



# HAQUE & SONS LTD.

Tel: +880-2-333316214-6, Fax: +880-2-333310530

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Accredited By . BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER HS3125FF

### MEDICAL EXAMINATION CERTIFICATE

HOUSE NIL NIRJON, COLLEGE ROAD, MA SUDHARAM, NOAKHALI, BANGLADESH	STER PARA, MAIZDI COURT,	RANK :	CHIEF OFFICER
PERMANENT HOME ADDRESS ;		CONTACT	NUMBER: 0088 01775118839
NATIONALITY: BANGLADESHI SEX:	Male [] Female VESSEL TYPE	E : BULK C	ARRIER TRADING AREA: WORLD WIDE
PLACE AND DATE OF BIRTH NOAKHALI 1-Jan-1971	PASSPORT NUMBER EG0551316	SEA	AMAN'S BOOK NUMBER CO3125
JALIL	MD		FAZLE
SURNAME	FIRST NAME AND	MIL	DDLE NAME

Are you taking any non-prescription or prescription medications?  f yes, please list the medications taken and the purpose(s) and dosage(s)  hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities or 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, benefite and claims.  Signature of Seafarer  DICAL EXAMINATION  Weight Height (cm) But Blood Pressure: Systolic Diastolic PULSE:  Ear Hearing by Audiometry Hearing by Whisper Test  Right Adequate Inadequate		BANGLADESHI SEY			51316			CO3125	
Size NIL NIRJON, COLLEGE ROAD, MASTER PARA, MAIZDI COURT, HARAM, MOAKHALI, BANGLADESH   RANK : CHIEF OFFICE!	RMANENT	A CONTRACTOR OF THE PROPERTY O	Male Male	☐ Female	VE			ING AREA: W	ORLD WI
Condition   YES   NO   18   Sleep problems   YES   NO   YES   Y						CONT	ACT NUMBER :	0088 0177	5118839
Condition			TER PARA	, MAIZDI COI	JRT,	RANK	*	CHIEF O	FEICER
Condition  VES NO  Experision problem  Sicep problems  Heart surgery  Heart surge	DHARAM, NO	OAKHALI, BANGLADESH						Office O	TIOLIC
Condition  VES NO  Experision problem  Sicep problems  Heart surgery  Heart surge	Have very		-00						
Eyeknision problem	nave you ev	er had any of the following con	aitions?						
1 Eye/histon problem 2 High blood pressure 3 Heart/vascular disease 4 Heart surgery 5 Varicose veins 6 Ashma/bronchitis 7 Blood disorder 8 Diabetes 9 Tipyoig problem 9 Tipyoig problem 1 Diagestive disorder 2 Sever headaches 3 Balance problems 3 Allergies 3 Diametricom problem 4 Diagestive disorder 4 Diagestive disorder 5 Tipyoig problem 5 Diametricom problem 7 Diagestive disorder 7 Diagestive disorder 8 Diabetes 9 Tipyoig problem 9 Diagestive disorder 1 Diagestive disorder 2 Diagestive disorder 2 Diagestive disorder 2 Diagestive disorder 3 Allergies 3 Diametricom problem 4 Diagestive disorder 4 Diagestive disorder 5 Diagestive disorder 7 Diagestive disorder 7 Diagestive disorder 8 Diabetes 9 Diagestive disorder 9 Dia	Cor	ndition	YES	NO.		Condition		YES	NO A
High blood pressure	1 Eve	/vision problem		10/	18	Sleep problems			W
Heart surgery	10.00	THE STREET AND THE STREET		6/	19				0
Heart surgery		[MM] [MM] [MM] [MM] [MM] [MM] [MM] [MM]	D	100			nv.		W
5 Varicose veins 6 Asthma/fvonchitis 7 Blood disorder 9 Blood disorder 9 Diabetes 10 Diabetes 10 Digestive disorder 11 Kidney problem 12 Skin problem 12 Skin problem 13 Allergies 13 Allergies 14 Infectious/contagious diseases 15 Hernia 16 Genital disorders 17 Pregnancy 18 Genital disorders 19 Diabetes 19 Diabetes 19 Diabetes 10 Digestive disorder 11 Kidney problem 12 Skin problem 13 Allergies 13 Allergies 13 Allergies 14 Infectious/contagious diseases 15 Hernia 16 Genital disorders 17 Pregnancy 18 Diabetes 19 Diabetes 19 Diabetes 29 Severe headaches 29 Severe headaches 20 Diabetes 29 Severe headaches 20 Diabetes 20 Diabetes 20 Diabetes 21 Diabetes 22 Diabetes 23 Loss of consciousness 29 Diabetes 20 Diabetes 20 Diabetes 21 Diabetes 22 Diabetes 24 Depression 25 Depression 26 Diabetes 27 Loss of memory 27 Loss of memory 28 Dalance problem 29 Severe headaches 30 Ear/nose/throat problems 31 Restricted mobility 32 Diabetes 33 Amputation 34 Fractures/dislocations 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 hospitalised? 38 Have you ever been hospitalised? 39 Have you ever been hospitalised? 30 Have you ever been hospitalised? 30 Diabetes 31 Restricted mobility 32 Dask problems 33 Have you ever been hospitalised? 34 Have you ever been hospitalised? 35 Have you ever been hospitalised? 36 Have you ever been hospitalised? 37 Have you ever been hospitalised? 38 Have you ever been hospitalised? 39 Are you aware that you have any medical problems, diseases or illnesses? 40 Do you feel healthy and fit to perform the dulies of your designated position/occupation? 41 Are you allergic to any medications? 42 Are you taking any non-prescription or prescription medications? 44 Are you allergic to any medications? 45 Diabetes 20 Diabet	4 Hea	art surgery		10					
Asthma/bronchitis		A. A. M.	П	10/.					101
Blood disorder	6 Astl	hma/bronchitis	П	1		ALL COMPANY OF THE PARTY OF THE	•		1/1
8 Diabetes	7 Blor	od disorder		100	24				1
Thyroid problem  Digestive disorder  Skin problem  Balance problems  Balance problem  Balance problems  Balance problem  Balance problems  Balance problem  Balance problems  Balance p				100		A STATE OF THE PROPERTY OF THE PARTY OF THE	21112		101
10 Digestive disorder		(10.01d)		10/			le.		TI
11 Kidney problem	19900 19900			100		BT (100 - 100 100 100 100 100 100 100 100 10			7/
12 Skin problem	17:53			TK. 1					7.
13 Allergies   30 Ear/nose/throat problems   31 Restricted mobility   31 Restricted mobility   32 Back problems   33 Amputation   34 Fractures/dislocations   35 Amputation   36 Amputation   37 Pregnancy   38 Amputation   39 Amputation   39 Amputation   30 Amputation   30 Amputation   30 Amputation   31 Amputation   32 Back problems   33 Amputation   34 Fractures/dislocations   36 Additional questions   36 Have you ever been signed off as sick or repatriated from a ship?   36 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?   39 Are you allergic to any medications?   30 Are you taking any non-prescription or prescription medications?   30 Are you taking any non-prescription or prescription medications?   30 Are you taking any non-prescription or prescription medications?   30 Are you taking any non-prescription or prescription medications?   30 Are you taking any non-prescription or prescription medications?   30 Are you taking any non-prescription or prescription medications?   30 Are you taking any non-prescription or prescription medications?   30 Are you taking any non-prescription or prescription medications?   30 Are you taking any non-prescription or prescription medications?   31 Are you allergic to any medical practions?   32 Are you taking any non-prescription or prescription medications?   33 Are you taking any non-prescription or prescription medications?   34 Are you taking any non-prescription or prescription medications?   30 Are you taking any non-prescription or prescription or prescription any health professionals, health institutions and public authorities or Dr. Mir Md. Raihan (approved medical practions)   30 Are you taking any false statement will institutions and professionals health	1997			1/0/					1
14 Infectious/contagious diseases	1 1000 7000			7/	175.34	The state of the same of the	**		1
15 Hernia				171					A.
16 Genital disorders		Control of the Contro		1			ity		F/
fany of the above questions were answered 'yes', please give details.  Additional questions  TES 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 altergic to any medical problems, diseases or illnesses?  42 Are you taking any non-prescription or prescription medications?  43 Are you taking any non-prescription or prescription medications?  44 Are you taking any non-prescription or prescription medications?  45 Fyes, please list the medications taken and the purpose(s) and dosage(s)  46 Are you taking any non-prescription medications?  47 Are you taking any non-prescription medications?  48 Are you taking any non-prescription medications?  49 Are you taking any non-prescription medications?  40 Pyes, please list the medications taken and the purpose(s) and dosage(s)  40 Are you taking any non-prescription or prescription medications?  40 Pyes, please list the medications taken and the purpose(s) and dosage(s)  41 Are you taking any non-prescription or prescription medications?  42 Are you taking any non-prescription or prescription medications?  43 Are you taking any non-prescription or prescription medications?  44 Are you taking any non-prescription or prescription medications?  45 Pyes, please list the medications taken and the purpose(s) and dosage(s)		2000 p		70					4/
Additional questions  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?  fyes, please list the medications taken and the purpose(s) and dosage(s)  hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities or 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.  Signature of Seafarer  DICAL EXAMINATION  Neight Hearing by Audiometry  I Rearing by Whisper Test  I Inadequate I Inadequate  Inadequate I Inadequate	- 2000 E			100			ations		4/
Are you allergic to any medications?  FIT FOR DUTY ON BOARD SHIP  42 Are you taking any non-prescription or prescription medications?  f yes, please list the medications taken and the purpose(s) and dosage(s)  hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities or 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.  Signature of Seafarer  DICAL EXAMINATION  Weight Height (cm)  Billood Pressure: Systolic/2010 Diastolic PULSE:  Ear Hearing by Audiometry  Right Adequate Inadequate  Inadequate  Inadequate Inadequate	37 H91	re you evel been decided diffil	ioi sca dut	y :					
FIT FOR DUTY ON BOARD SHIP  42 Are you taking any non-prescription or prescription medications?  f yes, please list the medications taken and the purpose(s) and dosage(s)  hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities or 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, benefite and claims.  Signature of Seafarer  DICAL EXAMINATION  Weight Height (cm) Bull Blood Pressure: Systolic Day Diastolic Pull SE:  Ear Hearing by Audiometry Hearing by Whisper Test  Right Adequate Inadequate  500 1000 2000 3000 Adequate Inadequate	38 Has 39 Are	s your medical certificate ever t you aware that you have any r	medical prob	olems, diseas	es or ill		cupation?		
Are you taking any non-prescription or prescription medications?  f yes, please list the medications taken and the purpose(s) and dosage(s)  hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities or 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, benefite and claims.  Signature of Seafarer  DICAL EXAMINATION  Weight Biggin Height (cm) Biggin Blood Pressure: Systolic Diastolic PULSE:  Ear Hearing by Audiometry Hearing by Whisper Test Inadequate Inadequate Inadequate Inadequate	38 Has 39 Are 40 Do	s your medical certificate ever to you aware that you have any r you feel healthy and fit to p	nedical prob erform the	olems, diseas	es or ill		cupation?		
hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities or 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, benefite and claims.  Signature of Seafarer  DICAL EXAMINATION  Neight Height (cm)   PULSE:   PULSE:	38 Has 39 Are 40 Doy 41 Are	s your medical certificate ever to you aware that you have any r you feel healthy and fit to p you allergic to any medication:	nedical prob erform the s?	olems, disease duties of you	es or ill design		cupation?		
hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities o 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, benefite and claims.  Signature of Seafarer  DICAL EXAMINATION  Neight Height (cm) Bills Blood Pressure: Systolic Diastolic PULSE:  Ear Hearing by Audiometry  Kight Adequate Inadequate  Audiometry  Inadequate Inadequate	38 Has 39 Are 40 Doy 41 Are	s your medical certificate ever to you aware that you have any r you feel healthy and fit to p you allergic to any medication:	nedical prob erform the s?	olems, disease duties of you	es or ill design		cupation?		
hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities o 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, benefite and claims.  Signature of Seafarer  DICAL EXAMINATION  Weight Height (cm)   Blood Pressure: Systolic   20   Diastolic   PULSE:   Diastolic   Company   Diastolic   Diadequate	38 Has 39 Are 40 Doy 41 Are Comments:	s your medical certificate ever to you aware that you have any re you feel healthy and fit to pe you allergic to any medication.	nedical prob erform the s?	duties of your	design		cupation?		X
O 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, benefite and claims.  Signature of Seafarer  DICAL EXAMINATION  Weight Height (cm)   Blood Pressure: Systolic   20   Diastolic   PULSE:   PU	38 Has 39 Are 40 Doy 41 Are Comments:	s your medical certificate ever to you aware that you have any re you feel healthy and fit to pe you allergic to any medication.  FIT FOR you taking any non-prescription.	nedical prob erform the s? DUTY ON n or prescrip	olems, diseased duties of your BOARD S	HIP ons?		cupation?		X
O 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, benefite and claims.  Signature of Seafarer  DICAL EXAMINATION  Weight Height (cm)   Blood Pressure: Systolic   20   Diastolic   PULSE:   PU	38 Has 39 Are 40 Doy 41 Are Comments:	s your medical certificate ever to you aware that you have any re you feel healthy and fit to pe you allergic to any medication.  FIT FOR you taking any non-prescription.	nedical prob erform the s? DUTY ON n or prescrip	olems, diseased duties of your BOARD S	HIP ons?		cupation?		X
O 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, benefite and claims.  Signature of Seafarer  DICAL EXAMINATION  Weight Height (cm)   Blood Pressure: Systolic   20   Diastolic   PULSE:   PU	38 Has 39 Are 40 Doy 41 Are Comments:	s your medical certificate ever to you aware that you have any re you feel healthy and fit to pe you allergic to any medication.  FIT FOR you taking any non-prescription.	nedical prob erform the s? DUTY ON n or prescrip	olems, diseased duties of your BOARD S	HIP ons?		cupation?		X
Signature of Seafarer  DICAL EXAMINATION  Weight Height (cm)   DBM Blood Pressure: Systolic   Dominated Blood Pressure: Systolic   Dominated Blood Pressure: Systolic   Date of Seafarer  Audiometry   A	38 Has 39 Are 40 Doy 41 Are Comments: 42 Are	s your medical certificate ever to you aware that you have any region you feel healthy and fit to possible you allergic to any medications.  FIT FOR you taking any non-prescription is the medications taken and	nedical protection the seriorm the seriorm the serior of the serior of the purpose the pur	BOARD S otion medicati e(s) and dosa	SHIP ons?	nated position/oc			N N
DICAL EXAMINATION  Weight By Height (cm)   DBW Blood Pressure: Systolic 20 000 Diastolic Syll) PULSE: DW  Ear Hearing by Audiometry  Kight Adequate Inadequate  Sol 1000 2000 3000 Adequate Inadequate	38 Has 39 Are 40 Doy 41 Are Comments:  42 Are If yes, please	s your medical certificate ever to you aware that you have any region you feel healthy and fit to possible you allergic to any medications.  FIT FOR you taking any non-prescription is list the medications taken and morize the release of all my present the release of all my pr	medical protection the serior the serior the serior of the purpose vious medical protection that the purpose vious medical protection the purpose vious vious medical protection the purpose vious vio	BOARD S  ption medicati e(s) and dosa	SHIP ons?	nated position/oco	als, health institution:	s and public auth	orities
DICAL EXAMINATION  Weight By Height (cm)   DBW Blood Pressure: Systolic 20 000 Diastolic Syll) PULSE: DW  Ear Hearing by Audiometry  Kight Adequate Inadequate  Sol 1000 2000 3000 Adequate Inadequate	38 Has 39 Are 40 Doy 41 Are Comments:  42 Are If yes, please	s your medical certificate ever to you aware that you have any region feel healthy and fit to person allergic to any medications.  FIT FOR you taking any non-prescription is the medications taken and morize the release of all my presid. Raihan (approved medical person and allergic to the release of all my presid.	nedical protection the serior the serior of the purpose vious medical protection of the purpose vious medical practioner.	BOARD S  blion medication  e(s) and dosa  all records from the records fro	SHIP ons?	nated position/oco	als, health institution:	s and public auth	orities
DICAL EXAMINATION  Weight By Height (cm)   DBW Blood Pressure: Systolic 20 000 Diastolic Syll) PULSE: DW  Ear Hearing by Audiometry  Kight Adequate Inadequate  Sol 1000 2000 3000 Adequate Inadequate	38 Has 39 Are 40 Doy 41 Are Comments:  42 Are If yes, please	s your medical certificate ever to you aware that you have any region feel healthy and fit to person allergic to any medications.  FIT FOR you taking any non-prescription is the medications taken and morize the release of all my presid. Raihan (approved medical person and allergic to the release of all my presid.	nedical protection the serior the serior of the purpose vious medical protection of the purpose vious medical practioner.	BOARD S  blion medication  e(s) and dosa  all records from the records fro	SHIP ons?	nated position/oco	als, health institution:	s and public auth	orities
Neight   Height (cm)   Height (cm)   Blood Pressure: Systolic   2011   Diastolic   PULSE:	38 Has 39 Are 40 Do y 41 Are Comments:  42 Are If yes, please	s your medical certificate ever to you aware that you have any region feel healthy and fit to person allergic to any medications.  FIT FOR you taking any non-prescription is the medications taken and morize the release of all my presid. Raihan (approved medical person and allergic to the release of all my presid.	nedical protection the serior the serior of the purpose vious medical protection of the purpose vious medical practioner.	BOARD S  blion medication  e(s) and dosa  all records from the records fro	SHIP ons?	nated position/oco	als, health institution:	s and public auth	orities
Ear Hearing by Audiometry Audiometry Héaring by Whisper Test Right	38 Has 39 Are 40 Do y 41 Are Comments:  42 Are If yes, please I hereby auth to Dr. Mir Modisqualify me	s your medical certificate ever to you aware that you have any regular you feel healthy and fit to prove allergic to any medications.  FIT FOR the you taking any non-prescription is a list the medications taken and the provided in the pro	nedical protection the serior the serior of the purpose vious medical protection of the purpose vious medical practioner.	BOARD S  blion medication  e(s) and dosa  all records from the records fro	SHIP ons?	nated position/oco	als, health institution:	s and public auth	orities
tight ☐ Adequate ☐ Inadequate 500 1000 2000 3000 ☐ Adequate ☐ Inadequate	38 Has 39 Are 40 Do y 41 Are Comments:  42 Are If yes, please I hereby auth to Dr. Mir Modisqualify me	s your medical certificate ever to you aware that you have any regular you feel healthy and fit to prove allergic to any medications.  FIT FOR the you taking any non-prescription allert the medications taken and the provided in the provid	nedical protection the serior the serior of the purpose vious medical protection of the purpose vious medical practioner.	BOARD S  blion medication  e(s) and dosa  all records from the records fro	SHIP ons?	nated position/oco	als, health institution:	s and public auth	orities
tight ☐ Adequate ☐ Inadequate 500 1000 2000 3000 ☐ Adequate ☐ Inadequate	38 Has 39 Are 40 Do y 41 Are Comments:  42 Are If yes, please I hereby auth to Dr. Mir Modisqualify me	syour medical certificate ever to you aware that you have any regular you feel healthy and fit to prove a list to any medication.  FIT FOR  you taking any non-prescription to a list the medications taken and the provided that the medications taken and the provided that the release of all my present the re	nedical protection the serior the serior of the purpose vious medical protection of the purpose vious medical practioner.	BOARD S button medicati e(s) and dosa al records fror also certify the	SHIP ons? ge(s) m any hat my h	nated position/oco	als, health institutions	s and public auth	orities
	38 Has 39 Are 40 Do y 41 Are Comments:  42 Are If yes, please I hereby auth to Dr. Mir Modisqualify me	syour medical certificate ever to you aware that you have any regular you feel healthy and fit to prove a list to any medications.  FIT FOR  you taking any non-prescription to a list the medications taken and the provided in the medications taken and the state of the provided in the release of all my preventions to the release of all my preventions to the release of all my preventions. Signature of Seafarer  MINATION  Height (cm)	nedical protection the serior the serior of the purpose vious medical protection of the purpose vious medical practioner.	Blood Press	SHIP ons?  ge(s)  m any hat my h	nated position/occurrence in the professional interpretation of the profession	als, health institutions above is true and an	s and public auth	orities
Adequate   I inadequate	38 Has 39 Are 40 Do y 41 Are Comments:  42 Are If yes, please I hereby auth to Dr. Mir Modisqualify me	syour medical certificate ever to you aware that you have any region and fit to prove the release of all my preventions the release of all my preventions are from my employment, benefit and signature of Seafarer MINATION  Hearing by Audiometry	nedical protection the seriorm the seriorm the serior of the purpose serior of the purpo	Blood Press	CHIP ons?  Ige(s)  In any hat my hat my h	nated position/occurrence professional interpretation and a stolic / 20/00/00/00/00/00/00/00/00/00/00/00/00/0	als, health institutions above is true and an	s and public auth y false statement	orities
	38 Has 39 Are 40 Do y 41 Are Comments:  42 Are f yes, please hereby auth to Dr. Mir Modisqualify me	syour medical certificate ever to you aware that you have any region and fit to prove the release of all my preventions are from my employment, benefits a signature of Seafarer MINATION  Hearing by Audiometry  Adequate Inadequate	nedical protection the seriorm the seriorm the serior of the purpose serior of the purpo	Blood Press	CHIP ons?  Ige(s)  In any hat my hat my h	nated position/occurrence in the professional interpretation of the profession of the professi	als, health institutions above is true and an  2Diastolic Saura aring by Whisper Te	s and public auth y false statement	orities
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES NO	38 Has 39 Are 40 Do y 41 Are Comments:  42 Are If yes, please I hereby auth to Dr. Mir Modisqualify me	syour medical certificate ever to you aware that you have any region and fit to prove the release of all my preventions are from my employment, benefits a signature of Seafarer MINATION  Hearing by Audiometry  Adequate Inadequate	nedical protection the seriorm the seriorm the serior of the purpose serior of the purpo	Blood Press	CHIP ons?  Ige(s)  In any hat my hat my h	nated position/occurrence in the professional interpretation of the profession of the professi	als, health institutions above is true and an  2Diastolic Saura aring by Whisper Te	s and public auth y false statement	orities

	Un	naided	Visual acuity		dod					Visual f	ields · · · / ·
	Right eve	Left e	ve Rio	ht eye	ded Left e	046			Norm	al	Defective
Distant	i i i gi i i o jo	LORG	ye 134	T CYC	Lene	ye /	Right				Delective
Near			100	0	616	-6	Lefte			-	
Visual acuity	meets the star	ndard laid o	down in STCV	N Code	Section A	1/9	-	/ NO	_		
Colour vision	n as per STCW	/ CODE Se	ction A-I/9:	X	Normal	б	Doub		□ Det	factive	
D				1		12020				icclive	
Date of last of	colour vision te	st: Date (da	ay/month/yea	r)	15 OCT	2023					
										18725	
			Normal								
Head			1011	Abilon		aricose veir	ne			No	Abnorn
Sinuses, nos	e, throat		161			ascular (inc		(muleon)		1	1,
Mouth/teeth			X,		Al	bdomen an	d visce	ra puiscs)		/	
Ears (general			14			ernia		00000		1	
Tympanic me	embrane		14,		Ar	nus (not rec	ctal exa	m)		2	3/, 1
Eyes			17/			-U system		1985		4	/, i
Opthalmosco	ру		141			oper and lo				1	- i
Pupils Eva movemen	nt.		11/		Sp	oine (C/S, T	/S and	L/S)		1	/ 0
Eye movement Lungs and ch			17			eurologic (fi	ull brief	)		18	1/ 0
Breast examin			1001			sychiatric				D	
Heart	- TOUGHT	-	NR			eneral appe	earance	1		4	J 0
20000000		ĺ.	1. 2	П	Sk	in				K	1 0
ESULTS OF A	NCILLARY EX	AMMATIC	MIC								
Chest X-Ray	INCILLARY EX	AMINATIO		MICAL	O DATE TO	NOTION	For	Tree		and the same of the same	
ECG	1	200	BILIRUBIN	MICAL (	LIVER FU	NCTION T	EST)	Marijuana			/e ☐ Negative
	BLOOD R/E	100	SGPT	-		107		Alcohol Test		□ Positiv	Negative
DC(differentia		777-	SGOT		-	25	-	URINE R/E		_/	M
HAEMOGLOB		2.6	100000000000000000000000000000000000000	RUG AN	D ALCOH	OL TEST		UDe A =		THERS	1
ESR (WESTE		5	Morphine		Positiv		live	HBsAg HIV / AIDS Te		Reacti	
WBC		.000	Amphetami	ne	☐ Positiv			VDRL			Nonfeact
BLOOD	GLUCOSE LE	EVEL	Phencyclidir		☐ Positiv	100		Blood Type			Nonreact 0+(VE)
RANDOM	5	>3	Barbiturates	5	Positiv	□ Negat	ive	Psychological	Exami		122
HBA1C		1.6-7.	Cocaine			□ Negat		Others(KUB U			2/1
		Culadas at s	ha sasteri	fat. D						-	
eby I declare th	hat I am in know		ne contents o	ILLED PRY	vsical eyar						
eby I declare th	hat I am in kero	wieage of t.	100.500 100 100 100 100 100 100 100 100 100	or trice i ii	joioui chui	minations:					
		wieage of t		or trice i ii		minations: ZLE JALIL				05	OCT 2023
eby I declare the		wieage of t		7 (1)(2 1 1)	MD FA					0.5	TO CASE INCIDENCE.
nature of Seafa	nrer		# <del></del>	7 110 1 11	MD FA	ZLE JALIL				0.5	OCT 2023 Date
nature of Seafa essment of fit he basis of the	tness for servi	ice at sea:	Z		MD FA	ZLE JALIL f Seafarer		tic test maybe a			Date
nature of Seafa	tness for servi	ice at sea:	Z		MD FA	ZLE JALIL f Seafarer		tic test results r	ecordec		Date
nature of Seafa essment of fit he basis of the	tness for servi	ice at sea; ersonal dec	Z	clinical e	MD FA	ZLE JALIL f Seafarer		tic test results r		d above, I	Date
nature of Seafa essment of fit he basis of the	tness for servi	ice at sea; ersonal dec	claration, my of	clinical e	MD FA Name o	ZLE JALIL f Seafarer n and the d	iagnos	Not fit for I	ookout	d above, I	Date declare the
nature of Seafa essment of fit he basis of the	tness for servi	ice at sea; ersonal dec	claration, my	clinical e	MD FA. Name of	ZLE JALIL f Seafarer n and the d	iagnos	Not fit for I	ookout	d above, I	Date  declare the  Other services
nature of Seafa essment of fit he basis of the	tness for servi	ice at sea; ersonal dec	claration, my of for lookout du	clinical e	MD FA Name o	ZLE JALIL of Seafarer on and the diservice	iagnos	Not fit for I	ookout	d above, I	Date  declare the
essment of fit he basis of the minee medicall	tness for service examinee's pricy;	ice at sea; ersonal dec Fit I	claration, my of for lookout du	clinical e	MD FA. Name of	ZLE JALIL  f Seafarer  n and the d	liagnos	Not fit for I	ookout	d above, I	Date  declare the  Other services
essment of fit he basis of the minee medicall	tness for servi	ice at sea; ersonal dec Fit I	claration, my of for lookout du	clinical e	MD FA. Name of	ZLE JALIL of Seafarer on and the diservice	liagnos	Not fit for I	ookout	d above, I	Date  declare the
essment of fit he basis of the minee medicall	tness for service examinee's projection of the service without restriction of the service of the	ice at sea: ersonal dec Fit 1 Deck rictions	claration, my of for lookout du	clinical e	MD FA. Name of examination  Engine s	ZLE JALIL f Seafarer  n and the diservice	iagnos	Not fit for I	ookout	d above, I	Date  declare the
essment of fit he basis of the minee medicall	tness for service examinee's projection without restress for service examinee's projection without restress from any med	ice at sea: ersonal dec Fit 1 Deck	claration, my of for lookout du	clinical e	MD FA. Name of examination  Engine s	ZLE JALIL f Seafarer  n and the diservice	iagnos	Not fit for I	ookout	d above, I	Date  declare the
essment of fit he basis of the minee medicall	tness for service examinee's projection of the service without restriction of the service of the	ice at sea: ersonal dec Fit 1 Deck	for lookout du	clinical e	MD FA. Name of examination Engine s  With wated by s	ZLE JALIL f Seafarer  n and the diservice	iagnos	Not fit for I	ookout	d above, I	Date  declare the
essment of fit he basis of the minee medicall	tness for service examinee's projection without restress for service examinee's projection without restress from any med	ice at sea: ersonal dec Fit 1  Deck rictions	claration, my of for lookout du	clinical e	MD FA. Name of examination Engine s With wated by s	ZLE JALIL f Seafarer  n and the diservice	iagnos	Not fit for I	ookout	d above, I	Date  declare the
essment of fithe basis of the minee medicall essential e	tness for service examinee's proy:  Without restress from any med in of other person	ice at sea: ersonal dec ersonal dec peck rictions fical conditions on boa	claration, my of for lookout duck service	clinical e	MD FA. Name of examination  Engine s  With vated by s	ZLE JALIL f Seafarer  n and the diservice	iagnos	Not fit for I	ookout	d above, I	Date  declare the
essment of fithe basis of the minee medicall essential e	tness for service examinee's projection without restress for service examinee's projection without restress from any med	ice at sea: ersonal dec ersonal dec peck rictions fical conditions on boa	claration, my of for lookout duck service	clinical e	MD FA. Name of examination  Engine s  With vated by s	ZLE JALIL f Seafarer  n and the diservice	iagnos	Not fit for I	ookout	d above, I	Date  declare the
essment of fith the basis of the minee medicall the basis of the basis o	without restrements of other persons (e.g., specific	price at sea: ersonal deciders of the price	claration, my of for lookout duck service	clinical e	MD FA. Name of examination  Engine s  With vated by s	ZLE JALIL f Seafarer  n and the diservice	iagnos	Not fit for I	ookout	d above, I	Date  declare the
essment of fith the basis of the minee medicall the basis of the basis o	tness for service examinee's proy:  Without restress from any med in of other person	price at sea: ersonal deciders of the price	claration, my of for lookout duck service	clinical e	MD FA. Name of examination  Engine s  With vated by s	ZLE JALIL f Seafarer  n and the diservice	iagnos	Not fit for I	ookout	d above, I	Date  declare the
essment of fith the basis of the minee medicall the basis of the basis o	without restrements of other persons (e.g., specific	Deck	for lookout du	clinical e	MD FA. Name of examination  Engine s  With vated by s  No   a):	ZLE JALIL f Seafarer  n and the d service	iagnos	Not fit for 1	ookout rice	d above, I duties	Date  declare the
essment of fith the basis of the minee medicall essential essentia	without restrements of other persons (e.g., specific	price at sea: ersonal deciders of the price	for lookout du	clinical e	MD FA. Name of examination  Engine s  With vated by s  No   a):	ZLE JALIL f Seafarer  n and the diservice	iagnos	Not fit for 1	ookout rice	d above, I	Date  declare the

e with Medical Examinations (PDM CED (Birden)) PGT (Onth)
BMD C A 557440 MM BORGER (100. 78) and STCW 1978/1996 as Amended, MLC 2006
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Revision: 5.1

### PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

#### THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT	FIRST NAME		MIDDLE INITIAL
JALIL	MD		FAZLE
DATE OF BIRTH	PLACE OF BIRTH		SEX
1 1 1971	NOAKHALI	BANGLADESH	
MONTH DAY YEAR	CITY	COUNTRY	MALE FEMALE
EXAMINATION FOR DUTY AS:	- At	MAILING ADDRESS OF APPLIC	ANT
MASTER RATING		HOUSE-CHIIAYA PALLAB, FI	AT-D-5
MATE MOU DECK		12/5 PALLABI, MIRPUR, DHAI	KA
ENGINEER MOU ENGIN	E 🗌		
RADIO OFF SUPERNUM	ERARY	BANGLADESH.	
MEDICAL EXAMINATION (SEE PAGE	2) STATE DETAILS	ON PAGE 2	
HEIGHT WEIGHT BLOOD P	RESSURE PL	JLSE RESPIRATION	GENERAL APPEARANCE
179m 2515 1201	am A	2 Jan	aga
VISION: RIGHT EYE	LEFT.EYE		
WITHOUT GLASSES	1		
WITH GLASSES	1666	-	
DATE OF LAST COLOR VISION TEST (Mont	th/Day/Year)	OCT 2023 Testing Required	Pevery 6 years
COLOR VISION MEETS STANDARDS IN ST	CW CODE, TABLE A-I		NO C
COLOR TEST TYPE: BOOK * LANTERN * CHECK	K IF COLOR TEST IS NOT	RMAL YELLOW R	GREEN BLUE
HEARING RT. EAR	30	LEFT YEAR	The state of the s
HEAD AND NECK DATE	mal HE	ART (CARDIOVASCULAR)	Normal
LUNGS DIE	3 mg/SPE	ECH (DECK/NAVIGATIONAL OF	FICER AND RADIO OFFICER)
11466	There is s	PEECH UNIMPAIRED FOR NORM	IAL VOICE COMMUNICATION?
EXTREMITIES: UPPER	nal	LOWER .	Normal.
IS APPLICANT SUFFERING FROM ANY DIS OR LIKELY TO ENDANGER THE HEALTH OF EXAMINATION ON PAGE 2.			
CONTRACTOR ON FROE Z.			
Canal Control of the	_	0 5 OCT 2023	0 4 OCT 2025
SIGNATURE OF APPLICANT		0 5 OCT 2023  DATE OF EXAM	0 4 OCT 2025 EXPIRY DATE
SIGNATURE OF APPLICANT	D BE AFFIXED IN THE		EXPIRY DATE
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULE		DATE OF EXAM PRESENCE OF THE EXAMINING	EXPIRY DATE
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULE THIS IS TO CERTIFY THAT A PHYSICAL ES	KAMINATION WAS GI	DATE OF EXAM PRESENCE OF THE EXAMINING IVEN TO: MI	EXPIRY DATE PHYSICIAN PAZLE JALIL
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULE THIS IS TO CERTIFY THAT A PHYSICAL ES	KAMINATION WAS GI	DATE OF EXAM  PRESENCE OF THE EXAMINING  VEN TO MI  BOARD SHIP (NAME OF AP)	EXPIRY DATE PHYSICIAN.  PFAZLE JALIL PLICANT)
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULE THIS IS TO CERTIFY THAT A PHYSICAL ES  (ME) (SHE) IS FOUND TO BE (FIT) (NOT FIT	AMINATION WAS GIFOR DUTY ON E FOR DUTY AS A: (M	DATE OF EXAM  PRESENCE OF THE EXAMINING  VEN TO MI  BOARD SHIP (NAME OF AP)	EXPIRY DATE PHYSICIAN.  PAZLE JALIL PLICANT)  O OFFICER, RATING, MOU DECK,
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULE THIS IS TO CERTIFY THAT A PHYSICAL ES (ME) (SHE) IS FOUND TO BE (FIT) (NOT FIT MOU ENGINE OF SUPERNUMERARY). NAME AND DEGREE OF PHYSICIAN	AMINATION WAS GI FOR DUTY ON E ) FOR DUTY AS A: (M DR. MIR MD, R.	DATE OF EXAM  PRESENCE OF THE EXAMINING  IVEN TO:  MI  BOARD SHIP  (NAME OF API  ASTER, MATE, ENGINEER, RADI	EXPIRY DATE PHYSICIAN. D FAZLE JALIL PLICANT) O OFFICER, RATING, MOU DECK, NO.A-55144
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULE THIS IS TO CERTIFY THAT A PHYSICAL ES  (ME) (SHE) IS FOUND TO BE (FIT) (NOT FIT MOU ENGINE OF SUPERNUMERARY).  NAME AND DEGREE OF PHYSICIAN	FOR DUTY ON E ) FOR DUTY AS A: (M  DR. MIR MD, R  ED. 35, SHAH MAKHDU	DATE OF EXAM  PRESENCE OF THE EXAMINING  IVEN TO MI  BOARD SHIP (NAME OF AP)  ASTER, MATE, ENGINEER, RADI  ATHAN; M.B.B.S (D.U), REG.  M AVENUE, SECTOR-12, UTTARA,	EXPIRY DATE PHYSICIAN. D FAZLE JALIL PLICANT) O OFFICER, RATING, MOU DECK, NO.A-55144
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULE THIS IS TO CERTIFY THAT A PHYSICAL EXPERIMENTAL SHOULE (ME) (SHE) IS FOUND TO BE (FIT) (NOT FIT MOU ENGINE OF SUPERNUMERARY).  NAME AND DEGREE OF PHYSICIAN ADDRESS REDICAL HOSPITALS LIMITI	FOR DUTY ON E ) FOR DUTY AS A: (M  DR. MIR MD , R  ED. 35, SHAH MAKHDU	DATE OF EXAM  PRESENCE OF THE EXAMINING  IVEN TO MI  BOARD SHIP (NAME OF AP)  ASTER, MATE, ENGINEER, RADI  ATHAN; M.B.B.S (D.U), REG.  M AVENUE, SECTOR-12, UTTARA,	EXPIRY DATE PHYSICIAN D FAZLE JALIL PLICANT) O OFFICER, RATING, MOU DECK, NO.A-55144

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of age,

RLM-105M (REV. 12/17)DR, MIR, MD, RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bengladesh Approved
General Physician
Registry Republik Limited

Radical Hospitals Limited

#### MEDICAL REQUIREMENT

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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40
  in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 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 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes, Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) 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.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

#### DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) 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

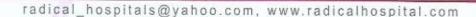
5. EYE EXAMINATION FOR V/A & C/V

05 OCT 2023

RLM-105M (REV. 12/17)



DR. MHK. MD. RAIHAN
MB8S (DU). DFM. 660 (Birdem); P6T (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.





Patient's Name: MD.FAZLE JALIL Age: 52Y 4M 21D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3125

### **Haematology Report**

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.6 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)	05 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,000 /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	140 /cumm	50-450/cumm
Total RBC Count	4.14 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.3 %	M: 40-54%, F:37-47%
MCV	87.7 fL	76 - 94 fL
MCH	<b>30.4</b> pg	27 - 32 pg
MCHC	<b>34.7</b> g/dL	29 - 34 g/dL
RDW	14.2 %	11 - 16 %
PDW	15.3 fL	35 - 56 fl
Total Platelete Count (PC)	1,98,000 /cumm	150,000-450,000/cumm
MPV	8.3 fL	7.0 - 11.0 fL
PCT	0.164 %	0.1 - 0.%

Checked By Medigar 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

Bill No	DIA23100185	Received Date	05/10/2023
Patient's Name	MD.FAZLE JALIL		
Patient's Age	52Y 4M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M),PGT(Eye),DFM	CDC NO:C/O/3125
Sample	BLOOD		

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.67 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	30.0 U/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 Hospitals Ltd.

Dr. Sumalya Khatun

M BBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital



radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100185	Received Date	05/10/2023
Patient's Name	MD.FAZLE JALIL		
Patient's Age	52Y 4M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/3125
Sample	BLOOD	200 3 7 700	

# SEROLOGYCAL REPORT

Test Name

Result

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

RADICAL

Checked By

Medical Pechnologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor

Dept. of Microbiology East West Medical College and Hospital



### radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100185	Received Date	05/10/2023
Patient's Name	MD.FAZLE JALIL		
Patient's Age	52Y 4M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/3125
Sample	URINE	8000 00000	

#### URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

### CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
	TY ALL	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

Medical Technologis 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

## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No.

23100185

Receive:05/10/2023

Print: 05/10/2023

Patient's Name

MD FAZLE JALIL

Age

52 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

xpress V2.21 Glasgow V28.6.0 Radical Hospital	0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s \$\pi101 \text{SE-1200Express}
	I avy may may may may may may may may may ma
	I avil was a second for a secon
And the desired the desired to the d	
Diagnosis Information: Sinus tachycardia Normal ECG except for rate  Report Confirmed by:	ID: 23091404  HR  HR  101 bpm  P  Malc  Years  PR  144 ms  QRS  QT/QTc : 334/433 ms  P/QRS/T : 57/3/41 °  RV5/SV1 : 1.380/0.734 mV

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows Date of birth 01-JAN-1971 Sex MACE

MD. FAZLE TALIL (C10/3/25)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	o HARRING
1 JUN TO	CARC A-DO III	35, Shah Malthdam Avenase Ultara, Dhoka	
2 10	DR. MIR WD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	S, Sheh Makhdum  S, Sheh Makhdum  Anorus  Uthera, Dhaka	
3	DR. MIR. MD. RAIHAN	S Steph Matchium	4
4	DG Shipping Bangladesh Apploves General Physician Radical Mospitals Limited.	O Averue Uttera, Obeta &	distributed in
5 6	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDG A 55144, MMC-BGD-016 DG Shipp,ng Bangladesh Approved General Physician	35, Shah Makhdum Avenus A Uttara, Oheka	0 /9 ED - 6
6	Radical Hospitals Limited.	PANGLADES 7	8
7.			