Medical Certificate for Service at Sea

As per medical standards of ILO-MLC 2006, as amended STCW 2010

Issue Date: 15th July 2013 Rev. Date: 01 November 2018 Revision No.: 01

| Name: (last, first, middle | :) | | | | |
|------------------------------------|------|-------|------|--------------------------|-------------|
| ISLAM | ME |) | | SAIFUL | |
| Date of birth: (day/month/year) | 02 | 07 | 1995 | Gender: (male/female) | MALE |
| Passport / Discharge book No: | B005 | 96061 | | Nationality: | BANGLADESHI |
| Rank: | DECK | HAND | | Place of Examination: | DHAKA |



I have evaluated the above-named scafarer/ new entrant after establishing his identity as per the documents mentioned above. On the basis of the scafarer's/ new entrant personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is —

| | | Yes | No |
|----|---|-----|----|
| a. | Hearing meets the standards in STCW Code, section A-I/9: | | |
| b. | Unaided hearing is satisfactory; | / | |
| c. | Color Vision meets the required STCW Code standards section A-I/9 (testing only required every six years) | 1 | |
| d. | Date of last color vision test: | | |
| e | Fit for lookout duty | 1 | |
| ſ | Is the seafarer free from any medical condition likely to be aggravated by Service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board: | | |

| below. | FIT FOR DUTY ON BOARD SHIP |
|---|----------------------------|
| *This Medical Certificate is issued with fo | llowing restriction |
| ** Reasons for being unfit | |
| | |

This seafarer is UNFIT FOR DUTY ** / FIT FOR DUTY with / without restriction *as mentioned

| Date of examination: (Day/Month/Year) | 0 7 OCT 2023 | | |
|--|-----------------------------------|--|--|
| Expiry date of certificate: (Day/Month/Year) | 0 6 OCT 2025 | | |
| Name of Medical Examiner | DR. MIR MD. RAIHAN MBBS,(DU), DFM | | |
| Signature of Medical Examiner | | | |
| Official Stamp | | | |



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

04.2023.4917

File No.: L #3 (2nd/O)

Retention: 3 Years / Frequency: As Required

Page 1 of 1

As per medical standards of II.O- MLC 2006, as amended STCW 2010

Issue Date: 15th July 2013 Rev. Date: 01st November 2018 Revision No. : 01

Form #: C-44

Medical Examination of Seafarers Examinee's Declaration

| Name (last, first, middle): | ISLAM MD SAIFUL | |
|--|--|--|
| Date of birth (day/month/year): | 02-JUL-1995 | |
| Sex: Male / Female | MALE | |
| Home address: | NORTH MAIZ PARA, W-40, PATENGA, MODHYA PATENGA | |
| Frome address. | CHOWDHURYPARA-4222, CHATTOGRAM | |
| Passport No./Discharge book No.: | B00596061 | |
| Department (Deck/Engine/Radio/Food handling/other): | DECK | |
| Rank: | DECK HAND | |
| Routine and emergency duties (if known): | | |
| Type of ship (Cargo, Tanker, Passenger): | | |
| Trade area (coastal, tropical, worldwide): | | |

Seafarer's Personal Declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

| | Condition | Yes | No | | Condition | Yes | NT- |
|----|-----------------------------------|-----|----|----|--|------|---------|
| 1 | Eye/vision problem | | | 18 | Sleep problem | 1 65 | No |
| 2 | High blood pressure | | 1 | 19 | Do you smoke, use alcohol or drugs? | | - |
| .3 | Heart/vascular disease | 4.4 | 1 | 20 | Operation/surgery | - | |
| 4 | Heart surgery | | / | 21 | Epilepsy/scizures | | - |
| 5 | Varicose veins/piles | | 1 | 22 | Dizziness/fainting | | |
| 6 | Asthma/bronchitis | | 1 | 23 | Loss of consciousness | | |
| 7 | Blood disorder | | 1 | 24 | | | - |
| 8 | Diabetes | | 1 | 25 | Psychiatric problems | | - |
| 9 | Thyroid problem | | 1 | 26 | Depression/Hepatitis | | <u></u> |
| 10 | Digestive disorder | | - | - | Attempted suicide | | - |
| П | Kidney problem | | - | 27 | Loss of memory | | _ |
| 12 | Skin problem | | - | 28 | Balance problem | | |
| 70 | | | | 29 | Severe headaches | | |
| 13 | Allergies | | | 30 | Ear (hearing, tinnitus)/nose/throat problem | | _ |
| 14 | Infectious/contagious diseases | | / | 31 | Restricted mobility | | - |
| 5 | Hernia | | | 32 | The state of the s | | 1000 |
| 16 | Genital disorder | | 1 | 33 | Back or joint problem | | _ |
| 7 | Pregnancy | | MA | 34 | Amputation Fractures/dislocations | | |

File No. : 1, #4 (2nd/O)

Retention: 3 Years Franciscov: As Required

As per medical standards of II.O- MLC 2006, as amended STCW 2010

| | | | | 24 |
|--|---|--|--|--|
| A | Additional questions | | | .2 |
| | | | Yes | No |
| | Have you ever been signed of | f as sick or repatriated from a ship? | 103 | 1.10 |
| | Have you ever been hospitaliz | | | |
| | Have you ever been declared | | | |
| _ | | even been restricted or revoked? | | |
| | | any medical problems, diseases or illne | 00007 | |
| | | perform the duties of your designated | SSCS: | |
| | position/occupation? | perform the duties of your designated | | |
| | Are you allergic to any medic | ation? | | 1 |
| | Are you taking any non-prese | ription or prescription medications? | | T - |
| | | | | |
| | | ription or prescription medications? taken, and the purpose(s) and dosage(s) |): | |
| | | |); | - |
| | | |): | |
| | If yes, please list the medications | taken, and the purpose(s) and dosage(s) | | |
| | If yes, please list the medications | | | |
| 1 | If yes, please list the medications hereby certify that the personal d | taken, and the purpose(s) and dosage(s) | | |
| l | If yes, please list the medications | taken, and the purpose(s) and dosage(s) | the best of my knowledge | |
| I gnat sami | hereby certify that the personal dure of nee: | taken, and the purpose(s) and dosage(s) declaration above is a true statement to t Day (day/month/year) | the best of my knowledge 07 007 2023 DR. MIR. MD. RA | IHAN I |
| I gnat kami | hereby certify that the personal dure of nee: | taken, and the purpose(s) and dosage(s) eclaration above is a true statement to t | the best of my knowledge 07 0CT 2023 DR. MIR. MD. RA MBBS IDUI. DFM, CCD (Birdem), PG | T (Ophth) |
| I gnat kami | hereby certify that the personal dure of nee: | declaration above is a true statement to to Day (day/month/year) Name (Typed or | DR. MIR. MD. RA MBBS IDUI, DFM. CCD (Birdem), PG BMDC A-55144, MMC-BG DG Shipp.ng Bangladesh A ₁ General Physician | T (Ophth) D-016 oproved |
| I gnat sami (itnes | hereby certify that the personal dure of nee: | leclaration above is a true statement to t Day (day/month/year) Name (Typed or Printed) | DR. MIR. MD. RA MBBS IDUI, DFM. CCD (Birdem), PG BMDC A-55144, MMC-BG DG Shipping Bangladesh Ar General Physician Radical Hospitals Limit | T (Ophth) D-016 pproved |
| I gnat kami itnes ignat | hereby certify that the personal dure of nee: | taken, and the purpose(s) and dosage(s) declaration above is a true statement to to to the day/month/year) Name (Typed or Printed) vious medical records from any health profes | DR. MIR. MD. RA MBBS IDUI, DFM. CCD (Birdem), PG BMDC A-55144, MMC-BG DG Shipping Bangladesh Ar General Physician Radical Hospitals Limit | T (Ophth) D-016 proved |
| I gnat itnes ignat | hereby certify that the personal dure of nee: ssed by: ture by authorize the release of all my prevauthorities to Dr. Mir Md. Raihan (to | Day (day/month/year) Name (Typed or Printed) vious medical records from any health profes | DR. MIR. MD. RA MBBS IDU, DFM. CCD (Birdem), PG BMDC A-55.144, MMC-BG DG Shipp.ng Bangladesh Ay General Physician Radical Hospitals Limitessionals, health institutions ar | T (Ophth) D-016 oproved ed |
| I gnat ami itnes gnat serek blic | hereby certify that the personal dure of nee: ssed by: ture | taken, and the purpose(s) and dosage(s) declaration above is a true statement to to to the day/month/year) Name (Typed or Printed) vious medical records from any health profes | DR. MIR. MD. RA MBBS IDUI, DFM. CCD (Birdem), PG BMDC A-55144, MMC-BG DG Shipping Bangladesh Ar General Physician Radical Hospitals Limit | T (Ophth) D-016 oproved ed |
| I gnat cami | hereby certify that the personal dure of nee: ssed by: ture by authorize the release of all my prevauthorities to Dr. Mir Md. Raihan (toure of Examinee | Day (day/month/year) Name (Typed or Printed) Printed) Day (day/month/year) Name (Typed or Printed) Day (day/month/year) | DR. MIR. MD. RA MBBS IDU, DFM. CCD (Birdem), PG BMDC A-55.144, MMC-BG DG Shipp.ng Bangladesh Af General Physician Radical Hospitals Limit essionals, health institutions ar | T (Ophth) D-016 oproved ed id |
| I gnat kami ignat ignat iblic gnat | hereby certify that the personal dure of nee: ssed by: ture by authorize the release of all my prevauthorities to Dr. Mir Md. Raihan (to | Day (day/month/year) Name (Typed or Printed) vious medical records from any health profes | DR. MIR. MD. RA MBBS IDUI, DFM. CCD (Birdem), PG RMDC A-55144, MMC-BG DG Shipp.ng Bangladesh Af General Physician Radical Hospitals Limit essionals, health institutions ar 07 OCT 2023 DR. MIR. MD. F | T (Ophth) D-016 pproved ad d CAIHA PGT (Op |
| I gnat ami itnes gnat ereb blic | hereby certify that the personal dure of nee: ssed by: ture by authorize the release of all my prevauthorities to Dr. Mir Md. Raihan (toure of Examinee | Day (day/month/year) Name (Typed or Printed) Printed) Day (day/month/year) Name (Typed or Printed) Day (day/month/year) | DR. MIR. MD. RA MBBS IDUL DFM. CCD (Birdem), PG BMDC A-55:144, MMC-BG DG Shipp.ng Bangladesh Ap General Physician Radical Hospitals Limit essionals, health institutions ar 07 OCT 2023 DR. MIR. MD. F | T (Ophth) D-016 pproved ad id RAIHA , PGT (Oph BGD-01 |

Retention: 3 Y

File No. : L #4 (2nd/O)

: As Required

Page 2 of 4

Issue Date: 15th July 201. Rev. Date: 01st November 2018 Revision No.: 01

Form #: C-44

As per medical standards of ILO- MLC 2006, as amended STCW 2010

Medical Examination by Doctor

| Sight | | | | | | | | | | |
|--|--------------|-------------|--------------|--------------|-------------|--------------|--|---------------|---------|--------------------------|
| | | | Visual / | Cuity | viinte | | | Visual Fields | | ields |
| | | Unaide | | | Aided | | | No | rmal I | Defective |
| | Right Eye | Left Eye | Binocular , | Right Eye | Left Eye | Binocular | Right Eye | | _ | |
| Distance | 99 | Eve C | | | 100000 | | Left Eye | 1 0 | <u></u> | |
| Near | | | | | | | | | | |
| Color vi | sion: | | Not tested | £ | Normal | | Doubtful | | ☐ Def | ective |
| Hea | aring | - 2020A+0 | | | | | Speec | h and | whisper | test (metres) Whisper |
| | 500 Hz | 1000 Hz | 2000 Hz | 3000 Hz | 4000 Hz | 6000 Hz | | 140 | inai | winsper |
| Right Ear | 20 | 20 | 20 | 112. | 1.00 | 1111 | Right Ear | | 4 | 4 |
| Left Ear | 20 | 24 | 20 | | | | Left Ear | | 4 | 4 |
| A STATE OF THE PARTY OF THE PAR | e: (/minute | e) | Svetalie/mm | 8 1 | min 120 | Rhythm: | | প্ত | Res | juler. |
| Blood pr | | | Systolic:(mm | /Hg) ' | | Diastolic: | and the same of th | | | |
| Urinalys | is: Glu | icose: | NI | | Protein: | | NI | 1 | Blood: | 1 1 |
| | | | | | | | | | | |
| | | | Normal | Abnor | mal | | | | Normal | Abnorma |
| Head | | | | | | Skin | | | | 1 |
| Sinuses, | nose, throa | at | | | | Varicose ve | ins | | | |
| Mouth/te | eeth | | | | | | c. pedal pulses |) . | | |
| Ears (ge | neral) | | | the same | | Abdomen ar | nd viscera | | | |
| Tympan | ic membra | ne | | | | Hernia | | | | |
| Eyes | | | | VII. | | Anus (not re | | | | - |
| Ophthali | moscopy | | | | | G-U system | | | | - |
| Pupils | 000 | | | | | | ower extremitie | es | _ | 1 |
| | vement | | | | | | T/S and L/S) | | - | |
| Eye mov | nd chest | | | | | Neurologic | (full/brief) | | _ | |
| Eye mov Lungs a | ite offere | | 111 | | | Psychiatric | | | _ | |
| Lungs a | xaminatior | l | | | | 1 Sychian ic | | | | _ |

NORMAL



Retention: 3 Years / Frequency: As Required

Performed on (day/month/year):

../../... 07 OCT 2023

Not performed

Chest X-ray

Issue Date: 15th July 2013 Rev. Date: 01st November 2018 Revision No.: 01

Form #: C-44

As per medical standards of ILO- MLC 2006, as amended STCW 2010

| Other diagnostic test(s) and result(s): | |
|---|---------|
| Test | Results |

| Test | ALCO MALO |
|------------|-----------|
| BLOOD TEST | NORMAL |
| URINE TEST | NORMAL |
| ECG | NORMAL |

| | | No Restriction | is . | |
|---|--|--|-------------------------|-----|
| Vaccination sta | tus recorded: | Yes | ☐ No | |
| Assessme | nt of fitness for serv | ice at sea | | |
| On the bas | sis of the examinee's bove, I declare the e | personal declaration, my cli xaminee medically: | | |
| On the bas | bove, I declare the e | xaminee medically: | Not fit for look out de | uty |
| On the bas recorded a Fit for loo | bove, I declare the e | xaminee medically: | | |
| On the bas recorded a Fit for loo | bove, I declare the e | xaminee medically: | Not fit for look out de | uty |
| On the bas recorded a Fit for loo | bove, I declare the e | xaminee medically: | Not fit for look out de | uty |
| On the bas | bove, I declare the e | xaminee medically: | Not fit for look out de | uty |

| Date of examination: (Day/Month/Year) | 0 7 OCT 2023 |
|--|-----------------------------------|
| Expiry date of certificate: (Day/Month/Year) | 0 6 OCT 2025 |
| Name of Medical Examiner | DR. MIR MD. RAIHAN MBBS,(DU), DFM |
| Signature of Medical Examiner | |
| Official Stamp | AUL. |



DR. MIR. MD. RAIHAN
M88S (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Action taken by Medical Examiner (e.g. referral):





D.Date: 06-Oct-2023

Gender: Male

: 0213 Id No

Patient's Name: MD SAIFUL ISLAM

Specimen

: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO : C/O/ 11683

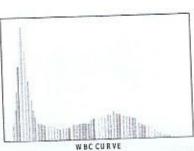
Date: 06-Oct-2023

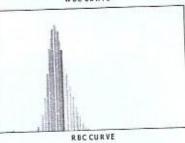
Age: 28Y 3M 3D

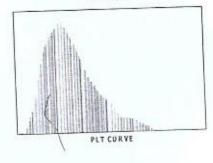
Haematology Report

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

| Parameter Name | Results | Reference Range |
|-----------------------------|-------------------|--|
| Hemoglobin (Hb) | 13.5 gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. |
| ESR(Westergreen) | 07 mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| Total WBC Count(TC) | 9,000 /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm |
| Differential WBC Count (DC) | 51 | Child: 25-66 %, Adult: 40-75 % |
| Neutrophils | 56 % | Child: 52-62 %, Adult: 20-50 % |
| Lymphocytes | 39 % | Child: 03-07 %, Adult: 02-10 % |
| Monocytes | 03 % | Child: 01-03 %, Adult: 01-06 % |
| Eosinophils | 02 % | Adult: 00-01 % |
| Basophils | 00 % | |
| Total Cir. Eosinophils | 180 /cumm | 50-450/cumm |
| Total RBC Count | 5.25 m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | 39.6 % | M: 40-54%, F:37-47% |
| MCV | 75.4 fL | 76 - 94 fL |
| MCH | 25.7 pg | 27 - 32 pg |
| MCHC | 34.1 g/dL | 29 - 34 g/dL |
| RDW | 13.6 % | 11 - 16 % |
| PDW | 15.3 fL | 35 - 56 fl |
| Total Platelete Count (PC) | 2,38,000 /cumm | |
| MPV | 10.2 fL | 7.0 - 11.0 fL |
| PCT | 0.243 % | 0.1 - 0.% |
| Bledding Time(BT) | % | 10 - 18 % |
| Dicting Line(D) | 0.0 | 0.1-0.2% |







Checked By L Medical Technologist

Cloting Time(CT)

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU)

Associate Professor Dept. Of Microbiology

East West Medical College & Hospital.

0.1-0.2 %



| Bill No | DIA23100213 | Received Date | 6/10/2023 |
|----------------|---|----------------------------|-----------|
| Patient's Name | MD SAIFUL ISLAM | | |
| Patient's Age | 28Y 3M 3D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU NO:C/O/11683 | J),CCD(BIRDEM),PGT(Eye),DF | M CDC |
| Sample | BLOOD | | |

BIOCHEMISTRY REPORT

| <u>Test Name</u> | Result | Reference Range |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.5 mmol/l | 4.2 – 6.4 mmol/l |
| Serum AST (SGOT) | 24.0 U/L | Up to 37 U/L |
| Serum ALT (SGPT) | 27.U/L | Up to 40 U/L |
| Serum Creatinine | 0.9 mg/dl | 0.3 - 1.3 mg/dl |

REMARKS (IF ANY)

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

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumarya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

| | DIA23100213 | Received Date | 6/10/2023 |
|---------------------------|--|-----------------------------|-----------|
| Bill No Patient's Name | MD SAIFUL ISLAM | | |
| Patient's Age | 28Y 3M 3D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(D NO:C/O/11683 | OU),CCD(BIRDEM),PGT(Eye),DF | M CDC |
| Sample | BLOOD | | |

BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|---|---|---|
| Lipid profile Serum Cholesterol Serum HDL- Cholesterol Serum Triglyceride Serum LDL- Cholesterol Urice Acid | 134 mg/dl 44 mg/dl 114 mg/dl 87 mg/dl 4.1 mg/dl | up to 200 mg/dl >35 mg/dl upto 220 mg/dl <130 mg/dl 3.8 - 8.0 mg/dl |

REMARKS (IF ANY)

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

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumarya Khatun M BBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



| Bill No | DIA23100213 | Received Date | 6/10/2023 |
|----------------|--|----------------------------|-----------|
| Patient's Name | MD SAIFUL ISLAM | | |
| Patient's Age | 28Y 3M 3D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(D NO:C/O/11683 | U),CCD(BIRDEM),PGT(Eye),DF | M CDC |
| Sample | BLOOD | | |

SEROLOGYCAL REPORT

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

Checked By

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



| Bill No | DIA23100213 | Received Date | 06/10/2023 |
|----------------|--------------------------------------|------------------------|--------------|
| Patient's Name | MD SAIFUL ISLAM | Delivery Date | 06/10/2023 |
| Patient's Age | 28Y 3M 3D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF | RDEM),PGT(Eye),DFM CDC | NO:C/O 11683 |
| Sample | BLOOD | | |

QuantiFERON-TB Gold (TB-IGRA)TEST REPORT

| Investigation | Result |
|-------------------------------|----------|
| QuantiFERON -TB Gold(TB-IGRA) | Negative |

Method : ELISA

Interpretation:

1.In this sample positive control (P) is 536.3, Negative control (N) is 7.20, Patient value (T) is 7.37 pg/ml. Result calculation are done according to WANTALTB –IGRA test protocol.

2. This assay can not be differentiate between latent infection and active tuberculosis.

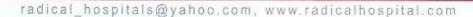
False negative may be obtained if sample is taken prior to development of immune response.

Negative result does not preclude the possibility of mycobacterium tuberculosis infection.

-----End of Report -----

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumafya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital





| Bill No | DIA23100213 | Received Date | 6/10/2023 |
|----------------|---|----------------|------------------|
| Patient's Name | MD SAIFUL ISLAM | | |
| Patient's Age | 28Y 3M 3D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM |),PGT(Eye),DFM | CDC NO:C/O/11683 |
| Sample | URINE | | |

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

MICROSCOPIC EXAMINATION

| Quantity | Sufficient | CELLS / HPF | |
|------------|------------|-------------|---------|
| Color | Straw | RBC | NIL |
| Appearance | Clear | Pus Cells | 1-3/HPF |
| Sediment | Nil | Epithelial | 1-2/HPF |

CHEMICAL EXAMINATION

CASTS / LPF

| Reaction | Acidic | RBC | Nil |
|--------------|--------|------------|-----|
| Albumin | Nil | WBC | Nil |
| Sugar | NIL | Epithelial | Nil |
| Ex.Phosphate | Nil | Granular | Nil |
| | | Hyaline | Nil |

ON REQUEST

CRYSTALS & OTHERS

| Bile Salt | Not Done | Urates | Nil |
|--------------|----------|--------------|-----|
| Bile Pigment | Not Done | Uric Acid | Nil |
| Ketones | Not Done | Cal. Oxalate | Nil |
| Urobilinogen | Not Done | Amor. Phos | Nil |
| B.J. Protein | Not Done | Tripple Phos | Nil |

Checked By

Medical Technologist,

Dr. Sumaiya Khatun MBBS, MD (Microbiology) Assistant Professor Dept. of Microbiology

East West Medical College and Hospital



Test Name

| Bill No | DIA23100213 | Received Date | 6/10/2023 |
|----------------|--|-----------------------------|-----------|
| Patient's Name | MD SAIFUL ISLAM | | |
| Patient's Age | 28Y 3M 3D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(D NO:C/O/11683 | U),CCD(BIRDEM),PGT(Eye),DF1 | M CDC |
| Sample | URINE | | |

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

| | 21001111 |
|---------------------|----------|
| 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 Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



| Patient's Name | 1 | MD SAIFUL ISLAM | | | |
|----------------|---|-------------------------------------|------|----|------------|
| Age | : | 28 Yrs | Date | 1: | 06/10/2023 |
| Sex | : | Male | | | |
| Referred by | : | Dr. Mir Md. Raihan - MBBS, (DU), DF | M | | |

TO WHOM IT MAY CONCERN.

Dear Sir,

With this letter, we want to explain that:

Based on our examination (physical examination) on September 06, 2023, **No Hemorrhoids and Hernias** ware found in the patient.

This in our information, we would like to thank for your attention.



Dr. Mir Md. Raihan

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

| | Radical Hospital | | Glasgow V28.6.0 | 7 | SE-1200Express V2.2 | 10mm/mV 2*5.0s \\ \pi75 SE-1200 | 0.67~100Hz AC50 25mm/s 1 | 0 |
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| | | | tion: | Diagnosis Information: Sinus rhythm Normal ECG Nermal ECG | Diagnosis Infor Sinus rhythm Normal ECG | 06-10-2023 11:20:20 HR : 75 bpm P : 110 ms PR : 128 ms QRS : 92 ms QT/QTc : 390/436 ms P/QRS/T : 76/38/45 ° RV5/SV1 : 1.688/0.230 mV | ID: 23091410 Sallac Male Years | ID: 230 Male |
| | | | | | | | | |



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100213 Receive: Print: 06/10/2023

Patient's Name : MD SAIFUL ISLAM

Age : 28 YRS Sex : M

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 75 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

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