#### 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 MD ABDULLAH MUSTAFID Sex: M Serial No: Name: REJA Middle Initial 2/0/10/393 PP/CDC: DR. 3/0 031 1999 15/ Rank: Date of Birth: Route: Type: Tanker Vessel Home Address: ONABIL -12/1 UKILPARA, SUNAMGANJ SADAR, SUNAMGANJ MAIN OFFICE - 3000, SUNAMGANJ POST Company Name : WALLE M Please answer the following to the best of your knowledge. Medical History Examiner Candidate Is there any past / present history of any of Declaration Record Declaration Record the following Yes | No Yes No Yes No No Yes Hemia / Hydrocoele / Appendicitis High / Low blood pressure / Heart disease Severe one-sided headaches (Migraine) -Head Injury / Concussion / Loss of Memmory Asthama / Bronchitis / Tuberculosis Fits / Epilepsy / Dizziness / Fainting Allergy / Skin disease Eye / Vision Problems (Glasses, etc. Infection / Contagious Disease Hearing Impairment Addication to alcohol / drugs / tobacco Ear / Nose / Throat problems Fracture / Dislocation / Injury / Amputation Stomach / Bowel disorders Gall stones / Kidney disorders Major / Minor Operation Diabetes Jaundice / Liver Disease Nervous / Mental disease / Sleep disorder Piles / Varicose veins Mallignant disease ( Cancer) Blood Disorder Signed off on medical grounds / Declared Unfit Female Disorder Medical Examination Chest Insp-Exp Seneral Condition Height 150/80 Jum 43-41 - UTV 263am 2000 3000 Uncorrected Mz 500 5000 6000 8000 Distant Vision Corrected Field of Vision Audiometry Right Ear dB Right Eye 20 2 Abnormal Left Far Left Eye Right Ear Left ear Normal Abnormal Ishihara Hearing Colour Vision Abnormal Normal Notes Normal Abnormal Systemic Examination Normal Abnormal Head & Neck Respiratory system Cardiovascular system FIT FOR SEA SERVICE Eyes Per Abdomen Ears / Nose / Throat Genito-urinary system Teeth / Oral Cavity AS Musculo-Skeletal system Others AS PER MLC 2006 Hernia / Hydrocoele Nervous system Reflexes Varicose Veins Enhanced GARD Medicals done Fissure/Fistula/Piles Investigations Normal Urine Blood Result 14-16 gm % Colour Hemoglobin gm% DO cu.mn 4000-11000 / cu.mm Specific Gravity Total WBC cou Ba 00 % Mo 02 pH Neu 62 mm / 1st hour | 1 - 15 mm / hr Malarial parasite Albumin Sugar SGPT Bile pigment 36 U/L 9-43 U/L 145--260 mg / dl Bile salts 13 Emg/di S.Cholesterol upto 200 mg /dl Occult blood 14 0 mg/dl S. Triglycerides upto 125 mg % RBC cells Blood Sugar Leucocytes HbsAg HIV I & II Others 200 -Spirometry: Northe Others GGTP U/L Drugs of romma ECG: MIN Abuse: RAD HOSPITALS ! \* II youn cherror Normel USG: X-Ray 0 Result of Medical Examination , hereovereclare the examinee medically I,Dr. MIR MD Raihan On the basis of the examinee's history, clinical examination and diagnostic tests, days / weeks / months Permanently unfit Should be re-examined in Temporarily unfit Remarks / Recommendations certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate All This certificate is valid till: 15 FEB 2026 Official Stamp Doctor's signature: Candidate's Signature Reja Aospita DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth BMDC A-55144, MMC-BGD-016 161021 2024

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

04.2024.5907

16 FEB 7074

# SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,

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Pre-Sea Ex	am: 🗸				Periodic	Exam:	]			C	ther:		
Eng Officer: Y/N Ratings: Y/N Cook: Y/N			6	6		the o	perform duties de is to y out.	Fit to perform the duties he/she is to carry out wit the prescribed medicines which will no affect seafarer's health while onboard.	h Te unfi t ho	empo t to p he du e/she carry	erform ities is to	Permai unfit to p the di he/sho carry	erforn uties is to
	(18)	RA NOS					1	Onboard.			1	Г	1
	1/2/	Fin	[A]						_	-			J
Name, Address with Co	ontact deta	ils of M		entre:		Valech Andhe Andhe	M MUM a Chamb	ers, Floor 1, P nk Road, 00				4	
Vessel to be assigned:			300 W. West C		ergency			Position C					
Type of vessel (Contain	er Tanker		Duties	(п кно	wnj:			Applied fo	or:		_		
Passenger etc):	er, rumer,												
Trade area (e.g. Coasta Worldwide):	l, Tropical,		Cosast	al 🗌		Ti	ropical	]		Worl	dWi <b>&amp;e</b>	1	
	(1							Medical Histor	•				
case of any wrongful Ac fully responsible/ liable	t or misrep for the co	resenta nsequen	tion/ supp	pressio ages /	n of mate penalties	as per the ersonal D	of inforn provision etails	nation or infrin	able law	/s.			hall
Name of Examinee (Fa	mily/ last,	011000000000000000000000000000000000000						DULLAH					EDA
Home/ Permanent Ade	dress:	1	MAIN	LL-	12/1 ST 0	UKIL	PARA,	SUNAM	CUAN SUN	S AM	ADAR GIAN	, SUN1	<del>ነ</del> ጣሪገብ
Mailing Address:													
Date of birth (day/mor	nth/year):		1	15	10:	3 /	199	19	Sex:	м			
Place of Birth:	City: 5		MGAN		National	lity:	Bang	aladesh;	Rank:		JR	. 31	0
Civil Status:			(	חמנ	MARR	LED							
Identity Docs/ Passpor No:	t /Dischar	ge Book				L0 3		3					
				Exa	minee's M	Medical Hi	story		-		-	1	
Is there any past / p			ninee		niner's	FOR DESCRIPTION 15		ast / present	-	Exam			iner's
history of any of the f	ollowing		ration		cord	nistory	of any o	f the following			ration		ord
Loss of Consciousness/ Head Injury / Dizziness of Memory		Yes	No	Yes	No No	includit	mpho	e (Cancer) ma, Leukaemi		es	No	Yes	No

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					Recurrence – especially Acute Complications, e.g. Harm to Se from Bleeding and to others fr Seizures / Tumor	elf			
Neuropsychiatric diseas Depression/ Suicidal Tendency/ Psychosis	es or				Stomach / Bowel Disorders/ Digestive Disorder		/		~
Ear (Hearing, tinnitus) Problems / Impairment			~	/	Gall Stones/ Jaundice / Kidney Disorders				-
Mental Diseases, Break Sleep Disorder	down /				Severe/ Frequent/ One Sided Headaches (Migraine)		_		/
Fractures / Dislocations / Amputation/ Restricte Mobility			~		Back / Joint Problems/ Wrist Problems/ Slipped Disc		1	1	V
Eye/ Vision Problems (V using Glasses/ Contact I			Hernia / Hydrocoele / Appendicitis		_		~		
Balance Problem					Piles / Varicose Veins		_		~
Sinuses/ Nose/ Throat Problems				~	Allergies / Rash/ Skin Disease		~		~
Thyroid Problem	hyroid Problem				Female Disorders		/		_
High / Low Blood Pressu Blood Disorder	ire/		~		Major / Minor Operation/ Surgery		_		_
Heart Disease, Surgery , Pain/ Vascular Disease ( Pedal Pulses)				~	Contagious Diseases/ Gastrointestinal infection / Of Infections	ther			_
Chronic Cough/ Asthma Bronchitis / Tuberculos				1	Sexually Transmitted Disease, Infections	/	_		مر
Shortness of Breath				Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		_		_	
Rheumatic Fever					Diabetes				
for Male Examinee	Yes	No	If "Yes", g	ive details		for Female	Examinee	Yes	No
Prostate Problems/ Testicular Lumps		~				Breast Lum Problems	ips/ Menstrual		~
Penile Discharge		/				Pregnancy			
	1000000	1				Multiple Pa	ortnore	-	1

Additional questions:	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		~
Have you ever been hospitalized?		/
Have you ever been declared unfit for sea duty?		1
Has your medical certificate ever been restricted or revoked?		
Are you aware that you have any medical problems, diseases or illnesses?		-
Do you feel healthy and fit to perform the duties of your designated position/occupation?	~	1000
Are you currently under a doctor's care/ medication?		
Are you allergic to any medications?		-
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox		V
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		-
Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		1
In the last one week have you consumed any of these Drugs/ Medication		
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.	NESSTE -	/
Pain Killers, If Yes, Please State name of Drug Crocin/ Asprin/ Lacon etc.		
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		
Any Medicine/ Injections from your family Doctor		

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obacco:	Deugen	Cigarette:		_		
ro you taking any non procesi	Drugs: ption or prescription medications?	No				-
	ins taken and the purpose(s) and do					-
	evious medical examination (if kno					
	ravelled through high risk areas? If	yes, please mention th	e names of count	ries that y	ou have been to (ii	ncludin
ports of call in your last vessel)	·					
amily History:					Yes	No
Piabetes					^	_
lood Pressure/ Heart Disease						-
Mental Illness/ Epilepsy/ Seizu	re					-
Cancer f "Yes", to any of the above, p						1
ny other major conditions?	h is: Excellent *Good * Fair *					
IND ADDOCHAN D	1031 HT / KE/7 holding Pa	ssport/Seaman Book no	C/0/1030	33 here	by declare that I ha	ve ma
full disclosure of all of my medupon which I will be offered elemission I will lose the right to Employment or under any Coto my employers and / or the declaration above is a true stafform any health professionals DR. MIR. MD. RAIHAN	holding Padical history to the doctors and state imployment as a seafarer. I understo benefit from sick pay and / or collective Bargaining Agreement. I also owners and / or Insurers of the veatement to the best of my knowleds, health institutions and public aut	If of this clinic. I am awa tand that in the event compensation which wo so hereby consent to m essel or their authorized dge and I hereby author horities to	re that the inform of any misrepresuld otherwise be y medical record representatives, rize the release of medical examinat	nation supentation of due to m due to m Is being m I hereby a of all my p ions).	oplied by me forms either by statement e under the Contra ade available upor also certify that the revious medical rec	the ba or act of dema perso
full disclosure of all of my medupon which I will be offered elemission I will lose the right to Employment or under any Coto my employers and / or the declaration above is a true staffrom any health professionals DR. MIR. MD. RAIHAN Signature of Examinee:	dical history to the doctors and statemployment as a seafarer. I unders to benefit from sick pay and / or collective Bargaining Agreement. I also owners and / or Insurers of the vestement to the best of my knowleds, health institutions and public aut (the approved medical practit	If of this clinic. I am awa tand that in the event compensation which wo so hereby consent to m essel or their authorized dge and I hereby author horities to ioner carrying out the m Date(day/m	re that the inform of any misrepresuld otherwise be y medical record representatives, rize the release of medical examinationth/year):	nation supentation edue to mels being mels being mels hereby af all my persons.	oplied by me forms either by statement e under the Contra ade available upon also certify that the revious medical recommend of FEB 2024	the ba or act of a dema person cords
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full disclosure of all of my med upon which I will be offered e omission I will lose the right t Employment or under any Co to my employers and / or the declaration above is a true sta	dical history to the doctors and statemployment as a seafarer. I understo benefit from sick pay and / or collective Bargaining Agreement. I also owners and / or Insurers of the veatement to the best of my knowleds, health institutions and public aut (the approved medical practit Reda	ff of this clinic. I am awa tand that in the event compensation which wo so hereby consent to m essel or their authorized dge and I hereby author horities to  ioner carrying out the m  Date(day/m  Blood Pressure  Pulse Rate: Rhythm:	re that the inform of any misrepresuld otherwise be y medical record representatives, rize the release of medical examinationth/year):	nation supentation edue to mels being mels being mels hereby af all my persons.	oplied by me forms either by statement e under the Contra ade available upon also certify that the revious medical recommend of FEB 2024	the ba or act of a dema person cords
full disclosure of all of my medupon which I will be offered elemission I will lose the right to Employment or under any Coto my employers and / or the declaration above is a true staffrom any health professionals DR. MIR. MD. RAIHAN Signature of Examinee:  Height in cms: 163 BMI: 22.9  Chest: Insp: 43	dical history to the doctors and statemployment as a seafarer. I understo benefit from sick pay and / or collective Bargaining Agreement. I also owners and / or Insurers of the veatement to the best of my knowleds, health institutions and public aut (the approved medical practit Reday)  Weight in Kg: Temperatures:	if of this clinic. I am awa tand that in the event compensation which wo so hereby consent to m essel or their authorized dge and I hereby author horities to  ioner carrying out the n  Date(day/m  Blood Pressure  Pulse Rate: Rhythm:  Oral Health	re that the inform of any misrepresuld otherwise be y medical record representatives, rize the release of medical examinationth/year):	nation supentation edue to mels being mels being mels hereby af all my persons.	oplied by me forms either by statement e under the Contra ade available upon also certify that the revious medical recommend of FEB 2024	the ba or act of a dema perso cords
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If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways/means to improve their health.

main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia

BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

etc), then the seafarer in question MUST undergo a stress/ treadmill test.

	Visual field	is
The Marie	Normal	Defective
Right eye		

# WALLEM.

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Distant ///	111				T				eft eye	1	/			
Distant 6/6 Near	00	-							-11.010					
Are glasses or contact le	enses nece	ssary to	meet the	require	ed vision	standard	? Yes / N	0						
f yes, specify which typ	e and for v	what pu	rpose:											
our vision:								2						
Date of last colour	T	-55	Туре	11										
vision test:			Boo	(* -	Lante	ern *	Ishiha	ara *	CIE-43	-2001 ×	k	ou nessystem		
Check if colour test is Normal:	₹ ellow		*	Rec	<u>d</u>		* -	Green		* -	-Blue			*
Colour Vision:	Not test	ted	+	No	emal"		*	Doubtfu	ıl		Defec	tive		
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aring:						40244534			200111-00					
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Right ear	20	2							Right e	ar		4		4.
Left ear	w	w	12						Left ea	ir		4		4
		N	ormal	Abi	normal						Normal		Abn	ormal
Head							se Veins	885			-		En/	
Eyes		-		-		Vascular (Inc. Pedal Pulses)					- 2			
Eye Movement/Pupils		-	$\rightarrow$				men and	Viscera						
Ophthalmoscopy		-		-		Herni	-	-15		-			_	
Ears, Tympanic Membra Sinuses, Nose, Throat	ane	-				_	ystem	al Exam.)		+-			_	
Mouth/Teeth/Gums		+			-011-20		***************************************	Extremit	ies	+			10.10	
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Lung and Chest			/	Done S		Psych					1		N. A.	
Breast Examination	nanaguis.		1			Pupils				103		18/00		
Skin			/	1	-	Musc	uloskelet	al System			-		635	425-300
ardiovascular System:									R. J. B.					
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Cardiomyopathy			-	1				ry Circulat	Contract to the Contract of th	20-	7	-		
Aneurysms				1	1		- unitoria	y circuia	CONT 10			-	-	-
Chest X-ray (PA)	Not per								No			Ab		
Result:	Pertorm	iea * on	(day/mor			cher	2	~~	Normal		_	Abnor	mai	
nesuit,			. <u>,</u>	מייורט	1	Copocy	, ,	/						
Other diagnostic test(s		lt(s):	13/00	0	10	ver)	2	C						
	ma				-	Res	ult:					-	-	
vestigation:	D-	ule I	Ne	1 1		Urino		eulė	Additi	onal T	acto	Decui	•	Norma
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Total WRC count	g/dl .	7	4 000 - 11			colour	2			FRS (R		5.0	'	6.5 %
LOTAL MIRE count	1		41 116 16 1 - 11	110 10 11	100	BERGING	/		KRS/	PHAIR	IOOO	Appella in		

/ cu.mm

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Neu <b>62</b> %,	, Lymp	2%, Eos <b>03</b> 3 %	%, Bos <b>O</b> %, Mo	рН	si/	Total Bilirubin	050	0.1 - 1.0 mg/dl
Blood Group & I repeated)	Rh factor (to	sted only once,	need not be	Albumin	4	Direct Bilirubin	mao	0.0 - 2.5 mg/dl
BI ESI	R	04	1 - 15 mm / hr	Sugar	4	Indirect Bilirubin	mas	0.0 - 0.75
Platele	ets .	23000	1.50-4.00 Lakh/ul	Bile Pigment	4	SGPT	30	mg/dl 9 - 43 U / L
Fasting Lipid	d Profile			Bile Salt	1.	SGOT		0 - 40 IU/L
<ol><li>S. Triglyce</li></ol>	erides	140	25-200 mg/dl	Occult Blood	7.	3001	29	0 - 40 TO/L
		190		(20000000000000000000000000000000000000	4	SGGT	110	0 - 49 IU/L
Cholesterol	Serum		130-220 mg/dl	RBC Cells	11		40	
		170			И	Blood Urea		10 - 50
HDL Cholester	rol Serum	39	35-65 mg/dl	Leucocytes	U		m	mg/dl
LDL Cholester	rol Serum	103	85-150 mg/dl	Stool Test	Result	S. Creatinine	0.72	0.8 - 1.4 mg/dl
VLDL Choleste	erol Serum	MAS	07-35 mg/ dl	Bacterological	NI	BUN	18	5-23mg/dl
Total / HDL Ch	nolesterol	man	3.0-5.0	Parasitical	V	PSA	mas	Less than
LDL/ HDL Cho	olesterol	mas	2.5-3.5	Others	10	Malarial Parasite		4.00 ng/ml
		1111	-	102/2/2/20	9	Maight Fardsite	MAD	
Hepatitis B	Positive	Negativ	re -2	HIV I &II	NEMILU	- Uric Acid	T	2.4 - 7.5 mg/dl
Hepatitis C	Positive	Negativ	/e	VDRL	MARLE		5.3	mg/di
Drugs: Meth	od:					1	MG - H	

Detected	Amphe Urine <sup>2</sup>	tamines/	Barbiturate/ Urine *		Cannahinoids		Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	(1000 ng	/ ml)	(200 ng/	(200 ng/ ml)		/ ml	(300 ng/ ml)	
Not Detected	Detected Amphetamines/ Urine *  Barbiturate/		rrate/ Urine *_	* Marijuana, THC, Cannabinoids /		Cocaine / Urine *	Opiates & Morphine *	
Spirometry		MID	TMT	NYD		Drugs of Abuse	1	regam
ECG		young		ECHO Nonmy		Ultrasound (USG) the Abdomen & Pelvis	The state of the s	

#### Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes	s / No

Vaccination status recorded: Yes / No Satisfactory \* to be renewed \* Details:

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

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

Examination	Results of the	examination		Results of the examination		
	Pass	100 A COUNTY COUNTY	Examination	Pass	Fail	
Medical History		8 As Por ML 0-2008	ss (food service/ handlers			

Examinee's Signature

(This signature is affixed in the presence of the Medical (print name of medical examiner if not legible) and I acknowledge, that I have been advised of the content of the medical certification.

### SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,

ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 6 of 7

		(Confider	ntial Document)	
Physical Examina	ation		Hon D Antique	
Dental Examinat			Hep B Antigen Hep C Antibodies	
Psychological Te	st		Stress Test	
Visual Test			Diabetes	
Colour Vision			Ultrasound Examination (Presence of gall & Kidney Stones)	e /
Audiometry		1	Alcohol/ Drug Test	
EKG			2D echo Doppler study (for heart patient) Psychometric evaluation	
number:		ninations and examinations municable disease (or viruse	report attached to this form, please pr	rovide reasons with examination
Seafarers and also for the examinee's hist requirements of the (a) that the hearing (b) Visual acuity of years unless (c) that he / she of that he / she is vessel that he requirements (e) that the seafall that	of STOW Convention, of Merchant Shipping (Moory, personal declarate position applied for, and meets the required state considered necessariated of the state of t	1978, as amended, MLC 200 ledical Examination) Rules be tion, my clinical examination my opinion is — d standards for his / her ran landards for his/her rank /Co y)/ that he / she if fit / unfit livisual aids / informed to ca medication & seafarer does ny medication that has side performance of routine and time any disease, medical con	arry spares  /does not require to take same during effects that will impair judgment, bald d emergency duties onboard?	on the Medical Examinations of I from time to time. On the basis of and in consideration of the essential ded hearing is satisfactory and (testing only required every g his tenure onboard ance, or any other
likely to endar	nger the health of oth Deck service	er persons onboard ships.  Engine service	ed by, or unfit for, routine and emerge	T
		chgine service	Catering service	Other services (training/
Pit:	*	*		examination)
Unfit:	*	- *		*
	ficate is issued with fo		etrictions* as mentioned below, specific position, type of ship, trade are	a & other as applicable) :
be FIT for sea se examination RA	DICAL HOSPITAL I	ity for the period from LIMITED, UTTARA, DHA	To AKA Date of medical examinati	The state of the s
UTTARA, DHAKA Certificate /Licer	A-1230 Tel./Fax	day/month/year): (Validity should not be more th. Degree: MBBS,(DU /Email: DRRAIHAN@GI rity:DG SHIPPING BANG Registration No.: A-5	an 2 years) ). DFM Address: 35, SHAH MA MAIL.COM Name of Medical E GLADESH Date of issue of N	KAMINER DR. MIR MD. RAIHAN KHDUM AVENUE SECTOR-12, Kaminer/ Physician Medical Examiner/Physician

Official Stamp & Signature with Govt. (DGS) Approval/

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

# SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,

ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended Form:

OHF 48

Version: 01

Date: 18 Aug 21 Page: 7 of 7

(Confidential Document)

right to a review in accordance with paragraph (6) of section A-I/9 of STCW Code and my obligations.]

Date: 16 FEB 2024

Original; Master & Crewing Dept

cc: Seafarer

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.



The state of the s	MEDICAL CERTIFI	CATE FOR PE REPUBLIC (	RSONNEL SERVICE ON OF PANAMA	BOARD
SURNAME: REC	PA	GIVEN	NAME (S): MD ABOUL	LAH MUSTAFID
DATE OF BIRTH: DAY 15 MONTH 03 YEAR 1999			OF BIRTH UNAMIGAN COUNTRYBANGLAD	SEX MALE FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICE RADIO OPERATOR RATING		ONA	GADDRESS OF APPLICANT: B L L - 12/1 UKIL PA AR , SUNAMGANつ M U , SUNAMGANつ	RA, SUNAMAAND - EDIT OFFICE-
DECLARATION OF THE	E AUTHORIZED PHYSICIA	AN		
	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	ВООК	
RIGHT EYE	646	_	YELLOW RED MO	- 400
Confirmation that identif	ication documents were ch	ecked at the point of		1
	dards in STCW Code, Secti		NO □ NOT APLICA	ADIE 🗆
Unaided hearing satisfa		П	NO LI NOTALLO	NOCE [
	ndards in STCW Code, Sec	tion A 1/02 VEG F	l NO 🗆	
Colour vision meets star (the visual test it is requ	ndards in STCW Code, Sec	1 6 FED 20	NO 🗆	
Are glasses or contact le	enses necesoary to meet th	ne required vision sta	ndards? YES NO	
Able for watchkeeping?	YES NO			
Is applicant taking any r	non-prescription or prescrip	tion medications? YE	s No 🗆	
	any medical condition like other persons on board? YE		y service at sea or to render the sea	afarers unfit for such service or to
Hereby I declare that I a	ım in knowledge of the con	tents of the Physical	Examination.	
Reba		MD ABDUL	CAN CIANTSUM HA	1A 16/02/2024
Signature of	of Applicant	Name	of Applicant	Date
CIRCLE APPROPIATE	CHOICE: (HE / SHE) I	S FOUND TO BE	(EFF-/ NOT FIT) FOR DUTY AS	A (MASTER / DECK OFFCIER

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIANDR. MIR MD. RAIHAN MBBS, (DU), DFM REG: A-55144

ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230

DG SHIPPING BANGLADESH NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY:

DATE OF ISSUE PHYSICIAN'S CERTIFICATE

06-MAY-2014

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN:

DATE: 16 FEB 2024

EXPIRY DATE OF CERTIFICATE:

15 FEB 2026

This certificate is issued by the Panama Maritime Authority in compliant with the Suivem of the STCW Convention, 1978, as amended and the Maritime Labour Brokenion, 2006.

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



Id No : 0430 Date: 16-Feb-2024 D.Date: 16-Feb-2024

Patient's Name: MD ABDULLAH MUSTAFIJ REJA Age: 24Y 11M 1D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/10393

### Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	<b>15.4</b> gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	<b>04</b> mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	62 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	285 /cumm	50-450/cumm
Total RBC Count	<b>5.01</b> m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41 %	M: 40-54%, F:37-47%
MCV	78 fL	76 - 94 fL
MCH	<b>29</b> pg	27 - 32 pg
MCHC	<b>30</b> g/dL	29 - 34 g/dL
RDW	12 %	11 - 16 %
PDW	<b>35</b> fL	35 - 56 fl
Total Platelete Count (PC)	230000 /cumm	150,000-450,000/cumm
MPV	9.0 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By

Medical Technologist

Dr. Sumaiya Khatun MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology

East West Medical College & Hospital.



Bill No	DIA24020430	Received D	ate 16/02	/2024
Patient's Name	MD ABDULLAH MUSTAFIJ REJA	riodelived E	10/02	72024
Patient's Age	24Y 11M 1D	Pa	tient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN		CDC NO	C/O/ 10393
Sample	BLOOD	// - / (=/-//=/ III	CDC NO	C/O/ 10393

# BIOCHEMISTRY REPORT

Result	Reference Range
5.3 mmol/l	4.2 – 6.4 mmol/l
5.0%	<6.5 %
0.72 mg/dl 5.3 mg/dl	0.3 - 1.3 mg/dl 3.4-7.0 mg/dl
40 U/L 18 mg/dl 6.2 g/dl	Adult Males : <55 7-23 mg/dl 6.3-7.9 g/dl
0.59 mg/dl 30.0 U/L 24.0 U/L 171 U/L	0.2 - 1.1 mg/dl Up to 40 U/L Up to 37 U/L Up to 270 U/L
170 mg/dl	up to 200 mg/dl
39 mg/dl	35-55 mg/dl
140 mg/dl	50 - 150 mg/dl
103 mg/dl	<130 mg/dl
	5.3 mmol/l 5.0%  0.72 mg/dl 5.3 mg/dl 40 U/L 18 mg/dl 6.2 g/dl  0.59 mg/dl 30.0 U/L 24.0 U/L 171 U/L  170 mg/dl 39 mg/dl 140 mg/dl

Checked By

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



Bill No	DIA24020430	Received	Date	16/02/2	2024
Patient's Name	MD ABDULLAH MUSTAFIJ REJA	, resolved	Date	10/02/2	2024
Patient's Age	24Y 11M 1D	Pa	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)			DC NO	C/O/ 10393
Sample	BLOOD	,,, o , (E) 0), D1 W		DC NO	C/O/ 10393

## SEROLOGICAL REPORT

Test Name

Result

HBs Ag (Method : (ICT)	Negative
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive
HCV (Method : (ICT)	Negative

OD GROUPING RESULT		
ABO Blood Group	"B" (+ve)	
Rh (D)Factor	Positive	

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	DIA24020430	Received Date		e 16/02/2024	
Patient's Name	MD ABDULLAH MUSTAFIJ REJA				
Patient's Age	24Y 11M 1D Patie		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),Pe	GT(Eye),DFM	С	DC NO	C/O/ 10393
Sample	URINE				

#### URINE ROUTINE EXAMINATION

## PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	0-2/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 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	DIA24020430	Received	Received Date 16/0		3/02/2024	
Patient's Name	MD ABDULLAH MUSTAFIJ RE	H MUSTAFIJ REJA				
Patient's Age	24Y 11M 1D	Patie		Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	С	DC NO	C/O/ 10393	
Sample	URINE			The second secon		

### DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative

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

## AUDIOLOGICAL REPORT

Patient Name : MD ABDULLAH MUSTAFIJ REJA

16/02/2024

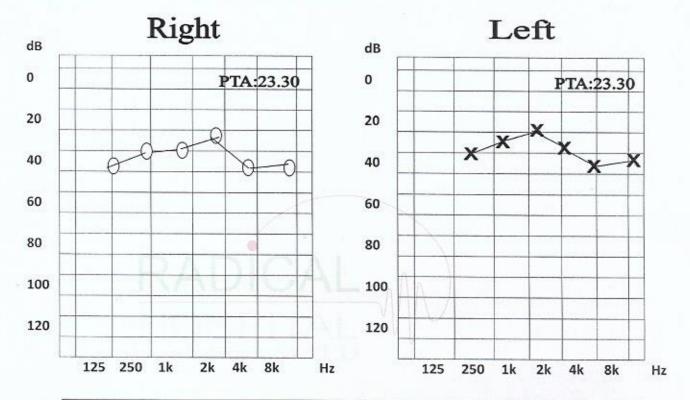
Age

: 25 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	
<b>Bone Unmasking</b>		
	Right Ear	Left Ear
Air MaskingOX		
Bone Masking A	1	

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

RADICAL HOSPITAL

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

Patient's Name	:	MD ABDULLAH MUSTAFIJ REJA	ID NO	:	24020430
Age	:	25 Yrs	Date	:	16/02/2024
Sex	:	Male		1	
Referred by	1:	Dr. Mir Md. Raihan MBBS,(DU), DFM			
Nature of Specimen	1:				

## 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



## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24020430 Receive: Print: 16/02/2024

Patient's Name : MD ABDULLAH MUSTAFIJ REJA

Age : 25 YRS Sex : M

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

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

Rate : 88 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)

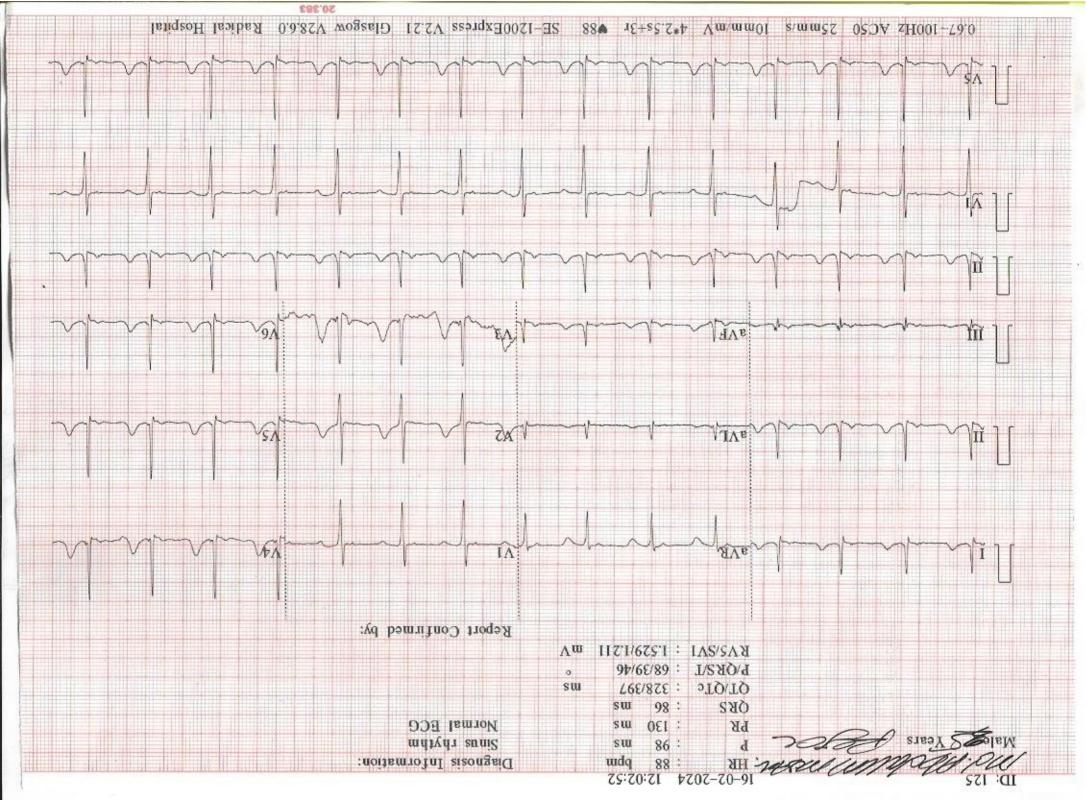
Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1





Date: 16/02/2024

## EYE EXAMINATION REPORT

NAME:	MD ABDULLAH MI	USTAFIJ REJA		
AGE:	25 YRS		RANK: JR 3 <sup>RD</sup> OFF	CDC NO:C/O/10393
VISUAL	ACUITY:	RIGHT	LEFT	
			¥7 .07.47	

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



Patient's Name	1:	MD ABDULLAH MUSTAFIJ REJA	ID NO	1:	24020430
Age	:	25 Yrs	Date	1:	16/02/2024
Sex	:	Male		-	
Referred by	1:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

## **Dental Examination Reports**

## On Examination

1. Dental Caries : Absent

2. Calculus : Absent

3. Missing : Absent

4. Gum Condition : Normal

5. Filling : No

6. Root Canal Treatment : No

7. Any Bridge/Denture/Crown : No

8. Oral Hygine : Normal

Comments: Normal

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



## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 24020430 Receive:16/02/2024 Print: 16/02/2024

Patient's Name : MD ABDULLAH MUSTAFIJ REJA

Age : 25 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	24020430	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	16/02/2024
Patient Name	MD ABDULLAH MUSTAFIJ REJA		
Age	25 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DFN	Л	

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

LIVER :- Is normal in size 13.0cm shape and 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.

CBD & Intrahepatic biliary trees are not dilated. Diameter of CBD is normal.

PANCREASE: Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

SPLEEN: - Is normal in size and shape uniform in echo-texture.

**BOTH KIDNEYS**:- Are normal in size. RK-10.2cm, LK-11.2cm 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 within normal limit. No intravesicle lesion is seen Prostate: Normal size regular in shape. Echogenicity is homogenous.

COMMENT: Normal Study.

Sonologist

Dr. Asma Ahmed MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training in TVS