

HAQUE & SONS LTD.

Accredited By BMDC

Accreditation No. A-55144

PATIENT CONTROL NUMBER: H1307

Tel: +880-2-333316214-6, Fax: +880-2-333310530 MEDICAL EXAMINATION CERTIFICATE

SURNAME HOSSAIN	FIRST NAME AND S M SHOYEB		MIDDLE NAME	
PLACE AND DATE OF BIRTH FARIDPUR 12-Dec-	PASSPORT NUMBER 1991 EE0958354	14	SEAMAN'S BOO	C/O/6288
NATIONALITY: BANGLADESHI	SEX: Male Female VESSELT	YPE : CHE	MOIL TANKER TRA	DING AREA: WORLD WIDE
PERMANENT HOME ADDRESS:		CONTA	CT NUMBER :	01743-454933 (SELF)
VILL. PANAIL, PO. PANAIL, PS. AL	ADANGA, DIST. FARIDPUR, BANGLADESH	RANK	1	CHIEF OFFICER

ANA	AIL, PO. PANAIL, PS. ALFADANGA,	DIST. FA	RIDPUR, B	ANGLA	DESH	RANK:	CHIEF OFFICER
re yo	ou ever had any of the following condit	ions?		******			
	Condition	YES	NO		Conditi	on	YES NO
1	Eye/vision problem	D		18	Sleep pr	roblems	
2	High blood pressure			19	Do you	smake?	
3	Heart/vascular disease		1.1	20	Operation	on/surgery	
4	Heart surgery	EJ	14	21	Epilepsy	y/seizures	
5	Varicose veins		D	22	Dizzines	ss/fainting	
6	Asthma/bronchitis		H.	23	Loss of	consciousness	(D) DY
7	Blood disorder	(3	19	24	Psychia	tric problems	0 0
8	Diabetes	1.1	5	25	Depress	sion	J J J B
9	Thyroid problem	LI	4	26	Attempt	ed suicide	1 1 1 10 1 10
10	Digestive disorder	П	V	27		memory	() DO
11	Kidney problem	[]	4	28		problem	/// O B
12	Skin problem	П	4	29		headaches	1/0 0 0
13	Allergies		0	30		e/throat problems	
14	Infectious/contagious diseases	n	D/	31		ed mobility	ם וז
15	Hemia		1	32	Back pr		0 0
16	Genital disorders		H	33	Amputa		a o
17	Pregnancy	Ü-	NAVA	34		es/dislocations	0 0
	of the above questions were answered	187.5			1	20/01/03/03/04	
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Visual acuity	meets the stand	lard laid down	in STCW (Code :	Section A-1/9		Left eye YES / NO			19.7/
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Date of last of	colour vision test:	Date (day/mo	onth/year)_	27	001/2023					
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Id No : 1005 Date : 27-Oct-2023 D.Date : 27-Oct-2023

Patient's Name: S M SHOYEB HOSSAIN Age: 31Y 1M 23D Gender: Male

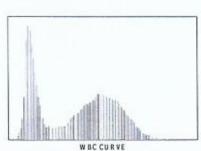
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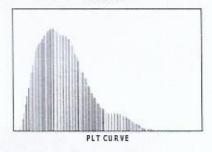
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6288

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.5 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	62 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	33 %	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	174 /cumm	50-450/cumm
Total RBC Count	4.79 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	39.0 %	M: 40-54%, F:37-47%
MCV	81.4 fL	76 - 94 fL
MCH	30.3 pg	27 - 32 pg
MCHC	37.2 g/dL	29 - 34 g/dL
RDW	12.9 %	11 - 16 %
PDW	16.1 fL	35 - 56 fl
Total Platelete Count (PC)	2,01,000 /cumm	150,000-450,000/cumm
MPV	9.7 fL	7.0 - 11.0 fL
PCT	0.195 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %
	3.500	





8

Checked By Medical Technologist d

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



Bill No	DIA231005		
Patient's Name		Received Date	27/10/2023
r allerit s Name	S M SHOYEB HOSSAIN		2771072020
Patient's Age	31Y 1M 23D		
	311 1W 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raiban MRRS (DLI) COD (DUE		maio
Cample	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	(DEM),PGT(Eye),DFM	CDC NO: C/O/ 6288
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.6 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.60 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25 U/L	Up to 40 U/L
Serum AST (SGOT)	21.0U/L	Up to 37 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

to

Medical Technologist. Radical Hospitals Ltd. 2

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



Test Name

Rh(D)Factor

Bill No	DIA231005	Bossinad Det	07//0/04
Patient's Name	S M SHOYEB HOSSAIN	Received Date	27/10/2023
Patient's Age	31Y 1M 23D		
	311 IIVI 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eve),DFM	CDC NO:C/O/6288
Sample	BLOOD	, ,, -, (-) (), .	000 110.0/0/0288

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive
BLOOD GROUPINGResult	
ABO Blood Group	"B" (+ve)

Result

Positive

Checked By

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



Bill No	DIA231001005	Possived Deta	0714010000
Patient's Name	S M SHOYEB HOSSAIN	Received Date	27/10/2023
Patient's Age	31Y 1M 23D	Patient's Sex	NA-t-
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC		Male
Sample	URINE	D(BINDEW), FGT(Eye), DFW	CDC NO:C/O/6288

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	0-2/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

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Test Name

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Patient's Name	S M SHOYEB HOSSAIN	Received Date	27/10/2023
Patient's Age	31Y 1M 23D	Patient's Sex	Mata
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	Male	
Sample	URINE	(Eye),DFM	CDC NO:C/O/6288

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

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

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RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. SEA AMBITION DATE: 27/10/2023

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

EYE EXAMINATION REPORT

NAME: S M SHOYEB HOSSAIN RANK: CH. OFF CDC NO: C/O/6288

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

al.

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

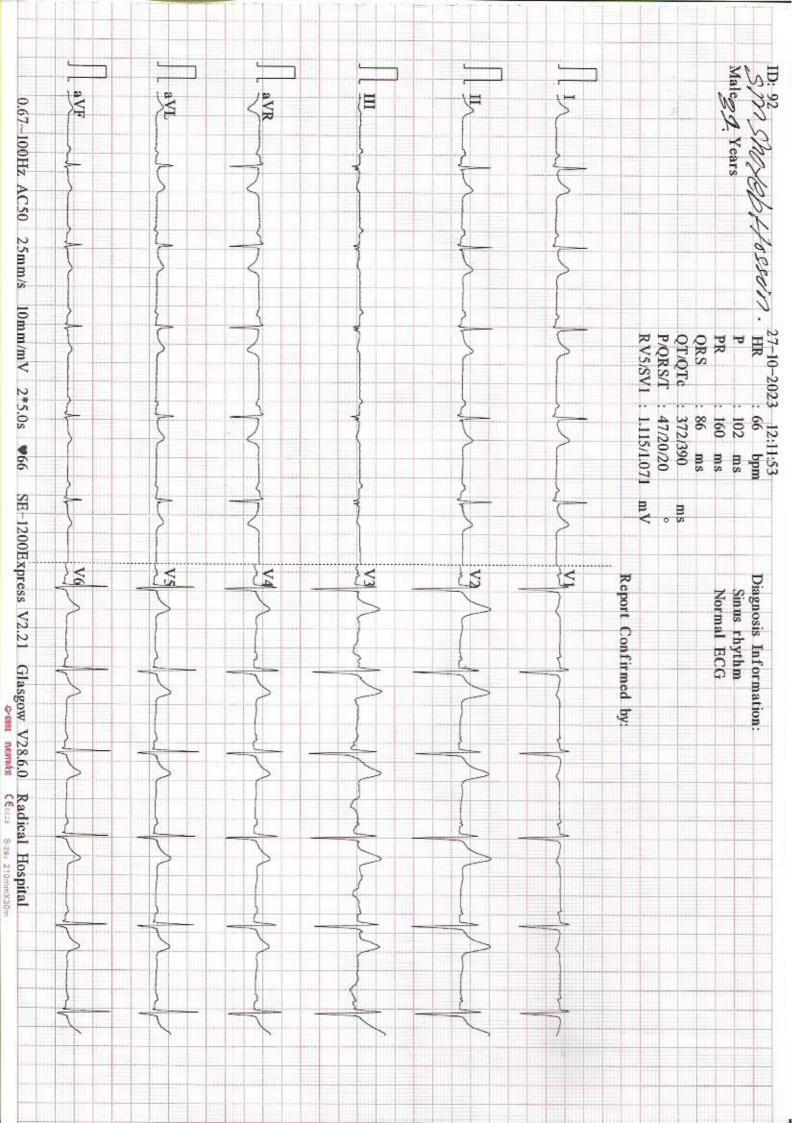
UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23101005

Receive:27/10/2023

Print: 27/10/2023

Patient's Name

S M SHOYEB HOSSAIN

Age

31 Yrs

Sex

: M

Refd. by

Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eve),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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

5 M SHOYER HOSSAIN

This is to certify that
whose signature follows

Date of birth	12	DFC 1991	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
1000	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.	L NO DAKAB	SS, Shah Malahdum Avenus Uttara, Dhaka
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3			3 4
4	140		

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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

SM SHOYER HOSSAIN

This	is to certify that
	se signature follow

Date of birth 12 DFC 1991

Sex_ MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp		
i di di	DR. MR: MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	35, Shah Makhdum Avoruse Ultara, Dhaka		
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