# REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER. As per Merchant Shipping (Medical Examination ) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

# RADICAL HOSPITAL LIMITED,

TEL: +88	027920116,	MAKDUM +88 01955	AVENU 567000.	E, UTTAF EMAIL: r	RA, DI adica	HAKA-1230. I_hospitals@	yahoo.com	
Name: JSLAM	MD -	PAUHIDU	11	S	ex: N	ALESerial No:		
Date of Birth: 18	11/19	85 PP/	/CDC:	0/5/5	288	Rank:		NFE.
Vessel: MT. X	PEACE		Type:	OIL/c	HEM	CA1 Route:		211.
Home Address: H-O	1, R-12	SECT	OR-4	. UTTAR	2A,	DHAKA.		
Company Name : 05				100	HE BANK			
Medical History	M THOM							
	h:	Candidate	Examiner	ne following	to the	best of your k		
Is there any past / present the followin		Declaration	Record				Candidate Declaration	Examiner Record
Severe one-sided headaches (Migrai	~	Yes No	Yes No				Yes No	Yes No
Head Injury / Concussion / Loss of	Memmory	1	-	Hemia / Hydro High / Low blo	ood pressu	ire / Heart disease	- 1-	
Fits / Epilepsy / Dizziness / Fainting Eye / Vision Problems (Glasses, etc.	)			Asthama / Bron Allergy / Skin	nchitis / Tr	uberculosis		
Hearing Impairment Ear / Nose / Throat problems		1	-	Infection / Cor	ntagious D	isease		1 =
Stomach / Bowel disorders			-	Addication to a	sicohol / d	rugs / tobacco Injury / Amputation		-
Gail stones / Kidney disorders Jaundice / Liver Disease		-	-	Major / Minor	Operation	injury / Amputation	1 2	1 -
Piles / Varicose veins		5		Pionefez	stal diseas	e / Sleep disorder		
Blood Disorder Female Disorder			-	Mallignant disc	ease ( Can	(cer)		
Notes				Signed off on	medical gr	ounds / Declared Unfi	t l	
Medical Examination		Market Charles	is the entire					
Height Weight in Kgs	7 . 13	Blood Pressure	in mm of Hg	PulseBeat	s/min	Resp.Rate / min ,	General Con	dition
273m 90 HA	43: 41	130/8	my	78	3/m	195/4	i a	w <
Right Eye Unglight Eye	Corrected	Field of Vis	ion )	Audiometry			3000 4000 5000	6000 8000
Left Eye 6.1		Abnorma	ıl	Right Ear Left Ear	dB 1	2 2 2		
Colour Vision Shihara Other	Normal		ormal ormal	Hearing		Right Ear	Left	ear
Systemic Examination				otes		4	4	v I av
Head & Neck						Respiratory syste	Norm	
Eyes Ears / Nose / Throat		FIT FO	OR SEA	A SERVI	CE	Cardiovascular sy	stem _	
Teeth / Oral Cavity		AS				Per Abdomen Genito-urinary sy		
Musculo-Skeletal system Nervous system	-5	The second second	ER MLC	2 2000		Others		
Reflexes Skin		LAS FI	ICADO	Medicals	dand	Hernia / Hydroco Varicose Veins		1
Investigations		Ennanced	UAKD	iviculcais	done	Fissure/Fistula/Pi		_
Blood	Result	No	rmal	Urine				
Hemoglobin /	3. 6 gm%	14-16 gm %		Colour		SW		
Total WBC count Neu 6 3 % Lymp 5	3.200 cu.mm Sign Eos O O	4000-11000	/ cu.mm	Specific Gravity	У			
Maiarial parasite	NOT	and		Albumin		Lita	Jan.	-
SGPT 20	mm / 1st ho	ur 1 15 mm / 943 U / L	hr	Sugar Bile pigment		MM	100	1
S.Cholesterol	mg/dl	145 260 mg		Bile salts			1 20	- 1
Blood Sugar RBS	mg/dl PPBS	upto 200 mg upto 125 mg		RBC cells		NI		
HbsAg HIV I & II	reduv			Leucocytes		141		
VDRL.	vente	-		Others		100	TR.MIL	
Others Blood Group	,	G	GTP U/L	Spiromet	ry: /	V(1) //2	24000	
ECG: Norm	TMT:	NIN	)	Drugs of Abuse:	N	egim *	LTD /S/	
X-Ray Chest:	Nonn	m		USG:	Nor	. 1	No. A-55	
Result of Medical Exa			No.				0.11	
On the basis of the examinee's				74	IR MD Ra		lare the examinge me	dically
Fit Unfit Ter Remarks / Recommendations	nporarily unfit	Permanently	unfit	Should be re-e:	xamined	in days /	weeks / menths.	0 10
I, Dodor's Name: DRAMER MD: RAIH This certificate is valid till:	AN certify that all infor	rmation required ur	nder Annexure	E & F of M.S. (M	fedical Exa	mination) Rules 2000	is incorporated in this C	ertificate—
Candidate's Signature		2025		al Stamp			Doctor's signature:	
Jan			Hoe			DR.	MIR. MD. F	RAIHAN
Date: 19/10/20	23		Sal rust	162		MB8\$ ( BMD	DU), DFM, CCD (Birdem C A-55144, MMC-	, PGT (Ophth) BGD-016
19 OCT 2023			8 (As Per-MLC-	2006		DGSI	General Physici	an

04.2023.5017

# PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

	THE REPURI	IC OF LIBERIA		ANNEX 2
LAST NAME OF APPLICANT 1821	Tipox	NAME MO TAUA	UPCII_	MIDDLE INITIAL
DATE OF BIRTH	PLAC	E OF BIRTH	200	SEX
MONTH 11 DAY 18 Y	EAR 1986 CITY	COUNT	RY BANGLA	MALE FEMALE
EXAMINATION FOR DUTY AS:		MAILING ADDRESS OF APPLIC		
-0	ATING UI DECK	H-07, R-2	2,80	e10R-4
	IOU ENGINE	2-02-		KA-1230
289 A March Charles	UPERNUMERARY		21111	VI-1230
MEDICAL EXAMINATION (SEE I		S ON PAGE 2		
173en Ooks 130	Comp Pulse	RESPIRATION A A A A A A A A A A A A A A A A A A A	GENERAL	APPEARANCE 7
VISION: RIGHT EY WITHOUT GLASSES	LIFTEXE	1.010/11.101	- 4	we c
WITH GLASSES	- 600			
DATEOFLASTCOLOR VISION TEST (Mon	th/Day/Year 1 9 OCT 2023	Testing Required every 6 years		
COLOR VISIONMEETS STANDARDS INST		YES NO		
COLOR TEST TYPE: BOOK " LANTERN "	CHECK IF COLOR TEST IS NO	RMAL YELLOW I	ED .	GREEN BLUE
HEARING: RT. EAR	ND	LEFT EAR	ma	9
HEAD AND NECK	marl	HEART (CARDIOVASCULA	(R)	manal
LUNGS //W/	where	SPEECH (DECK/NAVIGATI	ONAL OFFICER	AND PADIO OFFICERS
100	tomel	IS SPEECH UNIMPAIRED F	OR NORMAL VO	DICE COMMUNICATION?
EXTREMITIES UPPER	allmale	LOWER	19/12	me
IS APPLICANT SUFFERING FROM ANY DE TO ENDANGER THE HEALTH OF OTHER I	SEASE LIKELY TO BE AGGRA PERSONS ON BOARD? IF YES,	VATED BY, OR TO RENDER HIS EXPLAIN IN DETAILS OF MEDI	UNFIT FOR SE CAL EXAMINAT	RVICE AT SEA OR LIKELY TON ON PAGE 2.
		19 OCT 2023	1	8 OCT 2025
SIGNATURE OF APPLICANT		DATE OF EXAM	EXE	PIRY DATE
THIS SIGNAT	URE SHOULD BE AFFIXED IN	THE PRESENCE OF THE EXAMI	NING PHYSICIA	N.
THIS IS TO CERTIFY THAT A PHYSICAL E	XAMINATION WAS GIVEN TO	DOD TANK	MOUL	181AM
	OR DUTY ON BOARD		PLICANT)	
(FIE) (SHE) IS FOUND TO BE (FIT) (NOT FI	FOR DUTY AS A: (MASTER,		CER, RATING, N	MOU DECK, MOU ENGINE or
NAME AND DEGREE OF PHYSICI			1 FII) FOR 1,00	KOOT DOTIES!
ADDRESS RADICAL HOSPITAL			CTOP 12 I	ITTADA DUAKA 1990
NAME OF PHYSICIAN'S CERTIFIC	_	areas a steady in with a consequence.		JITANA, DHAKA-1230
/				
	ERTIFICATE 06 MAY 2	and the second s		
-111	CERTIFICATE 06 MAY 2	2014		ATION. 19 OCT 2023
SIGNATURE OF PHYSICIAN This certificate is issued by authority	of the Deputy Commission	DATE DATE DATE Oner of Maritime Affairs, R.	OF EXAMIN	pliance with the
SIGNATURE OF PHYSICIAN This certificate is issued by authority requirements of the Mari	of the Deputy Commission time Labour Convention, 20	DATE DOI: DATE DATE DATE DATE DATE DATE DATE DATE	OF EXAMIN L. and in com	pliance with the
This certificate is issued by authority requirements of the Maria The Medical Certificate shall be varyears of age and for no markets.	y of the Deputy Commission time Labour Convention, 20 lid for no more than two (1) tore than one (1) year for the	DATE Oner of Maritime Affairs, R. 006 for the Medical Examinat 2) years from the date of the	OF EXAMIN L. and in com	pliance with the
This certificate is issued by authority requirements of the Maria The Medical Certificate shall be varyears of age and for no medical CERTIFICATION (REV. 12/17) DR. MIR.	y of the Deputy Commission of the Labour Convention, 20 lid for no more than two (2 lid for than one (1) year for the R. MD. RAIHAN	DATE Oner of Maritime Affairs, R. 006 for the Medical Examinat 2) years from the date of the	OF EXAMIN L. and in com	pliance with the
This certificate is issued by authority requirements of the Marie The Medical Certificate shall be varyears of age and for no me RLM-I05M (REV. 12/17) DR. MIR MBBS (DU), DF, BMDC A-5	of the Deputy Commission of the Deputy Commission of the Deputy Convention, 20 of the Labour Convention, 20 of the Deputy Convention, 20 of the Deputy Convention, 20 of the Deputy Commission of the Deputy Convention, 20 of the Deputy Convention, 20 of the Deputy Convention, 20 of the Deputy Convention of the Deputy Conv	DATE Oner of Maritime Affairs, R. 006 for the Medical Examinat 2) years from the date of the ose under 18 years of age.	OF EXAMIN L. and in com ion of Seafarer Examination	pliance with the
This certificate is issued by authority requirements of the Mari The Medical Certificate shall be varyears of age and for no medical Certifica	of the Deputy Commission of the Deputy Commission of the Labour Convention, 20 of the Labour Convention (1) ore than one (1) year for the ore than One (1)	DATE Oner of Maritime Affairs, R. 006 for the Medical Examinat 2) years from the date of the ose under 18 years of age.	OF EXAMIN L. and in com	pliance with the

#### MEDICAL REQUIREMENT

All applicants for an officer certificate, Scafarer'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 scafarer'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 car 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
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired (f) for normal voice communication.
- (g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival eraft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

# DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

	01.	Completed	Physical	Examination
--	-----	-----------	----------	-------------

02. Pathological Test

03. Radiological Test

04. Ophthalmology Examination For VA & CV

19 OCT 2023

RLM-105M (REV. 12/17)



DR.AMR. MD. RAIHAN MBBS (DU), DFM, CCD (Blidem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician





Id No : 0733

Patient's Name: MD TAUHIDUL ISLAM

D TAUHIDUL ISLAM Age : 37Y 4M 22D

D.Date: 19-Oct-2023

Gender: Male

Specimen : Blood

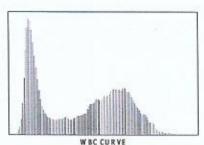
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C/O/5288

#### **Haematology Report**

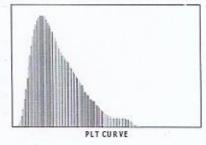
(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Date: 19-Oct-2023

Parameter Name	Results	Reference Range
Hemoglobin (Kb)	<b>13.6</b> gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	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	164 /cumm	50-450/cumm
Total RBC Count	4.55 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.7 %	M: 40-54%, F:37-47%
MCV	80.7 fL	76 - 94 fL
MCH	<b>29.9</b> pg	27 - 32 pg
MCHC	37.1 g/dL	29 - 34 g/dL
RDW	13.1 %	11 - 16 %
PDW	15.9 fL	35 - 56 fl
Total Platelete Count (PC)	2,06,000 /cumm	150,000-450,000/cumm
MPV	8.6 fL	7.0 - 11.0 fL
PCT	0.177 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



REC CURVE



Checked By Medical Technologist

Dr. Sumaliya Khatun

MBBS,MD(Gold Medalist) (BSMMU)

Associate Professor

Dept. Of Microbiology

East West Medical College & Hospital.



Bill No	DIA23100733	Received Date	19/10/2023
Patient's Name	MD TAUHIDUL ISLAM		
Patient's Age	37Y 4M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFM	CDC NO:C/O/5288
Sample	BLOOD		

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS) Serum Creatinine Serum Bilirubin (Total)	5.6 mmol/l 1.0 mg/dl 0.58 mg/dl	4.2 – 6.4 mmol/l 0.3 - 1.3 mg/dl 0.2 - 1.1 mg/dl
Serum ALT (SGPT)	28 U/L	Up to 40 U/L
Serum AST (SGOT)	22 U/L	Up to 37 U/L
Serum Alkaline Phosphatase Urice Acid	153 U/L 4.1 mg/dl	98 - 279 U/L 3.8 - 8.0 mg/dl
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 CHEMICAL

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	DIA23100733	Received Date	19/10/2023
Patient's Name	MD TAUHIDUL ISLAM		200 Carries 2005
Patient's Age	37Y 4M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5288
Sample .	BLOOD	2000-000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Lipid profile		
Serum Cholesterol	154 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	44 mg/dl	>35 mg/dl
Serum Triglyceride	136 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	82 mg/dl	<130 mg/dl

## REMARKS (IF ANY)

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

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	DIA23100733	Received Date	19/10/2023
Patient's Name	MD TAUHIDUL ISLAM		
Patient's Age	37Y 4M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5288
Sample	BLOOD		

## SEROLOGYCAL REPORT

Test Name Result

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

OD GROUPINGResult	
ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Yechnologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor

Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA23100733	Received Date	19/10/2023
Patient's Name	MD TAUHIDUL ISLAM		
Patient's Age	37Y 4M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5288
Sample	URINE		

#### 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	1-2/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	

Checked By

Medical Technologist.

Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology



**Test Name** 

DIA23100733	Received Date	e 19/10/2023		
MD TAUHIDUL ISLAM				
37Y 4M 22D	Patient's Sex	Male		
Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5288		
URINE				
	MD TAUHIDUL ISLAM  37Y 4M 22D  Dr. Mir Md. Raihan MBBS,(DU),CCD	MD TAUHIDUL ISLAM  37Y 4M 22D Patient's Sex  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

Result

#### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Checked By

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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100733 Received Date 19/10/			19/10/2	2023
Patient's Name	MD TAUHIDUL ISLAM	SLAM			
Patient's Age	37Y 4M 22D Pati			Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	Γ(Eye),DFM	C	DC NO	C/O/5288
Sample	STOOL	(A) (1/2/2011)			

# STOOL ANALYSIS

#### Physical Examination:

Color : Brown
Consistency : Soft

Worm : Nil

Mucus : Nil Blood : Nil

#### Chemical Examination:

Reaction : Acid

Occult Blood Test (OBT) : Not done

Reducing Substance (RS) : Not done

#### Microscopic Examination:

Ova : Not found Mucus flakes : Nil

Cyst : Not found : Not found : Not found

Protozoa (Trophozoite) : Not found Macrophage : Not found

Larva : Not found Fat Globules : (+)

Epithelial Cell : Nil Vegetable Cell :Nil

Pus Cell : Nil Starch : Nil

RBC : Nil Muscle fibre : Nil

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumalya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	1	MD TAUHIDUL ISLAM	ID NO	1	23100733
Age	:	38 Yrs	Date	:	19/10/2023
Sex	:	Male			10/10/2020
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU), DFM			
Nature of Specimen	:	X 7/-			

#### PULMONARY FUNCTION TEST (SPIROMETRY)

 $\begin{array}{ll} FVC & = 6 \\ FEV & = 5 \\ FEV/FVC & = 80\% \end{array}$ 

Comments: Normal Lung Function

Checked By

Dr. Mir Md. Raihan

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



Patient ID	23100733	Test Date		19/10/2	023	
Patient Name	MD TAUHIDUL ISLAM		Age	38 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MBBS (	DU),DFM	0-		10011	1111111

### **BMI REPORT**

Podu Mass Inda	Weight in kg
Body Mass Index =	(Height in Meter) <sup>2</sup>
185.)	90 kg
-	(1.73) <sup>2</sup>
<del></del>	20.0

## **BMI Categories**

- Under Weight in = <18.5</p>
- ❖ 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 (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved General Physician



Patient's Name	1:	MD TAUHIDUL ISLAM	ID NO	1:	23100733
Age	:	38 Yrs	Date	1:	19/10/2023
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

Normal Oral Hygine

Comments: Normal

Dr. Mir Md. Raihan

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

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved Malaysian Medical Council Approved

General Physician

Patient's Name	:	MD TAUHIDUL ISLAM		
Age	:	38 Yrs	Date	: 19/10/2023
Sex	:	Male	CDC N	O:C/O/5288
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), I		

# Psychometric Test

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

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician



Date: 19/10/2023

# EYE EXAMINATION REPORT

NAME:	MD TAUHIDU	JL ISLAM			
AGE:	38 YRS			RANK: CH.OFF	CDC NO:C/O/5288
VISUAL	ACUITY:	er.	RIGHT	LEFT	
			C11	616	

AIDED

UNAIDED

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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

# DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23100733

Receive: Print: 19/10/2023

Patient's Name

MD TAUHIDUL ISLAM

Age

38 YRS

Sex

: M

Refd. by

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

# **ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate

67 b/min

Rhythm

Regular

P-Wave

Normal

P-R Interval

Normal

**QRS** Complex

Normal

ST. Segment

Is electric

T. Wave

Normal

Impression

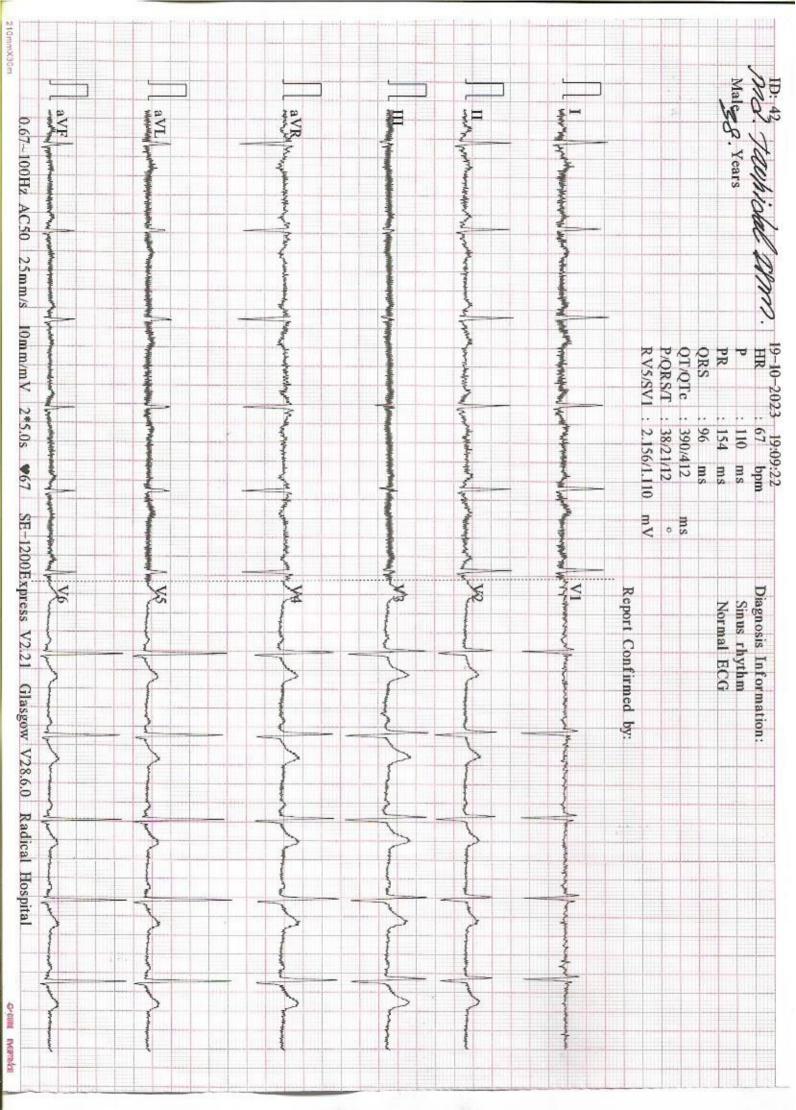
: Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital





### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

2310733

Receive: 19/10/2023

Print: 19/10/2023

Patient's Name

MD TAUHIDUL ISLAM

Age

38 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



# **AUDIOLOGICAL REPORT**

Patient Name : MD TAUHIDUL ISLAM

19/10/2023

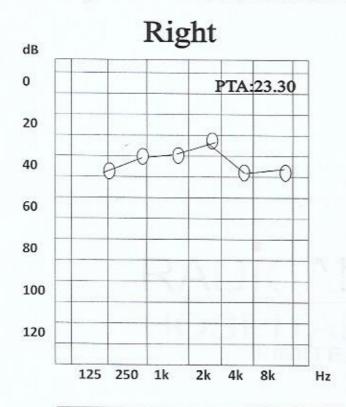
Age

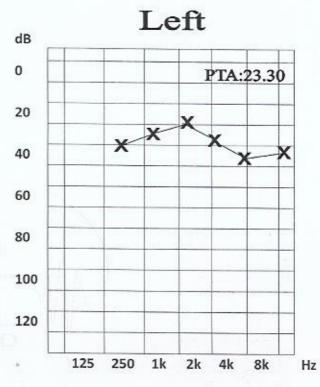
:38 Yrs

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 O	X	
Bone Unmasking		
	Right Ear	Left Ear
Air MaskingOX		
Bone Masking ΔΔ	1	

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.



## TREADMILLSTRESS TEST

Patient ID	23100733	Test Date	e 19-10-2023		
Patient Name	MD TAUHIDUL ISLAM	Age	38 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN			Joan	111010

Total Exercise Time : 09:1 Min

Max.HR attained

: 166 bpm.

% of max.pred. hR

: 98 %

Max. Pred HR

: 166 bpm.

Maximum BP

: 160/90 mmHg.

Max. work load attained

:13.10METS.

Indication

: Screening for IHD.

Risk Factors

Reason for Termina : Attainment of THR.

Test Profile

: BRUCE

Symptoms

Summary Result ⇒

NEGATIVE

#### Comments

- MD TAUHIDUL ISLAM performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion

: Stress test is NEGATIVE for ECG evidence of promotable myocardial ischemia.

MBBS, MD (Cardiology), NICVD, Dhaka Consultant, IBN SINA D-Lab, Uttara, Dhaka



Patient ID	23100733	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	19/10/2023
Patient Name	MD TAUHIDUL ISLAM		1011012020
Age	38 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU	370,37070	

### THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is enlarged in size 14.6cm, 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: Normal size regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

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

SPLEEN: Is normal in size (10.8 x 3.6)cm and uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size RK-11.2 cm, LK-11.7 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 22.5 cc, regular in shape. Echogenicity is homogenous.

No area of calcification is seen.

IMPRESSION: Fatty change in liver.Grade-2.

9.10.27

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs) Advanced Training on TVS Consultant Sonologist

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

MD TAUHDUL

JE Soussigne' (e) certifie que

		e signature follows a signature suit	Jane	
	has or a e'te'	the Date indicated been vaccivaccine (e) ar revaccine (e) ar sevaccine	inated or revaccinate ontre le fievre jaune a	ed against cholera a ia datc indiquee.
	Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet official du centre de vaccination
00	DR	MR. MD. RAIHAN	L NO P	35, Shah Makhum
		DC A-55144, MMC-BGD-016 Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		Avenue Utiaza, Dhaka
	3	)		
	4		*	

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

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

Ce certificate n' est avalable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa\_ tion Mondiale de la santo" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminstralion sanitaire du (erriloire dans lcqucl'œ centre est siture;

La validite de ce certificat couvrc une periodo de dix ans comencant dix joursapros la date de la vaccination ou, dans le cas dune rejaccination u .ou., a .-citto lie,iió,i. a" dix ans. lejour de cetto revaccination.

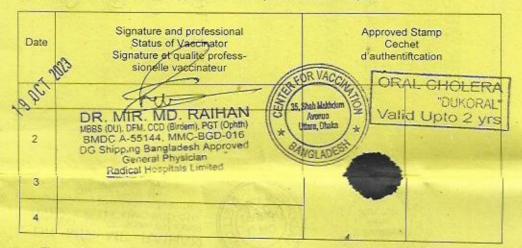
Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet officiar no pouvant cue conside' commo Ionant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

This is to certify that  JE Soussigne' (e) certifie qu	AUHIDUL ISLANdate of birth 18/11/1985 Sex   ho' (e) te	MALE
Whose signature follows dont la signature suit	Jarrin	

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la datc indiquee.



The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre une period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour, d;;gtte period do six mois jour de cette revaccination.

Nonobstant les, despositions ci-dessue dans le cas d'un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofilmence lejour de la seconde, injection:

De cachet d' authentification doit etre c\_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee, j

Toute correction ou rahfe sur le certificate ou 1 o. mission d' une quelconque des mantions qu'il comporte pe ut effectersa validite.