



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880 31 716214-6, Fax : +880 31 710530



Accredited By: BMDC
Accreditation No: A 55144

PATIENT CONTROL NUMBER
H653

MEDICAL EXAMINATION CERTIFICATE

SURNAME FARUK		FIRST NAME MD		MIDDLE NAME OMAR	
PLACE AND DATE OF BIRTH CHITTAGONG 15-Feb-1993		PASSPORT NUMBER A02980613		SEAMAN'S BOOK NUMBER CO7731	
NATIONALITY: BANGLADESHI		SEX: ☒ Male ☐ Female	VESSEL TYPE: CHEM. TANKER		TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: VILL: DOMDOMA, P.O. LASKAR HAT, P.S. FENI, DIST. FENI.				CONTACT NUMBER: 01945-359137 (SELF)/019	
				RANK: 2ND OFFICER	

Have you ever had any of the following conditions?

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

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

Additional questions

Question	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?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

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

[Signature]

Signature of Seafarer

MEDICAL EXAMINATION

Weight 60 kg	Height (cm) 170	BMI 20.9	Blood Pressure: Systolic 110	Diastolic 70	PULSE 72																											
<table border="1"> <tr> <th>Ear</th> <th colspan="2">Hearing by Audiometry</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <td>Right</td> <td>☐ Adequate</td> <td>☐ Inadequate</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>☒ Adequate</td> <td>☐ Inadequate</td> </tr> <tr> <td>Left</td> <td>☐ Adequate</td> <td>☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☐ Adequate</td> <td>☐ Inadequate</td> </tr> </table>						Ear	Hearing by Audiometry		Audiometry				Hearing by Whisper Test		Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000	☒ Adequate	☐ Inadequate	Left	☐ Adequate	☐ Inadequate					☐ Adequate	☐ Inadequate
Ear	Hearing by Audiometry		Audiometry				Hearing by Whisper Test																									
Right	☐ Adequate	☐ Inadequate	500	1000	2000	3000	☒ Adequate	☐ Inadequate																								
Left	☐ Adequate	☐ Inadequate					☐ Adequate	☐ Inadequate																								
Hearing meets the standards as laid down in STCW Code Section A-1/9? YES ☒ NO ☐																																

	Visual acuity				Right eye	Visual fields	
	Unaided		Aided			Normal	Defective
	Right eye	Left eye	Right eye	Left eye			
Distant	6/6	6/6					
Near							

Visual acuity meets the standard laid down in STCW Code Section A-1/9: ☒ YES / NO ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) **12 OCT 2023**

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	☒	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative	
ECG	☒	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative	
BLOOD R/E	☒	SGPT	URINE R/E	☒	
DC(differential count)	☒	SGOT	OTHERS	☒	
HAEMOGLOBIN (HGB)	14.3	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	05	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	8000	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	☒
RANDOM	5.3	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	☒
HBA1C	5.3%	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultraso	☒

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

12 OCT 2023

Signature of Seafarer

MD OMAR FARUK

Name of Seafarer

Date

Assessment of fitness for service at sea:

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

☒ Fit for lookout duties☐ Not fit for lookout duties

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

☒ Without restrictions☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes

No

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

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

Fitness Date:

12 OCT 2023

Valid Until

11 OCT 2025DR. MIR MD. RAIHAN
MBBS (D.O.), DPM, CCB (D), DPM, CCB (D), DPM, CCB (D)

In Accordance with Medical Examination (Seafarers) Convention, 1958 and STCW 1978/1996 as Amended, MLC 2006

PHYSICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME FARUK			GIVEN NAME(S) MD OMAR		
DATE OF BIRTH 2 15 1993 MONTH DAY YEAR			PLACE OF BIRTH CHITTAGONG CITY		SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☒ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐			MAILING ADDRESS OF APPLICANT: 106-G, BARUNTEK CANTONMENT, DHAKA-1206. BANGLADESH.		
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE					
HEIGHT 170cm	WEIGHT 69kg	BLOOD PRESSURE 120/70mm	PULSE 72/min	RESPIRATION 18/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR Normal LEFT EAR Normal	
COLOR TEST TYPE: BOOK ☒ LANTERN ☐ IS COLOR TEST NORMAL? ☒ Yes ☐ No (If "NO" EXPLAIN ON PAGE 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒					
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal		
LUNGS Normal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE Yes		
EXTREMITIES: UPPER Normal			LOWER Normal		
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes ☐ No ☒					
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATION? Yes ☐ No ☒					
SIGNATURE OF APPLICANT 			DATE OF EXAMINATION 12 OCT 2023		EXPIRY DATE 11 OCT 2025
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN					
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MD OMAR FARUK					
NAME OF APPLICANT					
FIT FOR DUTY ON BOARD SHIP					
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐					
SEAFARER IS FOUND TO BE ☒ FIT/ ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☒ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐					
☐ WITH THE FOLLOWING RESTRICTIONS:					
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAHMAN; M.B.B.S(D.U.), REG. NO. A-55144					
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH MAKHUM AVENUE, SECTOR-12 UTTARA, DHAKA-1230, BANGLADESH					
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY DG SHIPPING BANGLADESH					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 6-May-2014					
SIGNATURE OF PHYSICIAN					
DATE 12 OCT 2023					

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) Convention (ILO No. 181) and the requirements of the Bangladesh Maritime Administration (BMA) and the Bangladesh Shipping Corporation (BSC).

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



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 Seafarer'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 seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 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/Navigation 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-I, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation 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 EXAMINATION A) Complete Blood Count, B) Blood Sugar Estimation C) Serological Test(VDRL)

D) Hepatitis B Surface Antigen Test(HbsAg), E) Urinysis 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



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

MI-105M



HAQUE & SONS LTD.



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

Name	MD OMAR FARUK	Date	12-Oct-2023
Age	30	Sex	MALE
Passport No	A02980613	CDC No	CO7731
Sample	BLOOD	Rank	2ND OFFICER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	FURANO GALAXY	GINGA OCELOT	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	29-03-2023	12-10-2023	-
Serum Bilirubin	0.7	1.0	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	19	22	Up to 37 U/L
Serum S.G.P.T.	23	25	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



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

Id No : 0465
Patient's Name : MD OMAR FARUK
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/7731

Date : 12-Oct-2023

Age : 30Y 7M 27D

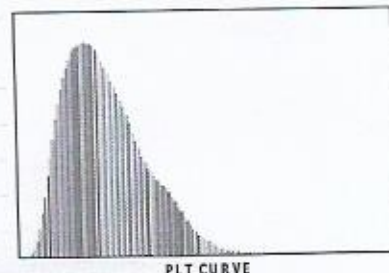
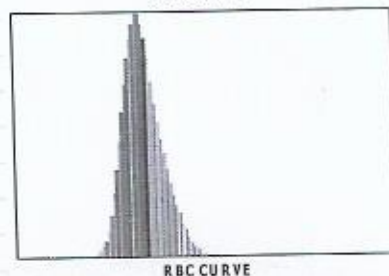
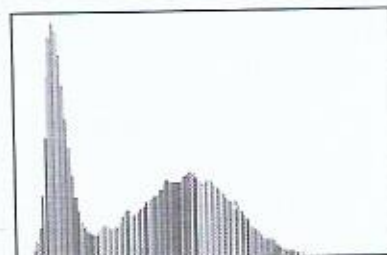
D.Date : 12-Oct-2023

Gender: Male

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	61 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	35 %	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	160 /cumm	50-450/cumm
Total RBC Count	5.03 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.8 %	M: 40-54%, F:37-47%
MCV	79.1 fL	76 - 94 fL
MCH	28.4 pg	27 - 32 pg
MCHC	35.9 g/dL	29 - 34 g/dL
RDW	12.3 %	11 - 16 %
PDW	18.3 fL	35 - 56 fL
Total Platelete Count (PC)	3,81,000 /cumm	150,000-450,000/cumm
MPV	8.3 fL	7.0 - 11.0 fL
PCT	0.316 %	0.1 - 0.3 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By 
Medical Technologist


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



Bill No	DIA23100465	Received Date	12/10/2023
Patient's Name	MD OMAR FARUK		
Patient's Age	30Y 7M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/ 7731
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)	1.0mg/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	5.2 %	4.2 - 6.7 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist
Radical Hospitals Ltd.


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

Bill No	DIA23100465	Received Date	12/10/2023
Patient's Name	MD OMAR FARUK		
Patient's Age	30Y 7M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/ 7731
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

BLOOD GROUPING Result

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

Checked By

Medical Technologist
Radical Hospitals Ltd.


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

Bill No	DIA23100465	Received Date	12/10/2023
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/ 7731
Sample	BLOOD		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPE

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

Medical Technologists
Radical Hospitals Ltd.

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

Bill No	DIA23100465	Received Date	12/10/2023
Patient's Name	MD OMAR FARUK		
Patient's Age	30Y 7M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/ 7731
Sample	BLOOD		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Drug Level of Urine

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

Checked By

Medical Technologist
Radical Hospitals Ltd.


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

REF:	MT. GINGA OCELOT	DATE: 12/10/2023
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M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	MD OMAR FARUK	RANK: 2 ND OFF	CDC NO: C/O/7731
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VISUAL ACUITY: RIGHT LEFT

UNAIDED

6/6

6/6

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

ID: 23091451

12-10-2023 13:19:54

Male 30 Years

HR : 80 bpm

P : 108 ms

PR : 132 ms

QRS : 96 ms

QT/QTc : 340/393 ms

P/QRS/T : 63/69/36 °

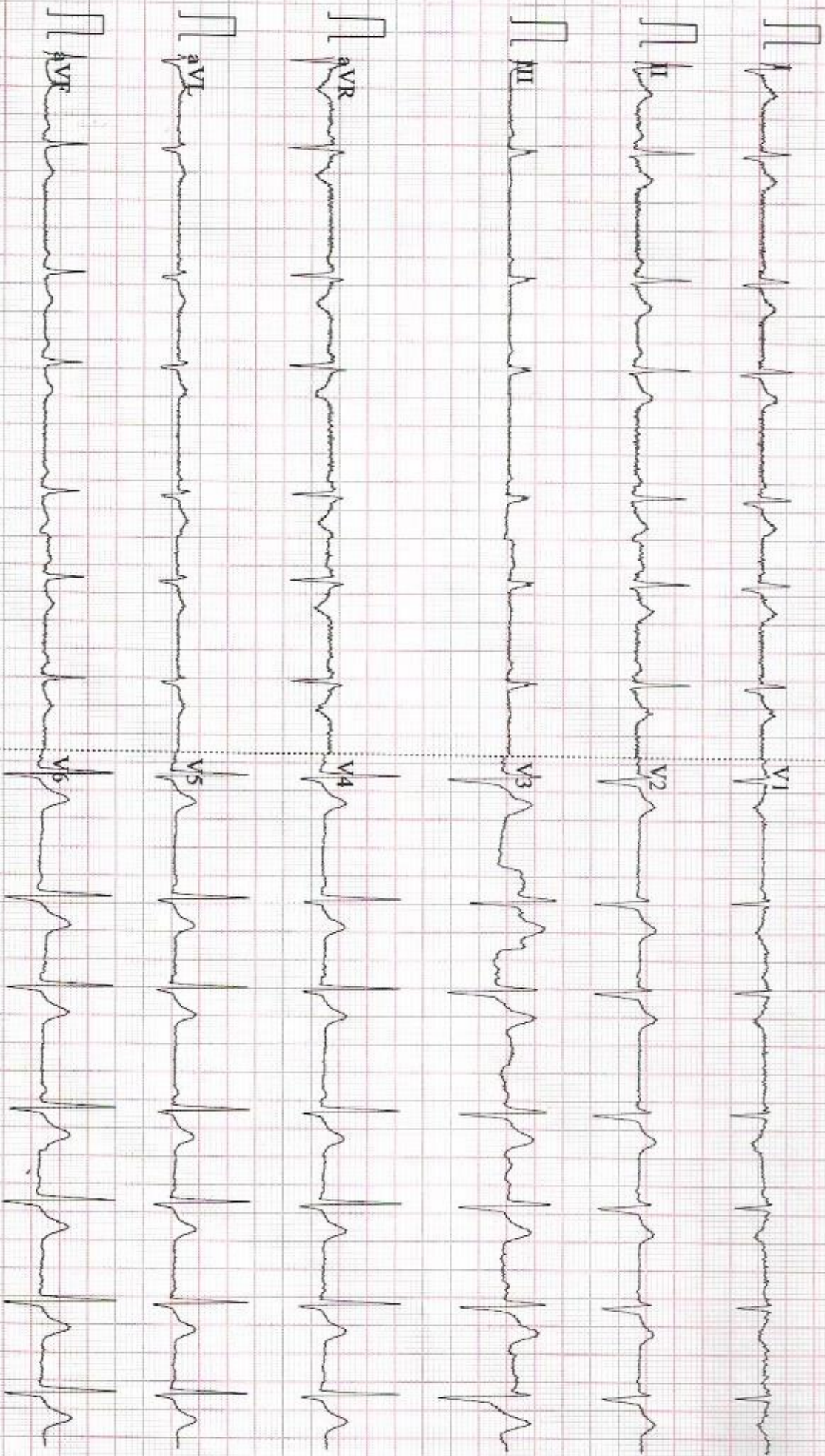
RV5/SV1 : 1.35/0.587 mV

Diagnosis Information:

Sinus arrhythmia

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23100465 Receive: 12/10/2023 Print: 12/10/2023
Patient's Name : MD OMAR FARUK
Age : 30 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

a Patient ID	23100465	Voucher No	
Test Name	USG OF KUB	Delivery Date	12/10/2023
Patient Name	MD.OMAR FARUK		
Age	30 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY :- Is normal in size 9.9cm, regular in shape and position. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

LT KIDNEY :- Is normal in size 10.4 cm, regular in shape and position. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses 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 normal .No intravesicle lesion is seen.

PROSTATE: Normal in size and volume is 14.7cc, regular in shape. Echogenicity is homogenous.
 No area of calcification is seen.

COMMENT : Normal study.

AA Ahmed 12.10.23
 Dr. Asma Ahmed
 MBBS,CMU,DMU
 PGT(Gynae & obs)
 Advanced Training on TVS
 Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

sub. Omar Faruk
This is to certify that } Date of birth 15.02.1993. Sex male.
whose signature follows }

D. Lk

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
1 05 MAY 2014	<i>[Signature]</i> DR. M. AYUBUR RAHMAN MBBS, PG T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820		1 2
2 12 OCT 2023	<i>[Signature]</i> DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
4			

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, or failure to complete any part of it may render it invalid.