

# 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

Name: DANISH AFTAB AZAM Sex: MALE Serial No: \_\_\_\_\_  
 Date of Birth: 16/01/1991 PP/CDC: C1015865 Rank: C/E  
 Vessel: M.V. ARABELLA Type: BULK Route: WORLDWIDE  
 Home Address: HOUSE-1156, APARTMENT-02, ROAD-10, AVE-11, MIRPUR DOHS, DHAKA

Company Name: V. GROUP

## 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                                  | No                                  |
| Severe one-sided headaches (Migraine)                       |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Head Injury / Concussion / Loss of Memory                   |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Fits / Epilepsy / Dizziness / Fainting                      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Eye / Vision Problems (Glasses, etc.)                       |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Hearing Impairment                                          |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ear / Nose / Throat problems                                |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Stomach / Bowel disorders                                   |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Gall stones / Kidney disorders                              |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Jaundice / Liver Disease                                    |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Piles / Varicose veins                                      |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Blood Disorder                                              |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Female Disorder                                             |                       | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Notes                                                       |                       |                                     |                 |                                     |                       |                                     |                                     |

## Medical Examination

| Height         | Weight in Kgs | Chest Insp-Exp | Blood Pressure in mm of Hg | Pulse-Beats / min | Resp. Rate / min | General Condition |           |           |      |      |      |      |      |
|----------------|---------------|----------------|----------------------------|-------------------|------------------|-------------------|-----------|-----------|------|------|------|------|------|
| <u>177cm</u>   | <u>78kg</u>   | <u>43-41</u>   | <u>120/80 mmHg</u>         | <u>78 bpm</u>     | <u>19 bpm</u>    | <u>Good</u>       |           |           |      |      |      |      |      |
| Distant Vision | Uncorrected   | Corrected      | Field of Vision            | Audiometry        | Hz               | 500               | 1000      | 2000      | 3000 | 4000 | 5000 | 6000 | 8000 |
| 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      | Normal         | Abnormal                   | Hearing           | Right Ear        | <u>4</u>          |           |           |      |      |      |      |      |
|                | Other         | Normal         | Abnormal                   |                   | Left ear         | <u>4</u>          |           |           |      |      |      |      |      |

## Systemic Examination

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

## Investigations

| Blood                                                                           | Result                  | Normal             | Urine            |                 |
|---------------------------------------------------------------------------------|-------------------------|--------------------|------------------|-----------------|
| Hemoglobin                                                                      | <u>16.2 gm%</u>         | 14-16 gm %         | Colour           | <u>Str</u>      |
| Total WBC count                                                                 | <u>4.900 cu.mm</u>      | 4000-11000 / cu.mm | Specific Gravity |                 |
| Neu <u>66</u> % Lymph <u>25</u> % Eos <u>02</u> % Ba <u>00</u> % Mo <u>07</u> % |                         |                    | pH               |                 |
| Malarial parasite                                                               | <u>Not Found</u>        |                    | Albumin          | <u>Nil</u>      |
| ESR                                                                             | <u>10 mm / 1st hour</u> | 1-15 mm / hr       | Sugar            | <u>Nil</u>      |
| SGPT                                                                            | <u>26 U/L</u>           | 9-43 U / L         | Bile pigment     |                 |
| S.Cholesterol                                                                   | <u>196 mg/dl</u>        | 145-260 mg / dl    | Bile salts       |                 |
| S.Triglycerides                                                                 | <u>116 mg/dl</u>        | upto 200 mg / dl   | Occult blood     |                 |
| Blood Sugar                                                                     | <u>RBS Nil</u>          | upto 125 mg %      | RBC cells        | <u>Nil</u>      |
| HbsAg                                                                           | <u>Negative</u>         |                    | Leucocytes       |                 |
| HIV I & II                                                                      | <u>Negative</u>         |                    | Others           |                 |
| VDRL                                                                            | <u>Negative</u>         |                    | Spirometry:      | <u>N/D</u>      |
| Others                                                                          | <u>Not Reval.</u>       |                    | Drugs of Abuse:  | <u>Negative</u> |
| Blood Group                                                                     |                         | GGTP U/L           | USG:             | <u>Normal</u>   |
| ECG:                                                                            | <u>Normal</u>           | TMT:               |                  |                 |
| X-Ray Chest:                                                                    | <u>Normal</u>           |                    |                  |                 |



## 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  
 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: 08 MAY 2025

Candidate's Signature: Aftab Azam Danish Official Stamp

Doctor's signature:

Date: 09 MAY 2023



DR. MIR MD. RAIHAN  
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)  
 BMDC A-55444, MMC BCD 018  
 DG Shipping Bangladesh Approved  
 General Physician  
 Radical Hospitals Limited

04.2023.3909



# PHYSICAL EXAMINATION REPORT/CERTIFICATE

## DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

### THE REPUBLIC OF LIBERIA

|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| LAST NAME OF APPLICANT<br><b>DANISH</b>                                                                                                                                                                                                                                                                                         | FIRST NAME<br><b>AFTAB</b>                                                                                                        | MIDDLE INITIAL<br><b>AZAM</b>                                                   |
| DATE OF BIRTH<br>MONTH <b>01</b> DAY <b>16</b> YEAR <b>1991</b>                                                                                                                                                                                                                                                                 | PLACE OF BIRTH<br>CITY <b>RANGPUR</b> COUNTRY <b>BANGLA</b>                                                                       | SEX<br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |
| EXAMINATION FOR DUTY AS:<br>MASTER <input type="checkbox"/> RATING <input type="checkbox"/><br>MATE <input type="checkbox"/> MOU DECK <input type="checkbox"/><br>ENGINEER <input checked="" type="checkbox"/> MOU ENGINE <input type="checkbox"/><br>RADIO OFF <input type="checkbox"/> SUPERNUMERARY <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT:<br><b>HOUSE-1151, APARTMENT-07,<br/>         Rad-10, AVENUE-11, MIRPUR DOHS,<br/>         DHAKA</b> |                                                                                 |

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

|                                                                                                                                                                                                         |                       |                                                                                                                                                                                                                                                                              |                          |                                |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------|-----------------------------------|
| HEIGHT<br><b>5' 10"</b>                                                                                                                                                                                 | WEIGHT<br><b>78kg</b> | BLOOD PRESSURE<br><b>120/80mm</b>                                                                                                                                                                                                                                            | PULSE<br><b>78 6/min</b> | RESPIRATION<br><b>19 6/min</b> | GENERAL APPEARANCE<br><b>Good</b> |
| VISION:<br>WITHOUT GLASSES<br>WITH GLASSES                                                                                                                                                              |                       | RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b><br>DATE OF LAST COLOR VISION TEST (Month/Day/Year) <b>09 MAY 2023</b> Testing Required every 6 years<br>COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                          |                                |                                   |
| COLOR TEST TYPE: BOOK " LANTERN " CHECK IF COLOR TEST IS NORMAL<br>YELLOW <input checked="" type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/> |                       |                                                                                                                                                                                                                                                                              |                          |                                |                                   |
| HEARING:<br>RT. EAR <b>nm</b>                                                                                                                                                                           |                       | LEFT EAR <b>nm</b>                                                                                                                                                                                                                                                           |                          |                                |                                   |
| HEAD AND NECK<br><b>Normal</b>                                                                                                                                                                          |                       | HEART (CARDIOVASCULAR)<br><b>Normal</b>                                                                                                                                                                                                                                      |                          |                                |                                   |
| LUNGS<br><b>Normal</b>                                                                                                                                                                                  |                       | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>f</b>                                                                                                                                                        |                          |                                |                                   |
| EXTREMITIES:<br>UPPER <b>Normal</b>                                                                                                                                                                     |                       | LOWER <b>Normal</b>                                                                                                                                                                                                                                                          |                          |                                |                                   |

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2.

|                                                    |                                    |                                   |
|----------------------------------------------------|------------------------------------|-----------------------------------|
| <b>Aftab Azam Danish</b><br>SIGNATURE OF APPLICANT | <b>09 MAY 2023</b><br>DATE OF EXAM | <b>08 MAY 2025</b><br>EXPIRY DATE |
|----------------------------------------------------|------------------------------------|-----------------------------------|

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

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO **AFTAB AZAM DANISH**

**FIT FOR DUTY ON BOARD SHIP**

(NAME OF APPLICANT)

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD. RAIHAN MBBS, (DU), DFM**

ADDRESS **RADICAL HOSPITALS LIMITED. 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA; DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY **DG SHIPPING BANGLADESH**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06 MAY 2014**

SIGNATURE OF PHYSICIAN **[Signature]** DATE OF EXAMINATION **09 MAY 2023**

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.

RLM-105M (REV. 12/17) **DR. MIR MD. RAIHAN<sup>1</sup>**  
 MBBS (DU), DFM, CCD (Bardem), PGT (Ophth)  
 BMDC A-55144, MMC-BGD-016  
 DG Shipping Bangladesh Approved  
 General Physician  
 Radical Hospitals Limited.





## MEDICAL REQUIREMENT

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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seafarer deck, bosun, GP-I, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

### DETAILS OF MEDICAL EXAMINATION

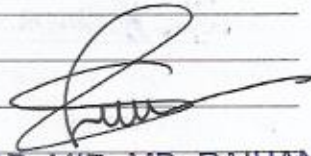
(To be completed by examining physician)

01. Completed Physical Examination

02. Pathological Test

03. Radiological Test

04. Ophthalmology Examination For VA & CV

  
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.

09 MAY 2023

RLM-105M (REV. 12/17)

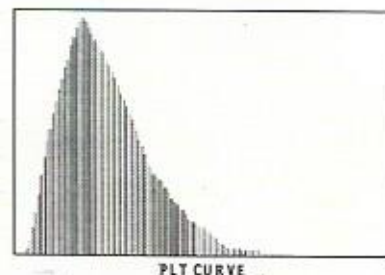
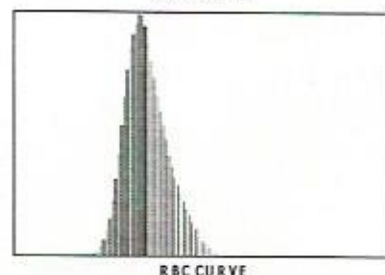
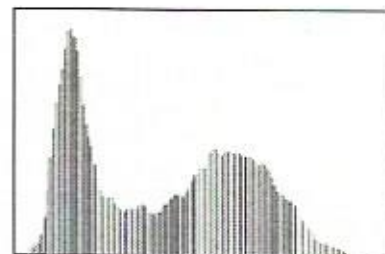


**Id No** : 0253 **Date** : 09-May-2023 **D.Date** : 09-May-2023  
**Patient's Name** : AFTAB AZAM DANISH **Age** : 32Y 3M 22D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 5865

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>16.2</b> gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>10</b> mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>4,900</b> /cumm    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>66</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>25</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>07</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>98</b> /cumm       | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>6.50</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>53.8</b> %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>82.8</b> fL        | 76 - 94 fL                                                                                         |
| MCH                                | <b>32.0</b> pg        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>38.7</b> g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>13.0</b> %         | 11 - 16 %                                                                                          |
| PDW                                | <b>13.3</b> fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>1,74,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>8.6</b> fL         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.115</b> %        | 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        | DIA23050253                                                           | Received Date | 09/05/2023 |
| Patient's Name | AFTAB AZAM DANISH                                                     |               |            |
| Patient's Age  | 32Y 3M 22D                                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5865 |               |            |
| Sample         | blood                                                                 |               |            |

### BIOCHEMISTRY REPORT

| Test Name                  | Result    | Reference Range |
|----------------------------|-----------|-----------------|
| <b>Liver Function Test</b> |           |                 |
| Serum Bilirubin (Total)    | 1.0 mg/dl | 0.2 - 1.1 mg/dl |
| Serum ALT (SGPT)           | 26 U/L    | Up to 40 U/L    |
| Serum AST (SGOT)           | 31 U/L    | Up to 37 U/L    |
| Serum Alkaline Phosphatase | 156 U/L   | 98 - 279 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. Sumaiya Khatun  
M BBS, MD (Microbiology)  
Associate Professor  
Dept. of Microbiology  
East West Medical College and Hospital

|                |                                                       |               |                 |
|----------------|-------------------------------------------------------|---------------|-----------------|
| Bill No        | DIA23050253                                           | Received Date | 09/05/2023      |
| Patient's Name | AFTAB AZAM DANISH                                     |               |                 |
| Patient's Age  | 32Y 3M 22D                                            | Patient's Sex | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO:C/O/5865 |
| Sample         | blood                                                 |               |                 |

## SEROLOGICAL REPORT

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

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        | DIA23050253                                                           | Received Date | 09/05/2023 |
| Patient's Name | AFTAB AZAM DANISH                                                     |               |            |
| Patient's Age  | 32Y 3M 22D                                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5865 |               |            |
| 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



|                |                                                           |               |                  |
|----------------|-----------------------------------------------------------|---------------|------------------|
| Bill No        | DIA23050253                                               | Received Date | 09/05/2023       |
| Patient's Name | AFTAB AZAM DANISH                                         |               |                  |
| Patient's Age  | 32Y 3M 22D                                                | Patient's Sex | Male             |
| Ref. by        | Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM |               | GDC NO: C/O/5865 |
| Sample         | URINE                                                     |               |                  |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | R B C       | Nil     |
| Appearance | Clear      | Pus Cells   | 2-4/HPF |
| Sediment   | Nil        | Epithelial  | 0-2/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



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23050253 Receive: 08/05/2023 Print: 08/05/2023  
Patient's Name : AFTAB AZAM DANISH  
Age : 33 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

## AUDIOLOGICAL REPORT

Patient Name : AFTAB AZAM DANISH

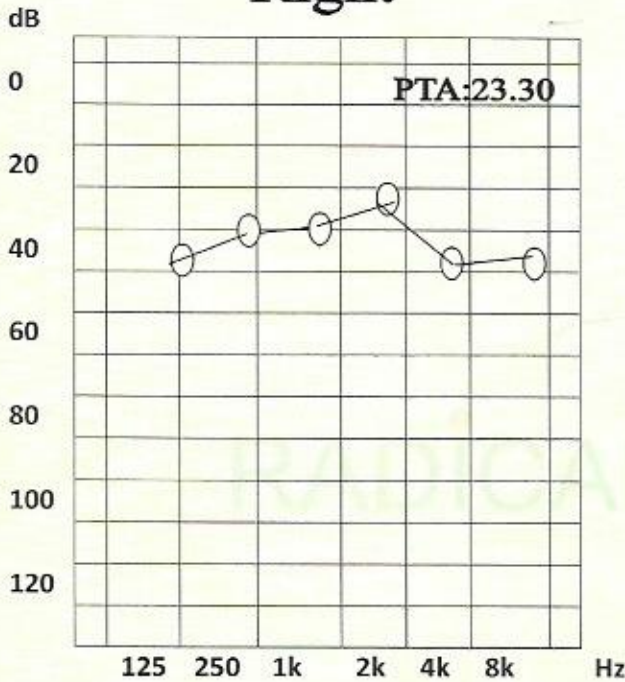
08/05/2023

Age : 33 Yrs

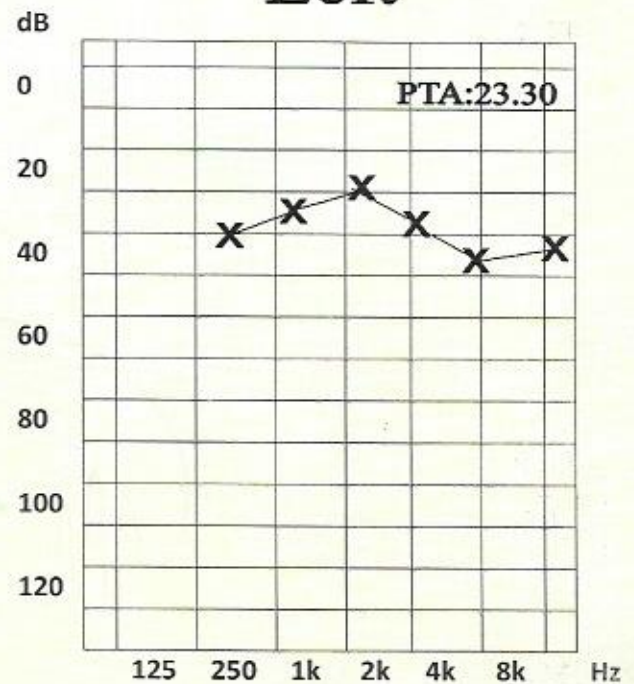
Address : RHL, UTTARA

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

### Right



### Left



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   |           |          |
| Air Masking OX   |           |          |
| Bone Masking ΔΔ  |           |          |

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

*Signature*  
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





Date: 08/05/2023

## EYE EXAMINATION REPORT

|       |                   |              |                 |
|-------|-------------------|--------------|-----------------|
| NAME: | AFTAB AZAM DANISH |              |                 |
| AGE:  | 33 YRS            | RANK: CH.ENG | CDC NO:C/O/5865 |

VISUAL ACUITY:                      RIGHT                      LEFT

UNAIDED                      6/6                      6/6

AIDED

COLOUR VISION:                      NORMAL / BLIND

OPINION :                      UNFIT / FIT FOR EMPLOYMENT ON BOARD

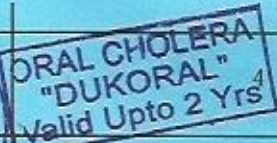
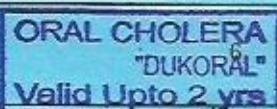
Dr. Mir Md. Raihan  
MBBS, PGT (Ophthalmology)  
Assistant Registrar (EX)  
East west Medical College & Hospital

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA**  
**CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION  
CONTRE LA CHOLERA**

This is to Certify that  
je soussigne (e) certifie que } Date of Birth 16.01.1991 sex M  
whose signature follows } ne (e) le } Sexe  
dont la signature suit. }

*Arifur Rahman* has on the date indicated been vaccinated or revaccinated against Cholera  
a etc. vaccination (e) contre la fievre jaune la date indique.

| Date        | Signature and Professional<br>Status of vaccinator<br>Signature et qualite Prof.<br>essoundle du vaccinateur                                                                                                     | Approved Stamp<br>Cachet d' authentication                                                                                                                              |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16 JAN 2020 | <i>Arifur Rahman</i><br><b>Dr. Md. Arifur Islam</b><br>MBBS (CMC) BCS (Health), FCPS (MEDICINE)-II, CCD<br>BMDC Reg. No. 62563<br>DG Shipping Approved (BD)<br>Assistant Medical Officer, Chittagong, Bangladesh | <br> |
| 2           |                                                                                                                                                                                                                  |                                                                                                                                                                         |

|   |                                                                                                                                                                                                                                         |                                                                                     |                                                                                      |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 3 | <p><i>Arifur Rahman</i><br/><b>Dr. Md. Ariful Islam</b><br/>MBBS (CMC) BCS (Health), FCPS (MEDICINE)-II, CCD<br/>BMDC Reg. No. 62563<br/>DG Shipping Approved (BD)<br/><del>Assistant Medical Officer, Chittagong, Bangladesh</del></p> |   |   |
| 4 |                                                                                                                                                                                                                                         |                                                                                     |                                                                                      |
| 5 | <p><i>Arifur Rahman</i><br/><b>DR. MIR. MD. RAIHAN</b><br/>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br/>BMDC A-55144, MMC-BGD-016<br/>DG Shipping Bangladesh Approved<br/>General Physician<br/>Radical Hospitals Limited.</p>         |  |  |
| 6 |                                                                                                                                                                                                                                         |                                                                                     |                                                                                      |
| 7 |                                                                                                                                                                                                                                         | 7                                                                                   | 8                                                                                    |
| 8 |                                                                                                                                                                                                                                         |                                                                                     |                                                                                      |

Continued overleaf Suite our erso



**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST YELLOW-FEVER  
CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION  
CONTRE LA FIEVER JANUE**

This is to Certifie that  
je soussigne (e) certifie que } \_\_\_\_\_ Date of Birth 16.01.1991 sex M  
whose signature follows } \_\_\_\_\_ ne (e) le \_\_\_\_\_ Sexe \_\_\_\_\_  
dont la signature suit. }

Arifur Rahman has on the date indicated been vaccinated or revaccinated against Yellow-Fever  
a etc. vaccination (e) on contre la fievre jaune la date indique.

| Date                    | Signature and Professional<br>Status of vaccinator Signature<br>et qualite Prof. essionndle du<br>vaccinateur                                                                                                     | Origin and batch no.<br>of vaccine origine du<br>vaccin Employe et u<br>merco du lot | Official stamp of<br>vaccination centre.<br>cachet Official du<br>Center de vaccination |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1<br><i>16 JAN 2009</i> | <i>Arifur Rahman</i><br><b>Dr. Md. Arifur Islam</b><br>MBBS (CMC) BCS (Health), FCPS (MEDICINE)-II, CCO<br>BMDC Reg. No. 62563<br>DG Shipping Approved (BD)<br>Seafarer's medical officer, Chittagong, Bangladesh |                                                                                      |                                                                                         |
| 2                       |                                                                                                                                                                                                                   |                                                                                      |                                                                                         |
| 3                       |                                                                                                                                                                                                                   |                                                                                      |                                                                                         |
| 4                       |                                                                                                                                                                                                                   |                                                                                      |                                                                                         |

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

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

Any amendment of this certificate or erasure or failure to complete any part of it, may render it invalid.  
Ce certificate n'est valable que si le vaccine employe a etc. approuve par l'organisation mondiale de la sante.  
Et si ce de vaccination a etc habilite par l'administration du territoire de s lequell ce centre est situe.

Le validity of ce certificate coure une periode de six ans ommencent dix Jours apres la date de la vaccination ou da s le casd une revaccination on cours de cettée periode de dix aus. e Jour de cettée revaccination.

Toute correction ou rature sur le certificate au omission d'un quelonque desmentions nd il comporte peul affecter su validite.