

**Medical Certificate for Service at Sea**  
As per medical standards of ILO-MLC 2006, as amended STCW 2010

Issue Date: 15<sup>th</sup> July 2013  
Rev. Date: 01 November 2022  
Revision No.: 01  
Form #: C-43

|                                    |           |    |      |                          |             |
|------------------------------------|-----------|----|------|--------------------------|-------------|
| Name: (last, first, middle)        |           |    |      |                          |             |
| RIFAT                              |           | MD |      |                          |             |
| Date of birth:<br>(day/month/year) | 05        | 07 | 1997 | Gender:<br>(male/female) | MALE        |
| Passport / Discharge<br>book No:   | A03071111 |    |      | Nationality:             | BANGLADESHI |
| Rank:                              | DECK HAND |    |      | Place of<br>Examination: | DHAKA       |



I have evaluated the above-named seafarer/ new entrant after establishing his identity as per the documents mentioned above. On the basis of the seafarer's/ new entrant personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is –

|                                                                                                                                                                                                           | Yes                                 | No                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| a. Hearing meets the standards in STCW Code, section A-I/9:                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Unaided hearing is satisfactory;                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Color Vision meets the required STCW Code standards section A-I/9<br>(testing only required every six years)                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Date of last color vision test:                                                                                                                                                                        |                                     |                          |
| e. Fit for lookout duty                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. Is the seafarer free from any medical condition likely to be aggravated by Service at sea<br>or to render the seafarer unfit for such service or to endanger the health of other persons<br>on board : | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

This seafarer is ☐ UNFIT FOR DUTY \*\* / ☒ FIT FOR DUTY with / without restriction \*as mentioned below.

**FIT FOR DUTY ON BOARD SHIP**

\*This Medical Certificate is issued with following restriction

|  |
|--|
|  |
|--|

\*\* Reasons for being unfit

|  |
|--|
|  |
|--|

|                                              |                                   |
|----------------------------------------------|-----------------------------------|
| Date of examination: (Day/Month/Year)        | 29 FEB 2024                       |
| Expiry date of certificate: (Day/Month/Year) | 28 FEB 2026                       |
| Name of Medical Examiner                     | DR. MIR MD. RAIHAN MBBS,(DU), DFM |
| Signature of Medical Examiner                |                                   |
| Official Stamp                               |                                   |



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

04.2024.6031

## Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

### Medical Examination of Seafarers Examinee's Declaration

|                                                     |                                                            |
|-----------------------------------------------------|------------------------------------------------------------|
| Name (last, first, middle):                         | RIFAT MD                                                   |
| Date of birth (day/month/year):                     | 05-JUL-1997                                                |
| Sex: Male / Female                                  | MALE                                                       |
| Home address:                                       | KAIJALIPUR, KODOMTOLI-1970, GHATAIL<br>TANGAIL, BANGLADESH |
| Passport No./Discharge book No.:                    | A03071111                                                  |
| Department (Deck/Engine/Radio/Food handling/other): | DECK                                                       |
| Rank:                                               | DECK HAND                                                  |
| Routine and emergency duties (if known):            |                                                            |
| Type of ship (Cargo, Tanker, Passenger):            |                                                            |
| Trade area (coastal, tropical, worldwide):          |                                                            |

### Seafarer'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 problem                               |     | ✓  |
| 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/piles           |     | ✓  | 22 | Dizziness/fainting                          |     | ✓  |
| 6  | Asthma/bronchitis              |     | ✓  | 23 | Loss of consciousness                       |     | ✓  |
| 7  | Blood disorder                 |     | ✓  | 24 | Psychiatric problems                        |     | ✓  |
| 8  | Diabetes                       |     | ✓  | 25 | Depression/Hepatitis                        |     | ✓  |
| 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 (hearing, tinnitus)/nose/throat problem |     | ✓  |
| 14 | Infectious/contagious diseases |     | ✓  | 31 | Restricted mobility                         |     | ✓  |
| 15 | Hernia                         |     | ✓  | 32 | Back or joint problem                       |     | ✓  |
| 16 | Genital disorder               |     | ✓  | 33 | Amputation                                  |     | ✓  |
| 17 | Pregnancy                      |     | ✓  | 34 | Fractures/dislocations                      |     | ✓  |



## Medical Declaration

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If you answered "yes" to any of the above questions, please give details:

|  |
|--|
|  |
|  |
|  |
|  |
|  |

### Additional questions

|    |                                                                                           | Yes                                 | No                                  |
|----|-------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 35 | Have you ever been signed off as sick or repatriated from a ship?                         |                                     | <input checked="" type="checkbox"/> |
| 36 | Have you ever been hospitalized?                                                          |                                     | <input checked="" type="checkbox"/> |
| 37 | Have you ever been declared unfit for sea duty?                                           |                                     | <input checked="" type="checkbox"/> |
| 38 | Has your medical certificate even been restricted or revoked?                             |                                     | <input checked="" type="checkbox"/> |
| 39 | Are you aware that you have any medical problems, diseases or illnesses?                  |                                     | <input checked="" type="checkbox"/> |
| 40 | Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 | Are you allergic to any medication?                                                       |                                     | <input checked="" type="checkbox"/> |

Comments:

**FIT FOR DUTY ON BOARD SHIP**

|  |
|--|
|  |
|  |
|  |

|    |                                                                  |  |                                     |
|----|------------------------------------------------------------------|--|-------------------------------------|
| 42 | Are you taking any non-prescription or prescription medications? |  | <input checked="" type="checkbox"/> |
|----|------------------------------------------------------------------|--|-------------------------------------|

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

|  |
|--|
|  |
|  |
|  |

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

Signature of  
Examinee:

Day  
(day/month/year)

29 FEB 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 authorize 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 practitioner)

Signature of Examinee

Day (day/month/year)

29 FEB 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



# Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

## Medical Examination by Doctor

☐ Pre-sea

☐ Periodic

☐ Other

### Sight

|          | Visual Acuity |          |           |           |          |           |
|----------|---------------|----------|-----------|-----------|----------|-----------|
|          | Unaided       |          |           | Aided     |          |           |
|          | Right Eye     | Left Eye | Binocular | Right Eye | Left Eye | Binocular |
| Distance | 6/15          | 6/15     | ✓         |           |          |           |
| Near     | 15            | 15       | ✓         |           |          |           |

|           | Visual Fields |           |
|-----------|---------------|-----------|
|           | Normal        | Defective |
| Right Eye | ✓             |           |
| Left Eye  | ✓             |           |

Color vision:

☐ Not tested

☒ Normal

☐ Doubtful

☐ Defective

### Hearing

|           | 500 Hz | 1000 Hz | 2000 Hz | 3000 Hz | 4000 Hz | 6000 Hz |
|-----------|--------|---------|---------|---------|---------|---------|
| Right Ear | 20     | 25      | 20      |         |         |         |
| Left Ear  | 20     | 20      | 20      |         |         |         |

### Speech and whisper test (metres)

|           | Normal | Whisper |
|-----------|--------|---------|
| Right Ear | 4      | 4       |
| Left Ear  | 4      | 4       |

|                       |                       |                    |        |
|-----------------------|-----------------------|--------------------|--------|
| Height (cm)           | 165                   | Weight: (kg)       | 57     |
| Pulse rate: (/minute) | 78 & 6/min            | Rhythm:            | Regm.  |
| Blood pressure:       | Systolic: (mm/Hg) 120 | Diastolic: (mm/Hg) | 80     |
| Urinalysis:           | Glucose:              | Protein:           | Blood: |
|                       | Nil                   | Nil                | Nil    |

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

29 FEB 2024

|             |               |        |                                                                      |
|-------------|---------------|--------|----------------------------------------------------------------------|
| Chest X-ray | Not performed | NORMAL | Performed on (day/month/year):<br>.../.../... <i>Namul Choudhury</i> |
|-------------|---------------|--------|----------------------------------------------------------------------|



## Medical Declaration

As per medical standards of ILO- MLC 2006, as amended STCW 2010

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

| Test       | Results |
|------------|---------|
| BLOOD TEST | NORMAL  |
| URINE TEST | NORMAL  |
| ECG        | NORMAL  |

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

**No Restrictions**

Vaccination status recorded:

☒ Yes

☐ No

### Assessment of fitness for service at sea

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

☒ Fit for look out duty

☐ Not fit for look out duty

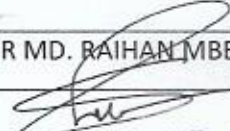
|                                         | Deck service | Engine service | Catering service | Other services |
|-----------------------------------------|--------------|----------------|------------------|----------------|
| <input checked="" type="checkbox"/> Fit |              |                | 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

☒ Without Restriction

☐ With Restrictions

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

Action taken by Medical Examiner (e.g. referral):

|                                              |                                                                                                                                                                                                                                                                           |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of examination: (Day/Month/Year)        | 29 FEB 2024                                                                                                                                                                                                                                                               |
| Expiry date of certificate: (Day/Month/Year) | 28 FEB 2026                                                                                                                                                                                                                                                               |
| Name of Medical Examiner                     | DR. MIR MD. RAIHAN MBBS,(DU), DFM                                                                                                                                                                                                                                         |
| Signature of Medical Examiner                |                                                                                                                                                                                       |
| Official Stamp                               | <br>DR. MIR MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited |



ID NO : 733

Date : 29/02/2024

Patient's Name : MD. RIFAT

Age : 26Y 7M 24D

Ref. By : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DMF - T/35139

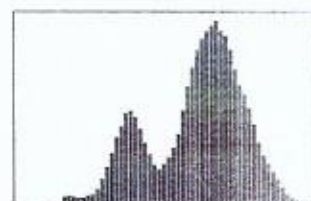
Sex : Male

Specimen : Blood

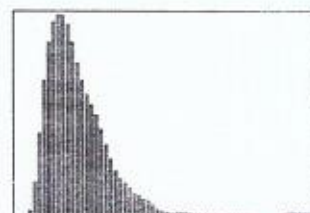
(Relevant estimations were carried out by KT-44 Haematology Analyzer with checked manually)

### HAEMATOLOGY REPORT

| Parameter                   | Results | Reference Values          | Histogram                               |
|-----------------------------|---------|---------------------------|-----------------------------------------|
| Haemoglobin(Hb)             | 15      | g/dl                      | M:12-16, F:10-14.0 g/dl                 |
| ESR(Westergren)             | 07      | mm/1st hr                 | M:0-10, F:0-20 mm/1st hr                |
| TOTAL WBC COUNT             | 7,500   | /cumm                     | 4,000 - 11,000 /cumm                    |
| <b>DIFFERENTIAL COUNT</b>   |         |                           |                                         |
| Neutrophils                 | 68      | %                         | (40 - 75)%                              |
| Lymphocytes                 | 27      | %                         | (20-45)%                                |
| Monocytes                   | 03      | %                         | (2-10)%                                 |
| Eosinophils                 | 02      | %                         | (1-6)%                                  |
| Basophil                    | 00      | %                         | 0-1 %                                   |
| TOTAL CIR. EOSINOPHIL COUNT | 150     | /cumm                     | 40 - 450 /cumm                          |
| TOTAL PLATELET COUNT(PC)    | 155,000 | /cumm                     | 1,50,000-4,50,000 /cumm                 |
| MPV                         | 15.9    | fL                        | 7.0 -11.0 fL                            |
| PDW-CV                      | 18.4    | %                         | 10 - 18 %                               |
| PCT                         | 0.25    | %                         | 0.10 - 0.28                             |
| P-LCR                       | 62.9    | %                         | 9.00 - 45.00%                           |
| P-LCC                       | 97      | $\times 10^3/\mu\text{L}$ | 13 - 129 $\times 10^3/\mu\text{L}$      |
| RBC COUNT                   | 5.26    | m/ $\mu\text{L}$          | M: 4.5-6.5, F: 3.8-5.8 m/ $\mu\text{L}$ |
| HCT/PCV                     | 47.6    | %                         | M: 40-54%, F: 37-47%                    |
| MCV                         | 90.5    | fL                        | 76-94 fL                                |
| MCH                         | 28.6    | pg                        | 27-32 pg                                |
| MCHC                        | 31.6    | g/dL                      | 29-34 g/dL                              |
| RDW SD                      | 48      | fL                        | 30.0-57.0 fL                            |
| RDW CV                      | 15.9    | %                         | 10-16%                                  |



WBC CURVE



PLT CURVE



RBC CURVE

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

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



|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA24020733                                           | Received Date | 29/02/2024 |
| Patient's Name | MD RIFAT                                              |               |            |
| Patient's Age  | 26Y 7M 24D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | T/35139    |
| Sample         | BLOOD                                                 |               |            |

### BIOCHEMISTRY REPORT

| Test Name                | Result     | Reference Range  |
|--------------------------|------------|------------------|
| Random Blood Sugar (RBS) | 5.7 mmol/L | 4.2 – 6.4 mmol/L |
| Serum Bilirubin (Total)  | 0.59 mg/dl | 0.2 - 1.1 mg/dl  |
| Serum ALT (SGPT)         | 23.0 U/L   | Up to 40 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        | DIA24020733                                           | Received Date | 29/02/2024 |
| Patient's Name | MD RIFAT                                              |               |            |
| Patient's Age  | 26Y 7M 24D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | T/35139    |
| Sample         | BLOOD                                                 |               |            |

## SEROLOGICAL REPORT

### Test Name

### Result

|                          |          |
|--------------------------|----------|
| HBs Ag (Method : (ICT)   | Negative |
| Syphilis (Method : (ICT) | Negative |
| Tuberculosis(TB) : (ICT) | Negative |



**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        | DIA24020733                                           | Received Date | 29/02/2024 |
| Patient's Name | MD RIFAT                                              |               |            |
| Patient's Age  | 26Y 7M 24D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | T/35139    |
| Sample         | <b>URINE</b>                                          |               |            |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

|            |            |             |         |
|------------|------------|-------------|---------|
| Quantity   | Sufficient | CELLS / HPF |         |
| Color      | Straw      | RBC         | Nil     |
| Appearance | Clear      | Pus Cells   | 0-2/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.

|                |                                                       |               |            |
|----------------|-------------------------------------------------------|---------------|------------|
| Bill No        | DIA24020733                                           | Received Date | 29/02/2024 |
| Patient's Name | MD RIFAT                                              |               |            |
| Patient's Age  | 26Y 7M 24D                                            | Patient's Sex | Male       |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | T/35139    |
| Sample         | URINE                                                 |               |            |

### DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

| Test Name | Result |
|-----------|--------|
|-----------|--------|

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.

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24020733 Receive: Print: 29/02/2024  
Patient's Name : MD RIFAT  
Age : 26 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

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

Rate : 68 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

This report has been electronically signed

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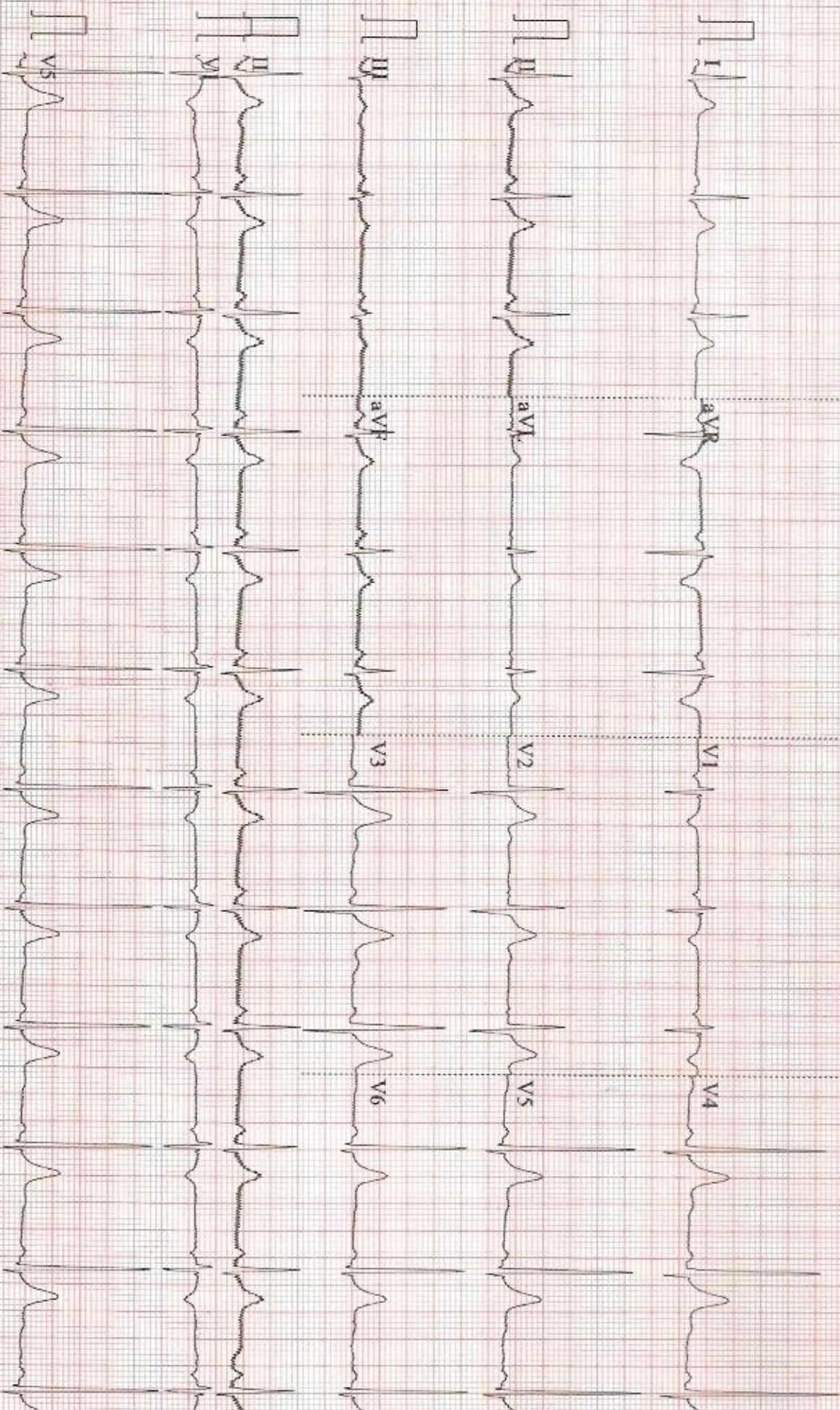
Male 6 Years

MD. Rifat

Diagnosis Information:  
Sinus rhythm  
Normal ECG

HR : 68 bpm  
P : 98 ms  
PR : 128 ms  
QRS : 80 ms  
QT/QTc : 342/364 ms  
P/QRS/T : 65/33/42 °  
RV5/SV1 : 2.439/0.619 mV

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24020733 Receive: 29/02/2024 Print: 29/02/2024  
Patient's Name : MD RIFAT  
Age : 26 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