

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: SAROWER MD. NAHID Sex: M Serial No: _____
 Date of Birth: 14/10/1987 PP/CDC: EH 0739378 Rank: _____
 Vessel: SEABOURN CRUISE Type: CRUISE Route: _____
 Home Address: HOUSE: 48, SOHAN GARMENTS ROAD, MOLLARTAKE, DOKHAIN KHAN
 DHAKA, 1230.
 Company Name: SEABOURN CRUISE LINE

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			
176cm	70kg	43-41	120/80 mmHg	78/min	19/min	Good			
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20	
Left Eye	6/6		Abnormal	Left Ear	dB	20	20	20	
Colour Vision	Ishihara	Other	Normal	Hearing	Right Ear		Left ear		
			Normal		4		4		

Systemic Examination

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

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	15.5 gm%	14-16 gm %	Colour	str
Total WBC count	7,800 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu 50 % Lymph	32% Eos 07 Ba 00 Mo 02 %		pH	
Malarial parasite	NOT FOUND		Albumin	N/I
ESR	25 mm / 1st hour	1-15 mm / hr	Sugar	N/I
SGPT	28 U/L	9-43 U/L	Bile pigment	
S.Cholesterol	NIE mg/dl	145-260 mg / dl	Bile salts	
S.Triglycerides	NIE mg/dl	upto 200 mg /dl	Occult blood	
Blood Sugar	RBS 5.3 PPBS	upto 125 mg %	RBC cells	N/I
HbsAg	NEGATIVE		Leucocytes	
HIV 1 & II	NEGATIVE		Others	
VDRL	NEGATIVE		Spirometry:	N/D
Others	GGTP U/L		Drugs of Abuse:	Negative
Blood Group			USG:	Normal



ECG: Normal TMT: N/D
 X-Ray Chest: 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: 15 MAR 2026

Candidate's Signature: Mir Md. Nahid

Official Stamp

Date: 16 MAR 2024

Doctor's signature:

DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
 BMDA-55144 MMC BCD 016
 DG Shipping, Bangladesh Approved
 General Physician
 Radical Hospitals Limited

04.2024.6157



Annex III: Draft Format of a Seafarer Medical Certificate**SEAFARER MEDICAL CERTIFICATE***(issued under the authority of authorising country details.)*

*This Medical Certificate has been issued in accordance with the provisions of the (International Convention on Standards of Training, Certification and Watch-keeping for Seafarers STCW 1978, as amended (STCW) Regulation I/9, Maritime Labour Convention 2006 (MLC 2006) Regulation 1.2 and regulation xxx of the authorising country)*as applicable*

SEAFARER INFORMATION

Surname: SARDWER	Given Name (s): MD. NAHID	
Date of Birth (dd/mm/yyyy): 14-10-1987	Nationality: BANGLADESHI	Gender: MALE
	ID Document no: 10295154	Male/Female
Capacity that the seafarer will serve onboard serve in:		
Deck: Engineer GMDSS Rating Catering Other CHEF		

DECLARATION OF APPROVED MEDICAL PRACTITIONER**

I confirm that identification documents were checked: ☒ YES / ☐ NO	
Does the seafarers hearing meet medical standards*?	☒ YES / ☐ NO
Is unaided hearing satisfactory*?	☒ YES / ☐ NO
Vision acuity meets medical standards*?	☒ YES / ☐ NO
Colour vision meets standard*?	☒ YES / ☐ NO
Date of last colour vision test? (dd/mm/yyyy) 16 MAR 2024	
Is the seafarer fit for lookout duties: ☒ YES/NO/Not applicable	
Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on board? YES/NO	
Is the seafarer fit for service? ☒ YES/ NO	
Are there any limitations or restrictions on fitness? If so specify the limitation.	
No .	



I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO *Guidelines on the Medical Examinations of Seafarers* and the national guidelines of the authorising Administration.

Name of Approved** Medical Practitioner: _____

Signature of Approved** Medical Practitioner: _____



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

Date of Examination (dd/mm/yyyy) : 16 MAR 2024

Stamp/Seal



Expiry date of certificate (dd/mm/yyyy): 15 MAR 2026

SEAFARER ACKNOWLEDGEMENT

I Name of seafarer confirm that I have been informed of the content of certificate and the right to get a review***.

MD. NAHID SAROWER
Signature: MD. NAHID SAROWER

Date: (dd/mm/yyyy) 16 MAR 2024

* For persons who are assigned shipboard safety, security or environmental protection duties, the medical standards referenced on the certificate are the standards as specified in STCW Regulation 1/9 and any other standards as specified by the authorizing Administration. For any other persons serving onboard, the medical standards shall be as specified by ILO and the authorizing Administration.

** The Medical Practitioner shall be approved by the national Administration, after inspection of medical facilities/recordkeeping, to carry out STCW/ILO medical examination.

*** The review shall be carried out by a body/Medical Practitioner authorized by national Administration and this information should be made available to the seafarer

Annex II - Medical Examination Form

CONFIDENTIAL FORM

Pre-sea Exam ☒Periodic Exam ☐Name (last, first, middle): SAROWER MD. NAHIDDate of birth (day/month/year): 14 / 10 / 1987Sex: ☒ male ☐ femaleNationality: BANGLADESHIHome address: CHUADANGA, BANGLADESHIdentity document No.: 10295154Type of ship (e.g. container, tanker, passenger, fishing): PASSENGERTrade area (e.g., coastal, tropical, worldwide): WORLDWIDE**Examinee's personal declaration***(Assistance should be offered by medical staff)*

Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	☐	☒	18. Sleeping problems	☐	☒
2. High blood pressure	☐	☒	19. Do you smoke?	☐	☒
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 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 hospitalized? | ☐ | ☒ |
| 37. Have you ever been declared unfit for sea duty? | ☐ | ☒ |
| 38. Has your medical certificate ever been restricted or revoked? | ☐ | ☒ |
| 39. Are you aware that you have any medical problems, diseases or illnesses? | ☐ | ☒ |
| 40. Do you feel healthy and fit to perform the duties of your designated position/occupation? | ☒ | ☐ |
| 41. Are you allergic to any medications? | ☐ | ☒ |

Comments.

FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription or prescription medications? ☐ ☒



If yes, please list the medications taken and the purpose(s) and dosage(s).

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

Signature of examinee: Md. Nahid Iqbal Date (day/month/year): 16 MAR 2024 / /

Witnessed by: (Signature) [Signature] Name: (Typed or printed) **DR. MIR. MD. RAIHAN**
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _ (the approved medical practitioner carrying out the medical examinations).

Signature of examinee: Md. Nahid Iqbal Date (day/month/year): 16 MAR 2024 / /

Witnessed by: (Signature) [Signature] Name: (Typed or printed) **DR. MIR. MD. RAIHAN**
 MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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Medical examination

☐ Pre-sea ☒ Periodic ☐ Other

Sight

Visual acuity						
Unaided			Aided			
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	
Distant	6/6	6/6	/			
Near	15	15	/			

Visual fields		
	Normal	Defective
Right eye	✓	
Left eye	✓	

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

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Height: 176 (cm) Weight: 90 (kg)

Pulse rate: 78 (/minute) Rhythm: Regulen.

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



Urinalysis:

Glucose:

ni

Protein:

ni

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

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 16 MAR 2024

Results: _____

Normal chest x-ray?

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

Test *Blood + urine*Result *Normal.*

Medical practitioner's comments:

FIT FOR DUTY ON BOARD SHIPVaccination status recorded: ☒ Yes ☐ No**Assessment of fitness for service at sea**

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

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

Deck service

Engine service

Catering service

Other services

☒ Fit☐☐☐☐

Unfit

☐☐☐☐Without restrictions ☒ With restrictions ☐

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



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

Place of examination: **RADICAL HOSPITAL LIMITED**
 Uttara, Dhaka, Bangladesh

Date of examination (day/month/year): **16 MAR 2024** / ____ / ____

Medical certificate's date of expiration (day/month/year): **15 MAR 2026** / ____ / ____

Official stamp:



Signature of 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

Name of medical practitioner: (Typed or printed)

Authorized by: . DG SHIPPING BANGLADESH



ID NO : 24030385

Date : 16/03/2024

Patient's Name : MD.NAHID SAROWER

Age : 36Y5M2D

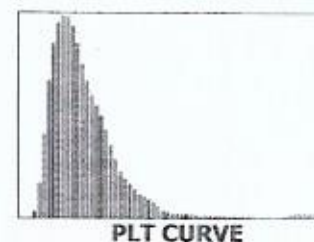
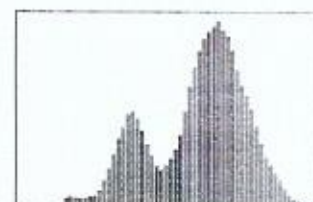
Ref. By : DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/D/C/102951! Sex : Male

Specimen : Blood

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

HAEMATOLOGY REPORT

Parameter	Results	Reference Values	Histogram
Haemoglobin(Hb)	15.5	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	7,800	/cumm	4,000 - 11,000 /cumm
DIFFERENTIAL COUNT			
Neutrophils	50	%	(40 - 75)%
Lymphocytes	38	%	(20-45)%
Monocytes	07	%	(2-10)%
Eosinophils	05	%	(1-6)%
Basophil	00	%	0-1 %
TOTAL CIR. EOSINOPHIL COUNT	390	/cumm	40 - 450 /cumm
TOTAL PLATELET COUNT(PC)	265,000	/cumm	1,50,000-4,50,000 /cumm
MPV	10.4	fL	7.0 -11.0 fL
PDW-CV	16.6	%	10 - 18 %
PCT	0.28	%	0.10 - 0.28
P-LCR	29.3	%	9.00 - 45.00%
P-LCC	78	$\times 10^3/\mu\text{L}$	13 - 129 $\times 10^3/\mu\text{L}$
RBC COUNT	5.55	m/ul	M: 4.5-6.5, F: 3.8-5.8 m/ul
HCT/PCV	50.6	%	M: 40-54%, F: 37-47%
MCV	91.1	fL	76-94 fL
MCH	28	pg	27-32 pg
MCHC	30.7	g/dL	29-34 g/dL
RDW SD	46	fL	30.0-57.0 fL
RDW CV	15.6	%	10-16%



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

S.M. Shariar Rizvi
Dr. S.M.Shariar Rizvi
MBBS,MD(BSMMU)
Consultant
Dept.Of Microbiology
Radical Hospital Ltd.

Bill No	DIA24030385	Received Date	16/03/2024
Patient's Name	MD NAHID SAROWER		
Patient's Age	36Y 5M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	10295154
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/L	4.2 – 6.4 mmol/L
Serum Bilirubin (Total)	0.60 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26.0 U/L	Up to 40 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	DIA24030385	Received Date	16/03/2024
Patient's Name	MD NAHID SAROWER		
Patient's Age	36Y 5M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	10295154
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	DIA24030385	Received Date	16/03/2024
Patient's Name	MD NAHID SAROWER		
Patient's Age	36Y 5M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	10295154
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
Dept. of Microbiology
East West Medical College and Hospital.

Bill No	DIA24030385	Received Date	16/03/2024
Patient's Name	MD NAHID SAROWER		
Patient's Age	36Y 5M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	10295154
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic Assay (Rapid one Step Test)

Test Name	Result
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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.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030385 Receive: 16/03/2024 Print: 16/03/2024
Patient's Name : MD NAHID SAROWER
Age : 36 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

ID: 24020576

16-03-2024 13:31:29

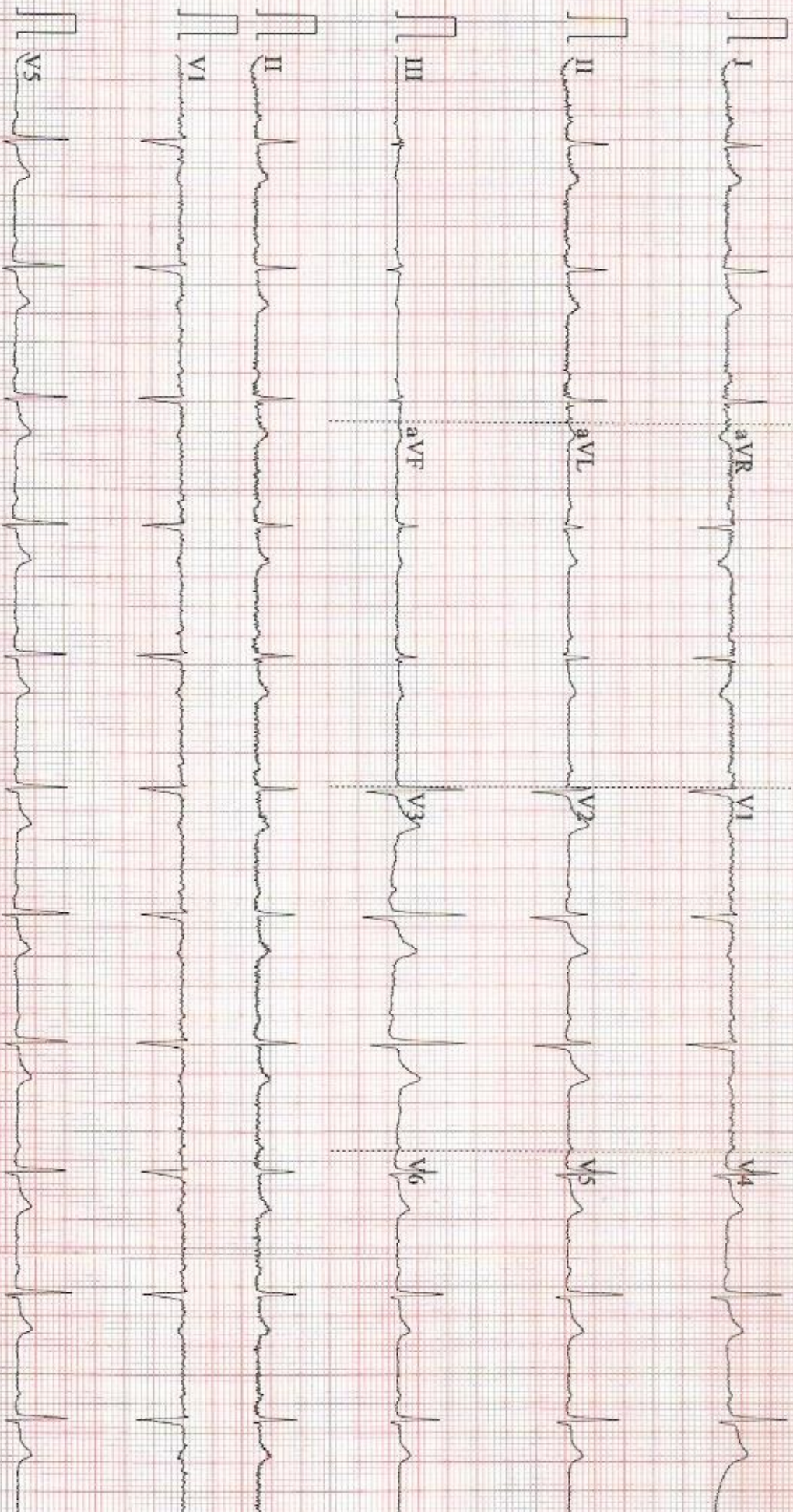
Mr. David Sattanez
Male 36 Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 68 bpm
P	: 102 ms
PR	: 174 ms
QRS	: 80 ms
QT/QTc	: 368/392 ms
P/QRS/T	: 2/31/19 °
RV5/SV1	: 0.885/0.716 mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030385 Receive: Print: 16/03/2024
Patient's Name : MD NAHID SAROWER
Age : 36 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 68 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

Page 1 of 1