

# 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: **RAHMAN MD MARUFUR** Sex: **M** Serial No: \_\_\_\_\_  
 Date of Birth: **26 / 12 / 1992** PP/CDC: **C1016872** Rank: **3<sup>RD</sup> ENG**  
 Vessel: **GENCO RANGER** Type: **BULK** Route: \_\_\_\_\_  
 Home Address: **43, BAWNIA BAZAR ROAD BAWNIA, TURAG, DHAKA**  
 Company Name: **SYNERGY SHIP MANAGEMENT CO. LTD.**

## Medical History

Please answer the following to the best of your knowledge.

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

## Medical Examination

| Height         |          | Weight in Kgs | Chest     | Insp-Exp | Blood Pressure in mm of Hg | Pulse--Beats / min | Resp. Rate / min | General Condition |      |      |      |          |      |      |      |
|----------------|----------|---------------|-----------|----------|----------------------------|--------------------|------------------|-------------------|------|------|------|----------|------|------|------|
| 175cm          |          | 82kg          | 40        | 30       | 120/70mm                   | 78/min             | 16/min           | Good              |      |      |      |          |      |      |      |
| Distant Vision |          | Uncorrected   | Corrected |          | Field of Vision            | Audiometry         | Hz               | 500               | 1000 | 2000 | 3000 | 4000     | 5000 | 6000 | 8000 |
| Right Eye      |          | 6/6           |           |          | Normal                     | Right Ear          | dB               | 20                | 20   | 20   |      |          |      |      |      |
| Left Eye       |          | 6/6           |           |          | Abnormal                   | Left Ear           | dB               | 20                | 20   | 21   |      |          |      |      |      |
| Colour Vision  | Ishihara |               | Normal    |          | Abnormal                   | Hearing            | Right Ear        |                   |      |      |      | Left ear |      |      |      |
|                | Other    |               | Normal    |          | Abnormal                   |                    | 4                |                   |      |      |      | 4        |      |      |      |

## Systemic Examination

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

## Investigations

| Blood                                         | Result           | Normal             | Urine            |
|-----------------------------------------------|------------------|--------------------|------------------|
| Hemoglobin                                    | 15.4 gm%         | 14-16 gm %         | Colour           |
| Total WBC count                               | 9.800 cu.mm      | 4000-11000 / cu.mm | Specific Gravity |
| Neu 61 % Lymph 34 % Eos 02 % Bas 00 % Mo 02 % |                  |                    | pH               |
| Malarial parasite                             | NOT FOUND        |                    | Albumin          |
| ESR                                           | 08 mm / 1st hour | 1-15 mm / hr       | Sugar            |
| SGPT                                          | NIE U/L          | 9-43 U / L         | Bile pigment     |
| S.Cholesterol                                 | NIE mg/dl        | 145-260 mg / dl    | Bile salts       |
| S.Triglycerides                               | NIE mg/dl        | upto 200 mg / dl   | Occult blood     |
| Blood Sugar                                   | RBS NIE PPBS     | upto 125 mg %      | RBC cells        |
| HbsAg                                         | NIE              |                    | Leucocytes       |
| HIV I & II                                    | NIE              |                    | Others           |
| VDRL                                          | NIE              |                    |                  |
| Others                                        | NIE              |                    |                  |
| Blood Group                                   | A                | GGTP U/L           |                  |

ECG: **Normal** TMT: **NIE**

X-Ray Chest: **Normal**

Spirometry: **Normal**

Drugs of Abuse: **NIE**

USG: **NIE**

## 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: **16 OCT 2025**

Candidate's Signature: **Maruf**  
 Date: **17 OCT 2023**

Official Stamp

Doctor's signature: **[Signature]**



**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.

04.2023.4998

# MEDICAL EXAMINATION REPORT/CERTIFICATE

## MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

### REPUBLIC OF THE MARSHALL ISLANDS

|                                                                                                                                                                                                                                              |                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| SURNAME <b>RAHMAN</b>                                                                                                                                                                                                                        | GIVEN NAME(S) <b>MD MARUFUR</b>                                                          |
| DATE OF BIRTH<br>12 26 1992<br>MONTH DAY YEAR                                                                                                                                                                                                | PLACE OF BIRTH<br>CITY <b>DHAKA</b> COUNTRY <b>BANGLADESH</b>                            |
| SEX<br><input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE                                                                                                                                                              | MAILING ADDRESS OF APPLICANT:<br><b>43, BAWNIA BAZAR ROAD,<br/>BAWNIA, TURAG, DHAKA.</b> |
| EXAMINATION FOR DUTY AS:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input checked="" type="checkbox"/><br>RADIO OFFICER <input type="checkbox"/><br>RATING <input type="checkbox"/> |                                                                                          |

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

|                                                                                                                                                                                                                                                                           |                    |                                                          |                                                                                                                                                  |                            |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------|
| HEIGHT <b>170cm</b>                                                                                                                                                                                                                                                       | WEIGHT <b>84kg</b> | BLOOD PRESSURE <b>120/70 mmHg</b>                        | PULSE <b>78b/min</b>                                                                                                                             | RESPIRATION <b>18b/min</b> | GENERAL APPEARANCE <b>Good</b> |
| VISION:<br>WITHOUT GLASSES <b>6/6</b><br>WITH GLASSES <b>6/6</b>                                                                                                                                                                                                          |                    | HEARING:<br>RT. EAR <b>Normal</b> LEFT EAR <b>Normal</b> |                                                                                                                                                  |                            |                                |
| COLOR TEST TYPE: BOOK <input type="checkbox"/> LANTERN <input checked="" type="checkbox"/> IS COLOR TEST NORMAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "NO" EXPLAIN ON PAGE 2)                                                          |                    |                                                          |                                                                                                                                                  |                            |                                |
| ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                         |                    |                                                          |                                                                                                                                                  |                            |                                |
| 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? <input checked="" type="checkbox"/> |                            |                                |
| EXTREMITIES:<br>UPPER <b>Normal</b> LOWER <b>Normal</b>                                                                                                                                                                                                                   |                    |                                                          |                                                                                                                                                  |                            |                                |
| IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                       |                    |                                                          |                                                                                                                                                  |                            |                                |
| IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                    |                                                          |                                                                                                                                                  |                            |                                |
| IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2                                                                                                                                                                                                |                    |                                                          |                                                                                                                                                  |                            |                                |
| IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                                                                 |                    |                                                          |                                                                                                                                                  |                            |                                |

**maruf**

**17 OCT 2023**

**16 OCT 2025**

SIGNATURE OF APPLICANT

DATE OF EXAMINATION

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:

**MD MARUFUR RAHMAN**

**FIT FOR DUTY ON BOARD SHIP**

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐

SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER /

☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

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

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

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

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

SIGNATURE OF PHYSICIAN

**17 OCT 2023**

DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

**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



MI-105M

## MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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 seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
  - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
  - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
  - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. 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/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
  - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
  - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) Physical Requirements
  - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
  - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

### IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

### DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.

(See RMI MG 7-17-1, §3.3).

17 OCT 2023



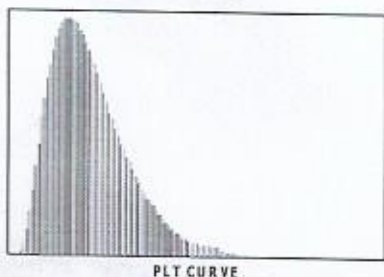
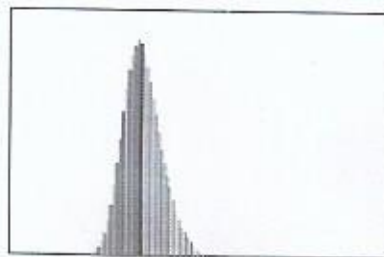
DR. MIR. MD. RAIHAN  
MBBS (DU), DFM, CCD (Birm), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.

**Id No** : 0651 **Date** : 17-Oct-2023 **D.Date** : 17-Oct-2023  
**Patient's Name** : MD MARUFUR RAHMAN **Age** : 30Y 9M 21D **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O/ 6872

### 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>15.4 gm/dl</b>     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>08 mm/1st hr</b>   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>9,000 /cumm</b>    | 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>61 %</b>           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>34 %</b>           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>03 %</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>180 /cumm</b>      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.05 m/ul</b>      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>41.2 %</b>         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>81.6 fL</b>        | 76 - 94 fL                                                                                         |
| MCH                                | <b>30.5 pg</b>        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>37.4 g/dL</b>      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>12.9 %</b>         | 11 - 16 %                                                                                          |
| PDW                                | <b>16.7 fL</b>        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>3,25,000 /cumm</b> | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>7.8 fL</b>         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.254 %</b>        | 0.1 - 0.5 %                                                                                        |
| Bleeding Time(BT)                  | <b>%</b>              | 10 - 18 %                                                                                          |
| Cloting Time(CT)                   | <b>%</b>              | 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        | DIA23100651                                           | Received Date | 17/10/2023        |
| Patient's Name | MD MARUFUR RAHMAN                                     |               |                   |
| Patient's Age  | 30Y 9M 21D                                            | Patient's Sex | Male              |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               | CDC NO: C/O/ 6872 |
| Sample         | BLOOD                                                 |               |                   |

### SEROLOGICAL REPORT

#### Test Name

#### Result

|                           |          |
|---------------------------|----------|
| HIV 1 & 2 (Method : (ICT) | Negative |
| HBsAg (Method : (ICT)     | Negative |

RADICAL  
HOSPITAL  
LIMITED

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        | DIA23100651                                           | Received Date     | 17/10/2023 |
| Patient's Name | MD MARUFUR RAHMAN                                     |                   |            |
| Patient's Age  | 30Y 9M 21D                                            | Patient's Sex     | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |                   |            |
| Sample         | URINE                                                 | CDC NO: C/O/ 6872 |            |

**DRUG ABUSE TEST**

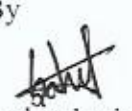
METHOD: Immunochromatographic Assay (Rapid one Step Test)

| 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        | DIA23100651                                           | Received Date     | 17/10/2023 |
| Patient's Name | MD MARUFUR RAHMAN                                     |                   |            |
| Patient's Age  | 30Y 9M 21D                                            | Patient's Sex     | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |                   |            |
| Sample         | URINE                                                 | CDC NO: C/O/ 6872 |            |

**URINE ROUTINE EXAMINATION****PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION**

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | R B C       | Nil     |
| Appearance | Clear      | Pus Cells   | 1-2/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 | 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. : 23100651 Receive: 17/10/2023 Print: 17/10/2023  
Patient's Name : MD MARUFUR RAHMAN  
Age : 31 Yrs Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS, (DU), CCD (BIRDEM), PGT (Eye), DFM

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

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

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

**Lung** : Lung fields are clear.

**Bony thorax** : Reveals no abnormality.

**Comments** : Normal chest skiagram.



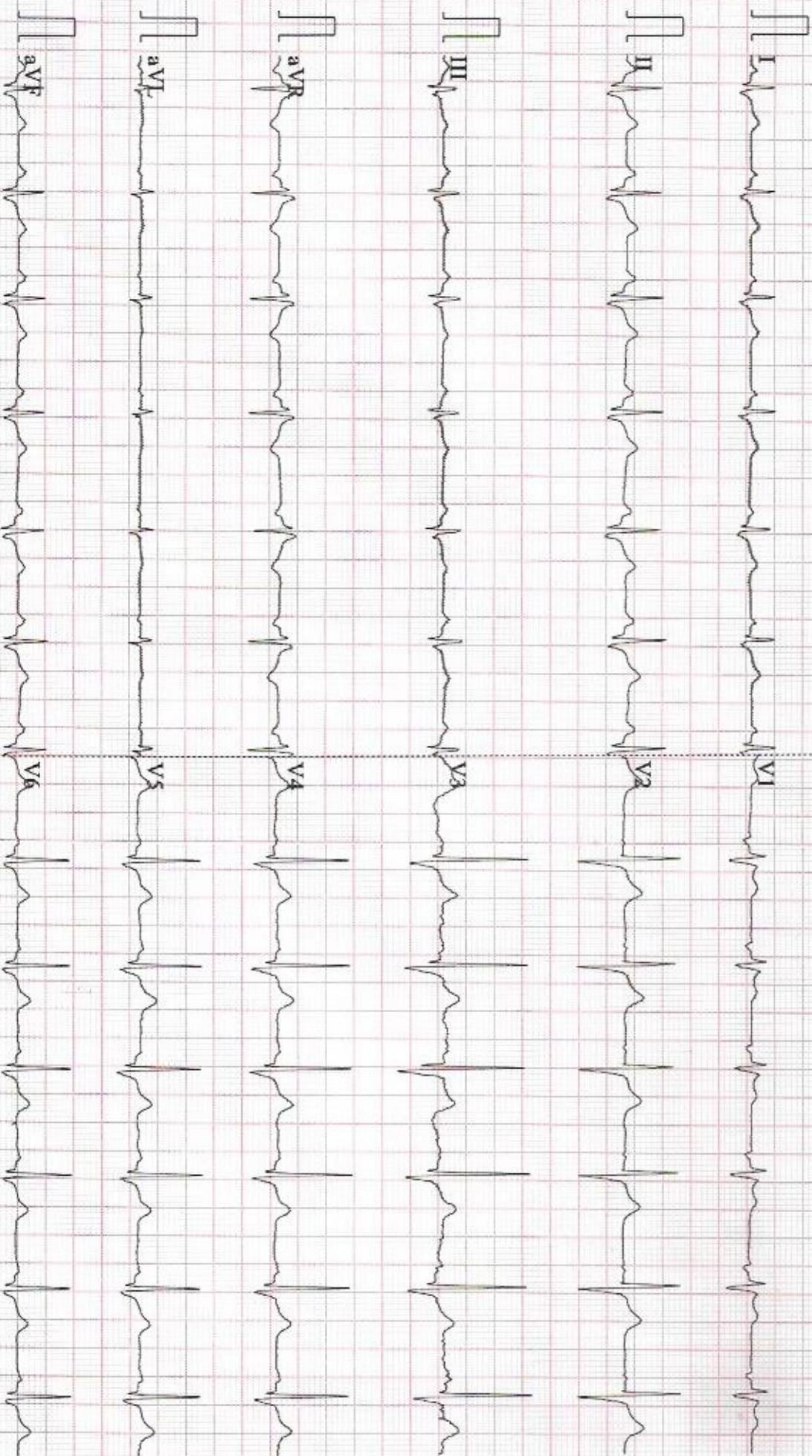
**Prof. Dr. Md. Mojibor Rahman**  
MBBS, DMRD (Radiology & Imaging)  
Head of the Department (Radiology & Imaging)  
Sylhet Women's Medical College Hospital

ID: 15  
17-10-2023 13:25:16  
Malaga, Years

P : 77 bpm  
PR : 84 ms  
QRS : 132 ms  
QT/QTc : 114 ms  
P/QRS/T : 382/433 ms  
RV5/SV1 : 65/29/56 mV  
RV5/SV1 : 1.14/0.324 mV

Diagnosis Information:  
Sinus rhythm  
Small inferior Q waves noted: probably normal ECG  
Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2\*5.0s 77

SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23100651 Receive: Print: 17/10/2023  
Patient's Name : **MD MARUFUR RAHMAN**  
Age : 31 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

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

Rate : 77 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

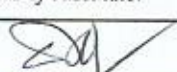
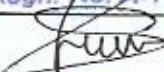
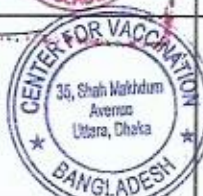
Page 1 of 1

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

## AGAINST CHOLERA

*md. Masum Rahn*  
 This is to certify that } Date of birth 26-12-1992 Sex Male  
 whose signature follows }

✓ has on the date indicated been vaccinated or revaccinated against Cholera

| Date        | Dignature and Professional status of vaccinator                                                                                                                                                                                                                                 | Approved Stamp                                                                                                                         |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| 16 SEP 2019 | <br><b>DR. M. AYUBUR RAHMAN</b><br>M.B.B.S; P.G.T (Medicine)<br>Taher Chamber<br>10, Agrabad C/A, Chittagong.<br>Regn. No. A-11820                                                             | <br><b>ORAL CHOLERA "DUKORAL"</b><br>Valid Upto 2 Yrs |
| 03 OCT 2022 | <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. | <br><b>ORAL CHOLERA "DUKORAL"</b><br>Valid Upto 2 yrs |

|             |                                                                                                                                                                                                                                                                                  |                                                                                                                                         |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 17 OCT 2023 | <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. | <br><b>ORAL CHOLERA "DUKORAL"</b><br>Valid Upto 2 yrs |
| 3           |                                                                                                                                                                                                                                                                                  |                                                                                                                                         |
| 4           |                                                                                                                                                                                                                                                                                  | 3 4                                                                                                                                     |
| 5           |                                                                                                                                                                                                                                                                                  |                                                                                                                                         |
| 6           |                                                                                                                                                                                                                                                                                  |                                                                                                                                         |
| 7           |                                                                                                                                                                                                                                                                                  |                                                                                                                                         |
| 8           |                                                                                                                                                                                                                                                                                  |                                                                                                                                         |

Continued overleaf Suite our erso

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

## AGAINST YELLOW-FEVER

*Dr. M. Ayubur Rahman*  
This is to certify that  
whose signature follows

Date of birth

26-12-1992

Sex

Male

has on the date indicated been vaccinated or revaccinated against yellow-fever

| Date             | Signature and Professional status of vaccinator                                                                                                                                                              | Signature and Professional status of vaccinator                                   | Official stamp of vaccination centre                                              |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1<br>16 SEP 2019 | <br>DR. M. AYUBUR RAHMAN<br>M.B.B.S; P.G.T (Medicine)<br>Taher Chamber<br>10, Agrabad C/A, Chittagong.<br>Regn. No. A-11820 |  |  |
| 2                |                                                                                                                                                                                                              |                                                                                   |                                                                                   |
| 3                |                                                                                                                                                                                                              |                                                                                   | 3 4                                                                               |
| 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 the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years. beginning ten days after date 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 ensure, of failure to complete any part of it may render it invalid.