

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 MAKDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: HASAN MOHAMMAD KAMRUL Sex: M Serial No: _____
 Date of Birth: 01/07/1986 PP/CDC: 21015696 Rank: CH-0FF
 Vessel: MT-KMA Type: OIL/CHEM Route: WORLD WIDE
 Home Address: VILL-GOBIDAPUR, P.O- RUPACHARA, P.S- SADAR, DIST- LAKSHMIPUR
 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		☒		☒	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	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	20	20	20					
Left Eye	6/6		Normal	Left Ear	dB	20	20	20					
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	4							
	Other	Normal	Abnormal		Left ear	9							

Systemic Examination

	Normal	Abnormal	Notes			Normal	Abnormal
Head & Neck	☒		FIT FOR SEA SERVICE AS CH-0FF 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	14.6 gm%	14-16 gm %	Colour
Total WBC count	9000 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 57 % Lymph 39 % Eos 0 % Ba 0 % Mo 4 %			pH
Malara parasite			Albumin
ESR	07 mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	23 U/L	9-43 U/L	Bile pigment
S.Cholesterol	210 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	210 mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS PPBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HIV I & II	Negative		Others
VDRL	Non Reactive		
GGTP U/L			

ECG: Normal TMT: NIE

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 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:

28 APR 2025

Candidate's Signature

KAMRUL

Date: 29 APR 2023

Official Stamp



Doctor's signature:

DR. MIR MD. RAIHAN

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

04.2023.3831



COOK ISLANDS PHYSICAL EXAMINATION REPORT / CERTIFICATE

Ship
Registration
FORM 31
v.3

Surname	HASAN		Given Name(s)	MOHAMMAD KAMRUZ	
Date of Birth	Day 01	Month 07	Year 1986		
Place of birth	City LAKSHMIPUR		County BANGLADESH		
Examination for Duty As		Mailing Address of Applicant			
Master ☐		VILL - GOBINDAPUR,			
Deck Officer ☒		P.O - RUPACHARA			
Engineering Officer ☐		P.S - SADAR			
Radio Officer ☐		DIST - LAKSHMIPUR			
Rating ☐					

(aff.)



Medical Examination
See reverse side of medical requirements

Height	Weight	Blood pressure	Pulse	Respiration	General appearance
165 CM	70 kg	130/80 mmHg	78 b/min	19 b/min	Good
Vision	Right Eye	Left Eye	Hearing	Right Ear	Left Ear
With Glasses				nm	nm
Without Glasses	6/6	6/6			
Dental					
The applicant is free from visual infections of the mouth cavity or gums					Yes ☒ No ☐
Colour Test					
Book ☒			Lantern ☒		
Red ☒	Yellow ☒	Blue ☒	Green ☐		
Are glasses or contact lenses required to meet the required vision standard					Yes ☐ No ☒
Head and Neck			Heart (Cardiovascular)		
nm			nm		
Lungs			Speech		
			Deck/Navigation - Officer/Radio Officer		
			Speech must be unimpaired for normal voice communication		
nm			Normal.		
Upper extremities			Lower extremities		
Normal			Normal.		



04.2023.3831

Is applicant vaccinated in accordance with WHO requirements **	Yes ☒	No ☐
Is the applicant suffering from any disease likely to be aggravated by working aboard a vessel, or to render him/ her unfit for service at sea or likely to endanger the health of other persons on board?		
Is the applicant taking any non-prescription or prescription medications	Yes ☐	No ☒
If yes please describe below		

	29-04-2023
Signature of Applicant	Date
To be affixed in the presence of the examining physician	

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	
MOHAMMAD KAMPUL HASAN	who is / not* certified to be free of communicable disease
Name of applicant	
She / he* is found to be fit / not fit* for duty as a Master / Deck Officer / Engineering Officer / Radio Officer / Rating * without / with the following restrictions:*	

*delete as appropriate

PHYSICIAN NAME : DR. MIR MD RAIHAN MBBS,(DU), DFM	
ADDRESS: RADICAL HOSPITALS LIMITED UTTARA, DHAKA-1230, BANGLADESH	
PHYSICIANS CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH	
LICENCE NUMBER: A-55144	
DATE OF ISSUE*:	29 APR 2023
DATE OF EXPIRY*:	28 APR 2025
*of this certificate	
	29 APR 2023
Signature of Physician	Date

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



INSTRUCTIONS

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

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

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

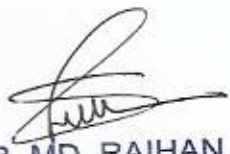
The examination shall be conducted in accordance with the International Labour Organization, World Health Organization *Guidelines for Conducting Pre-Sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken by the applicant, and that he/ she is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conduction the examinations, the certified physician should, where appropriated, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug related problems and/or injuries. In addition, the following minimum requirements shall apply:

- 1) Hearing
 - a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57m) and in poor ear at 5 feet (1.52m)
- 2) Eyesight
 - a) Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other eye. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes.
 - b) Deck officer applicants must also have normal colour perception and be capable of distinguishing the colours red, green, blue and yellow
 - c) Engineer and radio officer applicants must have (either with or without) glasses at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colours red, yellow and green.
- 3) Dental
 - a) Seafarers must be free from infections of the mouth cavity or gums
- 4) Blood Pressure
 - a) An applicant's blood pressure must fall within an average range

29 APR 2023




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

GLOBAL OCEAN SHIPPING SERVICES LTD.



Revision No: 00
Issue Date: 18.03.2018
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GOSSL-F-12

Crew Manning Agency Quality Manual (FORM)

Part A. APPLICANT'S PARTICULARS

Name in Full (as in Passport, BLOCK LETTERS): MOHAMMAD KAMRUL HASAN					
Address: VILL- GOBINDAPUR, P.O- KUPACHARA; P.S- SADAR, DIST- LAKSHMIPUR					Tel No:
Passport No A04743631	Date of Birth 01-07-1986	Country of Birth BANGLADESH	Nationality BANGLADESHI	Sex: Male/Female (M)	Dept: Deck/Engine Rank: CH. OFFICER

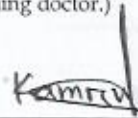
PART B. APPLICANTS DECLARATION

(Please tick)

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

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

Date **29-04-2023**


Signature of the Applicant

PART B. RESULTS OF EXAMINATION:



GLOBAL OCEAN SHIPPING SERVICES LTD.



Revision No:

00

Issue Date:

18.03.2018

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Crew Manning Agency Quality Manual (FORM)

GOSSL-F-12

1. Height/Weight	165	meters	70	Kilos		
2. Hearing		Right	Left		Right Left	
3. Eyesight (with out aids)		Right	Left			
Eyesight (with aids)		Right	Left			Colour vision
4. Urinalysis		Microscopy		Sugar		Albumin
5. Full Blood count		Hb	14.6	WBC	9500	Platelets
6. VDRL		Negative		Positive		
7. Chest X-ray (last X-ray within 2 months)		Normal		Abnormal		
8. Electrodiagram (ECG) (EDG)		Normal		Abnormal		
9. Pulse		Per min	78 bpm			
10. Blood Pressure		mmHg	120/80 mmHg			
11. cardiovascular system		Normal		Abnormal	If abnormal give details	
12. Respiratory system		Normal		Abnormal	If abnormal give details	
13. central nervous system		Normal		Abnormal	If abnormal give details	
14. Digestive system		Normal		Abnormal	If abnormal give details	
15. Gastrointestinal system (e.g. hernia)		Normal		Abnormal	If abnormal give details	
16. Locomotor system (e.g. Spine and limbs)		Normal		Abnormal	If abnormal give details	
17. Intelligence, mental state		Normal		Abnormal	If abnormal give details	
18. Physique- Deformities		Normal		Abnormal	If abnormal give details	
19. Skin (including varicosities)		Normal		Abnormal	If abnormal give details	
20. Urogenital system (e.g. hydrocoele)		Normal		Abnormal	If abnormal give details	
21. Endocrine system (e.g. Thyroid)		Normal		Abnormal	If abnormal give details	
22. Mouth/teeth		Normal		Abnormal	If abnormal give details	
23. Ears/nose/Throat		Normal		Abnormal	If abnormal give details	
24. Eyes		Normal		Abnormal	If abnormal give details	

C. DOCTOR'S REMARKS:

FIT/UNFIT subject to the following restrictions

Date: 29 APR 2023

Signature of the Approved medical practitioner

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.

PART C:

Medical Fitness certificate:



GLOBAL OCEAN SHIPPING SERVICES LTD.



Revision No:

00

Issue Date:

18.03.2018

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Crew Manning Agency Quality Manual (FORM)

MEDICAL FITNESS CERTIFICATE

NAME IN FULL: MOHAMMAD KAMPUL HASANSEAMAN BOOK NO/PP NO: C/015696; A04743631

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

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

Remarks If any:

Signature And Name of Approved Medical Practitioner

Date of Examination 29 APR 2023

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

Registered Number:

Official Stamp:

- Delete as appropriate

This Certificate Has been issued in accordance with following:

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

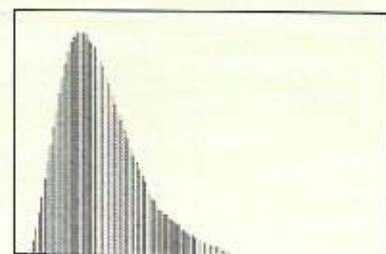
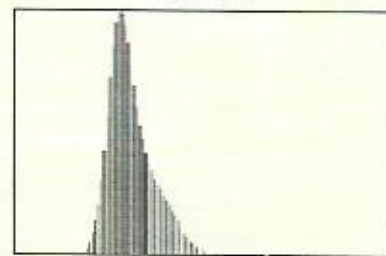
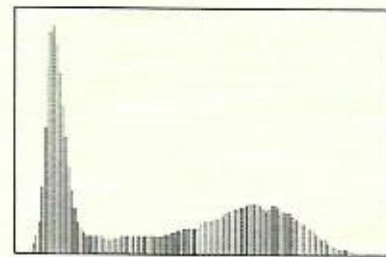


Id No : 0678 **Date** : 29-Apr-2023 **D.Date** : 29-Apr-2023
Patient's Name : MOHAMMAD KAMRUL HASAN **Age** : 36Y 9M 27D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O 5696

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.6 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	57 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	39 %	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	180 /cumm	50-450/cumm
Total RBC Count	5.22 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.1 %	M: 40-54%, F:37-47%
MCV	73.0 fL	76 - 94 fL
MCH	28.0 pg	27 - 32 pg
MCHC	38.3 g/dL	29 - 34 g/dL
RDW	12.7 %	11- 16 %
PDW	14.9 fL	35 - 56 fL
Total Platelete Count (PC)	2,22,000 /cumm	150,000-450,000/cumm
MPV	8.1 fL	7.0 - 11.0 fL
PCT	0.180 %	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	DIA23040678	Received Date	29/04/2023
Patient's Name	MOHAMMAD KAMRUL HASAN		
Patient's Age	36Y 9M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: C/O/5696		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	23 U/L	Up to 40 U/L
Serum Alkaline Phosphatase	182 U/L	98 - 279 U/L

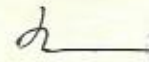
REMARKS (IF ANY)

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

Checked By



Medical Technologist
Radical Hospitals Ltd.



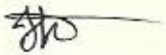
Dr. Sumaiya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23040678	Received Date	29/04/2023
Patient's Name	MOHAMMAD KAMRUL HASAN		
Patient's Age	36Y 9M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5696
Sample	BLOOD		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	Negative
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Checked By



Medical Technologist
Radical Hospitals Ltd.



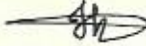
Dr. Sumaiya Khatun
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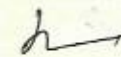
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:	C/O/5696
Sample	URINE		

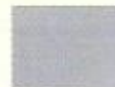
URINE TEST FOR BENZENE

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
BENZENE	NOT DETECTED	1.2-35.6Mg/L
PHENOL	NOT DETECTED	1.2-35.6Mg/L

Checked By


Medical Technologist,
Radical Hospitals Ltd.


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



Bill No	DIA23040678	Received Date	29/04/2023
Patient's Name	MOHAMMAD KAMRUL HASAN		
Patient's Age	36Y 9M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5696
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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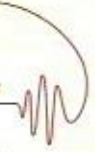
Drug Level of Urine

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 Hospitals Ltd.

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

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23040678 Received: 29/04/2023 Print: 29/04/2023
Patient's Name : **MOHAMMAD KAMRUL HASAN**
Age : 37 Yrs Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

ID: 562

29-04-2023 12:34:18 PM

Muhammad Kamran Shah

Male 36 Years

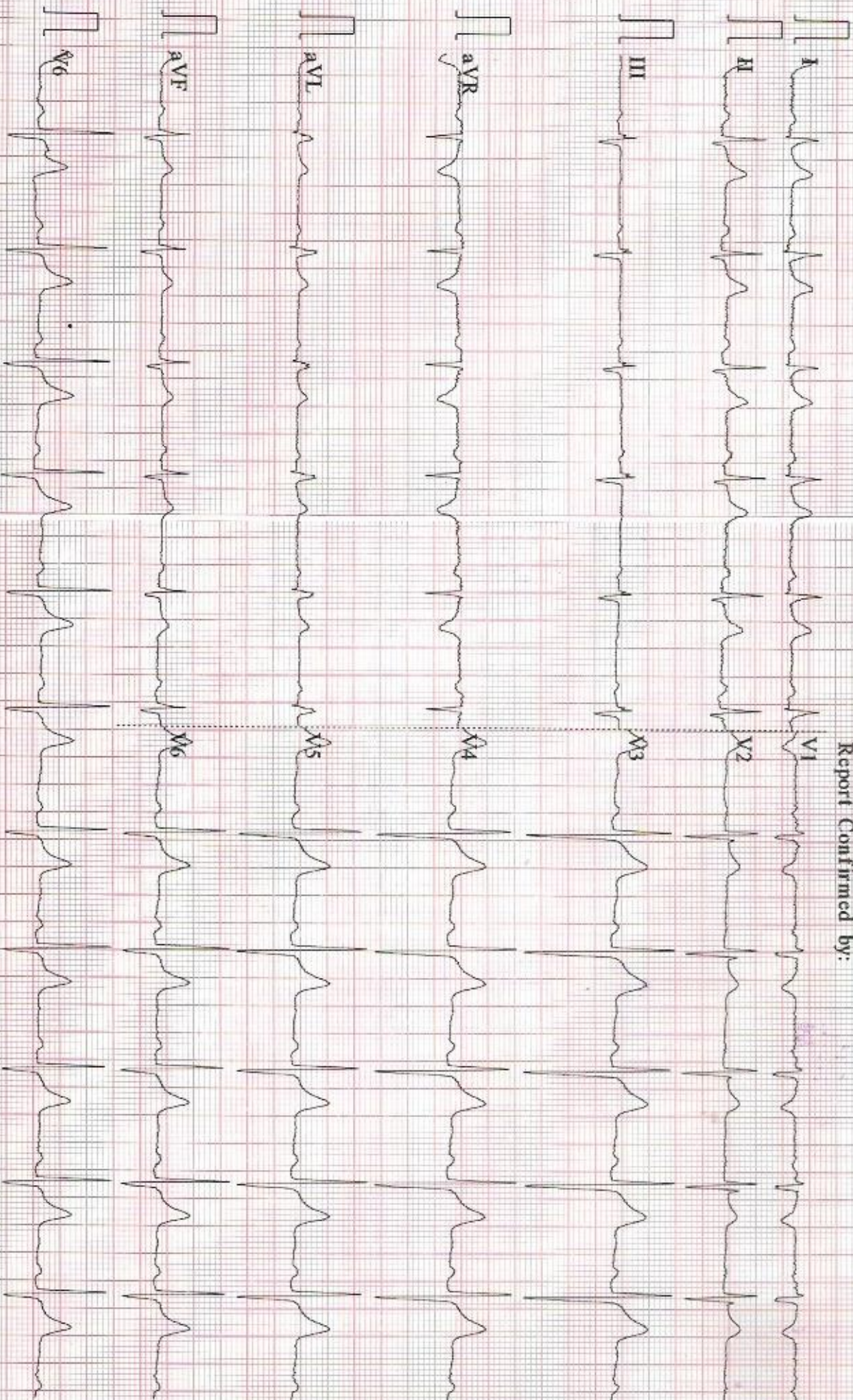
Diagnosis Information:

Sinus rhythm

Normal ECG

P : 69 bpm
P : 120 ms
PR : 188 ms
QRS : 90 ms
QT/QTc : 380/408 ms
P/QRS/T : 37/24/33 °
RV5/SV1 : 1.309/0.397 mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23040678 Receive: Print: 29/04/2023
Patient's Name : MOHAMMAD KAMRUL HASAN
Age : 37 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 69 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

Patient ID	23040678	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	29/04/2023
Patient Name	MOHAMMAD KAMRUL HASAN		
Age	37 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Enlarged in size 13.0 cm, regular in shape and normal position. The echogenicity of the parenchyma is increased. 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.
No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (8.3 x 4.0)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.9 cm, LK-10.3 cm regular in shape. 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 normal. No intravesicle lesion is seen

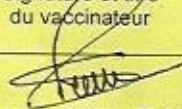
PROSTATE: Normal in size and volume is 10.6 cc,regular in shape. Echogenicity is homogenous.
No area of calcification is seen.

IMPRESSION: Fatty change in liver. Grade-1

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

**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 MUHAMMAD KAMRUL HASAN date of birth 01/07/1986 Sex MALE
no' (e) le sexe
Whose signature follows
don't la signature suit KAMRUL
has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine' (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numéro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
29 APR 2023	 DR. MIR MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician  		
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within such period 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.

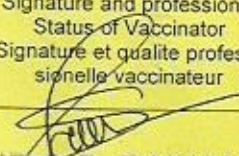
La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une ré vaccination, ou, à dix ans, le jour de cette ré vaccination.

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

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

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

This is to certify that **MOHAMMAD KAMRUL HASAN** date of birth **01/07/1986** Sex **MALE**
 JE Soussigne' (e) certifie que **01/07/1986** no' (e) le **01/07/1986** sexe **MALE**
 Whose signature follows **Kamrul**
 dont la signature suit **Kamrul**
 has on the Date indicated been vaccinated or revaccinated against cholera
 a e'te' vaccine' (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionnelle vaccinateur	Approved Stamp Cachet d'authentification
29 APR 2023	 DR. MIR MD. RAIHAN MBBS (DU), DPM, CCD (Birden), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
1		
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 validite de ce certificate couvre une periode 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 la seconde injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificate 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 certificate ou l'omission d'une quelconque des mentions qui le comporte peut affecter sa validité.