CONFIDENTIAL FORM

SURNAME: NIAZ

GIVEN NAME(S): KHAN JUBAIR

DATE OF BIRTH: 12 (MONTH) 09 (DAY) 1974 (YEAR)

PLACE OF BIRTH: CHATTOGRAM (CITY) BANGLADESH (COUNTRY)

SEX: ☑ MALE ☐ FEMALE

EXAMINATION FOR DUTY AS:
- MASTER ☑
- DECK OFFICER ☐
- ENGINEERING OFFICER ☐
- RATING ☐
- OTHERS (RANK: _____) ☐

MAILING ADDRESS OF APPLICANT:
FLAT-H-2, HOUSE NO-26, ROAD-14/A
DHANMONDI, JIGATALA-1209
DHAKA, BANGLADESH

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
170cm	74kg.	120/80 mm/g	79 s/min	19 s/min	Good

VISION:
WITHOUT GLASSES — RIGHT EYE: / LEFT EYE: /
WITH GLASSES — RIGHT EYE: 6/6 LEFT EYE: 6/6

HEARING:
RT. EAR: Normal LEFT EAR: Normal

COLOR TEST TYPE: BOOK ☐ LANTERN ☐ CHECK IF COLOR TEST IS NORMAL - YELLOW ☐ RED ☐ GREEN ☐ BLUE ☐

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? Yes ☐ No ☐

HEAD AND NECK: Normal

HEART (CARDIOVASCULAR): Normal

LUNGS: Normal

SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)
IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes.

EXTREMITIES:
UPPER: Normal LOWER: Normal

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes ☐ No ☑

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☑

SIGNATURE OF APPLICANT — DATE: 27 JUL 2024

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: KHAN JUBAIR NIAZ (NAME OF APPLICANT)

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☑ NO ☐

SEAFARER IS FOUND TO BE ☑ FIT / ☐ NOT FIT FOR DUTY AS A ☑ MASTER / ☐ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK / ☑ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS, DFM Reg No: A-55144

ADDRESS: RADICAL HOSPITALS LIMITED 35,SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 06 MAY- 2014

SIGNATURE OF PHYSICIAN — DATE: 27 JUL 2024

This certificate is in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

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

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

04.2024.7060

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer'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. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing
- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).

(b) Eyesight
- Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50)in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental
- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure
- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice
- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations
- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions
- 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food –related areas until symptom-free for at least 48 hours.

(h) Physical Requirements
- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or
of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

(Please fill attached form)

DR. MIR. MD. RAIHAN
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27 JUL 2024

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

Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Name (last, first, middle): NIAZ KHAN JUBAIR

Date of birth (day/month/year): 09-DEC-1974 Sex: ☑ Male ☐ Female

Home address: FLAT-H-2, HOUSE NO-26, ROAD-14/A, DHANMONDI, JIGATALA-1209, DHAKA, BANGLADESH

Passport No./Discharge Book No.: B00273953 / C/O/3189

Department (deck/engine/radio/food handling/other): DECK (MASTER)

Type of ship: Multi-Purpose cargo/Container/Bulk Carrier/Tanker (Oil/Product/Chemical/Crude)
Trade area: Worldwide

Examinee's personal declaration
(Assistance should be offered by medical staff)
Have you ever had any of the following conditions:

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

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

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Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

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 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 certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____
Date (day/month/year): 27 JUL 2024
Witnessed by: *(Signature)* _____
Name: *(Typed or printed)* _____

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

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 (The approved medical examiner).

Signature of examinee: _____
Date (day/month/year): 27 JUL 2024
Witnessed by: *(Signature)* _____
Name: *(Typed or printed)* _____
Date and contact details for previous medical examination (if know): _____

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

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

Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Sight

Use of glasses or contact lenses: Yes / No (if yes, specify which type and for what purpose)

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant				6/6	6/6	
Near				N5	N5	

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Color vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 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

Height: 170 (cm) Weight: 74 (kg)

Pulse rate: 78 (/minute) Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Urinalysis: Glucose: Nil Protein: Nil

	Normal	Abnormal
Head	✓	
Sinuses, nose, throat	✓	
Mouth/teeth	✓	
Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Opthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	

	Normal	Abnormal
Skin	✓	
Varicose veins	✓	
Vascular (inc. pedal pulses)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam.)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/S, T/S and L/S)	✓	
Neurologic (full brief)	✓	
Psychiatric	✓	
General appearance	✓	

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 27 JUL 2024

Results: Normal chest xray

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Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

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

Test: Blood & Urine *Result: Normal*

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

(a) the hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacities where fitness for the work to be performed is liable to be affected by defective colour vision, are all satisfactory; and

(b) the seafarer concerned is not suffering from any medical condition 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.

Official stamp/Signature of medical practitioner

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

DR. MIR. MD. RAIHAN
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Vaccination status recorded (optional, but recommended by Administrator): ☑ Yes ☐ No

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 look-out duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☑	☐	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☑ With restrictions ☐ Visual aid required ☑ Yes ☐ No

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

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

Medical certificate's date of expiration (day/month/year): _____ / 26 JUL 2026 / _____

Date of medical certificate issued (day/month/year): _____ / 27 JUL 2024 / _____

Number of medical certificate: _____

Official stamp:

Signature of medical practitioner: _____

DR. MIR. MD. RAIHAN
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Radical Hospitals Limited

Name of medical practitioner: *(Typed or printed)* _____

License number of medical practitioner: _____

Address of medical practitioner: 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230

Authorized by: DG SHIPPING BANGLADESH (competent authority)

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

PANAMA
MARITIME AUTHORITY

REPÚBLICA DE PANAMÁ

Republic of Panama

AUTORIDAD MARÍTIMA DE PANAMÁ

Panama Maritime Authority

CERTIFICADO MÉDICO DE LA GENTE DE MAR

Medical Fitness Standards Certificate for Seafarers

04.2024.7060

No. Certificado:
Certificate No.

Este certificado se emite en conformidad con las disposiciones de la regla 1/9 del convenio STCW, 1978, enmendado y la norma A-1/2 del CTM, 2006, enmendado y certifica que la gente de mar es apta para el servicio en el mar.
This certificate is issued in accordance with the provisions of the regulation 1/9 of the 1978 STCW Convention, as amended and the standard A-1/2 of the M.L.C. 2006, as amended, and certifies that seafarers are fit for sea service.

Apellido: *Surname*	Nombre: *Given Name (s)*	Cédula / Pasaporte No.: *Id. Number/ Passport No.*
NIAZ	KHAN JUBAIR	B002739S3
Fecha de Nacimiento: *Date of Birth* — Día *Day*: 09 / Mes *Month*: 12 / Año *Year*: 1974	Nacionalidad: *Nationality*: BANGLADESHI	Sexo: *Gender*: ☑ Masculino *Male* ☐ Femenino *Female*

	Sí / Yes	No
¿Confirmacion de que se examinaron los documentos de identidad en el lugar del exámen? *Confirmation that identification documents were checked at the point of examination?*	☑	☐
¿La audición cumple con el estándar? *Hearing meets the standards?*	☑	☐
¿La audición es satisfactoria sin ayuda? *Unaided hearing satisfactory?*	☑	☐
¿La agudeza visual cumple con el estándar? *Visual acuity meets standards?*	☑	☐
¿La visión cromática cumple con el estándar? *Color vision meets standards?*	☑	☐
Fecha de la última prueba de visión cromática (Día/Mes/Año) *Date of the last color vision test (Day/Month/Year)*: 27 JUL 2024		
¿Apto para cometidos de vigía? *Fit for look out duties?*	☑	☐
¿Existen limitaciones o restricciones respecto de la aptitud física? Si la respuesta es "sí", dar detalles de las limitaciones o restricciones *Limitations or restrictions on fitness? If "Yes", specify limitations or restrictions*	☐	☑
¿Está el marino libre de cualquier condición médica que pueda verse agravada por el servicio en el mar o discapacitarle para el desempeño de tal servicio o poner en peligro la salud de otras personas a bordo? *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 person(s) on board?*	☑	☐

Confirmo que he sido informado sobre el contenido del presente certificado y sobre el derecho a solicitar una revisión del dictamen, con arreglo a lo dispuesto en el párrafo 6 de la Sección A-1/9.
I hereby, confirm that i have been informed about the content of this certificate and of the right to a review in accordance with the paragraph 6 of Section A-1/9.

Fecha de emisión: *Date of issue*	27 JUL 2024
Fecha de expiración: *Date of expiry:*	26 JUL 2026
Nombre del médico reconocido: *Name of the recognized medical practitioner:*	DR. MIR MD RAIHAN MBBS(DU)

Firma y sello del médico reconocido / *Signature and stamp of the recognized 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

1. El original de este certificado deberá estar disponible durante el servicio a bordo.
The original of this certificate must be available while serving on board ship.
2. En caso de pérdida de este certificado, el titular deberá notificar a los puertos y a la Autoridad Marítima.
In case of loss of this certificate, the holder should notify ports and the Panama Maritime Authority
3. La Autenticidad de este certificado puede ser verificada contactando a la Autoridad Marítima de Panamá
The authenticity of this certificate can be verified contacting the Panama Maritime Authority

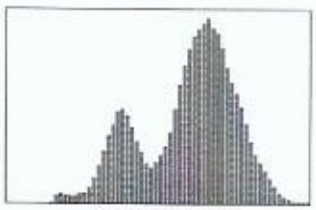
Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

ID NO	**: 24070685**	**Date**	**: 27/07/2024**
Patient's Name	**: KHAN JUBAIR NIAZ**	**Age**	**: 49Y 7M 18D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/10237**	**Sex**	**: Male**
Specimen	**: Blood**		

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

HAEMATOLOGY REPORT

Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**12**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**07**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**6,700**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	52	%	(40 - 75)%	
Lymphocytes	40	%	(20-45)%	
Monocytes	05	%	(2-10)%	
Eosinophils	03	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**201**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**220,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	9.2	fL	7.0 -11.0 fL	
PDW-CV	16.3	%	10 - 18 %	
PCT	0.2	%	0.10 - 0.28	
P-LCR	23	%	9.00 - 45.00%	
P-LCC	51	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.15**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	40.7	%	M: 40-54%, F: 37-47%	
MCV	79.1	fL	76-94 fL	
MCH	23.4	pg	27-32 pg	
MCHC	29.6	g/dL	29-34 g/dL	
RDW SD	42	fL	30.0-57.0 fL	
RDW CV	16.1	%	10-16%	



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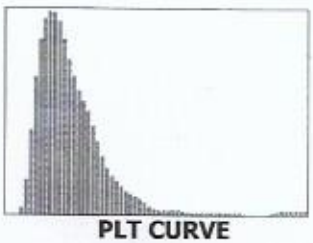
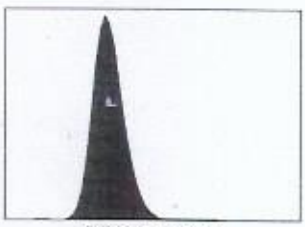


PLT CURVE



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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24070685	Received Date	27/07/2024
Patient's Name	KHAN JUBAIR NIAZ		
Patient's Age	49Y 7M 18D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3189
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	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	DIA24070685	Received Date	27/07/2024
Patient's Name	KHAN JUBAIR NIAZ		
Patient's Age	49Y 7M 18D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3189
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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070685	Receive:27/07/2024	Print: 27/07/2024
Patient's Name	:	KHAN JUBAIR NIAZ		
Age	:	49 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.

ID: Khan Shahnaz

Male 49 Years

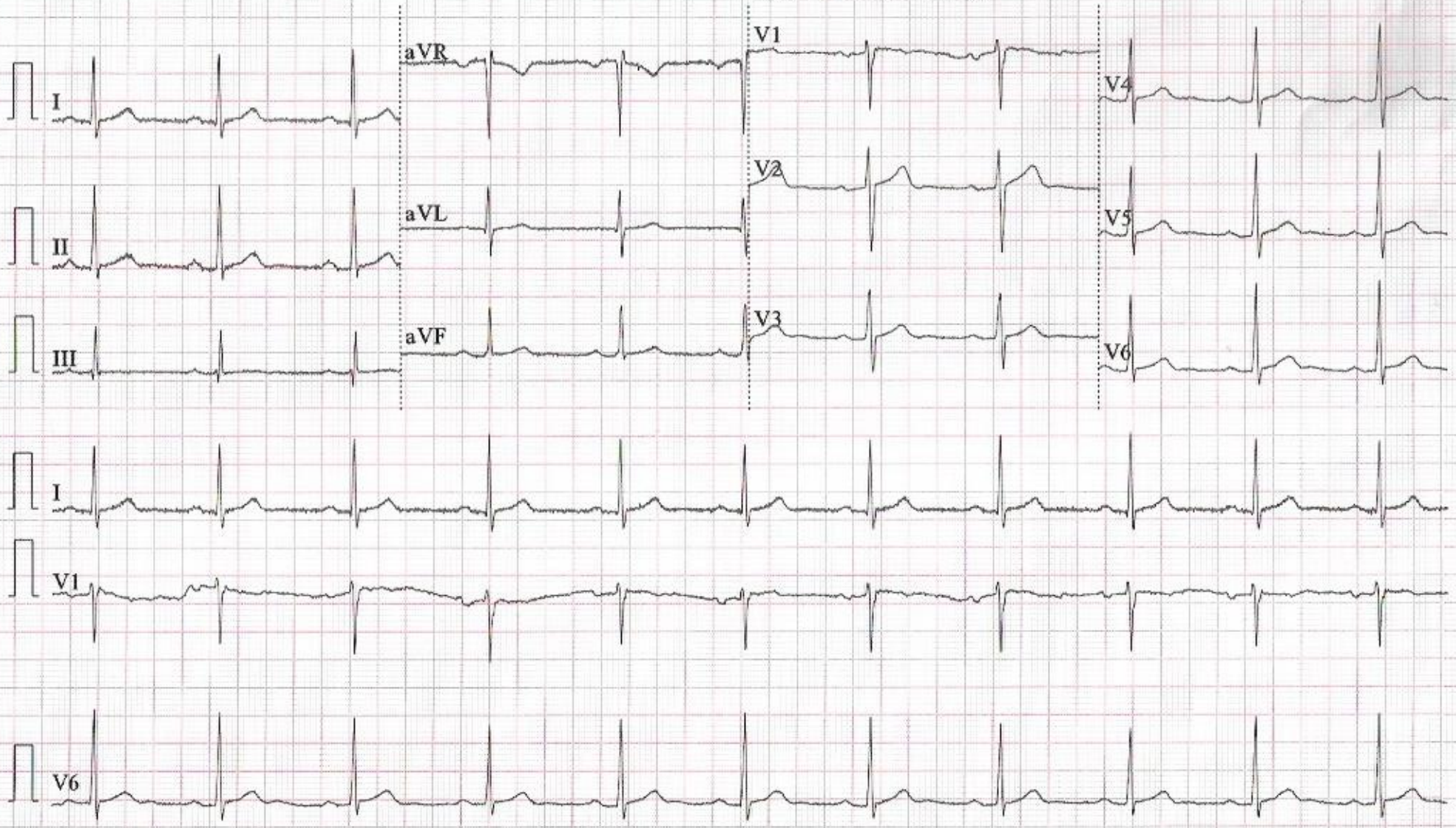
mmHg

27-07-2024 13:30:59

HR	: 65	bpm	
P	: 120	ms	
PR	: 198	ms	
QRS	: 80	ms	
QT/QTc	: 378/393	ms	
P/QRS/T	: 53/52/38	°	
RV5/SV1	: 1.411/0.985	mV	

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥65 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070685	Receive: Print:27/07/2024		
Patient's Name	:	KHAN JUBAIR NIAZ			
Age	:	49 YRS	Sex	:	M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	65 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

Certificate (continued) (Certificat suite)

9 16 OCT 2021 10	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	9 10 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
11 15 OCT 2022 12	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	11 12 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
13 22 JUL 2023 14	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	13 14 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

15 27 JUL 2024 16	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	15 16 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
17		17	18
18			
19		19	20
20			

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGINEST YELLOW FEVER

CERTIFICATE INTERNATIONAL DE VACCINATION OR DE REVACCINATION CONTRE LE FIEVRE JAUNE

Date	signature and professional status of vaccinator signature et qualite professionnelle du vaccinateur	Origin and batch No of vaccine Origin du vaccine employe et numero du lot	official stamp of vaccinating centre cachet official du centre de vaccination
1 13 NOV 2015	DR. MD. RAIHAN MBBS (DU), Reg. No A-55144 DG Shipping Approved General Physician Radical Hospitals Ltd.	YELLOW FEVER VACCINE L.M. DATE	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			
5			

There is no exemption for the requirement of a certificate of vaccination against yellow. fever on account of age.

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

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