



HAQUE & SONS LTD.



Accredited By : BMD
Accreditation No. A55144

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880-2-333316214-6, Fax : +880-2-333310530

PATIENT CONTROL NUMBER:
HS5218FF

MEDICAL EXAMINATION CERTIFICATE

SURNAME RAHMAN RONY	FIRST NAME AND MOHAMMAD	MIDDLE NAME RAYHANOR
PLACE AND DATE OF BIRTH DHAKA 20-Jun-1987	PASSPORT NUMBER EE0894899	SEAMAN'S BOOK NUMBER CO5218
NATIONALITY : BANGLADESHI SEX : ☒ Male ☐ Female	VESSEL TYPE : BULK CARRIER TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : BAGGOKUL MANDRA, VAGYAKUL, SREENAGAR, MUNSHIGANJ, BANGLADESH	CONTACT NUMBER : 0088 01680076337	
	RANK : CHIEF OFFICER	

Have you ever had any of the following conditions?

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

If any of the above questions were answered "yes", please give details.

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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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 90kg	Height (cm) 172	BM 30.4	Blood Pressure: Systolic 130mm Diastolic 80mm	PULSE: 78b/min																																
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="4">Hearing by Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th></th> <th></th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Right</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☐ Adequate ☐ Inadequate</td> <td></td> </tr> <tr> <td>Left</td> <td>☐ Adequate ☐ Inadequate</td> <td></td> <td></td> <td></td> <td></td> <td>☒ Adequate ☐ Inadequate</td> <td></td> </tr> </tbody> </table>					Ear		Hearing by Audiometry				Hearing by Whisper Test				500	1000	2000	3000			Right	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate		Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate	
Ear		Hearing by Audiometry				Hearing by Whisper Test																														
		500	1000	2000	3000																															
Right	☐ Adequate ☐ Inadequate					☐ Adequate ☐ Inadequate																														
Left	☐ Adequate ☐ Inadequate					☒ Adequate ☐ Inadequate																														
Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐																																				

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

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) **25 APR 2024**

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X-Ray	<i>MAO</i>	BIO CHEMICAL (LIVER FUNCTION TEST)				Marijuana	☐ Positive	☐ Negative
ECG	<i>MAO</i>	BILIRUBIN	<i>0.50</i>		Alcohol Test	☐ Positive	☐ Negative	
BLOOD R/E		SGPT	<i>118</i>		URINE R/E	<i>MAO</i>		
DC(differential count)	<i>MAO</i>	SGOT	<i>22</i>		OTHERS			
HAEMOGLOBIN (HGB)	<i>12.5</i>	DRUG AND ALCOHOL TEST				HBsAg	☐ Reactive	☒ Nonreactive
ESR (WESTERGREN)	<i>10</i>	Morphine	☐ Positive	☐ Negative	HIV / AIDS Test	☐ Reactive	☒ Nonreactive	
WBC	<i>5401</i>	Amphetamine	☐ Positive	☐ Negative	VDRL	☐ Reactive	☒ Nonreactive	
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☐ Negative	Blood Type	B+(VE)		
RANDOM	<i>5.6</i>	Barbiturates	☐ Positive	☐ Negative	Psychological Exam	<i>MAO</i>		
HBA1C	<i>5.0%</i>	Cocaine	☐ Positive	☐ Negative	Others(KUB Ultraso			

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

Signature of Seafarer

MOHAMMAD RAYHANOR RAHMAN RONY

Name of Seafarer

25 APR 2024

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:

☒ Fit for lookout duties

☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☒	☐	☐	☐
Unfit	☐	☐	☐	☐

☒ 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	No
☒	☐

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

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

Fitness Date: ~~24 APR 2024~~
25 APR 2024

Valid Until : 24 APR 2026

Name and Signature of Attending Physician: _____

MBBS (OU), DFM, CCD (Birdem), PGT (Ophth)

In Accordance with Medical Examination (SMC-A), Convention 1966 (No. 78) and STCW 1978/1996 as Amended, MLC 2006

DG Shipping Bangladesh Approved

General Physician

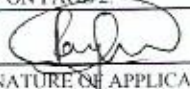
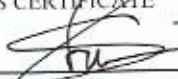
Radical Hospitals Limited

Revision Date : 24th July 2022

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

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT RONY			FIRST NAME MOHAMMAD			MIDDLE INITIAL RAYHANOR RAHMAN		
DATE OF BIRTH 6 20 1987 MONTH DAY YEAR			PLACE OF BIRTH DHAKA BANGLADESH CITY COUNTRY			SEX MALE ☒ FEMALE ☐		
EXAMINATION FOR DUTY AS:						MAILING ADDRESS OF APPLICANT:		
MASTER ☐			RATING ☐			SURMA - 1, FL NO - 1303, RAJUK UTTARA		
MATE ☒			MOU DECK ☐			APARTMENT, SECTOR -18,		
ENGINEER ☐			MOU ENGINE ☐			UTTARA, DHAKA-1225,		
RADIO OFF ☐			SUPERNUMERARY ☐			BANGLADESH		
MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2								
HEIGHT 172cm		WEIGHT 90kg		BLOOD PRESSURE 130/80 mmHg		PULSE 78 1/2/min		RESPIRATION 19 1/2/min
GENERAL APPEARANCE Good								
VISION: RIGHT EYE LEFT EYE								
WITHOUT GLASSES 6/6 6/6								
WITH GLASSES _____ _____								
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 25 APR 2024 Testing Required every 6 years								
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-I/9? YES ☒ NO ☐								
COLOR TEST TYPE: BOOK LANTERN CHECK IF COLOR TEST IS NORMAL YELLOW ☐ RED ☒ GREEN ☒ BLUE ☒								
HEARING RT. EAR Normal LEFT EAR Normal								
HEAD AND NECK Normal HEART (CARDIOVASCULAR) Normal								
LUNGS Normal SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes								
EXTREMITIES:								
UPPER Normal LOWER Normal								
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. No								
SIGNATURE OF APPLICANT 			DATE OF EXAM 25 APR 2024			EXPIRY DATE 24 APR 2026		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.								
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MOHAMMAD RAYHANOR RAHMAN RONY								
FIT FOR DUTY ON BOARD SHIP (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 DR. MIR MD. RAIHAN; M.B.B.S.(D.U.),								
ADDRESS REDICAL HOSPITALS LIMITED, 35, SHAH MAKHUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.								
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY REGISTRATION NO.: A-55144, B.M.D.C, DHAKA, BANGLADESH.								
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 8-Jun-14								
SIGNATURE OF PHYSICIAN 						DATE OF EXAMINATION: 25 APR 2024		

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.

RLM-J05M ANNEX 2

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



Rev0 - 09/01/2023

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,

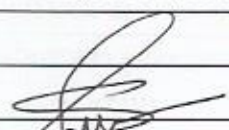
C) Serological Test(VDR) D) Hepatitis B Surface Antegen Test (HbsAg),

E) Urinylis 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


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

RLM-I05M ANNEX 2

25 APR 2024



Rev0 - 09/01/2023

ID NO : 24040552

Patient's Name : MOHAMMAD RAYHANOR RAYHANOR RAHMAN RONY

Date : 25/04/2024

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/5218

Age : 36Y10M5D

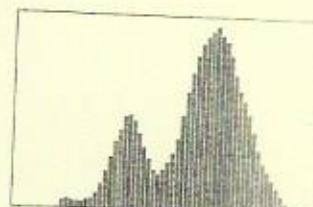
Specimen : Blood

Sex : Male

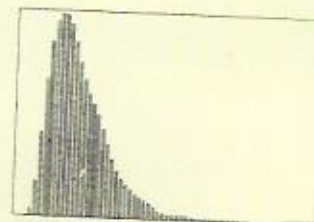
(Relevant estimations were carried out by KT-44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

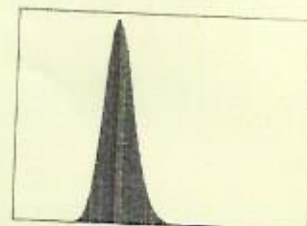
Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	12.5	g/dl	
ESR(Westergren)	10	mm/1st hr	
		M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	5,400	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	64	%	(40 - 75)%
Lymphocytes	27	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	216	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	202,000	/cumm	1,50,000-4,50,000 /cumm
MPV	11.6	fL	7.0 -11.0 fL
PDW-CV	17.1	%	10 - 18 %
PCT	0.23	%	0.10 - 0.28
P-LCR	38.2	%	9.00 - 45.00%
P-LCC	77	x10 ³ /uL	13 - 129 x10 ³ /uL
RBC COUNT	4.71	m/uL	
HCT/PCV	39.5	%	M: 4.5-6.5, F: 3.8-5.8 m/uL
MCV	83.9	fL	M: 40-54%, F: 37-47%
MCH	26.5	pg	76-94 fL
MCHC	31.6	g/dL	27-32 pg
RDW SD	48	fL	29-34 g/dL
RDW CV	17.2	%	30.0-57.0 fL 10-16%



WBC CURVE



PLT CURVE



RBC CURVE

Checked by.....
Medical Technologist.
Radical Hospital Ltd.
Uttara,Dhaka.

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



Bill No	DIA24040552	Received Date	25/04/2024
Patient's Name	MOHAMMAD RAYHANOR RAHMAN RONY		
Patient's Age	36Y 10M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5218
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.6 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.59 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	22.0 U/L	Up to 37 U/L
HbA1C	5.0 %	4.0- 6.0 %

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 Hospital Ltd.

Dr. Sumaiya Khatun 

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

Bill No	DIA24040552	Received Date	25/04/2024
Patient's Name	MOHAMMAD RAYHANOR RAHMAN RONY		
Patient's Age	36Y 10M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5218
Sample	BLOOD		

SEROLOGICAL REPORT

<u>Test Name</u>	<u>Result</u>
HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

RADICAL
HOSPITAL
LIMITED

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.

Bill No	DIA24040552	Received Date	25/04/2024
Patient's Name	MOHAMMAD RAYHANOR RAHMAN RONY		
Patient's Age	36Y 10M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/5218
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-1/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 REQUEST CRYSTALS & 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 Hospital Ltd.


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

REF: MV. FIDUM AUSTRALIS

DATE: 25/04/2024

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

EYE EXAMINATION REPORT

NAME: MOHAMMAD RAYHANOR RAHMAN RONY

RANK: CH.OFF

CDC NO: C/O/5218

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

ID: 24020579

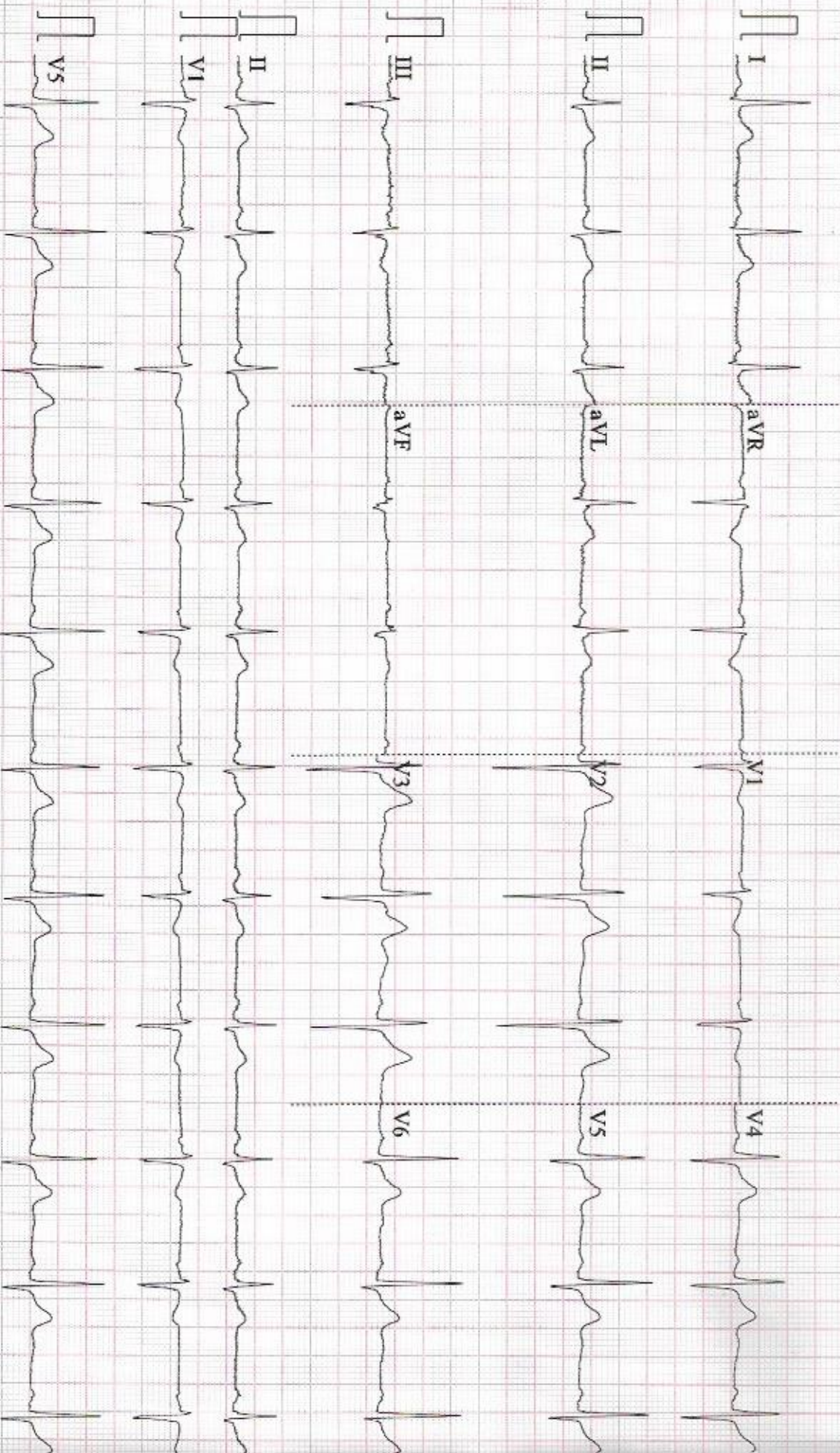
25-04-2024 11:01:15

McKinnon Kayano Rahn
Male 36 Years *Pony*

HR	: 63	bpm
P	: 116	ms
PR	: 162	ms
QRS	: 96	ms
QT/QTc	: 384/393	ms
P/QRS/T	: 29/0/6	°
RV5/SV1	: 1264/0.741	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040552 Receive: 25/04/2024 Print: 25/04/2024
Patient's Name : **MOHAMMAD RAYHANOR RAHMAN RONY**
Age : 36 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.

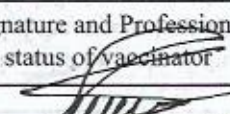
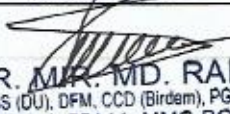
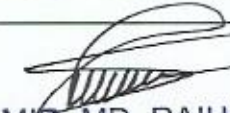
Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that
whose signature follows

Date of birth 20-JUN-1987 Sex MALE

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 20 SEP 2022	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	
2 20 AUG 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
3 25 APR 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
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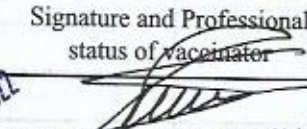
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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth 20-JUN-1987 Sex MALE

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

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
1 20 SEP 2022	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
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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.