

HAQUE & SONS LTD.

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Accredited By : BMDC

Accreditation No. A 55144

MEDICAL EXAMINATION CERTIFICATE

PATIENT	CONTROL	NUMBER
	H2064	

Revision Date: 24th July 2022

RNAM	Party Barries	FIRST NA		0.111		MIDDLE NAME		
ACE AN	ND DATE OF BIRTH	DASCOO	NU RT NUMBER	RUL		CE ALLANDA DE	HAIDER	
	OKONA 1-Oct-1996	FASSPU		89410		SEAMAN'S BO	CO10092	
	LITY: BANGLADESHI SEX:	☑ Male	☐ Female	CUP. C. A. C.	PE : CH	EM. TANKER TRA		WORLD WIE
	ENT HOME ADDRESS :	- Truit	C. I Cindic	THOUSE T	CONTA	CT NUMBER :	+880171471	
MUCH	TERPARA OLD COURT ROAD, PO	O-NETROKO	NA, PS-NE	TROKONA,				
T-NETR	ROKONA, BANGLADESH.			10120111111111111111111111111111111111	RANK		3RD C	OFFICER
Have yo	ou ever had any of the following con	nditions?						
	Condition	YES	NO . I	Conditi	on		YE	s NO
1	Eye/vision problem		0		roblems		E	
2	High blood pressure	D	10		smoke?		Ĺ	
3	Heart/vascular disease	()	W.		on/surgery	,	C	
4	Heart surgery		181		y/seizures		r.	
5	Varicose veins		X/		ss/fainting		T.	
6	Asthma/bronchitis	D	X.		conscious		E	- 1
7	Blood disorder	[]	X		tric proble		1	
8	Diabetes	L1	1/2	25 Depres		0000	i i	-
9	Thyroid problem		1		ed suicide	2	C	
10	Digestive disorder		1		memory			
11	Kidney problem		8		problem		Ē	
12	Skin problem		6		headache	s		/
13	Allergies		8		e/throat p			
14	Infectious/contagious diseases		8	31 Restrict	ed mobilit	у		- 1
15	Hernia		100	32 Back pr	oblems		13	1 (
16	Genital disorders		X	33 Amputa	tion		E	1 2
17	Pregnancy	- 11	WIH			era cara		1
If any of	the above questions were answere	ed "yes", plea	ase give deta		es/disloca	lions	YE	
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Colour vision as per STC	CW CODE Sect	ion A-I/9:	Norr	mal		Doubtfi		□ Defe	ective	
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RESULTS OF ANCILLARY	EXAMINATIO	NS						-	-	
Chest X-Ray	Nonmak	BIO CHEMICAL	(LIV	ER FUNCT	TION	EST)	Marijuana		☐ Posi	tive Negative
ECG	Nonman	BILIRUBIN		1.0			Alcohol Test			tive I Negative
BLOOD R		SGPT		25			URINE R/E		1. 00	NA
DC(differential count)		SGOT	-	22				0	THERS	V-1(1)
HAEMOGLOBIN (HGB)	15.1			LCOHOL 1	EST		HBsAg	Ī		ctiv H Nonreact
ESR (WESTERGREN)	98	Morphine		Positive D	and the same	tive	HIV / AIDS Te	st		ctiv D Nonreact
WBC	8400	Amphetamine		The second second	Nega	and the same of th	VDRL	J.		ctiv ET Nonreact
BLOOD GLUCOS		Phencyclidine		Positive Z	-		Blood Type	-		(-Ve)
RANDOM	5.2	Barbiturates	_	Positive 7	V V		Psychological	Eyam	0	WAN
HBA1C	5.27	Cocaine	-		Nega		Others(KUB U		N	TE
) - /	-	-		-					16
ereby I declare that I am in	knowledge of t	he contents of the F	hysio	cal examina	ations:					
Heritan			NI	RUL HAID	ER A	MIN				1 0 BPT 2022
gnature of Seafarer	2	200		Name of Se					-	Date
3.44.00				10110 01 01	, and i ci			To be stole		Date
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		k service	E	ngine serv	rice		Catering ser	vice		Other services
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nfit				U						

In Accordance with Medical Examination (Section 1978/1996 as Amended, MLC 2006

Redical Hospitals Limited: Revision Date: 24

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SURNAME: AMIN		GIVEN NAME (S): NURUL HAIDER			
ATE OF BIRTH: PLAC		ACE OF BIRTH	SEX _		
DAY 1 MONTH 10 YEAR	1996 CIT	Y NETROKONA COUNTRY	BANGLADES MALE	EMALE	
POSITION ON BOARD:	MA	ILING ADDRESS OF APPLICAN	NT:		
MASTER	0.417.00000	-MUCHTERPARA OLD COURT			
DECK OFFICER ✓ ENGINEERING OFFICER	PS-	-NETROKONA, DIST-NETROK	ONA, BANGLADESH.		
RADIO OPERATOR	RΔ	NGLADESH.			
RATING		NOCADEON.			
DECLARATION OF THE AUTHORIZED PHYS	ICIAN				
VISION		COLOR TEST TYPE	HEARING	=7,1-5	
WITHOUT GLASSES	WITH GLASSE	S -800K			
RIGHT EYE 6/6		TANTERN	RIGHT EAR MY		
-1	13-23-7-23-7	YELLOW MY RED MY			
EFT EYE 6/6	1	GREEN MH BLUEMH	LEET EAD MM		
Confirmation that identification documents were	a shocked at the police		JICH LAK /		
learing meets the standards in STCW Code, S		1			
	section W-1/a / 74:2	NO NOT APLICA	BLE:		
Jnaided hearing satisfactory? YES NO					
fisual acuity meets standards in STCW Code,					
Colour vision meets standards in STCW Code,	Section A-1/9? YES	NO -			
the visual test it is required every six years)					
and visual test it is required every six years)	12.00	T 0000			
	(ear) 13,0C	T 2023			
Date of the last colour vision test: (Day/Month/Y	rear)r				
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Date of the last colour vision test: (Day/Month/Nare glasses or contact lenses necessary to medable for watchkeeping 2 HS NO s applicant taking any non-prescription or press the seafarer free from any medical condition indanger the health of other persons on board? Hereby I declare that I am in knowledge of the Signature of Applicant	cription medications: likely to be aggravated that the Physics NO contents of the Physics NURUL HAID Name of Apter 15 (ATOR / RATING)	ed by service at sea or to render the ical Examination. ER AMIN plicant BE (FIT / NOT FIT) FOR DUTY (WHTHOUT ANY / WITH THE F	13-Oct-2023 Date 13 00	T 2023	
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Date of the last colour vision test: (Day/Month/Nore glasses or contact lenses necessary to mediable for watchkeeping 2 PCS NO so applicant taking any non-prescription or press the seafarer free from any medical condition indanger the health of other persons on board? Hereby I declare that I am in knowledge of the Signature of Applicant CIRCLE APPROPIATE CHOICE: (ME/SIENGINEERING OFFICER / RADIO OPER INGERING OFFICER / RADIO OPER INGER INGE	et the required vision cription medications likely to be aggravat YES NO contents of the Phys NURUL HAID Name of Ap HE) IS FOUND TO ATOR / RATING) FIT FOR R MD. RAIHAN; M.B	ed by service at sea or to render the ical Examination. ER AMIN DUTY ON BOARD SHIP B.S.(D.U.), REG. NO. A-55144 TENUE, SECTOR-12, UTTARA, DHAK	13-Oct-2023 Date 13 0C AS A (MASTER / DECK OFF OLLOWING) RESTRICTIONS	T 2023	
Date of the last colour vision test: (Day/Month/Nore glasses or contact lenses necessary to mediable for watchkeeping 2 HS NO s applicant taking any non-prescription or presist the seafarer free from any medical condition indanger the health of other persons on board? Hereby I declare that I am in knowledge of the elementary of Applicant CIRCLE APPROPIATE CHOICE: (HE / SIENGINEERING OFFICER / RADIO OPERINGENGINEERING OPERINGENG	cription medications: likely to be aggravated by the second secon	ed by service at sea or to render the ical Examination. ER AMIN DUTY ON BOARD SHIP B.S.(D.U.), REG. NO. A-55144 TENUE, SECTOR-12, UTTARA, DHAK	13-Oct-2023 Date 13 0C AS A (MASTER / DECK OFF OLLOWING) RESTRICTIONS	T 2023	
Date of the last colour vision test: (Day/Month/Nore glasses or contact lenses necessary to mediable for watchkeeping 2 HS NO s applicant taking any non-prescription or presist the seafarer free from any medical condition indanger the health of other persons on board? Hereby I declare that I am in knowledge of the elementary of Applicant CIRCLE APPROPIATE CHOICE: (HE / SIENGINEERING OFFICER / RADIO OPER NAME AND DEGREE OF PHYSICIAN: DR. MIII ADDRESS: REDICAL HOSPITALS LIMITED, 35, SIAME OF PHYSICIAN'S CERTIFICATING AUTOMATICAL PROPINCIAN SIGNAME OF PHYSICIAN SIGNAME OF PHYSICIAN'S CERTIFICATING AUTOMATICAL PROPINCIAN SIGNAME OF PHYSICIAN SIGNAM	cription medications: likely to be aggravated by the second secon	PYES NO PYES NO Ped by service at sea or to render the dical Examination. ER AMIN Plicant BE (FIT / NOT FIT) FOR DUTY (WHTHOUT ANY / WITH THE FOUTY ON BOARD SHIP) B.S.(D.U.), REG. NO. A-55144 PENUE, SECTOR-12, UTTARA, DHAK PING BANGLADESH	13-Oct-2023 Date 13 0C AS A (MASTER / DECK OFF OLLOWING) RESTRICTIONS	T 2023	
Date of the last colour vision test: (Day/Month/Nore glasses or contact lenses necessary to mediable for watchkeeping 2 HS NO is applicant taking any non-prescription or presist the seafarer free from any medical condition indanger the health of other persons on board? Hereby I declare that I am in knowledge of the declare that I am in knowledge of the declare of Applicant CIRCLE APPROPIATE CHOICE: (HE / SIENGINEERING OFFICER / RADIO OPER NAME AND DEGREE OF PHYSICIAN: DR. MILL ADDRESS: REDICAL HOSPITALS LIMITED, 35, SINAME OF PHYSICIAN'S CERTIFICATED (ACTE OF ISSUE PHYSICIAN'S CERTIFICATED (ACTE OF ISSUE PHYSICIAN).	cription medications: likely to be aggravated to the Physics NO contents of the Physics NURUL HAID Name of Apter 18 (ATOR / RATING) FIT FOR CATOR / RATING)	PYES NO PYES NO PROPERTY OF PHYSICIAN: PYES NO PYES N	Date 13 0C AS A (MASTER / DECK OFF OLLOWING) RESTRICTIONS A-1230, BANGLADESH.	T 2023 CIER / S:	
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Date of the last colour vision test: (Day/Month/Nare glasses or contact lenses necessary to medable for watchkeeping 2 PCS NO is applicant taking any non-prescription or presist the seafarer free from any medical condition indanger the health of other persons on board? Hereby I declare that I am in knowledge of the Persons of Applicant CIRCLE APPROPIATE CHOICE: (ME / SEENGINEERING OFFICER / RADIO OPER NAME AND DEGREE OF PHYSICIAN: DR. MIRADDRESS: REDICAL HOSPITALS LIMITED, 35. SNAME OF PHYSICIAN'S CERTIFICATED AND DATE OF ISSUE PHYSICIAN'S CERTIFICATED SIGNATURE OF PHYSICIAN:	et the required vision cription medications' likely to be aggravat YES NO contents of the Phys NURUL HAID Name of Ap HE) IS FOUND TO RATOR / RATING) FIT FOR R MD. RAIHAN; M.B SHAH MAKHDUM AV THORITY: DG SHIP	ed by service at sea or to render the ical Examination. ER AMIN Plicant BE (FIT / NOT FIT) FOR DUTY (WHTHOUT ANY / WITH THE FOUTY ON BOARD SHIP) BB.S.(D.U.), REG. NO. A-55144 PING BANGLADESH MP OF PHYSICIAN: ON THE STATE OF THE STAT	Date 13 0C AS A (MASTER / DECK OFF OLLOWING) RESTRICTIONS A-1230, BANGLADESH.	T 2023 CIER / S:	
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MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD SURNAME: AMIN GIVEN NAME (S): NURUL HAIDER DATE OF BIRTH: PLACE OF BIRTH SEX DAY 1 MONTH 10 YEAR 1996 **NETROKONA** COUNTRY BANGLADES MALE FEMALE POSITION ON BOARD MAILING ADDRESS OF APPLICANT MASTER VIL-MUCHTERPARA OLD COURT ROAD, PO-NETROKONA, DECK OFFICER V PS-NETROKONA, DIST-NETROKONA, BANGLADESH. ENGINEERING OFFICER RADIO OPERATOR BANGLADESH. RATING DECLARATION OF THE AUTHORIZED PHYSICIAN VISION COLOR TEST TYPE HEARING WITHOUT GLASSES ____800K WITH GLASSES RIGHT EYE -TANTERN RIGHT EAR YELLOW RED MY LEFT EYE GREEN (MY) BLUE CAMPILEET EAR Confirmation that identification documents were checked at the point of examination: YES NO Hearing meets the standards in STCW-Code, Section A-1/97 YES NO NOT APLICABLE Unaided hearing satisfactory? YES Visual acuity meets standards in STCW Code, Section A-1/9? YES NO Colour vision meets standards in STCW Code, Section A-1/9? YES NO (the visual test it is required every six years) Date of the last colour vision test: (Day/Month/Year) Are glasses or contact lenses necessary to meet the required vision standards? YES NO Able for watchkeeping? XES NO Is applicant taking any non-prescription or prescription medications? YES Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES Hereby I declare that I am in knowledge of the contents of the Physical Examination. NURUL HAIDER AMIN 13-Oct-2023 Haiter 13 NCT 2023 Signature of Applicant Name of Applicant CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT/ NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS: FIT FOR DUTY ON BOARD SHIP NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144 ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH. NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH DATE OF ISSUE PHYSICIAN'S CERTIFICATE 06-05-2014 DATE: 13 OCT 2023 SIGNATURE OF PHYSICIAN: STAMP OF PHYSICIAN: 17 OCT 2025 EXPIRY DATE OF CERTIFICATE: This certificate is issued in compliance with the re of the STCW Convent R (MIR a MD, mitime Labour Convention, 2006. BMDC A-55144, MMC-BGD-016 Shipping Bengladesh Approved General Physician

Radical Hospitals Limited



HAQUE & SONS LTD.



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

Name	NURUL HAIDER AMIN	Date	13-Oct-2023
Age	27	Sex	MALE
Passport No	A04489410	CDC No	CO10092
Sample	BLOOD	Rank	3RD OFFICER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	GINGA CARACAL	GINGA BOBCAT	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	01/06/23	13/10/23	-
Serum Bilirubin	0.7	5.2	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	23	22	Up to 37 U/L
Serum S.G.P.T.	29	25	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



Au .

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Id No : 0510

Patient's Name: NURUL HAIDER AMIN

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O 10092

Date: 13-Oct-2023

D.Date: 13-Oct-2023

Age: 27Y 0M 12D Gender: Male

Haematology Report

Parameter Name	Results	thic-One Auto Haematology Analyzer & che Reference Range	
Hemoglobin (Hb)	15.1 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.	
ESR(Westergreen)	08 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	8,400 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC) Neutrophils	65 0/		A stilling
Lymphocytes	65 %	Child: 25-66 %, Adult: 40-75 %	
Monocytes	30 %	Child: 52-62 %, Adult: 20-50 %	
Eosinophils	03 %	Child: 03-07 %, Adult: 02-10 %	W BC CURVE
	02 %	Child: 01-03 %, Adult: 01-06 %	4
Basophils Fatal Circ Facility 19	00 %	Adult: 00-01 %	
Fotal Cir. Eosinophils	168 /cumm	50-450/cumm	
Total RBC Count	5.01 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	40.8 %	M: 40-54%, F:37-47%	AND THE RESERVE OF THE PERSON NAMED IN COLUMN TO SERVE OF
MCV	81.4 fL	76 - 94 fL	
4CH	30.1 pg	27 - 32 pg	
1CHC	37.0 g/dL	29 - 34 g/dL	RBC CURVE
RDW	13.8 %	11 - 16 %	
PDW -	14.6 fL	35 - 56 fl	A
Total Platelete Count (PC)	2,99,000 /cumm	150,000-450,000/cumm	
MPV	7.5 fL	7.0 - 11.0 fL	
PCT	0.224 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	
			PLT CURVE

Checked By Medical Technologist

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





Bill No	DIA23100510	Received Date	13/10/2023
Patient's Name	NURUL HAIDER AMIN	Tioonica Date	10/10/2020
Patient's Age	27Y 0M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/ 10092
Sample	BLOOD	, , , , , , , , , , , , , , , , , , ,	000 110. 0/0/ 10002

BIOCHEMISTRY REPORT

<u>Test Name</u>	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 Technologis Radical Hospitals Ltd. Dr. Sumaiya 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	DIA23100510	Received Date	13/10/2023
Patient's Name	NURUL HAIDER AMIN		10/10/2020
Patient's Age	27Y 0M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/10092
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name

Result

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

DD GROUPINGResult	
ABO Blood Group	"O" (-ve)
Rh(D)Factor	Negative

Checked By

Medical Technologis Radical Hospitals Ltd. 8

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



Test Name



Bill No	DIA23100510	Received Date	13/10/2023
Patient's Name	NURUL HAIDER AMIN		10.10.20.20
Patient's Age	27Y 0M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M),PGT(Eye),DFM	CDC NO: C/O/ 10092
Sample	URINE		

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Checked By

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





Patient ID	23100510	Voucher No	349
Test Name	USG OF KUB	Delivery Date	13/10/2023
Patient Name	NURUL HAIDER AMIN		10/10/2020
Age	29Yrs	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 regular in shape and position. Bipolar length –10.6 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 11.2 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URETER: There is no dilatation in both ureter .

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

No intravesicle lesion is seen

PROSTATE: Normal in size, volume is 6.3 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Suggestive of Normal study .

Sonologist Dr. Asma Altmed

MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist

RADICAL HOSPITAL LTD

HOUSE #35, SECTOR -12, SHAH MAKHDUM AVENUE, UTTARA, DHAKA.

ULTRASOUND REPORT

Patient Name:

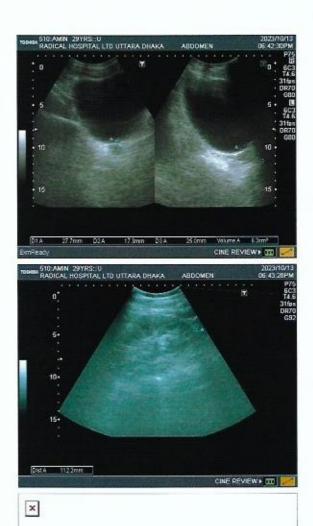
AMIN 29YRS

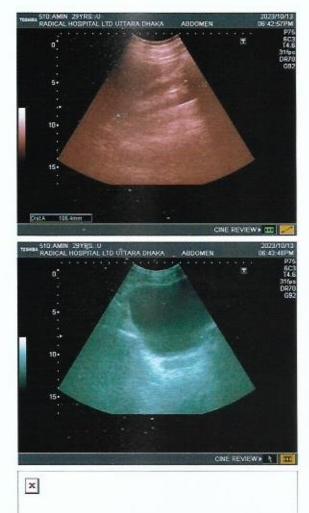
Patient ID: 510

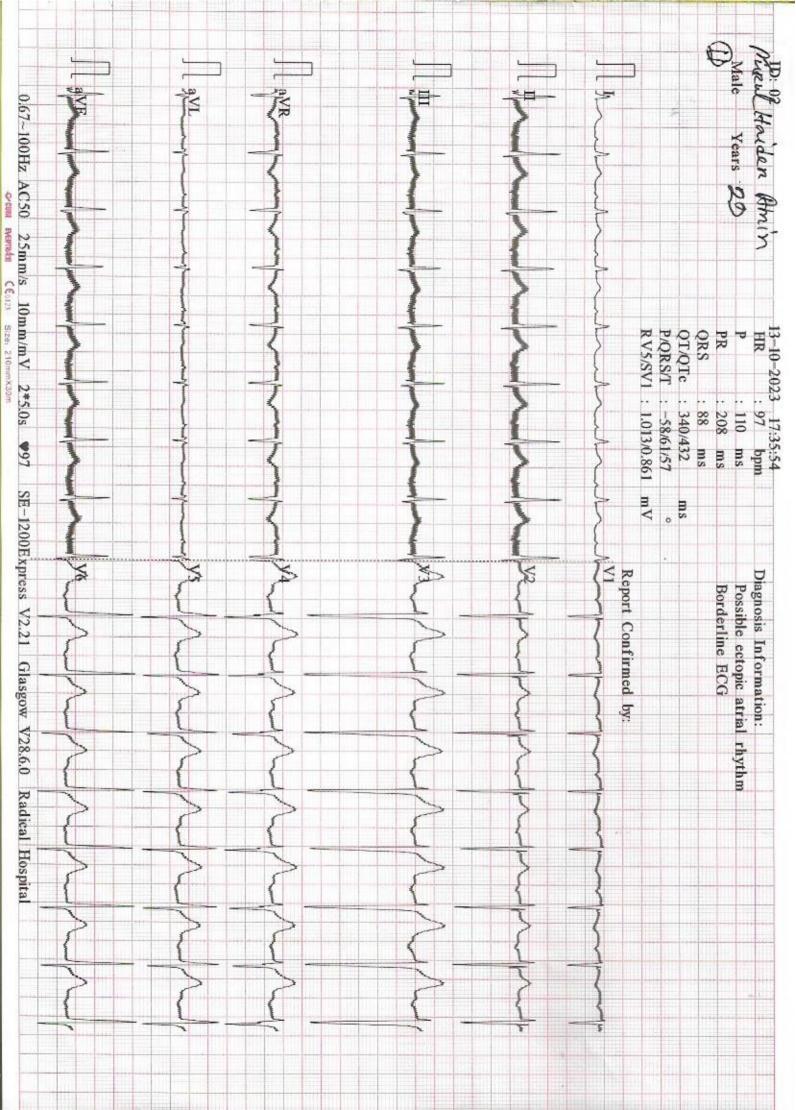
Study ID:

20231013184126

Patient Birthday







INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA Nural Haider Amin

This is to certify that whose signature follows

Date of birth 01-10-1996 Sex Male

Nurual traviden Amin

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved	Stamp
\$ SEP 370	DR. M. AYUBUR RAHMAN M. B. S. P.G. J.	S CO WCC A	
1946	DR. MIR. MD. RAIH NBBS (DU), DPM, CCD (Birdem), PGT (CB) BMDC A: 55144; MMC-BGD- BG Snipping Bangladesh Appr General Physician Radical Hospitals Limited.	AN Cohith America Uttera, Dhata Coled	
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250	Del All Averson Rather of Market Co. L. (Morecure) Tobac Chamber (Chamber Chamber Chamber Co.) 10. Areater (Chamber Chamber Co.) Co. Troobe, Actions	(in (no sure) is)	
5		5	6
6			
7		7	8
8			

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA Nural Heider Amin

whose signature follows

This is to certify that Date of birth 01-10-1996 Sex Male

Nurul naider Amin

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approve	d Stamp
1 860 T	DR, M. AYUBUR RAHAMN (A.O.B.S. M.O.I.) X (Mark) (A.O.I.) X (Mark)	STOR WOODS	
2 AV6	DR. MIR. MD RAIHA MBIS (DU), DM, CCD (Birdem), PGT (O BMDC A. 55144, MMC-BGD- bG Shipping Bangladesh Appro General Physician Radical Hospitals Limited.	State	
3		3 (COE)	4
23.Cp	DR. MD. AYOBUR RAHMAN M.B.B.S. P.G. T (Medicine) Taker Charger 10, Agrabus Old, Cretogolog. Rogn. Nof. A-11828	(((((((((((((((((((
(HOLE	DR. MIR. MD. RAIHAN	St. OR VACCING	6
0	BMDC A-55144, MMC-8GD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	Wester, Official &	
7		7	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER North Haiders Amin

This is to certify that whose signature follows

Date of birth 01-10-1996 Sex Male

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 SEP 1970	DR. M. AYUBUR RAHMAN M.B.B.S. P.G. T (Medicine) Taher Chamber 10. Agrabad C/A. Chittagong Regn. No. A-11820		TOR WCC BE SHOULD BE SHOUL
2			
. 3			3 4
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. V . -

Any amendment of this certificate, or erasure, of failure to complete any part of it may render it invalid.





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Bill No	DIA23060009	Received Date	01/06/20:	23
Patient's Name	NURUL HAIDER AMIN			
Patient's Age	26Y 8M 0D	P	atient's Sex	Male
Ref by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO:	C/O/10092
Sample	BLOOD			

BIOCHEMISTRY REPORT

Rosult

<u></u>	resuit	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27 U/L	Up to 40 U/L
Serum AST (SGOT)	23 U/L	Up to 37 U/L

REMARKS (IF ANY)

Test Name

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

Checked By

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

Potoronco Pango

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

This is to certify that Date of birth 01-01-1996 Sex Mall, whose signature follows

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	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 BMDC A-55144, MMC-BGD-016 General Physician Radical Hospitals Limited.		Son VACCIAN Son Son State Back Son
2			
3			3 4
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, of failure to complete any part of it may render it invalid.