



HAQUE & SONS LTD.

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Tel : +880 2-333316214-6, Fax : +880-2-333310530



Accredited By : BMDC
Accreditation No A-55144

PATIENT CONTROL NUMBER
HSL-004766

MEDICAL EXAMINATION CERTIFICATE

SURNAME AHMAD		FIRST NAME AND MO RANA		MIDDLE NAME	
PLACE AND DATE OF BIRTH MAGURA 10-Mar-1995		PASSPORT NUMBER A01729395		SEAMAN'S BOOK NUMBER C/O/11207	
NATIONALITY : BANGLADESHI	SEX : ☒ Male ☐ Female	VESSEL TYPE : Container Ship		TRADING AREA : WORLD WIDE	
PERMANENT HOME ADDRESS : 02 NO ROAD, NEW BUS TARMINAL PARA, PARNANDUALL, MAGURA SADAR, MAGURA, BANGLADESH.				CONTACT NUMBER : 1946422942	
				RANK : 2ND 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

	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?	☐	☒
---	--------------------------	-------------------------------------

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]

Signature of Seafarer

MEDICAL EXAMINATION

Weight	71kg	Height (cm)	168cm	BM	25.15	Blood Pressure: Systolic	120mm	Diastolic	80mm	PULSE:	78b/min
Ear											
Hearing by Audiometry											
Right	☐ Adequate	☐ Inadequate									
Left	☐ Adequate	☐ Inadequate									
			Audiometry				Hearing by Whisper Test				
			500	1000	2000	3000	☐ Adequate ☐ Inadequate				
			<i>[Signature]</i>				☒ 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 ☒ YES / NO ☐ Doubtful ☐ Defective

Colour vision as per STCW CODE Section A-1/9: ☐ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 18 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	<u>Normal</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive ☒ Negative
ECG	<u>Normal</u>	BILIRUBIN	Alcohol Test	☐ Positive ☒ Negative
BLOOD R/E		SGPT	URINE R/E	<u>Normal</u>
DC (differential count)	<u>Normal</u>	SGOT	OTHERS	
HAEMOGLOBIN (HGB)	<u>14.2</u>	DRUG AND ALCOHOL TEST	HBsAg	☐ Reactive ☒ Nonreactive
ESR (WESTERGREN)	<u>06</u>	Morphine	HIV / AIDS Test	☐ Reactive ☒ Nonreactive
WBC	<u>7600</u>	Amphetamine	VDRL	☐ Reactive ☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	Blood Type	<u>A (+ve)</u>
RANDOM		Barbiturates	Psychological Exam	<u>Normal</u>
HBATC	<u>5.1%</u>	Cocaine	Others (KUB Ultrasound)	<u>Negative</u>

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

[Signature]

MD RANA AHMAD

Signature of Seafarer

Name of Seafarer

18-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

FIT FOR DUTY ON BOARD SHIP

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: 18 JUL 2024

Valid Until:

17 JUL 2026

DR. MIE MD. RAIHAN
MBBS (DU), DPM, CCB (IC), FRCGP (UK)
BMDCC-55144, MMC-BGD-016

Bangladesh Approved
DG Shipping Bangladesh
General Physician
Radical Hospitals Limited



In Accordance with Medical Examination (S) and STCW 1978/1996 as Amended



MARITIME AND PORT AUTHORITY OF SINGAPORE

ANNEX C

MPA

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, middle)		Gender:
AHMAD MD RANA		Male/Female*
Date of Birth: (Day/month/year)	Nationality:	Place of Birth:
10-Mar-1995	BANGLADESHI	MAGURA

Declaration of the recognized medical practitioner:

	Yes	No
1 Identification documents were checked at the point of examination?	☒	☐
2 Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3 Unaided hearing satisfactory?	☒	☐
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?	☒	☐
Date of last colour vision test:		18 JUL 2024
6 Fit for look-out duty?	☒	☐
7 Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	☒	☐
8 No limitations or restrictions on fitness?	☒	☐
If "no" specify limitations or restrictions		
9 Date of examination: (day/month/year)	18 JUL 2024	
10 Expiry of certificate: (day/month/year)	17 JUL 2026	

18 JUL 2024

Date

Signature of Authorised
Medical Practitioner

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bldem), PGD (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping 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

* delete as appropriate



**MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION**

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) AHMAD MD RANA		Gender: Male/Female*
Date of Birth: day/month/year 10-Mar-1995	Place of Birth: MAGURA	Nationality: BANGLADESHI
Type of ID documents: NRIC No. / Passport No.: A01729395	Dept: Deck / Engine / Catering / others Rank: 2ND OFFICER	Type of ship: CONTAINER SHIP
Home Address: 02 NO ROAD, NEW BUS TERMINAL PARA, PARNANDUALL, MAGURA SADAR, MAGURA, BANGLADESH	Routine and emergency duties: BOTH	Trading area: e.g coastal / world wide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		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		☒
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		N/A	34. Fracture/dislocations		☒

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

Additional questions

	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		☒
36. Have you ever been hospitalized?		☒



37. Have you ever been declared unfit for sea duty?			✓
38. Has your medical certificate even 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 medication?			✓
42. Are you using any non-prescription or prescription medication?			✓

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.

18 JUL 2024

Date



Signature of Seafarer

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

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.

18 JUL 2024

Date



Signature of Seafarer

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

Name and Signature of Witness



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☒ No

☐ Yes Type Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant		
Near	15	15	Near		

Visual fields

	Normal	Defective
Right eye		
Left eye	—	

Colour Vision (please tick)

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	168	(cm)	Weight	78	(kg)
Pulse rate		(per minute)	Rhythm		Regu
Blood Pressure Systolic		(mm Hg)	Diastolic		(mm Hg)
Urinalysis: Glucose	Nil	Protein	Nil	Blood	Nil

	Normal	Abnormal
Head	—	
Sinus, nose, throat	—	
Mouth/teeth		



Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/s, T/S, L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance	✓	

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year):

Results: *Normal chest x-ray*

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

Test: *Blood + Urine* Results: *normal*

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

Assessment of fitness for service at sea (please tick)

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

☒ Fit for look out duty

☐ Unfit for lookout duty

☐ Visual aid required

☒ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	✓			
Unfit				



☒ Without restrictions

☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

18 JUL 2024

Date



Signature of
Medical Practitioner

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birm), 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 : 24070475

Date : 18/07/2024

Patient's Name : MD. RANA AHMED

Age : 29Y 4M 8D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/11207

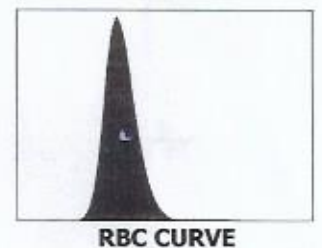
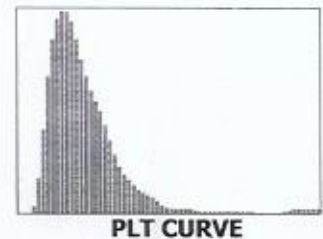
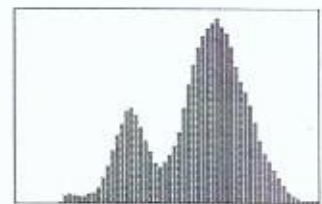
Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	14.6	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	06	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	7,600	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	63	%	(40 - 75)%
Lymphocytes	28	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	04	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSINOPHIL COUNT	304	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	150,000	/cumm	1,50,000-4,50,000 /cumm
MPV	14	fL	7.0 -11.0 fL
PDW-CV	18	%	10 - 18 %
PCT	0.21	%	0.10 - 0.28
P-LCR	52.2	%	9.00 - 45.00%
P-LCC	79	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	5.26	m/μL	M: 4.5-6.5, F: 3.8-5.8 m/ μL
HCT/PCV	46.4	%	M: 40-54%, F: 37-47%
MCV	88.2	fL	76-94 fL
MCH	27.9	pg	27-32 pg
MCHC	31.6	g/dL	29-34 g/dL
RDW SD	50	fL	30.0-57.0 fL
RDW CV	16.6	%	10-16%



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	DIA24070475	Received Date	18/07/2024
Patient's Name	MD RANA AHMED		
Patient's Age	29Y 4M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/11207
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.53 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	28.0U/L	Up to 37 U/L
HbA1C	5.1 %	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	DIA24070475	Received Date	18/07/2024
Patient's Name	MD RANA AHMED		
Patient's Age	29Y 4M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/10092
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	"A" (+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	DIA24070475	Received Date	18/07/2024
Patient's Name	MD RANA AHMED		
Patient's Age	29Y 4M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/10092
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.

Bill No	DIA24070475	Received Date	18/07/2024
Patient's Name	MD RANA AHMED		
Patient's Age	29Y 4M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/10092
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC 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 REQUEST CRYSTALS & 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.



REF: MV. PACIFIC BEIJING

DATE: 18/07/2024

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

EYE EXAMINATION REPORT

NAME: MD RANA AHMAD

RANK: 2ND OFFI

CDC NO: C/O/11207

VISUAL ACUITY:

RIGHT

LEFT

6/6

6/6

UNAIDED

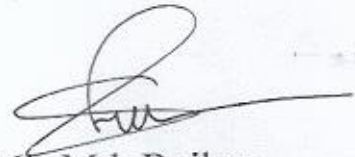
AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

: UNFIT / FIT FOR EMPLOYMENT ON BOARD

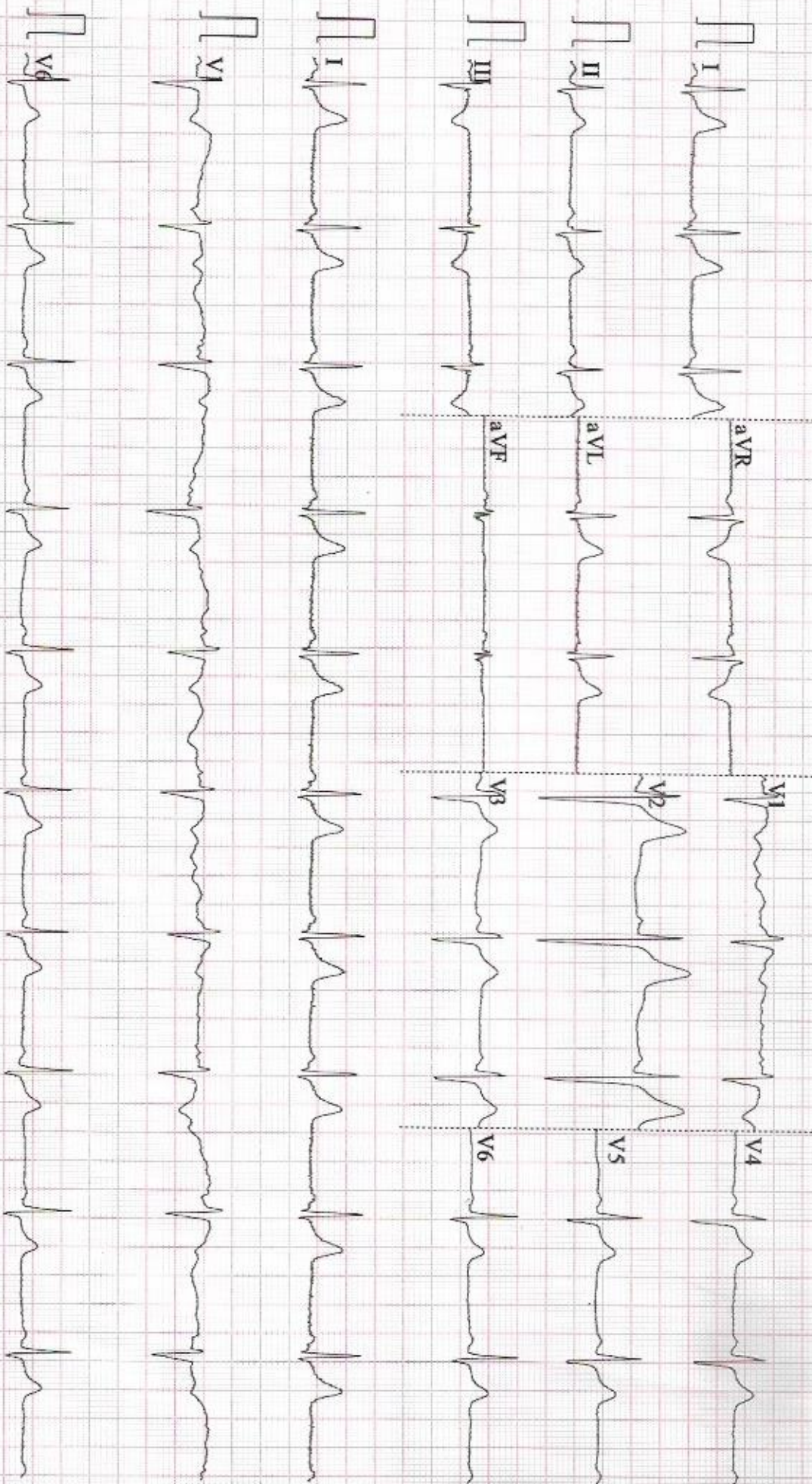

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

ID: *Mr. Kamil Ahmed*
Male *29* Years
mmHg

18-07-2024 12:54:23
HR : 60 bpm
P : 104 ms
PR : 134 ms
QRS : 100 ms
QT/QTc : 388/388 ms
P/QRS/T : 28/3/-2 °
RV5/SV1 : 0.787/0.684 mV

Diagnosis Information:
Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID, No.	: 24070475	Receive: 18/07/2024	Print: 18/07/2024
Patient's Name	: MD RANA AHMAD	Sex	: M
Age	: 29 YRS		
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

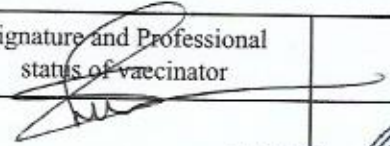
This report has been electronically signed.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that } Date of birth 10-03-1995 Sex MALE
whose signature follows } MD. RANA AHMAD

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Burdwan), FGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited		
2			
3		3	4
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5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that
whose signature follows

Date of birth

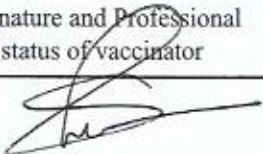
10.03.1995

Sex

M

MDRANA AHMAD

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 18 JUL 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGD (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.		1 2 
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.