



# HAQUE & SONS LTD.

DNV

Accredited By: BMJC  
Accreditation No. A-55144Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.  
Tel: +880 2-333316214-6, Fax: +880 2-333310530PATIENT CONTROL NUMBER  
HSI: 002577

## MEDICAL EXAMINATION CERTIFICATE

|                                                                                                                  |                                              |                                       |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------|
| SURNAME<br><b>AL FOISOL</b>                                                                                      | FIRST NAME AND<br><b>SK ABDUS</b>            | MIDDLE NAME<br><b>SHOBHAN</b>         |
| PLACE AND DATE OF BIRTH<br><b>SATKHIRA 27-Feb-1986</b>                                                           | PASSPORT NUMBER<br><b>A00424998</b>          | SEAMAN'S BOOK NUMBER<br><b>CO5304</b> |
| NATIONALITY: <b>BANGLADESHI</b> SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female    | VESSEL TYPE: <b>BULK CARRIER</b>             | TRADING AREA: <b>WORLD WIDE</b>       |
| PERMANENT HOME ADDRESS:<br><b>WARD-01, ROAD-07, HOUSE-41, REGISTRY OFFICE PARA, KATIA, SATKHIRA, BANGLADESH.</b> | CONTACT NUMBER: <b>+8801673656583 (SELF)</b> | RANK: <b>2ND ENGINEER</b>             |

Have you ever had any of the following conditions?

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

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?                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 41 Are you allergic to any medications?                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|                                                                     |                          |                                     |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|---------------------------------------------------------------------|--------------------------|-------------------------------------|

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 of Seafarer

### MEDICAL EXAMINATION

| Weight: <b>78kg</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Height (cm): <b>172</b>                                               | BMI: <b>26.3</b>                                                                                                                                          | Blood Pressure: Systolic: <b>120mm</b> | Diastolic: <b>80mm</b>  | PULSE: <b>78bpm</b> |                       |  |            |  |                         |  |       |                                                                       |     |      |      |      |      |                                                                       |                                                                                                                                                           |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------|---------------------|-----------------------|--|------------|--|-------------------------|--|-------|-----------------------------------------------------------------------|-----|------|------|------|------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <table border="1"> <tr> <th colspan="2">Hearing by Audiometry</th> <th colspan="2">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <td>Right</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> </tr> <tr> <td>Left</td> <td><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate</td> <td colspan="4"> <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate<br/> <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate </td> </tr> </table> |                                                                       |                                                                                                                                                           |                                        |                         |                     | Hearing by Audiometry |  | Audiometry |  | Hearing by Whisper Test |  | Right | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | 500 | 1000 | 2000 | 3000 | Left | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate<br><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |  |  |  |
| Hearing by Audiometry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       | Audiometry                                                                                                                                                |                                        | Hearing by Whisper Test |                     |                       |  |            |  |                         |  |       |                                                                       |     |      |      |      |      |                                                                       |                                                                                                                                                           |  |  |  |
| Right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | 500                                                                                                                                                       | 1000                                   | 2000                    | 3000                |                       |  |            |  |                         |  |       |                                                                       |     |      |      |      |      |                                                                       |                                                                                                                                                           |  |  |  |
| Left                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate<br><input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate |                                        |                         |                     |                       |  |            |  |                         |  |       |                                                                       |     |      |      |      |      |                                                                       |                                                                                                                                                           |  |  |  |
| Hearing meets the standards as laid down in STCW Code Section A-1/9? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                                                                           |                                        |                         |                     |                       |  |            |  |                         |  |       |                                                                       |     |      |      |      |      |                                                                       |                                                                                                                                                           |  |  |  |

|         | Visual acuity |          |           |          | Visual fields                       |                          |
|---------|---------------|----------|-----------|----------|-------------------------------------|--------------------------|
|         | Unaided       |          | Aided     |          | Normal                              | Defective                |
|         | Right eye     | Left eye | Right eye | Left eye |                                     |                          |
| Distant | 6/6           | 6/6      |           |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Near    |               |          |           |          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Visual acuity meets the standard laid down in STCW Code Section A 1/9  
 Colour vision as per STCW CODE Section A 1/9: ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 07 OCT 2023

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

RESULTS OF ANCILLARY EXAMINATIONS

|                         |              |                                    |                                                                                |                                                                                |
|-------------------------|--------------|------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Chest X Ray             | <u>NAD</u>   | BIO CHEMICAL (LIVER FUNCTION TEST) | Marijuana                                                                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| ECG                     | <u>NAD</u>   | BILIRUBIN                          | Alcohol Test                                                                   | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative |
| BLOOD R/E               | <u>NAD</u>   | SGPT                               | URINE R/E                                                                      | <u>NAD</u>                                                                     |
| DC (differential count) | <u>NAD</u>   | SGOT                               | OTHERS                                                                         |                                                                                |
| HAEMOGLOBIN (HGB)       | <u>13.0</u>  | DRUG AND ALCOHOL TEST              |                                                                                |                                                                                |
| ESR (WESTERGREN)        | <u>04</u>    | Morphine                           | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HBsAg                                                                          |
| WBC                     | <u>8.200</u> | Amphetamine                        | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | HIV / AIDS Test                                                                |
| BLOOD GLUCOSE (F-VEL)   | <u>5.6</u>   | Phencyclidine                      | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | VDRL                                                                           |
| RANDOM                  | <u>9.8%</u>  | Barbiturates                       | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Blood Type                                                                     |
| HBA1C                   | <u>9.8%</u>  | Cocaine                            | <input type="checkbox"/> Positive <input checked="" type="checkbox"/> Negative | Psychological Exam                                                             |
|                         |              |                                    |                                                                                | Others (KUB Ultrasound)                                                        |

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

|                       |                                   |                    |
|-----------------------|-----------------------------------|--------------------|
| <u>SK</u>             | <b>SK ABDUS SHOBHAN AL FOISOL</b> | <b>07 OCT 2023</b> |
| Signature of Seafarer | 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:

|                                                            |                                                     |
|------------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Fit for lookout duties | <input type="checkbox"/> Not fit for lookout duties |
| Fit                                                        | Unfit                                               |
| Deck service                                               | Engine service                                      |
| Catering service                                           | Other services                                      |
| 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 <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|-----------------------------------------|-----------------------------|

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

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

|                                  |                                 |
|----------------------------------|---------------------------------|
| Fitness Date: <b>07 OCT 2023</b> | Valid Until: <b>06 OCT 2025</b> |
|----------------------------------|---------------------------------|

Name and Signature of Medical Examiner

In Accordance with Medical Examination (Seafarers) Convention, 1990 (ILO No. 102) and STCW 1978/1996 as Amended, MLC 2006

**PHYSICAL EXAMINATION REPORT/CERTIFICATE  
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

**ANNEX 2**

**THE REPUBLIC OF LIBERIA**

|                                                                                                                                                                                                                                                                                                                                 |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------|
| LAST NAME OF APPLICANT<br><b>AL FOISOL</b>                                                                                                                                                                                                                                                                                      |                       |                                      | FIRST NAME<br><b>SK ABDUS</b>                                                                                                        |                                   | MIDDLE INITIAL<br><b>SHOBIAN</b>                                                    |
| DATE OF BIRTH<br>2      27      1986<br>MONTH      DAY      YEAR                                                                                                                                                                                                                                                                |                       |                                      | PLACE OF BIRTH<br><b>SATKHIRA      BANGLADESH</b><br>CITY      COUNTRY                                                               |                                   | SEX<br><br>MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> |
| EXAMINATION FOR DUTY AS:<br>MASTER <input type="checkbox"/> RATING <input type="checkbox"/><br>MATE <input type="checkbox"/> MOU DECK <input type="checkbox"/><br>ENGINEER <input checked="" type="checkbox"/> MOU ENGINE <input type="checkbox"/><br>RADIO OFF <input type="checkbox"/> SUPERNUMERARY <input type="checkbox"/> |                       |                                      | MAILING ADDRESS OF APPLICANT<br><b>WARD-01, ROAD-07, HOUSE-41<br/>REGISTRY OFFICE PARA, KATLA, SATKHIRA<br/>BANGLADESH</b>           |                                   |                                                                                     |
| MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2                                                                                                                                                                                                                                                                        |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
| HEIGHT<br><b>172cm</b>                                                                                                                                                                                                                                                                                                          | WEIGHT<br><b>78kg</b> | BLOOD PRESSURE<br><b>120/180mmHg</b> | PULSE<br><b>78/min</b>                                                                                                               | RESPIRATION<br><b>20/min</b>      | GENERAL APPEARANCE<br><b>Good</b>                                                   |
| VISION<br>WITHOUT GLASSES      RIGHT EYE      LEFT EYE<br><b>6/6      6/6</b><br>WITH GLASSES                                                                                                                                                                                                                                   |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
| DATE OF LAST COLOR VISION TEST (Month/Day/Year) <b>07 OCT 2023</b>                                                                                                                                                                                                                                                              |                       |                                      | Testing Required every 6 years<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                |                                   |                                                                                     |
| COLOR VISION MEETS STANDARDS IN SICW CODE TABLE A-19?                                                                                                                                                                                                                                                                           |                       |                                      | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                  |                                   |                                                                                     |
| COLOR TEST TYPE: BOOK      LANTERN      CHECK IF COLOR TEST IS NORMAL                                                                                                                                                                                                                                                           |                       |                                      | YELLOW <input checked="" type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/> |                                   |                                                                                     |
| HEARING<br>RT EAR      LT EAR      LEFT YEAR                                                                                                                                                                                                                                                                                    |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
| HEAD AND NECK<br><b>Normal</b>                                                                                                                                                                                                                                                                                                  |                       |                                      | HEART (CARDIOVASCULAR)<br><b>Normal</b>                                                                                              |                                   |                                                                                     |
| LUNGS<br><b>Normal</b>                                                                                                                                                                                                                                                                                                          |                       |                                      | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>Yes</b>              |                                   |                                                                                     |
| EXTREMITIES<br>UPPER      LOWER                                                                                                                                                                                                                                                                                                 |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
| IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2                                                                                           |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
| SIGNATURE OF APPLICANT<br>                                                                                                                                                                                                                                                                                                      |                       | DATE OF EXAM<br><b>07-OCT-2023</b>   |                                                                                                                                      | EXPIRY DATE<br><b>06 OCT 2025</b> |                                                                                     |
| THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN                                                                                                                                                                                                                                                     |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO <b>SK ABDUS SHOBIAN AL FOISOL</b><br>(NAME OF APPLICANT)                                                                                                                                                                                                            |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
| (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY)                                                                                                                                                                                  |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
| NAME AND DEGREE OF PHYSICIAN <b>DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T. (MEDICINE)</b>                                                                                                                                                                                                                                            |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
| ADDRESS <b>SABA DIAGNOSTIC CENTER, FAHER CHAMBER(G/F), 10- AGRABAD C/A, CHITTAGONG, BANGLADESH</b>                                                                                                                                                                                                                              |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
| NAME OF PHYSICIAN'S CERTIFYING AUTHORITY <b>BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)</b>                                                                                                                                                                                                                                |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <b>23-Feb-84</b>                                                                                                                                                                                                                                                                       |                       |                                      |                                                                                                                                      |                                   |                                                                                     |
| SIGNATURE OF PHYSICIAN<br>                                                                                                                                                                                                                                                                                                      |                       |                                      | DATE OF EXAMINATION: <b>07 OCT 2023</b>                                                                                              |                                   |                                                                                     |

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.  
The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.



## MEDICAL REQUIREMENT

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 certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (c) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigation officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

## DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Surface Antigen Test (HBsAg),

E) Urinylsis 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

07 OCT 2023

RLM-105M (REV. 12/17)



DR. MIR MD. RAIHAN

MBBS (DU), DPM, CCD (Bdemi), PGD (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

## Seafarer's declaration on personal consumption of prescribed medicines

|                                                |                                           |
|------------------------------------------------|-------------------------------------------|
| <b>Employee's Family Name:</b> AL FOISOL       | <b>Date of Birth:</b> 27-Feb-1986         |
| <b>First and Middle Name:</b> SK ABDUS SHOBHAN | <b>Position:</b> 2 <sup>ND</sup> ENGINEER |
| <b>Medical Certificate No.:</b> 04.2023.4924   | <b>Expiry Date:</b> 06 OCT 2025           |

I declare that I am consuming the following medication prescribed by my family doctor to treat my pre-existing illness and that I am not carrying any other medication during this contract.

**No psychotropic drugs have been prescribed and / or will be consumed.**

| Name of Drug | Dosage | Type of pre-existing illness |
|--------------|--------|------------------------------|
|              |        |                              |
|              |        |                              |
|              |        |                              |
|              |        |                              |
|              |        |                              |
|              |        |                              |
|              |        |                              |
|              |        |                              |
|              |        |                              |

I have considered the possible safety risk related to the consumption of the above-mentioned medicines whilst on duty & confirm that the above medicines will not have adverse effects.

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

Date 07 OCT 2023

Name of Doctor  
Medical clinic rubber stamp

Signature of Doctor



# GOODWOOD PRE-EMPLOYMENT MEDICAL EXAMINATION GUIDELINES

- (1) The following document shall be updated by the Approved Medical examiner  
(2) The document shall be reviewed by the executive while updating the embarkation checklist

Date  
7/10/2023

| Seafarer details                                                         |                                                                                                                   |                 |        |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------|--------|
| Name                                                                     |                                                                                                                   | Passport Number |        |
| SK ABDUS SHOBHAN AL FOISOL                                               |                                                                                                                   | A00424998       |        |
| Sr. No.                                                                  | TESTS TO BE CONDUCTED                                                                                             | Passed          | Failed |
| <b>Basic Tests:</b>                                                      |                                                                                                                   |                 |        |
| 1                                                                        | Medical History & Physical Examination                                                                            | /               |        |
| 2                                                                        | Optical Test For Visual Acuity                                                                                    | /               |        |
| 3                                                                        | Dental Examination & Oral Hygiene Report (issued by a dentist)                                                    | /               |        |
| 4                                                                        | CBC (Complete Blood Count) with differential count                                                                | /               |        |
| 5                                                                        | Urine Analysis - with microscopic examination                                                                     | /               |        |
| 6                                                                        | Chest X-Ray PA View                                                                                               | /               |        |
| 7                                                                        | Blood Type (A, B, O, Rh Factor)                                                                                   | /               |        |
| 8                                                                        | Psychological Evaluation (to be done by an accredited psychologist)                                               | /               |        |
| 9                                                                        | Hearing Test / Audiometry                                                                                         | /               |        |
| 10                                                                       | VDL/RPR                                                                                                           | /               |        |
| 11                                                                       | HIV Screening                                                                                                     | /               |        |
| 12                                                                       | HbsAg (Hepatitis B virus screening)                                                                               | /               |        |
| 13                                                                       | Colour Vision Test (Ishihara Test)                                                                                | /               |        |
| 14                                                                       | ECG (Electro Cardiograph)                                                                                         | /               |        |
| 15                                                                       | Fasting Blood Sugar (FBS)                                                                                         | /               |        |
| 16                                                                       | Creatinine (Kidney Function Test)                                                                                 | /               |        |
| 17                                                                       | BUA (Blood Uric Acid) (Only for seafarers 40 years of age and older)                                              | /               |        |
| 18                                                                       | Triglycerides (Only for seafarers 40 years of age and older)                                                      | /               |        |
| 19                                                                       | Total Cholesterol (Only for seafarers 40 years of age and older)                                                  | /               |        |
| 20                                                                       | BMI - Less than 30                                                                                                | /               |        |
| <b>Enhanced Medical Examination:</b>                                     |                                                                                                                   |                 |        |
| 21                                                                       | ESR                                                                                                               | /               |        |
| 22                                                                       | 2 Hours Post Prandial Test                                                                                        | /               |        |
| 23                                                                       | SGOT                                                                                                              | /               |        |
| 24                                                                       | SGPT                                                                                                              | /               |        |
| 25                                                                       | (KUB) Kidney Uretter Bladder Abdominal Radiograph                                                                 | /               |        |
| 26                                                                       | Peak Flow Meter                                                                                                   | /               |        |
| 27                                                                       | Malarial Smear                                                                                                    | /               |        |
| 28                                                                       | Drug & Alcohol Test Screening (Methamphetamine, Cannabinoids & Alcohol Test)                                      | /               |        |
| 29                                                                       | BUN (Kidney Function Test)                                                                                        | /               |        |
| 30                                                                       | HbA1c                                                                                                             | /               |        |
| 31                                                                       | Ultrasound (Liver, Gallbladder, Hepato-Biliary Tree, Kidney, Ureters, Urinary Bladder) by a qualified radiologist | /               |        |
| 32                                                                       | Stool Culture (Only for food handlers)                                                                            | /               |        |
| <b>Optional Tests (Cost of optional tests are borne by the seafarer)</b> |                                                                                                                   |                 |        |
| 33                                                                       | TPHA - (If Positive for VDRL)                                                                                     | /               |        |
| 34                                                                       | HbeAg - (if positive for HbsAg but with normal liver enzymes)                                                     | /               |        |

## NOTE :

In addition to above the flag state requirements must be complied with.

### Medical examiner's declaration

Upon review of the findings of the above mentioned tests; I hereby declare the seafarer

| Remarks by medical examiner |                                   | Fit | Unfit |
|-----------------------------|-----------------------------------|-----|-------|
| 1                           | <b>FIT FOR DUTY ON BOARD SHIP</b> |     |       |
| 2                           |                                   |     |       |
| 3                           |                                   |     |       |
| 4                           |                                   |     |       |

For sea service  
select applicable box

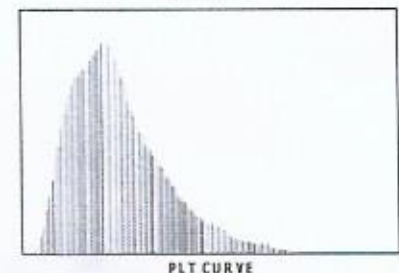
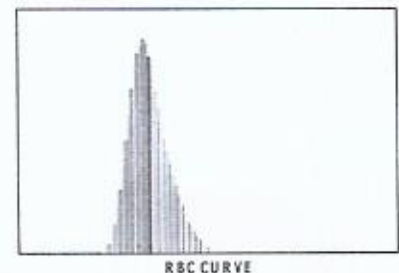


**Id No** : 0271 **Date** : 07-Oct-2023 **D.Date** : 07-Oct-2023  
**Patient's Name** : SK ABDUS SHOBHAN AL FOISOL **Age** : 37Y 7M 10D **Gender** : Female  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/5304

## Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>13.0</b> gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>04</b> mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>7,200</b> /cumm    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>60</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>36</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>02</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>144</b> /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>4.56</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>37.1</b> %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>81.4</b> fL        | 76 - 94 fL                                                                                         |
| MCH                                | <b>28.5</b> pg        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>35.0</b> g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>12.5</b> %         | 11 - 16 %                                                                                          |
| PDW                                | <b>14.9</b> fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>1,87,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>9.1</b> fL         | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.170</b> %        | 0.1 - 0.5 %                                                                                        |
| 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        | DIA23100271                                           | Received Date | 07/10/2023 |
| Patient's Name | SK ABDUS SHOBHAN AL FOISOL                            |               |            |
| Patient's Age  | 37Y 7M 10D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/5304   |
| Sample         | BLOOD                                                 |               |            |

**BIOCHEMISTRY REPORT**

| <u>Test Name</u>          | <u>Result</u> | <u>Reference Range</u> |
|---------------------------|---------------|------------------------|
| Fasting Blood Sugar (FBS) | 5.6 mmol/l    | 4.2 – 6.4 mmol/l       |
| Serum Creatinine          | 1.0 mg/dl     | 0.3 - 1.3 mg/dl        |
| HbA1C                     | 4.8 %         | 4.0- 6.0 %             |
| Serum ALT (SGPT)          | 27 U/L        | Up to 40 U/L           |
| Serum AST (SGOT)          | 19 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. Sunzhiya Khatun  
M BBS, MD (Microbiology)  
Associate Professor  
Dept. of Microbiology

East West Medical College and Hospital

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA23100271                                           | Received Date | 07/10/2023 |
| Patient's Name | SK ABDUS SHOBHAN AL FOISOL                            |               |            |
| Patient's Age  | 37Y 7M 10D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/5304   |
| 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 | "A" (+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        | DIA23100271                                           | Received Date | 07/10/2023 |
| Patient's Name | SK ABDUS SHOBHAN AL FOISOL                            |               |            |
| Patient's Age  | 37Y 7M 10D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/5304   |
| Sample         | URINE                                                 |               |            |

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | R B C       | Nil     |
| Appearance | Clear      | Pus Cells   | 1-2/HPF |
| Sediment   | Nil        | Epithelial  | 1-2/HPF |

CHEMICAL EXAMINATIONCASTS / LPF

|              |        |            |     |
|--------------|--------|------------|-----|
| 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 Technologist  
Radical Hospitals Ltd.

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

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA23100271                                           | Received Date | 07/10/2023 |
| Patient's Name | SK ABDUS SHOBHAN AL FOISOL                            |               |            |
| Patient's Age  | 37Y 7M 10D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | C/O/5304   |
| Sample         | URINE                                                 |               |            |

### 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

**DEPARTMENT OF RADIOLOGY & IMAGING**

|                |                                                         |                     |                   |
|----------------|---------------------------------------------------------|---------------------|-------------------|
| ID. No.        | : 23100271                                              | Receive: 07/10/2023 | Print: 07/10/2023 |
| Patient's Name | : SK ABDUS SHOBHAN AL FOISOL                            |                     |                   |
| 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

|                |                                        |         |              |
|----------------|----------------------------------------|---------|--------------|
| Patient's Name | : SK ABDUS SHOBHAN AL FOISOL           | Date    | : 07/10/2023 |
| Age            | : 37 Yrs                               | CDC NO: | C/O/5304     |
| Sex            | : Male                                 |         |              |
| Referred by    | : Dr. Mir Md. Raihan - MBBS, (DU), DFM |         |              |

## Psychometric Test

| Test Name                                           | Remarks                                      |
|-----------------------------------------------------|----------------------------------------------|
| <b>1.APTITUDE TEST</b>                              |                                              |
| Numerical Reasoning test                            | Poor /Good / <del>very</del> good /excellent |
| Verbal Reasoning test                               | Poor /Good / <del>very</del> good /excellent |
| Inductive reasoning test                            | Poor /Good / <del>very</del> good /excellent |
| Diagrammatic Reasoning test                         | Poor /Good / <del>very</del> good /excellent |
| Logical Reasoning test.                             | Poor /Good / <del>very</del> good /excellent |
| Error checking test                                 | Poor /Good / <del>very</del> good /excellent |
| <b>2.Skill Test</b>                                 | Poor /Good / <del>very</del> good /excellent |
| <b>3.Personality Test</b>                           | INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFP        |
| <b>4.Watson Glaser test(Critical Thinking Test)</b> |                                              |
| Arguments                                           | Poor /Good / <del>very</del> good /excellent |
| Assumptions                                         | Poor /Good / <del>very</del> good /excellent |
| Deductions                                          | Poor /Good / <del>very</del> good /excellent |
| Interpreting Information's                          | Poor /Good / <del>very</del> good /excellent |
| Inferences                                          | Poor /Good / <del>very</del> good /excellent |
| <b>5.Situational Judgment Test.</b>                 | Poor /Good / <del>very</del> good /excellent |

Poor: <6

Good: 6-7

very good: 7-8

excellent: 8-10

**COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB**



**Dr. Mir Md. Raihan**

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

|                    |   |                                     |       |   |            |
|--------------------|---|-------------------------------------|-------|---|------------|
| Patient's Name     | : | SK ABDUS SHOBHAN AL FOISOL          | ID NO | : | 23100271   |
| Age                | : | 37 Yrs                              | Date  | : | 07/10/2023 |
| Sex                | : | Male                                |       |   |            |
| Referred by        | : | Dr. Mir Md. Raihan - MBBS (DU), DFM |       |   |            |
| Nature of Specimen | : |                                     |       |   |            |

## Dental Examination Reports

### On Examination

- |                             |   |        |
|-----------------------------|---|--------|
| 1. Dental Caries            | : | Absent |
| 2. Calculus                 | : | Absent |
| 3. Missing                  | : | Absent |
| 4. Gum Condition            | : | Normal |
| 5. Filling                  | : | No     |
| 6. Root Canal Treatment     | : | No     |
| 7. Any Bridge/Denture/Crown | : | No     |
| 8. Oral Hygiene             | : | Normal |

Comments : Normal



**Dr. Mir Md. Raihan**

MBBS (DU), CCD (Birdem), PGT (ophth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

REF: MV. NN TENACITY

DATE: 07/10/2023

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

### EYE EXAMINATION REPORT

NAME: SK ABDUS SHOBHAN AL FOISOL

RANK: 2<sup>ND</sup> ENG

CDC NO: C/O/5304

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

|              |                                  |           |            |     |      |
|--------------|----------------------------------|-----------|------------|-----|------|
| Patient ID   | 23100271                         | Test Date | 07/10/2023 |     |      |
| Patient Name | SK ABDUS SHOBHAN AL FOISOL       | Age       | 37 YRS     | Sex | Male |
| Ref. By      | Dr. Mir Md. Raihan MBBS (DU),DFM |           |            |     |      |

### BMI REPORT

$$\begin{aligned}
 \text{Body Mass Index} &= \frac{\text{Weight in kg}}{(\text{Height in Meter})^2} \\
 &= \frac{78 \text{ kg}}{(1.72)^2} \\
 &= 26.3
 \end{aligned}$$

### BMI Categories

- ❖ Under Weight in = <18.5
- ❖ Normal Weight= 18.5 - 24.9
- ❖ Over Weight=25 - 29.9
- ❖ Obeshyz = BMI of 30 or greater.



**Dr. Mir Md. Raihan**

MBBS (DU,) CCD (Birdem), PGT (ophth)  
 Reg- A55144 BGD-016(MMC)  
 DG Shipping Bangladesh Approved  
 Malaysian Medical Council Approved  
 General Physician  
 Radical Hospitals Limited

## AUDIOLOGICAL REPORT

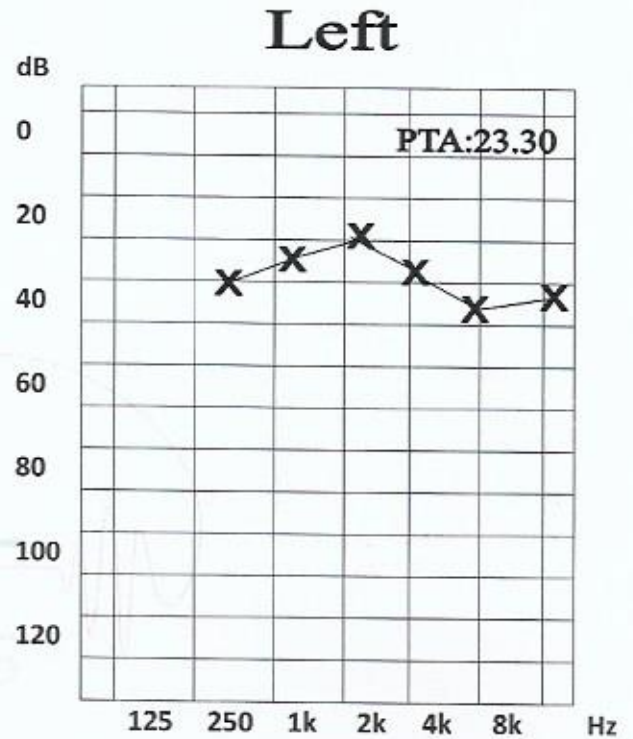
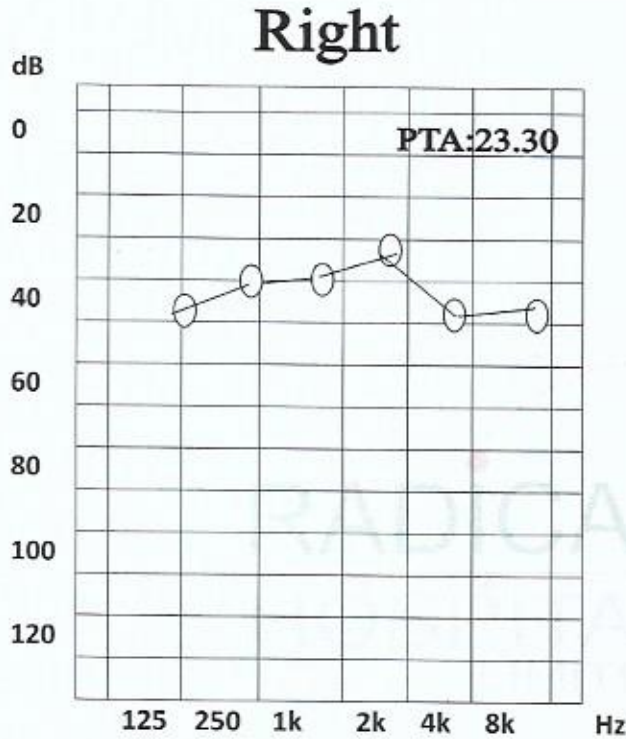
Patient Name : SK ABDUS SHOBHAN AL FOISOL

07/10/2023

Age : 37 Yrs

Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM



0-25= Normal Hearing.  
26-40= Mild Hearing Loss.  
41-55= Moderate Hearing Loss.  
56-70= Moderately Severe Hearing Loss.  
71-90= Severe Hearing Loss.  
91-120= Profound Hearing Loss.

|                  | Right Ear | Left Ear |
|------------------|-----------|----------|
| Air Unmasking OX |           |          |
| Bone Unmasking   |           |          |
| Air Masking OX   |           |          |
| Bone Masking ΔΔ  |           |          |

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

|              |                                                       |               |            |
|--------------|-------------------------------------------------------|---------------|------------|
| Patient ID   | 23100271                                              | Voucher No    |            |
| Test Name    | USG OF WHOLE ABDOMEN                                  | Delivery Date | 07/10/2023 |
| Patient Name | <b>SK ABDUS SHOBHAN AL FOISOL</b>                     |               |            |
| Age          | 37 YRS                                                | Sex           | Male       |
| Refd. By     | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM |               |            |

**THANK YOU FOR THE COURTESY OF THIS REFERRAL**

**LIVER :-** Is enlarged in size 16.3cm, regular in shape and normal position. The echogenicity of the parenchyma is increased . Intrahepatic biliary channel are not dilated. No focal lesion is seen.

**GALL BLADDER :** Contracted (Postprandial).

**PANCREASE :-** Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

**SPLEEN :-** Is normal in size (10.5 x 3.6)cm and uniform in echo-texture.

**BOTH KIDNEYS :-** Are normal in size RK-10.6 cm, LK-11.2 cm regular in shape. 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.

**URINARY BLADDER :** Is well filled. Wall thickness is normal. No intravesicle lesion is seen

**PROSTATE:** Normal in size and volume is 12.6 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

**IMPRESSION: Fatty change in liver. Grade-2.**

*AA 7.10.23*  
Dr. Asma Ahmed  
MBBS,CMU,DMU  
PGT(Gynae & obs)  
Advanced Training on TVS  
Consultant Sonologist

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

SK ABDUS SHOBHAN 02 FOI 502

This is to certify that  
whose signature follows

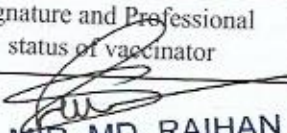
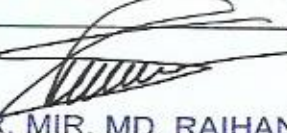
Date of birth

Sex

MALE

27 FEB 1986

Abdus  
has on the date indicated been vaccinated or revaccinated against Cholera

| Date        | Signature and Professional status of vaccinator                                                                                                                                                                                                                                   | Approved Stamp                                                                      |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 12 JUN 2022 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited.   |    |
| 28 DEC 2022 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited.   |   |
| 07 OCT 2023 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |
| 3           |                                                                                                                                                                                                                                                                                   | 4                                                                                   |
| 4           |                                                                                                                                                                                                                                                                                   |                                                                                     |
| 5           |                                                                                                                                                                                                                                                                                   | 5                                                                                   |
| 6           |                                                                                                                                                                                                                                                                                   | 6                                                                                   |
| 7           |                                                                                                                                                                                                                                                                                   | 7                                                                                   |
| 8           |                                                                                                                                                                                                                                                                                   | 8                                                                                   |

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

AGAINST YELLOW-FEVER

SK ABDUS SAHOBHAN AL FORSOL

This is to certify that  
whose signature follows

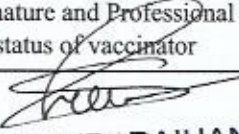
Date of birth

27 FEB 1986

Sex

MALE

Abdus  
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                                               |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 12 JUN 2022 | <br><b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipp.ng Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited. |  |  |
| 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.