



HAQUE & SONS LTD.

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



Accredited By : BMDC Accreditation No. A 55144

> PATIENT CONTROL NUMBER: H1198

MEDICAL EXAMINATION CERTIFICATE

HOUSE 125, VILL:DOCROPARA, PO: PANC SADAR,, DIST: PANCHAGARH	CHAGARH SADAR, P.S. PANCHAGA	RANK	i.	2nd ENGINEER
PERMANENT HOME ADDRESS :			ACT NUMBER :	01739-988667 (SELF), 015
NATIONALITY: BANGLADESHI SEX:	Male □ Female VESSE	L TYPE : CI	HEM. TANKER TRA	DING AREA: WORLD WIDE
PLACE AND DATE OF BIRTH PANCHAGARH 17-Feb-1994	PASSPORT NUMBER B00029357		SEAMAN'S BO	CO7126
SUJON	MD.		Al	(TARUZZAMÁN
SURNAME	FIRST NAME		MIDDLE NAME	

PANCHAGARH	17-Feb-1994	= 100 Horses	B0002				CO7126	
	NGLADESHI SEX	Male	☐ Female	VESSEL T		HEM. TANKER TRA	DING AREA:	WORLD WID
RMANENT HOME					_	ACT NUMBER :	01739-98866	7 (SELF), (
	CROPARA, PO: PANC	HAGARH SA	ADAR, P.S: P.	ANCHAGAR	RANK	-	2nd EN	IGINEER
AR,, DIST: PANCH	IAGARH							
lave you ever had :	any of the following co	nditions?						
,	any arang lengthing co	nomono.						
Condition		YES	NO?	Condi			YE	s NO
 Eye/vision 			27		problems			1/
2 High blood		[]			smoke?			
	cular disease		//	570000 Hall-19-00-0	ion/surge			///
4 Heart surg	100717		12,		sy/seizure			/ /
5 Varicose v			17		ess/faintir			///
6 Asthma/bro		[]	11		f conscio			///
7 Blood disor	rder	П	11		atric prob	olems		1///
8 Diabetes		0	12	25 Depres				
9 Thyroid pro		- []	11		ted suici			/ /
 Digestive of Kidney pro 		C C	1/1		f memory			//
		C)	121		e probler			///
	em.	D	7/		headacl			//
	santania is disassas	[]	1/1			problems		/ / . 1
15 Hernia	contagious diseases	[]	11/2		ted mobi	iity	0	1///
16 Genital dis	and the same		1/	33 Amput	roblems		0	//
17 Pregnancy		1.1	na l	- H Pr	auon res/disloc	- Albana	D	//
38 Has your n 39 Are you aw 40 Do you fee	ever been declared un nedical certificate ever vare that you have any el healthy and fit to	been restrict medical prot perform the	ted or revoked blems, disease	s or illnesses		ccupation?	0	18
The second secon	ergic to any medicatio	ns?						N
comments:								
42 Are you tal	king any non-prescript	ion or prescri	ption medication	ons?			Ö	4
	e medications taken ar				700			W. N C
		-2-22						3
	THE WAR					Test sale	introduction	
	he release of all my pro							
	an (approved medical)			my history co	ontained	above is true and a	ny false stateme	nt will
isquality me trom r	my employment, benef	its and claim	5.					
14600	422aman Surio	ν.						
	4	1						
	ure of Seafarer V	W. Williams	4		-			
DICAL EXAMINATI	UN	_	WHEE					
Veight /	Height (cm)	8M25.	Blood Pressu	re: Systolic	100m	Diastolio 2	PULSE:	500
					0			ALC: U
The second secon	ng by Audiometry		Audiometr		1	earing by Whisper	Charles Contractor	
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Left ☐ Adeq	uate Inadequate		no	7	1	Adequate Inac	dequate	
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learing meets the	standards as laid dowr	in STCW C	ode Section A-	1/9 ? YES		NO		

EDICAL	EXAMINATION							
Weight	Height (cm) 7/2	BM25:1	Blood F	ressure	Systolic	100	Diastolio	TOMPPULSE ST
Enr	Hearing by Audiometry		Audi	ometry			Hearing by V	Vhisper Test
Ear	Treating of Treaterners			*				
Right	☐ Adequate ☐ Inadequate	500	1000	2000	3000	40	Adoquate	☐ Inadequate

	1.6	naided	sual acuity	Aideo	_	-		Visua	l fields
	Right eye		Right		Left eye	-		Normal	Defective
Distant	6/6	6/1	- rugine	cyc	t.eit eye	Right	01/0	/_	January .
Near	4				1	Left	1		
Visual acuity r	neets the sta	andard laid do	wn in STCW	Code Se	ction A-1/9		NO		
Colour vision a	as per STCV	W CODE Sect	ion A-I/9;	UN	ormal	5 Doubt		☐ Defective	
Date of last co	lour vision to	est: Date (day	/month/year)	11.00	CT 2023				
			Normal A	Abnorma	ıl				Normal Abnorr
Head			11.		Vario	ose veins			NA D
Sinuses, nose	, throat		1/10		Vasc	ular (inc. pedal	pulses)		// 0
Mouth/teeth			11/1	Π.	Abdo	men and visce	ra	/	Z/ 0
Ears (general)			1/1		Hern	1 90			1/ 0
Tympanic mer	nbrane		1/1	D		(not rectal exa	m)		7/ 0
Eyes	26		HIL	П		system		9	
Opthalmoscop	у		111			er and lower ext			
Pupils	e:		11/			e (C/S, T/S and		9	W/
Eye movemen Lungs and che			/			ologic (full brief)		//
Breast examin			2000	D		hiatric	20/	4	
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OCCUPA			and the best of th	500.0	SKIN				
ESULTS OF AN	NCILLARY E	XAMINATION	IS						1
Chest X-Ray	V	mo		IICAL (LI	VER FUNC	CTION (EST)	Marijuana	□Po	sitive Negative
ECG	1	MAS	BILIRUBIN		0.	535	Alcohol Test		sitive Negative
	BLOOD R/E		SGPT		2	5	URINE R/E	1-1.0	MAX
DC(differential		VIDE	SGOT		9	2		OTHERS	3
HAEMOGLOB		15.3			ALCOHOL		HBsAg	□Re	activ 1 Nonread
ESR (WESTE	RGREN)	08	Morphine			Negative	HIV / AIDS T	Test □ Re	activ Nonfead
WBC		2.300	Amphetamine		Positive	///	VDRL		activ Nonread
	GLUCOSE*	LEVEL	Phencyclidine			Megative	Blood Type		0916
RANDOM HBA1C		2.7	Barbiturates	L		Negative	Psychologic		MA
HBATC		5.0%	Cocaine	10	Positive	Negative	Others(KUB	Ultraso	NA
reby I declare th	nat I am in kr	nowledge of th	e contents of	the Phys	sical exami	nations:			
Harwzzama	n_ 34901	2_		MD 4	AKTARU22	ZAMAN SUJON	J		11 OCT 2023
nature of Seafa		30ES		mo. y	Name of S				Date Date
									Date
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the basis of the	e examinee's y:								
the basis of the	e examinee's ly: •		or lookout du	ties		D	Not fit fo	r lookout duties	
the basis of the	e examinee's y: •	Fit	or lookout du	ties	Engine so		Not fit fo		Other services
the basis of the minee medicall	e examinee's y.	Fit	for lookout dut service	ties	Engine so		Catering s		
the basis of the minee medicall	e examinee's y:	Fit	or lookout du	ties	Engine se				Other services
sessment of fit the basis of the minee medicall	y	Fit	for lookout dut service	ties	11		Catering s		Other services

In Accordance with Medical Examination (Seafarers) Convention/1946QNo? 18) and STCW 1978/1996 as Amended, MLC 2006
DG Shipping Bangladesh Approved
General Physician
Revision Date : 24
Radical Hospitals Limited

PHYSICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

	THE MARSHALL ISLANDS	
SURNAME	GIVEN NAME(S)	
SUJON	MD. AKTARUZZAMAN	
DATE OF BIRTH 2 17 1994	PLACE OF BIRTH PANCHAGARH BANGLADESH	SEX
MONTH DAY YEAR	CITY COUNTRY	☑ MALE □ FEMALE
EXAMINATION FOR DUTY AS:	MAILING ADDRESS OF APPLICANT:	E MAGE EI TEMALE
MASTER	HOUSE 125, VILL:DOCROPARA, PO: PANC	HAGARH SADAR.
DECK OFFICER	DIST: PANCHAGARH	
ENGINEERING OFFICER		
RADIO OFFICER □	BANGLADESH.	
RATING []		
MEDICAL EXAMINATION (SEE REVERSE SIDE F	OR MEDICAL REQUIREMENTS) STATE DETAIL	S ON REVERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE PU	ULSE RESPIRATION GENERAL	APPEARANCE
10m 11/1 100/1000	sma sapmo 0	1000
VISION: RIGHT EYE	HEARING:	
WITHOUT GLASSES 616 666	BT EAR MA	ETEAB MA
WITH GLASSES		EFT EAR // F
COLOR TEST TYPE: BOOK ANTERN IS C	COLOR TEST NORMAL? Yes 🗆 No (IF "NO	" EXPLAIN ON PAGE 2)
ARE GLASSES OR CONTACT LENSES NECESSARY TO	MEET THE REQUIRED VISION STANDARD? Yes	s 🗆 No
HEAD AND NECK	HEART (CARDIOVASCUL	AR)
NOTIMA		AMMI
LUNGS	SPEECH(DECK/NAMGATIONA	L OFFICER AND RADIO
NOTTM	OFFICER) IS SPEECH UNIMPAIRED FOR I	NORMAL VOICE
EXTREMITIES:	IS SPEECH UNIMIPAIRED FOR	NORWAL VOICE
UPPER NATION	MC LOWER / N	mmall.
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO I	RECOMMENDATIONS? Yes No [
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGO		DER HIM/HER UNFIT FOR SERVICE
OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON B	- /	
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BO		
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTIO	N MEDICATION Yes □ No □	
Aktanu220mm sujor	11 OCT 2023	1 0 OCT 2025
SIGNATURE OF APPLICANT	DATE OF EXAMINATION	EXPIRY DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF TH		
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION		MAN SUJON
	ITY ON SOARD SHIP!	
J	NAME OF APP	
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABI	-	No 🗆
SEAFARER IS FOUND TO BE ✓ FIT/ □ NOT FIT FOR		
☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF C	OOK / [] COOK WITHOUT ANY RESTRIC	TIONS /
☐ WITH THE FOLLOWING RESTRICTIONS:		
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. R	RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144	
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH MA	AKHDUM AVENUE ,SECTOR-12 UTTARA, DHAKA-	1230. BANGLADESH
NAME OF PHYSICIAN'S CERTIFICATING AUTLOWATY	DG SHIPPING BANGLADESH	
DATE OF ISSUE OF PHYSICIAN'S CONFIDENCE TO MAY-2	014	
HITTIUS		11 OCT 2023
SIGNATURE OF PHYSICIAN	a Hospila	
22 142	() () () () () () () () () ()	DATE
TOP MIP IND I PANHAALITI	a Administration A description to the American State of the state of t	and a second control of the second control o

The Serindare, is A fined RAU HAN Not the Maritime Administrator in the Maritime Mar

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's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This physical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Scafarer'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 scafaring 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/Navigational 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/navigational 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 a form similar or identical to the model provided in Appendix 1 of RMI MG-7-47-1).)

- 1. COMPLETE PHYSICAL EXAMINATION. INCLUDING HEARING TEST.
- 2. PATHOLOGICAL EXAMINAT A) Complete Blood Count. B) Blood Sugar Estemation C) Serological Test(VDRL)
 - D) Hepatitis B Sarface Antegen Test(HbsAg), E) Urinlysis F) Drug Test G) Alcohol Test-
- 3. X RAY EXR PA VIEW
- 4. E.C.G. TEST
- 5. EYE EXAMINATION FOR V/A & C/V

HOSPIC

RAIHAN BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Appropred 5M General Physician

Radical Hospitals Limited

Rev. Jul/2017



HAQUE & SONS LTD.



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

Name	MD. AKTARUZZAMAN SUJON	Date	11-Oct-2023
Age	29	Sex	MALE
Passport No	B00029357	CDC No	C/O/7126
Sample	BLOOD	Rank	2nd ENGINEER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	MT.NAEBA GALAXY	MT.GINGA OCELOT	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	12.12.2022	11-10-2023	¥
Serum Bilirubin	0.62	0.53	0.2 - 1.1 mg/dl
Serum S.G.O.T/A,S.T	27	22	Up to 37 U/L
Serum S.G.P.T.	40	25	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



All I

Doctor Seal & Signature
DR. MIR. MD. RAIHAN
MBSS (DU), DFM. CCD (Birdem), PST (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Revision Date: 24th July 2022



Id No : 0409 Date : 11-Oct-2023 D.Date : 11-Oct-2023

Patient's Name: MD AKTARUZZAMAN SUJON Age: 29Y 7M 24D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O/ 7126

Haematology Report

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

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)	15.3 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)	08 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	9,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)		1	
Neutrophils	54 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	41 %	Child: 52-62 %, Adult: 20-50 %	honord .
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %	W BC CURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	A
Total Cir. Eosinophils	186 /cumm	50-450/cumm	alli.
Total RBC Count	5.09 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	41.2 %	M: 40-54%, F:37-47%	
MCV	80.9 fL	76 - 94 fL	
MCH	30.1 pg	27 - 32 pg	
MCHC	37.1 g/dL	29 - 34 g/dL	RBC CURVE
RDW	13.8 %	11 - 16 %	
PDW	15.4 fL	35 - 56 fl	4III)s.
Total Platelete Count (PC)	2,35,000 /cumm	150,000-450,000/cumm	
MPV	8.8 fL	7.0 - 11.0 fL	
PCT	0.207 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	PLT CURVE

Checked By

Medical Technologist

2

Dr. Sumaiya Khatun

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100409	Received Date	11/10/2023
Patient's Name	MD AKTARUZZAMAN SUJON		
Patient's Age	29Y 7M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM	1),PGT(Eye),DFM	CDC NO:C/O/7126
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.2 mmol/l	4.2 - 6.4 mmol/l
Serum Bilirubin (Total)	0.53 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	25.U/L	Up to 40 U/L
HbA1C	5.0 %	4.2 - 6.7 %

RADICAL

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

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RADICAL .	(
HOSPITAL	V

BillaNocal_hosp	itaPJA23199409.om, www.radicalh	ospital.conReceived Date	11/40/2023
Patient's Name	MD AKTARUZZAMAN SUJON		
Patient's Age	29Y 7M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/7126
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name

Result

Negative
Negative
Non-reactive

OOD GROUPINGResult		
ABO Blood Group	"O" (+ve)	
Rh(D)Factor	Positive	

Checked By

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



Bill No	DIA23100409	Received Date	11/10/2023
Patient's Name	MD AKTARUZZAMAN SUJON		
Patient's Age	29Y 7M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/7126
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

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

-900

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



Bill No	DIA23100409	Received Date	11/10/2023
Patient's Name	MD AKTARUZZAMAN SUJON		
Patient's Age	29Y 7M 24D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/7126
Sample	URINE	9	

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

- HA Medical Technologis Radical Hospitals Ltd.

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

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RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. GINGA OCELOT

DATE: 11/10/2023

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

EYE EXAMINATION REPORT

NAME: MD AKTARUZZAMAN SUJON RANK: 2ND ENG CDC NO: C/O/7126

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

666

666

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

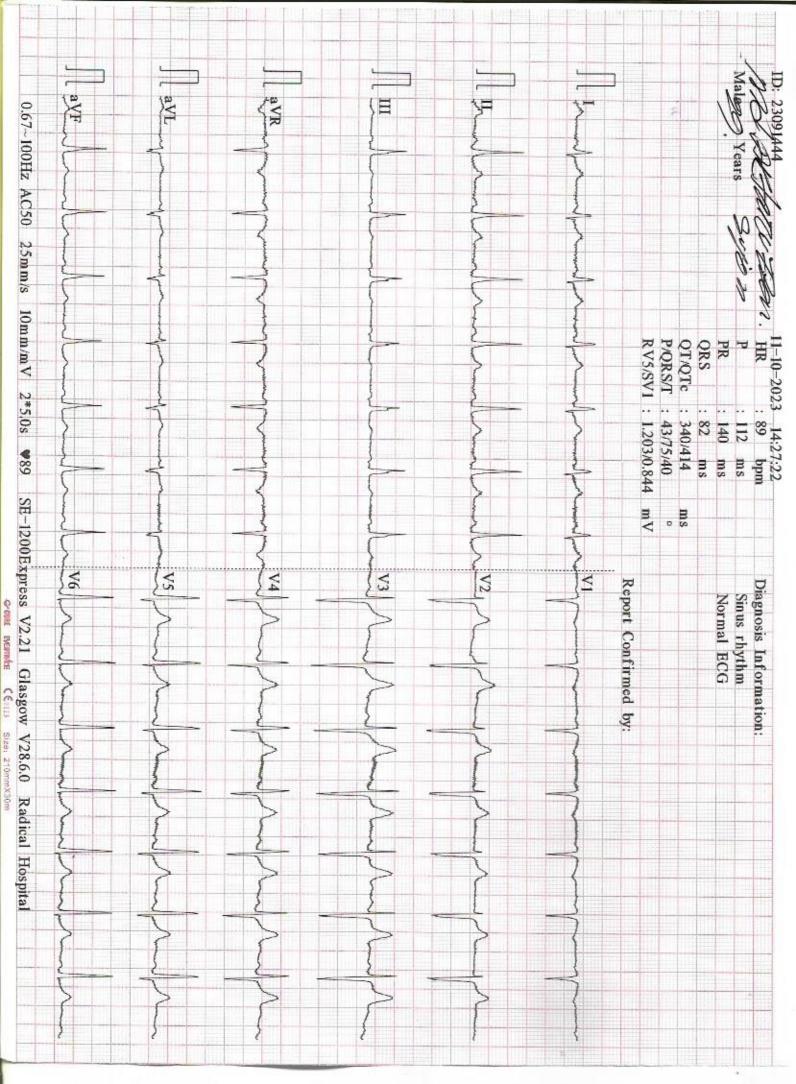
UNFIT FIT FOR EMPLOYMENT ON BOARD

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. : 23100409 Receive:11/10/2023 Print: 11/10/2023

Patient's Name : MD AKTARUZZAMAN SUJON

Age : 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	23100409	Voucher No	
Test Name	USG OF KUB	Delivery Date	11/10/2023
Patient Name	MD. AKTARUZZAMAN SUJON	Denvery Date	11/10/2023
Age	29Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU)	.CCD(BIRDEM).PGT(Eve) DEM

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length –9.1 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 – 10.3 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.

URETER: There is no dilatation in both ureter .

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

No intravesicle lesion is seen

PROSTATE: Normal in size, volume is 10.7 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Suggestive of Normal study .

Sonologist

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs) Advanced Training on TVS Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

2113 mar - 0 A/B - 0(A) 913	26 Date of birth 17,02.1999 Sex_	M	
This is to certify that whose signature follows	Date of birtin 27 2 27 Sex		1 =1100

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

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
THE WALL	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-018 BG Shipp.tig Bangladesh Approved General Physician Radical Hospitals Limited	L NO PO DAKAB	Se FOR VACCING ST. St. Shah Mathrium Se St. Shah Ma
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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 erasure, of failure to complete any part of it may render it invalid.

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MIL	119	111		

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION ALTA PUZZAMAN SYJON AGAINST CHOLERA 2 A E , 0/0/7126

This is to certify that	
whose signature follows	

Date of birth 17-02.1999 Sex M

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
101	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (OpMh) BMDC A 55144, MMC-BGD-018 DC Shingang Banglaidesh Approved Geoergi Physician Reducen Upspitals Limited	SANGLADES	
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