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 MAKDUM AVENUE, UTTARA, DHAKA-1230. TEL: +88027920116, +88 01955567000. EMAIL: radical\_hospitals@yahoo.com UDDIN MOHI Sex: MALE Serial No: PP/CDC: \_P0467278 Date of Birth: 02 1971 COOK Rank: Vessel: Type: Route: Home Address: VILL: H#284, EAST MOLLARTEK, ASHKONA, DAHSHIN KHAN, DHAKA Company Name : **Medical History** Please answer the following to the best of your knowledge. Examiner Is there any past / present history of any of Declaration Record Declaration the following Record Yes No Yes No Yes No Yes No-Severe one-sided headaches (Migraine) Hernia / Hydrocoele / Appendicitis Head Injury / Concussion / Loss of Memmory High / Low blood pressure / Heart disease Fits / Epilepsy / Dizziness / Fainting Asthama / Bronchitis / Tuberculosis Eye / Vision Problems (Glasses, etc. Allergy / Skin disease Infection / Contagious Disease Hearing Impairment 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 Mallignant disease ( Cancer) Female Disorder Signed off on medical grounds / Declared Unfit Notes **Medical Examination** 30/80 m wor Distant Vision Corrected Field of Vision 1000 | 2000 | 3000 Audiometry/ Hz 5000 6000 8000 Right Eye Right Far 10 dB. Left Eve Left Ear dB. 2~ 20 Ishihara Normal Abnormal Right Ear Left ear Hearing NormaL Abnormal Systemic Examination Normal Abnormal Notes Normal Abnormal Respiratory system FIT FOR SEA SERVICE Cardiovascular system Ears / Nose / Throat AS ROOK Per Abdomen Teeth / Oral Cavity Genito-urinary system Musculo-Skeletal system AS PER MLC 2006 Others Nervous system Hemia / Hydrocoele Inhanced GARD Medicals done Varicose Veins Fissure/Fistula/Piles Investigations Blood Result Normal Urine Hemoglobin 14-16 gm % SM -gm% Colour Total WBC count 4000-11000 / cu.mm Specific Gravity Neu 69 Malarial parasite Eos 02 Ba00 %, MOO: pН 1- - 15 mm / hr Albumin NI ESR Sugar 2 U/L 2 mg/dl 9--431/1 Bile pigment S.Cholesterol 145--260 mg / dl Bile salts S. Triglyceride: upto 200 mg /dl Occult blood Blood Sugar upto 125 mg % RBC cells NI HbsAc Leucocytes HIV I & II Others Spirometry: GGTP U/L Blood Group Drugs of Nown ECG: TMT: LTD Abuse: X-Ray Chest: Nonn USG: Result of Medical Examination On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months. Remarks / Recommendations N certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incerporated in this Certificate. This certificate is valid till: 0 5 MAY 2025 Candidate's Signature Doctor's signature: DR. MIR. MD. RAIHAN Date: MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) 0 6 MAY 2023 BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

34.2023.3884

# MEDICAL SERVICES UNIT Form – A. ABROAD RECRUITMENT PRE EMPLOYMENT HEALTH SCREENING QUESTIONNAIRE



This questionnaire is only intended to screen the candidates for their health status during recruitment abroad. It is not designed, nor intended to replace subsequent medical assessment including physical examination and laboratory / radiology investigations that are highly specific to evaluate candidate ability to perform identified tasks as per the position applied for within ADNOC or its group companies.

The final fitness certificate shall be released subject to repeating medical assessment/investigations at ADNOC and receiving medical clearance from related government entities after arriving in UAE, with no additional liability in whatsoever means, to ADNOC or its group companies.

First Name:		Middle Name: UDDIN				Family Name:			
Date of birt	EB-1971	Gender: MALE				Nationality: BANGLADESH			
Company:			Job Titl	le: CO	OK		Marital Status: M		
Home Addr	e): 01763108967	E-mail:	skmu19(	@gmail.com		Reason for examina MEDICAL CHE	ation:		
Previous En	nploymen	t				EME		OK OI	
Jobs	SEE 10: 32:0		Compa	any			From (Year)	To (year	1
1. COOK				NOCL&S			04-MAR-2010	TILL N	
2.							04-WAN-2010	TILLIN	OW
3.									
4.									
Previous Ex	posure		X III S	9-310				Will Control of	
Family Histo Tick if Yes □Heart dise □Allergy	ease	□Asthma	□Dia	abetes	ΠHia	b Pland		W. 69	
DAIICIBY	Age	Cancer State of Heal		ental Diso e of	500 SOURCE	ners (spe		rculosis ause of	
Wighter the second	Age	State of Heal Death	th - Cause		500 SOURCE	ers (spe	cify):		
Wighter the second		State of Heal	th - Cause		rder 🗆 Oth	ers (spe	cify): State of Health - Co		
Father Mother	Age	State of Heal Death	th - Cause		rder Oth	Age	cify): State of Health - Co		
Father Mother	<b>Age</b> 80	State of Heal Death	th - Cause		wife /	ners (spe	cify): State of Health - Co		
Father Mother	<b>Age</b> 80	State of Heal Death	th - Cause		wife /	Age	cify): State of Health - Co		
Father Mother	<b>Age</b> 80	State of Heal Death	th - Cause		wife /	Age 40 25	cify): State of Health - Co Death	ause of	
Father Mother Siblings	80 70	State of Heal Death	th - Cause		wife /	40 25 22	cify): State of Health - Co Death	ause of	
Father  Mother  Siblings  Personal His	80 70 story	State of Heal Death	th - Cause		Wife / Husband Children	40 25 22 13	cify): State of Health - Co Death	ause of	No
Father Mother Siblings Personal His Do you have in the past?	80 70 story	State of Heal Death NORM	th - Causa	e of	Wife / Husband Children	40 25 22 13 u have o	cify):  State of Health - Co Death  r have you ever had	ause of	No
Father  Mother  Siblings  Personal His  Do you have in the past?  High Blood p	80 70 story e or have y	State of Heal Death NORM	th - Causa	e of	Wife / Husband Children  Do yo in the Kidner	40 25 22 13 u have or past?	cify):  State of Health - Co Death  r have you ever had	ause of	No
Father  Mother  Siblings  Personal His	80 70 story e or have poressure st pain)	State of Heal Death NORM	th - Causa	e of	Wife / Husband Children  Do yo in the Kidne	40 25 22 13 u have of past? y disease y stones	state of Health - Co Death  r have you ever had  ssion/ Phobias/	ause of	No

Page 1 of 2

MSU/QRM/OHU/ARQ/1.1/16

04.2023,3884

Do you have or have you ever had in the past?	Yes	No	Do you have or have you ever had in the past?	Yes	No
Asthma			Do you have any eye sight problems not corrected by glasses/contact lenses?		/
Chronic Bronchitis			Other eye problems / Glaucoma / Keratoconus / Restricted vision		/
Tuberculosis			Do you have any hear problems?		1
Peptic ulcer			Tinnitus		7
Hepatitis B/C			Chronic ear infection		7
Piles / Hemorrhoids			Diabetes (□Insulin dependent) Diabetes (□Non-Insulin dependent)		/
Hernia			Thyroid Disease		-
Chronic constipation			Anemia		-
Chronic diarrhea			Thalassemia		-
Other bowel disease			Sickle cell		-
Epilepsy			Allergies that required medical advice		
Stroke			Are you taking any medication on regular basis? If yes, please specify		/
Migraine			Are you having any hospital treatment or investigations at the moment? If yes, please specify		/
Vertigo/balance problem			Are you waiting for any hospital treatment or investigation? If yes, please specify		/
Back problems (neck/shoulder problems)			Do you have any other medical conditions? If yes, please specify		/
Joint problems (Flat-Feet)			Do you smoke? If yes, please specify the daily amounts.		/
Fractures / Deformities			Do you drink alcohol? If yes, please specify the daily amounts.		/
Eczema			Do you/have you taken any drugs? If yes, which one?		/
Vitiligo			Others, skin condition		_/
FEMALES					
Date of Last period			Is menstrual Blood loss heavy	es i	□No
Are the periods regular  ☐Yes ☐No	Are the p	eriods painful	Are you taking contraceptive pills ☐Y	Control of	□No
Number of pregnancy:			Number of Live birth(s):		3 -
DISCLAIMER: I hereby permit ADNOC line with ADNOC policies or pertinent ADNOC or the assessing Physician from correct to the best of my knowledge a including on my recruitment status in lin	Ministry of n any legal nd acknowl	Health Laws or liability by doin ledge that furnis	dical information to relevant departments a local regulatory agency requirements. I do g so. I also declare the above provided in shing falsified information would have seric	hereby	release
Date: 0 6 MAY 2023		The second name of the second	gnature: Mais Join		
age 2 of 2		Cal Hosp	MSU/QRM/C	HU/ARC	)/1.1/16

AsPer-MLG-2006

Oy Departmen

# MEDICAL SERVICES UNIT Form B – RECRUITMENT ABROAD PRE EMPLOYMENT MEDICAL ASSESSMENT



1			ADNOC					
Date of E	xamination:							
	ne: MOHI	Middle Name: UDDIN	Family Name:					
Date of B	Birth: 23-FEB-1971	Gender: Male Female	Nationality: BANGLADESH					
Company	ADNOCL&S	Job Title: COOK	Marital Status: MARRIED					
Job Title:	COOK	Reason for Examination: MEDI	CAL CHECK-UP					
Home Ad	ldress:	VILL: H#284, EAST MOLLARTEK, ASHKONA, DAHSHIN KHAN, DHAKA						
Illnesses		2-MAY-2021						
System	Examination	Findings	Comment on Abnormal Findings or History					
_	Pulse	785/~!						
Cardiovascular	Blood Pressure	120/80 My						
asc	Heart Apex	m						
iov	Heart Sounds	m						
ard	Heart Murmurs	WY)						
Ű	Varicose Veins	M						
	Nasal Airway	MAD						
	Thyroid	ms						
ory	Trachea	m						
rato	Chest Shape/Movement	M)						
Respiratory	Percussion	com						
Re	Air Entry	ms						
	Breath Sounds	CHM)						
	Adventitia	m						
	Teeth	Mr.						
	Tongue/Fauces	Wes						
ary	Abdomen	WW)						
imentary	Liver	~~~						
Ĕ	Spleen	NIND						
₹	Lymphadenopathy	NM)	3					
CONT.	Hernial Orifices	am	-					
· Silver	Anus, Rectum/P.R.	M)	Alla Caracteria					
GU	Kidney	~~	100					
U	Genitalia	ww.						
Z	Hair	MAD						
INTGN	Skin	MFS	The state of the s					
	Nails	m						
	Hands	M	The second second					
Muscuo- skeletal	Limbs	ww.						
Muscuo skeletal	Back	W.D						
Σķ	Joints	m,						
	Injuries	m						

	Cranial	Nerves	i	1	11	Ш	IV	٧	VI	277		-	
	Deflesses Di		151	VII	VIII	IX Kn	Х	XI	XII				
Refle Power Tone Coord		Rt		Reflexes BI T			Sup	An	PI	-			
ste				m	1100	Mo	1111	(III)					
S			Lt	1/10	MI	MI	VIII	///					
sno	Power					_	W	1)_					
2		Tone					W.	2)					
ž	-	Coordination					W	r)_					
	Sensatio			_		1	M						
	Emotion		oility			(	N	1)					
	Intellige						uλ	$\sim$					
	Meatus						W	<u>Y</u>					
Ears	Ear Dru						MA	<b>Y</b>					
ш	Webbe		,	Rt	-	^ -	Lt.	_					
	Hearing			Rt	.   ~	W	Lt.	^	m	)			
	Light Re				,	N	141						
Eyes	Accomr		on			M	(m)		_				
ш.	Nystagr	nus				N	vv)						
	Fundi	=00=00	\C1	•	NAME OF	111597			-				
			Visual	Near		Mich h	Dista	No.	0.00		Vision		
Jncorre	ected	R		Near	-	_	Dista	nce		Normal	Abn	ormal	
21100110	cecu	L	-	25-	-								
Correct	ed	R		bil	-						-7		
		L	1	6/1									
	117	Contract of the	# H		the second second		laneo						
	1670	-	Veight:	761	7-	BMI:	-	7.5		Pulse: 7 8	BP:	100/8	
	xpansion:	l v	ital Capa	icity:			d E	xpira	tory	Chest X-ray:		- / -	
Audiom	wy	100	rem	NA)		Volu	_			m	)		
	roup:	V				ECG:				Syound			
denatit	is B: Ne	, , ,	aemoglo								rotein:	21/	
теристе	13 b. Me	gan		repatiti	s C. /	76	90	N	нер	patitis A (Food han	diers):		
vamini	ing Physic	ian's Er	ralization	/Docon		J_+:_	24					-	
	ing Physic	iaii 5 Ev	raiuatioi	i/ Recoil	imeni	aatio	n.						
☐Fit fo	r the job				ſ	FIT	FOR	MIT	MO A	BOARD SHIP			
□Unfit	for the jol	b			E		-		. 011	DOMIN OIM	近:		
□Temp	orarily un	fit and	to be re-	evaluat	ed late	er					An er of		
												14.5	
			-		2011	260	22.55	7		12.	la-		
Physicia	n Name (F	rint na	me):	R. MIR	MD,	RAI	HAN	MB	BS, E	DFM			
	300 <u>24</u> 0000				//	/							
Physicia	ın Signatuı	re:		<u>-</u>		-Con	tact	Phon	e / er	mail: +880171613	4074		
Facility	Name & St	tamn		X	N	~				mail: +880171613	uspitals	1	
demity	Hanne or 3				specimen.					12	18	1	
Date of	Examinati	on:	AY 2023	DR MBBS	MIF	11.44.44	D. F (Birdem MMC	at destable e	Children	LA TAGPA	-ML@2006)		

DR. MIR. MD. RAIHAN MBBS (DU): DFM: CCD (Briden): PGT (Ophth). BMDC A-55144, MMC-BGD-016

Page 2 of 2

DG Shipping Bangladesh Appro General Physician Radical Hospitals Limited. MSD/QRM/OHU/ARA/1.0/14

# MEDICAL SERVICES UNIT RECRUITMENT ABROAD PRE EMPLOYMENT MEDICAL FITNESS REQUIREMENT



# INFORMATION FOR APPLICANTS:

The following medical information (including lab/radiology and related assessment reports) must be provided in original to proceed further with your recruitment formalities:

- 1. FORM A Pre-Employment Health Screening Questionnaire to be completed and signed by the candidate.
- FORM B- Pre-Employment Medical Assessment to be completed, signed & stamped by the examining Physician of the healthcare facility.
- 3. Laboratory Investigations:
  - a) Complete Blood Count
  - b) Blood Group
  - c) FBS
  - d) Lipid profile
  - e) Liver function tests
  - f) Gamma GT
  - g) Creatinine
  - h) Urea Nitrogen
  - i) Urates
  - j) HBsAg & Anti-HCV IGM
  - k) Anti-HIV (1&2)
  - 1) Thyroid Hormones (for candidates over 50 years of age)
  - m) PSA (for candidates over 50 years of age)
  - n) HbA1C (for candidates over 40 years or diabetic)
  - o) Urinalysis (general)

### 4. Other tests:

- a) Audiometry test (audiogram)
- b) Vision Acuity & Color vision test
- c) Spirometry (Vitalograph)
- d) Resting ECG

### 5. Special tests

- Stress ECG (for candidates above 35 years of age and for job titles including drivers (heavy & light duty), crane operators, fire fighters, forklift drivers –irrespective of age.
- b) Stool general and culture for food handlers

### 6. Radiology Investigations:

Chest x-ray (P.A) – All candidates shall undergo chest X-ray in their home country only if indicated and/or as per the recommendation of examining Physician. According to the visa screening standard of Health Authority Abu Dhabi (HAAD) all candidates shall undergo chest x-ray upon arrival in UAE as a part of their medical fitness assessment.

# SPECIAL NOTE ON MEDICAL FITNESS:

All the above mentioned requirements are only intended to screen the candidates for their health status during recruitment abroad. It is not designed, nor intended to seplace subsequent medical assessment including physical examination and laboratory / radiology investigations that would be conducted upon arrival in UAE.

The final fitness certificate shall only be released subjections at ADNOC and receiving medical clearance from related avernment entities (after arriving in UAE), with no additional liability in whatsoever means, to ADNOC or its group countries.

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

Form No: SMC



**34.**2023 . 3884

Radical Hospitals Limited

Name & Signature of the practitioner:

# 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

Sealarers, 1978 as amended (STCW78) and Regulation 1.2	of the Mantine Labour Convention, 2006
SEAFARER INFORMATION:	
Name: Last UDDIN First MOH-	Z
Gender: (Male/Female) 2014 E Nationality BPN62	//PDS77Z <sub>Date:</sub> 0 6 MAY 2023
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/ Husbad'sname: SHINEK SPHIEED	CDC No P 0467278
Mother's Name: RAHIMA BEGUM	
Address: House No: 282 Street/ Road No:	Seaman ID No
1 12212	NID No
P.O. HEHKOWH	Date of Birth 23-02-10-79
P.S: 2777577271	(DD/MM/YYYY)
District: DHHKH	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Governm	ent of the People's Republic of Bangladesh and con-
the followings:	
1. Confirmation that identification documents were checked at	the point of examination :YES/NO
<ol><li>Hearing meets the standards in section A-I/9</li></ol>	:YES/NO
<ol><li>Unaided hearing satisfactory?</li></ol>	:YESTNO
4. Visual acuity meets standards in section A-I/9?	*XESANO
<ol><li>Colour vision meets standards in section A-I/9?</li></ol>	:YES/NO
Date of last colour vision test	.0 5 MAY 2023
6. Fit for lookout duties?	:YES/NO
<ol><li>Is the seafarer free from any medical condition likely to be a</li></ol>	
render the seafarer unfit for service or to render the health of a	iny other persons on board? :XES/NO
8. Any limitations or restrictions on fitness?	:YES/NO
If YES, specify limitations or restrictions:	12 man
Duties: RADICAL HOSPITAL LII	WITED
Location/Vessel: Ultara Dhaka, Banglad	NAME OF THE PARTY
Medical/Other:	
5	
Medical fitness category : Fit-No restriction	Fit-Subject to restrictions Unfit
10. Date of examination/Issue (DD/MM/YYYY) 0 6 MAY 2023	
(==::::::::::::::::::::::::::::::::::::	
11. Date of expiry (DD/MM/YYYY)	nore than 2 years from the date of examination".
, Non	
I have read the contents of the certificate and have been informed of the right to review.  As Per Mich.	DR. MIR. MD. RAIHAN
and have been informed of the right to	MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016
Asperate Stamp	DG Shipp.ng Bangladesh Approved General Physician

Mohinden

Seafarer's Signature

### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 whis pered 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, Interna-tional 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 useofnarcotics.
 Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table 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 enineer 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 fight of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafaver 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 Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E
0 6 MAY 2023

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





Id No : 0173

Patient's Name: MOHI UDDIN

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

Date: 06-May-2023

D.Date: 06-May-2023

Age: 52Y 2M 13D

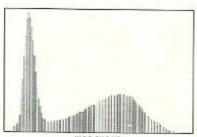
Gender: Male

# Haematology Report

& checked manually)

Parameter Name	Results	Reference Range			
Hemoglobin (Hb) ESR(Westergreen)	14.2 gm/dl 05 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.			
Total WBC Count(TC)		Male:0-10, F:0-20 mm/1st hr.			
	11,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm			
Differential WBC Count (DC)		0/000 10,000/camm			
Neutrophils	62 %	Child: 25-66 %, Adult: 40-75 %			
Lymphocytes	32 %	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	220 /cumm	50-450/cumm			
Total RBC Count	4.33 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul			
HCT/PCV	36.0 %	M: 40-54%, F:37-47%			
MCV	83.1 fL	76 - 94 fL			
MCH	<b>32.8</b> pg	27 - 32 pg			
MCHC	39.4 g/dL	29 - 34 g/dL			
RDW	13.1 %	11 - 16 %			
PDW	14.9 fL	35 - 56 fl			
Total Platelete Count (PC)	2,67,000 /cumm	150,000-450,000/cumm			
MPV	8.4 fL	7.0 - 11.0 fL			
new		1.0 1L			

0.224 %



PLT CURVE

Checked By Medical Technologist

PCT

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

0.1 - 0.%

RADICAL HOSPITAL

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

### Result

Invoice No : DIA23050173 Bed/Ward No: Outdoor Inv.Date : 06-05-2023
Patient's Name : MOHI UDDIN Age: 52Y 2M 13D Gender: Male

Patient's Name: MOHI UDDIN Age: 52Y 2M 13D Gender; Male

Ref. By : Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine) Associate

Specimen : Blood

# **Biochemical Report**

Test Name	Result	Unit	Normal Value
S. Urea	22	mg/dL	10-40
Plasma Glucose Fasting	5.6	mmol/L	4.2 - 6.2
HbA1C	5.2	%	<6.5
Samma Glutamyl Transferase(GGT)	30	U/L	0 - 55 U/L
IPID PROFILE			
otal Cholesterol	182	mg/dL	Upto 200
DL Cholesterol	42	mg/dL	M:35-55
DL Cholesterol	93	mg/dL	F:40-65 <150
iglyceride	140	mg/dL	50-150
ver Function Test			
Bilirubin (Total)	0.6	mg/dl	0.2-1.1
GPT (ALT)	28	U/L	Up to 40
GOT (AST)	30	U/L	Up to 37
Alkaline Phosphatase	179	U/L	Up to 270

Gbecked By

Medical Technologist Radical Hospitals Ltd. Uttara. Dhaka Dr. Sumaiya Khatun

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

RADICAL HOSPITAL

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

### Result

Patient's Name : DIA23050173 Bed/Ward No: Outdoor Inv.Date : 06-05-2023

Patient's Name : MOHI UDDIN Age: 52Y 2M 13D Gender: Male

Ref. By : Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine) Associate

Specimen : Blood

# **Biochemical Report**

			and the same of th
Test Name	Resu	lt Unit	Normal Value
Renal Function Test			
S.Creatinine	1.0	mg/dl	Male:0.6-1.3 Female: 0.5-1.2
S.Urea	20	mg/dl	10-40
S. Sodium	120	mmol/L	135-146
S. Potassium	3.3	mmol/L	3.5-5.5
S. Chloride	99	mmol/L	96-110

Medical Technologist Radical Hospitals Ltd. Uttara. Dhaka Dr. Sumaiya Khatun

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



Invoice No : DIA23050173 Bed / Ward: Outdoor Inv. Date : 06-05-2023

Patient's Name : MOHI UDDIN Age : 52Y 2M 13D Gender: Male

Ref. By : Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine) Associat

Specimen : Blood

# Serological Report

Test Name	Result	Unit	Normal Value
HBsAg (ICT Method)	Negative		
ICT for Syphilis	Negative		
HIV 1/2 (ICT Method)	Negative		
ТРНА	Negative		
Anti HCV (ELISA)	0.6	OD Ratio	Negative: <1.0
Blood Group & Rh Factor			Positive: >=1,0
Blood Group (ABO)	B+VE		
Rh Factor (D)	Positive		

Checked By Medical Technologist Radical Hospitals Ltd. Uttara Dhaka

Dr. Sumaiya Khatun

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



Invoice No	:	DIA23050173	Bed / Ward No		Inv. Date :	06-05-2023
Patient's Name	:	MOHI UDDIN	Age :	52Y 2M 13D	Gender :	Male
Reff. By	:	Dr. Mir Md. Raihan MBBS,(DU),(	CCD (BIRDEM),PGT(Eye),	DFM (Forensic Me	edicine) Associ	ate Professor
Specimen	:	Urine Uenartment				

Specimen : Urine	UDYNE EVMANTNATION DESCRI	7 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -
	URINE EXMAMINATION REPORT	
	Physical Examination	
Colour	Straw	
Appearance	Clear	
Sediment	Nil	
Specific Gravity	Not Done	
	Chemical Examination	
pH	Acidic	
Albumin	Nil	
Glucose	Nil	
Ketone Bodies	Not Done	
Urobilinogen	Not Done	
Nitrite	Not Done	
Bilirubin	Not Done	
Microalbumin	Not Done	
	Microscopic Examination	
Epithelial Cells	1-2	/HPF
Pus Cells	0-1	/HPF
Red Blood Cells (RBC)	Nil	/HPF
Calcium Oxalate	Nil	
Amorphous Phosphate Cryastals	, Nil	
Triple Phosphate Crystals	Nil	
Uric acid crystals	Nil	
Granular Cast	Nil	
Candida	Nil	
Hayaline Cast	Nil	

Medical Technologist Radical Hospitals Ltd. Uttara Dhaka

Cysteine Cast

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

Nil



Invoice No : DIA23050173 Bed / Ward No : Outdoor Inv. Date : 06-05-2023
Patient's Name : MOHI UDDIN Age : 52Y 2M Gender : Male

Reff. By . Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM (Forensic Medicine) Associate

Specimen : Stool

STOOL EXMAMINATION REPORT

1	-	Ш	П	Ш		Ш	Ш	Ш		I
J	181	-			Ш				шш	ш.

PHYSICAL EXAMINATION						
Consistency	Soft					
Colour .	Straw					
Mucus	Trace					
Blood	Nill					

# CHEMICAL EXAMINATION

Reaction Not done
Occult Blood Tes Not done
Reducing substa Not done

	Microscopic Examination
Pus cells	0-1
Epithelial Cells	1-2
RBC	Nil
Vegetable cells	Nil
Starch	Nil
Musicle fiber	Nil
Protozoa	Nil
Cyst	Nil
Larva	Nil
Macrophages	Nil
Fat Globule	Nil
Ova of A.L	Nil
Ova of A.D	Nil
Candida	Nil

Cherked By

Medical Technologist Radical Hospitals Ltd. Ultara Dhaka Dr. Sumaiya Khatun

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



# AUDIOLOGICAL REPORT

Patient Name : MOHI UDDIN

06/05/2023

Age

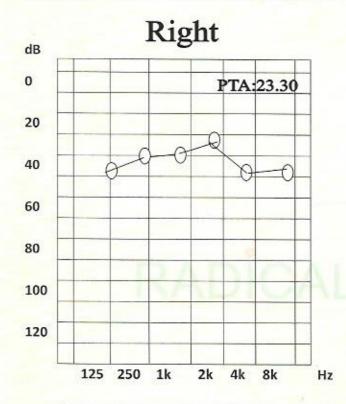
: 52 Yrs

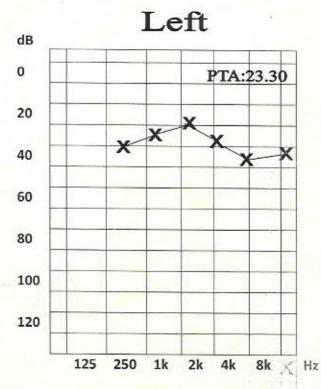
Address

: RHL, UTTARA

Referred By

: Dr. Mir Md. Raihan , MBBS,(DU), DFM





0-25= Normal Hearing.

26-40= Mild Hearing Loss.

41-55= Moderate Hearing Loss.

56-70= Moderately Severe Hearing Loss.

71-90= Severe Hearing Loss.

91-120= Profound Hearing Loss.

Right Ear Left Ear Air Unmasking OX Bone Unmasking Right Ear Left Ear Air MaskingOX

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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

Bone Masking AA

Hz

RADICAL HOSPITAL

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

# DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050173 Receive: Print: 06/05/2023

Patient's Name : MOHI UDDIN

Age : 52 YRS Sex : M

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

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

Rate : 94 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.

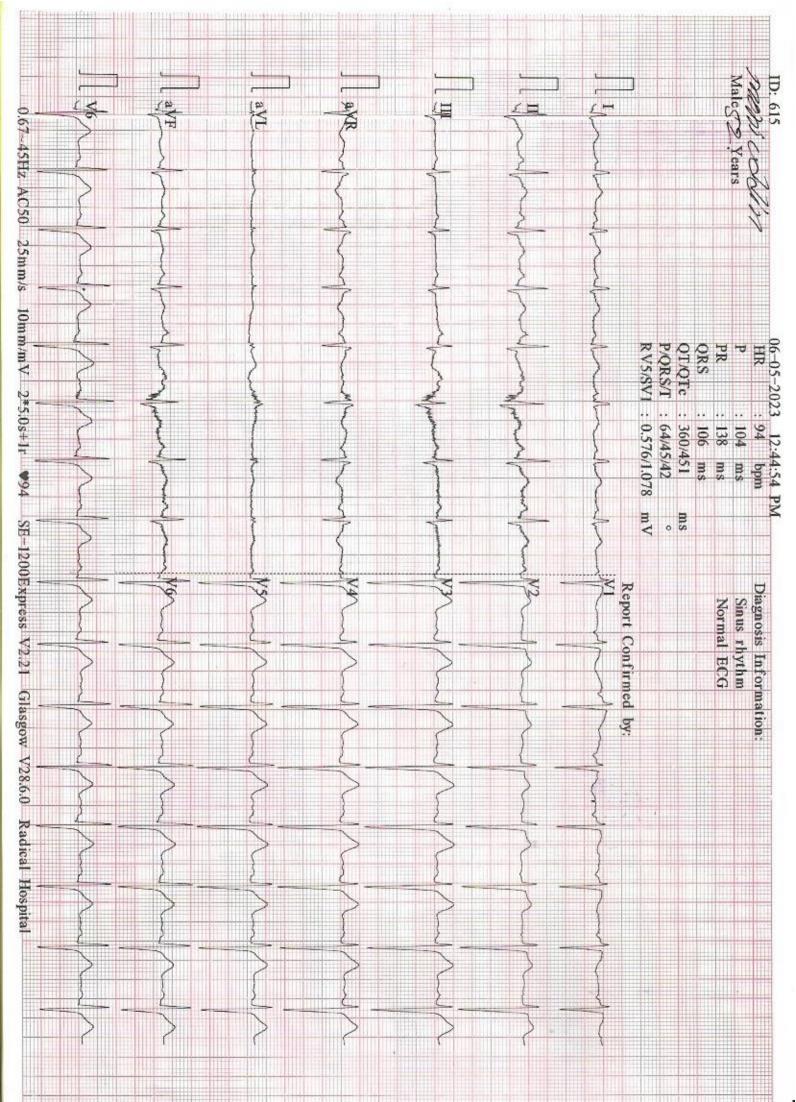
Dr. Debashish Paul

MBBS, MD (Cardiology) Associate Professor Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1





# radical\_hospitals@yahoPatien & Family@Communication

To be filled by Consultant/ Jr. Consultant

# DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050173 Receive:06/05/2023 Print: 06/05/2023

Patient's Name : MOHI UDDIN

Age : 52 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 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



Date: 06/05/2023

# EYE EXAMINATION REPORT

MOHI UDDIN	
52 YRS	

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

61 L

616

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

RADICAL HOSPITAL

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

Patient's Name	100	MOHI UDDIN	ID NO	:	23050173
Age	:	52 Yrs	Date	:	06/05/2023
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU), DFM			
Nature of Specimen	:				

# PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6 FEV = 5 FEV/FVC = 80%

Comments: Normal Lung Function

Checked By

Dr. Mir Md. Raihan

MBBS (DU) CCD(Birdem),PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved General Physician Radical Hospitals Limited