

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: ISLAM MD HASIBUL Sex: M Serial No: _____
 Date of Birth: 18 / 07 / 1998 PP/CDC: T/32234 Rank: CH. COOK
 Vessel: MV- MEGHNA DREAM Type: BULK Route: W.W
 Home Address: HARINPALA, HARINPALA, BHANDARIA, PIROJPUR

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		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		☒		☒	Hernia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High / Low blood pressure / Heart disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / Bronchitis / Tuberculosis		☒		☒
Eye / Vision Problems (Glasses, etc)		☒		☒	Allergy / Skin disease		☒		☒
Hearing Impairment		☒		☒	Infection / Contagious Disease		☒		☒
Ear / Nose / Throat problems		☒		☒	Addiction to alcohol / drugs / tobacco		☒		☒
Stomach / Bowel disorders		☒		☒	Fracture / Dislocation / Injury / Amputation		☒		☒
Gall stones / Kidney disorders		☒		☒	Major / Minor Operation		☒		☒
Jaundice / Liver Disease		☒		☒	Diabetes		☒		☒
Piles / Varicose veins		☒		☒	Nervous / Mental disease / Sleep disorder		☒		☒
Blood Disorder		☒		☒	Malignant disease (Cancer)		☒		☒
Female Disorder		☒		☒	Signed off on medical grounds / Declared Unfit		☒		☒
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition	
<u>172cm</u>	<u>62kg</u>	<u>43-41</u>	<u>120/80 mmHg</u>	<u>78/min</u>	<u>19/min</u>	<u>Good</u>	
Distance Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000
Right Eye	<u>6/6</u>		Normal	Right Ear	dB	<u>20</u>	<u>20</u>
Left Eye	<u>6/6</u>		Abnormal	Left Ear	dB	<u>20</u>	<u>20</u>
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	Left ear	
Other		Normal	Abnormal		<u>4</u>	<u>4</u>	

Systemic Examination

Head & Neck	Normal	Abnormal	Notes FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	Normal	Abnormal
Eyes	☒			Cardiovascular system	☒	
Ears / Nose / Throat	☒			Per Abdomen	☒	
Teeth / Oral Cavity	☒			Genito-urinary system	☒	
Musculo-Skeletal system	☒			Others	☒	
Nervous system	☒			Hernia / Hydrocoele	☒	
Reflexes	☒			Varicose Veins	☒	
Skin	☒			Fissure/Fistula/Piles	☒	

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	<u>14.2</u> gm%	14-16 gm %	Colour	<u>SW</u>
Total WBC count	<u>8000</u> cu.mm	4000-11000 / cu.mm	Specific Gravity	<u>Nil</u>
Neu % Lym	<u>25</u> %	40-60 %	pH	<u>Nil</u>
Neu % Eos	<u>04</u> %	0-06 %	Albumin	<u>Nil</u>
Neu % Mo	<u>06</u> %	0-06 %	Sugar	<u>Nil</u>
Malarial parasite	<u>Not Found</u>		Bile pigment	<u>Nil</u>
TSR	<u>05</u> mm / 1st hour	1-15 mm / hr	Bile salts	<u>Nil</u>
SGPT	<u>32</u> U/L	9-43 U / L	Occult blood	<u>Nil</u>
S.Cholesterol	<u>mg/dl</u>	145-260 mg / dl	RBC cells	<u>Nil</u>
S. Triglycerides	<u>mg/dl</u>	upto 200 mg / dl	Leucocytes	<u>Nil</u>
Blood Sugar	<u>RBS</u>	upto 125 mg %	Others	<u>Nil</u>
HbsAg	<u>negative</u>		Spirometry:	<u>N/D</u>
HIV T & H	<u>negative</u>		Drugs of Abuse:	<u>Negative</u>
VISA	<u>negative</u>		USG:	<u>Normal</u>
Others	<u>negative</u>			
Blood Group	<u>GGTP U/L</u>			
ECG:	<u>Normal</u>	TMT:	<u>N/D</u>	
X-Ray	<u>Chest: Normal</u>			

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, _____ 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: 06 JUL 2026

Candidate's Signature: ISLAM MD HASIBUL Official Stamp

Date: 07 JUL 2024

Doctor's signature:

DR. MIR MD. RAIHAN
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
 DMD A-66144, MMC BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited



04.2024.6941

Certificate No: _____

04.2024.6941

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	ISLAM		
Given Names	MD HASIBUL		
Date of birth (day/month/year)	18-07-1998	Sex:	☒ Male ☐ Female
Nationality	BANGLADESHI		



Confirmation that identification documents were checked at the point of examination	Yes	No	NA
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

☐ Without restrictions

Visual aid required

Chest X-ray

Bacteriological stool test

Parasitical stool test

Vaccination records

☐ Yes

☐ With restrictions

☒ No

☐ normal

☐ negative

☐ negative

☐ satisfactory

☐ not performed

☐ not performed

☐ not performed

☐ to be renewed

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

RADICAL HOSPITAL LIMITED

Place of examination: Utara, Dhaka, Bangladesh

Date (day/month/year) 07 JUL 2024

Medical certificate's date of expiration (day/month/year) 06 JUL 2026

Official stamp (also print name of medical examiner if not legible) **DR. MIR. MD. RAIHAN**

Signature of medical examiner: _____

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Radical Hospitals Limited

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)



Certificate No: **04.2024.6941**

GUIDELINES AND MINIMUM REQUIREMENTS FOR:

PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
OF SEAFARERSMerchant 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

Family Name	ISLAM	
Given Names	MD HASIBUL	
Rank and department	CH. COOK	
Date of birth (day/month/year)	18-07-1998	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	
Home address	HARINPALA, HARINPALA, BHANDARIA, PIROJPUR	
Residence & Mobile No:	01742785079	
Passport No./Discharge Book No.	B00603014 / T132234	
Type of ship (container, tanker, passenger, fishing)	BULK	
Trade area (e.g., coastal, tropical, 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	☐	☒	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?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I MD. HASIBUL ISLAM holding Passport/Seaman Book No T/32234 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:

[Signature]

Date (day/month/year)

07 JUL 2024

Witnessed by: (Signature)

[Signature]

Name: (typed or printed)

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGD (Ophth)
BMDC A-55144, 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).



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	15/15	✓				

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

Method of Testing Colour vision:

☒ Ishihara Plates ☐ Lantern Test ☐ OthersColour 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	4	4
Left ear	4	4

Clinical Findings:

Height in cm	172	Weight in kg	62
Pulse rate	78 (/ minute)	Rhythm	Regul.
Blood pressure	120 mm Hg	Diastolic	80 mm Hg

Urinalysis

Glucose:	Nil	Protein:	Nil	Blood:	Nil
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	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	Piles	☒	☐
Heart	☒	☐	Skin	☒	☐
Hydrocele	☒	☐	General appearance	☒	☐

Chest X-ray	☐ Not performed	07 JUL 2024
Results:	Performed on (day/month/year):	
Normal chest X-ray		

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

Test	Result
Blood Tests – tick in box if done- readings separately issued* ¹	CBC ☒ , Blood VDRL test ☒ , Blood ESR ☒ , Blood Sugar – Random ☒
Haemoglobin "Hb" * ¹	
Hepatitis B * ³	HB (ab) ☐ +ve ☒ -ve HB (ag) ☐ +ve ☒ -ve
Bacteriological stool test* ⁴	☒ not performed ☐ negative ☐ positive
Parasitological stool test* ⁵	☒ not performed ☐ negative ☐ positive
ECG (only for crew above 40 years)	
HIV * ² (+ve or -ve)	<i>negative</i>
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) 07 JUL 2024

Medical certificate's date of expiration (day/month/year) 06 JUL 2026

Date medical certificate issued (day/month/year): 07 JUL 2024

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

Signature of medical examiner: *[Signature]*

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

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



ID NO : 24070171 Date : 07/07/2024
Patient's Name : MD HASIBUL ISLAM Age : 25Y11M19D
Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-T/32234 Sex : Male
Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	14.2 g/dl	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	08 mm/1st hr	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	8,100 /cumm	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT			
Neutrophils	65 %	(40 - 75)%	
Lymphocytes	25 %	(20-45)%	
Monocytes	06 %	(2-10)%	
Eosinophils	04 %	(1-6)%	
Basophil	00 %	0-1 %	
TOTAL CIR. EOSINOPHIL COUNT	324 /cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	334,000 /cumm	1,50,000-4,50,000 /cumm	
MPV	10.3 fL	7.0 -11.0 fL	
PDW-CV	16.6 %	10 - 18 %	
PCT	0.34 %	0.10 - 0.28	
P-LCR	29.2 %	9.00 - 45.00%	
P-LCC	97 x10 ³ /uL	13 - 129 x10 ³ /uL	
RBC COUNT	5.85 m/uL	M: 4.5-6.5, F: 3.8-5.8 m/uL	
HCT/PCV	47.5 %	M: 40-54%, F: 37-47%	
MCV	81.2 fL	76-94 fL	
MCH	24.4 pg	27-32 pg	
MCHC	30 g/dL	29-34 g/dL	
RDW SD	48 fL	30.0-57.0 fL	
RDW CV	18 %	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	DIA24070171	Received Date	07/07/2024
Patient's Name	MD HASIBUL ISLAM		
Patient's Age	25Y 11M 19	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/32234		
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Liver Function Test		
Serum Bilirubin (Total)	0.57 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
Serum AST (SGOT)	28 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	159 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.

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

Bill No	DIA24070171	Received Date	07/07/2024
Patient's Name	MD HASIBUL ISLAM		
Patient's Age	25Y 11M 19	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/32234		
Sample	BLOOD		

SEROLOGICAL REPORT

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

Checked By

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

Bill No	DIA24070171	Received Date	07/07/2024
Patient's Name	MD HASIBUL ISLAM		
Patient's Age	25Y 11M 19	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:T/32234
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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 Hospitals Ltd.

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

Bill No	DIA24070171	Received Date	07/07/2024
Patient's Name	MD HASIBUL ISLAM		
Patient's Age	25Y 11M 19	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:T/32234		
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic 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 Hospitals Ltd.


 Dr. Sumaiya Khatun
 MBBS, MD (Microbiology)
 Associate Professor
 Dept. of Microbiology

East West Medical College and Hospital

Date: 07/07/2024

EYE EXAMINATION REPORT

NAME:	MD HASIBUL ISLAM		
AGE:	26 YRS	RANK: CH.COOK	CDC NO:T/32234

VISUAL ACUTY:

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24070171 Receive: 07/07/2024 Print: 07/07/2024
Patient's Name : MD HASIBUL ISLAM
Age : 26 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

AUDIOLOGICAL REPORT

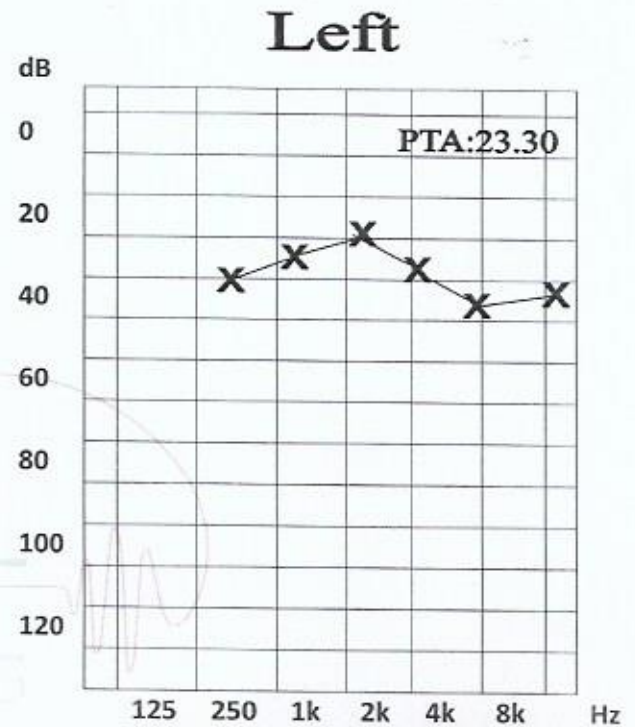
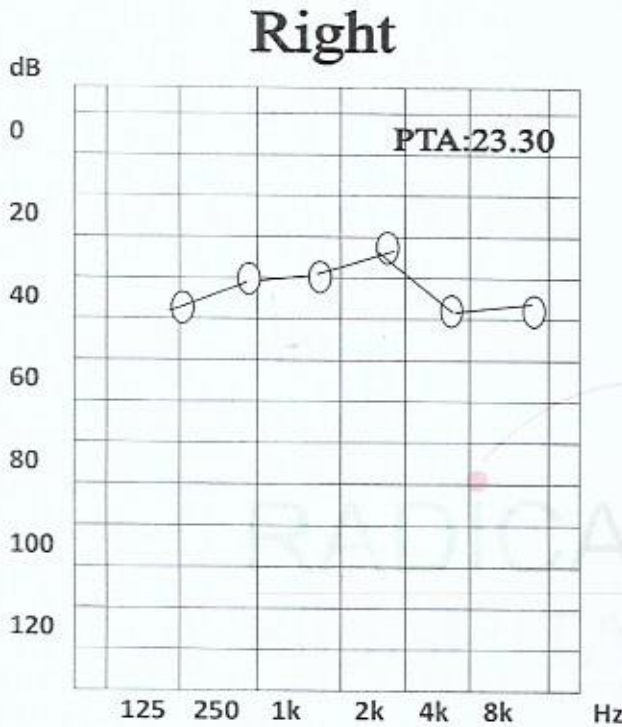
Patient Name : MD HASIBUL ISLAM

07/07/2024

Age : 26 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		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

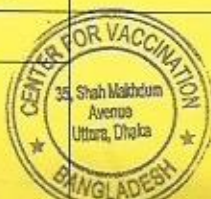
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA**

MD HASIBUL HAQ

This is to certify that JE Soussigne' (e) certifie que | date of birth /no' (e) le 18/07/98 Sex MALE

Whose signature follows dont la signature suit | [Signature]

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 date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle vaccinateur	Approved Stamp Cechet d'authentification
1	<i>[Signature]</i>	
2	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.	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

3		
4	<i>[Signature]</i> DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 Radical Hospitals Limited.	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

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 event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 performed.

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

La validite de ce certificate couvre une periode de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de cette période de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin, le présent certificate doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

De cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui il comporte peut affecter sa validité.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

MD. HASBUL HASAN
This is to certify that JE Soussigne (e) certifie que _____ date of birth / 18/07/92 Sex / *MALE*
no (e) le _____ sexe _____
Whose signature follows / *Hasan*
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 fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numéro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
17 MAR 2023	<i>DR. MIR. MD. RAIHAN</i> MBBS (DU), DPM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by 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 in days after the date of vaccination or in the event of a revaccination within such 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 the signature.

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'organisation Mondiale de la santé et si le centre où a eu lieu la vaccination a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, à compter de la date de la revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute altération ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.