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 SANJIDA Middle Initial Name: 05 / 11 PP/CDC: __C/0/1023X 1999 Date of Birth: 2nd OFFICER Rank: Vessel: OIL/ Chemical Tanken Route: Type: HAFNIA AQUAMARINE WORLD WIDE Home Address: \$1008:30, House No 47, ROAD NO: 11, Kallyanpun, Minpun, Dhaka Company Name: SUNTECH SHIP MANAGMENT Medical History Please answer the following to the best of your knowledge. Candidate Examiner Is there any past / present history of any of Declaration Record the following Declaration Record Yes No Yes No Yes No Yes No evere one-sided headaches (Migraine) Hemia / Hydrocoele / Appendicitis Head Injury / Concussion / Loss of Memmory High / Low blood pressure / Heart disease Fits / Epilepsy / Dizziness / Fainting Asthama / Bronchitis / Tuberculosis Eye / Vision Problems (Glasses, etc.) Allergy / Skin disease Hearing Impairment Infection / Contagious Disease Ear / Nose / Throat problems Addicition 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 Mallignant disease (Cancer) Female Disorder Signed off on medical grounds / Declared Unfi Medical Examination Weight in Kgs Chest Insp-Exp Blood Pressure in mm of Hg 165cm Distant Vision Field of Vision 500 1000 2000 3000 20 20 20 20 Audiometry 6000 Right Eye 20 20 20 Right Ear Left Eye Left Ear Colour Vision Other Norma Abnormal Right Ear Hearing Nomia Abnormal Systemic Examination Normal Abnormal Notes Normal Abnorma Head & Neck Respiratory system FIT FOR SEA SERVICE Cardiovascular system Ears / Nose / Throat Per Abdomen Teeth / Oral Cavity AS SRD OFF Genito-urinary system Musculo-Skeletal system Others Nervous system AS PER MLC 2006 Hernia / Hydrocoele Reflexes Varicose Veins phanced GARD Medicals don Fissure/Fistula/Piles Investigations Blood Normal Urine 14-16 gm % 4000-11000 / cu.mm Colour Total WBC coun Specific Gravity pH Our 11--15 mm/hr Albumin Sugar SGPT 9-43 U/L Bile pigment S.Cholesterol mg/dl 145-260 mg / dl Bile salts S.Triglycerides upto 200 mg/dl Occult blood Blood Sugar upto 125 mg % RBC cells Leucocytes HIV I & II VDRL Others Spirometry GGTP U/L Blood Group Drugs of ECG: Abuse: X-Ray Chest: USG: 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 Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months. Remarks Recommendations ACHAN 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: 0 1 APR 2026 Candidate's Signature anjide Aleter Official Stamp

HOSDI

As Per-MLC-2008

04.2024.6274

Eyes

ESR

Date:

0 Z APR 2024

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



MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, mid	TINIEF	ADILNAZ	IRTE .	Gender: Male/Female*
Date of Birth: (Day/month/year) 05 II 1999	Nationality: BAI	NGLADESH1	Place of Birth:	

Declaration of the recognized medical practitioner:

		***	Yes N
1	Identification documents were checked at the point of examination?	a manufacture	/
2	Hearing meets the standards in STCW Code Section A-I/9?		1
3	Unaided hearing satisfactory?		1
4	Visual acuity meets the standards in STCW Code Section A-I/9?		
5	Colour vision meets the standards in STCW Code Section A-I/9?		1
	Date of last colour vision test: 02 APR	2024	1,
6	Fit for look-out duty?		1
7	Is the seafarer free from any medical condition likely to be aggravated by to render the seafarer unfit for such service or endanger the life of person	service at sea or	
8	No limitations or restrictions on fitness?	onound:	1
	If "no" specify limitations or restrictions	THE RES	
9	Date of examination: (day/month/year)	00.100.000	
0	Expiry of certificate: (dav/month/year)	0 2 APR 202	4
•	** Maximum two years from date of examination unless the seafarer is under the age of 18	8 01 APR	2026

0 2 APR 2024

Date

Signature of Authorised Medical Practitioner DR. MIR. MD. RAIHAN
MBBS (DU), DFM. CCD (Birden), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited

Medical Practitioner's Official stamp (name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer







MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

MPA

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS) AK	TER SANJIDA		Gender: Male/Female*
Date of Birth: day/month/year	Place of Birth: JOYPURHAT		ANGLA DESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: A07152451	Dept: Deck / Engine / Cate Rank: 3 nd officen	ering / others	Type of ship: OIL 1 Chemical Tanker
Home Address: FLOOR: 3C, HOUSE NO: 47, ROAD NO: 11, Kallyanpon, Minpun, Dhaka	Routine and emergency d	uties:	Trading area: e.g. coastal / worldwide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
Eye/vision problem		/	18. Sleep problem		1
2. High blood pressure		1	19. Do you smoke, use alcohol or drugs?		/
3. Heart/vascular disease		1	20. Operation/surgery		/
4. Heart Surgery		1	21. Epilesy/seizures		1
5. Varicose veins/piles		/	22. Dizziness/fainting		1
6. Asthma/bronchitis		1	23. Loss of consciousness		1
7. Blood disorder		1	24. Psychiatric problems		1
8. Diabetes		1	25. Depression		1
9. Thyroid problem		1	26. Attempted suicide		1
10. Digestive disorder		1	27. Loss of memory		1
11. Kidney problem		1	28. Balance problem		1
12. Skin Problem		1	29. Severe headaches		
13. Allergies		1	30. Ear(hearing, tinnitus/nose/throat problem		
14. Infectious / contagious diseases		1	31. Restricted mobility		
15. Hernia		1	32. Back or joint problem		<
16. Genital disorder		17	33. Amputation		-
17. Pregnancy		1/	34. Fracture/dislocations		

If you answer "yes" to any of the above questions, please provide details:



^{*}For identity verification purpose

Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		
36. Have you ever been hospitalized?		1
37. Have you ever been declared unfit for sea duty?		1
38. Has your medical certificate even been restricted or revoked?		1
39. Are you aware that you have any medical problems, diseases or illnesses?		1
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	1	-
41. Are you allergic to any medication?		1
42. Are you using any non-prescription or prescription medication?		
AN ALTO LATE OF THE CONTROL OF THE SECOND CO	-	1

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

0 2 APR 2024

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN
MBRE (IX) DFM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to

Dr. MRMD. RAHAN.

0 2 APR 2024

Date

Signature of Seafarer

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

Name and Signature of Witness



No						
INO.						
Yes T	уре		Pu	rpose		
al Acuity	*1					
	Unaided	_			Aided	Diseasilor
ight eye	Left eye	Binocular	Right		Left eye	Binocular
istant	610	614	Dista			
ear	15	15	Near			
ual fields						
	Norma	al	Defect	ive		
ight oug	Non	eu				
light eye		7				
OTT OVO	-					
Not tes		Normal		oubtful	Vine.	efective
lour Vision Not tes	re tone and a	Normal	(threshold	d values i	n dB)	
lour Vision Not tes	sted [1	Normal	(threshold	d values i	Vine.	
lour Vision Not tes	re tone and a	Normal audiometry 1,000 H	(threshold	d values i	n dB)	
Not tes aring Pu	re tone and a	Normal	(threshold	d values i	n dB)	
Not tes aring Pu Right ear	ire tone and a 500 Hz	Normal audiometry 1,000 H	(threshold	d values i	n dB)	
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our Vision Not test aring Pu Right ear eft ear eech and Right ear Left ear inical Fine Height Pulse rate	whisper test	(cm)	(threshold z 2,	Who weight Rhythm	isper (kg)	
Not tes aring Pu Right ear Left ear Left ear Left ear Height Pulse rate Blood Pre	whisper test	(cm) er minute) (mm Hg)	(threshold z 2,	Who weight Rhythm	isper (kg)	

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

ESIS IDEDOCAL			
Ears (general)		•	
Tympanic membrane	//		
Eyes	//		
Ophthalmoscopy	1		100
Pupils	//		
Eye movement			
Lungs and chest			
Breast examination			
Heart			
Skin	//		
Varicose Vein			
Vascular (inc. pedal pulse)			
Abdomen and viscera	1,		
Hernia	1		
Anus (not rectal exam)	1		
G-U system	7.		
Upper and lower extremities	1/		
Spine (C/s, T/S, L/S)	1//		
Neurologic (full/brief)	1/2		
Psychiatric	10		
A	/		
General appearance Chest X-ray Not performed		d on (day/month/year): 0 2 APR 20	24
Chest X-ray Not performed Other diagnostic test(s) and re	Results:	Neamal	24
Chest X-ray Not performed Other diagnostic test(s) and re	Results:	Nonmal Results: Nonmal	
Chest X-ray Not performed Other diagnostic test(s) and re	Results:	Neamal	
Chest X-ray Not performed Other diagnostic test(s) and re	Results:	Nonmal Results: Nonmal	
Chest X-ray Not performed Other diagnostic test(s) and re Test Black Acrony Medical practitioner's comment	Results:	Results: New York Results: New	
Chest X-ray Not performed Other diagnostic test(s) and re Test Bland Acronic Medical practitioner's comment	Results: A sea (ple	Results: Name of fitness, with reasons for an OUTY ON BOARD SHIP	y limitations.
Chest X-ray Not performed Other diagnostic test(s) and re Test Bland Acronic Medical practitioner's comment	Results: A sult(s): ts and assessive FIT FOR vice at sea (plears on all declarations).	Results: National Control of Fitness, with reasons for an OUTY ON BOARD SHIP ase tick) ion, my clinical examination and d	y limitations.
Chest X-ray Not performed Other diagnostic test(s) and re Test Blood Account Medical practitioner's comment Assessment of fitness for serv On the basis of the seafarer's per	Results: A sealt(s): ts and assessive at sea (please at sea farer results):	Results: National Control of Fitness, with reasons for an OUTY ON BOARD SHIP ase tick) ion, my clinical examination and d	y limitations.
Chest X-ray Not performed Other diagnostic test(s) and re Test Blood Jerroll Medical practitioner's comment Assessment of fitness for serv On the basis of the seafarer's peresults recorded above, I declare	Results: A sult(s): ts and assessive fit for least sea (please the seafarer in the seafarer i	Results: New Management of fitness, with reasons for an OUTY ON BOARD SHIP ase tick) ion, my clinical examination and denedically:	y limitations.
Chest X-ray Not performed Other diagnostic test(s) and re Test Black Account Medical practitioner's comment Assessment of fitness for serv On the basis of the seafarer's peresults recorded above, I declare Fit for look out duty	Results: A sult(s): ts and assessive fit for least sea (please the seafarer in the seafarer i	Results: National Control of Fitness, with reasons for an OUTY ON BOARD SHIP ase tick) ion, my clinical examination and decidally: bokout duty	y limitations.
Chest X-ray Not performed Other diagnostic test(s) and re Test Assessment of fitness for serv On the basis of the seafarer's peresults recorded above, I declare Fit for look out duty Deck Engine	Results: A sult(s): ts and assessive fit for least sea (please the seafarer in the seafarer i	Results: National Control of Fitness, with reasons for an OUTY ON BOARD SHIP ase tick) ion, my clinical examination and decidally: bokout duty	y limitations.
Chest X-ray Not performed Other diagnostic test(s) and re Test Black According Medical practitioner's comment Assessment of fitness for serv On the basis of the seafarer's peresults recorded above, I declare Fit for look out duty Visual aid required Deck Service Service Deck Service Service	Results: A sult(s): ts and assessive fit for least sea (please the seafarer in the visual aid	Results: National Content of fitness, with reasons for an OUTY ON BOARD SHIP ase tick) ion, my clinical examination and dedically: bokout duty not required	y limitations.
Chest X-ray Not performed Other diagnostic test(s) and re Test Assessment of fitness for serv On the basis of the seafarer's peresults recorded above, I declare Fit for look out duty Deck Engine	Results: A sult(s): ts and assessive at sea (please the seafarer in the seafa	Results: A TOTAL CARRENTS FOR AN OUTY ON BOARD SHIP ase tick) ion, my clinical examination and decically: bokout duty not required Other	y limitations.

Without restrictions With	restrictions
Description of restrictions (e.g. specific p	osition, type of ship, trading area etc.)
	DR. MIR. MD. RAIHAN MBSS IDU), DFM, CCD (Birdem), PGT (Ophth) BMCC A. 55144 MMC-BGD-016

0 2 APR 2024

Date

Signature of Medical Practitioner

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

Medical Practitioner's name, licence number, address





ID NO : 24040029

Patient's Name: SANJIDA AKTER

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10238

Specimen : Blood

Ref. By

Date : 02/04/2024

Age : 24Y 4M 28D

Sex : Female

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

HAEMATOLOGY REPORT

REVINIONES		MATULUGIT	REPURT	
Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	12.2 14	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	10,000	/cumm	4,000 - 11,000 /cumm	4. 1
DIFFERENTIAL COUNT Neutrophils Lymphocytes Monocytes Eosinophils Basophil	67 25 05 03	% % %	(40 - 75)% (20-45)% (2-10)% (1-6)%	WBC CURVE
TOTAL CIR. EOSIONOPHIL COUNT TOTAL PLATELET COUNT(PC) MPV PDW-CV	300 305,000 9.9 16	/cumm /cumm fL %	0-1 % 40 - 450 /cumm 1,50,000-4,50,000 /cumm 7.0 -11.0 fL 10 - 18 %	PLT CURVE
P-LCR P-LCC	0.3 26.1 80	% .% ×10^3/uL	0.10 - 0.28 9.00 - 45.00% 13 - 129 x10^3/uL	
RBC COUNT HCT/PCV MCV MCH MCHC RDW SD RDW CV	5.21 40.5 77.7 22.8 29.4 46 17.6	m/ul % fL pg g/dL fL %	M: 4.5-6.5, F: 3.8-5.8 m/ul M: 40-54%, F: 37-47% 76-94 fL 27-32 pg 29-34 g/dL 30.0-57.0 fL 10-16%	RBC CURVE

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

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



Bill No	DIA24040029	Received Dat	e 02/04/2	2024
Patient's Name	SANJIDA AKTER	Date	02/04/2	2024
Patient's Age	24Y 4M 28D	Patie	nt's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT		CDC NO	C/O/ 10238
Sample	BLOOD	, , , , , , , , , , , , , , , , , , , ,	ODONO	C/O/ 10236

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS) Serum Creatinine Serum Cholesterol Serum Triglyceride Serum ALT (SGPT)	5.5 mmol/l 0.81 mg/dl 150 mg/dl 146 mg/dl 22.0 U/L	4.2 – 6.4 mmol/l 0.3 - 1.3 mg/dl up to 200 mg/dl up to 220 mg/dl Up to 40 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.



Test Name

Bill No	DIA24040029	Received	Date	02/04/2	2024
Patient's Name	SANJIDA AKTER				
Patient's Age	24Y 4M 28D	P	atient's	Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M),PGT(Eye),DFM	С	DC NO	C/O/ 10238
Sample	BLOOD				

SEROLOGICAL REPORT

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

VDRL Non-reactive

Checked By

Medical Technologist. Radical Hospital Ltd.

Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor

Dept. of Microbiology East West Medical College and Hospital.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24040029	Received Date	e 02/04/2	2024
Patient's Name	SANJIDA AKTER	TOOLIVOU DU	02/04/2	2024
Patient's Age	24Y 4M 28D	Patie	nt's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(I	0.0000000000000000000000000000000000000	CDC NO	C/O/ 10238
Sample	BLOOD	-,-,,	ODC NO	C/O/ 10238

SEROLOGICAL REPORT

Test Name

Result

Urine for Pregnancy (ICT)

Negative

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	DIA24040029	Received Date 02/04/2			2024
Patient's Name	SANJIDA AKTER			· New	
Patient's Age	24Y 4M 28D	Patient's Sex		Female	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	M),PGT(Eye),DFI	и с	DC NO	C/O/ 10238
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	
- Children and a second and a second at the second		Hyaline	Nil	

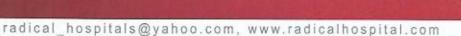
ON REQUESTCRYSTALS & OTHERS

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

Propoxyphene



Bill No	DIA24040029	Received Date 02/04/202		2024	
Patient's Name	SANJIDA AKTER	020 112027			
Patient's Age	24Y 4M 28D	4Y 4M 28D Patient's Sex			Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M),PGT(Eye),DFM	CI	OC NO	C/O/ 10238
Sample	URINE			3	

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Result

Negative

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



Patient's Name	1	SANJIDA AKTER	ID NO	:	24040029
Age	:	24 Yrs	Date	:	02/04/2024
Sex	:	Female			1
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU), DFM			
Nature of Specimen	:				

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6 FEV = 5 FEV/FVC = 80%

Comments: Normal Lung Function

Dr. Mir Md. Raihan

MBBS (DU) CCD(Birdem),PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved General Physician Radical Hospitals Limited



Patient's Name	:	SANJIDA AKTER	ID NO	T :	24040029
Age	:	24 Yrs	Date	١.	02/04/2024
Sex	:	Female			02/04/2024
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU),	CCD (BIRDEM),PGT(Eve).DFM

Dental Examination Reports

No

No

On Examination

1. Dental Caries Absent

2. Calculus Absent

Missing Absent

4. Gum Condition Normal

Filling No

7. Any Bridge/Denture/Crown

Oral Hygine Normal

Comments: Normal

6. Root Canal Treatment

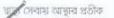
Dr. Mir Md. Raihan

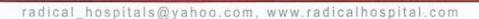
MBBS (DU), DFM, CCD (Birdem), PGT(opth) Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved General Physician

Radical Hospitals Limited







Patient ID	24040029	Voucher No	k = 12 = 1
Test Name	USG OF WHOL ABDOMEN	Delivery Date	02/04/2024
Patient Name	SANJIDA AKTER	9	
Age	24 Yrs.	Sex	Female
Refd. By	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),P	

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.5cm, 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 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.

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

SPLEEN: Is normal in size (9.3 x3.3)cm and uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size RK-10.6cm, LK-11.1 cm 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.

UB: UB is well filled. Well thickness is normal. No intravasicle lesion is seen.

UTERUS: Uterus is normal in size (7.0x3.3x4.1)cm & ante-verted is position.

Endometrium is normal in thickness8.7mm.

Myometrial echogenicity is homogenous & uniform.

Adnexa : Both ovary appears normal.

Cull-D-Sac: Free.

Comment: Suggestive of Normal study.

ATI 04 24 Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

24040029

Receive: Print: 02/04/2024

Patient's Name

SANJIDA AKTER

Age

24 YRS

Sex

: F

Refd. by

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate

69 b/min

Rhythm

Regular

P-Wave

Normal

P-R Interval

Normal

QRS Complex

Normal

ST. Segment

Is electric

T. Wave

Normal

Impression

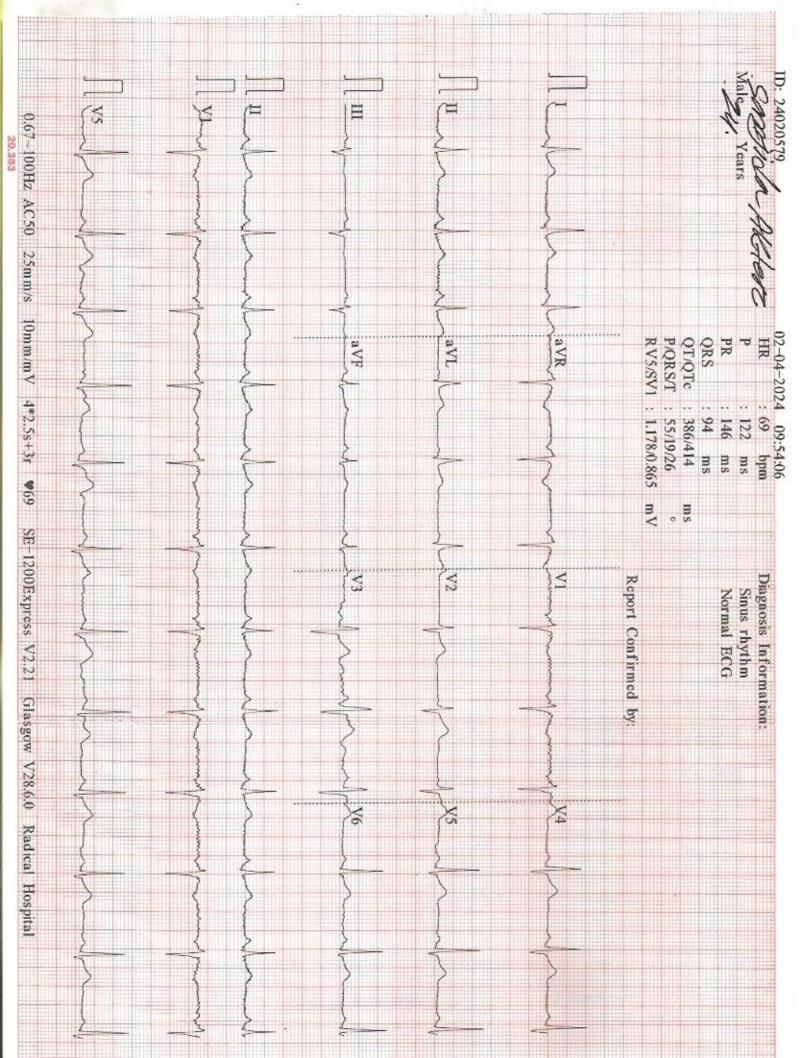
Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24040029 Receive:02/04/2024 Print: 02/04/2024

Patient's Name : SANJIDA AKTER

Age : 24 YRS Sex : F
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

AUDIOLOGICAL REPORT

Patient Name : SANJIDA AKTER

02/04/2024

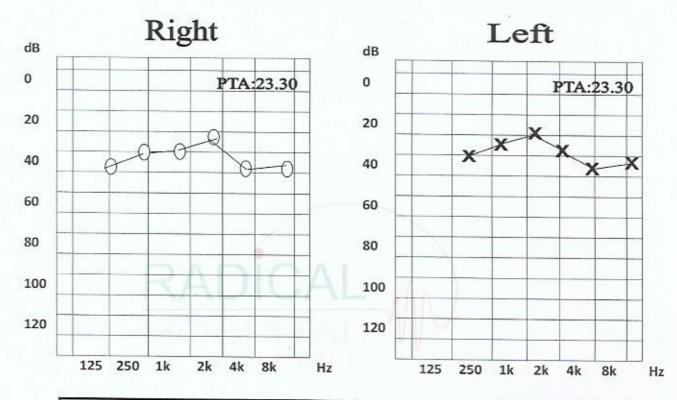
Age

: 24 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 O	X .	
Bone Unmasking		
	Right Ear	Left Ear
Air MaskingOX		***************************************
Bone Masking $\Delta\Delta$		V.

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

SANJIDA	AKTER	05-11-1999	- 1
This is to certify that	date of birth	Sex	temale
JE Soussigne' (e) certifie que	no' (e) le	sexe	SA COLO
Whose signature follows dont la signature suit	Sangida Akter		2
dont la signature suit			

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 Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
10	2	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician	a 2 Valid PPIO 2 yis 1
	3	Radical H Itals Limited	
	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 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 premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d; gtte period do six mois jour de certe revaccination.

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

De cachet d'authentification doit etre c_anforme au modele present per l, administration sanitaite du territoire ou la vaccination est effectuee; j

d. 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

SANJIDA AKTE	R	05-11-1999	Female
This is to certify that	date of birth	Sex	1 Carpore
JE Soussigne' (e) certifie que	no' (e) le	sexe	
Whose signature follows	Singida Akter		
don't la signature suit			
has on the Date indicated bee	n vaccinated or revaccinated	against cholera	

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.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet official du centre de vaccination
	R. MR. MD. RAIHAN S (DU), DFM. CCD (Birdem), PGT (Ophth DC A-55144, MMC-BGD-016 Shipping Bangladesh Approve General Physician Radical Hospitals Limited.	10/ L NO 10	S5, Sheh Meldhorn Avenso Utusra, Dheka
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'tra6fiilie pali-aminstralion sanitaire du (erritoire dans lcgucl'œ centre est siture;

La validite' de ce certificat couvrc une pe'riodo de dix ans comencant dix joursapros la date de,la vaccination ou, dans le cas dune relaccination 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 eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il