

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: **RAHAMAN**

MD ROYHANUR

Sex: **M**

Serial No:

Date of Birth: **10 / 12 / 1995**

PP/CDC: **C/O19091**

Rank: **310**

Vessel: **MEGHNA STAR**

Type:

Route: **WORLD WIDE**

Home Address: **13/H, Multiplan green villa, green RD, Kolabagan, DHAKA**

Company Name: **V-SHIPS INDIA PVT. LTD**

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		☒		

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
167cm	62	42-41	110/80 mmHg	78 b/min	19 b/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20					
Left Eye	6/6		Normal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal										

Systemic Examination

	Normal	Abnormal	Notes			Normal	Abnormal
Head & Neck	☒		FIT FOR SEA SERVICE AS 3rd Officer AS PER MLC 2006		Respiratory system	☒	
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	15.9 gm%	14-16 gm %	Colour
Total WBC count	11,300 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 72 % Lymph 22 % Eos 03 % Bas 00 % Mono 03 %			pH
Malaria parasite			Albumin
ESR	06 mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	26 U/L	9- 43 U / L	Bile pigment
5-Cholesterol	mg/dl	135-260 mg / dl	Bile salts
S-Triacylglycerols	mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RHS PPBS	upto 125 mg %	RBC cells
TihsAg	Negative		Leucocytes
HIV 1 & II	Negative		Others
VDRL	Negative		
Others		GGTP U/L	Spirometry: N/D
Blood Group			

ECG: Normal	TMT: N/D	Drugs of Abuse: Negative
X-Ray Chest: Normal		USG: Normal

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: **16 JUL 2026**

Candidate's Signature

Date: **17.07.2024**

Official Stamp



Doctor's signature:

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

04.2024.7019

Certificate No: 04.2024.7019

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	RAHAMAN
Given Names	MD ROYHANUR
Date of birth (day/month/year)	Sex: ☒ Male ☐ Female
Nationality	BANGLADESH

	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	
Parasitological 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

Uttara, Dhaka, Bangladesh

Place of examination: _____ Date (day/month/year) 17 JUL 2024

Medical certificate's date of expiration (day/month/year) 16 JUL 2026

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

Signature of medical examiner: _____
Authorised by: DG SHIPPING BANGLADESH (competent authority)

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 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: **04.2024.7019**

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	RAHAMAN	
Given Names	MD ROYHANUR	
Rank and department	3RD OFFICER & DECK	
Date of birth (day/month/year)	10/12/1995	Sex: ☒ Male ☐ Female
Nationality	BANGLADESH	
Home address	CHARNURUL AMIN, MUNSHIR HAT, CHADFASSON, GHOLA	
Residence & Mobile No.	01749-880080	
Passport No./Discharge Book No.	A05224425 / 21019091	
Type of ship (container, tanker, passenger, fishing)	BULK	
Trade area (e.g., coastal, tropical, worldwide)	WORLD WIDE	

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
		s	
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 ROYHANUR RAHAMAN holding Passport/Seaman Book No C/0/0091 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) 17 / 07 / 2024Witnessed 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 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						Visual fields	
	Unaided			Aided			Normal	Defective
	Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular		
Distant	6/6	6/6	/					
Near	15	15	/					

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	167 cm	Weight in kg	62 kg
Pulse rate	78 (/ minute)	Rhythm	Regm.
Blood pressure			
Systolic	120 mm Hg	Diastolic	80 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	☒	☐
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
Results:	Performed on (day/month/year): 17 JUL 2024
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)	Normal
HIV * ² (+ve or -ve)	Negative
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

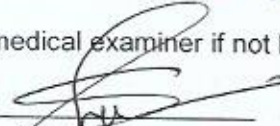
	Deck service	Engine service	Catering service	Other services
Fit	☒	☐	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions☐ With restrictions

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

Place of examination: UTTARA, DHAKA, Date (day/month/year) 17 JUL 2024Medical certificate's date of expiration (day/month/year) 16 JUL 2026Date medical certificate issued (day/month/year): 17 JUL 2024

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

Signature of medical examiner: 

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

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

ID NO : 24070461

Date : 17/07/2024

Patient's Name : MD.ROYHANUR RAHMAN

Age : 28Y7M7D

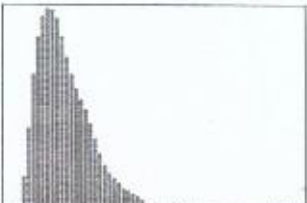
Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/9091

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)	15.9	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	11,300	/cumm	4,000 - 11,000 /cumm	
<u>DIFFERENTIAL COUNT</u>				
Neutrophils	72	%	(40 - 75)%	
Lymphocytes	22	%	(20-45)%	
Monocytes	03	%	(2-10)%	
Eosinophils	03	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	339	/cumm	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	174,000	/cumm	1,50,000-4,50,000 /cumm	
MPV	14.5	fL	7.0 -11.0 fL	
PDW-CV	18.4	%	10 - 18 %	
PCT	0.25	%	0.10 - 0.28	
P-LCR	52.3	%	9.00 - 45.00%	
P-LCC	91	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT				
HCT/PCV	50.8	%	M: 4.5-6.5, F: 3.8-5.8 m/uL	
MCV	93.7	fL	M: 40-54%, F: 37-47%	
MCH	29.4	pg	76-94 fL	
MCHC	31.3	g/dL	27-32 pg	
RDW SD	46	fL	29-34 g/dL	
RDW.CV	14.5	%	30.0-57.0 fL	
			10-16%	

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

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

Bill No	DIA24070461	Received Date	17/07/2024
Patient's Name	MD ROYHANUR RAHAMAN		
Patient's Age	28Y 7M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9091
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
<u>Liver Function Test</u>		
Serum Bilirubin (Total)	0.44 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26 U/L	Up to 40 U/L
Serum AST (SGOT)	22 U/L	Up to 37 U/L
Serum Alkaline Phosphate	173 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 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

Bill No	DIA24070461	Received Date	17/07/2024
Patient's Name	MD ROYHANUR RAHAMAN		
Patient's Age	28Y 7M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/9091
Sample	BLOOD		

SEROLOGICAL REPORT**Test Name****Result**

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


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

Bill No	DIA24070461	Received Date	17/07/2024
Patient's Name	MD ROYHANUR RAHAMAN		
Patient's Age	28Y 7M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE	CDC NO:C/O/9091	

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	Nil	WBC	Nil
Sugar	Nil	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	Nil

Checked By

Medical Technologist,
Radical Hospital Ltd.

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

Bill No	DIA24070461	Received Date	17/07/2024
Patient's Name	MD ROYHANUR RAHAMAN		
Patient's Age	28Y 7M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9091		
Sample	BLOOD		

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.

Date: 17/07/2024

EYE EXAMINATION REPORT

NAME:	MD ROYHANUR RAHAMAN		
AGE:	29 YRS	RANK: 3 RD OFFICER	CDC NO:C/O/9091

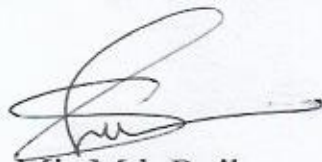
VISUAL ACUITY: RIGHT LEFT

UNAIDED 6/12 6/12

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

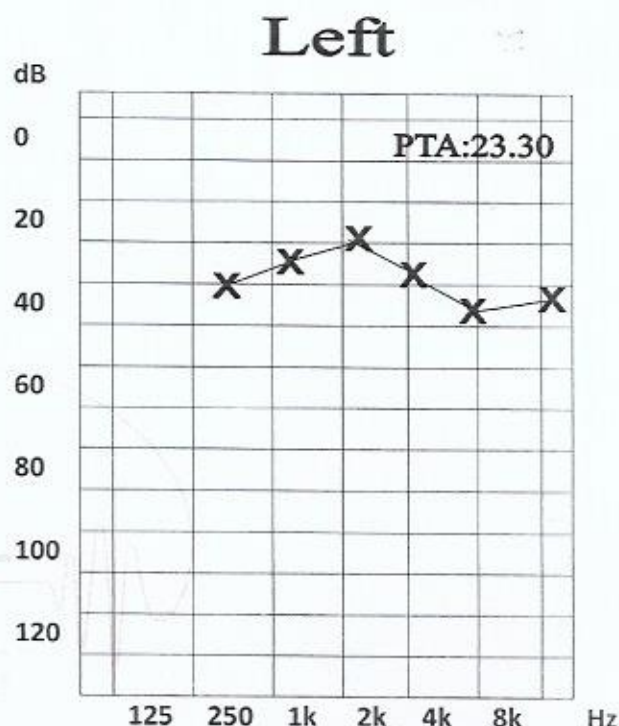
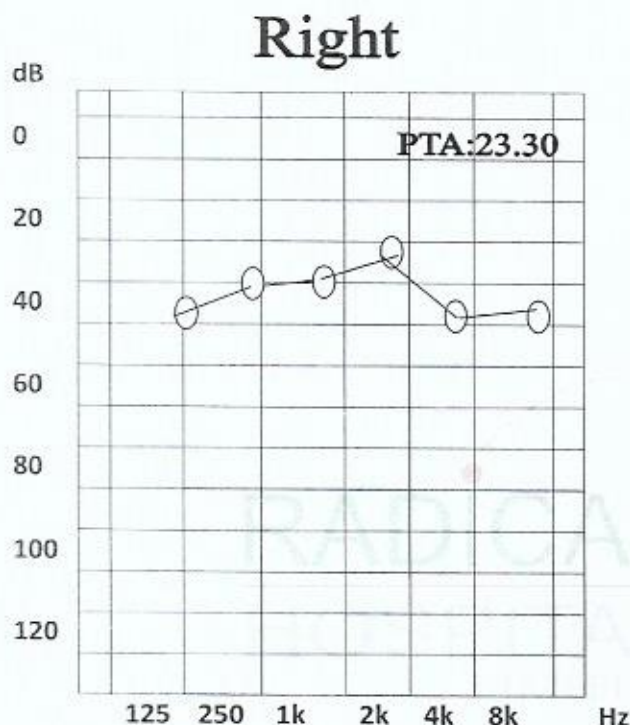
AUDIOLOGICAL REPORT

Patient Name : MD ROYHANU RAHAMAN

Age : 29 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.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 24070461	Receive: 17/07/2024	Print: 17/07/2024
Patient's Name	: MD ROYHANUR RAHAMAN		
Age	: 29 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

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

This is to certify that JE Soussigne' (e) certifie que MD ROHANUR RAHAMAN date of birth 10.12.1995 Sex M
no' (e) le RAHAMAN no' (e) le RAHAMAN
Whose signature follows don't 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 datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vacinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination	
1	<u>[Signature]</u> DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144 MMC BGD-016 DG Shipping & General Merchandise Patient			
3				
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 certificat n' est avalable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la sanc" et sile centre a" uaiiif, alion ae" tc'trafbiiie pali-aminsralion sanitaire du (erriloire dans loquel'ce centre est siture;.

La valide' de ce certificat couvr une pe'riodc de dix ans comencant dix joursaprcs la date de, la vaccination ou, dans le cas dune reiaccinaion. 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 officiar nc pouvant ce conside' comme lcanant lieu de signature.

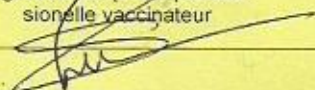
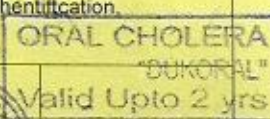
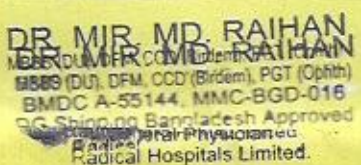
Toute eorecion ou hahre sur le certificat ou l'omission d' une quelconque des mentions qu'il

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

This is to certify that JE Soussigne' (e) certifie que MD RAIHAN Date of birth 10.12.1995 Sex M
no' (e) le RAHAMAN sexe

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 la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle vaccinateur	Approved Stamp Cechet d'authentification
1		
3		
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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 apres la premiere injection du vaccin ou, dans le cas d'une revaccination, a compter de la date de la seconde injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partakees a sept jours d'interval et sa validite commence le jour de la seconde injection.

De cachet d'authentification doit etre conforme au modele present per l'administration sanitaire du territoire ou la vaccination est effectuee.

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