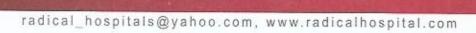
REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER. As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

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

RADICAL HOSPITAL LIMITED,

	TE	L: +	8802							., UTTAR/ EMAIL: ra				ahoo.	com		
Name:	121 uman e	A	M		MD	me				VRUL Sex		€ Ser	ial No:				
Date of Birth		0	2-1-0		199		PP/			0/7193			Rank:	20	VD EN	16/15	EER
Vessel: Home Addre	SS: 1	114	LAD	EL	11/1	SHAR	>	Type:		BULK			Route:	_W01	STDM	IDE	_
C No		DI	57-1	O HP.	A	211.11											U
Company Na Medical H				-		-	lonco	2000	or the	following	to the h	ook of	cour les	ovulo de			_
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is there any		200	wing	story or a	any or	Deck Yes	ration	Yes	No					Laboratoria de la constante de	ration	and the second street, the	cord
Severe one-sided				ne con the		res	No	res	NO	Hemia / Hydroc				Ye	-	Yes	No
Head Injury / Co Fits / Epilepsy / I				nmory		0	-		=	High / Low bloc Asthama / Brond			ease		5		-
Eye / Vision Prob Hearing Impairm	lems (C						3			Allergy / Skin di	isease				-		5
Ear / Nose / Thro	nat prob				- 100		V		1	Infection / Cont Addication to ale	cohol / drug	s / tobaco			-		10
Stomach / Bowel Gall stones / Kidi						-	-		1	Fracture / Dislo Major / Minor C		ury / Ampu	tation		5		1
Jaundice / Liver I Piles / Varicose v	Disease	- 11		1			U		1	Diabetes Nervous / Ment		Class dia			-		- 6
Blood Disorder					775-7		_		1	Mallignant dise	ase (Cance	r)			7		2
Female Disorder Notes							-	1	_	Signed off on n	nedical grou	inds / Ded	ared Unfit				1 0
Medical E			managed a Direction												Server II Common	211.000	
Height 12	a W	eight	in Kgs	Chest I	-41	Blood	20/8		of Hg	Pulse-Beats	min	Resp.Rate	6/	(Seneral Cond	and the latest designation of the latest des	
Distant Vision	/ 8	2	9.	- cn	ected	1 '	eld of Vis		7	Audiometra	Hz 500	1000	2000	000 400		6000	1 8000
Right Eye		2011/2001	616	Cont	Licu		Normal			Right Ear	dB 22	20	w	40	3000	0000	0000
Left Eye Colour Vision	Shihara	\top	oll	N	ofmal		Abnorma	normal		Left Ear	dB 2J	نبرہ Right E		-	Left	ear	
	Other	1			onfial		Abr	normal		Hearing		4			9		3,000
Systemic Head & Neck	Exan	nina	tion	Normal	Abnorm	F				ites	-	Respirat	orv syster	1	Norma	_	normal
Eyes Ears / Nose / Th	mat			_		$\exists 1$	FIT F	OR	SE	A SERVI	CE	Cardiov	ascular sys				miles
Teeth / Oral Cav	rity			-		$\exists 1$	AS						omen urinary sys	tem	-		
Musculo-Skeleta Nervous system		1		-		-1	ASF	ER	ML	2006		Others	Hydrococ	le		_	37.00
Reflexes Skin						_ E	nhanc	ed G	ARI	Medicals	done	Varicos					
Investigat	ions					1	100				done	ILISORIE	ristolayrii	439		-	-
Blood	2.000			Resu				ormal		Urine		6			400		
Hemoglobin Total WBC coun	t			700		40	-16 gm 9 00-11000	0 / cu.m		Colour Specific Gravity	y	Sm	-				
Neu S- Malarial parasik	7%	Lymp		% Eos	07	Ba	00%	Mg e	2%	pH Albumin		NI			1	700	
ESR			0		n / 1st ho	our 1-	- 15 mm			Sugar		NI			9		7
SGPT S.Cholesterol			mi	# U/	L g/dl		-43 U / L 5260 m	g / dl		Bile pigment Bile salts		SEVERAL PROPERTY.	-		C	7	
S.Triglycerides Blood Sugar			RBS		p/dl PPBS		to 200 m			Occult blood RBC cells		NI I			1		No.
HbsAg				ne	n	U		9.74		Leucocytes		141		4		A.	1
HIV I & II VDRL			-	NO	700	~				Others Spiromet	- N	10	1	%		a II	
Others Blood Group								GGTP (J/L	Drugs of	1y. 1×	10.	1/8	(R	24 32 6		11 11
ECG:	N) #/ W	W		TMT:		M	9		Abuse:	Nona	m	RE		, Line		
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Result of						`											
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Remarks /	100000		Tem	Jordiny u		rea	manenc	iy ciriiic		Should be re-e	Xanimou j	-	uays /	Weeks / I	ingilitis.	<i>(</i> :	
I, Doctor's Ham	e: DRAM	IR ME) BAIHA	certify th	at all info	ormation	required	under A	nnexur	E & F of M.S. (N	dedical Exar	mination) F	ules 2000	is means	ated in this	Certifica	rte
This certifica	ate is v	alid	till:	422	OCT 7	025		3234 S							The same		
Candidate's S	ignatu	e 1	de	m					Offici	al Stamp				Doctor's	s signature:		
Date: 23	OCT	207	3					ad.	al Hos	COLE			MBBS	TO SEE THE PARTY	MD. I	A DOT	20 Lat. 1
	Horrall SC		(IS)					18	& Per-MIL	2006				hipping I	144; MMC Banciades	h Apr	1.11116
								100	-	A STATE OF THE STA				Gene	ral Physic Hospitals L	an	

	MEDICAL CERTIFI	CATEFOR	(PEF	RSONNEL SERVICE ON	BOARD
SURNAME: ISLAY	4	G	IVEN N	IAME (S): UD MOR	NURUL
DATE OF BIRTH: DAY 02_MONTH	01 YEAR 199			F BIRTH COUNTRY BANGLAL	SEX MALE FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICE RADIO OPERATOR RATING	R	M	VILL DIST	ADDRESS OF APPLICANT: + PID+ PIJ- DO T- DHAKA, B	HAQ LADESH
DECLARATION OF THE	AUTHORIZED PHYSICIA	AN			
	VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLAS	SES	1 ВООК	
RIGHT EYE 6/6		(LANTERN YELLOW RED RED	RIGHT EAR
LEFT EYE	916			GREEN MAN BLUE	LEFTEAR MY
Confirmation that identifi	cation documents were ch	ecked at the po	int of e	xamination: YE& NO	
Hearing meets the stand	lards in STCW Code, Secti	ion A-1/9? YES	1	NO NOT APLICA	ABLE [
Unaided hearing satisfac	ctory? YES NO				
Visual acuity meets stan	dards in STCW Code, Sec	tion A-1/9? YE	s F	NO 🗆	
Able for watchkeeping? Is applicant taking any n Is the seafarer free from endanger the health of c	on-prescription or prescrip	tion medications by to be aggrave NO tents of the Phy	s? YES ated by	service at sea or to render the sea	afarers unfit for such service or to
MM		M9 M	100	Junul Islam	2 3 OCT 2023
Signature o	f Applicant	N	lame of	Applicant	Date
CIRCLE APPROPUTE ENGINEERING OFFICE	CHOICE: (ME / SHE) I	S FOUND TO RATING) (WIT	BE (FIT / NOT FIT) FOR DUTY AS ANY / WITH THE FOLLOWING) R	A (MASTER / DECK OFFCIER ESTRICTIONS:
		FIT FOR DU	JTYC	N BOARD SHIP	
NAME AND DEGREE C	F PHYSICIAN: DR. MI	R MD. RAIHA	N: M.	B.B.S(D.U.), REG. NO. A-5514	44
A STATE OF THE PROPERTY OF THE PROPERTY OF THE				ENUE ,SECTOR-12 UTTARA, DI	
	S CERTIFICATING AUTHO				IANA-1230. DANOLADESII
	ICIAN'S CERTIFICAZE:				
				HOSON	
SIGNATURE OF PHYS	ICIAN: STUL		STAMP	OF PHYSICIAN:	DATE: 2 3 OCT 202
EXPIRY DATE OF CER				10 2025	
	This co of the STCW Conver	ertificate is insued ution, 1978, as an	d in com nended o	pliance with the requirement and the Maritime Labour Convention,	2006.
i i	DR. MIR. MD. R MBBS (DU), DFM, CCD (Birdem) BMDC A-55144, MMC- DG Shipp, ng Bangladesh General Physicia Radical Hospitals Li	AIHAN , PGT (Ophth) BGD-016 Approved			





Id No : 23100864

Patient's Name: MD MONJURUL ISLAM

Specimen

: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7193

Date: 23-Oct-2023

D.Date: 23-Oct-2023

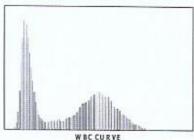
Age: 32Y 9M 21D

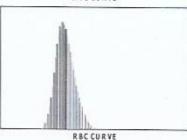
Gender: Male

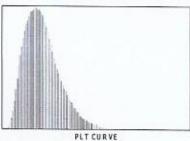
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,700 /cumm	Adult: 4000 - 11000/cumm, Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Neutrophils	57 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	39 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	194 /cumm	50-450/cumm
Total RBC Count	5.03 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.5 %	M: 40-54%, F:37-47%
MCV	80.5 fL	76 - 94 fL
MCH	30.4 pg	27 - 32 pg
MCHC	37.8 g/dL	29 - 34 g/dL -
RDW	12.8 %	11 - 16 %
PDW	16.7 fL	35 - 56 fl
Total Platelete Count (PC)	2,63,000 /cumm	150,000-450,000/cumm
MPV	7.6 fL	7.0 - 11.0 fL
PCT	0.200 %	0.1 - 0.%
Bledding 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.



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100864	Received Date	23/10/2023
Patient's Name	MD MONJURUL ISLAM		
Patient's Age	32Y 9M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/7193
Sample	BLOOD		300000000000000000000000000000000000000

SEROLOGYCAL REPORT

Test Name Result

HBsAg (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative

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

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun

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

radical_hospitals@yahoo.com, www.radicalhospital.com

Test Name



Bill No	DIA23100864	Received Date	23/10/2023
Patient's Name	MD MONJURUL ISLAM	1 todolived Date	20/10/2020
Patient's Age	32Y 9M 21D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	M),PGT(Eye),DFM	CDC NO:C/O/7193
Sample	URINE		000110.07077100

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

-90

Medical Technologist. Radical Hospitals Ltd. L

Result

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23100864

Receive: Print: 23/10/2023

Patient's Name

MD MONJURUL ISLAM

Age

33 YRS

Sex

M

Refd. by

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate

69 b/min

Rhythm

Regular

P-Wave

Normal

P-R Interval

Normal

QRS Complex

Normal

ST. Segment

ls electric

T. Wave

: Normal

Impression

Findings are within normal limit.

Dr. Debashish Paul

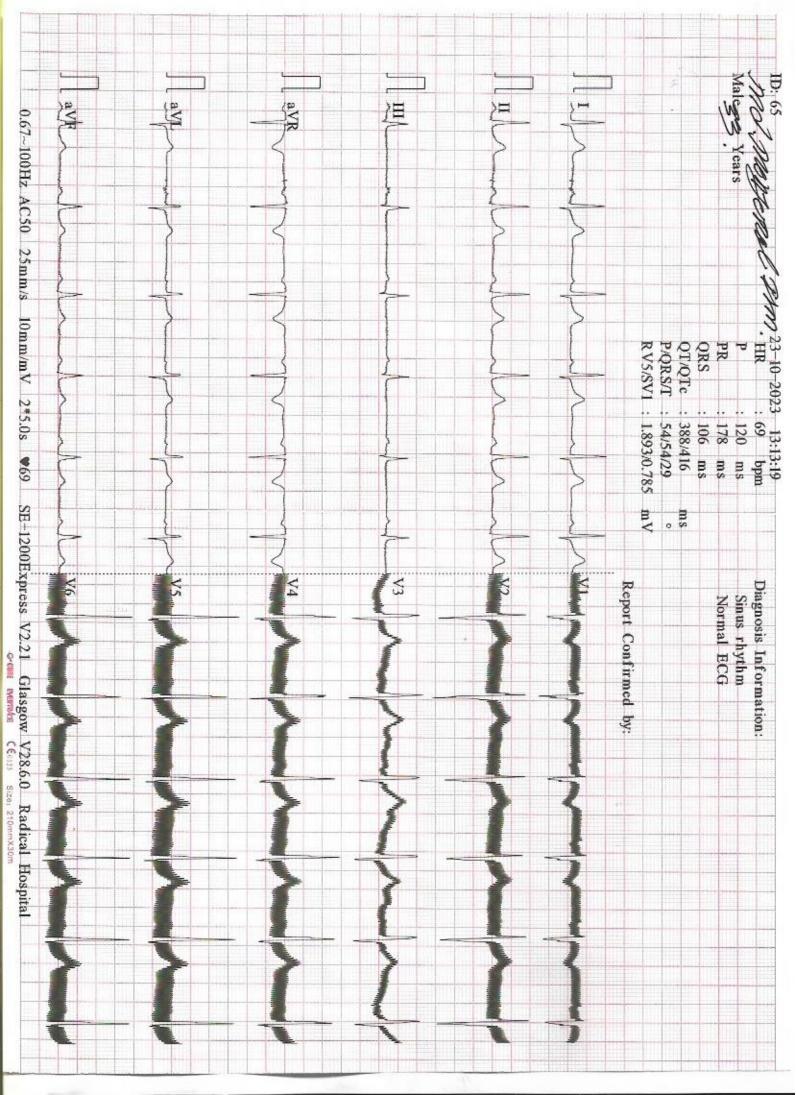
MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1



radical_hospitals@yahoo.com, www.radicalhospital.com



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23100864

Receive: 23/10/2023

Print: 23/10/2023

Patient's Name

MD MONJURUL ISLAM

Age

33 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

Date	Signature and Professiona status of vaccinator	ıl		Approved Stamp	p .
RR 2019	DR. M. AYUBUR RAH M.B.B.S; P.G.T (Medic Taher Chamber 10, Agrabad C/A, Chitta Regn. No. A-118	gona (%)	FOR MACO)	+
2		-		100	
	- Villager		<u> </u>	3	4
NBB	r. Md. Ariful Isla S (CMC) BCS (Health) FCPS (MEDICINE) BMDC Reg! No. 02563 DG Shipping Approved (BD) eror's Madical Offices (Chitingoing, Bang	HI, CCD	E OR VAI	CONTROL OF THE PARTY OF THE PAR	AL CHOLE DUKORAL DU Upto 2
4	S (CMC) BCS (Health), FCPS (MEDICINE) BMDC Reg, No. 62563 DG Shipping Approved (BD) eror's Middles Officer, Chitringong, Bang	HI, CCD	Elate, Chilar	DR. Va	lid Upto 2
P DR	S (CMC) BCS (Health), FCPS (MEDICINE) BMDC Reg, No. 62563 DG Shipping Approved (BD) eror's Medical Offices, Chiltogorig, Bang	gladeeh S	Etatin, Chiller	OFAL C	lid Upto 2

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

This is to certify that Whose signature follows \ Mowing

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vacine	Official stamp of vaccination centre
are are	DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong Regn. No. A-11820	(13) P	1 2 EVOR MCCO
	-==		
2			
3	10, Agrabad CW, Chillagang, Regm, Mo LAH LIGO		3 4
4	DR. M. AYUBUR RAHMAN AEBLB. St. P.G. T (Infrancemen) Tallier Charoline		

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 ensure, of failure to complete any part of it may render it invalid.