

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: AKBAR MD ALI Sex: M Serial No:
Date of Birth: 16/12/1974 PP/CDC: C/D/3298 Rank: CH. E. A. R.
Vessel: BULK SPEAKER Type: BULK Route: World wide
Home Address: 28/1, Ganga Ganga, House 265, Ganga Ganga, Dhanpur
Company Name: WALLEN SHIP MANAGEMENT LTD

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	No	Examiner Record	
	Yes	No	Yes	No	Yes	No	Yes	No
Severe one-sided headaches (Migraine)		☒		☒		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒		☒		☒
Eye / Vision Problems (Glasses, etc)		☒		☒		☒		☒
Hearing Impairment		☒		☒		☒		☒
Ear / Nose / Throat problems		☒		☒		☒		☒
Stomach / Bowel disorders		☒		☒		☒		☒
Gall stones / Kidney disorders		☒		☒		☒		☒
Jaundice / Liver Disease		☒		☒		☒		☒
Piles / Varicose veins		☒		☒		☒		☒
Blood Disorder		☒		☒		☒		☒
Female Disorder		☒		☒		☒		☒
Notes								

Notes													
Medical Examination													
Height		Weight in Kgs		Chest Insp-Exp		Blood Pressure in mm of Hg		Pulse-Beats / min		Resp. Rate / min		General Condition	
162 cm		70 kg		43-41		120/80 mmHg		78/min		19/min		Low	
Distant Vision		Uncorrected		Corrected		Field of Vision		Audiometry		Hz		500	
Right Eye				6/6		Normal		Right Ear		dB		20	
Left Eye				6/6		Abnormal		Left Ear		dB		20	
Colour Vision		Ishihara		Normal		Abnormal		Hearing		Right Ear		Left ear	
Other				Normal		Abnormal				7		8	
												Normal	
												Abnormal	

Systemic Examination		Notes		Normal		Abnormal	
Head & Neck		FIT FOR SEA SERVICE AS 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		Result		Normal		Urine	
Blood		14.8 gm%	14-16 gm %	Colour		SW	
Hemoglobin		3800 cu.mm	4000-11000 / cu.mm	Specific Gravity			
Total WBC count		65 % Lymph	40-60 %	pH			
Neu		31 % Eos	1-5 %	Albumin		N/D	
Malarial parasite		02 % Bas	0-1 %	Sugar		N/D	
ESR		15 mm / 1st hour	1-15 mm / hr	Bile pigment			
SGPT		58 U/L	9-43 U / L	Bile salts			
S.Cholesterol		171 mg/dl	145-260 mg / dl	Occult blood			
S.Triglycerides		120 mg/dl	upto 200 mg / dl	RBC cells		N/D	
Blood Sugar		RBS 5.3 PPBS	upto 125 mg %	Leucocytes			
HbsAg				Others			
HIV I & II				Spirometry:		N/D	
VDRL				Drugs of Abuse:		Negative	
Others				USG:		Nummy	
Blood Group							

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: 06 MAR 2026

Candidate's Signature: Akbar Doctor's signature: DR. MIR MD. RAIHAN

Date: 07 MAR 2024

Official Stamp: Radical Hospital Ltd. As Per MLC 2006

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

04.2024.6086

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME <u>AKBAR</u>	GIVEN NAME(S) <u>MD ALI</u>	
DATE OF BIRTH MONTH <u>12</u> DAY <u>16</u> YEAR <u>1974</u>	PLACE OF BIRTH CITY <u>DINAPOUR</u> COUNTRY <u>BANGLADESH</u>	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: <u>HOUSE 265, GHASHIPARA, DINAPOUR</u> <u>SADAR, DINAPOUR-5200</u>	

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT <u>5'-4"</u>	WEIGHT <u>70 KG</u>	BLOOD PRESSURE <u>120/80 mmHg</u>	PULSE <u>78 /min</u>	RESPIRATION <u>19 /min</u>	GENERAL APPEARANCE <u>Good</u>
VISION: WITHOUT GLASSES WITH GLASSES <u>6/6 6/6</u>			HEARING: RT. EAR <u>my</u> LEFT EAR <u>my</u>		
COLOR TEST TYPE: BOOK ☒ LANTERN ☒ IS COLOR TEST NORMAL? ☒ YES ☐ NO (If "No" EXPLAIN ON PAGE 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? ☒ YES ☐ NO					
HEAD AND NECK <u>Normal</u>			HEART (CARDIOVASCULAR) <u>Normal</u>		
LUNGS <u>Normal</u>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>Yes</u>		
EXTREMITIES: UPPER <u>Normal</u> LOWER <u>Normal</u>					
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? ☒ YES ☐ NO					
IS 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? ☒ YES ☐ NO					
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? ☒ YES ☐ NO					

SIGNATURE OF APPLICANT <u>[Signature]</u>	DATE OF EXAMINATION <u>07 MAR 2024</u>	EXPIRY DATE <u>06 MAR 2026</u>
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THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

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

FIT FOR DUTY ON BOARD SHIP

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☒ NO ☐

SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN <u>DR. MIR MD RAIHAN MBBS, DFM</u>
ADDRESS <u>RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230</u>
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <u>DG SHIPPING BANGLADESH</u>
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <u>06 MAY 2014</u>
SIGNATURE OF PHYSICIAN <u>[Signature]</u> <u>07 MAR 2024</u> DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

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



MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's 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:

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
 - 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. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - 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. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

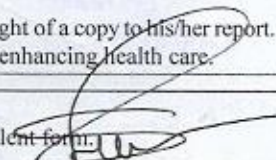
A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.
(See RMI MG-7-47-1, §3.3).


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.

07 MAR 2024



WALLEM	SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7
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	Pre-Sea Exam: ☐ Periodic Exam: ☒ Other: ☐	

Examination for duty as: Master: Y/N: _____ Deck Officer: Y/N: _____ Eng Officer: ☒ Y: ☒ N: ☐ Ratings: Y/N: _____ Cook: Y/N: _____ Other: Y/N: _____ Please specify _____		Fit to perform the duties he/she is to carry out.	Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	Temporarily unfit to perform the duties he/she is to carry out.	Permanently unfit to perform the duties he/she is to carry out.
		☒	☐	☐	☐

To be filled by Manning Centres Name, Address with Contact details of Manning Centre:		WALLEM MUMBAI Valecha Chambers, Floor 1, Plot B-6, Andheri New Link Road, Andheri West +91 22 4099 4000	
Vessel to be assigned:	Routine & Emergency Duties (if known):	Position Offered/ Applied for:	
Type of vessel (Container, Tanker, Passenger etc):			
Trade area (e.g. Coastal, Tropical, Worldwide):	Cosastal ☐ Tropical ☐ WorldWide ☒		

Part I - Examinee's Personal Declaration with Medical History
 (Examinee is to be answer the following to the best of examinee's knowledge)
 (Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details Name of Examinee (Family/ last, first, middle):		AKBAR MD. ALI	
Home/ Permanent Address:		HOUSE 265/4 HABIPUR, DINAPOUR	
Mailing Address:			
Date of birth (day/month/year):		16 / 12 / 1974	Sex: M
Place of Birth:	City: DINAPOUR Country: BANGLADESH	Nationality: BANGLADESH	Rank: CH. ETA.
Civil Status:		MARRIED	
Identity Docs/ Passport /Discharge Book No:		010/3298	

Is there any past / present history of any of the following	Examinee Declaration		Examiner's Record		Is there any past / present history of any of the following	Examinee Declaration		Examiner's Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		☒		☒	Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions		☒		☒

04.2024.6086

**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
CERTIFIED BY AN APPROVED EXAMINER**

WALLEM

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant
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		✓	✓	Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor		✓	✓
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		✓	✓	Stomach / Bowel Disorders/ Digestive Disorder		✓	✓
Ear (Hearing, tinnitus) Problems / Impairment		✓	✓	Gall Stones/ Jaundice / Kidney Disorders		✓	✓
Mental Diseases, Breakdown / Sleep Disorder		✓	✓	Severe/ Frequent/ One Sided Headaches (Migraine)		✓	✓
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		✓	✓	Back / Joint Problems/ Wrist Problems/ Slipped Disc		✓	✓
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		✓	✓	Hernia / Hydrocoele / Appendicitis		✓	✓
Balance Problem		✓	✓	Piles / Varicose Veins		✓	✓
Sinuses/ Nose/ Throat Problems		✓	✓	Allergies / Rash/ Skin Disease		✓	✓
Thyroid Problem		✓	✓	Female Disorders		✓	✓
High / Low Blood Pressure/ Blood Disorder		✓	✓	Major / Minor Operation/ Surgery		✓	✓
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		✓	✓	Contagious Diseases/ Gastrointestinal infection / Other Infections		✓	✓
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		✓	✓	Sexually Transmitted Disease/ Infections		✓	✓
Shortness of Breath		✓	✓	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		✓	✓
Rheumatic Fever		✓	✓	Diabetes		✓	✓
for Male Examinee	Yes	No	If "Yes", give details	for Female Examinee	Yes	No	
Prostate Problems/ Testicular Lumps		✓		Breast Lumps/ Menstrual Problems		✓	
Penile Discharge		✓		Pregnancy		✓	
Multiple Partners		✓		Multiple Partners		✓	
If "Yes", to any of the above, please explain:							

Additional questions :

	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		✓
Have you ever been hospitalized?		✓
Have you ever been declared unfit for sea duty?		✓
Has your medical certificate ever been restricted or revoked?		✓
Are you aware that you have any medical problems, diseases or illnesses?		✓
Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
Are you currently under a doctor's care/ medication?		✓
Are you allergic to any medications?		✓
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox		✓
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		✓
Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		✓
In the last one week have you consumed any of these Drugs/ Medication		✓
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		✓
Pain Killers, If Yes, Please State name of Drug Crocin/ Aspirin/ Etc.		✓
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		✓
Any Medicine/ Injections from your family Doctor		✓



To What Extent Do You Use: Alcohol: NO, Cigarettes: NO
Tobacco: NO, Drugs: NO

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

If yes, please list the medications taken and the purpose(s) and dosage(s). NO

Date and contact details for previous medical examination (if known):

Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).

Family History :	Yes	No
Diabetes		☒
Blood Pressure/ Heart Disease		☒
Mental Illness/ Epilepsy/ Seizure		☒
Cancer		☒

If "Yes", to any of the above, please explain:

Any other major conditions?			
Would you say that your health is: Excellent * Good * Fair *			
I _____ holding Passport/Seaman Book no. _____ 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 will 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 also certify that the personal declaration above is a true statement to the best of my knowledge and I hereby authorize 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 practitioner carrying out the medical examinations).	
Signature of Examinee:		Date(day/month/year):	07 MAR 2024

Height in cms:		Weight in Kg:		Blood Pressure	Systolic 120 (mmHg)	Diastolic 80 (mmHg)
BMI:		Temperatures:		Pulse Rate:	78 b/m	Respiratory rate
				Rhythm:		19 b/m
Chest:	Insp: 93	Exp:	91	Oral Health	Good	General Condition
						Good

Part II – Medical Examination

The Company has set the following BMI limits:

A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.

For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia etc), then the seafarer in question MUST undergo a stress/ treadmill test.

If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways/means to improve their health.

BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

Visual acuity					
Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular

Visual fields		
	Normal	Defective
Right eye		

WALLEM

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Distant				6/6	6/6	✓	Left eye	✓	✓
Near				15	15	✓			

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No
If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:		Type:	Book *	Lantern *	Ishihara *	CIE-43-2001 *		
Check if colour test is Normal:	Yellow	*	Red	*	Green	*	Blue	*
Colour Vision:	Not tested	*	Normal	*	Doubtful	*	Defective	*

Hearing:

Pure tone and audiometry (threshold values in dB)						
Audiometry	500 Hz	1,000 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 (Meters)		
	Normal	Whisper
Right ear	4	4
Left ear	4	4

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose Veins	✓	
Eyes	✓		Vascular (Inc. Pedal Pulses)	✓	
Eye Movement/Pupils	✓		Abdomen and Viscera	✓	
Ophthalmoscopy	✓		Hernia	✓	
Ears, Tympanic Membrane	✓		Anus (Not Rectal Exam.)	✓	
Sinuses, Nose, Throat	✓		G-U System	✓	
Mouth/Teeth/Gums	✓		Upper & Lower Extremities	✓	
Nervous System	✓		Spine (C/S, T/S and L/S)	✓	
Heart	✓		Neurologic (Full Brief)	✓	
Lung and Chest	✓		Psychiatric	✓	
Breast Examination	✓		Pupils	✓	
Skin	✓		Musculoskeletal System	✓	

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	✓		Hypertension	✓	
Dysrhythmia/ Pacemaker	✓		Congenital Heart Disease	✓	
Valvular Heart Disease	✓		Peripheral Circulation	✓	
Cardiomyopathy	✓		Pulmonary Circulation/ TB	✓	
Aneurysms	✓				

Chest X-ray (PA) Not performed *
Performed * on (day/month/year): Normal chest x-ray

Result: Normal

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

Test:	Result:
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Investigation:

Blood	Result	Normal	Urine	Result	Additional Tests	Result	Normal
Haemoglobin "Hb"	14.8 g/dl	13 - 18 gm/ dl	Colour	SW	(HbA1c)	5.8	4.0 % - 6.5 %
Total WBC count	8600	4,000 - 11,000 / cu.mm	Specific Gravity		RBS/ FBS (Blood test)	5.3	

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(Confidential Document)

Neu <u>65</u> %, Lym <u>31</u> %, Eos <u>02</u> %, Bos <u>0</u> %, Mo <u>03</u> %			pH <u>MI</u>		Total Bilirubin <u>MD</u> 0.1 - 1.0 mg/dl	
Blood Group & Rh factor (tested only once, need not be repeated)			Albumin <u>MI</u>		Direct Bilirubin <u>MD</u> 0.0 - 2.5 mg/dl	
BI ESR	<u>05</u>	1 - 15 mm / hr	Sugar <u>4</u>		Indirect Bilirubin <u>MD</u> 0.0 - 0.75 mg/dl	
Platelets	<u>192000</u>	1.50-4.00 Lakh/ul	Bile Pigment <u>4</u>		SGPT <u>30</u> 9 - 43 IU / L	
Fasting Lipid Profile			Bile Salt <u>4</u>		SGOT <u>26</u> 0 - 40 IU/L	
S. Triglycerides	<u>120</u>	25-200 mg/dl	Occult Blood <u>4</u>		SGGT <u>40</u> 0 - 49 IU/L	
Cholesterol Serum	<u>171</u>	130-220 mg/dl	RBC Cells <u>4</u>		Blood Urea <u>MD</u> 10 - 50 mg/dl	
HDL Cholesterol Serum	<u>42</u>	35-65 mg/dl	Leucocytes <u>4</u>		S. Creatinine <u>0.83</u> 0.8 - 1.4 mg/dl	
LDL Cholesterol Serum	<u>105</u>	85-150 mg/dl	Stool Test <u>Result</u>		BUN <u>18</u> 5-23mg/dl	
VLDL Cholesterol Serum	<u>MD</u>	07-35 mg/ dl	Bacteriological <u>4</u>		PSA <u>MD</u> Less than 4.00 ng/ml	
Total / HDL Cholesterol	<u>MD</u>	3.0-5.0	Parasitological <u>4</u>		Malarial Parasite <u>MD</u>	
LDL/ HDL Cholesterol	<u>MD</u>	2.5-3.5	Others <u>4</u>		Uric Acid <u>50</u> 2.4 - 7.5 mg/dl	
Hepatitis B	Positive	Negative	HIV I & II <u>Negative</u>			
Hepatitis C	Positive	Negative	VDRL <u>Negative</u>			

Drugs: Method:**Results:**

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	(1000 ng/ ml)	(200 ng/ ml)	50 ng/ ml	(300 ng/ ml)	
Not Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids / Urine *	Cocaine / Urine *	Opiates & Morphine *
Spirometry	<u>N/D</u>	TMT	<u>N/D</u>	Drugs of Abuse	<u>Negative</u>
ECG	<u>Normal</u>	ECHO	<u>N/D</u>	Ultrasound (USG) of the Abdomen & Pelvis	<u>Normal</u>

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes / No

Vaccination status recorded: Yes / No Satisfactory * to be renewed *
Details:

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

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

Examination	Results of the examination		Examination	Results of the examination	
	Pass	Fail		Pass	Fail
Medical History	<u>✓</u>		Foculysis (food service/ handlers)	<u>✓</u>	



SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant
Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

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Physical Examination	✓	Hep B Antigen	✓
Dental Examination	✓	Hep C Antibodies	✓
Psychological Test	✓	Stress Test	✓
Visual Test	✓	Diabetes	✓
Colour Vision	✓	Ultrasound Examination (Presence of gall & Kidney Stones)	✓
Audiometry	✓	Alcohol/ Drug Test	✓
EKG		2D echo Doppler study (for heart patient) Psychometric evaluation	✓

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is –

- (a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory
- (b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she is fit / unfit for look out duty
- (c) that he / she needs / does not need visual aids / informed to carry spares
- (d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?
- (e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	*	*	*	*
Unfit:	*	*	*	*

this seafarer is **UNFIT FOR DUTY**** / **FIT FOR DUTY with/ without restrictions*** as mentioned below,

* This Medical Certificate is issued with following restrictions (e.g., specific position, type of ship, trade area & other as applicable) :

** Reasons for being unfit

This is to certify MD. ALI ARBAR was physically examined and he/she is found to be **FIT** for sea service/ look-out duty for the period from _____ To _____ Place of medical examination **RADICAL HOSPITAL LIMITED, UTTARA, DHAKA** Date of medical examination: 07 MAR 2024
Medical certificate validity date (day/month/year): 06 MAR 2026 Name of Examiner **DR. MIR MD. RAIHAN**
(Validity should not be more than 2 years)
Degree: **MBBS, (DU). DFM** Address: **35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230** Tel./Fax/Email: **DRRAIHAN@GMAIL.COM** Name of Medical Examiner/ Physician
Certificate /License Issuing Authority: **DG SHIPPING BANGLADESH** Date of issue of Medical Examiner/Physician
Certificate/ License: **06-MAY-2014** Registration No.: **A-55144**

Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner (print name of medical examiner if not legible) and I acknowledge, that I have been advised of the content of the medical certificate & of the



Official Stamp & Signature with Govt. (DGS) Approval/
DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCB (Dhaka), FRC (Dhaka)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
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right to a review in accordance with paragraph (6) of section A-I/9 of STCW
Code and my obligations.)

Date: 07 MAR 2024

Original: Master & Crewing Dept

cc: Seafarer

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.



Id No : 0172 **Date** : 07-Mar-2024 **D.Date** : 07-Mar-2024
Patient's Name : MOHAMMAD ALI AKBAR **Age** : 49Y 2M 20D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/3298

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.8 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	05 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8600 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	172 /cumm	50-450/cumm
Total RBC Count	5.1 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42 %	M: 40-54%, F:37-47%
MCV	78 fL	76 - 94 fL
MCH	30 pg	27 - 32 pg
MCHC	31 g/dL	29 - 34 g/dL
RDW	12 %	11 - 16 %
PDW	36 fL	35 - 56 fL
Total Platelete Count (PC)	192000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.4 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By
Medical Technologist

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

Bill No	DIA24030172	Received Date	07/03/2024
Patient's Name	MOHAMMAD ALI AKBAR		
Patient's Age	49Y 2M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3298
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.3 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.8%	<6.5 %
Serum Creatinine	0.83 mg/dl	0.3 - 1.3 mg/dl
Serum Uric Acid	5.0 mg/dl	3.4-7.0 mg/dl
GGT	40 U/L	Adult Males : <55
Serum (BUN)	18 mg/dl	7-23 mg/dl
Total Protein	6.2 g/dl	6.0-7.9 g/dl
Liver Function Test		
Serum Bilirubin (Total)	0.59 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	30.0 U/L	Up to 40 U/L
Serum AST (SGOT)	26.0 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	171 U/L	Up to 270 U/L
Lipid profile		
Serum Cholesterol	171 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	42 mg/dl	35-55 mg/dl
Serum Triglyceride	120 mg/dl	50 - 150 mg/dl
Serum LDL- Cholesterol	105 mg/dl	<130 mg/dl

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	DIA24030172	Received Date	07/03/2024
Patient's Name	MOHAMMAD ALI AKBAR		
Patient's Age	49Y 2M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3298
Sample	BLOOD		

SEROLOGICAL REPORT

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

BLOOD GROUPING RESULT	
ABO Blood Group	"B" (+ve)
Rh (D)Factor	Positive

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	DIA24030172	Received Date	07/03/2024
Patient's Name	MOHAMMAD ALI AKBAR		
Patient's Age	49Y 2M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3298
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/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	DIA24030172	Received Date	07/03/2024
Patient's Name	MOHAMMAD ALI AKBAR		
Patient's Age	49Y 2M 20D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3298
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.

Date: 07/03/2024

EYE EXAMINATION REPORT

NAME:	MD ALI AKBAR		
AGE:	50 YRS	RANK: CH.ENG	CDC NO:C/O/3298

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED

6/6 6/6

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

Patient's Name	:	MD ALI AKBAR	ID NO	:	24030172
Age	:	50 Yrs	Date	:	07/03/2024
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygiene : Normal

Comments : Normal



Dr. Mir Md. Raihan

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

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030172 Receive: 07/03/2024 Print: 07/03/2024
Patient's Name : MD ALI AKBAR
Age : 50 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

AUDIOLOGICAL REPORT

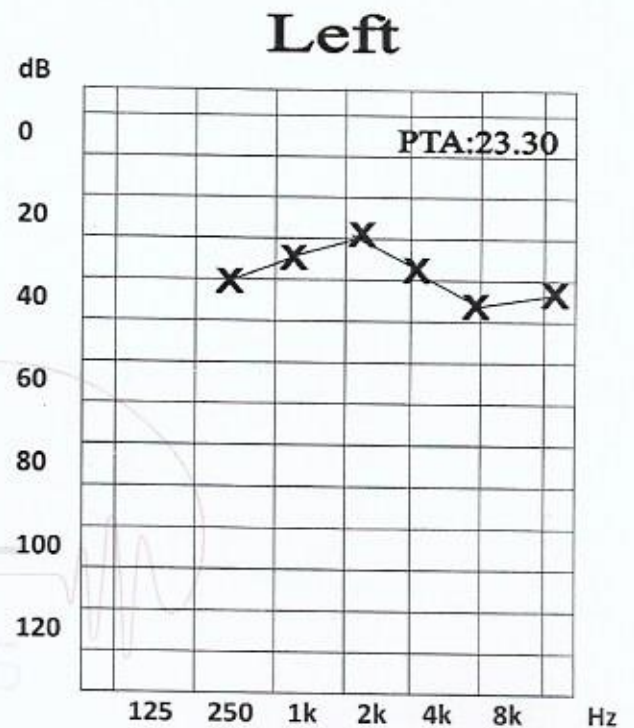
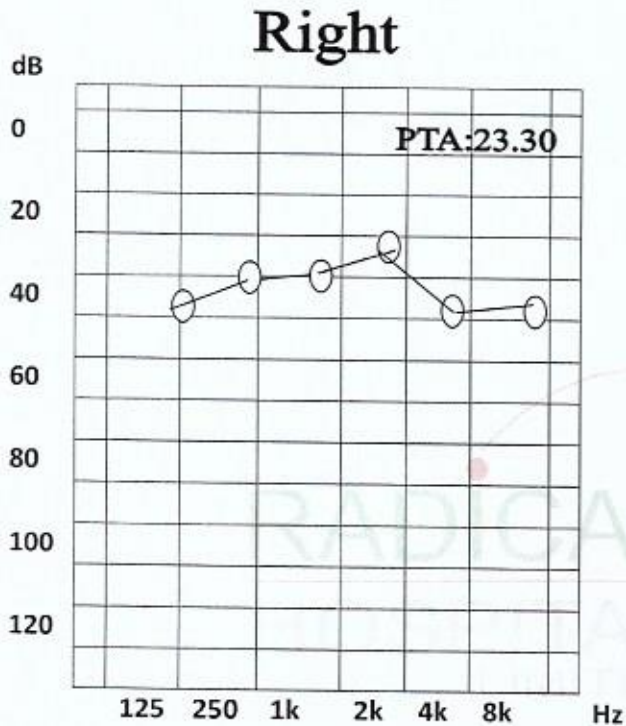
Patient Name : MD ALI AKBAR

07/03/2024

Age : 50 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.

Patient's Name	: MD ALI AKBAR	ID NO	: 24030172
Age	: 50 Yrs	Date	: 07/03/2024
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan MBBS,(DU), DFM		
Nature of Specimen	:		

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6
 FEV = 5
 FEV/FVC = 80%

Comments: Normal Lung Function



Dr. Mir Md. Raihan

MBBS (DU) CCD(Birdem),PGT (ophth)
 Reg- A55144 BGD-016(MMC)
 DG Shipping Bangladesh Approved
 Malaysian Medical Council Approved
 General Physician
 Radical Hospitals Limited

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030172 Receive: Print: 07/03/2024
Patient's Name : **MD ALI AKBAR**
Age : 50 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 70 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

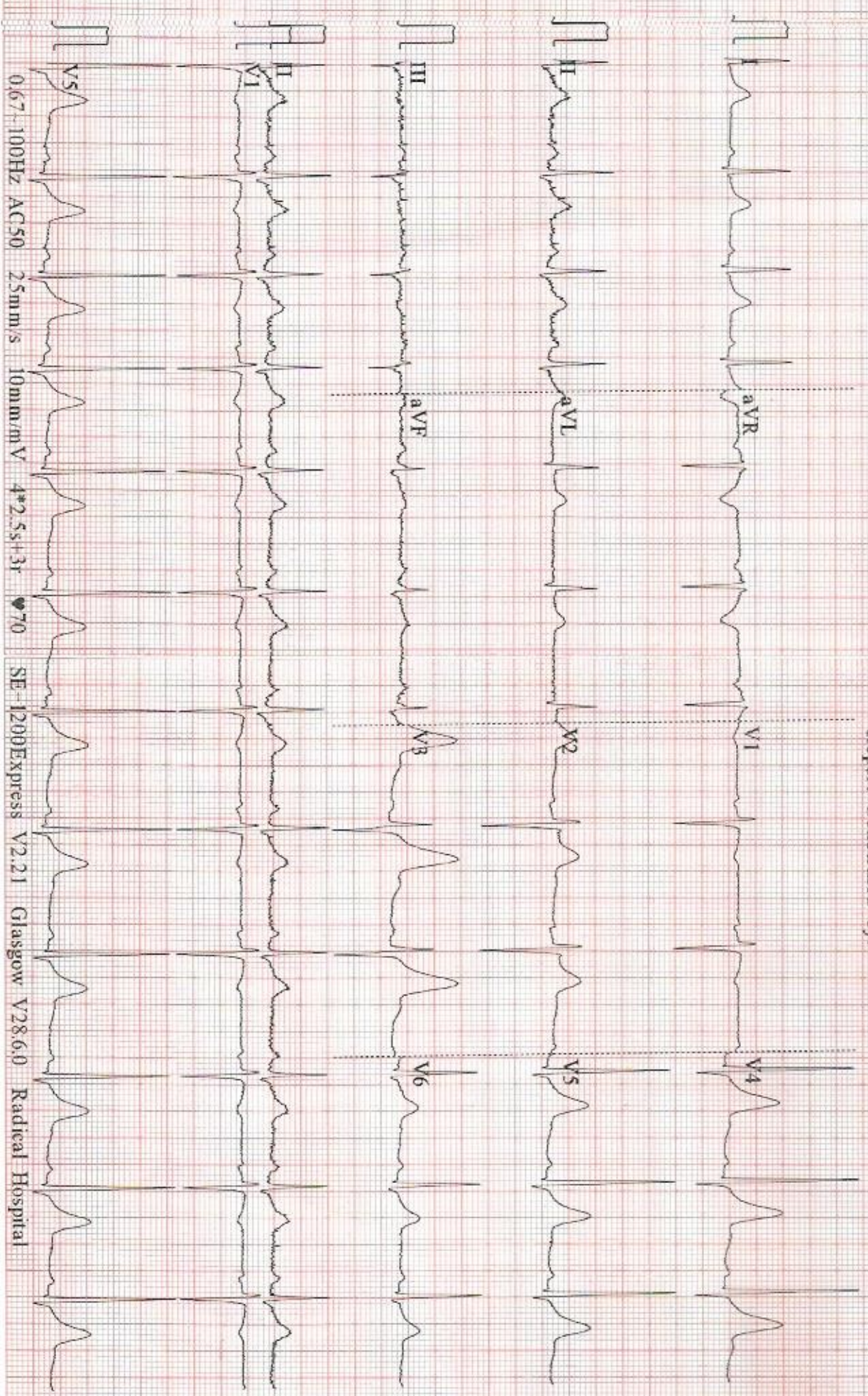
ID: 125
Mr. A.C. McKerr
Male 70 Years

08-03-2024 20:09:59

HR	: 70	bpm
P	: 100	ms
PR	: 164	ms
QRS	: 96	ms
QT/QTc	: 396/428	ms
P/QRS/T	: 60/16/22	°
RV5/SV1	: 2.27/1.152	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Patient ID	24030172	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	07/03/2024
Patient Name	MD ALI AKBAR		
Age	50 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.0cm shape and position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER :- Normal size regular in shape. **Lumen is normal.**

Wall thickens is normal.

CBD & Intrahepatic biliary trees are not dilated. Diameter of CBD is normal.

PANCREASE :- Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

SPLEEN :- Is normal in size and shape uniform in echo-texture.

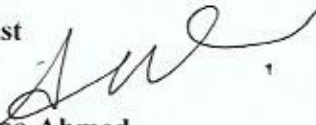
BOTH KIDNEYS :- Are normal in size. RK-10.2cm, LK-11.2cm The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

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

Prostate: Normal size regular in shape. Echogenicity is homogenous.

COMMENT: Normal Study.

Sonologist



Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training in TVS

TREADMILLSTRESS TEST

Patient ID	24030172	Test Date	07-03-2024	
Patient Name	MD ALI AKBAR	Age	50 Yrs	Sex Male
Attending Dr.	Dr. ROSEYAT PERVEEN			

Total Exercise Time : 09:0 Min Max.HR attained : 166 bpm.
 % of max.pred. hR : 98 % Max. Pred HR : 166 bpm.
 Maximum BP : 160/90 mmHg. Max. work load attained :13.10METS.
 Indication : Screening for IHD.
 Risk Factors :
 Reason for Termina : Attainment of THR.
 Test Profile : BRUCE
 Symptoms :
 Summary Result ⇒ **NEGATIVE**
 Comments :

- MD ALI AKBAR performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion : Stress test is **NEGATIVE** for ECG evidence of promotable myocardial ischemia.


Dr. ROSEYAT PERVEEN
 MBBS, MD (Cardiology), NICVD, Dhaka
 Consultant, IBN SINA D-Lab, Uttara, Dhaka

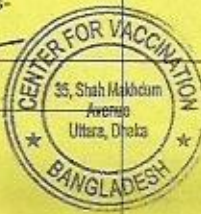
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

MD ALI AKBAR

This is to certify that JE Soussigne' (e) certifie que _____ date of birth / 16/12/1974 Sex / M
no' (e) le _____ sexe _____

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 fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et qualité professionnelle vaccinateur	Approved Stamp Cachet d'authentification
1	DR. MIR. MUJIBUL HAN MBBS (DU), DPM, CCH (Bdren), PGD (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	
2		ORAL CHOLERA "BURIAL" Valid Upto 2 yrs
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the 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 coïncide avec le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présenté 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 qu'il comporte peut en affecter la validité.

**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 ALI AKBAR

date of birth

16/12/1974

Sex

M

no' (e) le

sexe

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 date indiquee.

Date 07 MAR 2024	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur <i>[Signature]</i>	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre to du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
DR. MIR. MD. RAIHAN MBBS (DU), DEM, CCD (Blindm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved 2 General Physician Radical Hospitals Limited	<i>[Signature]</i>	<i>[Stamp: YELLOW FEVER VACCINATION]</i>	<i>[Stamp: CENTER FOR VACCINATION, 35, Shah Mahomed Avenue, Uttara, Dhaka, BANGLADESH]</i>
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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 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 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 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 réinoculation, à dix ans, le jour de cette réinoculation.

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