

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: MIA MIO MAMUN Sex: M Serial No: _____

Sumame First Name Middle Initial

Date of Birth: 19/01/1979

PP/CDC: 4/29319

Rank: BOSUN

Vessel: _____ Type: BULK

Route: _____

Home Address: 156 No WILLS ROAD

KADAM RASUL NABIGONJ, BANDAR, NARAYAN GONJ

Company Name: _____

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					Asthama / 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							
5.64	70	43-41	130/90 mmHg	76 b/min	19 /min	Low							
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear					Left ear			
	Other	Normal	Abnormal										

Systemic Examination

Normal Abnormal

Notes

Normal Abnormal

Head & Neck	✓	FIT FOR SEA SERVICE AS 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>12.7</u> gm%	14-16 gm %	Colour
Total WBC count	<u>8100</u> cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu	% Eos	Ba	% Mo
% Lymph	% Eos	Ba	% Mo
Malarial parasite			Albumin
ESR	<u>05</u> mm / 1st hour	1-- 15 mm / hr	Sugar
SGPT	<u>27</u> U/L	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	RBS	PPBS	upto 125 mg %
HbsAg			RBC cells
HIV 1 & II	<u>Qualitative</u>		Leucocytes
VDRL	<u>Negative</u>		Others
Others		GGTP U/L	
Blood Group			

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:

05 MAR 2026

Candidate's Signature

[Signature]

Official Stamp

Doctor's signature:

Date: 06 MAR 2024



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

04.2024.6078

Certificate No: _____

MEDICAL CERTIFICATE FOR SERVICE AT SEA

Merchant Shipping (Medical Examination) Rules 2000;

STCW code I/9 MLC 2006 – Reg 1.2 And

ILO/ IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	MIA		
Given Names	MD. MAMUN		
Date of birth (day/month/year)	19/01/1979	Sex:	☒ Male ☐ Female
Nationality	BANGLADASHI		

	Yes	No	NA
Confirmation that identification documents were checked at the point of examination			
Hearing satisfactory and meets the standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a):			
Unaided hearing satisfactory?			
Visual acuity satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?			
Colour vision satisfactory and meets standards in STCW Code, section A-I/9 and MLC 2006 1.2- 6 (a)?			

I have evaluated the above named examinee according to _____
(National law, regulation or other requirement)

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board and hence declare the examinee medically:

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

Deck service

Engine service

Catering service

Other services

Fit
Unfit☐
☐☐
☐☐
☐☐
☐☒ Without restrictions☐ With restrictions

Visual aid required

☐ Yes☒ No

Chest X-ray

☒ normal☐ not performed

Bacteriological stool test

☒ negative☐ not performed

Parasitological stool test

☒ negative☐ not performed

Vaccination records

☒ satisfactory☐ to be renewed

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

RADICAL HOSPITAL LIMITEDPlace of examination: Uttara, Dhaka, Bangladesh Date (day/month/year) 06/MAR/2024Medical certificate's date of expiration (day/month/year) 05/MAR/2026Official stamp (also print name of medical examiner if not legible): **DR. MIR. MD. RAIHAN**

Signature of medical examiner:

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Authorised by: DG SHIPPING BANGLADESH (competent authority)

I acknowledge and confirm that I have been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

Examinee's signature: *Mamun*

(To be signed in the presence of the medical examiner)



Certificate No: _____

**GUIDELINES AND MINIMUM REQUIREMENTS FOR:
PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
OF SEAFARERS**

Merchant Shipping (Medical Examination) Rules 2000;
STCW code I/9 and MLC 2006 – Reg 1.2 And
ILO/IMO Guidelines on the medical examinations of seafarers ILO/IMO/JMS/2011/12



Family Name	MIA		
Given Names	MD. MAMUN		
Rank and department	BOSUN/DECK		
Date of birth (day/month/year)	19.01.1979	Sex:	☒ Male ☐ Female
Nationality	BANGLADESHI		
Home address	156 NO. WILLS ROAD, KADAM RASUL, NABIGONJ, BANDAR, NARAYAN GONJ		
Residence & Mobile No:	01629133570		
Passport No./Discharge Book No.	T/29319		
Type of ship (container, tanker, passenger, fishing)	BULK		
Trade area (e.g., coastal, tropical, worldwide)			

A. EXAMINEE'S PERSONAL DECLARATION:

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	☐	☒	18. Sleep problems	☐	☒
2. High blood pressure	☐	☒	19. Do you smoke; use alcohol or drugs?	☐	☒
3. Heart/vascular disease	☐	☒	20. Operation/surgery	☐	☒
4. Heart surgery	☐	☒	21. Epilepsy/seizures	☐	☒
5. Varicose veins	☐	☒	22. Dizziness/fainting	☐	☒
6. Asthma/bronchitis	☐	☒	23. Loss of consciousness	☐	☒
7. Blood disorder	☐	☒	24. Psychiatric problems	☐	☒
8. Diabetes	☐	☒	25. Depression	☐	☒
9. Thyroid problem	☐	☒	26. Attempted suicide	☐	☒
10. Digestive disorder	☐	☒	27. Loss of memory	☐	☒
11. Kidney problem	☐	☒	28. Balance problem	☐	☒
12. Skin problem	☐	☒	29. Severe headaches	☐	☒
13. Allergies	☐	☒	30. Ear/nose/throat problems	☐	☒
14. Infectious/contagious diseases	☐	☒	31. Restricted mobility	☐	☒
15. Hernia	☐	☒	32. Back or joint problems	☐	☒
16. Genital disorders	☐	☒	33. Amputation	☐	☒
17. Pregnancy	☐	☒	34. Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.



Additional questions

		Yes	No
35.	Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36.	Have you ever been hospitalised?	☐	☒
37.	Have you ever been declared unfit for sea duty?	☐	☒
38.	Has your medical certificate ever been restricted or revoked?	☐	☒
39.	Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☒	☐
41.	Are you allergic to any medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

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

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

I MD. MAMUN MIA holding Passport/Seaman Book No T/29319 hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I may lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives.

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

Signature of examinee: 

Date (day/month/year) 06 MAR 2024

Witnessed by: (Signature) 

Name: (typed or printed) **DR. MIR. MD. RAIHAN**
 MBBS (DU), DFM, CCD (Birdem), PGD (Ophth)
 MDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited

I hereby authorise the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD RAIHAN (the approved medical examiner).



B. MEDICAL EXAMINATION

Sight:

Use of glasses or contact lenses: Yes ☐ / No ☐. (if yes, specify which type and for what purpose)

Visual acuity						
Unaided			Aided			
Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular	
Distant	6/6	6/6				
Near						

Visual fields	
Normal	Defective
Right eye	☒
Left eye	☒

Method of Testing Colour vision:

☒ Ishihara Plates ☒ Lantern Test ☒ Others

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

Hearing:

Pure tone and audiometry (threshold values in dB)

	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings:

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

Urinalysis

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

Chest X-ray	☐ Not performed	06 MAR 2026
Results:	Performed on (day/month/year):	
Normal chest		



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

Test	Result
Blood Tests – tick in box if done- readings separately issued* ¹	CBC ☒ Blood VDRL test ☒ Blood ESR ☒ Blood Sugar – Random ☒
Haemoglobin "Hb" * ¹	
Hepatitis B * ³	HB (ab) ☐ +ve ☒ -ve HB (ag) ☐ +ve ☒ -ve
Bacteriological stool test* ⁴	☒ not performed ☐ negative ☐ positive
Parasitical stool test* ⁵	☒ not performed ☐ negative ☐ positive
ECG (only for crew above 40 years)	
HIV * ² (+ve or -ve)	
Medical examiner's comments:	FIT FOR DUTY ON BOARD SHIP

*¹ compulsory

*² not compulsory

*³ required by the Company for all crew from endemic areas

*⁴ required by the Company for all food handlers

*⁵ required by the Company for all food handlers from tropical climates

Assessment of fitness for service at sea including physical capabilities:

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I certify that the seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board and hence declare the examinee medically:

☒ Fit for look-out duty

☐ Not fit for look-out duty

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

☒ Without restrictions

☐ With restrictions

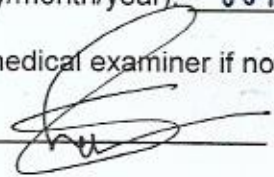
Describe restrictions (e.g., specific position, type of ship, trade area):

Place of examination: UTTARA, DHAKA, Date (day/month/year) 06 MAR 2024

Medical certificate's date of expiration (day/month/year) 05 MAR 2026

Date medical certificate issued (day/month/year): 06 MAR 2024 /

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

Signature of medical examiner: 

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

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



Date: 06/03/2024

EYE EXAMINATION REPORT

NAME:	MD MAMUN MIA		
AGE:	45 YRS	RANK: BOSUN	CDC NO:T/29319

VISUAL ACUITY: RIGHT LEFT

UNAIDED

6/6

6/6.

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD



Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030152 Receive: 06/03/2024 Print: 06/03/2024
Patient's Name : MD MAMUN MIA
Age : 45 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

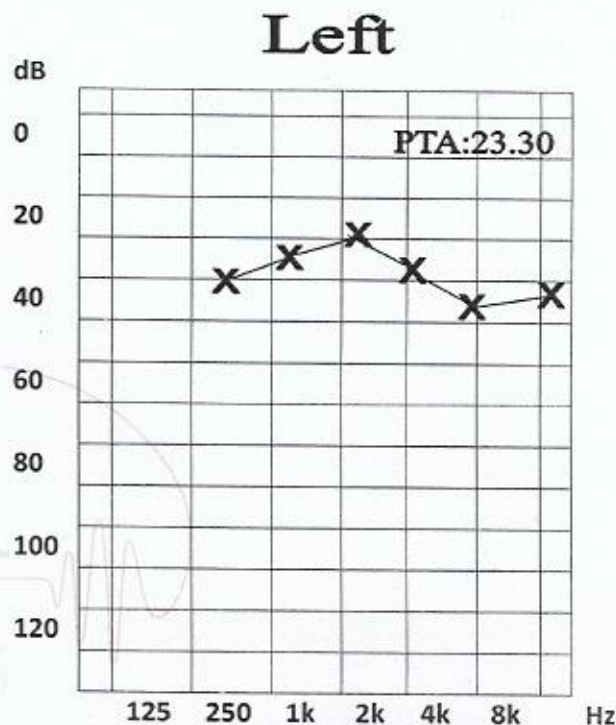
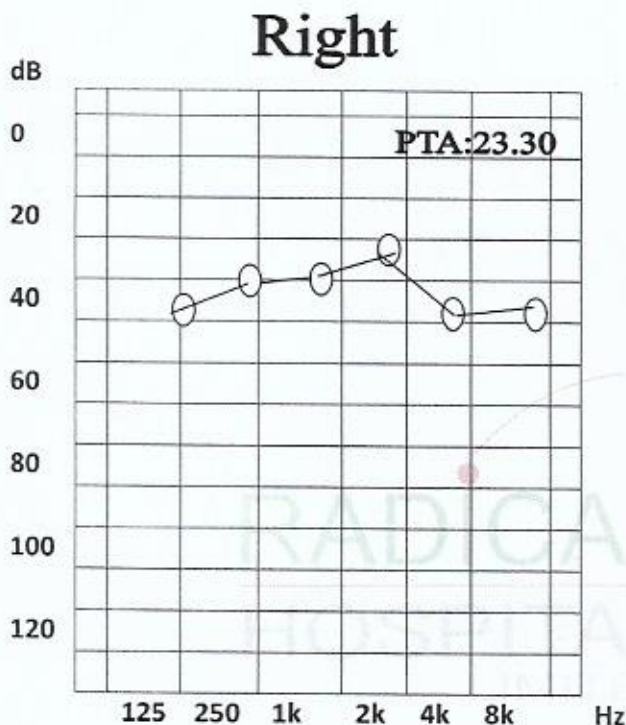
Patient Name : MD MAMUN MIA

06/03/2024

Age : 45 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.

Id No : 0152 **Date** : 06-Mar-2024 **D.Date** : 06-Mar-2024
Patient's Name : MD MAMUN MIA **Age** : 45Y 1M 16D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM- T/29319

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.7 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)	8,100 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	59 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	34 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	04 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	243 /cumm	50-450/cumm
Total RBC Count	5.0 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	13 %	11 - 16 %
PDW	40 fL	35 - 56 fL
Total Platelete Count (PC)	3,11,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0.5 %
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	DIA24030152	Received Date	06/03/2024
Patient's Name	MD MAMUN MIA		
Patient's Age	45Y 1M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/29319
Sample	BLOOD		

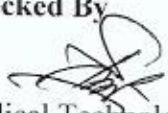
BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
<u>Liver Function Test</u>		
Serum Bilirubin (Total)	0.61 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27 U/L	Up to 40 U/L
Serum AST (SGOT)	23 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	139U/L	98 - 279 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By


Medical Technologist.
Radical Hospitals Ltd.


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

Bill No	DIA24030152	Received Date	06/03/2024
Patient's Name	MD MAMUN MIA		
Patient's Age	45Y 1M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/29319
Sample	BLOOD		

SEROLOGICAL REPORT

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

RADICAL
HOSPITAL
LIMITED

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	DIA24030152	Received Date	06/03/2024
Patient's Name	MD MAMUN MIA		
Patient's Age	45Y 1M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/29319
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 / LPE

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



Bill No	DIA24030152	Received Date	06/03/2024
Patient's Name	MD MAMUN MIA		
Patient's Age	45Y 1M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/29319
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

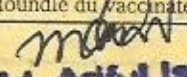
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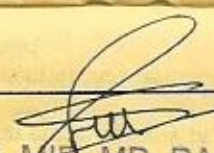
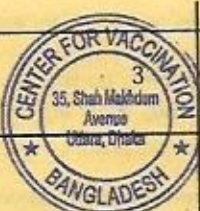
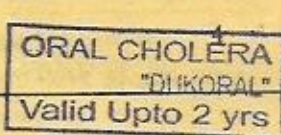
Medical Technologist.
Radical Hospital Ltd.

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

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA**
**CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to Certify that
je soussigne (e) certifie que } Date of Birth 19.01.1979 sex m
whose signature follows } ne (e) le _____ Sexe _____
dont la signature suit. }
has on the date indicated been vaccinated or revaccinated against Cholera
a etc. vaccination (e) contre la fièvre jaune la date indiquée.

Date	Signature and Professional Status of vaccinator Signature et qualité Prof. essoundle du vaccinateur	Approved Stamp Cachet d'authentification
31 MAY 2022	 Dr. Md. Ariful Islam MBBS (MC), BCS (Public), FCPs (A&S, CH, CC), BMDC Reg. No. 62963 DG Shipping Approved (BD) Searat's Medical Center, Chittagong, Bangladesh	 
2		

06 MAR 2024	 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	 
3		
4		
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Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALL POX

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA VARIOLE

This is to Certifie that }
je soussigne (e) certifie que } Date of Blrth _____ sex _____
whose signature followsws } ne (e) le _____ Sexe _____
dont la signature suit. }

has on the date indicated been vaccinated or re vaccinated against small-pox with a freezedried or liquid vaccine certified to fulfill the recommended requirements of the World Health Organization a etc.
vaccine (e) ou vaccine (e) contra la variole a la date indique ci-dessous, avec un vaccine Ivophilise ou liquid certify conforme atx normse recommends par i. Organizaion mediate de lu Sante.

Date	Show by "X" Wheather. Ludiquer per (X) a 'il s agit de:	Signature and professional status of vaccinator Signature et tire du vaccinator	Origin and batch no of vaccine Origine du vaccine employee et u merco du lot	Approved Stamp Cachat d' authentication	
1a	Primary Vaccination Performed Prime Vaccination Effectuee				
1b	Read as successful Prise				
	Unsuccessful pass de prise				
	Revaccination			2	3
4	Revaccination..			4	5
5	Revaccination..				

The Validity of this certificate shall extend for a period of three years, beginning eight days after the date of a successful primary vaccination or, in the event of re vaccination on the date of that re vaccination.

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 amendent of this certificate or erasure or failure to complete any part of it, may render it invalid. Le validity dee cc cc certificate couvre une period dn. Tories ans co. mendicant huit jours apre la date de la prime vaccination offecture avec success (price) ou. le cas d uae-re vaccination le jour de cette re vaccination.

Le cachet 'd' authentification doit etre conforme su module precript par l administration anitare da teritore ou in. vaccination. Toute correction ou rature sur le certificate au l' omission d'une quelonque desmentions au il comport poul affector as validele.