



Accredited By : BMDC Accreditation No.A55144

> PATIENT CONTROL NUMBER: H1233

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

MEDICAL EXAMINATION CERTIFICATE

SURIVAINE	10. A:3/		FIRST N	AME AND			MIDDLE NAME		
	RAHMAN			ME)		Mo	OSTAFIZUR	
PLACE AND DAT PABNA	E OF BIRTH 2-Jan-	1986	PASSPO	RT NUMBER A1229	5107	0.0	SEAMAN'S BOOK	CO4589	
NATIONALITY:	BANGLADESHI	SEX:	Male	☐ Female	VESSEL T	YPE: BU	ILK CARRIER TRAD	ING AREA :	WORLD WIDE
PERMANENT HO	ME ADDRESS :				-		ACT NUMBER :		714645913
ROUTI, SANTHIA,	BIL SHOLONGI-	6650, PA	BNA, BANG	LADESH		RANK	į.	CHIEF	ENGINEER

	BNA 2-Jan-1986		A1229			CO4589
ATIONA	The state of the s	: Male	☐ Female	VESSEL T	YPE : BULK CARRIER TRA	
KMAN	ENT HOME ADDRESS :				CONTACT NUMBER :	8801714645913
JTI, SA	NTHIA, BIL SHOLONGI-6650,	PABNA, BANG	LADESH		RANK :	CHIEF ENGINEER
lave y	ou ever had any of the following	conditions?			Shirt and the same	
200	Condition	YES	NO_	Condit	ion	YES NO
1	Eye/vision problem		1	18 Sleep p	roblems	
2	High blood pressure			19 Do you	smoke?	
3	Heart/vascular disease			20 Operati	on/surgery	
4	Heart surgery		17	21 Epileps	y/seizures	
5	Varicose veins		9	22 Dizzine	ss/fainting	
6	Asthma/bronchitis		19	23 Loss of	consciousness	(D) P
7	Blood disorder		3	24 Psychia	tric problems	~ p/ a
8	Diabetes		0	25 Depres	sion	1 9/00
9	Thyroid problem			26 Attemp	ted suicide	11/0/10
10	Digestive disorder			27 Loss of	memory	1000
11	Kidney problem			28 Balance	e problem	11000
12	Skin problem		B		headaches	11000
13	Allergies		9		e/throat problems	
14	Infectious/contagious disease				ed mobility	
15	Hernia	0		32 Back pr	The same of the same	0 0
16	Genital disorders	0	- Par	33 Amputa	activities and the second seco	0 0
17	Pregnancy of the above questions were answere	9.	MA		es/dislocations	
39 40 41	Are you aware that you have a Do you feel healthy and fit the Are you allergic to any medica	o perform the				
comme	ents:	FIT FOR	DUTY ON I	20400	- T	
42	Are you taking any non-prescr					
yes, p	please list the medications taken	and the purpos	e(s) and dosa	ge(s)		
hazah						
Dr. N	y authorize the release of all my fir Md. Raihan (approved medic	previous medic cal practioner) I	al records from also certify tha	i any nealth pr at my history co	oressionais, health institution ontained above is true and a	ons and public authorities any false statement will
isquali	ify me from my employment, ber	efits and claim:	§.	,,	and and and	, and attorned the
		_				
	MATHI					
_	Signature of Seafarer	•			- 100 and 100	
ICAL I	EXAMINATION			2		
/eight	70//Height (cm)/6.	2/ BD 6.0	Blood Pressu	re: Systolic-	20 mg Diastolic 80 m	PULSE: 75%
ar	Hearing by Audiometry] [Audiometr	у	Hearing by Whisper	Test /
ight	☐ Adequate ☐ Inadequate	500	1000 200		☐ Adequate ☐ Inac	
.eft	☐ Adequate ☐ Inadequate		21.0		Adequate Inac	Personal Representations
	MC	96 8 m	MA			
earing	meets the standards as laid do	wn in STCW Co	ode Section A-	1/9 ? YES	NO NO	
			175/30/10	CHECKE PRINCIPLE		

			sual acuity	411				V	isual field	S
1	Right eye	Jnaided e Left eye	Right ey	Aide	Left eye	_		Normal	- 1	Defective
Distant	6/6	tic		-	Loncoyo	Right e	ve	_		
Near	0/2		•			Left ey		-		
20000	meets the s	standard laid do	wn in STCW C	ode S	ection A-1/9			***	- 200	
		W CODE Sect			Vormal	□ Doubtfi		□ Defec	rtivo	
		test: Date (day	18-18-28/9/17/9/11 20*		OCT, 2023					
			Normal Ai	bnorm	ıal				Norma	ıl Abnorma
Head			2			cose veins			North Comme	
Sinuses, nos	se throat		'e-			cular (inc. pedal	nuleael		(A)	- 0
Mouth/teeth			5			omen and viscer				
			1		Hen		a		100	
Ears (genera	300		Ĭ		20	0/			5	- 0
Tympanic me	iembrane		<u> </u>			s (not rectal exar	m)		ш	П
Eyes			Dr.			system			4	
Opthalmosco	ору					er and lower exti			D.	
Pupils			19		Spir	ne (C/S, T/S and	L/S)		P14 P4 P14	
Eye moveme	ent		1		Neu	rologic (full brief))		5	
Lungs and cl						chiatric	97		Ó	() ()
Breast exam			ATT.	D	7.355.00	eral appearance	60		-0	// 0
Heart			4.		Skir	The Cartesian Control of the Cartesian Control			1	1 1/1
rieat				1	SKII	1.2		1	100	1 1
								211	117	1
FOLU TO OF	ANOULARY	EVALUATION	10	_				11	1	~
		EXAMINATIO					0	1 1	111	-10
Chest X-Ray	У	1111		ICAL (LIVER FUN	ICTION TEST)	Marijuana			☐ Negative
ECG		mo	BILIRUBIN		0	80	Alcohol Te		Positive	☐ Negative
and the same of th	BLOOD R	E	SGPT		/	VE	URINE R/E	1	1	72
DC(differenti	tial count)	m	SGOT		3	2/1			HERS	_
HAEMOGLO	DBIN (HGB)	13.0	DRU	JG AN	DALCOHO	LTEST	HBsAg	1	Reactive	Nonreacti
ESR (WEST		05	Morphine			□ Negative	HIV / AIDS			Nonreacti
WBC		3-60	Amphetamino	_	□ Positive	Street, or other party of the second	VDRL		-	Nonreacti
15,77,777,77	DD GLUCOS		Phencyclidine	-	☐ Positive	The state of the s	Blood Type			(VE)
RANDOM	DD GLOCOS	L CL ALL	Barbiturates	_	-	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT				TO THE REAL PROPERTY OF THE PARTY OF THE PAR
		2.7		_		☐ Negative	Psychologi		-4	11/
HBA1C		5.3%	Cocaine	1	LI Positive	□ Negative	Others(KUB	Ultrasound)	-	15
		Constitution of	he contents of	the Pt	nysical exar	ninations:	-		2.2	OCT 2023
reby I declare	e that I am in	knowledge of								061 /0/3
reby I declare	e that I am in	knowledge of							77	
0		knowledge of t		М		IZUR RAHMAN		_		4720
ereby I declare		knowledge of t		М		IZUR RAHMAN f Seafarer		-		Date
0		knowledge of t	_	M				-		
gnature of Sea	afarer	7)//		М						
gnature of Sea	afarer fitness for	service at sea			Name o	f Seafarer	stic test resu	lts recorder		Date
gnature of Sea sessment of the basis of t	afarer fitness for the examine	service at sea			Name o		stic test resu	lts recorded		Date
gnature of Sea sessment of the basis of t	afarer fitness for the examine	service at sea e's personal de	claration, my c	linical	Name o	f Seafarer			d above, I o	Date
gnature of Sea sessment of the basis of t	afarer fitness for the examine	service at sea e's personal de		linical	Name o	f Seafarer		lts recorded	d above, I o	Date
gnature of Sea sessment of the basis of t	afarer fitness for the examine	service at sea e's personal de	claration, my c	linical	Name o	f Seafarer and the diagnor	Not fit	or lookout	d above, I o	Date declare the
gnature of Sea sessment of the basis of t aminee medic	afarer fitness for the examine	service at sea e's personal de	claration, my c for lookout dut k service	linical	Name o examination	n and the diagno	Not fit Catering	or lookout	d above, I o	Date declare the ther services
gnature of Sea sessment of the basis of t aminee medic	afarer fitness for the examine	service at sea e's personal de	claration, my c for lookout dut k service	linical	Name o	n and the diagno	Not fit	or lookout	d above, I o	Date
gnature of Sea sessment of the basis of t aminee medic	afarer fitness for the examine	service at sea e's personal de	claration, my c for lookout dut k service	linical	Name o examination	n and the diagno	Not fit Catering	or lookout	d above, I o	Date declare the ther services
gnature of Sea sessment of the basis of t aminee medic	afarer fitness for the examine	service at sea e's personal de	claration, my c for lookout dut k service	linical	Name o	n and the diagno	Not fit	or lookout	d above, I o	Date
gnature of Sea sessment of the basis of t aminee medic	afarer f fitness for the examine cally:	service at sea e's personal de	claration, my c for lookout dut k service	linical	examination	n and the diagno	Not fit	or lookout	d above, I o	Date
sessment of the basis of t aminee medic	afarer f fitness for the examine cally:	service at sea e's personal de	claration, my c for lookout dut k service	linical	examination	n and the diagno	Not fit	or lookout	d above, I o	Date
sessment of high the basis of the aminee medical infit.	afarer fitness for the examine cally: Withou	service at sea e's personal de Fit Dec	claration, my c	linical ties	examination Engine s	n and the diagno	Not fit Catering	or lookout	d above, I duties	Date declare the ther services
sessment of high the basis of the aminee medical the seafarer f	afarer fitness for the examine cally: Withou	service at sea e's personal de Fit Dec	claration, my c	linical ties	examination Engine s	n and the diagnor	Not fit Catering	or lookout	d above, I duties	Date declare the ther services
sessment of high the basis of the aminee medical the seafarer f	afarer fitness for the examine cally: Withou	service at sea e's personal de Fit Dec It restrictions y medical condi	claration, my c	linical ties	examination Engine s	n and the diagnor	Not fit Catering	or lookout	d above, I duties	Date declare the ther services
sessment of high the basis of the aminee medical the seafarer f	afarer fitness for the examine cally: Withou	service at sea e's personal de Fit Dec It restrictions y medical condi	claration, my c	linical ties	Engine s Wit	n and the diagnor	Not fit Catering	or lookout	d above, I duties	Date declare the ther services
sessment of high the basis of the aminee medical the seafarer f	afarer fitness for the examine cally: Withou	service at sea e's personal de Fit Dec It restrictions y medical condi	claration, my c	linical ties	Engine s Wit	n and the diagnor	Not fit Catering	or lookout	d above, I duties	Date declare the ther services
gnature of Sea	afarer f fitness for the examine cally: Withou free from an ealth of other	service at sea e's personal de Fit Dec t restrictions y medical condir r persons on bo	for lookout dut k service	dinical ties	Engine s Wit	n and the diagnor	Not fit Catering	or lookout	d above, I duties	Date declare the ther services
gnature of Sea	afarer f fitness for the examine cally: Withou free from an ealth of other	service at sea e's personal de Fit Dec It restrictions y medical condi	for lookout dut k service	dinical ties	Engine s Wit	n and the diagnor	Not fit Catering	or lookout	d above, I duties	Date declare the ther services
gnature of Sea	afarer f fitness for the examine cally: Withou free from an ealth of other	service at sea e's personal de Fit Dec t restrictions y medical condi r persons on bo	for lookout dut k service tions likely to b ard? Yes type of ship, to	dinical ties	Engine s Wit	n and the diagnor	Not fit Catering	or lookout	d above, I duties	Date declare the ther services
sessment of seasessment of the basis of the aminee medical first the Seafarer for danger the here.	afarer f fitness for the examine cally: Withou free from an ealth of other	service at sea e's personal de Fit Dec t restrictions y medical condir r persons on bo	for lookout dut k service tions likely to b ard? Yes type of ship, to	dinical ties	Engine s Wit	n and the diagnor	Not fit Catering	or lookout	d above, I duties	Date declare the ther services
gnature of Sea	afarer f fitness for the examine cally: Withou free from an ealth of other	service at sea e's personal de Fit Dec It restrictions y medical condi r persons on bo specific position miner (e.g., refe	claration, my confor lookout dutons likely to board? Yes type of ship, to erral):	dinical ties	Engine s Wit	n and the diagnor	Not fit Catering	or lookout	d above, I duties	Date declare the ther services
sessment of seasessment of the basis of the aminee medical first the Seafarer for danger the here.	afarer f fitness for the examine cally: Withou free from an ealth of other	service at sea e's personal de Fit Dec t restrictions y medical condi r persons on bo	claration, my confor lookout dutons likely to board? Yes type of ship, to erral):	dinical ties	Engine s Wit ravated by s No	n and the diagnor	Not fit Catering	or lookout	d above, I duties	Date declare the ther services
sessment of higher the basis of taminee medical fit. The seafarer of danger the here sescribe restrict estion taken by	afarer f fitness for the examine cally: Withou free from an ealth of other	service at sea e's personal de Fit Dec It restrictions y medical condi r persons on bo specific position miner (e.g., refe	claration, my confor lookout dutons likely to board? Yes type of ship, to erral):	dinical ties	Engine s Wit ravated by s No	service	Not fit Catering	or lookout	d above, I duties	Date declare the ther services
sessment of the basis of taminee medical fit. The Seafarer f danger the herescribe restrict tion taken by	afarer f fitness for the examine cally: Withou free from an ealth of other	service at sea e's personal de Fit Dec It restrictions y medical condi r persons on bo specific position miner (e.g., refe	claration, my confor lookout dutons likely to board? Yes type of ship, to erral):	dinical ties	Engine s Wit ravated by s No	service	Not fit Catering	or lookout	d above, I duties	Date declare the ther services

In Accordance with Medical Examination (September Accordance With Medica

	GIVE	N NAME (S):	MD. MOSTAFIZ	UR	
DATE OF BIRTH:	PLACE (OF BIRTH			SEX
DAY 2 MONTH 1 YEAR 1986	CITY	PABNA	COUNTRY	BANGLADESH	MALE / FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	HOUSE	NO-23/24, R	OF APPLICANT: OAD-23, BLOCK R, DHAKA. BANG		
DECLARATION OF THE AUTHORIZED PHYSICIAN					
VISION		COLO	R TEST TYPE		HEARING
RIGHT EYE WITH GL	ASSES	LAN YELLOW (V	TERN	RIGHT EAR _	m
LEFT EYE		GREEN M		LEFTEAR	M
Confirmation that identification documents were checked at the	ne point of		/		-2-2 v u <u>para-</u>
		NO NO	NOT APLICABLE		
Hearing meets the standards in STCW Code, Section A-1/9? Unaided hearing satisfactory? YES NO NO	100	NOLI	NOT APLICABLE		
	VEO.	NO			
Visual acuity meets standards in STCW Code, Section A-1/9 Colour vision meets standards in STCW Code, Section A-1/9		MO I			
Date of the last colour vision test: (Day/Month/Year) Are glasses or contact lenses necessary to meet the required Able for watchkeeping? YES NO Is applicant taking any non-prescription or prescription medic			NOU		
Is the seafarer free from any medical condition likely to be eg nealth of other persons on board? YES NO	gravated b	by service at se	or to render the se	afarers unfit for such s	ervice or to endanger the
the first state of the state of	a mriysical	Examination.			
CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN ENGINEERING OFFICER / RADIO OPERATOR / RA	FIZUR e of Applic ND TO BE TING) (W	ant E (FIT / NOT F TITHOUT ANY	/ WITH THE FOL	Date S A (MASTER / DEC	CK OFFCIER /
Signature of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN ENGINEERING OFFICER / RADIO OPERATOR / RA	FIZUR e of Applic ND TO BE TING) (W	ant E (FIT / NOT F TITHOUT ANY	IT) FOR DUTY A /WITH THE FOI BOARD SHIP	Date S A (MASTER / DEC	CK OFFCIER /
Signature of Applicant Name CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN ENGINEERING OFFICER / RADIO OPERATOR / RAT NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHA	FIZUR of Applic ND TO BE TING) (W	ant E (FIT / NOT F ITHOUT ANY DUTY ON S(D.U.), REG.	/ WITH THE FOL BOARD SHIP	Date S A (MASTER / DEC	CK OFFCIER /
Signature of Applicant Name CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN ENGINEERING OFFICER / RADIO OPERATOR / RAT NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHA ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA	FIZUR of Application	ant E (FIT / NOT F ITHOUT ANY DUTY ON S(D.U.), REG1230.	/ WITH THE FOL BOARD SHIP NO. A-55144	Date S A (MASTER / DEC LOWING) RESTRIC	CK OFFCIER /
Signature of Applicant Name CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN ENGINEERING OFFICER / RADIO OPERATOR / RAT NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAHA ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BA	FIZUR of Application of Application of TO BE TING) (W IT FOR IN; M.B.B. DHAKA	ant E (FIT / NOT F ITHOUT ANY DUTY ON S(D.U.), REG1230.	/ WITH THE FOL BOARD SHIP NO. A-55144	Date S A (MASTER / DEC LOWING) RESTRIC	CK OFFCIER /
Signature of Applicant Name CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN ENGINEERING OFFICER / RADIO OPERATOR / RAT NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHA ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA	FIZUR of Application of Application of TO BE TING) (W IT FOR IN; M.B.B. DHAKA	ant E (FIT / NOT F ITHOUT ANY DUTY ON S(D.U.), REG1230.	/ WITH THE FOL BOARD SHIP NO. A-55144	Date S A (MASTER / DEC LOWING) RESTRIC	CK OFFCIER /
Signature of Applicant Name CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUN ENGINEERING OFFICER / RADIO OPERATOR / RAT NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAHA ADDRESS: REDICAL HOSPITALS LIMITED, UTTARA NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: BA	e of Applic to TO BE TING) (W IT FOR IN; M.B.B. DHAKA ANGLADE 2014	ant E (FIT / NOT F ITHOUT ANY DUTY ON S(D.U.), REG1230.	OARD SHIP NO. A-55144 IND DENTAL COU	Date S A (MASTER / DEC LOWING) RESTRIC	CK OFFCIER /

MBBS (DU), DFM, CCD (Birdem), PGT (Gphth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited





Id No : 0871

Date: 23-Oct-2023

D.Date: 23-Oct-2023

Patient's Name: MD MOSTAFIZUR RAHMAN

Age: 37Y 9M 21D

Gender: Male

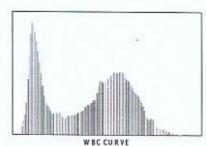
: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4589

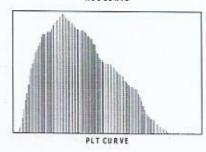
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.4 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.
Total WBC Count(TC)	5,600 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		to a substitution of the s
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	112 /cumm	50-450/cumm
Total RBC Count	4.35 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.0 %	M: 40-54%, F:37-47%
MCV	82.8 fL	76 - 94 fL
MCH	30.8 pg	27 - 32 pg
MCHC	37.2 g/dL	29 - 34 g/dL ·
RDW	12.6 %	11 - 16 %
PDW -	14.7 fL	35 - 56 fl
Total Platelete Count (PC)	230000 /cumm	150,000-450,000/cumm
MPV	12.0 fL	7.0 - 11.0 fL
PCT	0.103 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %
50000 - 000000		V10-71-31-51-51-51-51-51-51-51-51-51-51-51-51-51



RBC CURVE





Checked By

Medical Technologist



Dr. Sumaiya Khatun

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100871	Received Date	23/10/2023
Patient's Name	MD MOSTAFIZUR RAHMAN		
Patient's Age	37Y 9M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/ 4589
Sample	BLOOD		

BIOCHEMISTRY REPORT

Result	Reference Range
5.7 mmol/l	4.2 – 6.4 mmol/l
0.80 mg/dl	0.2 - 1.1 mg/dl
31.0U/L	Up to 37 U/L
5.5 %	4.2 - 6.7 %
	5.7 mmol/l 0.80 mg/dl 31.0U/L

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.

2



radical hospitals@yahoo.com, www.radicalhospital.com

Test Name

Bill No	DIA23100871	Received Date	23/10/2023
Patient's Name	MD MOSTAFIZUR RAHMAN		
Patient's Age	37Y 9M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCI	D(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/ 4589
Sample	BLOOD		

SEROLOGYCAL REPORT

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

Result

Checked By

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

L



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100871	Received Date	23/10/2023
Patient's Name	MD MOSTAFIZUR RAHMAN		
Patient's Age	37Y 9M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/ 4589
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	1-2/HPF

CHEMICAL EXAMINATION CASTS / LPF

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

ON 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

at

Medical Technologist. 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



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100871 Receive:23/10/2023 Print: 23/10/2023

Patient's Name : MD MOSTAFIZUR RAHMAN

Age : 37 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.

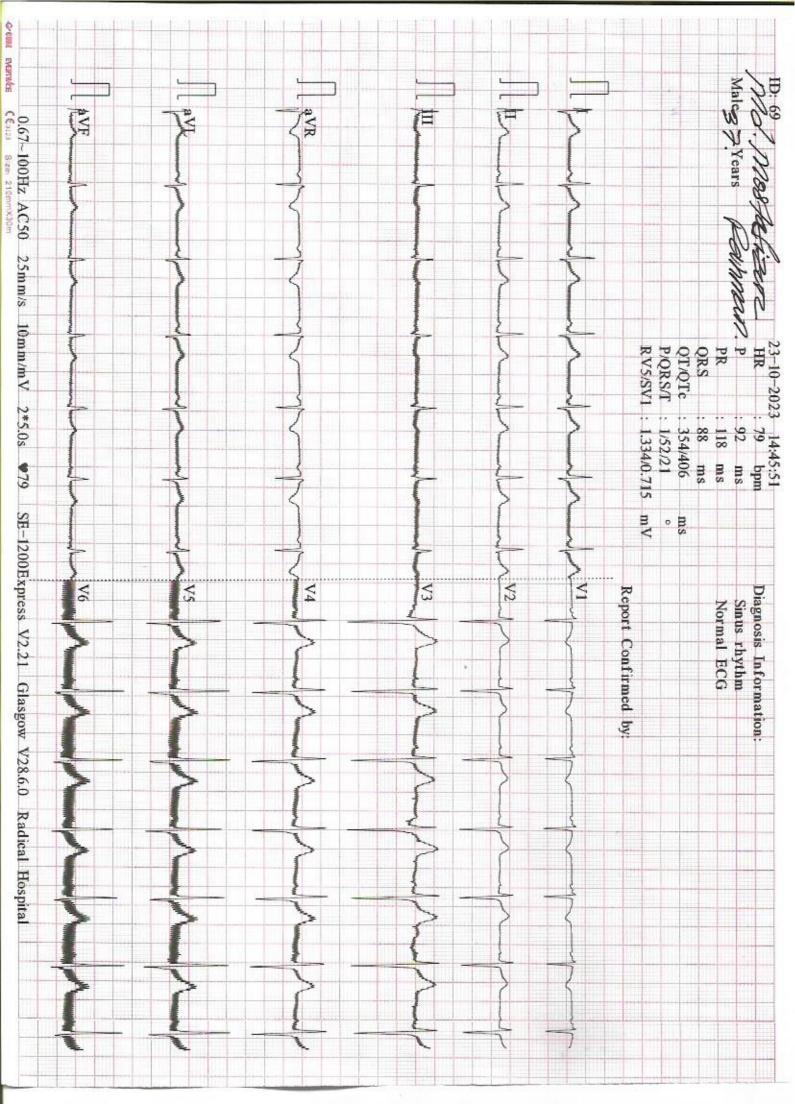
Lung : Lung fields are clear.

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



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. DREAM TEAM

DATE: 23/10/2023

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

EYE EXAMINATION REPORT

NAME: MD MOSTAFIZUR RAHMAN

RANK: CH.ENG

CDC NO: C/O/4589

VISUAL ACUITY:

RIGHT

6/6

LEFT

616

UNAIDED

AIDED

COLOUR VISION:

RADICAL

NORMAL / BLIND

OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital

Certificate (continued) Certificate (quite)	Confinied overless State our error
SEE MIL	PMDC 4-55144 MMC-BGU-010	9 SFOR VACOUS 10 35, Sheh Makhdum Ayonue Uttera, Dhaka
40	DG Shipping Bangladesh Approved General Physician Radical Mospitals Limited.	COR VACO DE ST
10 28 DEC	DR. M.R. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144 MMC-BGD-016 DG Shipping Sangladesh Approved	SS, Strain Maddedum Royenus Ulliarra, Dhaka
first injectio date of that	of this certain or the event of a revace	eriod of AGLAD beginning six days after the cination within such period of two years on the
of the territor Any amendi		ailure to company the anny part of it, may render it
22007 20	General Physician Radical Hospitals Limited.	ANGLADE
	OTHER VACCINATIONS	AUTERS VACCINATION
Date	Nature of vaccine	Physician's Signature
B. 13		The second secon

Date	Nature of vaccine	人工艺	Physician's Signature
2 1		1 3 5 5	
18十五	4 1 1 1 2 2 2 3 3	B F S B	1 1 1 1 1 1 1 1 1
3 1	10011499	1, 4	
4 8	THE PARTY	3645	THE RESERVE
	重日 1 1 1 1 1 1 1 1 1 1	2 8 3 4	
# 6	B # F L L # B B	3 2 3	
1 2		F = F 1	
1 9		新草 鱼	A REPORT OF STREET
1 1 1	· · · · · · · · · · · · · · · · · · ·		
5 11 5	1 1 1 1 1 1 1 1		N R S B S S S S S
d y d	2363620	2 - 2 1	日本日本日本 日
Dist.	# # 802 8 4 8 E	1 2 3	