



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaidanga, Agrabad C/A, Chattogram, Bangladesh.
Tel : +880 31 716214-6, Fax : +880 31 710530



Accredited By : BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER:
H2091

MEDICAL EXAMINATION CERTIFICATE

SURNAME ALAM	FIRST NAME MD	MIDDLE NAME MOSIUL
PLACE AND DATE OF BIRTH CHANDPUR 20-Jun-1997	PASSPORT NUMBER A03806989	SEAMAN'S BOOK NUMBER CO10102
NATIONALITY: BANGLADESHI SEX: ☒ Male ☐ Female	VESSEL TYPE: CHEM. TANKER	TRADING AREA: WORLD WIDE
PERMANENT HOME ADDRESS: VIL-ULLASHWAR, PO-ULLASHWAR, PS-SHAHRASTI DIST-CHANDPUR	CONTACT NUMBER: 01775040952(F)/01775040	RANK: 3RD OFFICER

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	22 Dizziness/fainting	☐	☒
6 Asthma/bronchitis	☐	☒	23 Loss of consciousness	☐	☒
7 Blood disorder	☐	☒	24 Psychiatric problems	☐	☒
8 Diabetes	☐	☒	25 Depression	☐	☒
9 Thyroid problem	☐	☒	26 Attempted suicide	☐	☒
10 Digestive disorder	☐	☒	27 Loss of memory	☐	☒
11 Kidney problem	☐	☒	28 Balance problem	☐	☒
12 Skin problem	☐	☒	29 Severe headaches	☐	☒
13 Allergies	☐	☒	30 Ear/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever been restricted or revoked?	☐	☒
39 Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41 Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?

☐ YES ☒ NO

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

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 (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight **72 kg** Height (cm) **178** BMI **22.7** Blood Pressure: Systolic **100 mmHg** Diastolic **70 mmHg** PULSE **78 bpm**

Ear	Hearing by Audiometry
Right	☐ Adequate ☐ Inadequate
Left	☐ Adequate ☐ Inadequate

Audiometry			
500	1000	2000	3000

Hearing by Whisper Test	
☒ Adequate	☐ Inadequate
☒ Adequate	☐ Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES ☒ NO ☐

	Visual acuity				Visual fields	
	Unaided		Aided		Normal	Defective
	Right eye	Left eye	Right eye	Left eye		
Distant	6/6	6/6			☒	☐
Near					☒	☐

Visual acuity meets the standard laid down in STCW Code Section A-1/9

Colour vision as per STCW CODE Section A-1/9:

☒ Normal☐ YES / NO☐ Doubtful☐ DefectiveDate of last colour vision test: Date (day/month/year) **16 JUL 2024**

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

RESULTS OF ANCILLARY EXAMINATIONS

Chest X Ray	☒	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative
ECG	☒	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative
BLOOD R/E		SGPT	URINE R/E		
DC(differential count)	☒	SGOT	OTHERS		
HAEMOGLOBIN (HGB)	15.7	DRUG AND ALCOHOL TEST		HBsAg	☐ Reactive
ESR (WESTERGREN)	05	Morphine	☐ Positive	☒ Negative	☐ Nonreactive
WBC	8000	Amphetamine	☐ Positive	☒ Negative	☐ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☒ Negative	☐ Nonreactive
RANDOM	5.2	Barbiturates	☐ Positive	☒ Negative	☐ Nonreactive
HBA1C	5.0%	Cocaine	☐ Positive	☒ Negative	☐ Nonreactive
			Psychological Exam		
			Others(KUB Ultrasound)		

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

Signature of Seafarer

MD MOSIUL ALAM

Name of Seafarer

16 JUL 2024

Date

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 lookout duties☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☒	☐	☐	☐
Unfit	☐	☐	☐	☐
☒ Without restrictions	☐ With restrictions			

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

Yes	No
☒	☐

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

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

Fitness Date: 16 JUL 2024

Valid Until :

15 JUL 2026

DR. MIR MD. RAIHAN
Name of Ship's Medical Officer/Physician

BMDCA-55144, MMC-BGD-016

In Accordance with Medical Examination (Seafarers) Regulations, 1978 and STCW 1978/1996 as Amended, MLC 2006

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: ALAM		GIVEN NAME (S): MD MOSIUL	
DATE OF BIRTH: DAY 20 MONTH 6 YEAR 1997		PLACE OF BIRTH CITY CHANDPUR COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: VIL-ULLASHWAR, PO-ULLASHWAR, PS-SHAHRATI DIST-CHANDPUR BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR mm
LEFT EYE	6/6	—	LEFT EAR mm

Confirmation that identification documents were checked at the point of examination: YES ☐ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **16 JUL 2024**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☒

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

	MD MOSIUL ALAM	16-Jul-2024
Signature of Applicant	Name of Applicant	Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

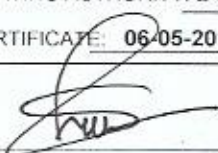
FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: **DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144**

ADDRESS: **REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-05-2014**

SIGNATURE OF PHYSICIAN: 

STAMP OF PHYSICIAN: 

DATE: **16 JUL 2024**

EXPIRY DATE OF CERTIFICATE: **15 JUL 2026**

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: ALAM		GIVEN NAME (S): MD MOSIUL	
DATE OF BIRTH: DAY 20 MONTH 6 YEAR 1997		PLACE OF BIRTH CITY CHANDPUR COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: VIL-ULLASHWAR,PO-ULLASHWAR,PS-SHAHRASI DIST-CHANDPUR BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR MM
LEFT EYE	6/6	—	LEFT EAR MM

Confirmation that identification documents were checked at the point of examination: YES ☐ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☐ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☐ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **16 JUL 2024**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☐ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

MD MOSIUL ALAM	16-Jul-2024
Signature of Applicant	Name of Applicant
CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:	
FIT FOR DUTY ON BOARD SHIP	

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN; M.B.B.S.(D.U.), REG. NO. A-55144	
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH	
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-2014	
SIGNATURE OF PHYSICIAN:	STAMP OF PHYSICIAN:
EXPIRY DATE OF CERTIFICATE: 15 JUL 2026	DATE: 16 JUL 2024

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga,
Agrabad C/A, Chattogram, Bangladesh.
Tel: +88 02333316214-6

Name	MD MOSIUL ALAM	Date	16-Jul-2024
Age	27	Sex	MALE
Passport No	A03806989	CDC No	CO10102
Sample	BLOOD	Rank	3RD OFFICER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	FANFARE	GINGA LYNX	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	12-03-2024	16-07-2024	-
Serum Bilirubin	0.54	0.51	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	22	25	Up to 37 U/L
Serum S.G.P.T.	24	30	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



Doctor Seal & Signature
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

Patient ID	24070424	Voucher No	
Test Name	USG OF KUB	Delivery Date	16/07/2024
Patient Name	MD MOSIUL ALAM		
Age	27 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

- RT KIDNEY** :- Is normal in size regular in shape and position. Bipolar length 11.1 cm. 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.*
- LT KIDNEY** :- Is normal in size regular in shape and position. Bipolar length 11.2 cm. 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 regular and within normal limit.
No intravesicle lesion is seen.
- PROSTATE** :- Normal in size , volume is 16.0 cc & regular in shape. Echogenicity is homogenous.
- COMMENT** :- Suggestive of - Normal study.

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

ID NO : 24070424

Patient's Name : MD MOSIUL ALAM

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10102

Specimen : Blood

Date : 16/07/2024

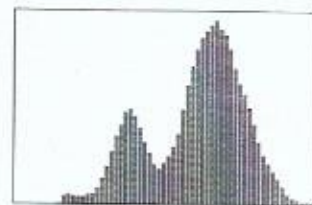
Age : 27Y0M26D

Sex : Male

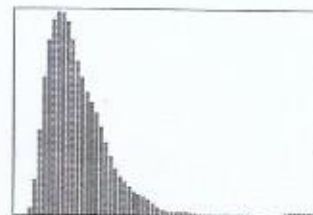
(Relevant estimations were carried out by KT-44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

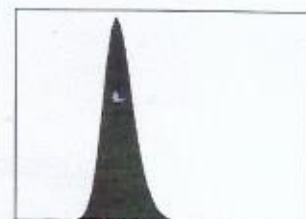
Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	15.7	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	05	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	8,000	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	60	%	(40 - 75)%
Lymphocytes	30	%	(20-45)%
Monocytes	06	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	320	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	304,000	/cumm	1,50,000-4,50,000 /cumm
MPV	8.9	fL	7.0 -11.0 fL
PDW-CV	16.2	%	10 - 18 %
PCT	0.27	%	0.10 - 0.28
P-LCR	21	%	9.00 - 45.00%
P-LCC	64	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	5.85	m/μL	M: 4.5-6.5, F: 3.8-5.8 m/ μL
HCT/PCV	50.0	%	M: 40-54%, F: 37-47%
MCV	85.5	fL	76-94 fL
MCH	26.8	pg	27-32 pg
MCHC	31.4	g/dL	29-34 g/dL
RDW-SD	44	fL	30.0-57.0 fL
RDW CV	15.8	%	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	DIA24070424	Received Date	16/07/2024
Patient's Name	MD MOSIUL ALAM		
Patient's Age	27Y 0M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10102
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.2 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.51 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	30.0 U/L	Up to 40 U/L
Serum AST (SGOT)	25.0U/L	Up to 37 U/L
HbA1C	5.0 %	4.2 - 6.7 %

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	DIA24070424	Received Date	16/07/2024
Patient's Name	MD MOSIUL ALAM		
Patient's Age	27Y 0M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10102
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

BLOOD 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	DIA24070424	Received Date	16/07/2024
Patient's Name	MD MOSIUL ALAM		
Patient's Age	27Y 0M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10102
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

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

CHEMICAL EXAMINATION CASTS / LPF

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

ON 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	DIA24070424	Received Date	16/07/2024
Patient's Name	MD MOSIUL ALAM		
Patient's Age	27Y 0M 26D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10102
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

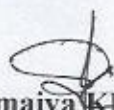
Test Name	Result
-----------	--------

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.



REF: MT. GINGA LYNX

DATE: 16/07/2024

M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: MD MOSIUL ALAM

RANK: 3RD OFF

CDC NO: C/O/10102

VISUAL ACUTTY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID:

Mr. Mervin Aarun

16-07-2024 17:25:09

Malay
Years
mmHg

HR : 80 bpm

P : 118 ms

PR : 164 ms

QRS : 96 ms

QT/QTc : 352/406 ms

P/QRS/T : 75/65/55 °

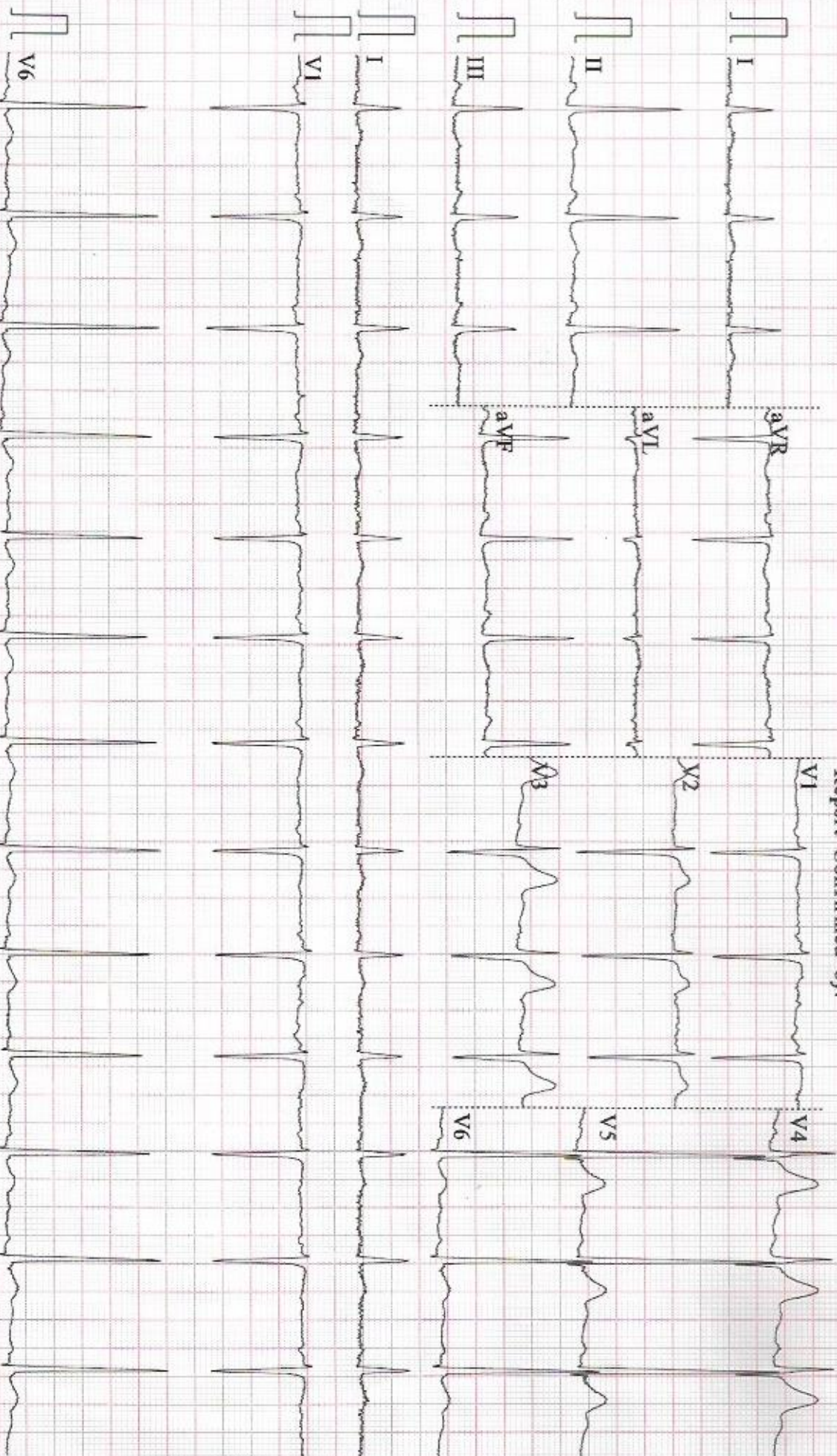
RV5/SV1 : 3.320/1.553 mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070424 Receive: 16/07/2024 Print: 16/07/2024
Patient's Name : MD MOSIUL ALAM
Age : 27 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

This report has been electronically signed.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

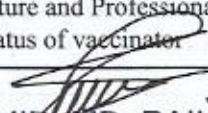
MD. MOSIUL ACHAM AGAINST CHOLERA

jr. 36-01010102

This is to certify that
whose signature follows

Date of birth 20-6-1977 Sex M

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 29 JUN 2022	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	
2 31 JUL 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	
3 16 JUL 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	
4		
5		
6		
7		
8		

Continued overleaf Suite our erso

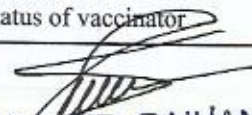
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

MD. MOSUL ACAM
Jr. 36-06/10102

This is to certify that
whose signature follows

Date of birth 20-6-1977 Sex M

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
1 20 NOV 2010	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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