

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: KHAN MD. SHOROWAR JAHAN Sex: M Serial No: _____
 Date of Birth: 01/01/1971 PP/CDC: T/20014 Rank: AB
 Vessel: MEGHNA DREAM Type: BULK Route: WORLDWIDE
 Home Address: HEMNAGAR, HEMNAGAR, GOPALPUR, TANGAIL
 Company Name: V. SHIP

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			
165cm	70kg	43-41	120/80 mmHg	78 bpm	19 bpm	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	Normal	Abnormal	Hearing	Right Ear		Left ear		
	Other	Normal	Abnormal						

Systemic Examination

	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck			FIT FOR SEA SERVICE AS AB 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	14.7 gm%	14-16 gm %	Colour	Str
Total WBC count	8000 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu 64 % Lymph 31 % Eos 02 % Bas 00 % Mo 02 %			pH	
Malaria parasite	NOT FOUND		Albumin	Nil
ESR	07 mm / 1st hour	1-15 mm / hr	Sugar	Nil
SGPT	27 U/L	9-43 U/L	Bile pigment	
S.Cholesterol	174 mg/dl	145-260 mg / dl	Bile salts	
S.Triglycerides	145 mg/dl	upto 200 mg /dl	Occult blood	
Blood Sugar	RBS 111 mg %	upto 125 mg %	RBC cells	Nil
HbsAg	Not done		Leucocytes	
HIV I & II	Not done		Others	
VDRL	Not done		Spirometry: Nil	
Others	GGTP U/L		Drugs of Abuse: Negative	
Blood Group			USG: Normal	
ECG	Normal	TMT: Nil		
X-Ray Chest	Normal			

PHOTO

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: **07 MAR 2026**

Candidate's Signature

Official Stamp

Doctor's signature:

Date: **08 MAR 2024**

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



04.2024.087

Certificate No:

04.2024.6087

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

RECENT
PHOTO

Family Name	KHAN MD SHOROWAR JAHAN		
Given Names			
Date of birth (day/month/year)	01-01-1971	Sex:	☒ Male ☐ Female
Nationality	BANGLADESHI		

	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

Parasitical stool test

☐ negative☐ not performed

Vaccination records

☐ satisfactory☐ to be renewed

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

RADICAL HOSPITAL LIMITED

Place of examination: Uttara, Dhaka, Bangladesh

Date (day/month/year)

08, MAR 2024

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

07 MAR 2026

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

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

Signature of medical examiner:

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:

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



Certificate No: _____

04.2024.6087

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

RECENT
PHOTO

Family Name	KHAN MD SHOROWAR JAHAN	
Given Names		
Rank and department	AB	
Date of birth (day/month/year)	01-01-1971	Sex: ☒ Male ☐ Female
Nationality	BANGLADESHI	
Home address	HEMNAGAR, HEMNAGAR, GOPALPUR, TANGAIL	
Residence & Mobile No:		
Passport No./Discharge Book No.	T/29014	
Type of ship (container, tanker, passenger, fishing)		
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 KHAN MD SHOROWAR JAHAN holding Passport/Seaman Book No T/29014 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) 08 MAR 2024

Witnessed by: (Signature) _____

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

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



B. MEDICAL EXAMINATION

Sight:

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

Visual acuity						
Unaided			Aided			
Right eye	Left eye	Bino-cular	Right eye	Left eye	Bino-cular	
Distant	6/6	6/6	/			
Near	15	15	/			

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	165	Weight in kg	70
Pulse rate	78 (/ minute)	Rhythm	Regular.
Blood pressure Systolic	130/80 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

Performed on (day/month/year):

08 MAR 2024

Results:

Normal chest x-ray

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

Test	Result
Blood Tests – tick in box if done- readings separately issued* ¹	CBC ☒ , Blood VDRL test ☒ , Blood ESR ☒ , Blood Sugar – Random ☒
Haemoglobin "Hb" * ¹	
Hepatitis B * ³	HB (ab) ☐ +ve ☒ -ve HB (ag) ☐ +ve ☒ -ve g/dl
Bacteriological stool test* ⁴	☒ not performed ☐ negative ☐ positive
Parasitical stool test* ⁵	☒ not performed ☐ negative ☐ positive
ECG (only for crew above 40 years)	<i>Normal</i>
HIV * ² (+ve or -ve)	<i>Negative</i>
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) 08 MAR 2024Medical certificate's date of expiration (day/month/year) 07 MAR 2026Date medical certificate issued (day/month/year): 08 MAR 2024

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

Signature of medical examiner: *[Signature]*

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

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

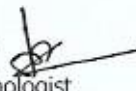


Id No : 0193 **Date** : 08-Mar-2024 **D.Date** : 08-Mar-2024
Patient's Name : MD SHOROWAR JAHAN KHAN **Age** : 53Y 2M 7D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-T/29014

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.7 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
ESR(Westergreen)	07 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	8,900 /cumm	
Differential WBC Count (DC)		
Neutrophils	64 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	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)	2,32,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.1 %	0.1 - 0. %
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	DIA24030193	Received Date	08/03/2024
Patient's Name	MD SHOROWAR JAHAN KHAN		
Patient's Age	53Y 2M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/29014
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name

Result

Reference Range

Liver Function Test

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	DIA24030193	Received Date	08/03/2024
Patient's Name	MD SHOROWAR JAHAN KHAN		
Patient's Age	53Y 2M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/29014
Sample	BLOOD		

SEROLOGICAL REPORT

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

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	DIA24030193	Received Date	08/03/2024
Patient's Name	MD SHOROWAR JAHAN KHAN		
Patient's Age	53Y 2M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/29014
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	DIA24030193	Received Date	08/03/2024
Patient's Name	MD SHOROWAR JAHAN KHAN		
Patient's Age	53Y 2M 7D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	T/29014
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

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

Date: 08/03/2024

EYE EXAMINATION REPORT

NAME:	MD SHOROWAR JAHAN KHAN		
AGE:	53 YRS	RANK: AB	CDC NO:T/29014

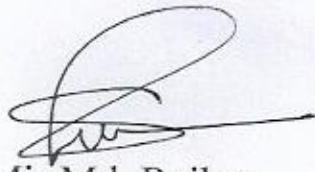
VISUAL ACUITY: RIGHT LEFT

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

AUDIOLOGICAL REPORT

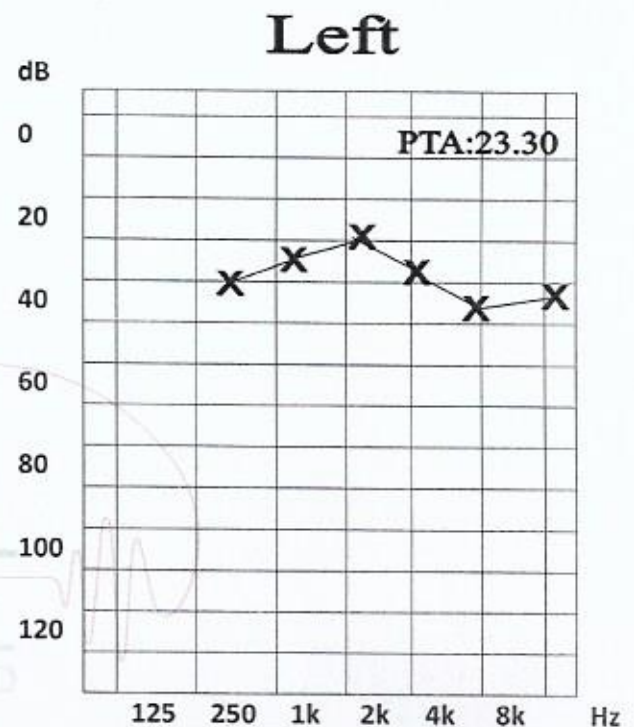
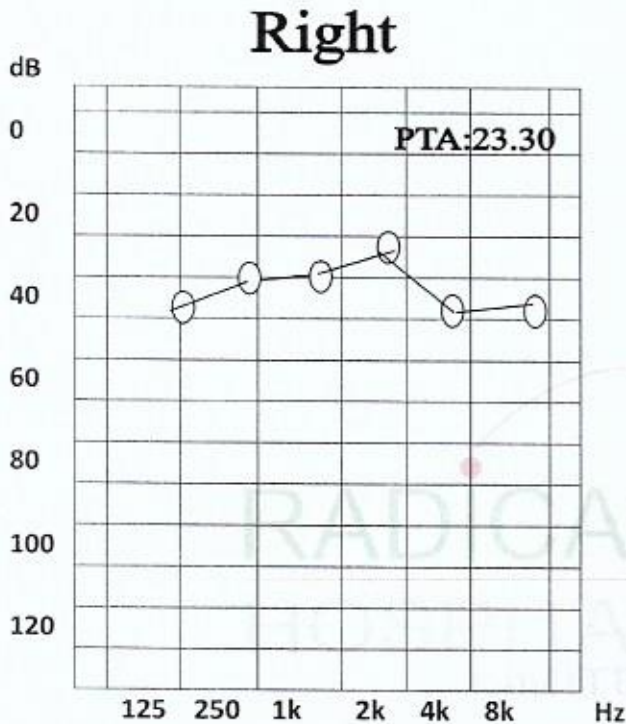
Patient Name : MD SHOROWAR JAHAN KHAN

08/03/2024

Age : 53 Yr

s Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 24030193 Receive: 07/03/2024 Print: 08/03/2024
Patient's Name : MD SHOROWAR JAHAN KHAN
Age : 53 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 CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

MD. SHOROWAR JAHAN KHAN

This is to certify that JE Soussigne' (e) certifie que | date of birth | **01-01-1971** | 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
1	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
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 pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

De 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 affecter la validité.

MD. SHOROWAR JAHAN KHAN

Toute érection ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il