#### 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 SIKDER MD YUSUF Name: KHALEDSEX: MALE Serial No: 22,06 11969 PP/CDC: C/0/1839 MASTER-Date of Birth: Rank: WORLDWIDE Vessel: Route: Home Address: FLAT-25, H-12, RD-11, SEC-04, UTTARA DHAKA Company Name: FLEET SHIP MANAGEMENT Medical History Please answer the following to the best of your knowledge. Candidate Examiner Candidate Examiner Is there any past / present history of any of Declaration Record Declaration Record the following No Yes Yes No Yes No Yes No severe one-sided headaches (Migraine) 1 Hernia / Hydrocoele / Appendicitis Head Injury / Concussion / Loss of Memmory High / Low blood pressure / Heart disease 0 Asthama / Bronchitis / Tuberculosis Fits / Epilepsy / Dizziness / Fainting Eye / Vision Problems (Glasses, etc. Allergy / Skin disease Hearing Impairment Infection / Contagious Disease Ear / Nose / Throat problems Addication to alcohol / drugs / tobacco Fracture / Dislocation / Injury / Amputation Stomach / Bowel disorders Gall stones / Kidney disorders Major / Minor Operation Jaundice / Liver Disease Diabetes Piles / Varicose veins Nervous / Mental disease / Sleep disorder Blood Disorder Mallignant disease ( Cancer) Female Disorder Signed off on medical grounds / Declared Unfil Medical Examination Blood Pressure in mm of Fig. Pulse--Beats / min General Condition 19 5 20/80 mmm 189 Min aw 500 1000 5000 | 6000 | 8000 Field of Vision Audiometry Distant Vision orrected Right Eye Norma Right Ear Left Eye Abnormal Left Ear Norma Right Ear Ishihara Other Abnormal Left ear Colour Vision Hearing Norma Abnormal Systemic Examination Notes Normal Abnormal Normal Abnormal Head & Neck Respiratory system FIT FOR SEA SERVICE Cardiovascular system Ears / Nose / Throat Per Abdomen AS MOSTER Teeth / Oral Cavity Genito-urinary system Musculo-Skeletal system Others AS PER MLC 2006 V Nervous system. Hernia / Hydrocoele Reflexes Varicose Veins Enhanced GARD Medicals done Skin Fissure/Fistula/Piles Investigations Blood Result Normal Urine 14-16 gm % Hemoglobin gm% Colour Eos 2 Specific Gravity Total WBC count 4000-11000 / cu.mm Neu 62 % Mo 0 5 00 pH Malanal parasite 1- - 15 mm / hr Albumin ESR Sugar SGP -43 U / L Bile pigment W/E mg/dl S.Cholesterol 145--260 mg / di Bile salts upto 200 mg/dl S.Triglycerides mg/dl Occult blood RBC cells Blood Sugar upto 125 mg % 2 Hbs/kg Leucocytes HIV I & II VDRL NID Spirometry: Others GGTP U/L Blood Group Drugs of ECG: Nonn TMT: HOSP Abuse: X-Ray USG: Chest: vonme 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 Fif Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months. Remarks / Recommendations certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorp. ated in this Certificate This certificate is valid till: 18 APR 2026 Candidate's Signature Official Stamp DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) Date: 19 APR 2024 BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited



# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD REPUBLIC OF PANAMA

COU				
SURNAME: BIKDER	GIVEN	NAME (S): MD YUSUF	KHALED	
DATE OF BIRTH: DAY 22 MONTH 6 6 YEAR (960)		PLACE OF BIRTH  CITY (10 PA Una Auguntry SEX MALE FEMALE		
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING	MAILIN FZ SZ	IG ADDRESS OF APPLICANT: LAT-26, H-12, K ETOP-OY, CTAPK HAKA-1230		
DECLARATION OF THE AUTHORIZED PHYSIC	IAN			
VISION		COLOR TEST TYPE	HEARING	
WITHOUT GLASSES	WITH GLASSES	Воок		
RIGHT EYE	64,0	YELLOWY RED MY	RIGHT EAR	
LEFT EYE	666	GREEN MY BLUE MY	LEFT EAR MY	
Confirmation that identification documents were	checked at the point of	examination: YES NO		
Hearing meets the standards in STCW Code, Se	ction A-1/9? YES	NO NOT APLICA	BLE 🗌	
Unaided hearing satisfactory? YES N	o 🗆			
Visual acuity meets standards in STCW Code, S	ection A-1/9? YES	NO 🗆		
(the visual test it is required every six years) Date of the last colour vision test: (Day/Month/Ye Are glasses or contact lenses necessary to meet Able for watchkeeping? YES NO  Is applicant taking any non-prescription or prescription to the seafarer free from any medical condition lii	the required vision sta	andards? YES NO NO	farers unfit for such service or to	
endanger the health of other persons on board?  Hereby I declare that I am in knowledge of the co	ontents of the Physical	Examination.	EC 19 APR 2024	
Signature of Applicant		of Applicant	Date	
CIRCLE APPROPIATE CHOICE: (HE / SHE ENGINEERING OFFICER / RADIO OPERATOR	) IS FOUND TO BE	(FIT / NOT FIT) FOR DUTY AS T ANY / WITH THE FOLLOWING) RE	A (MASTER / DECK OFFCIER	
NAME AND DEGREE OF PHYSICIAN DR. M	IR MD RAIHA	N MRRS (DII) DEM REC	· A -55144	
ADDRESS: RADICAL HOSPITAL LI				
NAME OF PHYSICIAN'S CERTIFICATING AUT			ANALYSIS	
DATE OF ISSUE PHYSICIAN'S CERTIFICATE	/ /	Value in the Control of the Control	······································	
SIGNATURE OF PHYSICIAN:		MP OF PHYSICIAN:	1 9 APR 2024 DATE:	
EXPIRY DATE OF CERTIFICATE:	18 APR	2026		
	ed by the Panama Marit	ime Authority in compliance with the request and the Maritime Labour Convention,		
DR. MIR. MD  MBBS (DU), DFM, CCD (B  BMDC A-55144, M  DG Shipping Bangla  General Ph  Radical Hospit	). RAIHAN (Irdem), PGT (Ophth) MMC-BGD-016 Polesh Approved	Hospital Re Portion	E	

# MEDICAL EXAMINATION REPORT/CERTIFICATE

#### MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

#### REPUBLIC OF THE MARSHALL ISLANDS

SURNAME BIKDER	GIVEN NAME(S) MD. YUSUF KHALED
DATE OF BIRTH  NONTH DAY YEAR	PLACE OF BIRTH GOPPLOPPY BANGLADESH CITY BANGLADESH COUNTRY SEX MALE FEMALE
EXAMINATION FOR DUTY AS:  MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING	MAILING ADDRESS OF APPLICANT:  FLAT-26, H-12, K-11  SECTOR 12 VITARA  DHAKA-1230
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR N	MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE
HEIGHT WEIGHT BLOOD BRESSURE PULSE	S/min RESPIRATION GENERAL APPEARANCE
VISION: RIGHT EYE LEFT EYE WITH GLASSES WITH GLASSES  COLOR TEST TYPE: BOOK   LANTERN   IS CO	HEARING:  RT. EAR
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRE	
HEAD AND NECK	HEART (CARDIOVASCULAR)
LUNGS	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?
EXTREMITIES: Vonm 1	LOWER Nonny
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENT	DATIONS? YES NO
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVA SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOA IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM	
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MED	ICATIONS? YES NO
Jung.	19 APR 2024 18 APR 2026
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXA	DATE OF EXAMINATION EXPIRY DATE
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION  FIT FOR DUTY ON  THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DIS  SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY A	WAS GIVEN TO: JOD. YUSUF KHALED BIKDET
NAME AND DEGREE OF PHYSICIAN DR. MIR MD RAII	HAN MBBS, DFM
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH M	IAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING AUTHORISY	OG SHIPPING BANGLADESH
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MA	Y 2014
SIGNATURE OF PHYSICIAN	19 APR 2024
1	DATE

his certificate is issued by authority of the Marittine Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Scafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

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



MI-105M

#### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant 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 seafarer's 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 car at 15 feet (4.57 m) and in poorer car at 5 feet (1.52 m).
- (b) Eyesight
  - Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40
    (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have
    normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply
    with C.I.E. Standards 1 or 2.
  - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. 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 should be vaccinated according to the recommendations provided in the WHO publication, International Travel
    and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on
    immunizations. If new vaccinations are given, these should 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.
- (h) Physical Requirements
  - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
  - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

#### IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

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

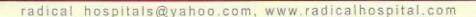
To be completed by examining physician; alternatively, the examining physician may attach an equivalent form (See RMI MG 7-47-1, §3.3).

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

19 APR 2024







ID NO : 24040393

Date : 19/04/2024

Patient's Name: MD.YUSUF KHALED SIKDER

Age : 54Y9M28D

Ref. By

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/1839

Sex : Male

Specimen : Blood

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

#### HAEMATOLOGY REPORT

Parameter	T D	esults	Reference Values	Histogram
Parameter		esuits	Reference values	mistogram
Haemoglobin(Hb) ESR(Westergren)	13.1 04	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	6,200	/cumm	4,000 - 11,000 /cumm	AAA
Neutrophils Lymphocytes Monocytes Eosinophils Basophil	62 30 05 03 00	% % % %	(40 - 75)% (20-45)% (2-10)% (1-6)% 0-1 %	WBC CURVE
TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC)	186 279,000 9	/cumm /cumm fL	40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL	
PDW-CV PCT P-LCR	16.1 0.25 20.3	% % %	10 - 18 % 0.10 - 0.28 9.00 - 45.00%	PLT CURVE
P-LCC	57	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT HCT/PCV MCV	<b>4.62</b> 41.4 89.6	m/ul % fL	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL	
MCHC MCHC RDW SD	28.4 31.7 50	pg g/dL fL	27-32 pg 29-34 g/dL 30.0-57.0 fL	RBC CURVE
RDW CV	16.7	%	10-16%	

Checked By ....... Medical Technologist. Redical Hospital Ltd. Uttara, Dhaka. Dr. Sumsta Khatun MBBS,MD (Gold Medilist) (BSMMU) Associate Professor Dept. Of Microbiology East West Medical College & Hospital.



Bill No	DIA24040393	Received Date	19/04/2024
Patient's Name	MD YUSUF KHALED SIKDER	E	
Patient's Age	54Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM	M),PGT(Eye),DFM	CDC NO:C/O/1839
Sample	BLOOD	**************************************	

### BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
Serum AST (SGOT)	26 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	155 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.

Cheared By

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



Bill No	DIA24040393	Received Date	19/04/2024
Patient's Name	MD YUSUF KHALED SIKDER		
Patient's Age	54Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	1),PGT(Eye),DFM	CDC NO:C/O/1839
Sample	BLOOD		

#### SEROLOGICAL REPORT

<u>Test Name</u> Result

HBs Ag (Method : (ICT)	Negative	
HIV 1 & 2 (Method : (ICT)	Negative	



Checked By

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



Bill No	DIA24040393	Received Date	19/04/2024
Patient's Name	MD YUSUF KHALED SIKDER		
Patient's Age	54Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM	),PGT(Eye),DFM	CDC NO:C/O/1839
Sample	BLOOD		

#### **CHEMICAL TEST**

#### TEST NAME

#### RESULTS

NORMAL
NORMAL
NORMAL
NORMAL
NORMAL

Checked By

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



Bill No	DIA24040393	Received Date	19/04/2024
Patient's Name	MD YUSUF KHALED SIKDER		
Patient's Age	54Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M),PGT(Eye),DFM	CDC NO:C/O/1839
Sample	URINE		

#### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

#### CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

#### ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

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



**Test Name** 



Bill No	DIA24040393	Received Date	19/04/2024
Patient's Name	MD YUSUF KHALED SIKDER		
Patient's Age	54Y 9M 28D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)	,PGT(Eye),DFM	CDC NO:C/O/1839
Sample	URINE		

Result

#### DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

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

Checked By

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



Date: 19/04/2024

## EYE EXAMINATION REPORT

NAME:	MD YUSUF KHALED SIKDER		
AGE:	55 YRS	RANK: MASTER	CDC NO:C/O/1839

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

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



#### TREADMILLSTRESS TEST

Patient ID	24040393	Test Date	19-04-202	24	
Patient Name	MD YUSUF KHALED SIKDER	Age	55 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN		•		,

Total Exercise Time : 09:5 Min

Max.HR attained

.: 167 bpm.

% of max.pred, hR : 98 %

Max. Pred HR

: 168 bpm.

Maximum BP

: 160/90 mmHg.

Max. work load attained

:13.00METS.

Indication

: Screening for IHD.

Risk Factors

.

Reason for Termina

: Attainment of THR.

Test Profile

: BRUCE

Symptoms

.

Summary Result ⇒

NEGATIVE

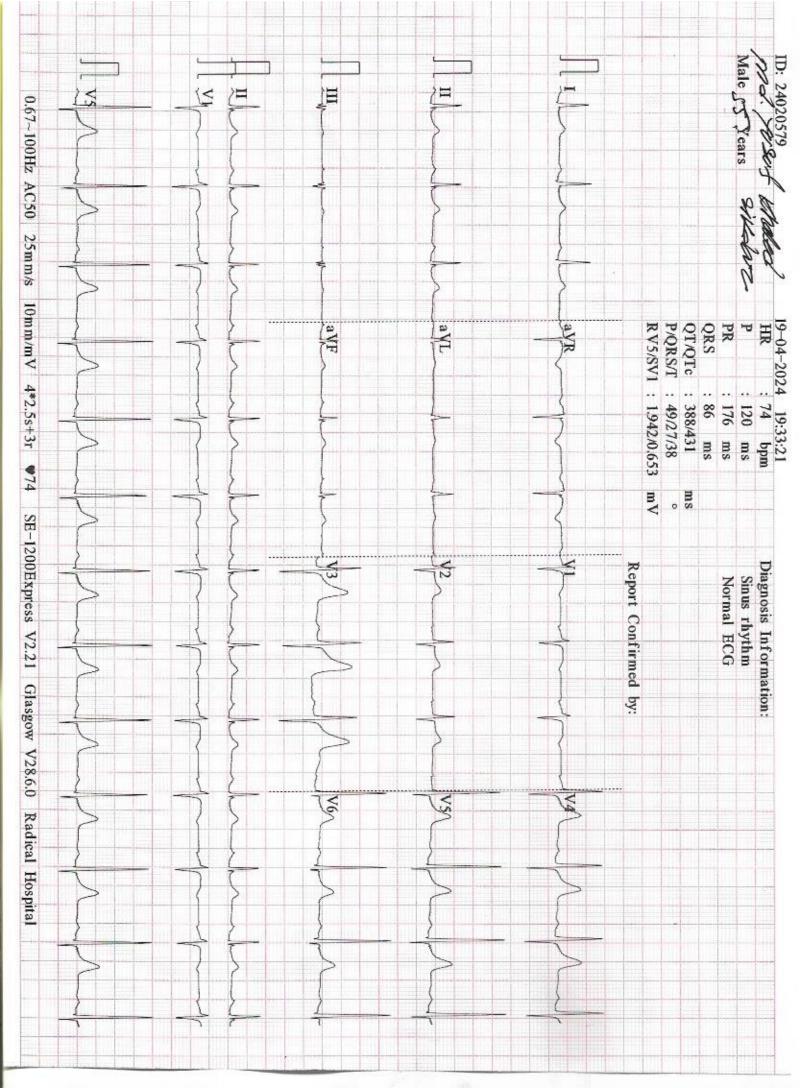
Comments

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

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

Dr. ROSEVAT PERVEEN

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



RADICAL HOSPITAL

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

#### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

24040393

Receive: Print: 19/04/2024

Patient's Name

MD YUSUF KHALED SIKDER

Age

55 YRS

Sex

: M

Refd. by

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

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

Rate

74 b/min

Rhythm

Regular

P-Wave

Normal

P-R Interval

Normal

**QRS** Complex

Normal

ST. Segment

Is electric

T. Wave

: Normal

Impression

Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology)

Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

RADICAL HOSPITAL

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

#### DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040393 Receive:19/04/2024 Print: 19/04/2024

Patient's Name : MD YUSUF KHALED SIKDER

Age : 55 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 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





Patient ID	24040393	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	19/04/2024
Patient Name	MD YUSUF KHALED SIKDER		1217 112021
Age	55 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU)		100.000000

#### THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.4cm, regular in shape and normal position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: Normal in size & regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

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

SPLEEN: Is normal in size (8.8 x 3.5)cm and uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size RK-9.1cm, LK- 10.6cm regular in shape. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

URINARY BLADDER: Is well filled. Wall thickness is normal. No intravesicle lesion is seen PROSTATE: Enlarged in size volume is 29.4 cc ,regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Mildly Enlarged prostate gland.

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obsyling or TVS

Consultant Sonologist

Patient's Name		MD YUSUF KHALED SIKDER			
Age	:	55 Yrs	Date	:	19/04/2024
Sex	:	Male	CDC N	0:0	C/O/1839
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM			

# Psychometric Test

Remarks
Poor /Good /very good /excellent
Poor /Good /very good /excellent
INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESF
Poor /Good /very good /excellent
7
Poor /Good /very good /excellent

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved

General Physician Radical Hospitals Limited



# AUDIOLOGICAL REPORT

Patient Name : MD YUSUF KHALED SIKDER

19/04/2024

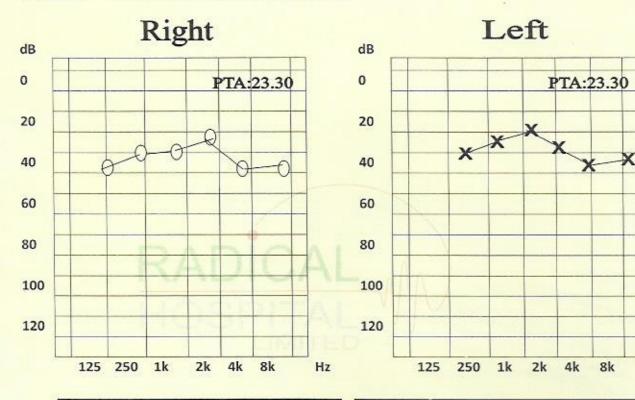
Age

: 55 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		
	Right Ear	Left Ear
Air MaskingOX		
Bone Masking AA		

Hz

Remark's:-

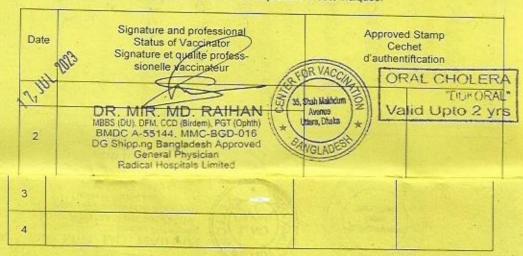
Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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

MD YUSUF KIT	ALED		
This is to certify that JE Soussigne' (e) certifie que	date of birth	22-06-1969 <sub>Sex</sub>	MALE
Whose signature follows dont la signature suit	- James		

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



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

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

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

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

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

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

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

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

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

This is to certify that JE Soussigne' (e) certifie que	date of birth 22-06-1	1969 Sex MALE
Whose signature follows	tung	
don't la signature suit	1 ).	
has on the Date indicated been vaccine (e) or revaccine (e) at revaccine (e) at	inated or revaccinated against chole	era

	Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricani du vaccin et nunno' ro du lot	Official sump of vaccinating centre Cachet official du centre de vaccination
17 11.	DG S	MR. MD. RAIHAN (DU) DFM, CCD (Biddem), PGT (Ophth) (C A-55144, MMC-BGD-016 (A-55144, MMC	L NO PO	Son VACCI Son Shah Makhdum Avernue Utlara, Dhaka
	3			
	4		*	

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

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

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

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

Ce certificate n' est avalable que si lc vaccina employe" a c-' tc," a approve" par l' organisa\_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiie pali-aminstralion sanitaire du (erriloire dans lcqucl'ce centre est siture;

La validite' de ce certilicat couvrc une pe'riodo de dix ans comencant dix joursapros la date de la vaccination ou, dans le cas dune reiaccination.u.ou., a.-citto lie,iio,i. a" dix ans. lejour de cetto revaccination.

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

Toute ecreciion ou rahire sur le certificate ou l'omission d'une quelconque des montions qu'il