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 Sex: mall Serial No: SAITUR Name: PAHAMAN Wy 40/4030 Rank: PP/CDC: 9 Date of Birth: or Yethernial WIDE works Route: Type: Vessel. 190, SHOW THAT Home Address OHAGA-1717 north 20 Company Name Please answer the following to the best of your knowledge. Medical History Examiner Examiner Candidate Is there any past / present history of any of Declaration Record Record Declaration the following Yes No Yes No Yes No Yes No Hernia / Hydrocoele / Appendicitis severe one sided headaches (Migraine) High / Low blood pressure / Heart disease Head Injury / Concussion / Loss of Memmory Asthama / Bronchitis / Tuberculosi Fits / Epilepsy / Dizziness / Fainting Allergy / Skin disease Eye / Vision Problems (Glasses, etc. Infection / Contagious Disease Addiction to alcohol / drugs / tobacco Hearing Impairment Far / Nose / Throat problems Fracture / Dislocation / Injury / Amputation Stomach / Bowel disorders Major / Minor Operation Gall stones / Kidney disorders Diabetes
 Nervous / Mental disease / Sleep disorder Aumdice / Liver Disease Piles / Varicose veins Mallignant disease ( Cancer) Signed off on medical grounds / Declared Unfit Lemale Disorder Medical Examination General Condition Height 43-41 30 80 mm Cer mir 2000 | 3000 | 5000 6000 1000 Audiometry Field of Vision Corrected Distant Vision Norrhal Right Ear Right Lye Abnormal Left Ear Light Eye Left ear Right Ear Nonnal Hearing Colour Vision Abnormal Nomen Other Normal Abnormal Notes Systemic Examination Normal Abnormal Respiratory system. Head & Nect Cardiovascular system FIT FOR SEA SERVICE Per Abdomen Lors / Nose / Throat Genito-urinary system AS CH. OFF Teeth / Oral Cavity 1 Musculo Skeletal system -Hernia / Hydrocoele AS PER MLC 2006 Nervous system Varicose Veins enhanced GARD Medicals done Fissure/Fistula/Piles Investigations Urine Normal Blood Result 14-16 gm % Specific Gravity 4000-11000 / cu.m Total WBC cur New Malarial parasite 00 % MO03 DH NI M. 2 6U/L Bile pigment 43 U / L SCPT 15.8 mg/dl 145-260 mg / d Bile salts S.Cholesterol upto 200 mg/dl Occult blood S. Friglyceride mg/dl RBC cells upto 125 mg % Blood Sugar Leucocytes HIVISH Others a 180 Spirometry: Drugs of Glood Group RADICAL Abuse: ECG: non USG: Non . Chest: X-Ray NO Result of Medical Examination , hereby declare the examinee medically L.Dr. MIR MD Raihan On the basis of the examinee's history, clinical examination and diagnostic tests, days / weeks / months. Should be re-examined in Permanently unfit Temporarily unfit Remarks Recommendations rparated in this Certificate certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is jee m This certificate is valid till: 27 JUL 2026 Official Stamp Doctor's signature: Candidate's Signature DR. MIR. MD. RAIHAN Date: 28 JUL 2024 MBBS (DLD DEM CCD (Birdom) PGT (Ophth BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited 04.2024.7069

# PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THEF	REPUBLIC OF LIBERIA	
LAST NAME OF APPLICANT PAHAMAN	FIRST NAME SAL FOR	MIDDLE INITIAL
DATE OF DIRTH	PLACE OF BIRTH	SEX
MONTH DAY (98)	CITY DIO A WARLY COUNTRY BO	MALE FEMALE
EXAMINATION FOR DUTY AS:  MASTER RATING MATE MOU DECK ENGINEER MOU ENGINE RADIO OFF SUPERNUMERARY	MAILING ADDRESS OF APPLICANT: 190, SHANTI 8144, (  OHALA -1217	54 Kw 0x).
MEDICAL EXAMINATION (SEE PAGE 2) STAT	E DETAILS ON PAGE 2  ILSE RESPIRATION GENI	ERAL APPEARANCE
VISION: RIGHT EYE LEFT F	JUL 2024 Testing Required every 6 years LEA-1/9? YES NO	GREEN BLUE
HEARING: A CANADAM CHECK IF COLOR		<b>√</b> →
RT. EAR	HEART (CARDIOVASCULAR)	Normal
TUNGS James	SPEECH (DECK/NAVIGATIONAL OF IS SPEECH UNIMPAIRED FOR NORM	FICER AND RADIO OFFICER)
EXTREMITIES UPPER Am	LOWER	Lonn
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BO	TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT DARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXA	FOR SERVICE AT SEA OR LIKELY MINATION ON PAGE 2.
Alg	2 8 JUL 2024	27 JUL 2026
SIGNATURE OF APPLICANT	DATE OF EXAM	EXPIRY DATE
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION Y	WAS GIVEN TO: WD. SAL FUR PHENOMEN OF APPLICANT	1+174 m#N
(ITE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS SUPERNUMERARY). IF EMPLOYED AS A WATCHS'	S A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RA TANDER (HE) (SHE) IS FOUND TO BE (EV) (NOT FIT) F	TING, MOU DECK, MOU ENGINE or OR LOOKOUT DUTIES?
NAME AND DEGREE OF PHYSICIAN DR. MIR		
ADDRESS RADICAL HOSPITAL LIMITED 35,	SHAH MAKHDUM AVENUE SECTOR-12, U	TTARA,DHAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING AUT		
NAME OF PHYSICIAN'S CERTIFICATING NOT	06 MAY 2014	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	FE 00 MAT 2014	28 JUL 2024
SIGNATURE OF PHYSICIAN  This certificate is issued by authority of the Depurements of the Maritime Labour C		in compliance with the
The Medical Certificate shall be valid for no mo	ore than two (2) years from the date of the Exami (1) year for those under 18 years of age.	ination for those over 18
DR. MIR. MD. R MBBS (DU), DFM. CCD (Birdem), BMDC A. 55144, MMG E	AIHAN 1 PGT (Ophth) PGC 046	

RLM-105M ANNEX 2

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited



Rev0 - 09/01/2023

#### MEDICAL REQUIREMENT

All applicants for an officer certificate, Scafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- (b) Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- (e) Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS and/or the use of narcotics.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seafarer deck, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, able seafarer engine pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

## DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

- COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.
- 2. PATHOLOGICAL EXAMINATION : A) Complete Blood Count
- B) Blood Sugar Estimation
- C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg)
- E) Urinlysis F) Drug Test G) Alcohol Test
- 3. X RAY EXR PA VIEW
- 4. E.C.G. TEST
- 5. EYE EXAMINATION FOR V/A & C/V

28 JUL 2024



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

Rev0 - 09/01/2023





ID NO : 24070731

Patient's Name: MD. SAIFUR RAHAMAN

: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/1030

Specimen : Blood

Ref. By

Date : 28/07/2024

Age : 43Y 6M 27D

Sex : Male

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

HAEMATOLOGY REPORT

Parameter	R	esults	Reference Values	Histogram
Haemoglobin(Hb) ESR(Westergren)	13.9 05	g/dl mm/1st hr	M:12-16, F:10-14.0 g/dl M:0-10, F:0-20 mm/1st hr	A
TOTAL WBC COUNT	10,200	/cumm	4,000 - 11,000 /cumm	4.4
DIFFERENTIAL COUNT			STREET, CHARLEST STREET, STREET	
Neutrophils	78	%	(40 - 75)%	desir de la constante de la co
Lymphocytes	17	%	(20-45)%	WBC CURVE
Monocytes	03	%	(2-10)%	
Eosinophils	02	%	(1-6)%	T at
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	244	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	174,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	13.8	fL	7.0 -11.0 fL	
PDW-CV	17.9	%	10 - 18 %	PLT CURVE
PCT	0.24	%	0.10 - 0.28	PLI CORVE
P-LCR	53	%	9.00 - 45.00%	A
P-LCC	92	x10^3/uL	13 - 129 x10^3/uL	A
RBC COUNT	5.71	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	47.4	%	M: 40-54%, F: 37-47%	
MCV	83.1	fL	76-94 fL	
MCH	24.4	pg	27-32 pg	PDC CUTY
MCHC	29.4	g/dL	29-34 g/dL	RBC CURVE
RDW SD	50	fL	30.0-57.0 fL	
RDW CV	17.8	%	10-16%	

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.



Bill No	DIA24070731	Received Date 28/07		7/2024	
Patient's Name	MD SAIFUR RAHAMAN				
Patient's Age	43Y 6M 27D	Pa	tient's Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	DEM),PGT(Eye),DFM	CDC NO	C/O/1030	
Sample	BLOOD		1-20110	0.0/1000	

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS) HbA1C Serum Creatinine Uric Acid	5.8 mmol/l 5.0 % 0.99 mg/dl 6.0 mg/dl	4.2 – 6.4 mmol/l 4.0- 6.0 % 0.3 - 1.3 mg/dl 5.0-7.0 mg/dl
Lipid profile Serum Cholesterol Serum HDL- Cholesterol Serum Triglyceride Serum LDL- Cholesterol	158 mg/dl 38 mg/dl 108 mg/dl 98 mg/dl	up to 200 mg/dl >35 mg/dl upto 220 mg/dl <130 mg/dl
Liver Function Test Serum Bilirubin (Total) Serum ALT (SGPT) Serum AST (SGOT) Serum Alkaline Phosphate	0.54 mg/dl 20 U/L 18 U/L 170 U/L	0.2 - 1.1 mg/dl Up to 40 U/L Up to 37 U/L 98 - 279 U/L

## REMARKS (IF ANY)

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

Checked By

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



Bill No	DIA24070731	Receive	Received Date 28/07		07/2024	
Patient's Name	MD SAIFUR RAHAMAN					
Patient's Age	43Y 6M 27D Patient's S		Sex	Male		
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFN	1 C	DC NO	C/O/1030	
Sample	BLOOD				-	

## SEROLOGICAL REPORT

<u>Test Name</u> Result

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

OOD 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. **Test Name** 



Bill No	DIA24070731	Received Date 28/07/		7/2024	
Patient's Name	MD SAIFUR RAHAMAN		(S-1) (S-1) (S-1)	Carlos and Andrew	2247524080
Patient's Age	43Y 6M 27D	Patient's		s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	M),PGT(Eye),DFM	C	DC NO	C/O/1030
Sample	URINE				

#### DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Result

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	DIA24070731	Received Date		28/07/2024	
Patient's Name	MD SAIFUR RAHAMAN	25/5//2524			
Patient's Age	43Y 6M 27D	F	Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	С	DC NO	C/O/1030
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	
	3 A 8	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	100

Checked

Medical Technologist. Radical Hospital Ltd. Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital.



Bill No	DIA24070731	Received D	ate 28/07/2	2024
Patient's Name	MD SAIFUR RAHAMAN	20/01/2024		
Patient's Age	43Y 6M 27D	Pat	ient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	DEM),PGT(Eye),DFM	CDC NO	C/O/4030
Sample	STOOL			C/ C/ 1030

STOOL ANALYSIS

#### Physical Examination:

Color

: Brown

Consistency

: Soft

Worm

: Nil

Mucus

: Nil

Blood

: Nil

#### Chemical Examination:

Reaction

: Acid

Occult Blood Test (OBT)

: Not done

Reducing Substance (RS)

: Not done

#### Microscopic Examination:

Ova

: Not found

Mucus flakes

: Nil

Cyst

: Not found

Cyst of Giardia

: Not found

Protozoa (Trophozoite)

: Not found

Macrophage

: Not found

Larva

: Not found

Fat Globules

: Nil

Epithelial Cell

: Nil

Vegetable Cell

: Nil

Pus Cell

: 0-1

Starch

: Nil

RBC

: Nil

Muscle fibre

: Nil

Checked By

Medical Technologist, Radical Hospital Ltd. Dr. Sumarya Khatun MBBS, MD (Microbiology) Assistant Professor

Dept. of Microbiology East West Medical College and Hospital.

RADICAL HOSPITAL

Patient's Name	1:	MD SAIFUR RAHAMAN	ID NO	:	24070731
Age	:	43 Yrs	Date	:	28/07/2024
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU),CC	D (BIRDEM),PGT(	Eve	),DFM

# **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

RADICAL HOSPITAL

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

Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM			
Sex	:	Male	CDC NO:C/O/4030		
Age	:	43 Yrs	Date	:	28/07/2024
Patient's Name	1	MD SAIFUR RAHAMAN			,

# Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor /Good /very good /excellent
Verbal Reasoning test	Poor /Good /very good /excellent
Inductive reasoning test	Poor /Good /very good /excellent
Diagrammatic Reasoning test	Poor /Good /very good /excellent
Logical Reasoning test.	Poor /Good /very good /excellent
Error checking test	Poor /Good /very good /excellent
2.Skill Test	Poor /Good /very good /excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP / ESFJ / ESFI
4. Watson Glaser test(Critical Thinking Test)	
Arguments	Poor /Good /very good /excellent
Assumptions	Poor /Good /yery good /excellent
Deductions	Poor /Good /very good /excellent
Interpreting Information's	Poor /Good /very good /excellent
Inferences	Poor /Good /very good /excellent
5.Situational Judgment Test.	Poor /Good /very good /excellent
	ood: 7-8 excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

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

## AUDIOLOGICAL REPORT

Patient Name: MD SAIFUR RAHAMAN

Date: 28/07/2024

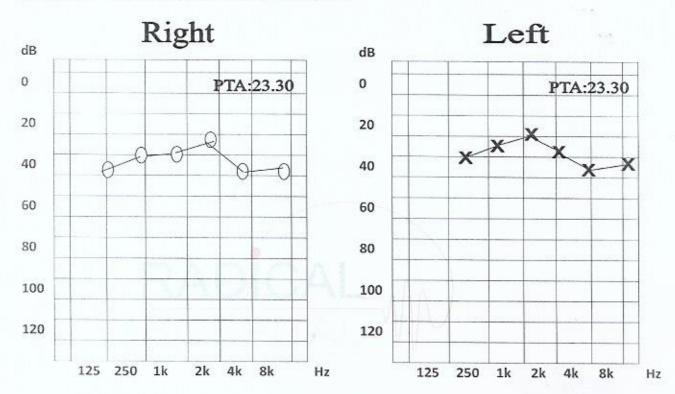
Age

: 43 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 OX	(	
Bone Unmasking		
	Right Ear	Left Ear
Air MaskingOX		
Bone Masking $\Delta\Delta$		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

Patient ID	24070731	Voucher No			
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	28/07/2024		
Patient Name	MD. SAIFUR RAHMAN				
Age	43 YRS	Sex	Male		
Refd. By	Dr. Mir Md. Raihan MBBS,(DU	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

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

LIVER :- Is normal in size 13.6, regular in shape and normal position. The echogenicity of the parenchyma is increased. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: Normal in size & regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE: Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN: Is normal in size ( 10.5 x 3.8 )cm and uniform in echo-texture.

BOTH KIDNEYS:-Are normal in size RK-10.5cm, LK-11.5 cm regular in shape. 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 normal. No intravesicle lesion is seen PROSTATE: Normal in size and volume is 8.9 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Suggestive of - Fatty change in liver. Grade-1.

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs)

12 8 2 12 Y Advanced Training on TVS Consultant Sonologist



Date: 28/07/2024

## EYE EXAMINATION REPORT

NAME: MD SAIFUR RAHAMAN

AGE: 43 YRS RANK: CH.OFF CDC NO:C/O/4030

VISUAL ACUITY: RIGHT LEFT

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



## DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

24070731

Receive: Print:28/07/2024

Patient's Name

MD SAIFUR RAHAMAN

Age

Sex

Refd. by

: 43 YRS

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

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

Rate

68 b/min

Rhythm

Regular

P-Wave

Normal

P-R Interval

Normal

QRS Complex

Normal

ST. Segment

Is electric

T. Wave

Normal

Impression

Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1



Patient's Name	:	MD SAIFUR RAHAMAN	ID NO	1;	24070731
Age	:	43 Yrs	Date	:	28/07/2024
Sex		Male			
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(H	BIRDEM),PGT(Eye),l	DFN	1

### FUNCTIONAL CAPACITY EVALUATION

#### 1. SELF CARE TESTING

CATEGORIES	NOT SIGNIFICANTLY LIMITED	MODERATELY LIMITED	NO EVIDENCE OF LIMITATIONS
HEIGHT/WEIGHT(BMI)			1000
BLOOD PRESSURE			
OXYGEN SATURATION			
PULSE			
EXERCISE			<u> </u>

#### 2. CAPACITY TESTING

CATEGORIES	NOT SIGNIFICANTLY LIMITED	MODERATELY LIMITED	NO EVIDENCE OF LIMITATIONS
SIT/STAND/WALK			
CUMB LADDERS/STAIRD			
SQUAT PARTIAL/FULLY			
TWIST NECK/TRUNK			
KNEEL/CRAWL/BEND			
PUSH/PULL/CARRY			
HANDLE/GRASP			-

#### 3. MENTAL FUNCTIONAL TESTING

CATEGORIES	NOT SIGNIFICANTLY LIMITED	MODERATELY LIMITED	NO EVIDENCE OF LIMITATIONS
UNDERSTANDING MEMORY OF LOCATION			
SUSTAINED CONCENTRATION AND PERSISTANCE			
SOCIALINTERACTION			
ADAPTATION			1

#### 4. CARDIORESPIRATORY ENDURANCE TESTING

CATEGORIES	NOT SIGNIFICANTLY LIMITED	MODERATELY LIMITED	NO EVIDENCE OF LIMITATIONS
HEART RATE			
PULMONARY FUNCTION TEST			-

#### 5. MUSCULOSKELETAL ETAL TESTING

CATEGORIES	NOT SIGNIFICANTLY LIMITED	MODERATELY LIMITED	NO EVIDENCE OF LIMITATIONS
WRIST FLEXION			
SENSIBILITY (TOUCHING OF WARM/COLD)			



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



Patient's Name	1	MD ABU ZAHED	ID NO	:	24070731
Age	1	43 Yrs	Date	:	28/07/2024
Sex	:	Male			1
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM			

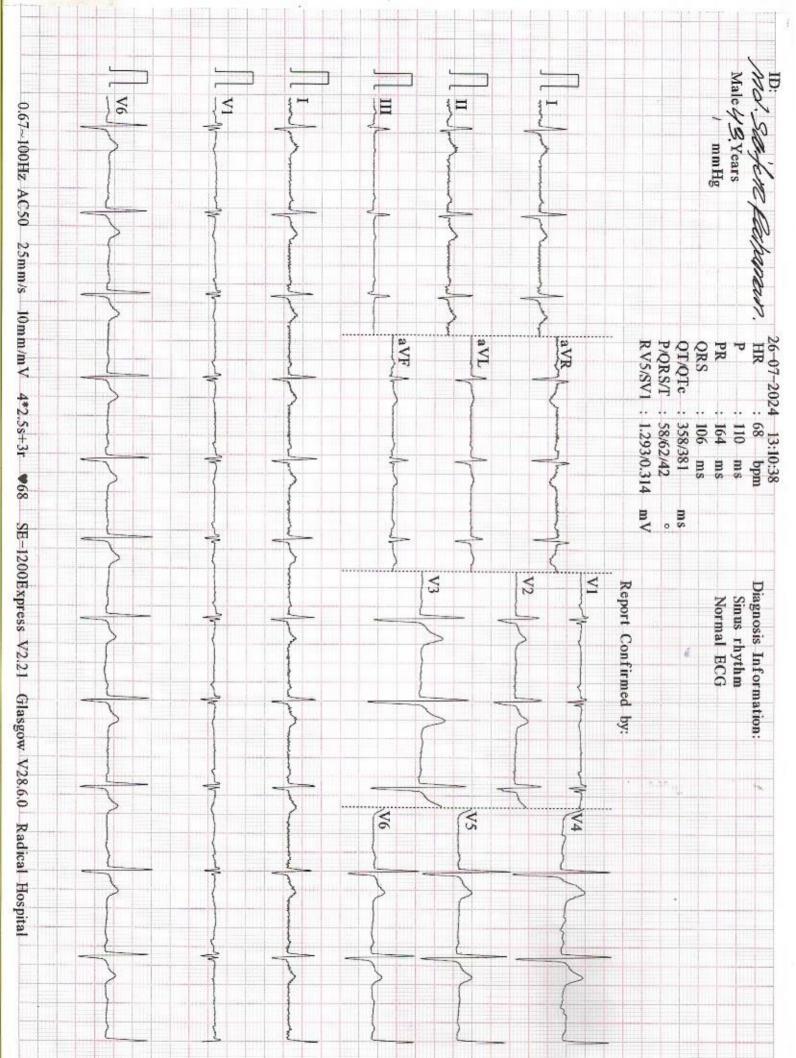
### PULMONARY FUNCTION TEST (SPIROMETRY)

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





## TREADMILLSTRESS TEST

Patient ID	24070731	Test Date	28-07-202	24	
Patient Name	MD SAIFUR RAHAMAN	Age	43 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN	1 9		Joex	ividic

Total Exercise Time

: 08:6 Min

Max.HR attained

: 168 bpm.

% of max.pred. hR

: 98 %

Max. Pred HR

: 169 bpm.

Maximum BP

: 150/90 mmHg.

Max. work load attained

:13.00METS.

Indication

: Screening for IHD.

Risk Factors

and I actors

Reason for Termina

: Attainment of THR.

Test Profile

: BRUCE

Symptoms

Summary Result ⇒

NEGATIVE

Comments

- MD SAIFUR RAHAMAN performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion

: Stress test is NEGATIVE for ECG evidence of promotable myocardial ischemia.

Dr. ROSEYAT PERVEEN
MBBS, MD (Cardiology), NICVD, Dhaka
Consultant, IBN SINA D-Lab, Uttara, Dhaka



Patient ID	24070731	Test Date	Test Date		28/07/2024	
Patient Name	MD SAIFUR RAHAMAN		Age	43 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MBBS (	DU),DFM				-

## **BMI REPORT**

Dad Ba - L. J.	Weight in kg
Body Mass Index =	(Height in Meter)
	74 kg
=	(1.68) <sup>2</sup>
	26.2

## **BMI Categories**

- Under Weight in = <18.5</p>
- ❖ Normal Weight= 18.5 24.9
- ❖ Over Weight=25 29.9
- Obeshyz = BMI of 30 or greater.

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

RADICAL HOSPITAL

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

## DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070731 Receive:28/07/2024 Print: 28/07/2024

Patient's Name : MD SAIFUR RAHAMAN

Age : 43 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 AGAINEST YELLOW FEVER CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

MD. SAIFUR PAHAMAN

This is to certify that JE Soussigne' (e) certifie que	date of birth o1.01.199/	Sex MALL.
Whose signature follows don't la signature suit		

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinatour	Manufacturer and batch no of vaccine Fabricani du vaccin et nunno' ro du lot	Official sump of vaccinating centre Cachet official du centre de vaccination
1	DR. MIR. MD. RAIHA BBS (DU), DEM, CCD (Birdem), PGT (OP) 3MDC A-55144, MMC-BGD-01 G Shipping Bangladesh Approv General Physician Radical Hospitals Limited	16 TONKAR	35, Shain Meikhidum C
3		7	
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

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

Ce certificate n' est avalable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa\_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiie pali-aminsIralion sanitaire du (erriloire dans lcqucl'ce centre est siture:.

La validite' de ce certilicat couvrc une pe'riodo de dix ans comencant dix joursapros la date de,la vaccination ou, dans le cas dune relaccination.u.ou., a.-citto lie,iio,i. a" dix ans. lejour de cetto revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar no pouvant cue conside' commo Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il compolte pent allecter sa validite.

#### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

WE CALLER ANHAMAN

General Physician Radical Hospitals Limited

3

4

This is JE Sou	to certify that ussigne' (e) certifie que	date of birth no' (e) le	01/02/1	Sex sexe	mole
	signature follows signature suit	, 2)			
has on a e'te' v	the Date indicated been vaccinated vaccine (e) ar revaccine' (e) contre le	or revaccinated e fievre jaune a	d against chole ia datc indique	era ee.	
Date UL 2024	Signature and profession Status of Vacctnator Signature et gualite profe sionelle vaccinateur	ess-	1 1	Approved Stan Cechet l'authentiftcati	
1	The state of the s	N 35, Shall	Nakhdum Q	ORAL (	"DUKORAL" pto 2 yrs
2	DG Shipping Bangladesh Approv		*//		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, tins certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is perforned.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre une period de six mois commencent six Jours a prea is première injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cette revaccination

Nonobstant les, despositions ci-dessue dans le cas d'un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d', intervaile et sa validite cofflmence lejour de la seconde, injection;

De cachet d' authentification doit etre c anforme au modele present per L administration sanitaite du territoire ou la vaccination est effectuee. i

Toute correction ou rahfe sur le certificate ou I o. mission d' une quelconque des mantions qu'il comporte pe ut effectersa validite.