



SEAFARER MEDICAL CERTIFICATE



Dr. Paritosh Chakraborty
MBBS (CU), DMU (SUB), CCD (Bircem)
CCCD (Heart Foundation)
BMD REG. NO.- A16713
Seafarers Medical Practitioner
Approved by D.G. Shipping Dhaka.

Chamber :
IDEAL PATHOLOGY
162, Sk. Mujib Road, Mostafa Plaza (2nd Floor)
Badamtoly, Mazur Gate, Agrabad, Chattogram.
Contact No. : 01711-171054

Consultant Doctor : Shipping & Crew manning Agencies :

This Certificate is issued by the undersigned authorized Medical practitioner By the Director General, Department of Shipping Dhaka Bangladesh, to the named seafarer in compliance with requirements of regulation 1/9, Section A - 1/9 and section B-1/9, of the STCW 95 convention as amended in 2010, Guideline B.1.2.1. of the MLC 2006 and Guidelines on the medical examination of seafarer's 2013 Published by ILO.

FORMAT FOR RECORDING MEDICAL EXAMINATIONS OF SEAFARERS

Name (last, first, middle) : KIBRIA MD GOLAM
Date of birth (day/month/year): 18 / 12 / 1989 Sex: ☒ Male ☐ Female
Home address : JOYBANGLA SAROK, MONGLA, SHEOLABUNIA-9350, BAGERHAT.
Passport No./seafarer's book No: A00919487
Department : (deck/engine/radio/food handling/other): DECK
Rank : AB
Routine and emergency, duties (if known) : BOTH
Type of ship (e.g.container, Tanker, passenger): _____
Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

EXAMINEE'S PERSONAL DECLARATION

(Assistance Should Be Offered By Medical Staff)

Have you ever had any of the following conditons?

Condition	YES	NO	Condition	YES	NO
1. Eye / Vision Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Digestive disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Highblood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Kidney problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Skin problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Varicose veins/Piles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Infectious/contagius diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Asthma/Brorchitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Hernia	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Blood Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16. Genital disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Diabetes Mellitus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Pregnancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18. Do You smoke, use Alcohol or Drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

19.	Operation/surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27.	Severe headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20.	Epilepsy/ seizures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28.	Ear (hearing/tinnitus) Nose/Throat problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21.	Dizziness/fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29.	Dopression	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22.	Loss of consciousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30.	Restricted mobility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23.	Psychiatric Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31.	Back or joint problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24.	Attempted suicide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32.	Amputation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25.	Loss of memory	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33.	Fractures/dislocations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26.	Balance problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34.	Sleep problem	<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 hospitalized?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37.	Have you eve been declared unfit for 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 illness?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41.	Are you allergic to any medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42.	Is the seafarer suffering from any medical condition likely to be aggravated by Service at sea or to render the seafarer unfit or to endanger the health of other person on board?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

FIT FOR DUTY ON BOARD SHIP

	Additional questions	YES	NO
43.	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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee : _____

Date (day/month/year) : 15/04/2025 **Dr. Paritosh Chakraborty**
MBBS (CU), DMU (SUB), CCD (Birdem)
CCCD (Heart Foundation)
BMDC REG No.- A16713

Witnessed by: (Signature) _____ **Seafarers Medical Practitioner**
Approved by D.G. Shipping Dhaka
Website: <http://www.drparitosh.com>

Name: (typed or printed): **Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)**

I hereby authorize the release of all my previous medical records from any health professionals,
health, institutions and public authorities to **Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)**
(The approved medical practitioner) .

Signaturer of examinee : _____

Date (day/month/year) : 15/04/2025 **Dr. Paritosh Chakraborty**
MBBS (CU), DMU (SUB), CCD (Birdem)
CCCD (Heart Foundation)
BMDC REG No.- A16713

Witnessed by: (Signature) _____ **Seafarers Medical Practitioner**
Approved by D.G. Shipping Dhaka
Website: <http://www.drparitosh.com>

Name : (Typed or printed) : **Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)**

Date and contact details for previous medical examination (if known) : N/A

MEDICAL EXAMINATION

SIGHT

Use of glasses or contact lenses: Yes/No (if yes, specify which type and for what purpose)

	Visual acuity						Visual fields		
	Unaided			Aided			Eye	Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular			
Distant	6/6	6/6	6/6				Right	✓	
Near	N5	N5	N5				Left	✓	

Color vision

<input type="checkbox"/> Not tested	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Doubtful	<input type="checkbox"/> Defective
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Hearing

Ear	Pure tone and audiometry (threshold values in dB)						Speech and whisper test (meters)		
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz			Ear	Normal	Whisper
Right	✓	✓	✓	✓			Right	04	04
Left	✓	✓	✓	✓			Left	02	02

Clinical Findings

Height : 165 (cm)

Weight : 61 (kg)

Pulse rate : 72 (/Minute)

Rhythm: REGULAR

Blood pressure : Systolic : 120 (mmHg) Diastolic : 80 (mmHg)

Urinalysis : Glucose : NIL Protein (Albumin) : NIL Blood : NIL

	Normal	Abnormal		Normal	Abnormal
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinuses, Nose, Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mouth/Teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vascular (Inc. Pedal pulses)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tympanic Membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G-U system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye Movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spine (C/S, T/S and L/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurologic (full/brief)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast examination	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chest X-ray	<input type="checkbox"/> Not performed		<input checked="" type="checkbox"/> Performed (day/month/year) <u>15/04/2025</u>		

Results: NORMAL

Other Diagnostic Test (S) and Result+(S)

Test RBS Result. NAD

Medical practitioner's comments and assessment of fitness, with reasons for any limitations :
FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically :

☒ Fit for look-out ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other service
Fit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☒ Without restrictions ☐ With restrictions Visual aid required ☐ Yes ☒ No

Describe restrictions (e.g. specific positions, type of ship, trade area)
NO RESTRICTIONS

Medical certificate's date of **Expiration** (day/month/year): 14 / 04 / 2027

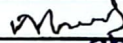
Date of medical certificate **Issued** (day/month/year) : 15 / 04 / 2025

Number of medical certificate : 01/15.04.2025

Name of medical practitioner (typed or printed) : Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)

Licence number of medical practitioner : Registration No. A-16713, BMDC, Dhaka, Bangladesh.

Address of medical practitioner : 162, Sk. Mujib Road, Mostafa Plaza (2nd Floor), Badamtoly, Mazar Gate, Agrabad, Chattogram.

Signature of medical practitioner : 

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MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA



SURNAME: KIBRIA		GIVEN NAME (S): MD GOLAM	
DATE OF BIRTH: DAY 18 MONTH 12 YEAR 1989		PLACE OF BIRTH CITY BAGERHAT COUNTRY BANGLADESH	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input checked="" type="checkbox"/>		MAILING ADDRESS OF APPLICANT: JOYBANGLA SAROK, MONGLA, SHEOLABUNIA, BAGERHAT.	
DECLARATION OF THE AUTHORIZED PHYSICIAN			
VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR NORMAL
LEFT EYE	6/6	—	LEFT EAR NORMAL
Confirmation that identification documents were checked at the point of examination: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Hearing meets the standards in STCW Code, Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>			
Unaided hearing satisfactory? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Visual acuity meets standards in STCW Code, Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Colour vision meets standards in STCW Code, Section A-1/9? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> (the visual test is required every six years)			
Date of the last colour vision test: (Day/Month/Year) 15 / 04 / 2025.			
Are glasses or contact lenses necessary to meet the required vision standards? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Able for watchkeeping? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Is applicant taking any non-prescription or prescription medications? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Hereby I declare that I am in knowledge of the contents of the Physical Examination.			
Signature of Applicant		MD GOLAM KIBRIA	15/04/2025
		Name of Applicant	Date
CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS: NO RESTRICTIONS FIT FOR DUTY ON BOARD SHIP			
NAME AND DEGREE OF PHYSICIAN: DR. PARITOSH CHAKRABORTY. MBBS (C.U)			
ADDRESS: 102-S.K MUJIB ROAD, MOSTAFA PLAZA (2ND FLOOR) BADAMTOLY MAZAR GATE, AGRABAD, CHATTOGRAM			
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: BMDC, DHAKA, BANGLADESH, REG NO-A16713			
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 20-MAY-1986			
SIGNATURE OF PHYSICIAN:		STAMP OF PHYSICIAN:	
EXPIRY DATE OF CERTIFICATE: 14/04/2027			
This certificate is issued by the Panama Maritime Authority in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.			
F-ALM-012 Rev.05 Page 1 de 1 Date: 13/03/2013			

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No : SMC



SL NO: **34/15042025**

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006.

SEAFARER INFORMATION :

Name : Last **KIBRIA** First **MD GOLAM** Middle.....
Date of Birth : (DD/MM/YYYY) **18-12-1989**
Gender : (Male/Female) **MALE**
Nationality : **BANGLADESHI** Passport/NID No: **A00919487**
CDC No. **PA0324579** Seaman ID No:.....
Occupation : Deck/Engine/Catering/Other (specify) **AB**
Father's/Husband's name : **MD SAHJAHAN HOSSAIN**
Mother's Name : **PARVIN BEGUM**
Mailing address : House No-..... Street / Road No-.....
Locality/Village : **JOYBANGLA SAROK** P.O. **SHEOLABUNIA-9350**
P.S. **MONGLA** District **BAGERHAT**

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER :

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings;

- Confirmation that identification documents were checked at the point of examination : **YES / NO**
- Hearing meets the standards in section A-1 / 9 ? **YES / NO**
- Unaided hearing satisfactory ? **YES / NO**
- Visual acuity meets standards in section A-1 / 9 ? **YES / NO**
- Colour vision meets standards in section A-1 / 9 ? **YES / NO**
- Date of last colour vision test : **15-04-2025**
- Fit for lookout duties ? **YES / NO**
- Is the seafarer free from any medical condition likely to be aggravated by service at sea or the render the seafarer unfit for service or the render the health of any other persons on board ? **YES / NO**
- Any limitations or restrictions on fitness ? **YES / NO**
If YES, specify limitations or restrictions

Duties :

Location/Vessel :

Medical/Other

9. Medical fitness category :

☒ Fit-No restriction

☐ Fit-subject to restrictions

☐ Unfit

10. Date of examination/Issue (DD/MM/YYYY) **15-04-2025**

11. Date of expiry (DD/MM/YYYY) **14-04-2027** "No more than 2 years from the date of examination"

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



Dr. Paritosh Chakraborty
MBBS (CU), DMU (SUB), CCD (Birdem)
CCCD (Heart Foundation)
BMDC REG No.- A16713
Seafarers Medical Practitioner
Approved by D.G. Shipping Dhaka
Website: <http://www.drparitosh.com>

Name & Signature of the practitioner :

MEDICAL REQUIREMENTS

All applicants for on 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 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the application is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply :

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 6/6 {20/20} (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- (g) Diseases or Conditions
 - 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food-related areas until symptom-free for at least 48 hours.
- (h) Physical Requirements
 - Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
 - 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.

IMPORTANT NOTE :

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix 1)

Complete Physical Examination :	NAD	Urine For Routine Examination :	NAD
Blood For Routine Examination :	NAD	X-Ray Chest PA View :	NAD
Electro Cardiogram Test :	NORMAL	Eye Examination For V/A & C/V :	NORMAL



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IDEAL PATHOLOGY

162, SK. MUJIB ROAD, MOSTAFA PLAZA (2ND FLOOR), BADAMTOLY MAZAR GATE, AGRABAD,
CHATTOGRAM. PHONE : +8802 333327519, MOBILE : 01881 022725, 01711 304974

Id.No : 13

Date : 15.04.2025

Patient's Name : MD GOLAM KIBRIA.

Age : 36 Yrs Sex : Male

Rank : AB

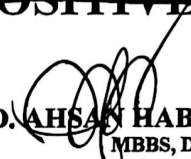
PP NO : A00919487

DRUG & ALCOHOL ASSAY (QUALITATIVE ANALYSIS)

SAMPLE URINE

<u>TEST</u>	<u>RESULT</u>
COCAINE	NEGATIVE / POSITIVE
MORPHINE	NEGATIVE / POSITIVE
MARIJUANA	NEGATIVE / POSITIVE
BARBITURATES	NEGATIVE / POSITIVE
AMPHETAMINES	NEGATIVE / POSITIVE
PHENCYCLIDINE(PCP)	NEGATIVE / POSITIVE
ALCOHOL	NEGATIVE / POSITIVE


MADHU SUDHAN DEY M.T.(Lab)
Ctg Port Authority Hospital (Rtd)
Ex - Laboratory in-charge.
Memorial Christen Hospital


DR. MD. AHSAN HABIB
MBBS, DCP
Consultant Pathologist
Ctg. Port Authority Hospital
Chittagong.

IDEAL PATHOLOGY

162, SK. MUJIB ROAD, MOSTAFA PLAZA (2ND FLOOR), BADAMTOLY MAZAR GATE, AGRABAD,
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Id.No : 13

Date : 15.04.2025

Patient's Name : MD GOLAM KIBRIA.

Age : 36 Yrs

Sex : Male

Rank : AB


PP NO : A00919487

BLOOD REPORT

Analysis carried out by auto Hematology Analyzer Mind ray BC-2800

Name of the test(s)	Result	Normal Range
Hemoglobin (HGB)	12.9 g/dl % 14.5g/dl 100%	HGB : 11-16 gm/dl (Male) 11-14 gm/dl (Female)
ESR (Westergren)	05 mm fall in 1 st hour	ESR : Men = < 50 yrs=15 mm/hr & > 50 yrs =20 mm/hr. Woman = < 50 yrs =20 mm/hr & > 50 yrs =30 mm/hr.
Total Leucocytes Count (WBC)	9,100 Per.cu.mm.	WBC : 4.0 - 11.0 Thousand /cu. Mm.
Platelet Count (PLT)	Per.cu.mm.	PLT : 1, 50,000 - 4, 00,000 /cu.mm.
Erythrocytes Count (RBC)	Per.cu.mm.	RBC : 3.5-5.5 million /cu.mm (Male) 3.4-5.4 million /cu.mm (Female)
Cir. Eosinophil Count		CEC : 40 - 400 /cu.mm
Differential Count.		Differential Count.
Neutrophil	72 %	40 - 70 %
Lymphocyte	22 %	20 - 40 %
Monocyte	02 %	02 - 10 %
Eosinophil	04 %	01 - 06 %
Basophil	00 %	00 - 01 %
Granulocyte	%	50 - 75 %
Blood HCT (PCV)	%	HCT(PCV) : 37 - 54 % (M) 35 - 40 % (F)
Blood MCV	fl	MCV : 80 - 100 fl
Blood MCH	pg	MCH : 27 - 34 pg
Blood MCHC	g/dl	MCHC : 32 - 36 g/dl
Blood MPV	fl	MPV : 08 - 15 fl
Blood RDW	%	RDW : 11 - 16 %


MADHU SUDHAN DEO M.T.(Lab)
Ctg Port Authority Hospital (Rtd)
Ex - Laboratory in-charge.
Memorial Christen Hospital


DR. MD. AHSAN HABIB
MBBS, DCP
Consultant Pathologist
Ctg. Port Authority Hospital
Chittagong.

IDEAL PATHOLOGY

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Rank : AB

PP NO : A00919487

BIO-CHEMICAL REPORT

NAME OF TEST	RESULT	NORMAL VALUES
Serum Bilirubin.	0.50 mg/dl	Up to 1.1 mg / dl
Serum S.G.O.T/A.S.T	22.0 U/L	Up to 37.0 U/L at 37°C


IMMUNOLOGY REPORT

NAME OF TEST	RESULT	NORMAL VALUES
HbsAg (Screening)	Negative	Negative.
HIV 1 & 2	Negative	Non – Reactive.
VDRL	Non – Reactive	Non – Reactive.

BLOOD GLUCOSE REPORT

NAME OF TEST	BLOOD GLUCOSE	C.U.SUGAR	
Random Blood Sugar(RBS)	95.0 mg/dl	Nil	< 140.0 mg/dl
HbA1c	4.8 %		4.5 – 6.3 %


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Ctg Port Authority Hospital (Rtd)
Ex - Laboratory in-charge.
Memorial Christen Hospital


DR. MD. AHSAN HABIB
MBBS, DCP
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Chittagong.

IDEAL PATHOLOGY

162, SK. MUJIB ROAD, MOSTAFA PLAZA (2ND FLOOR), BADAMTOLY MAZAR GATE, AGRABAD,
CHATTOGRAM. PHONE : +8802 333327519, MOBILE : 01881 022725, 01711 304974

Id.No : 13

Date : 15.04.2025

Patient's Name : MD GOLAM KIBRIA.

Age : 36 Yrs Sex : Male


Rank : AB

PP NO : A00919487

URINE REPORT

PHYSICAL EXAM.		MICROSCOPIC EXAM	
Quantity	: 65 ml.	Pus cell	: 0 - 2 / hpf
Colour	: Straw.	R.B.C	: N.Seen.
Appearance	: Clear.	Epith Cell	: a few
Sediment	: Nil	Spermatozoa	
Reaction	: Acidic	Trichomonus	: N.Seen.
		Yeast	
CHEMICAL EXAM.		CRYSTALS.	
Sp. Gravity	: 1007	Calcium Oxalate	
Albumin	: Nil	Uric Acid	
Sugar	: Nil	Urates	: N.Seen.
Ex. Of Phosp.	: Nil	Triple Phosphate	
Bile Salt		Amorph. Materials	
Bile Pigment			
Urobilinogen		CASTS	
Bilirubin	: N. D	Granular Cast	
Ketone Bodies		Ryaline Cast	: N.Seen.
Chyle		R.B.C Cast	
B. J. Protein		Pus Cell Cast	


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X – RAY REPORT

Chest P/A View

Trachea : Normal in position.

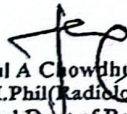
Diaphragm : Normal in position & contour.

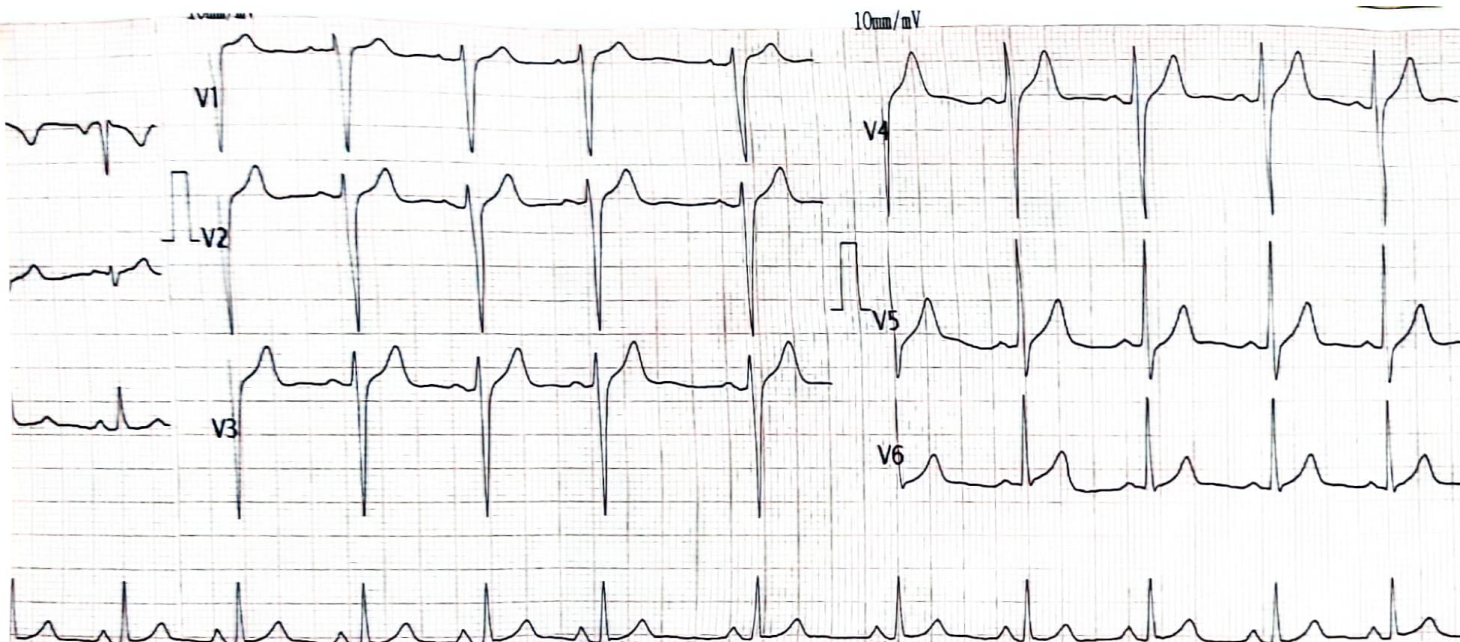
Heart : Normal in transverse diameter.

Lung fields : Normally aerated.

The bony thorax appears normal.

Δ Normal CXR


Dr. Mobinul A Chowdhury,
MB,BS M.Phil(Radiology & Imaging)
Prof & Head Dept of Radiology & Imaging,
CMOSHMC
Senior Consultant, Apollo Imperial Hospital



Vent. Rate(BPM) : 78

(ECG Analysis Result): ID:13

PR Int.(ms) : 137
P/QRS/T Int.(ms) : 104 115 155
QT/QTc Int.(ms) : 349 401
P/QRS/T Axis(Deg.) : 74 76 24
RV1/SV5 Amp.(mV) : 0.24 0.50
RV5/SV1 Amp.(mV) : 1.55 1.37

803 Sinus Arrhythmia
851 Premature Atrial Complexes
*** Abnormal ECG ***

MD GOLAM KIBRIA
P.R. NO : A00919487

V2.33 Technician :

Note : Unconfirmed Report Need to Review

ST LEVEL(mV)

I	II	III	aVR	aVL	aVF
+0.03	+0.03	+0.00	-0.03	+0.01	+0.01
V1	V2	V3	V4	V5	V6
+0.08	+0.11	+0.15	+0.15	+0.06	+0.05

**International Certificates
of Vaccination**

**Certificats Internationaux
of Vaccination**

*In accordance with
the International Sanitary Regulations
of the World Health Organisation*

ISSUED TO MD GOLAM KIBRIA
DELIVER A

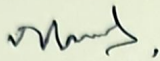

PASSPORT NO. A00919487
NUMERO DU PASSPORT

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to certify that JE Soussigne (e) certifie que MD GOLAM KIBRIA date of birth no (e) le 18.12.1989 Sex MALE

Whose signature follows dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a ete vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cachet d'authentification	
15 APR 2025	 Dr Paritosh Chakraborty MBBS (CU), DMU (SUB), CCD (Birdem) CCCD (Heart Foundation) BMDC REG No.- A16713 Seafarers Medical Practitioner Approved by D.G. Shipping Dhaka Website: http://www.drparitosh.com	<div style="border: 2px solid black; padding: 5px; text-align: center;"> ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs. </div>	

2			
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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 event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 part, of it, may render it invalid.
La validite de ce certificate couvre une periode de six mois commençant six Jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette periode de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partiques a sept jours d'intervalle et sa validite commence le jour de la seconde injection.

De cachet d'authentification doit etre conforme au modele present per l'administration sanitaire du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui il comporte peut affecter sa validite.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that
JE soussigne' (e) certifie que } MD GOLAM KIBRIA date of birth } 18-12-1989 Sex } MALE
no' (e) le } sexe }

Whose signature follows }
dont la signature suit }

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1	 Dr. Paritosh Chakraborty MBBS (CU), DMU (SUB), CCD (Birdem) CCCD (Heart Foundation) BMDC REG No.- A16713 Seafarers Medical Practitioner Approved by D.G. Shipping Dhaka Website: http://www.drparitosh.com		
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccination.

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

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

Ce certificat n' est valable que si le vaccin employe' a e' tc' a approuve' par l' Organisation Mondiale de la Sante' et si le centre de vaccination a e' tc' habilite par l' administration sanitaire du territoire dans lequel ce centre est situe'.

La validite' de ce certificat couvre une pe' riodc de dix ans commençant dix jours apres la date de la vaccination ou, dans le cas d'une revaccination au cours de cette pe' riodc de dix ans, le jour de cette revaccination.

Ce certificat doit e' tre signe' par un me' decin de sa propre main, son cachet officiel ne pouvant e' tre conside' re' comme l'enant lieu de signature.

Toute correction ou rature sur le certificat ou l' omission d' une quelconque des mentions qu' il comporte peut affecter sa validite'.