

# REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical\_hospitals@yahoo.com

Name: MD. RAISLAM MD MAZHARUL Sex: M Serial No:                       
 Sumame RAISLAM First Name MAZHARUL Middle Initial                       
 Date of Birth: 27.05.1999 PP/CDC: C/01/11114 Rank: Engine Cadet  
 Vessel: M.V. TALENT GROUPS Type: Bulk Route:                       
 Home Address: VILL: SHAPUR, SHAPUR ADARSHA SADAR, COMILLA

Company Name: Qingdo Everbright Ship Management & Consultancy Ltd

## Medical History Please answer the following to the best of your knowledge.

| Is there any past / present history of any of the following | Candidate Declaration |    | Examiner Record |    |                                                | Candidate Declaration |    | Examiner Record |    |
|-------------------------------------------------------------|-----------------------|----|-----------------|----|------------------------------------------------|-----------------------|----|-----------------|----|
|                                                             | Yes                   | No | Yes             | No |                                                | Yes                   | No | Yes             | No |
| Severe one-sided headaches (Migraine)                       |                       | /  |                 | /  | Hernia / Hydrocoele / Appendicitis             |                       | /  |                 | /  |
| Head Injury / Concussion / Loss of Memory                   |                       | /  |                 | /  | High / Low blood pressure / Heart disease      |                       | /  |                 | /  |
| Fits / Epilepsy / Dizziness / Fainting                      |                       | /  |                 | /  | Asthma / Bronchitis / Tuberculosis             |                       | /  |                 | /  |
| Eye / Vision Problems (Glasses, etc)                        |                       | /  |                 | /  | Allergy / Skin disease                         |                       | /  |                 | /  |
| Hearing Impairment                                          |                       | /  |                 | /  | Infection / Contagious Disease                 |                       | /  |                 | /  |
| Ear / Nose / Throat problems                                |                       | /  |                 | /  | Addiction to alcohol / drugs / tobacco         |                       | /  |                 | /  |
| Stomach / Bowel disorders                                   |                       | /  |                 | /  | Fracture / Dislocation / Injury / Amputation   |                       | /  |                 | /  |
| Gall stones / Kidney disorders                              |                       | /  |                 | /  | Major / Minor Operation                        |                       | /  |                 | /  |
| Jaundice / Liver Disease                                    |                       | /  |                 | /  | Diabetes                                       |                       | /  |                 | /  |
| Piles / Varicose veins                                      |                       | /  |                 | /  | Nervous / Mental disease / Sleep disorder      |                       | /  |                 | /  |
| Blood Disorder                                              |                       | /  |                 | /  | Malignant disease ( Cancer)                    |                       | /  |                 | /  |
| Female Disorder                                             |                       | /  |                 | /  | Signed off on medical grounds / Declared Unfit |                       | /  |                 | /  |

## Medical Examination

| Height         | Weight in Kgs | Chest Insp-Exp | Blood Pressure in mm of Hg | Pulse-Beats / min | Resp.Rate / min | General Condition |           |           |           |
|----------------|---------------|----------------|----------------------------|-------------------|-----------------|-------------------|-----------|-----------|-----------|
| <u>176cm</u>   | <u>70kg</u>   | <u>41/40</u>   | <u>120/75mm</u>            | <u>74b/min</u>    | <u>14b/min</u>  | <u>Good</u>       |           |           |           |
| Distant Vision | Uncorrected   | Corrected      | Field of Vision            |                   | Audiometry      | Hz                | 500       | 1000      | 2000      |
| Right Eye      | <u>6/6</u>    |                | Normal                     |                   | Right Ear       | dB                | <u>20</u> | <u>20</u> | <u>20</u> |
| Left Eye       | <u>6/6</u>    |                | Normal                     |                   | Left Ear        | dB                | <u>20</u> | <u>20</u> | <u>20</u> |
| Colour Vision  | Ishihara      | Other          | Normal                     | Abnormal          | Hearing         | Right Ear         |           | Left ear  |           |
|                |               |                | Normal                     | Abnormal          |                 | <u>4</u>          |           | <u>4</u>  |           |

## Systemic Examination

| Systemic Examination    | Normal | Abnormal | Notes                                                                                                         |  | Normal                | Abnormal |
|-------------------------|--------|----------|---------------------------------------------------------------------------------------------------------------|--|-----------------------|----------|
| Head & Neck             | /      |          | <b>FIT FOR SEA SERVICE</b><br><b>AS E/204</b><br><b>AS PER MLC 2006</b><br><b>Enhanced GARD Medicals done</b> |  | Respiratory system    | /        |
| Eyes                    | /      |          |                                                                                                               |  | Cardiovascular system | /        |
| Ears / Nose / Throat    | /      |          |                                                                                                               |  | Per Abdomen           | /        |
| Teeth / Oral Cavity     | /      |          |                                                                                                               |  | Genito-urinary system | /        |
| Musculo-Skeletal system | /      |          |                                                                                                               |  | Others                | /        |
| Nervous system          | /      |          |                                                                                                               |  | Hernia / Hydrocoele   | /        |
| Reflexes                | /      |          |                                                                                                               |  | Varicose Veins        | /        |
| Skin                    | /      |          |                                                                                                               |  | Fissure/Fistula/Piles | /        |

## Investigations

| Blood                 | Result                                      | Normal             | Urine                           |
|-----------------------|---------------------------------------------|--------------------|---------------------------------|
| Hemoglobin            | <u>16.1</u> gm%                             | 14-16 gm %         | Colour <u>STRONG</u>            |
| Total WBC count       | <u>7.200</u> cu.mm                          | 4000-11000 / cu.mm | Specific Gravity <u>NIE</u>     |
| Neu <u>50</u> % Lymph | <u>95</u> % Eos <u>02</u> % Bas <u>03</u> % |                    | pH <u>4</u>                     |
| Malarial parasite     | <u>NOT FOUND</u>                            |                    | Albumin <u>4</u>                |
| ESR                   | <u>05</u> mm / 1st hour                     | 1-15 mm / hr       | Sugar <u>4</u>                  |
| SGPT                  | <u>20</u> U/L                               | 9-43 U / L         | Bile pigment <u>4</u>           |
| S.Cholesterol         | <u>NIE</u> mg/dl                            | 145-260 mg / dl    | Bile salts <u>4</u>             |
| S.Triglycerides       | <u>NIE</u> mg/dl                            | upto 200 mg / dl   | Occult blood <u>4</u>           |
| Blood Sugar           | <u>45</u> PPBS                              | upto 125 mg %      | RBC cells <u>4</u>              |
| HbsAg                 | <u>NEGATIVE</u>                             |                    | Leucocytes <u>4</u>             |
| HIV I & II            | <u>NEGATIVE</u>                             |                    | Others <u>4</u>                 |
| VDRL                  | <u>NEGATIVE</u>                             |                    |                                 |
| Others                | <u>NOT RUN</u>                              | GGTP U/L           | Spirometry: <u>NORMAL</u>       |
| Blood Group           |                                             |                    | Drugs of Abuse: <u>NEGATIVE</u> |

ECG : NORMAL TMT: NIE

X-Ray Chest: NORMAL

## Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby certify the examinee medically  
 Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 22 MAY 2025

Candidate's Signature: maizhar  
 Date: 23.05.2023

23 MAY 2023



Doctor's signature:

DR. MIR MD. RAIHAN

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

04.2023.4047



# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA

|                                                                                                                                                                                                                                         |                                                                                                      |                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| SURNAME: <b>ISLAM</b>                                                                                                                                                                                                                   | GIVEN NAME (S): <b>MD. MAZHARUL</b>                                                                  |                                                                      |
| DATE OF BIRTH: <b>27</b> MONTH <b>05</b> YEAR <b>1999</b>                                                                                                                                                                               | PLACE OF BIRTH<br>CITY <b>CUMILA</b> COUNTRY <b>BANGLA DESH</b>                                      | SEX<br>MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> |
| POSITION ON BOARD:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OPERATOR <input type="checkbox"/><br>RATING <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT:<br><b>SHAPUR; SHAPUR DARGAH<br/>SHARIF; ADARSHA SHARIF<br/>CUMILA.</b> |                                                                      |

## DECLARATION OF THE AUTHORIZED PHYSICIAN

| VISION               |              | COLOR TEST TYPE                  | HEARING             |
|----------------------|--------------|----------------------------------|---------------------|
| WITHOUT GLASSES      | WITH GLASSES |                                  |                     |
| RIGHT EYE <b>6/6</b> | —            | <input type="checkbox"/> BOOK    | RIGHT EAR <b>MD</b> |
| LEFT EYE <b>6/6</b>  | —            | <input type="checkbox"/> LANTERN | LEFT EAR <b>MD</b>  |
|                      |              | YELLOW <b>MD</b> RED <b>MD</b>   |                     |
|                      |              | GREEN <b>MD</b> BLUE <b>MD</b>   |                     |

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) **23 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.

**Mazhar**  
Signature of Applicant

**MD. MAZHARUL ISLAM**  
Name of Applicant

**23-05-2023**  
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: <b>DR. MIR MD. RAIHAN MBBS, (DU), DFM REG: A-55144</b> |
| ADDRESS: <b>RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230</b>               |
| NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: <b>DG SHIPPING BANGLADESH</b>              |
| DATE OF ISSUE PHYSICIAN'S CERTIFICATE: <b>06-MAY-2014</b>                            |
| SIGNATURE OF PHYSICIAN: <b>[Signature]</b>                                           |
| STAMP OF PHYSICIAN: <b>Radical Hospitals Ltd. AS Per MLC 2006</b>                    |
| DATE: <b>23 MAY 2023</b>                                                             |
| EXPIRY DATE OF CERTIFICATE: <b>22 MAY 2025</b>                                       |

This certificate is issued by the Panama Maritime Authority 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)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING  
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2023.4047

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last ISLAM First MD Middle MAZHARUL  
Gender: (Male/Female) male Nationality: Bangladeshi Date: 23.05.2023  
Occupation: Deck/Engine/Catering/Other (specify) Engine Rank: Engine Cadet  
Father's/ Husband's name: MD. MAFIZUL ISLAM C.D.C No. C/O/11119  
Mother's Name: FATEMA BEGUM Seaman ID No. \_\_\_\_\_  
Address: House No. \_\_\_\_\_ Street/ Road No. \_\_\_\_\_ Passport No. A06898636  
Locality/Village: SHAPUR NID No. \_\_\_\_\_  
P.O. SHAHPUR DARGAH SHARIF Date of Birth: 27/05/1999  
P.S. ADARSHA SADAR (DD/MM/YYYY)  
District: CUMILLA

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

1. Confirmation that identification documents were checked at the point of examination YES/NO
  2. Hearing meets the standards in section A-I/9 YES/NO
  3. Unaided hearing satisfactory? YES/NO
  4. Visual acuity meets standards in section A-I/9? YES/NO
  5. Colour vision meets standards in section A-I/9? YES/NO  
Date of last colour vision test 25 MAY 2023
  6. Fit for lookout duties? YES/NO
  7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? YES/NO
  8. Any limitations or restrictions on fitness? YES/NO
- If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED  
Utara, Dhaka, Bangladesh

9. Medical fitness category :

Fit-No restriction

Fit-Subject to restrictions

Unfit

10. Date of examination/Issue (DD/MM/YYYY) 23 MAY 2023

11. Date of expiry (DD/MM/YYYY) 22 MAY 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Mazhar  
Seafarer's Signature



DR. MIR. MD. RAIHAN  
MBBS (DU), DFM, CCD (Biom), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipp.ng Bangladesh Approved  
General Physician  
Name & Signature of the practitioner:

## MEDICAL REQUIREMENTS

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 24 months prior to the date of making application 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.211997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarers 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 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (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 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [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/Navigational 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 the use of narcotics. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food-related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- 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.
- 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.

### IMPORTANT NOTE:

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/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

### DETAILS OF MEDICAL EXAMINATION:

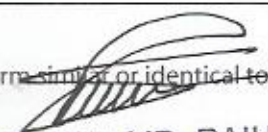
(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1):

**1. Complete physical Examination.**

**2. Pathological Examination:**

**a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E**

**23 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.

**Id No** : 0720 **Date** : 23-May-2023 **D.Date** : 23-May-2023  
**Patient's Name** : MD MAZHARUL ISLAM **Age** : 24Y 0M 0D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO** : C/O/ 11114

### Haematology Report

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

| Parameter Name                     | Results        | Reference Range                                                                                    |
|------------------------------------|----------------|----------------------------------------------------------------------------------------------------|
| Hemoglobin (Hb)                    | 16.1 gm/dl     | M:13-18 gm/dl, F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| ESR(Westergreen)                   | 05 mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| Total WBC Count(TC)                | 7,200 /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                        | 59 %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | 35 %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | 04 %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | 02 %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | 00 %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | 144 /cumm      | 50-450/cumm                                                                                        |
| Total RBC Count                    | 5.40 m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | 43.3 %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | 80.2 fL        | 76 - 94 fL                                                                                         |
| MCH                                | 29.8 pg        | 27 - 32 pg                                                                                         |
| MCHC                               | 37.2 g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | 13.2 %         | 11 - 16 %                                                                                          |
| PDW                                | 16.5 fL        | 35 - 56 fL                                                                                         |
| Total Platelete Count (PC)         | 1,95,000 /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | 9.8 fL         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | 0.191 %        | 0.1 - 0.4 %                                                                                        |
| 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        | DIA23050720                                               | Received Date | 23/05/2023       |
| Patient's Name | MD MAZHARUL ISLAM                                         |               |                  |
| Patient's Age  | 24Y 0M 0D                                                 | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM |               | CDC NO C/O/11114 |
| Sample         | BLOOD                                                     |               |                  |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 4.5 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total)  | 0.8 mg/dl  | 0.2 - 1.1 mg/dl  |
| Serum ALT (SGPT)         | 20 U/L     | Up to 40 U/L     |

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

|                |                                                       |                  |            |
|----------------|-------------------------------------------------------|------------------|------------|
| Bill No        | DIA23050720                                           | Received Date    | 23/05/2023 |
| Patient's Name | MD MAZHARUL ISLAM                                     |                  |            |
| Patient's Age  | 24Y 0M 0D                                             | Patient's Sex    | Male       |
| Ref by         | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |                  |            |
| Sample         | BLOOD                                                 | CDC NO:C/O/11114 |            |

## SEROLOGICAL REPORT

|                       |          |
|-----------------------|----------|
| HBsAg (Method : (ICT) | 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



|                |                                                                        |               |            |
|----------------|------------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA23050720                                                            | Received Date | 23/05/2023 |
| Patient's Name | MD MAZHARUL ISLAM                                                      |               |            |
| Patient's Age  | 24Y 0M 0D                                                              | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO.C/O/11114 |               |            |
| 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 Micrologis  
Radical Hospitals Ltd.

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

|                |                                                                        |               |            |
|----------------|------------------------------------------------------------------------|---------------|------------|
| Bill No        | DIA23050720                                                            | Received Date | 23/05/2023 |
| Patient's Name | MD MAZHARUL ISLAM                                                      |               |            |
| Patient's Age  | 24Y 0M 0D                                                              | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/11114 |               |            |
| 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. : 23050720 Receive: 23/05/2023 Print: 23/05/2023  
Patient's Name : MD MAZHARUL ISLAM  
Age : 24 Yrs Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS, (DU), CCD (BIRDEM), PGT (Eye), DFM

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

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

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

**Lung** : Lung fields are clear.

**Bony thorax** : Reveals no abnormality.

**Comments** : Normal chest skiagram.



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

ID: 23050697

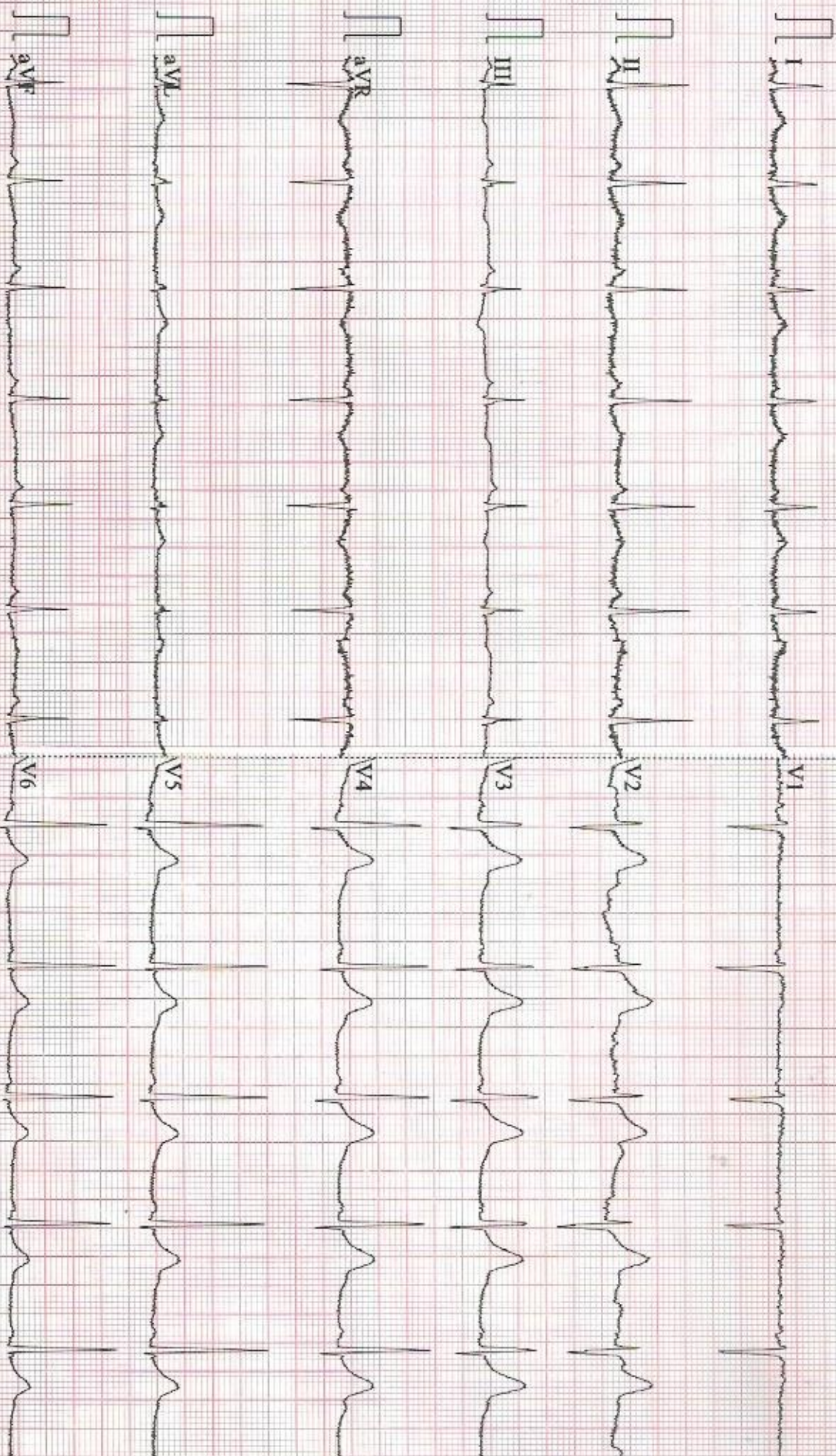
23-05-2023 17:55:58

*Dr. Michael Adam*  
male 74 Years

|         |                  |    |          |
|---------|------------------|----|----------|
| P       | : 102 ms         | HR | : 73 bpm |
| PR      | : 136 ms         |    |          |
| QRS     | : 78 ms          |    |          |
| QT/QTc  | : 390/430 ms     |    |          |
| P/QRS/T | : 65/52/18 °     |    |          |
| RV5/SV1 | : 2.034/0.924 mV |    |          |

Diagnosis Information:  
Sinus arrhythmia  
Normal ECG

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23050720 Receive: Print: 23/05/2023  
Patient's Name : MD MAZHARUL ISLAM  
Age : 24 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

**ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate : 73 b/min  
Rhythm : Regular  
P-Wave : Normal  
P-R Interval : Normal  
QRS Complex : Normal  
ST. Segment : Is electric  
T. Wave : Normal

Impression : Findings are within normal limit.



**Dr. Debashish Paul**  
MBBS, MD (Cardiology)  
Associate Professor  
Department of Cardiology  
Sylhet Women's Medical College Hospital

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST YELLOW FEVER  
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION  
CONTRE LA FIEVRE JAUNE**

This is to certify that  
JE Soussigne' (e) certifie que

*Mazharul*

date of birth  
no' (e) le

*27/05/1977*

Sex  
sexe

*M*

Whose signature follows  
don't la signature suit

*Mazhar*

has on the Date indicated been vaccinated or revaccinated against cholera  
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

| Date        | Signature and professional<br>Status of Vaccinator<br>Signature et titre<br>du vaccinateur                                                                                                      | Manufacturer<br>and batch<br>no of vaccine<br>Fabricant du<br>vaccin et numéro             | Official stamp of vaccinating centre<br>Cachet officiel du centre de vaccination           |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 23 MAY 2023 | <p>1 DR. MK. MD. RAIHAN<br/>MBBS (DML), DPM, CCD (Bedem), DGT (Dobh)<br/>BMDG A-55144, MMC-BGD-014<br/>2 DG Shipping Bangladesh Approved<br/>General Physician<br/>Radical Hospital Limited</p> | <p>3</p>  | <p>4</p>  |
| 3           |                                                                                                                                                                                                 |                                                                                            |                                                                                            |
| 4           |                                                                                                                                                                                                 |                                                                                            |                                                                                            |

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

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

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à compter de dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA  
CERTIFICAT INTERNATIONNAUX DE VACCINATION OU DE REVACCINATION  
CON TRE LE CHOLERA**

This is to certify that  
JE Soussigne' (e) certifie que

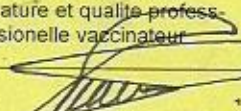
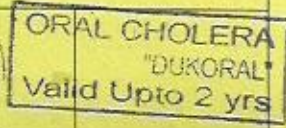
Mazharul date of birth 27/05/1999  
no' (e) le

Sex M  
sexe

Whose signature follows  
dont la signature suit

Mazhar

has on the Date indicated been vaccinated or revaccinated against cholera  
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

|             |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date        | Signature and professional<br>Status of Vaccinator<br>Signature et qualite profess-<br>sionelle vaccinateur                                                                                                                                                                     | Approved Stamp<br>Cachet<br>d'authentification                                                                                                                          |
| 23 MAY 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DPM, CCD (Burdwan), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited | <br> |
| 2           |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |
| 3           |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |
| 4           |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                         |

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

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.

La validite de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de cette période de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections partielles à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validité.