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-004911

DR. MIR MD. RAIHAN RADICAL HOSPITALS LTD REG. NO. A-55144

MEDICAL EXAMINATION CERTIFICATE

SURNAME	FIRST NAME AND	MIDDLE NAME
KONA	SUMAYA AFROZ	
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	SEAMAN'S BOOK NUMBER
SATKHIRA. 20-Sep-2001	A12640318	C/O/12513

NATIONALITY : BANGLADESHI | SEX : ☐ Male ☑ Female | VESSEL TYPE : OIL & CHEM | TRADING AREA : WORLD WIDE

PERMANENT HOME ADDRESS :
VILL-PANCHROKHI, PO- SHUVASHINI, PS- TALA, DIST- SATKHIRA. BANGLADESH - 9420

CONTACT NUMBER : 01758435929 (SELF)

RANK : ENGINE CADET

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 practioner) 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 63.5 Height (cm) 165 BMI 23.1 Blood Pressure: Systolic 100/70 Diastolic PULSE:

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 ☐

Cont'd from page 1

	Visual acuity			
	Unaided		Aided	
	Right eye	Left eye	Right eye	Left eye
Distant	6/6	6/6		
Near				

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Visual acuity meets the standard laid down in STCW Code Section A-I/9 YES / NO

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

29 JUL 2024

Date of last colour vision test: Date (day/month/year) ____/____/____

	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	☑	☐
Opthalmoscopy	☑	☐	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	Nil	BIO CHEMICAL (LIVER FUNCTION TEST)			Marijuana	☐ Positive	☑ Negative
ECG	Nil	BILIRUBIN	0.58		Alcohol Test	☐ Positive	☑ Negative
BLOOD R/E		SGPT	23		URINE R/E	Nil	
DC(differential count)	Nil	SGOT	20		OTHERS		
HAEMOGLOBIN (HGB)	16.6	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactiv	☑ Nonreactive
ESR (WESTERGREN)	10	Morphine	☐ Positive	☑ Negative	HIV / AIDS Test	☐ Reactiv	☑ Nonreactive
WBC	9100	Amphetamine	☐ Positive	☑ Negative	VDRL	☐ Reactiv	☑ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☑ Negative	Blood Type	A Rh+ve	
RANDOM	5.2	Barbiturates	☐ Positive	☑ Negative	Psychological Exam	Nil	
HBA1C	5.0%	Cocaine	☐ Positive	☑ Negative	Others(KUB Ultrasound)		

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

Signature of Seafarer	SUMAYA AFROZ KONA Name of Seafarer	29 JUL 2024 26-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:	29 JUL 2024	Valid Until :	28 JUL 2026

DR. MIR MD. RAIHAN

Name and Signature of Authorized Physician
MBBS (DU), DPH, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MNS-BCD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

ANNEX C

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

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

Seafarer's Name :(*Last, first, middle*)		Gender:
KONA, SUMAYA AFROZ		~~Male~~/Female*
Date of Birth: (*Day/month/year*)	Nationality:	Place of Birth:
20-Sep-2001	BANGLADESHI	SATKHIRA

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: 29 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*) 29 JUL 2024		
10	Expiry of certificate: (*day/month/year*) 28 JUL 2026 ** *Maximum two years from date of examination unless the seafarer is under the age of 18*		

29 JUL 2024

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

Date	Signature of Authorised Medical Practitioner	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

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

*delete as appropriate

ANNEX B

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

M P A

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) KONA, SUMAYA AFROZ		Gender: ~~Male~~/Female*
Date of Birth: day/month/year 20-SEP-2001	Place of Birth: SATKHIRA	Nationality: BANGLADESHI
Type of ID documents: NRIC No. / Passport No.: A12640318	Dept: Deck / Engine / Catering / others Rank: ENGINE CADET	Type of ship: OIL & CHEMICAL
Home Address: VILL-PANCHROKHI, PO- SHUVASHINI, PS- TALA, DIST- SATKHIRA, BANGLADESH - 9420	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. Epilesy/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		✓	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?		✓

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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.

29 JUL 2024

Date

Signature of Seafarer

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

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. _____.

29 JUL 2024

Date

Signature of Seafarer

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

Name and Signature of Witness

Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

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	N5	N5	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	
Left ear	4	

Clinical Findings

Height	165 (cm)		Weight	63 (kg)	
Pulse rate	(per minute)	78	Rhythm		Regular
Blood Pressure Systolic (mm Hg)		100	Diastolic (mm Hg)		70
Urinalysis:	Glucose : Nil	Protein: Nil		Blood: Nil	

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

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Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	✓	
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): 29 JUL 2024

Results: Normal

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.

FIT FOR DUTY ON BOARD SHIP

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				

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☑ Without restrictions ☐ With restrictions

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

29 JUL 2024

Date

Signature of Medical Practitioner

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 Practitioner's name, licence number, address

****

Radical Hospital Ltd. As Per-MLC-2005 DG Shipping Bangladesh Approved

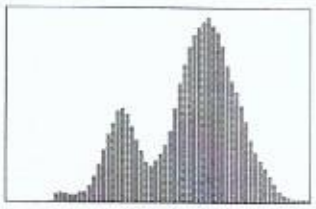
RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

ID NO	**: 24070760**	**Date**	**: 29/07/2024**
Patient's Name	**: SUMAYA AFROZ KONA**	**Age**	**: 22Y 10M 7D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/12513**	**Sex**	**: Female**
Specimen	**: Blood**		

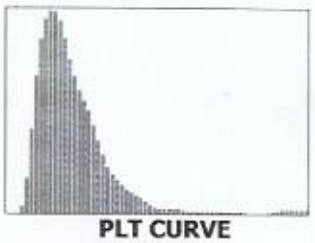
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

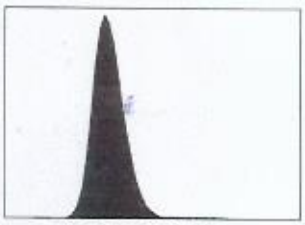
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**10.6**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**10**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**9,100**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	65	%	(40 - 75)%	
Lymphocytes	26	%	(20-45)%	
Monocytes	05	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**355**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**211,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	11.1	fL	7.0 -11.0 fL	
PDW-CV	16.7	%	10 - 18 %	
PCT	0.24	%	0.10 - 0.28	
P-LCR	37	%	9.00 - 45.00%	
P-LCC	78	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**4.67**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	33.4	%	M: 40-54%, F: 37-47%	
MCV	71.5	fL	76-94 fL	
MCH	20.5	pg	27-32 pg	
MCHC	28.6	g/dL	29-34 g/dL	
RDW SD	46	fL	30.0-57.0 fL	
RDW CV	18.6	%	10-16%	



WBC CURVE



PLT CURVE



RBC CURVE

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

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070760	Received Date	29/07/2024
Patient's Name	SUMAYA AFROZ KONA		
Patient's Age	22Y 10M 7D	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/12513
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.53 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	23 U/L	Up to 40 U/L
Serum AST (SGOT)	20 U/L	Up to 37 U/L
Random Blood Sugar (RBS)	5.1 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.0 %	4.0- 6.0 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070760	Received Date	29/07/2024
Patient's Name	SUMAYA AFROZ KONA		
Patient's Age	22Y 10M 7D	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/12513
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	"AB" (+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	DIA24070760	Received Date	29/07/2024
Patient's Name	SUMAYA AFROZ KONA		
Patient's Age	22Y 10M 7D	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/12513
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	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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070760	Received Date	29/07/2024
Patient's Name	SUMAYA AFROZ KONA		
Patient's Age	22Y 10M 7D	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/12513
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.

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

REF:	MT. HAFNIA LIONESS	DATE: 29/07/2024

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

EYE EXAMINATION REPORT

NAME:	SUMAYA AFROZ KONA	RANK: E/CDT	CDC NO: C/O/12513

VISUAL ACUITY:	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:

Sumera Afooz Kona

Male 22 Years

mmHg

29-07-2024 12:42:38

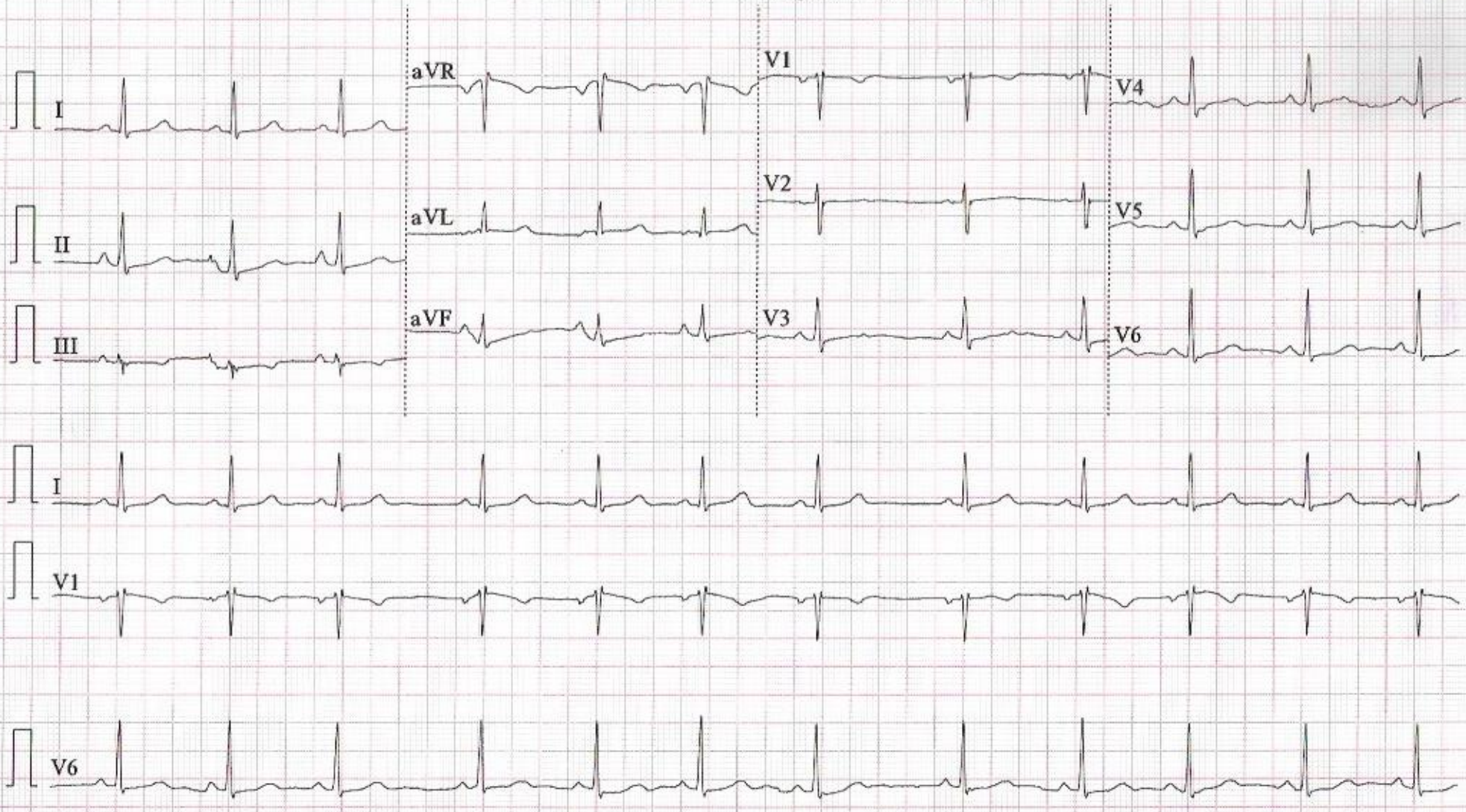
HR	: 71	bpm	
P	: 102	ms	
PR	: 142	ms	
QRS	: 82	ms	
QT/QTc	: 412/448	ms	
P/QRS/T	: 64/29/26	°	
RV5/SV1	: 1.059/0.719	mV	

Diagnosis Information:

Sinus arrhythmia

Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥71 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070760	Receive:29/07/2024	Print: 29/07/2024
Patient's Name	:	SUMAYA AFROZ KONA		
Age	:	22 YRS	*Sex*	: F
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm	:	Both hemidiaphragm are normal in position. C-P angles are clear.
Heart	:	Normal in T.D.
Lung	:	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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows } Date of birth 20-SEP-2001 Sex FEMALE

SUMAYA AFROZ KONA

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 29 JUL 2024	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	YELLOW FEVER VACCINE L NO DAKAR	1 2 CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
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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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows } Date of birth 20-SEP-2001 Sex FEMALE

SUMAYA AFROZ KONA

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp	
1 29 JUL 2024	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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH	
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Continued overleaf Suite our erso