



HAQUE & SONS LTD.

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



Accredited By : BMOC
Accreditation No : A 55144

PATIENT CONTROL NUMBER:
H2064

MEDICAL EXAMINATION CERTIFICATE

SURNAME AMIN	FIRST NAME NURUL	MIDDLE NAME HAIDER
PLACE AND DATE OF BIRTH NETROKONA 1-Oct-1996	PASSPORT NUMBER A04489410	SEAMAN'S BOOK NUMBER CO10092
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : CHEM. TANKER TRADING AREA : WORLD WIDE
PERMANENT HOME ADDRESS : VIL-MUCHTERPARA OLD COURT ROAD, PO-NETROKONA, PS-NETROKONA, DIST-NETROKONA, BANGLADESH.		CONTACT NUMBER : +8801714715581 (FATHER)
		RANK : 3RD 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

	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? ☐ YES ☒ NO

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.

Haider

Signature of Seafarer

MEDICAL EXAMINATION

Weight 68kg	Height (cm) 185	BM 19.9	Blood Pressure: Systolic 120mmHg Diastolic 80mmHg	PULSE: 80 bpm
Ear	Hearing by Audiometry	Audiometry		Hearing by Whisper Test
Right	☐ Adequate ☐ Inadequate	500	1000	☒ Adequate ☐ Inadequate
Left	☐ Adequate ☐ Inadequate	2000	3000	☒ Adequate ☐ Inadequate
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐				

	Visual acuity				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: ☒ Normal ☐ 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) **13 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	Normal	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative	
ECG	Normal	BILIRUBIN	1.0	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	25	URINE R/E	N/A
DC(differential count)		SGOT	22	OTHERS	
HAEMOGLOBIN (HGB)	15.1	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	08	Morphine	☐ Positive ☒ Negative	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	8400	Amphetamine	☐ Positive ☒ Negative	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive ☒ Negative	Blood Type	O (-ve)
RANDOM	5.2	Barbiturates	☐ Positive ☒ Negative	Psychological Exam	N/A
HBA1C	5.27	Cocaine	☐ Positive ☒ Negative	Others(KUB Ultraso	N/E

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

Signature of Seafarer: Haider Name of Seafarer: NURUL HAIDER AMIN Date: 13 OCT 2023

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: 13 OCT 2023 Valid Until: 12 OCT 2025

DR. MIR. MD. RAIHAN

MBBS (Dipl. BSM, CCD (Bldm), PGT (Ophth))
Name of Medical Examiner: DR. MIR. MD. RAIHANSignature of Medical Examiner: [Signature]
DG Shipping Bangladesh Approved
General Physician (No. 78) and STCW 1978/1996 as Amended, MLC 2006
Radical Hospitals Limited.

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: AMIN		GIVEN NAME (S): NURUL HAIDER	
DATE OF BIRTH: DAY 1 MONTH 10 YEAR 1996		PLACE OF BIRTH CITY NETROKONA COUNTRY BANGLADESH	SEX ☒ MALE ☐ FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ☒ ENGINEERING OFFICER RADIO OPERATOR RATING		MAILING ADDRESS OF APPLICANT: VIL-MUCHTERPARA OLD COURT ROAD, PO-NETROKONA, PS-NETROKONA, DIST-NETROKONA, BANGLADESH. BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR mm
LEFT EYE	6/6	—	LEFT EAR mm

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE

Unaided hearing satisfactory? YES ☒ NO ☐

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) **13 OCT 2023**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

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 ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

NURUL HAIDER AMIN

13-Oct-2023

Haider

Signature of Applicant

Name of Applicant

Date

13 OCT 2023

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / 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 CERTIFYING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-2014

SIGNATURE OF PHYSICIAN:	STAMP OF PHYSICIAN:	DATE: 13 OCT 2023
EXPIRY DATE OF CERTIFICATE: 12 OCT 2025		

This certificate is issued in accordance with the requirements of the STCW Convention, as amended, and the Maritime Labour Convention, 2006.

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: AMIN		GIVEN NAME (S): NURUL HAIDER	
DATE OF BIRTH: DAY 1 MONTH 10 YEAR 1996		PLACE OF BIRTH CITY NETROKONA COUNTRY BANGLADESH	SEX ☒ MALE ☐ FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ☒ ENGINEERING OFFICER RADIO OPERATOR RATING		MAILING ADDRESS OF APPLICANT: VIL-MUCHTERPARA OLD COURT ROAD, PO-NETROKONA, PS-NETROKONA, DIST-NETROKONA, BANGLADESH. BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	☒ BOOK ☒ LANTERN YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	RIGHT EAR W
LEFT EYE	6/6	—		LEFT EAR W

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE

Unaided hearing satisfactory? YES ☒ NO ☐

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) **13 OCT 2023**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☒ NO ☐

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☒ NO ☐

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 ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

NURUL HAIDER AMIN

13-Oct-2023

Haider

Signature of Applicant

Name of Applicant

Date

13 OCT 2023

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

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NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH	
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-2014	
SIGNATURE OF PHYSICIAN: <i>[Signature]</i>	STAMP OF PHYSICIAN: 
EXPIRY DATE OF CERTIFICATE: 12 OCT 2025	DATE: 13 OCT 2023

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended, and the Maritime Labour Convention, 2006.

DR. MIR MD. RAIHAN
MBBS (DU), DPM, CCB (Bangladesh)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaidanga,
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.	27	25	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



Dr. M. Rashed Rashed
MBBS (DU), DFM, CCD (Biom), PGD (Opth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

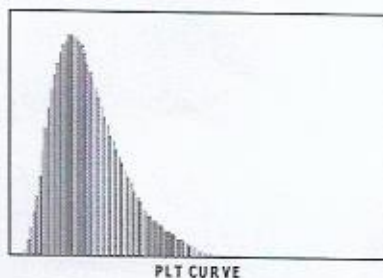
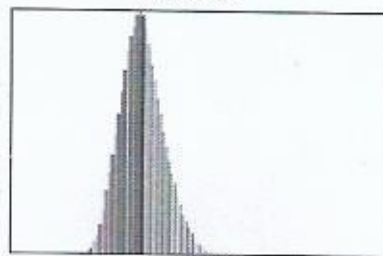
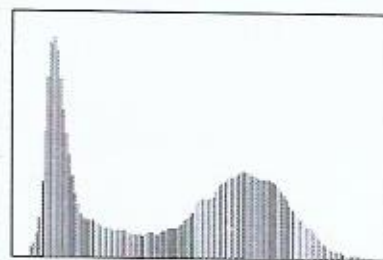


Id No : 0510	Date : 13-Oct-2023	D.Date : 13-Oct-2023
Patient's Name : NURUL HAIDER AMIN	Age : 27Y 0M 12D	Gender : Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O 10092		

Haematology Report

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

Parameter Name	Results	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.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. 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 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	30 %	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	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%
MCV	81.4 fL	76 - 94 fL
MCH	30.1 pg	27 - 32 pg
MCHC	37.0 g/dL	29 - 34 g/dL
RDW	13.8 %	11 - 16 %
PDW	14.6 fL	35 - 56 fL
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 - 0.2 %
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	DIA23100510	Received Date	13/10/2023
Patient's Name	NURUL HAIDER AMIN		
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		

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 %

RADICAL
HOSPITAL
LIMITED

REMARKS (IF ANY)

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

Checked By

Medical Technologists
Radical Hospitals Ltd.

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

Bill No	DIA23100510	Received Date	13/10/2023
Patient's Name	NURUL HAIDER AMIN		
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		

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	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

Bill No	DIA23100510	Received Date	13/10/2023
Patient's Name	NURUL HAIDER AMIN		
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	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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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

Patient ID	23100510	Voucher No	
Test Name	USG OF KUB	Delivery Date	13/10/2023
Patient Name	NURUL HAIDER AMIN		
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.

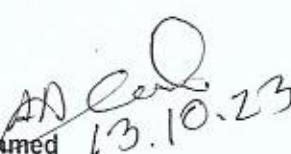
LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 11.2 cm. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

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 Ahmed 13.10.23
 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



Dr. ⁰² Hayden Rhuin

Male Years 20

11

13-10-2023 17:35:54

HR : 97 bpm

P : 110 ms

PR : 208 ms

QRS : 88 ms

QT/QTc : 340/432 ms

P/QRS/T : -58/61/57 °

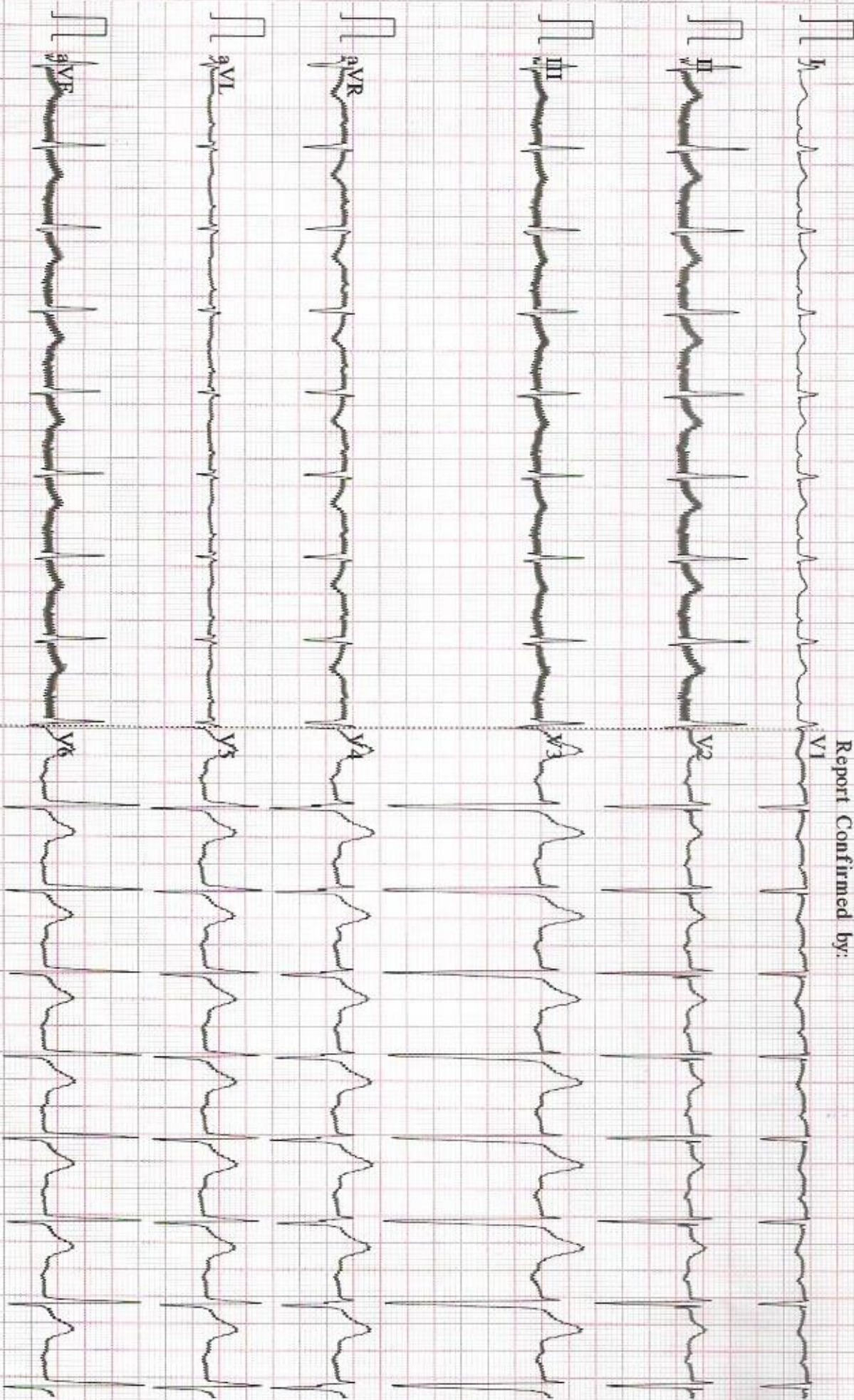
RV5/SV1 : 1.013/0.861 mV

Diagnosis Information:

Possible ectopic atrial rhythm

Borderline ECG

Report Confirmed by:

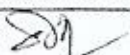
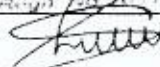
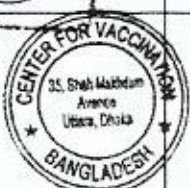


INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

Nurul Haider Amin

This is to certify that } Date of birth 01-10-1996 Sex Male
 whose signature follows }
Nurul Haider Amin

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 14 SEP 2018	 DR. M. AYUBUR RAHMAN MBBS (DU), FRCGS (Gastroenterology), FRCGS (Liver & Biliary), FRCGS (Gastroenterology), FRCGS (Gastroenterology), FRCGS (Gastroenterology) 10, Ashraf Road, Dhaka-1100		
2 09 AUG 2018	 DR. M. R. MD. RAIHAN MBBS (DU), DPM, CCD (Biderm), PGT (Ophth), BMDC A-55144, MMC- BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
3 27 SEP 2020	 DR. M. AYUBUR RAHMAN MBBS (DU), FRCGS (Gastroenterology), FRCGS (Liver & Biliary), FRCGS (Gastroenterology), FRCGS (Gastroenterology), FRCGS (Gastroenterology) 10, Ashraf Road, Dhaka-1100		4
5		5	6
6			
7		7	8
8			

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

AGAINST CHOLERA

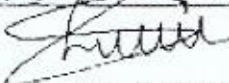
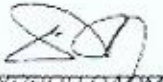
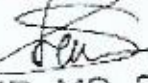
Nurul Haider Amin

This is to certify that
whose signature follows

Date of birth 01-10-1996 Sex Male

Nurul Haider Amin

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 14 SEP 2018	 DR. M. AYUBUR RAHMAN M.B.B.S., F.G.T. (Medicine) Taher Chatterjee 10, Agrabad C/A, Chittagong. Regn. No. A-11420		
2 09 AUG 2020	 DR. MIR. MD. RAIHAN MBBS (CU), DPM, CCD (Bacteri), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
3 27 SEP 2020	 DR. MD. AYUBUR RAHMAN M.B.B.S., F.G.T. (Medicine) Taher Chatterjee 10, Agrabad C/A, Chittagong. Regn. No. A-11420		
4 16 NOV 2022	 DR. MIR. MD. RAIHAN MBBS (CU), DPM, CCD (Bacteri), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
5			
6			
7			
8			

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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

Nurul Haider 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 74 SEP 2018	 DR. M. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820		1 2 
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, or failure to complete any part of it may render it invalid.

Bill No	DIA23060009	Received Date	01/06/2023
Patient's Name	NURUL HAIDER AMIN		
Patient's Age	26Y 8M 0D	Patient's Sex	Male
Ref by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/10092		
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
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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)

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

Checked By

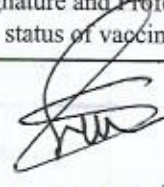
Medical Technologist
Radical Hospitals Ltd.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

Nurul Haider Amin
This is to certify that } Date of birth 01-01-1996 Sex Male,
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 (Bldem), PGT (Ophth) BMDA A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		1 2 
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.

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