

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,

35 SHAH MAKHDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: ISLAM MD SHARIFUL Sex: M Serial No: _____

Date of Birth: 01/12/1994 PP/CDC: A00035898 Rank: 3/E

Vessel: MEGHNA STAR Type: BULK Route: _____

Home Address: Village- Kairnal, PO - Chandidwar, Upzila - Kancha

Company Name: V. Ships Dht- Brahmanbaria

Medical History Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		☒		☒	Hernia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High / Low blood pressure / Heart disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / Bronchitis / Tuberculosis		☒		☒
Eye / Vision Problems (Glasses, etc.)		☒		☒	Allergy / Skin disease		☒		☒
Hearing Impairment		☒		☒	Infection / Contagious Disease		☒		☒
Ear / Nose / Throat problems		☒		☒	Addiction to alcohol / drugs / tobacco		☒		☒
Stomach / Bowel disorders		☒		☒	Fracture / Dislocation / Injury / Amputation		☒		☒
Gall stones / Kidney disorders		☒		☒	Major / Minor Operation		☒		☒
Jaundice / Liver Disease		☒		☒	Diabetes		☒		☒
Piles / Varicose veins		☒		☒	Nervous / Mental disease / Sleep disorder		☒		☒
Blood Disorder		☒		☒	Malignant disease (Cancer)		☒		☒
Female Disorder		☒		☒	Signed off on medical grounds / Declared Unfit		☒		☒
Notes									

Medical Examination

Height	Weight in Kgs	Chest	Temp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp.Rate / min	General Condition							
172cm	75kg	120	80	93-141	78b/min	19b/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision		Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal		Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal		Left Ear	dB	20	20	20					
Colour Vision	Ishihara		Normal	Abnormal	Hearing	Right Ear					Left ear			
Other			Normal	Abnormal										

Systemic Examination	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck	☒		FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	☒
Eyes	☒			Cardiovascular system	☒
Ears / Nose / Throat	☒			Per Abdomen	☒
Teeth / Oral Cavity	☒			Genito-urinary system	☒
Musculo-Skeletal system	☒			Others	☒
Nervous system	☒			Hernia / Hydrocoele	☒
Reflexes	☒			Varicose Veins	☒
Skin	☒			Fissure/Fistula/Piles	☒

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>16.2 gm%</u>	14-16 gm %	Colour <u>Str</u>
Total WBC count	<u>8300 cu.mm</u>	4000-11000 / cu.mm	Specific Gravity <u>Str</u>
New <u>66</u> % Lymph	<u>26</u> % Eos <u>02</u> Bas <u>00</u> % Mono <u>02</u> %		pH <u>Str</u>
Malarial parasite	<u>Not Found</u>		Albumin <u>Str</u>
ESR	<u>80 mm / 1st hour</u>	1-15 mm / hr	Sugar <u>Str</u>
SGPT	<u>25 U/L</u>	9-43 U/L	Bile pigment <u>Str</u>
S.Cholesterol	<u>mg/dl</u>	145-260 mg / dl	Bile salts <u>Str</u>
S.Triglycerides	<u>mg/dl</u>	upto 200 mg /dl	Occult blood <u>Str</u>
Blood Sugar	<u>RBS 151 PPBS</u>	upto 125 mg %	RBC cells <u>Str</u>
HbsAg	<u>Not Found</u>		Leucocytes <u>Str</u>
HIV 1 & II	<u>Not Found</u>		Others <u>Str</u>
VDRL	<u>Not Found</u>		
Others	<u>Not Found</u>		
Blood Group	<u>GGTP U/L</u>		

ECG: <u>Normal</u>	TMT: <u>Str</u>	Spirometry: <u>Str</u>
X-Ray Chest: <u>Normal</u>	Drugs of Abuse: <u>Str</u>	USG: <u>Normal</u>

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in _____ days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR. MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate.

This certificate is valid till: 03 APR 2026

Candidate's Signature: Sharif

Official Stamp

Doctor's signature:

Date: 04/04/2024

04 APR 2024



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

04.2024.6293

Certificate No: 04-2024-6203**MEDICAL CERTIFICATE FOR SERVICE AT SEA**

Merchant Shipping (Medical Examination) Rules 2000;

STCW code I/9 MLC 2006 – Reg 1.2 And

ILO/IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	<u>MD SHARIFUL</u>		
Given Names	<u>ISLAM</u>		
Date of birth (day/month/year)	<u>01/12/1994</u>	Sex:	☒ Male ☐ Female
Nationality	<u>BANGLADESHI</u>		

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	☒	☐	☐
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	☒	☐	☐
Unaided hearing satisfactory?	☒	☐	☐
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	☒	☐	☐
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	☒	☐	☐

I have evaluated the above named examinee according to _____

(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

☒ Fit for look-out duty	☐ Not fit for look-out duty
☒ Fit	☐ Deck service
☐ Unfit	☒ Engine service
☒ Without restrictions	☐ Catering service
Visual aid required	☐ Other services
Chest X-ray	☐
Bacteriological stool test	☐
Parasitical stool test	☐
Vaccination records	☐
☐ With restrictions	☐
☐ Yes	☐
☒ No	☐
☒ normal	☐ not performed
☒ negative	☐ not performed
☒ negative	☐ not performed
☒ satisfactory	☐ to be renewed

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

RADICAL HOSPITAL LIMITEDPlace of examination: Uttara, Dhaka, Bangladesh Date (day/month/year) 04 APR 2024Medical certificate's date of expiration (day/month/year) 03 APR 2026Official stamp (also print name of medical examiner if not legible): **DR. MIR. MD. RAIHAN**

Signature of medical examiner:

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDG A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Authorised by: DG SHIPPING BANGLADESH (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: _____

(To be signed in the presence of the medical examiner)



Certificate No: 04-2024-6203
GUIDELINES AND MINIMUM REQUIREMENTS FOR:

**PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
OF SEAFARERS**

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	ISLAM	
Given Names	MD SHARIFUL	
Rank and department	3/E	
Date of birth (day/month/year)	04/12/1994	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	
Home address	Village - Khirmal, PO - Chandidwar Upzila - Kasba, Dist - Brahmanbaria	
Residence & Mobile No:	Kasba, 01929412662	
Passport No./Discharge Book No.	PP - A00035898 / CDC - C/019049	
Type of ship (container, tanker, passenger, fishing)	BULK	
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE	

A. EXAMINEE'S PERSONAL DECLARATION:

(Assistance should be offered by medical staff)

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; use alcohol or drugs?	☐	☒
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 or joint 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

	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?	☐	☒
If yes, please list the medications taken and the purpose(s) and dosage(s)		

I MD SHARIFUL ISLAM holding Passport/Seaman Book No 26/9049 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

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) 04 APR 2024

Witnessed by: (Signature) _____

Name: (typed or printed) **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

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).



B. MEDICAL EXAMINATION

Sight:

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

Visual acuity						
Unaided			Aided			
Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular	
Distant	6/6	6/6	✓			
Near	15	15	✓			

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Method of Testing Colour vision:

☒ Ishihara Plates ☐ Lantern Test ☐ Others

Colour vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing:

Pure tone and audiometry (threshold values in dB)

Speech and whisper test (metres)

	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings:

Height in cm	172	Weight in kg	75
Pulse rate	78 (/ minute)	Rhythm	Regular
Blood pressure Systolic	120/80 mm Hg	Diastolic	80 mm Hg

Urinalysis

Glucose:	Nil	Protein:	Nil	Blood:	Nil
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	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	N/A	☐	Piles	☒	☐
Heart	☒	☐	Skin	☒	☐
Hydrocele	☒	☐	General appearance	☒	☐

Chest X-ray	☐ Not performed	
	Performed on (day/month/year):	04 APR 2024
Results:	Normal chest x-ray	

Other diagnostic test(s) and result(s):

Test	Result
Blood Tests – tick in box if done- readings separately issued* ¹	CBC ☒ , Blood VDRL test ☒ , Blood ESR ☒ , Blood Sugar – Random ☒
Haemoglobin "Hb" * ¹	g/dl
Hepatitis B * ³	HB (ab) ☐ +ve ☒ -ve HB (ag) ☐ +ve ☒ -ve
Bacteriological stool test* ⁴	☒ not performed ☐ negative ☐ positive
Parasitical stool test* ⁵	☒ not performed ☐ negative ☐ positive
ECG (only for crew above 40 years)	
HIV * ² (+ve or -ve)	<i>negative</i>
Medical examiner's comments:	FIT FOR DUTY ON BOARD SHIP

*¹ compulsory*² not compulsory*³ required by the Company for all crew from endemic areas*⁴ required by the Company for all food handlers*⁵ required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition 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 and hence declare the examinee medically:

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

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

☒ Without restrictions☐ With restrictions

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

Place of examination: UTTARA, DHAKA, Date (day/month/year)

04 APR 2024

Medical certificate's date of expiration (day/month/year)

03 APR 2026

Date medical certificate issued (day/month/year):

04 APR 2024

Official stamp (also print name of medical examiner if not legible):

Signature of medical examiner:

Medical practitioner information (name, license number, address):

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

ID NO : 24040088

Date : 04/04/2024

Patient's Name : MD SHARIFUL ISLAM

Age : 29Y 4M 3D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/9049

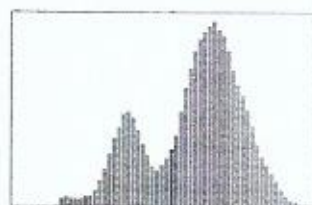
Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

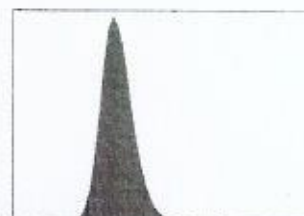
Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	16.2	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	04	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	8,300	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	66	%	(40 - 75)%
Lymphocytes	26	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSINOPHIL COUNT	249	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	343,000	/cumm	1,50,000-4,50,000 /cumm
MPV	11.1	fL	7.0 -11.0 fL
PDW-CV	16.3	%	10 - 18 %
PCT	0.38	%	0.10 - 0.28
P-LCR	33.8	%	9.00 - 45.00%
P-LCC	116	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	6.02	m/ μL	M: 4.5-6.5, F: 3.8-5.8 m/ μL
HCT/PCV	52.8	%	M: 40-54%, F: 37-47%
MCV	87.7	fL	76-94 fL
MCH	26.9	pg	27-32 pg
MCHC	30.7	g/dL	29-34 g/dL
RDW SD	50	fL	30.0-57.0 fL
RDW CV	17.4	%	10-16%



WBC CURVE



PLT CURVE



RBC CURVE

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

[Signature]

Dr. S.M.Shariar Rizvi
MBBS,MD(BSMMU)
Consultant
Dept.Of Microbiology
Radical Hospital Ltd.



Bill No	DIA24040088	Received Date	04/04/2024
Patient's Name	MD SHARIFUL ISLAM		
Patient's Age	29Y 4M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 9049
Sample	URINE		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.54 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25 U/L	Up to 40 U/L
Serum AST (SGOT)	20 U/L	Up to 37 U/L
Serum Alkaline Phosphate	153 U/L	98 - 279 U/L

REMARKS (IF ANY)

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

Bill No	DIA24040088	Received Date	04/04/2024
Patient's Name	MD SHARIFUL ISLAM		
Patient's Age	29Y 4M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 9049
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

RADICAL

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	DIA24040088	Received Date	04/04/2024
Patient's Name	MD SHARIFUL ISLAM		
Patient's Age	29Y 4M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 9049
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC 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.



Bill No	DIA24040088	Received Date	04/04/2024
Patient's Name	MD SHARIFUL ISLAM		
Patient's Age	29Y 4M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/ 9049
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
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Drug Level of Urine

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

Checked By

Medical Technologist,
Radical Hospital Ltd.

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

Date: 04/04/2024

EYE EXAMINATION REPORT

NAME:	MD SHARIFUL ISLAM		
AGE:	30 YRS	RANK: 3 RD ENG	CDC NO:C/O/9049

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040088 Receive: 04/04/2024 Print: 04/04/2024
Patient's Name : MD SHARIFUL ISLAM
Age : 30 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

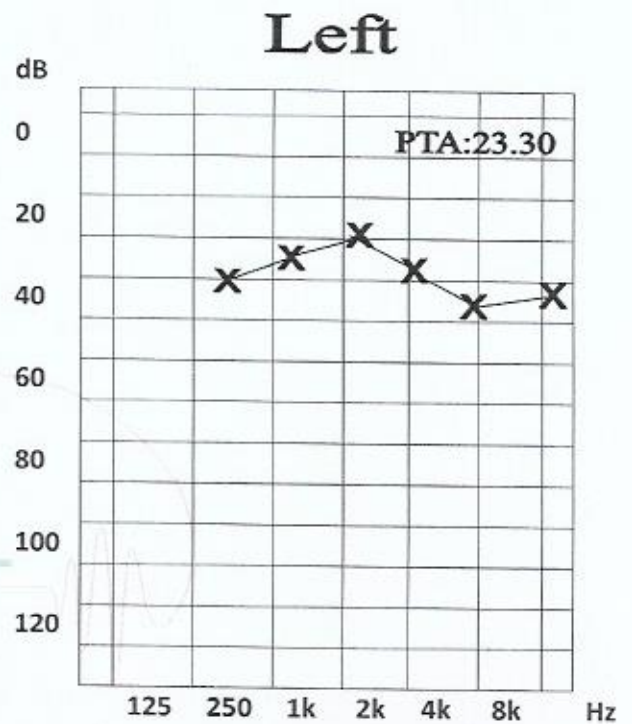
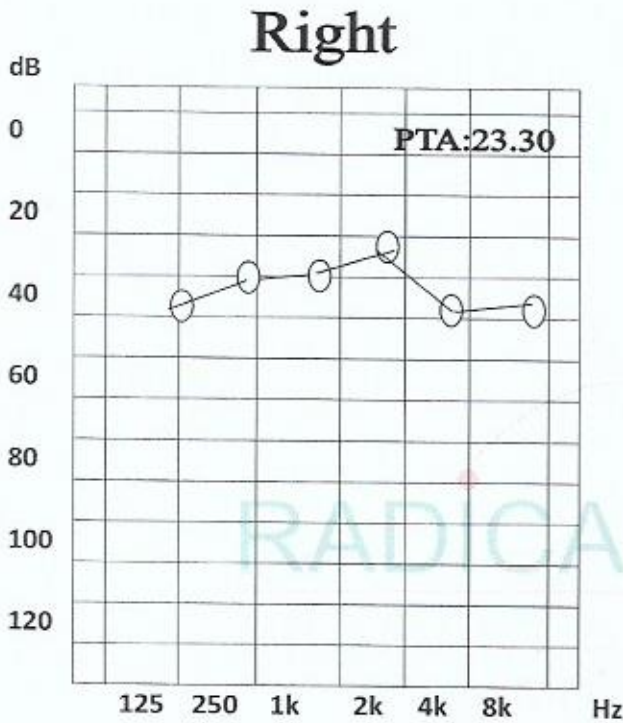
Patient Name : MD SHARIFUL ISLAM

04/04/2024

Age : 30 Yrs

Address : RHL, UTTARA

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



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

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

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

This is to certify that
JE Soussigne' (e) certifie que

MD SHARIFUL
ISLAM date of birth
no' (e) le

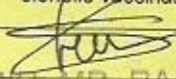
01/12/1994

Sex | **M**
sexe |

Whose signature follows
dont la signature suit

Sharif

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

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cechet d'authentification	
1	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bdms), FGT (Ophth) BMDC A-55144, MMC-BGD-916 DG Shipping Bangladesh Approved General Physician Radical Hospital Limited		
2			ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
3			
4			

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 revaccination within such period of two years, 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 la periode de six mois suivant la revaccination.

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

De cachet d'authentification doit être 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 ne peut affecter sa validite.

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

This is to certify that
JE Soussigne' (e) certifie que MD SHARIFUL ISLAM date of birth / 01/12/1994 Sex / M
no' (e) le /
Whose signature follows
don't la signature suit Sharf

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 date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccineur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
04 APR 2024	 DR. MIR MD. RAIHAN MBBS, DLO, FPM, CCD (Islam), PGD (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Ramical Hospitals Limited		
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by 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 in days after the date of vaccination or in the event of a revaccination within such 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 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 ete approuve par l'organisation Mondiale de la sante et si le centre a ete designe par l'administration sanitaire du territoire dans lequel ce centre est situe.

La validite de ce certificat couvre une periode de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, a compter de la date de la revaccination.

Ce certificat doit être signé de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il