



HAQUE & SONS LTD. R MD o Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Tel: +880 31 716214-6, Fex: +880 31 710530



Accredited By BMDC

PATIENT CONTROL NUMBER

Accreditation No. A 55144

H1014

MEDICAL EXAMINATION CERTIFICATE

| SURNAME HASSAN | FIRST NAME MD. | | MIDDLE NAME | ABU |
|-----------------------------------------------------------------------------|---------------------------------|------|-----------------------------|-------------------------|
| PLACE AND DATE OF BIRTH COMILLA 1-May-1994 | PASSPORT NUMBER A05445118 | | SEAMAN'S BOOK NUMBER CO8487 | |
| NATIONALITY: BANGLADESHI SEX: | ☑ Male ☐ Female VESSEL TY | | EM. TANKER TRA | DING AREA: WORLD WIDE |
| PERMANENT HOME ADDRESS: | 20040 00 4004 704 | CONT | ACT NUMBER : | 01621-839323 (SELF)/016 |
| 1 NO. MURADPUR, 29/7 JANUMIAH MOSJII SADAR, P.S. KOTWALI, DIST. COMILLA. | O ROAD, P.O. MOGALTOLI, COMILLA | RANK | 1 | RD ASSISTANT ENGINEE |
| Have you ever had any of the following cor | 1511 | | | |

| | .S. KOTWALI, DIST. COMILLA. | | | | RANK : | RD ASSISTANT | LNG |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------|
| eve y | ou ever had any of the following condi- | tions? | | | 7. | | |
| | Condition | YES | NO | Conditi | on | YES | NO. |
| 1 | Eye/vision problem | | 1 | 18 Sleep p | roblems | | 0 |
| 2 | . High blood pressure | | W | | smoke? | | 4 |
| 3 | Heart/vascular disease | | H. | V200 - 0.000543000 | on/surgery | 0 | 14 |
| 4 | Heart surgery | | LY | 100,000 0000 0000 0000 00000 00000 | y/seizures | D | 9 |
| 5 | Varicose veins | | TI/ | | ss/fainting | | |
| 6 | Asthma/bronchitis | 1.1 | D/ | | consciousness | rā. | 1 |
| 7 | Blood disorder | | IV | | tric problems | | |
| 8 | Diabetes | | TV | 25 Depress | | (2) | |
| 9 | Thyroid problem | П | U | 100000000000000000000000000000000000000 | ed suicide | | |
| 10 | Digestive disorder | | Q. | 930772 1/10/2005/2005 | memory \ | 1123 | 1 |
| 11 | Kidney problem | D | | | | (//>0) | 4 |
| 12 | Skin problem | E) | 0 | 524 NOVEMBER 1 | problem | //// 0 | PPR. |
| 13 | Allergies | | 0 | | headaches | 1700 | 2 |
| 14 | Infectious/contagious diseases | 63536 | | 30 Ear/nos | e/throat problems | | U, |
| 15 | Hernia | | | | ed mobility | | d' |
| 16 | Genital disorders | | 110 | 32 Back pr | | | 8 |
| 17 | | | 240 | 33 Amputa | | | 3 |
| | Pregnancy of the above questions were answered | ÇI., | NAA. | 34 Fracture | s/dislocations | 0 | |
| 35 36 37 38 | Have you ever been signed off as sid Have you ever been hospitalised? Have you ever been declared unfit for Has your medical certificate ever bed | or sea duty | ? ed or revoke | ed? | | YES | 成分为 A ON |
| 36 37 38 39 40 41 | Have you ever been hospitalised? Have you ever been declared unfit for Has your medical certificate ever been Are you aware that you have any medical point for healthy and fit to perform you allergic to any medications? | or sea duty on restricte dical probl form the d | ? ed or revoke ems, disea | ed? ses or illnesses? | sition/occupation? | | 0 ९९९९ |
| 36 37 38 39 40 41 | Have you ever been hospitalised? Have you ever been declared unfit for Has your medical certificate ever been are you aware that you have any me Do you feel healthy and fit to perfare you allergic to any medications? | or sea duty on restricte dical probl form the d | ? ed or revoke ems, disea uties of yo | ed? ses or illnesses? ur designated po | sition/occupation? | | व्यव्य |
| 36 37 38 39 40 41 mme | Have you ever been hospitalised? Have you ever been declared unfit for Has your medical certificate ever been are you aware that you have any medications? Are you allergic to any medications? FIT F | or sea duty en restricte dical probl form the d | ? d or revoke ems, disea uties of yo | ed? ses or illnesses? ur designated pos | sition/occupation? | | 9 ९९९१ |
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| 1 | | Visua | al acuity | | | | | Visua | l fields |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------|
| 1 | | aided | | ded | ft our | | Norma | al | Defective |
| | ight eye | Left eye | Right eye | Lei | ft eye | Right ey | | _ | |
| Distant | 6/6 | 8/7 | | | | Left-eve | - | _ | |
| Near Visual acuity mee | to the star | adard laid days | n in STCW Code | Section | A-1/9 | YES /N | 0 | | |
| Visual acuity mee | ts the stan | ndard laid down | a A I/O: | Norma | al | ☐ Doubtful | 7 | ective | |
| Colour vision as p | per STCW | CODE Section | 174-1/9 | NOTTHE | ar | Ci Doddada | | | |
| Date of last colou | ır vision tes | st: Date (day/m | nonth/year)3_ | 8 OCT | 2023 | | | | |
| | | | | | | | | | |
| | | | Normal Abno | rmal | | | | | Normal Abnormal |
| Head | | | | | Varicos | e veins | | | - |
| Sinuses, nose, th | roat | | B [| 1 | Vascula | r (inc. pedal p | ulses) | | 9 0 |
| Mouth/teeth | ii Oat | | |] | Abdome | en and viscera | L. | | |
| | | | T C | 1 | Hernia | | | | G, 0 |
| Ears (general) | | | 14 | 1 | Anus (n | ot rectal exam | 1) | | |
| Tympanic memb | ane | | <u> </u> | | G-U sy | | | | |
| Eyes | | | 0 | | | and lower extr | emities | | U, 0 |
| Opthalmoscopy | | | | | | C/S, T/S and I | | | U 0 |
| Pupils | | | | | | ogic (full brief) | 105150 | | |
| Eye movement | 2 | | | | Psychia | | | | 8 0 |
| Lungs and chest | | | AND I | 7) | | al appearance | | 100 | 0//0 |
| Breast examinat | ion | 224 | NAIS | | Skin | a oppearance | | - | 18/100 |
| Heart | | | 5 | -1 | OMI | | - < | 1 | 1111 |
| | | | | | | | | 1 | 100 |
| | | | | | | - | (1) | 1 | |
| RESULTS OF ANO | CILLARY E | XAMINATION | S | S 15 15 15 | CO CUNO | TION TESTS | Marijuana | Trille | ositive Negative |
| Chest X-Ray | | 1000 | BIO CHEMICA | AL (LIVE | ERFUNC | HON TEST) | Alcohol Test | | Positive Negative |
| ECG | | new | BILIRUBIN | - | 0- | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | The state of the s | - Coli | 2011 |
| B | LOOD R/E | | SGPT | | 2/ | | URINE R/E | OTHE | De n |
| DC(differential of | count) | mon | SGOT | | 26 | 17/1 | | | |
| HAEMOGLOBII | | 15:6 | | | LCOHOL | | HBsAg | | Reactiv Nonreactiv |
| ESR (WESTER | A RESIDENCE OF THE PARTY OF THE | 0.6 | Morphine | | | Negative | HIV / AIDS Test | | |
| WBC | | 11.100 | Amphetamine | 10 | Positive | Negative | VDRL | | Reactiv Nonreactiv |
| | GLUCOSE | LEVEL | Phencyclidine | | | Megative | Blood Type | - | 11010 |
| RANDOM | | 5.7 | Barbiturates | | | Negative | Psychological Exa | - | 1000 |
| HBA1C | | 5.0-1 | Cocaine | (DK) | Positive C | Negative | Others(KUB Ultrasour | d) | 1111 |
| | | 1801 | | | | 10000000 | | | |
| | | knowledge of t | he contents of the | e Physi | cal examir | nations: | | | 3 0 OCT 2023 |
| lereby I declare th | at I am in I | | | | | | | | |
| 10. | at I am in I | 1111 | | | MD ARII | HASSAN | | | |
| Han | | 110 | | | MD. ABU | | | | Date |
| How | | 1)1 | | | MD. ABU Name of S | | | | Date |
| ignature of Seafa | rer | 1)1 | | | | | | | Date |
| Has- ignature of Seafa | rer | service at sea | | | Name of S | Seafarer | netio tast raculte race | orded s | |
| Has_ ignature of Seafa | rer | service at sea | : claration, my clin | | Name of S | Seafarer | ostic test results reco | orded a | |
| ignature of Seafa | ness for s | e's personal de | eclaration, my clin | iical exa | Name of S | Seafarer and the diagno | | | above, I declare the |
| ignature of Seafa | ness for s | e's personal de | : eclaration, my clin t for lookout dutie | iical exa | Name of S | Seafarer | ostic test results reco | | above, I declare the |
| ignature of Seafa | ness for s | e's personal de | eclaration, my clin | ical exa | Name of S | Seafarer and the diagno | Not fit for loo | kout du | above, I declare the |
| ignature of Seafa | ness for s | e's personal de | eclaration, my clin | ical exa | Name of S amination | Seafarer and the diagno | Not fit for loo Catering service | kout du | above, I declare the uties Other services |
| signature of Seafa | ness for s | e's personal de | eclaration, my clin | ical exa | Name of S amination | Seafarer and the diagno | Not fit for loo Catering servic | kout du | obove, I declare the laties Other services |
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| signature of Seafa Assessment of fit On the basis of the examinee medical | ness for s | e's personal de | t for lookout dutie | ical exa | Engine se | Seafarer and the diagno | Not fit for loo Catering servic | kout du | obove, I declare the laties Other services |
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| Signature of Seafa Assessment of fit On the basis of the examinee medical | rer tness for s e examined by: | Dec | t for lookout dutie | s C | Engine se | and the diagno | Not fit for loo Catering servio | kout du | Other services |
| signature of Seafa Assessment of fit On the basis of the examinee medical | rer tness for s e examined by: | Dec | t for lookout dutie | s C | Engine se | and the diagno | Not fit for loo Catering servio | kout du | Other services |
| assessment of fit On the basis of the examinee medical | rer tness for see examined by: Without | Dec | t for lookout dutie | s C | Engine se | and the diagno | Not fit for loo Catering servio | kout du | obove, I declare the laties Other services |
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| Signature of Seafa Assessment of fit On the basis of the examinee medical Unfit Is the Seafarer free endanger the hea Describe restriction | without the from any lith of other | Dec Trestrictions y medical conductor persons on businessessific position | t for lookout dutie ck service ditions likely to be oard? Yes n, type of ship, tra | aggrav | Engine se With No | and the diagno | Not fit for loo Catering servio | kout du | Other services |
| Signature of Seafa Assessment of fit On the basis of the examinee medical Unfit Is the Seafarer free endanger the hea | without the from any lith of other | Descriptions Trestrictions Trestrictions | eclaration, my clin t for lookout dutie ck service ditions likely to be oard? Yes n, type of ship, tra eferral): | aggrav | Engine se With No | and the diagno | Not fit for loo Catering servic | kout du | Other services |
| Assessment of fit On the basis of the examinee medical Unfit Is the Seafarer fre endanger the hea Describe restriction Action taken by medical | Without the from any lith of other ons (e.g., s | Dec Trestrictions y medical conductor persons on businessessific position | eclaration, my clin t for lookout dutie ck service ditions likely to be oard? Yes n, type of ship, tra eferral): | aggrav | Engine se With No a): | restrictions | Not fit for loo Catering servio | kout du | Other services |
| Signature of Seafa Assessment of fit On the basis of the examinee medical Unfit Is the Seafarer free endanger the hea Describe restriction | Without the from any lith of other ons (e.g., s | Descriptions Trestrictions Trestrictions | t for lookout dutie ck service ditions likely to be oard? Yes n, type of ship, tra eferral): T 2023 | aggrav | Engine se With vated by se No a): | restrictions d Untily: | Not fit for loo Catering servic | kout du | Other services |
| ignature of Seafa | Without the from any lith of other ons (e.g., s | Descriptions Trestrictions Trestrictions | ditions likely to be oard? Yes n, type of ship, transferral): T 2023 DR. | aggrav | Engine se With vated by se No a): | restrictions d Untily: | Not fit for loo Catering servic | kout du | Other services |
| ignature of Seafa Assessment of fit On the basis of the examinee medical Unfit Is the Seafarer free endanger the hea Describe restriction Action taken by m | Without the from any lith of other ons (e.g., s | Descriptions Trestrictions Trestrictions | claration, my clin t for lookout dutie ck service ditions likely to be oard? Yes n, type of ship, tra eferral): T 2023 DR. MBBS | aggrav | Engine se With vated by se No a): | restrictions and Until: RAIHAN PGT (Oohth) | Not fit for loo Catering servic | kout du | Other services |

In Accordance with Medical Examination (Seafarers) Gness Paysloak (No. 78) and STCW 1
Radical Hospitals Limited. Revision Date: 24th July 2022

| MEDICAL CERTIF | FICATE FOR F | PERSONNEL SERVICE | ON BOARD |
|-------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| | | | |
| SURNAME: HASSAN | GIVE | N NAME (S): MD. ABU | |
| DATE OF BIRTH: | PLACE | OF BIRTH | SEX |
| DAY 1 MONTH 5 YEAR 19 | 94 CITY | COMILLA COUNTRY | BANGLADESH MALE . FEMALE |
| POSITION ON BOARD: | MAILIN | G ADDRESS OF APPLICAN | Τ: |
| MASTER | | MURADPUR, 29/7 JANUMIAI | |
| DECK OFFICER | | OGALTOLI, COMILLA SADA | R, P.S. KOTWALI, |
| ENGINEERING OFFICER RADIO OPERATOR | | COMILLA. _ADESH. | |
| RATING | DA.IIO. | | |
| DECLARATION OF THE AUTHORIZED PHYSICIA | N | | |
| VISION | | COLOR TEST TYPE | HEARING |
| WITHOUT GLASSES | WITH GLASSES | ВООК | |
| RIGHT EYE | _ | LANTERN | RIGHT EAR (MY) |
| | | YELLOWM RED WY | |
| LEFT EYE G1 | 2-2-2-5 | GREEN MAN BLUE MAN | LEFT EAR MM |
| Confirmation that identification documents were che | cked at the point of | | |
| Hearing meets the standards in STCW Code, Section | | | LE |
| Unaided hearing satisfactory? YES NO | | | |
| Visual acuity meets standards in STCW Code, Sect | ion A-1/92 VES | NO □ | |
| Colour vision meets standards in STCW Code, Sect | - | NO [] | |
| | monty-trait 156 | F NO□ | |
| (the visual test it is required every six years) | 20.00 | 2022 | |
| Date of the last colour vision test: (Day/Month/Year) | | The second of th | |
| Are glasses or contact lenses necessary to meet the | e required vision sta | andards? YES NO NO | |
| Able for watchkeeping? YE8 NO | | | |
| Is applicant taking any non-prescription or prescripti | ion medications? Y | S NO | |
| Is the seafarer free from any medical condition likely endanger the health of other persons on board? YE | | by service at sea or to render the | seafarers unfit for such service or to |
| Hereby I declare that I am in knowledge of the cont | ents of the Physical | Examination, | |
| 14 | | | |
| -10- | MD. ABU HAS | SAN | 30-Oct-2023 |
| - Priference | | - | |
| Signature of Applicant | Name of Applic | ant | Date |
| CIRCLE APPROPIATE CHOICE: (HE/ SHE) ENGINEERING OFFICER / RADIO OPERATI | IS FOUND TO B OR / RATING) (V | E (PT / NOT FIT) FOR DUTY | AS A (MASTER / DECK OFFCIER / OLLOWING) RESTRICTIONS: |
| | FIT FOR I | DUTY ON BOARD SHIP | |
| NAME AND DEGREE OF PHYSICIAN: DR. MIR N | MD. RAIHAN; M.I | 3.B.S.(D.U.), REG. NO. A-55 | 144 |
| ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHA | | | |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHO | | | |
| DATE OF ISSUE PHYSICIAN'S CERTIFICATE: | 06-05-2014 | | |
| 17 | ` | . (8) | Hospita |
| SIGNATURE OF PHYSICIAN: | STAM | P OF PHYSICIAN: | DATE: 3 0 OCT 2023 |
| EXPIRY DATE OF CERTIFICATE: | 29 OCT 2 | 2000 | D Bandhard State |
| | rtificate is issued in | n compliance with the requireme | nts |
| DR'MIR' MD | RAIHAN amer | ided and the Maritime Labour Co | onvention, 2006. |
| MBBS (DU), DFM, CCD (Birder BMDC A 55144 MMC | m), PGT (Ophth) | A STATE OF THE PARTY OF THE PAR | |

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +88 02333316214-6

| Name | MD. ABU HASSAN | Date | 30-Oct-2023 |
|-------------|----------------|--------|--------------------|
| Age | 29 | Sex | MALE |
| Passport No | A05445118 | CDC No | CO8487 |
| Sample | BLOOD | Rank | 3RD ASSISTANT ENGI |

BIOCHEMISTRY REPORT COMPARE

| Vessel Name: | FANFARE | GINGA BOBCAT | |
|---------------------|----------------|----------------|-----------------|
| | After Sign-Off | Before Sign-On | Reference Range |
| Date of Report | 30-08-2023 | 30.10.2023 | |
| Serum Bilirubin | 0.70 | 0.3 | 0.2 - 1.1 mg/dl |
| Serum S.G.O.T/A.S.T | 30 | 26 | Up to 37 U/L |
| Serum S.G.P.T. | 42_ | 21 | Up to 42 U/L |

DOCTOR'S REMARKS:

No Restrictions



fru

Doctor Seal & Signature

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

Radical Hospitalsisimitedte: 24th July 2022



Id No : 1085 Date : 30-Oct-2023 D.Date : 30-Oct-2023

Patient's Name: MD ABU HASSAN Age: 29Y 5M 29D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8487

Haematology Report

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

| Parameter Name | Results | Reference Range | |
|-----------------------------|---------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hemoglobin (Hb) | 15.6 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) | 06 mm/1st hr | Male:0-10, F:0-20 mm/1st hr. | A |
| Total WBC Count(TC) | 11,100 /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm | |
| Differential WBC Count (DC) | | | |
| Neutrophils | 64 % | Child: 25-66 %, Adult: 40-75 % | |
| Lymphocytes | 31 % | Child: 52-62 %, Adult: 20-50 % | |
| Monocytes | 03 % | Child: 03-07 %, Adult: 02-10 % | W BC CURVE |
| Eosinophils | 02 % | Child: 01-03 %, Adult: 01-06 % | A. |
| Basophils | 00 % | Adult: 00-01 % | 114 |
| Total Cir. Eosinophils | 222 /cumm | 50-450/cumm | .IIII |
| Total RBC Count | 6.15 m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul | 11111 |
| HCT/PCV | 41.8 % | M: 40-54%, F:37-47% | |
| MCV | 68.0 fL | 76 - 94 fL | 1 11 1 |
| MCH | 25.4 pg | 27 - 32 pg | JIIIIIIIII. |
| MCHC | 37.3 g/dL | 29 - 34 g/dL | R B C CURVE |
| RDW | 13.9 % | 11 - 16 % | A. |
| PDW | 11.4 fL | 35 - 56 fl | |
| Total Platelete Count (PC) | 2,39,000 /cumm | 150,000-450,000/cumm | |
| MPV | 7.2 fL | 7.0 - 11.0 fL | 11114 |
| PCT | 0.172 % | 0.1 - 0.% | |
| Bledding Time(BT) | % | 10 - 18 % | |
| Cloting Time(CT) | % | 0.1- 0.2 % | A STATE OF THE PARTY OF THE PAR |

Checked By

Medical Technologist

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Dr. Sumaiya Khatun

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



| Bill No | DIA23101085 | Received Date | 30/10/2023 |
|----------------|-------------------------------|--------------------------|-------------------|
| Patient's Name | MD ABU HASSAN | | |
| Patient's Age | 29Y 5M 2D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU), | CCD(BIRDEM),PGT(Eye),DFM | CDC NO: C/O/ 8487 |
| Sample | BLOOD | | |

BIOCHEMISTRY REPORT

| <u>Test Name</u> | Result | Reference Range |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.7 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Bilirubin (Total) | 0.5 mg/dl | 0.2 - 1.1 mg/dl |
| Serum ALT (SGPT) | 21 U/L | Up to 40 U/L |
| Serum AST (SGOT) | 26.0U/L | Up to 37 U/L |
| HbA1C | 5.5 % | 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 Technologist. Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.



| Bill No | DIA23101085 | Received Date | 30/10/2023 |
|----------------|------------------------------|---------------------------|-----------------|
| Patient's Name | MD ABU HASSAN | | |
| Patient's Age | 29Y 5M 2D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU) | ,CCD(BIRDEM),PGT(Eye),DFM | CDC NO:C/O/8487 |
| Sample | BLOOD | | |

SEROLOGYCAL REPORT

| Test Name | Result |
|-----------|--------|
| | |

| HIV 1 & 2 (Method : (ICT) | Negative |
|---------------------------|--------------|
| HBsAg (Method: (ICT) | Negative |
| VDRL | Non-reactive |
| BLOOD GROUPINGResult | |
| ABO Blood Group | "A" (+ve) |
| Rh(D)Factor | Positive |

· Checked By

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



| Bill No | DIA23101085 | Received Date | 30/10/2023 |
|----------------|---------------------------------|------------------------|-------------------|
| Patient's Name | MD ABU HASSAN | | |
| Patient's Age | 29Y 5M 2D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CC | D(BIRDEM),PGT(Eye),DFM | CDC NO: C/O/ 8487 |
| Sample | URINE | | |

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

| Quantity | Sufficient | CELLS / HPF | |
|------------|------------|-------------|---------|
| Colo | Straw | RBC | Nil |
| Appearance | Clear | Pus Cells | 1-2/HPF |
| Sediment | Nil | Epithelial | 0-2/HPF |

CHEMICAL EXAMINATION CASTS / LPF

| Reaction | Acidic | RBC | Nil |
|--------------|--------|------------|-----|
| Albumin | NIL | WBC | Nil |
| Sugar | NIL | Epithelial | Nil |
| Ex.Phosphate | Nil | Granular | Nil |
| | MU | 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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Medical Technologist. Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital.



| Bill No | DIA23101085 | Received Date | 30/10/2023 |
|----------------|-------------------------------------|--------------------|-------------------|
| Patient's Name | MD ABU HASSAN | | |
| Patient's Age | 29Y 5M 2D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BI | RDEM),PGT(Eye),DFM | CDC NO: C/O/ 8487 |
| Sample | URINE | | |

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

| Test Name | Result | |
|---------------------|--------|--|
| Drug Level of Urine | | |
| | | |

| Cocaine | Negative |
|-----------------|----------|
| Morphine | Negative |
| Marijuana | Negative |
| Barbiturates | Negative |
| Amphetamines | Negative |
| Phencyclidine | Negative |
| Alcohol | Negative |
| Benzodiazepines | Negative |
| Methadone | Negative |
| Propoxyphene | Negative |

Checked By

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. GINGA BOBCAT

DATE: 30/10/2023

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: MD ABU HASSAN RANK: 3A/ENG CDC NO: C/O/8487

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

GCB.

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

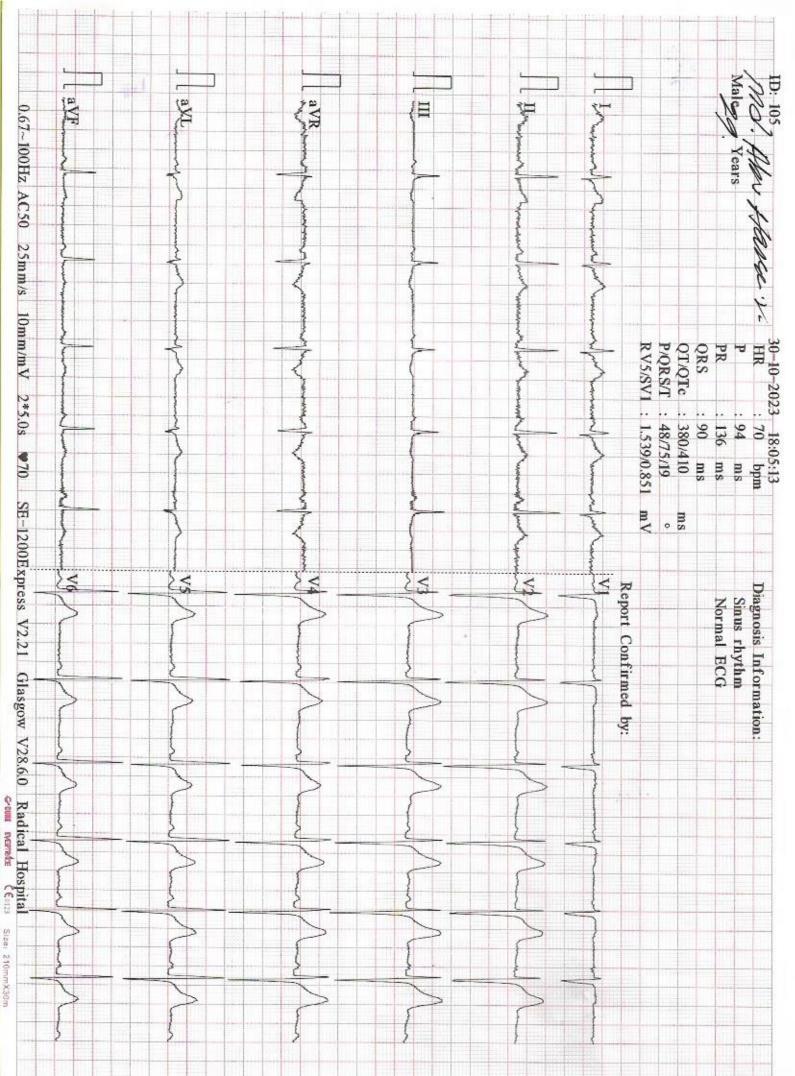
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23101085

Receive:30/10/2023

Print: 30/10/2023

Patient's Name

MD ABU HASSAN

4ge

29 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

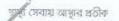
Reveals no abnormality.

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







| Patient ID | 23101085 | Voucher No | |
|--------------|---------------------------------|--------------------|------------|
| Test Name | USG OF KUB | Delivery Date | 30/40/2022 |
| Patient Name | MD. ABU HOSSAIN | Delivery Date | 30/10/2023 |
| Age | 29 Yrs | Sex | Male |
| Refd. By | Dr. Mir Md. Raihan MBBS,(DU),CC | D(BIRDEM), PGT(Eve |) DFM |

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 8.9 cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.9 cm. The cottical Echogenicity are normal with clear cortico-medullar differentiation. The cortical Thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size , volume is 4.8cc & regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Suggestive of Normal study .

Dr. Asma Ahmed

MBBS,CMU,DMU

PGT(Gynae & obs)

Advanced Training on TVS

Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows

Date of birth 07- 05-199/sex Male.

has on the date indicated been vaccinated or revaccinated against Cholera

| tamp | Approved St | Signature and Professional status of vaccinator | Date |
|----------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| | S. Sheh bleithdum Avenus Ulture, Dhelta | DR. MIB. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. | OZ JAN |
| | 35, Shah Makhdum Avenus Utlana, Dhaha | 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. | 2 100 |
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