

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: SELIM AFSAR AHAMMED Sex: M Serial No: _____
 Sumame First Name Middle Initial
 Date of Birth: 15 / 01 / 1980 PP/CDC: A05928588 / C104603 Rank: CH.OFF
 Vessel: MT. CHEM Type: OIL & Chem Route: _____
 Home Address: SAHASRAM, GACHHATA, KATIADI, KISHOREGANJ.
 Company Name: SAFE SEAS MANAGEMENT

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>165 cm</u>	<u>68 kg</u>	<u>43-41</u>	<u>130/80 mmHg</u>	<u>78 / min</u>	<u>19 / min</u>	<u>Good</u>			
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000
Right Eye		<u>6/6</u>	Normal	Right Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>	
Left Eye		<u>6/6</u>	Abnormal	Left Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>	
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear		Left ear		
	Other	Normal	Abnormal		<u>9</u>		<u>9</u>		

Systemic Examination

	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	☒		FIT FOR SEA SERVICE AS CH.OFF AS PER MLC 2006 Enhanced GARD Medicals done		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	<u>14.9 gm%</u>	14-16 gm %	Colour <u>Straw</u>
Total WBC count	<u>5.500 cu.mm</u>	4000-11000 / cu.mm	Specific Gravity
New 50 % Lymph	<u>42 %</u>	Eos 03 % Ba 00 % Mo 02 %	pH
Malarial parasite	<u>Not Found</u>		Albumin
ESR	<u>05 mm / 1st hour</u>	1 - 15 mm / hr	Sugar
SGPT	<u>28 U/L</u>	9-43 U / L	Bile pigment
S.Cholesterol	<u>mg/dl</u>	145-260 mg / dl	Bile salts
S.Triglycerides	<u>mg/dl</u>	upto 200 mg / dl	Occult blood
Blood Sugar	<u>RBS</u>	upto 125 mg %	RBC cells
HbsAg	<u>negative</u>		Leucocytes
HIV I & II	<u>negative</u>		Others
VDRL	<u>negative</u>		
Others	<u>negative</u>		
Blood Group		GGTP U/L	Spirometry: <u>N/D</u>

ECG: Normal TMT: N/D
 X-Ray Chest: Normal Drugs of Abuse: Negative
 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, Doctor's Name: DR. MIR MD. RAIHAN 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: 22 MAR 2026

Candidate's Signature

Official Stamp

Doctor's signature:

Date: 23.03.24

23 MAR 2024



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

04.2024.6206



COOK ISLANDS PHYSICAL EXAMINATION REPORT / CERTIFICATE

Ship
Registration
FORM 31
v.3

Surname	SELIM		Given Name(s)	AFSAR AHAMMED	
Date of Birth	Day 15	Month 01	Year 1980		
Place of birth	City KISHOREGANJ		County BANGLADESH		
Examination for Duty As		Mailing Address of Applicant			
Master	☐	afsar selim 28@gmail.com			
Deck Officer	☒				
Engineering Officer	☐				
Radio Officer	☐				
Rating	☐				



Medical Examination
See reverse side of medical requirements

Height	Weight	Blood pressure	Pulse	Respiration	General appearance
		130/80 mmHg	78 1/2/min	19 1/2/min	Good
Vision	Right Eye	Left Eye	Hearing	Right Ear	Left Ear
With Glasses	6/6	6/6		my	my
Without Glasses					

Dental

The applicant is free from visual infections of the mouth cavity or gums Yes ☒ No ☐

Colour Test

Book ☒ Lantern ☐
Red ☒ Yellow ☐ Blue ☐ Green ☐
Are glasses or contact lenses required to meet the required vision standard Yes ☒ No ☐

Head and Neck	Heart (Cardiovascular)
Normal	Normal
Lungs	Speech
Normal	Deck/Navigation - Officer/Radio Officer Speech must be unimpaired for normal voice communication
Upper extremities	Yes.
Normal	Lower extremities
	Normal



Is applicant vaccinated in accordance with WHO requirements ** Yes ☒ No ☐
Is the 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?

NO

Is the applicant taking any non-prescription or prescription medications Yes ☐ No ☒
If yes please describe below

Signature of Applicant

23 MAR 2024

Date

To be affixed in the presence of the examining physician

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

Afsar Ahammed Selim who is / not* certified to be free of communicable disease
Name of applicant

She / he* is found to be fit / not-fit* for duty as a Master / Deck Officer / Engineering Officer / Radio Officer / Rating * without / with the following restrictions:*

FIT FOR DUTY ON BOARD SHIP

*delete as appropriate

PHYSICIAN NAME : DR. MIR MD RAIHAN MBBS,(DU), DFM

ADDRESS: RADICAL HOSPITALS LIMITED UTTARA, DHAKA-1230, BANGLADESH

PHYSICIANS CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

LICENCE NUMBER: A-55144

DATE OF ISSUE*: 23 MAR 2024

DATE OF EXPIRY*: 22 MAR 2026

*of this certificate

Signature of Physician

23 MAR 2024

Date

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



INSTRUCTIONS

All applicants for an officer certificate, endorsement, seaman's book or certification of special qualifications shall be required to have a physical examination, by a certified physician.

The completed medical certificate must accompany the application for officer certificate, endorsement, seaman's book or certification of special qualifications.

The physical examination must be carried out not more than 12 months prior to the date of making an application for officer certificate, endorsement, and certification of special qualifications or seaman's book.

The examination shall be conducted in accordance with the International Labour 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 by the applicant, and that he/ she is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conduction the examinations, the certified physician should, where appropriated, examine the seafarers 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:

1) Hearing

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

2) Eyesight

- a) 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 eye. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes.
- b) Deck officer applicants must also have normal colour perception and be capable of distinguishing the colours red, green, blue and yellow
- c) 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 colours red, yellow and green.

3) Dental

- a) Seafarers must be free from infections of the mouth cavity or gums

4) Blood Pressure

- a) An applicant's blood pressure must fall within an average range



- 5) Voice
- a) Deck /Navigational officer applicants and radio officer applicants must have speech which is unimpaired for normal voice communications.
- 6) Vaccinations
- a) All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International travel and Health, Vaccinations and Requirements and Health Advice (Available at http://www.who.int/ith/chapters/ith2012en_chap6.pdf) and shall be given advice by the certified physicians on immunizations. If new vaccinations are given these shall be recorded.
- 7) Disease or Conditions
- a) Applicants afflicted with any of the following disease or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and / or the use of narcotics.
- 8) Physical Requirements
- a) Applicants for able seafarer, bosom, GP-1 ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
- b) Applicants for fire/water tender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officers certificate.

GLOBAL OCEAN SHIPPING SERVICES LTD.



Revision No: 00
Issue Date: 18.03.2018
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Crew Manning Agency Quality Manual (FORM) GOSSL-F-12

Part A. APPLICANT'S PARTICULARS

Name in Full (as in Passport, BLOCK LETTERS): AFSAR AHAMMED SELIM					
Address: SAHASRAM, GACHIHATA, KATIADI, KISHOREGANJ					Tel No: 01675672637
Passport No: A05928588	Date of Birth: 15.01.1980	Country of Birth: BANGLADESH	Nationality: BANGLADESH	Sex: Male/Female	Dept: Deck/Engine Rank: C/O

PART B. APPLICANTS DECLARATION

(Please tick)

	yes	No	If Yes give description
1. Have you Ever had			
a. Occasions to be admitted to hospital for whatever reason at all in the past?		☒	
b. an Operation?		☒	
c. an accident needing hospital treatment?		☒	
d. Tuberculosis or abnormal chest X-ray?		☒	
e. sexually transmitted disease? (e.g. Syphilis, gonorrhea, aids,etc)		☒	
f. mental ill ness like depression,schizophrenia, other psychosis or neurosis?		☒	
g. convulsions, fits or epilepsy?		☒	
h. ear or hearing problem?		☒	
i. high blood pressure?		☒	
j. chest pain at rest or on exertion, or other heart trouble?		☒	
k. asthma or wheezing attacks, or pneumothrox (air in the chest)?		☒	
l. stomach/ duodenal ulcer, 'gastric', blood in the vomit or stool?		☒	
m. kidney disease or problem passing urine?		☒	
n. pain in the spine ,back or any joint?		☒	
o. occasion to wear contact lens or glass?		☒	
p. allergic reactions to food or drugs etc?		☒	
q. diabetics or sugar in the urine?		☒	
2. Social habits- Do you take alcohol, drug or smoke?		☒	
3. Has any member of your family or relative ever had mental illness,epilepsy,blood disorder,diabetics, tuberculosis, heart trouble or any other disorder?		☒	
4. Have you had any medical attention (e.g. consulted a doctor for anything at all during the last 12 months?		☒	
5. Do you have a medical or other condition not already mentioned above?		☒	

I declare that the information given above is correct to the best of my knowledge. I consent to the examining doctor to endorse my medical information on the Medical fitness certificate.(To be signed only in the presence of the examining doctor.)

Date **23.03.2024**

Signature of the Applicant

PART B. RESULTS OF EXAMINATION:



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Crew Manning Agency Quality Manual (FORM)

GOSSL-F-12

1. Height/Weight	165	meters	68	Kilos		
2. Hearing					Right Left	
3. Eyesight (with out aids)		Right		Left		
Eyesight (with aids)		Right		Left		
4. Urinalysis		Microscopy	NIL	Sugar	NIL	Colour vision
5. Full Blood count	14.9	Hb	5500	WBC	234000	Albumin
6. VDRL		Negative		Positive		Pltlets
7. Chest X-ray (last X-ray within 2 months)		Normal		Abnormal		
8. Electrodiagram (ECG) (EDG)		Normal		Abnormal		
9. Pulse		Per min	78b/min			
10. Blood Pressure		mmHg	130/70mm			
11. cardiovascular system		Normal		Abnormal	If abnormal give details	
12. Respiratory system		Normal		Abnormal	If abnormal give details	
13. central nervous system		Normal		Abnormal	If abnormal give details	
14. Digestive system		Normal		Abnormal	If abnormal give details	
15. Gastrointestinal system (e.g. hernia)		Normal		Abnormal	If abnormal give details	
16. Locomotor system (e.g Spine and limbs)		Normal		Abnormal	If abnormal give details	
17. Intelligence, mental state		Normal		Abnormal	If abnormal give details	
18. Physique- Deformities		Normal		Abnormal	If abnormal give details	
19. Skin (including varicosities)		Normal		Abnormal	If abnormal give details	
20. Urogenital system (e.g hydrocoele)		Normal		Abnormal	If abnormal give details	
21. Endocrine system(e.g. Thyroid)		Normal		Abnormal	If abnormal give details	
22. Mouth/teeth		Normal		Abnormal	If abnormal give details	
23. Ears/nose/Throat		Normal		Abnormal	If abnormal give details	
24. Eyes		Normal		Abnormal	If abnormal give details	

C. DOCTOR'S REMARKS:

FIT/UNFIT subject to the following restrictions

Date: 23 MAR 2024

Signature of the Approved 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

PART C: Medical Fitness certificate:



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Revision No:

00

Issue Date:

18.03.2018

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Crew Manning Agency Quality Manual (FORM)

GOSSL-F-12

MEDICAL FITNESS CERTIFICATE

NAME IN FULL: AFSAR AHAMMED SELIMSEAMAN BOOK NO/PP NO: C/O/4603

I certify that have examined the person named above to the Medical Standards of the

And have found * him/her *FIT/UNFIT.

Remarks If any:

Signature And Name of Approved Medical Practitioner

23 MAR 2024

Date of Examination
DR. MIR. MD. RAIHAN
MBBS (DU), DEM, CCD (Biderm), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Registered Number:

Official Stamp:

- Delete as appropriate

This Certificate Has been issued in accordance with following:

- STCW95/2010 Regulation A-I/9 - Medical Status - Issue and Registration of Certificates, and Section - B-I/9 Paragraph 11 "Notwithstanding this position, the Administration may require higher standards then those given in table - B- I/9 -1 or - B- I/9-2 below"
- ILO/WHO/ A. 2/1997- Guidelines for the medical fitness review of seafarers previous to embarkment and periodic , of the international Labour Organization (ILO) and the World Health Organization (WHO)



ID NO : 24030599

Date : 23/03/2024

Patient's Name : AFSAR AHAMED SELIM

Age : 44Y2M8D

Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/4603

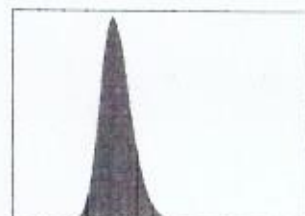
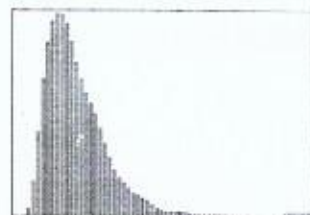
Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	14.9	g/dl	M:12-16, F:10-14.0 g/dl
ESR(Westergren)	05	mm/1st hr	M:0-10, F:0-20 mm/1st hr
TOTAL WBC COUNT	5,500	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	50	%	(40 - 75)%
Lymphocytes	42	%	(20-45)%
Monocytes	05	%	(2-10)%
Eosinophils	03	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSIONOPHIL COUNT	165	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	234,000	/cumm	1,50,000-4,50,000 /cumm
MPV	11.8	fL	7.0 -11.0 fL
PDW-CV	16.9	%	10 - 18 %
PCT	0.28	%	0.10 - 0.28
P-LCR	38.8	%	9.00 - 45.00%
P-LCC	91	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	5.41	m/μL	M: 4.5-6.5, F: 3.8-5.8 m/ μL
HCT/PCV	48.6	%	M: 40-54%, F: 37-47%
MCV	90	fL	76-94 fL
MCH	27.6	pg	27-32 pg
MCHC	30.7	g/dL	29-34 g/dL
RDW SD	48	fL	30.0-57.0 fL
RDW CV	16.2	%	10-16%



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

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

Bill No	DIA24030599	Received Date	23/03/2024
Patient's Name	AFSAR AHAMED SELIM		
Patient's Age	44Y 2M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/4603
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.54 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	28 U/L	Up to 40 U/L
Serum Alkaline Phosphate	183 U/L	98 - 279 U/L

RADICAL

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.

Bill No	DIA24030599	Received Date	23/03/2024
Patient's Name	AFSAR AHAMED SELIM		
Patient's Age	44Y 2M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/4603
Sample	BLOOD		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	Negative
-----------------------	----------

RADICAL

Checked By

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

Bill No	DIA24030599	Received Date	23/03/2024
Patient's Name	AFSAR AHAMED SELIM		
Patient's Age	44Y 2M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4603
Sample	URINE		

URINE TEST FOR BENZENE

Test Name

Result

Reference Range

BENZENE

NOT DETECTED

1.2-35.6Mg/L

PHENOL

NOT DETECTED

1.2-35.6Mg/L

RADICAL

Checked By

Medical Technologist,
Radical Hospitals Ltd.

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

East West Medical College and Hospital

Bill No	DIA24030599	Received Date	23/03/2024
Patient's Name	AFSAR AHAMED SELIM		
Patient's Age	44Y 2M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO: C/O/4603
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.

Patient ID	24030599	Voucher No	
Test Name	USG OF KUB	Delivery Date	23/03/2024
Patient Name	AFSAR AHAMMED SELIM		
Age	44 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 10.0 cm. The cortical echogenicity are normal with clear cortico–medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length –9.1 cm. The cortical echogenicity are normal with clear cortico–medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URETER: There is no dilatation in both ureter .

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.
No intravesicle lesion is seen

PROSTATE: Normal in size, volume is- 15.5 cc regular in shape. Echogenicity is homogenous.
No area of calcification is seen.

COMMENT: Suggestive of Normal study.



Dr. Farzana Rahman
MBBS,CMU,DMU

Consultant Sonologist

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030599 Receive: Print: 23/03/2024
Patient's Name : AFSAR AHAMED SELIM
Age : 44 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 78 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

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ID: 24020578

23-03-2024 10:42:40

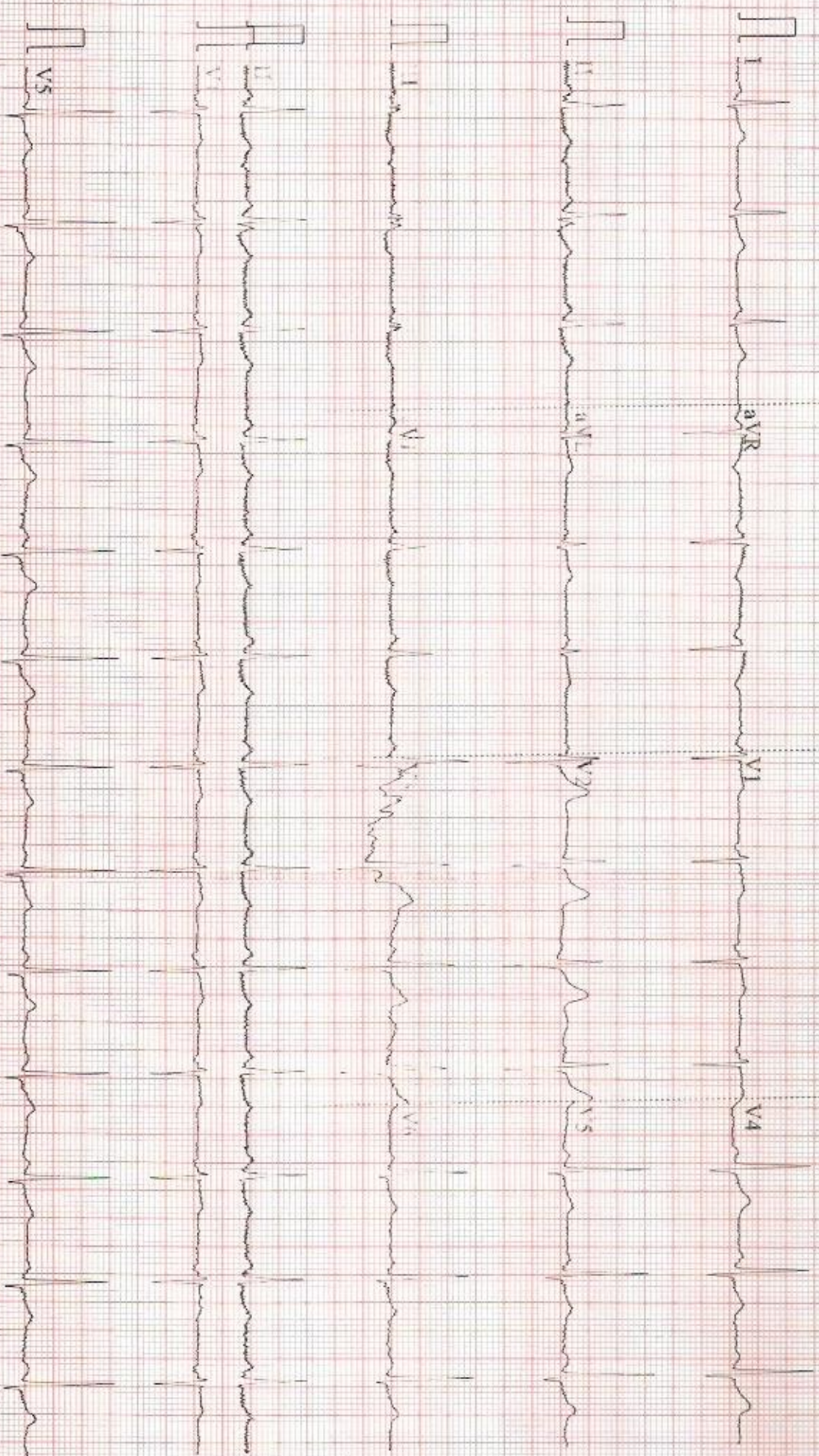
Alfonso Phammas
Male 44 Years *Belin*

HR	: 78	bpm
P	: 110	ms
PR	: 122	ms
QRS	: 88	ms
QT/QTc	: 362/413	ms
P/QRS/T	: 53/43/19	°
RV5/SV1	: 1.56/0.825	mV

Diagnosis Information:

Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030599 Receive: 23/03/2024 Print: 23/03/2024
Patient's Name : AFSAR AHAMED SELIM
Age : 44 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**

SELIM AFSAR AHAMMED

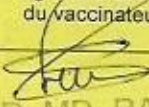
This is to certify that
JE Soussigne (e) certifie que

date of birth / no' (e) le 15-01-1980 Sex / sexe MALE

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 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
23 MAR 2024	 DR. MIR. MD. RAIHAN MBBS (D), DPM, CCD (Infect), PGD (Tropical) BMSC A-55144, MMC-BGD-018 2G Shipping Bangladesh Approved General Physician Patil & Partners Limited		
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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 of ten 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 a été désigné par l'administration sanitaire du territoire dans lequel le 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 ré vaccination, à compter de dix ans, le jour de cette ré vaccination.

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

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

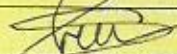
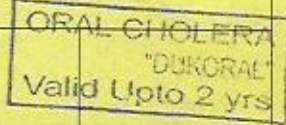
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

SELIM AFSAR AHAMMED

This is to certify that
JE Soussigne' (e) certifie que | date of birth | **15-01-1980** | Sex | **MALE**
no' (e) le | 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 fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
23 MAR 2024	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Bidem), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Rajshahi Hospital, Dhaka	 
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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 validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de cette revaccination.

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

Le 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 certificat ou l'omission d'une quelconque des mentions qui il comporte peut en rendre la validité.