HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880-2-333316214-6, Fax : +880-2-333310530

Accredited By : BMDC
Accreditation No. A55144

PATIENT CONTROL NUMBER
H1000

MEDICAL EXAMINATION CERTIFICATE

Dr. Mir Md. Raihan, Radical Hospitals Ltd., Reg. No. A-5544

SURNAME	FIRST NAME AND	MIDDLE NAME
	ASIFUZZAMAN	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
RANGPUR 25-Sep-1994	A08164012	CO8479
NATIONALITY : BANGLADESHI	SEX : ☑ Male ☐ Female	VESSEL TYPE :
TRADING AREA : WORLD WIDE		
PERMANENT HOME ADDRESS : WEST KASH BAG, HOUSE-50 GL ROY ROAD, ROAD-1, KOTWALI METRO, MAHIGANJ-5403, RANGPUR, BANGLADESH	CONTACT NUMBER : 0088 1521551716	
	RANK : 4TH ENGINEER	

Have you ever had any of the following conditions?

	Condition	YES	NO		Condition	YES	NO
1	Eye/vision problem	☐	☑	18	Sleep problems	☐	☑
2	High blood pressure	☐	☑	19	Do you smoke?	☐	☑
3	Heart/vascular disease	☐	☑	20	Operation/surgery	☐	☑
4	Heart surgery	☐	☑	21	Epilepsy/seizures	☐	☑
5	Varicose veins	☐	☑	22	Dizziness/fainting	☐	☑
6	Asthma/bronchitis	☐	☑	23	Loss of consciousness	☐	☑
7	Blood disorder	☐	☑	24	Psychiatric problems	☐	☑
8	Diabetes	☐	☑	25	Depression	☐	☑
9	Thyroid problem	☐	☑	26	Attempted suicide	☐	☑
10	Digestive disorder	☐	☑	27	Loss of memory	☐	☑
11	Kidney problem	☐	☑	28	Balance problem	☐	☑
12	Skin problem	☐	☑	29	Severe headaches	☐	☑
13	Allergies	☐	☑	30	Ear/nose/throat problems	☐	☑
14	Infectious/contagious diseases	☐	☑	31	Restricted mobility	☐	☑
15	Hernia	☐	☑	32	Back problems	☐	☑
16	Genital disorders	☐	☑	33	Amputation	☐	☑
17	Pregnancy	☐	N/A	34	Fractures/dislocations	☐	☑

If any of the above questions were answered "yes", please give details.

Additional questions

		YES	NO
35	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36	Have you ever been hospitalised?	☐	☑
37	Have you ever been declared unfit for sea duty?	☐	☑
38	Has your medical certificate ever been restricted or revoked?	☐	☑
39	Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☑	☐
41	Are you allergic to any medications?	☐	☑

Comments: FIT FOR DUTY ON BOARD SHIP

42	Are you taking any non-prescription or prescription medications?	☐	☑

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to **Dr. Mir Md. Raihan**(approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Asifuzzaman
Signature of Seafarer

MEDICAL EXAMINATION

Weight 62 Height (cm) 5·6 BM 9.7 Blood Pressure: Systolic 110 mg Diastolic 80 mg PULSE: 78 /m

Ear	Hearing by Audiometry	
Right	☐ Adequate	☐ Inadequate
Left	☐ Adequate	☐ Inadequate

Audiometry			
500	1000	2000	3000
	N/A		

Hearing by Whisper Test	
☑ Adequate	☐ Inadequate
☑ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☑ NO ☐

Radical Hospitals Ltd. As Per-MLC 2006

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

Visual fields	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-1/9 YES / NO

Colour vision as per STCW CODE Section A-I/9: ☑ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 01 OCT 2023

	Normal	Abnormal		Normal	Abnormal
Head	☑	☐	Varicose veins	☑	☐
Sinuses, nose, throat	☑	☐	Vascular (inc. pedal pulses)	☑	☐
Mouth/teeth	☑	☐	Abdomen and viscera	☑	☐
Ears (general)	☑	☐	Hernia	☑	☐
Tympanic membrane	☑	☐	Anus (not rectal exam)	☑	☐
Eyes	☑	☐	G-U system	☑	☐
Opthalmoscopy	☑	☐	Upper and lower extremities	☑	☐
Pupils	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Eye movement	☑	☐	Neurologic (full brief)	☑	☐
Lungs and chest	☑	☐	Psychiatric	☑	☐
Breast examination	N/A	☐	General appearance	☑	☐
Heart	☑	☐	Skin	☑	☐

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	Normal	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☑ Negative
ECG	Normal	BILIRUBIN	0.52		Alcohol Test	☐ Positive	☑ Negative
BLOOD R/E		SGPT	N/E		URINE R/E	Normal	
DC(differential count)	Nor	SGOT	0.95		OTHERS		
HAEMOGLOBIN (HGB)	13.8	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☑ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐ Positive	☐ Negative	HIV / AIDS Test	☐ Reactive	☑ Nonreactive
WBC	6800	Amphetamine	☐ Positive	☐ Negative	VDRL	☐ Reactive	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☐ Negative	Blood Type	B+(VE)	
RANDOM	5.07	Barbiturates	☐ Positive	☐ Negative	Psychological Exam	Normal	
HBA1C	5.3%	Cocaine	☐ Positive	☐ Negative	Others(KUB Ultrasou	N/E	

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer	Name of Seafarer	Date
[signature]	ASIFUZZAMAN SOHEL	01 OCT 2023

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☑ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit ✓	☐	☐	☐	☐
Unfit	☐	☐	☐	☐

☑ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions 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?

Yes	No
☑	☐

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date: 01 OCT 2023 Valid Until : 30 SEP 2025

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC REG. A-55182, MMC-RED-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Name and Signature of authorized Physician

Medical Exam Form

CONFIDENTIALFORM

Pre-seaExam ☐ PeriodicExam ☐

Name (last,first,middle): SOHEL ASIFUZZAMAN

Date of birth (day/month/year): 25 / 09 / 1994 Sex: male ☐ female ☐

Home address: WEST KASH BAG, HOUSE-50 GL ROY ROAD, ROAD-1, KOTWALI METRO, MAHIGANJ-5403, RANGPUR, BANGLADESH.

Passport No./Discharge Book No.: A08164012

Department (deck/engine/radio/food handling/other): ENGINE

Routine and emergency duties (if known): _____

Type of ship (eg. Bulkcarrier, chemical/oil/gas tanker, container, other cargo ships): BULK CARRIER

Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

Examinee's personal declaration

(Assistanceshould beoffered bymedical staff)

Haveyou ever had anyof thefollowingconditions:

	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem	☐	☐	18.	Sleepingproblems	☐	☐
2.	High blood pressure	☐	☐	19.	Do you smoke?	☐	☐
3.	Heart/vasculardisease	☐	☐	20.	Operation/surgery	☐	☐
4.	Heart surgery	☐	☐	21.	Epilepsy/seizures	☐	☐
5.	Varicose veins	☐	☐	22.	Dizziness/fainting	☐	☐
6.	Asthma/bronchitis	☐	☐	23.	Loss of consciousness	☐	☐
7.	Blood disorder	☐	☐	24.	Psychiatricproblems	☐	☐
8.	Diabetes			25.	Depression		
9.	Thyroid problem	☐	☐	26.	Attempted suicide	☐	☐
10.	Digestivedisorder	☐	☐	27.	Loss of memory	☐	☐
11.	Kidneyproblem	☐	☐	28.	Balanceproblem	☐	☐
12.	Skin problem	☐	☐	29.	Severeheadaches	☐	☐
13.	Allergies	☐	☐	30.	Ear/nose/throat problems	☐	☐
14.	Infectious/contagious diseases	☐	☐	31.	Restricted mobility	☐	☐
15.	Hernia	☐	☐	32.	Back problems	☐	☐
16.	Genital disorders	☐	☐	33.	Amputation	☐	☐
17.	Pregnancy	☐	☐	34.	Fractures/dislocations	☐	☐

If anyof theabovequestions wereanswered "yes," pleasegive details below.

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Additional questions

		Yes	No
35.	Haveyou ever been signed offas sick or repatriated from a ship?	☐	☑
36.	Haveyou ever been hospitalized?	☐	☑
37.	Haveyou ever been declared unfit forseaduty?	☐	☑
38.	Has your medical certificate ever been restricted or revoked?	☐	☑
39.	Areyou awarethat you have anymedical problems, diseases or illnesses?	☐	☑
40.	Do you feel healthyand fit to perform theduties of your designated position/occupation?	☑	☐
41.	Areyou allergic to anymedications?	☐	☑

Comments.

42. Areyou takinganynon-prescription or prescription medications? ☐ ☑

If yes, pleaselist themedications taken and thepurpose(s) and dosage(s).

Iherebycertifythat the personal declaration aboveis a truestatement to thebest of myknowledge.

Signatureof examinee: _____

Date (day/month/year): 01 OCT 2023 / _____ / _____

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

Witnessed by: *(Signature)* _____

Name:*(Typed or printed)*

Iherebyauthorizethereleaseofallmypreviousmedicalrecordsfromanyhealthprofessionals,health institutions and public authorities to Dr._____(theapproved medical examiner).

Signatureof examinee: _____

Date (day/month/year): 01 OCT 2023 / _____ / _____

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

Witnessed by: *(Signature)* _____

Name:*(Typed or printed)* _____

Date & Contact details for previous medical examination (if known):) __

Radical Hospital Ltd. DG Shipping Bangladesh Approved

MEDICAL EXAMINATION

Sight

Use of glasses or contact lenses: Yes/No (If yes, specify which type and for what purpose)

Visual Acuity						
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6				
Near						

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colorvision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz		
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	✓	
Left ear	✓	

Height:_____(cm) Weight:(kg) _____(kg) Pulse rate: 78 (/minute) Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

	Normal	Abnormal		Normal	Abnormal
Head			Skin		
Sinuses, nose, throat	☑	☐	Varicose veins	☑	☐
Mouth/teeth	☑	☐	Vascular(inc. pedal pulses)	☑	☐
Ears (general)	☑	☐	Abdomen and viscera	☑	☐
Tympanicmembrane	☑	☐	Hernia	☑	☐
Eyes	☑	☐	Anus (not rectal exam.)	☑	☐
Opthalmoscopy	☑	☐	G-U system	☑	☐
Pupils	☑	☐	Upper and lower extremities	☐	☐
Eyemovement	☑	☐	Spine (C/S, T/S and L/S)	☐	☐
Lungs and chest	☑	☐	Neurologic (full brief)	☐	☐
Breast examination	N/A	☐	Psychiatric	☐	☐
Heart	☑	☐	General appearance	☑	☐

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year):_____/_____/_____

Results: Normal chest x-ray

Radical Hospital Ltd. As Per MLC-2009 Seafarers Bangladesh Approved

Urinalysis: Glucose: Nil Protein: Nil

Blood Analysis: Hepatitis B Test Negative, V.D.R.L Non Reactive
Immunodeficiency Virus Anti bodies Negative

Other diagnostic test(s) and result(s):
Test *Result*

Medical Examiners comments:

Vaccination status recorded: ☑ Yes ☒ No

Assessment of fitness forserviceat sea

On thebasis of theexaminee's personal declaration, myclinical examination and the diagnostic test results recorded above, Ideclarethe examineemedically:

☑ Fit for lookout duty ☐ Not fit for look-out duty

	Deck service	Engine service	Cateringservice	Other services
Fit	☐	☐	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☑ With restrictions ☐

Visual aid required: Yes ☐ o ☑

Describe restrictions (eg. Specific positions, type of ship, trade area)

Action taken bymedical examiner (e.g., referral): _____

Medical certificate's dateof expiration (day/month/year): 30 SEP 2025

Date ofexamination (day/month/year): 01 OCT 2023

Number of Medical Certificate: Official stamp:

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Opht
BMDC A-55144, MMC-BGD-01
DG Shipping Bangladesh Approve
General Physician
Radical Hospitals Limited

Signature of medical practitioner: _____

Name of medical examiner: *(Typed or printed)* _____

Address of medical practitioner:: _____

Authorized by: _____(competent authority)

Radical Hospital Ltd. As Per M.L.C. 2006 DG Shipping Bangladesh Approved

SEAFARER'S MEDICAL EXAMINATION REPORT/CERTIFICATE

CONFIDENTIAL DOCUMENT

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labour Convention, 2006.

SURNAME	GIVEN NAME(S)
SOHEL	ASIFUZZAMAN
NATIONALITY	**ID DOCUMENT NO:**
BANGLADESHI	C/O/8479

DATE OF BIRTH			PLACE OF BIRTH		SEX
09	25	1994	RANGPUR	BANGLADESH	☑ MALE ☐ FEMALE
MONTH	DAY	YEAR	CITY	COUNTRY	

EXAMINATION FOR DUTY AS:

- MASTER ☐
- DECK OFFICER ☐
- ENGINEERING OFFICER ☐
- RADIO OFFICER ☐
- RATING ☐

MAILING ADDRESS OF APPLICANT:

WEST KASH BAG, HOUSE-50 GL ROY ROAD, ROAD-1, KOTWALI METRO, MAHIGANJ-5403, RANGPUR, BANGLADESH.

DECLARATION OF APPROVED MEDICAL PRACTIONER:

I CONFIRM THAT IDENTIFICATION DOCUMENTS WERE CHECKED: YES / NO

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

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
		120/80 mm	78/m	19 b/m	Good

VISION:	RIGHT EYE	LEFT EYE
WITHOUT GLASSES	6/6	6/6
WITH GLASSES		

HEARING: RT. EAR — LEFT EAR —

COLOR TEST TYPE: BOOK ☑ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☐ RED ☑ GREEN ☑ BLUE ☐

DATE OF LAST COLOR VISION TEST: ____

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☐ NO ☑

HEAD AND NECK	HEART (CARDIOVASCULAR)
Normal	Normal
LUNGS	**SPEECH** (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
Normal	

EXTREMITIES: UPPER Normal LOWER Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES ☑ 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 ☑ NO ☐

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☑

SIGNATURE OF APPLICANT — DATE 01 OCT 2023

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

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: ASIFUZZAMAN SOHEL
NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE: 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 / WITH THE FOLLOWING) RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN _____

ADDRESS _____

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY _____

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE _____

SIGNATURE OF PHYSICIAN :

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.

01 OCT 2023

DATE OF EXAMINATION: _____

30 SEP 2025

EXPIRY DATE OF CERTIFICATE : _____

SEAFARER ACKNOWLEDGMENT

I, ASIFUZZAMAN SOHEL (NAME OF SEAFARER), CONFIRM THAT I HAVE BEEN INFORMED OF THE CONTENT OF CERTIFICATE AND THE RIGHT TO GET A REVIEW.

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications This physical examination must be carried out not more than 24 months immediately preceding applications for an officer certificate, certification of special qualifications or a seafarer's book. The examinations shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997.* 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 (4.57m) and in poorer ear at 5 feet (1.52m).

(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. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.

(h) Physical Requirements

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motor, pumpman, electrician, wiper, tanker rating and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

The seafarer must retain the original of the 'Medical Examination Report/Certificate' 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/report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care. 'Fitness for duty' does not denote automatic employment. Final selection will be subject to meeting BSMs own minimum criteria for fitness, set out in the procedure manuals'.

EXAMINATION:

(To be completed by examining physician; alternatively the examining physician may attach a form similar or identical to the following Form).

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

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

ID: 23091375

01-10-2023 13:39:48

Female Years

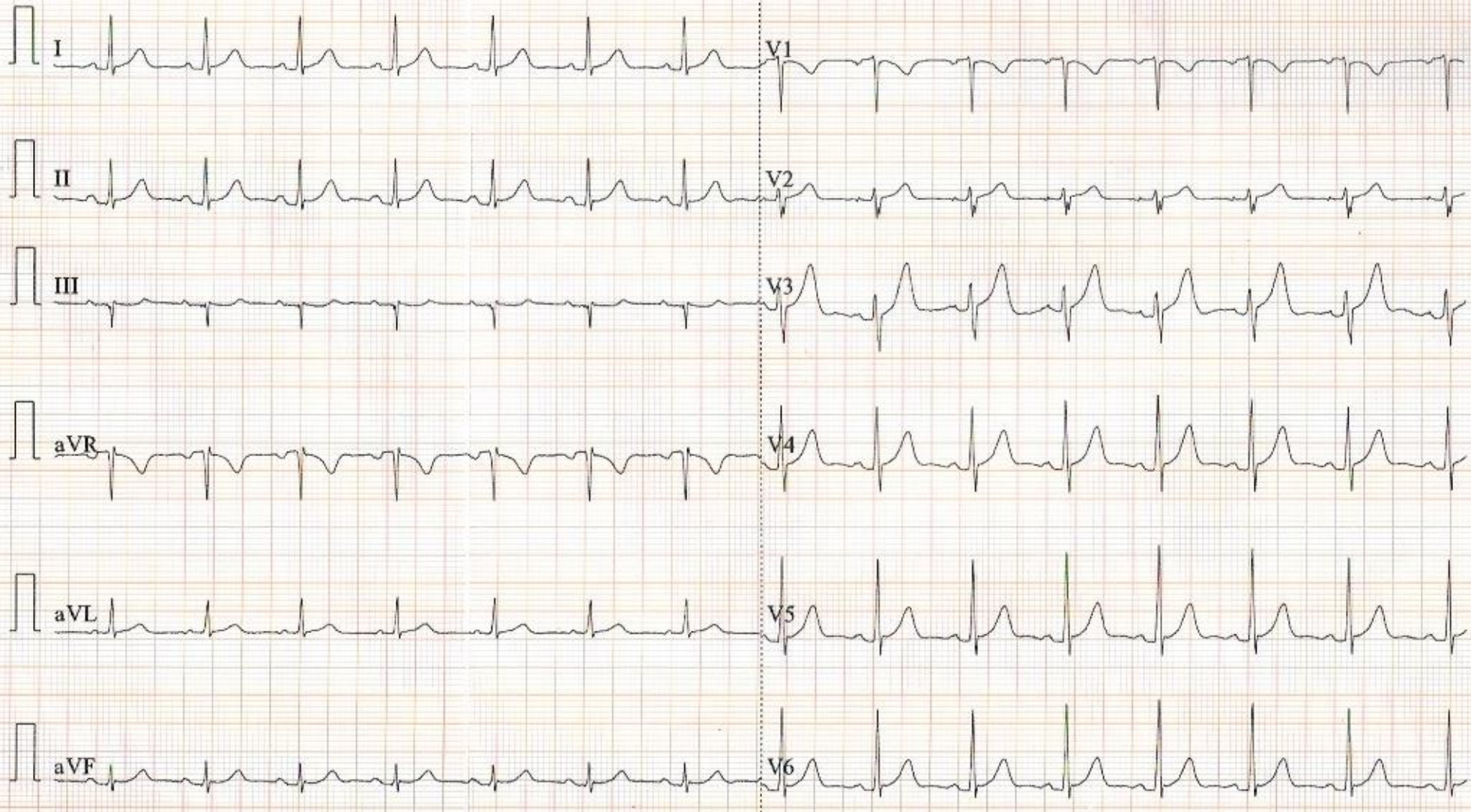
HR	: 88	bpm
P	: 92	ms
PR	: 142	ms
QRS	: 72	ms
QT/QTc	: 344/417	ms
P/QRS/T	: 53/15/39	°
RV5/SV1	: 1.535/0.923	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



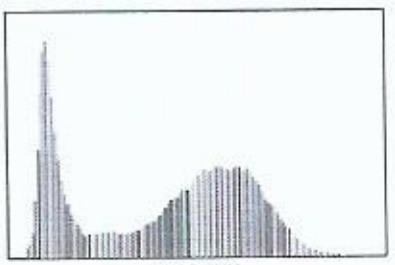
0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥88 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

Id No : 23100016	**Date :** 01-Oct-2023	**D.Date :** 01-Oct-2023
Patient's Name : ASIFUZZAMAN SOHEL	**Age :** 28Y 1M 20D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8479		

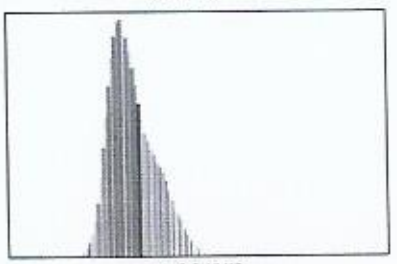
Haematology Report

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

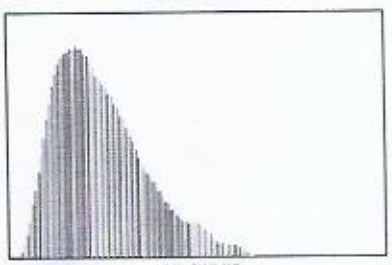
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**13.8** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,800** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**68** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**28** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**02** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**136** /cumm	50-450/cumm
Total RBC Count	**4.42** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**35.0** %	M: 40-54%, F:37-47%
MCV	**79.2** fL	76 - 94 fL
MCH	**31.2** pg	27 - 32 pg
MCHC	**39.4** g/dL	29 - 34 g/dL
RDW	**13.3** %	11 - 16 %
PDW	**15.7** fL	35 - 56 fl
Total Platelete Count (PC)	**2,19,000** /cumm	150,000-450,000/cumm
MPV	**8.7** fL	7.0 - 11.0 fL
PCT	**0.191** %	0.1 - 0.%



WBC CURVE



RBC CURVE



PLT CURVE

Checked By
Medical Technologist

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23100016	Received Date	01/10/2023
Patient's Name	ASIFUZZAMAN SOHEL		
Patient's Age	28Y 1M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8479
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.0 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.52 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	25.0 U/L	Up to 37 U/L
HbA1C	5.3 %	4.2 - 6.7 %

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

Bill No	DIA23100016	Received Date	01/10/2023
Patient's Name	ASIFUZZAMAN SOHEL		
Patient's Age	28Y 1M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8479
Sample	BLOOD		

SEROLOGYCAL REPORT

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

Checked By

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Bill No	DIA23100016	Received Date	01/10/2023
Patient's Name	ASIFUZZAMAN SOHEL		
Patient's Age	28Y 1M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8479
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	0-1/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

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RADICAL HOSPITAL

Bill No	DIA2310016	Received Date	01/10/2023
Patient's Name	ASIFUZZAMAN SOHEL		
Patient's Age	28Y 1M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8479
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

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Dept. of Microbiology
East West Medical College and Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 25.09.94 Sex M

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1	30 MAR 2016 Dr. Md. Golam Mostafa Reg. No. BMDC, A-9486 Seafarer's Medical Officer Chittagong, Bangaldesh	CENTRE FOR VACCINATION AGRABAD C/A CTG. BANGLADESH	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.
2	05 FEB 2020 DR. SABRINA MOSTAFA MBBS.(D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	CENTRE FOR VACCINATION AGRABAD C/A CTG. BANGLADESH	
3	11 AUG 2021 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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	4
4			
5	30 AUG 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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	6
6	01 OCT 2023 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
7		CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	8
8			

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