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

Name: AHMED (Surname) HOSSAIN (First Name) Sex: M Serial No:
Date of Birth: 08/06/1997 PP/CDC: T/33904 Rank: FITTER
Vessel: MEGHNA DREM Type: BULK Route: WORLD WILD
Home Address: HATIMARA, WARD NO-07, MANOHARGANJ, NATHER PETUA - 3570, CUMILLA
Company Name : V-SHIP

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat problems		✓		✓
Stomach / Bowel disorders		✓		✓
Gall stones / Kidney disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Varicose veins		✓		✓
Blood Disorder		✓		✓
Female Disorder		✓		✓
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High / Low blood pressure / Heart disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin disease		✓		✓
Infection / Contagious Disease		✓		✓
Addicition to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
Signed off on medical grounds / Declared Unfit		✓		✓

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
160cm	55Kg	38 cm 36	100/70mm	78b/min	18b/min	Good

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal ✓ / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20	20				
Left Ear	dB	20	20	20	20				

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Hearing	Right Ear	Left ear
	✓	✓

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS FITTER
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-uninary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	12.5 gm%	14-16 gm %
Total WBC count	5100 cu.mm	4000-11000 / cu.mm
Neu 40 % Lymp	36 % Eos 06 Ba 00 %, Mo 09 %	
Malarial parasite	Not Found.	
ESR	06 mm / 1st hour	1- - 15 mm / hr
SGPT	24 U/L	9--43 U / L
S.Cholesterol	Nil mg/dl	145--260 mg / dl
S.Triglycerides	Nil mg/dl	upto 200 mg /dl
Blood Sugar	RBS Nil PPBS	upto 125 mg %
HBsAg	Negative	
HIV I & II	Negative	
VDRI	Non Reactive	
Others		GGTP U/L
Blood Group		

Urine	
Colour	Straw
Specific Gravity	N
pH	N
Albumin	N
Sugar	N
Bile pigment	N
Bile salts	N
Occult blood	N
RBC cells	0
Leucocytes	0
Others	

ECG : Normal TMT: NIE
X-Ray Chest: Normal
Spirometry: Normal
Drugs of Abuse: Negative
USG: NIE

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

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically Fit / Unfit / Temporarily unfit / Permanently unfit / Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, [illegible] certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 09 JUL 2026

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 10 JUL 2024

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

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

04.2024.6969

V.SHIPS V. SHIPS INDIA Pvt. Ltd.

Certificate No: 04.2024.6969

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers **ILO/IMO/JMS/2011/12**

Family Name	AHMED HOSSAIN		
Given Names			
Date of birth (day/month/year)	08-06-1997	Sex: ☑ Male	☐ Female
Nationality	BANGLADESHI		

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

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination	✓		
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):	✓		
Unaided hearing satisfactory?	✓		
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	✓		
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?	✓		

I have evaluated the above named examinee according to _____
(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that 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 and hence 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

Chest X-ray ☑ normal ☐ not performed

Bacteriological stool test ☑ negative ☐ not performed

Parasitical stool test ☑ negative ☐ not performed

Vaccination records ☑ satisfactory ☐ to be renewed

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

RADICAL HOSPITAL LIMITED

Place of examination: Uttara, Dhaka, Bangladesh Date (day/month/year) 10 JUL 2024

Medical certificate's date of expiration (day/month/year) 09 JUL 2026

Official stamp (also print name of medical examiner if not legible): 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

Signature of medical examiner: _____

Authorised by: DG SHIPPING BANGLADESH (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: _____
(To be signed in the presence of the medical examiner)

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

V.SHIPS V. SHIPS INDIA Pvt. Ltd

Certificate No: 04.2024.6969

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS OF SEAFARERS

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/ IMO Guidelines on the medical examinations of seafarers **ILO/IMO/JMS/2011/12**

DR. MIR M.D RAIHAN * RADICAL HOSPITALS LTD * REG. NO. A-55143

Family Name	AHMED	
Given Names	HOSSAIN	
Rank and department		
Date of birth (day/month/year)	08-06-1997	Sex: ☑ Male ☐ Female
Nationality	BANGLADESHI	
Home address	HATIMARA, WARD NO-07, MANOHARGANJ, NATHER PETUA -3570, CUMILLA	
Residence & Mobile No:	01837-268597	
Passport No./Discharge Book No.	A04178312	
Type of ship (container, tanker, passenger, fishing)	BULK	
Trade area (e.g., coastal, tropical, worldwide)	WORLDWIDE	

A. 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	☐	☑	18. Sleep problems	☐	☑
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	☐	☑	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 or joint problems	☐	☑
16. Genital disorders	☐	☑	33. Amputation	☐	☑
17. Pregnancy	☐	N/A	34. Fractures/dislocations	☐	☑

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

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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 HOSSAIN AHMED holding Passport/Seaman Book No T/133994 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

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) 10 / JUL / 2024

Witnessed by: (Signature) _____ Name: (typed or printed) DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-58144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

I hereby authorise 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).

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B. MEDICAL EXAMINATION

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	Bino-cular	Right eye	Left eye	Bino-cular
Distant	6/6	6/6	✓			
Near	N5	N5	✓			

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Method of Testing Colour vision: ☑ Ishirara Plates ☑ Lantern Test ☐ Others

Colour vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing:

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	✓	
Left ear	✓	

Clinical Findings:

Height in cm	160	Weight in kg	55
Pulse rate	78 (/ minute)	Rhythm	Regular
Blood pressure Systolic	100 mm Hg	Diastolic	70 mm Hg

Urinalysis

Glucose:	Nil	Protein:	Nil	Blood:	Nil

	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	N/A	☐	Piles	✓	☐
Heart	✓	☐	Skin	✓	☐
Hydrocele	✓	☐	General appearance	✓	☐

Chest X-ray	☐ Not performed	
	Performed on (day/month/year):	10 JUL 2024
Results:	Normal	

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

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

Test	Result		
Blood Tests – tick in box if done- readings seperately issued*1	CBC ☑, Blood VDRL test ☑, Blood ESR ☑, Blood Sugar – Random ☑		
Haemoglobin "Hb" *1			g/dl
Hepatitis B *3	HB (ab) ☐ +ve ☑ -ve	HB (ag) ☐ +ve ☑ -ve	
Bacteriological stool test*4	☑ not performed	☐ negative	☐ positive
Parasitical stool test*5	☑ not performed	☐ negative	☐ positive
ECG (only for crew above 40 years)			
HIV *2 (+ve or -ve)	-ve		
Medical examiner's comments:	FIT FOR DUTY ON BOARD SHIP		

*1 compulsory
*2 not compulsory
*3 required by the Company for all crew from endemic areas
*4 required by the Company for all food handlers
*5 required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that 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 and hence 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

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

Place of examination: UTTARA, DHAKA, Date (day/month/year) 10 JUL 2024

Medical certificate's date of expiration (day/month/year) 09 JUL 2026

Date medical certificate issued (day/month/year): 10/JUL 2024

Official stamp (also print name of medical examiner if not legible):

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

Signature of medical examiner: _____

Medical practitioner information (name, license number, address): _____

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

radical_hospitals@yahoo.com, www.radicalhospital.com

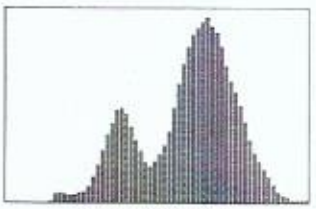
RADICAL HOSPITAL LIMITED

ID NO	**: 24070251**	**Date**	**: 10/07/2024**
Patient's Name	**: HOSSAIN AHMED**	**Age**	**: 27Y 1M 2D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-T/33994**	**Sex**	**: Male**
Specimen	**: Blood**		

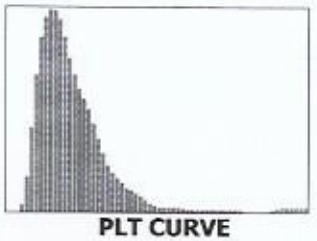
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

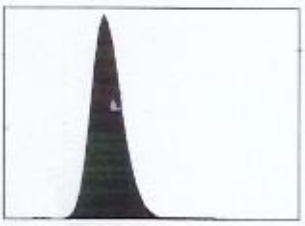
Parameter	Results		Reference Values
Haemoglobin(Hb)	**10.5**	**g/dl**	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	**06**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	**5,100**	**/cumm**	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	49	%	(40 - 75)%
Lymphocytes	36	%	(20-45)%
Monocytes	09	%	(2-10)%
Eosinophils	06	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	**306**	**/cumm**	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	**182,000**	**/cumm**	1,50,000-4,50,000 /cumm
MPV	14.9	fL	7.0 -11.0 fL
PDW-CV	20.4	%	10 - 18 %
PCT	0.15	%	0.10 - 0.28
P-LCR	53.2	%	9.00 - 45.00%
P-LCC	53	x10^3/uL	13 - 129 x10^3/uL
RBC COUNT	**3.76**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	40.0	%	M: 40-54%, F: 37-47%
MCV	106.5	fL	76-94 fL
MCH	28	pg	27-32 pg
MCHC	26.3	g/dL	29-34 g/dL
RDW SD	82	fL	30.0-57.0 fL
RDW CV	21.9	%	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.

Bill No	DIA24070251	Received Date	10/07/2024
Patient's Name	HOSSAIN AHMED		
Patient's Age	27Y 1M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/33994
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.53 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	19.0 U/L	Up to 37 U/L
Serum ALT (SGPT)	24.0 U/L	Up to 40 U/L
Serum Alkaline Phosphate	168 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 CHEMICAL

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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24070251	Received Date	10/07/2024
Patient's Name	HOSSAIN AHMED		
Patient's Age	27Y 1M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/33994
Sample	**BLOOD**		

SEROLOGICAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

Checked By

Medical Technologist.
Radical Hospital Ltd.

Dr. Sumaiya Khatun
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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital.

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Bill No	DIA24070251	Received Date	10/07/2024
Patient's Name	HOSSAIN AHMED		
Patient's Age	27Y 1M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/33994
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	0-1/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
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RADICAL HOSPITAL LIMITED

Bill No	DIA24070251	Received Date	10/07/2024
Patient's Name	HOSSAIN AHMED		
Patient's Age	27Y 1M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/33994
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.

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East West Medical College and Hospital.

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Date: 10/07/2024

EYE EXAMINATION REPORT

NAME:	HOSSAIN AHMED		
AGE:	27 YRS	RANK: FITTER	CDC NO:T/33994

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

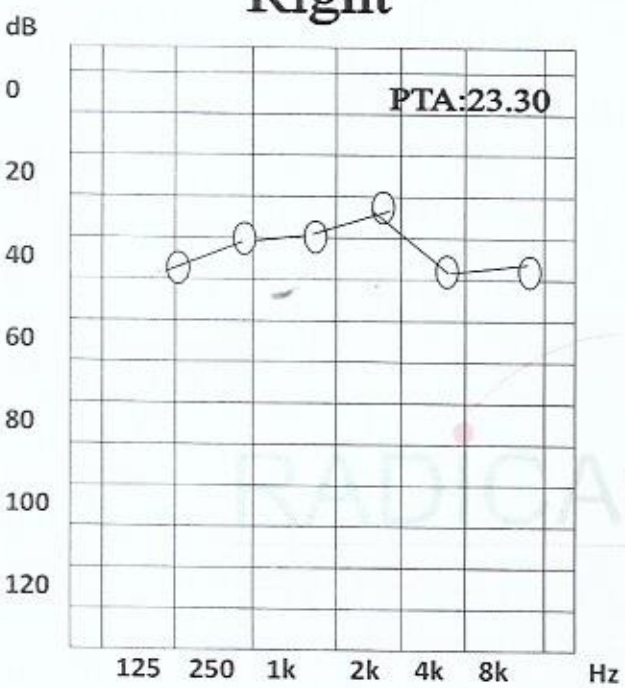
RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

AUDIOLOGICAL REPORT

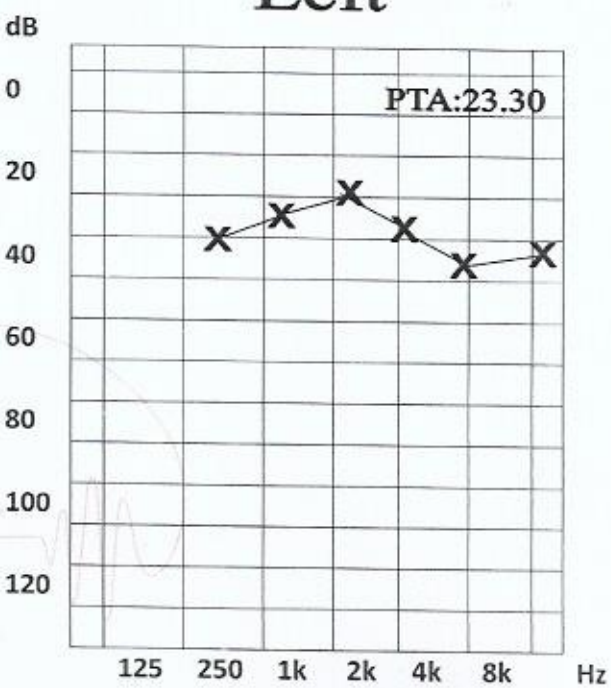
Patient Name : HOSSAIN AHMED
Age : 27 Yrs
Address : RHL, UTTARA
Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM

10/07/2024

Right



Left



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 ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 24070251	Receive:10/07/2024	Print: 10/07/2024	
Patient's Name	: HOSSAIN AHMED			
Age	: 27 YRS		Sex	: M
Refd. by	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : **Normal chest skiagram.**

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

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

HOSSAIN AHMED

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le | 08-06-1997 | Sex / sexe | MALE

Whose signature follows / dont 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 ia datc indiquee.

Date	Signature and professional Status of Vaccinator / Signature et qualite profess-sionelle vaccinateur	Approved Stamp / Cechet d'authentiftcation
1	10 JUL 2024 DR. MIR MD. RAIHAN MBBS (DU), DHM, 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; ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
3		
4		

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 perfomed.

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

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere 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 cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

HOSSAIN AHMED

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 08-06-1997 | Sex / sexe: MALE

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 ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1	01 JUL 2024	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2	DR. AHR. MD. RAIHAN MBBS (DU), DFM, CCD (Bardem), FGT (Celtic) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited		
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I lcalih 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 revaccinalion.

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'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans lcqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc lcnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte nent allectcr sa validite