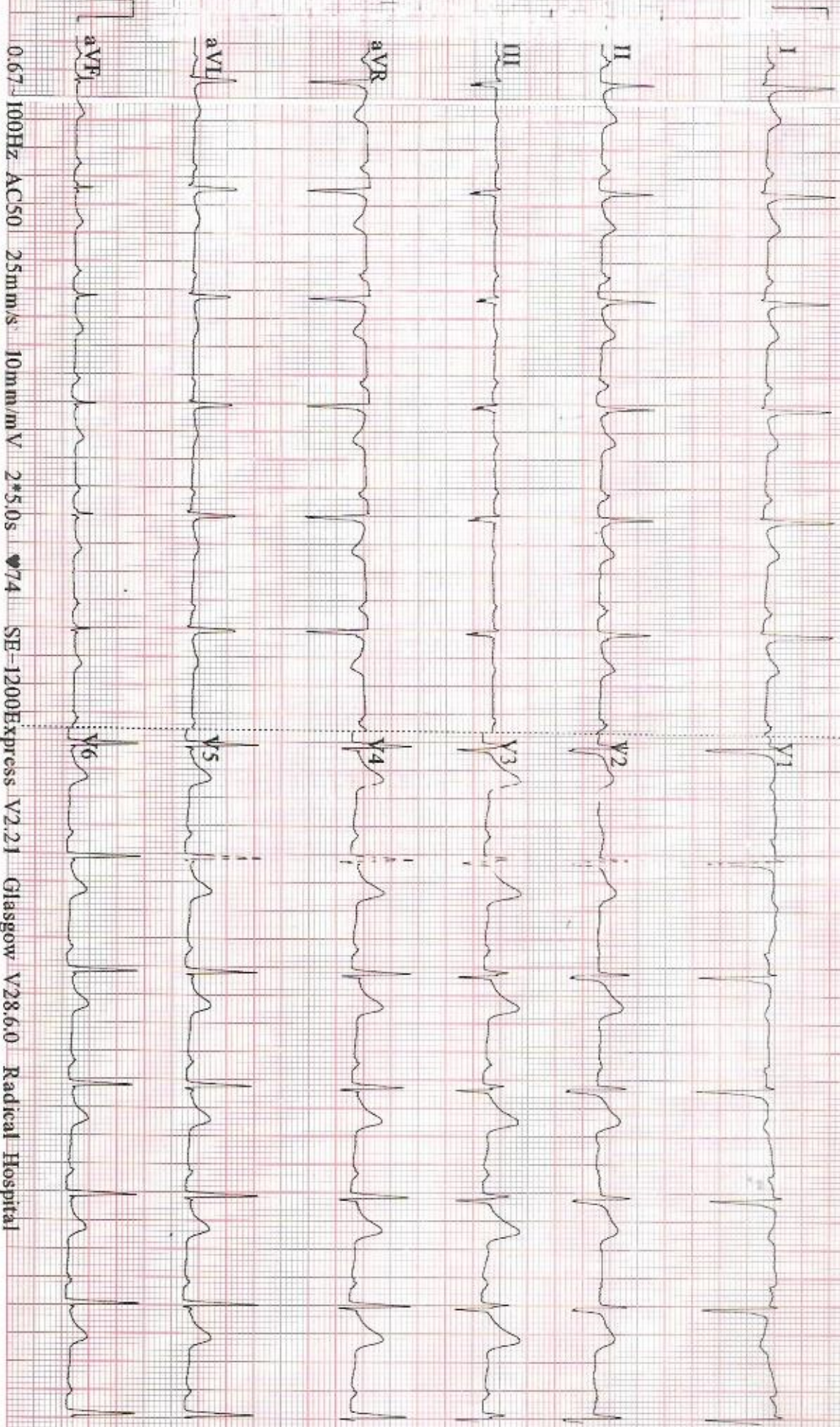
Mr David M. M. M.
Male 30 Years *Barber*

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 74	bpm
P	: 108	ms
PR	: 184	ms
QRS	: 86	ms
QT/QTc	: 374/415	ms
P/QRS/T	: 38/18/36	°
RV5/SV1	: 1.265/1.200	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050639 Receive: 21/05/2023 Print: 21/05/2023
Patient's Name : MD ZABED MAHMUD SABUJ
Age : 30 Yrs Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

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

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.



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

Pre-Joining Medical Report to be

Date of Exam	Ship Assigned	B.P./Pulse	Pathological investigations				
			X-ray	ECG	Urine	Blood	LFT
31 OCT 2018	ONE MU HONG KONG	BP 130/80 Pulse 70	Normal	Normal	Normal	Normal	Normal
15 NOV 2019	ONE MU HONG KONG	BP 110/70 Pulse 70	Normal	Normal	Normal	Normal	Normal
23 JUL 2020	ONE MU HOUSTON	BP 120/80 Pulse 70	Normal	Normal	Normal	Normal	Normal
16 MAR 2021	ONE MU HONG KONG	BP 120/80 Pulse 70	Normal	Normal	Normal	Normal	Normal
21 MAY 2023	ONE MU HONG KONG	BP 120/80 Pulse 70	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, Dhaka-11020 Regn. No. 11820	
				DR. M. AYUBUR RAHMAN M.B.S. P.G. (Medicine) Taher Chamber 10, Agrabad C/A, Dhaka-11020 Regn. No. 11820	
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				DR. M. AYUBUR RAHMAN M.B.S. P.G. (Medicine) Taher Chamber 10, Agrabad C/A, Dhaka-11020 Regn. No. 11820	

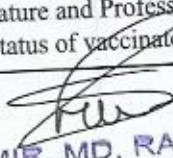
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION MD ZABED MAHMUD AGAINST YELLOW-FEVER

SABUJ

This is to certify that
whose signature follows

Date of birth 31/DEC/1992 Sex MALE

Zabed
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
21 MAY 2023	 DR. MIR. MD. RAIHAN MSBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
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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 of 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, or failure to complete any part of it may render it invalid.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION MD ZABED AGAINST CHOLERA

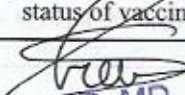
MAHMUD SABUT

This is to certify that
whose signature follows

Date of birth 31/DEC/1992 Sex MALE

Zahmed

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
21 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.		
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Continued overleaf Suite our erso