

HAQUE & SONS LTD.

Accredited By BMDC Accreditation No. 55144

PATIENT CONTROL NUMBER H1046

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MEDICAL EXAMINATION CERTIFICATE

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| lave y | ou ever had any of the following con | ditions? | | 131 15 | | | - | | | |
| VI 164 3 LOS | Condition | YES | NO _A | | Conditio | on. | | | YES | NO L |
| 1 | Eye/vision problem | | 60 | | Sleep pro | 1000 | | | | |
| 2 | High blood pressure | | Da | | Do you s | | | | | 0 |
| 3 | Heart/vascular disease | | V. | | Operatio | | v | | | 6 |
| 4 | Heart surgery | | 1/ | | Epilepsy | | | | | 0/ |
| 5 | Varicose veins | Ð | 6/ | | Dizzines | | | | | 1 |
| 6 | Asthma/bronchitis | D | 4 | | Loss of c | | | | | |
| 7 | Blood disorder | Ď | 101 | | Psychiati | | 75177.75% | | | 61 |
| 8 | Diabetes | | 6/ | | Depressi | | 3030240 | | | 6 |
| 9 | Thyroid problem | | D. | | Attempte | | 9 | | | N) |
| 10 | Digestive disorder | | 9. | | Loss of n | | | | D | D' |
| 11 | Kidney problem | 0 | 4 | | Balance | | | | | 0 |
| 12 | Skin problem | | DI | | Severe h | | | | | 180 |
| 13 | Allergies | E) | N/ | 30 | Ear/nose | /throat p | problems | | | Ø |
| 14 | Infectious/contagious diseases | | 71 | | Restricte | | ty | | | 2 |
| 15 | Hernia | | 4 | | Back pro | | | | | 0 |
| 16 | Genital disorders | | 00 | 33 | Amputati | on | | | | 2 |
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| e Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or anger the health of other persons on board? Yes No Cribe restrictions (e.g., specific position, type of ship, trade area): on taken by medical examiner (e.g., referral): Fitness Date: Of APR 2023 Name and Bignary por Every Name and Name | the basis of the examinee medically: | <i>y</i> | Deck s | service | ies | | 1065000 | Catering service | out duties | |
| coribe restrictions (e.g., specific position, type of ship, trade area): on taken by medical examiner (e.g., referral): Fitness Date: 0 6 APR 2023 Valid Until: 0 5 APR 2025 | the basis of the examinee medically: | 9 | Deck s | service | | | ervice | Catering service | out duties | |
| anger the health of other persons on board? Yes No Cribe restrictions (e.g., specific position, type of ship, trade area): on taken by medical examiner (e.g., referral): Fitness Date: 0 6 APR 2023 Name of Part 2025 Name of Part 2025 | the basis of the examinee medically: | 9 | Deck s | service | | | ervice | Catering service | out duties | |
| Yes No | the basis of the examinee medically: | ithout restricti | Deck s | sewice | | With | ervice n restrictions | Catering service | | |
| coribe restrictions (e.g., specific position, type of ship, trade area): on taken by medical examiner (e.g., referral): Fitness Date: 0 6 APR 2023 Valid Until: 0 5 APR 2025 | the basis of the examinee medically: William Seafarer free from | ithout restriction any medical | Deck s | is likely to be | | With | ervice n restrictions | Catering service | | |
| Fitness Date: 0 6 APR 2023 Valid Until: 0 5 APR 2025 Name of Part of | the basis of the examinee medically: William Seafarer free from | ithout restriction any medical | Deck s | is likely to be | | With | ervice n restrictions | Catering service | | |
| Fitness Date: 0 6 APR 2023 Valid Until: 0 5 APR 2025 | the basis of the examinee medically: William Seafarer free from | ithout restriction any medical | Deck s | is likely to be | | With | ervice n restrictions | Catering service | | |
| Fitness Date: 0 6 APR 2023 Valid Until : 0 5 APR 2025 Name and Signal April 2016 (APR 2025) | the basis of the examinee medically: It Will We Seafarer free from anger the health of or | ithout restriction any medical other persons | Deck s L ions Il condition s on board | is likely to be | e aggr | With | ervice n restrictions | Catering service | | |
| Fitness Date: 0 6 APR 2023 Valid Until : 0 5 APR 2025 Name and Signal April 2016 (APR 2025) | the basis of the examinee medically: It Will We Seafarer free from anger the health of or | ithout restriction any medical other persons | Deck s L ions Il condition s on board | is likely to be | e aggr | With | ervice n restrictions | Catering service | | |
| Marge and Stein all proof Pout of the Act Not have clean | the basis of the examinee medically: It Wi The Seafarer free from anger the health of our control of the con | ithout restriction any medical other persons | Deck s L ions I condition s on board osition, typ | ns likely to be? Yes De of ship, tr | e aggr | With | ervice n restrictions | Catering service | | |
| Name at the state of the state | the basis of the examinee medically: It Wi The Seafarer free from anger the health of our control of the con | ithout restriction any medical other persons | Deck s L ions I condition s on board osition, typ | ns likely to be? Yes De of ship, tr | e aggr | With | ervice n restrictions | Catering service | er unfit for su | |
| | the basis of the examinee medically: Wi The Seafarer free from anger the health of control of the control of | ithout restriction any medical other persons | Deck s L ions I condition s on board osition, typ | ns likely to be? Yes De of ship, tr | e aggr | With avated by s | ervice n restrictions ervice at sea or | Catering service | er unfit for su | |
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| In Accordance with Medical Examination (SENDERS 5914 MINIC BISTO 1978/1996 as Amended, MLC 2006 | the basis of the examinee medically: Wi The Seafarer free from anger the health of control of the control of | ithout restriction any medical other persons | Deck s L ions I condition s on board osition, typ | ns likely to be Yes Yes De of ship, tr | e aggr | With avated by s | ervice restrictions ervice at sea or | Catering service | er unfit for su | |

Revision Date : 24th July 2022

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

| LAST NAME OF APPLICANT | FIRST NAME | | MIDDLE INITIAL |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HASAN | A B M | | JAHID |
| DATE OF BIRTH | PLACE OF BIRTH | I | SEX |
| 5 1 199 | 5 MYMENSINGH | BANGLADESH | |
| MONTH DAY YEA | AR CITY | COUNTRY | MALE FEMALE |
| EXAMINATION FOR DUTY AS: | | MAILING ADDRESS OF APPL | JCANT: |
| MASTER RATING | | ISWAR GRAM, MUKTAGAO | пна, |
| MATE MOU DE | CK. | MUKTAGACHHA, MYMENS | SINGH, BANGLADESH |
| ENGINEER MOUEN | IGINE | | |
| RADIO OFF SUPERN | UMERARY | | |
| MEDICAL EXAMINATION (SEE) | REVERSE SIDE FOR M | MEDICAL REQUIREMENTS) S | TATE DETAILS ON REVERSE SIDE |
| HEIGHT WEIGHT BLOO 172m 7340 100 | DO PRESSURE | PULSE RESPIRATION | GENERAL APPEARANCE |
| VISION: RIGHT EYE | LEFTEYE | Man Tilling | 01000 |
| WITHOUT GLASSES | 6 6/ | | |
| WITH GLASSES | - 01 | 2 | |
| DATE OF LAST COLOR VISION TEST (I | Month/Day/Year) N 6 Al | PR 2023 Testing Requi | red every 6 years |
| COLOR VISION MEETS STANDARDS II | | | Name and American Street Stree |
| | | | NO [|
| COLOR TEST TYPE: BOOK T LANTERN TO | HECK IF COLOR TEST IS NO | ORMAL YELLOW | RED TO GREEN BLUE |
| HEARING RT. EAR | MAN | LEFT YEAR | MAR |
| HEAD AND NECK | IHI IHI | EART (CARDIOVASCULAR) | THE TOTAL PROPERTY OF THE PROP |
| NOTO | nal | / CONTROL OF THE COLDERY | NOTOMAL |
| LUNGS | | PEECH (DECK/NAVIGATIONAL OF SPEECH UNIMPAIRED FOR NO | OFFICER AND RADIO OFFICER) RMAL VOICE COMMUNICATION |
| EXTREMITIES: | | | |
| UPPER // O/C | mac | LOWER | eromal |
| IS APPLICANT SUFFERING FROM ANY OR LIKELY TO ENDANGER THE HEAL EXAMINATION ON PAGE 2. | | | NDER HIM UNFIT FOR SERVICE AT SEA N DETAILS OF MEDICAL |
| . A | | 0 6 APR 2023 | OF ADD 2025 |
| 7507. | | O O AFR ZUZJ | 0 5 APR 2025 |
| SIGNATURE OF APPLICANT | | DATE OF EXAM | EXPIRY DATE |
| THIS SIGNATURE SHO | ULD BE AFFIXED IN TH | E PRESENCE OF THE EXAMININ | NG PHYSICIAN. |
| THIS IS TO CERTIFY THAT A PHYSICA | The same of the sa | Northead and American | .B.M JAHID HASAN |
| FILE | OR DUTY ON BOA | RD SHIP (NAME OF | APPLICANT) |
| HE) (SHE) IS FOUND TO BE (FIT) (NOT MOU ENGINE or SUPERNUMERARY). | FIT) FOR DUTY AS A: (I | MASTER, MATE, ENGINEER, RA | DIO OFFICER, RATING, MOU DECK, |
| NAME AND DEGREE OF PHYSICIA | N DR. MIR MD, I | RAIHAN ; M.B.B.S (D.U), REG | G.NO.A-55144 |
| ADDRESS REDICAL HOSPITAL | LS LIMITED, 35, SHA | H MAKHDUM AVENUE, SE | CTOR-12, UTTARA, DHAKA-1230, |
| NAME OF PHYSICIAN'S CERTIFICA | A TANG AUTHORITY D | G SHIPPING, BANGLADESH | |
| DATE OF ISSUE OF PHYSICIANS | ERTIFICATE 6-N | May-14 | |
| SIGNATURE OF PHYSICIAN | .— | DATE OF EXAM | NATION: 0 6 APR 2023 |
| This contificate is issued by authority of | f the Denuty Commission | ner of Maritime Affairs R.I. and | d in compliance with the requirements of |

the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and iscal Hospita for no more than one (1) year for those under 18 years of age,

RLM-I05M (REV, 06/16) DR. MIR. MD. RAIHAN

BMDC A-55144, MMC-BGD-016

BG Shipping Bangladesh Approved

General Physician

Radical Hospitals | Imited Radical Hospitals Limited.

MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better car at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

2. PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg),

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

0 6 APR 2023

RLM-I05M (REV. 06/16)

As Per-MLC-2006

DR. MIR. MD. RAIHAN

MBS (DU), DFM, CCD (Rirdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipp,ng Bangladesh Approved

General Physician

Radical Hospitals Limited





Id No : 0119 Date: 06-Apr-2023 D.Date: 06-Apr-2023

Patient's Name: A B M JAHID HASAN Age: 27Y 7M 19D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8514

Haematology Report

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

| Parameter Name | Results | Reference Range | |
|----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Hemoglobin (Hb) ESR(Westergreen) | 14.9 gm/dl 07 mm/1st hr | 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. | |
| Total WBC Count(TC) | 9,300 /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm | |
| Differential WBC Count (DC) | | | III. alliali. |
| Neutrophils | 62 % | Child: 25-66 %, Adult: 40-75 % | |
| Lymphocytes | 33 % | Child: 52-62 %, Adult: 20-50 % | |
| Monocytes | 03 % | Child: 03-07 %, Adult: 02-10 % | W BC CURVE |
| Eosinophils | 02 % | Child: 01-03 %, Adult: 01-06 % | ıl. |
| Basophils | 00 % | Adult: 00-01 % | II. |
| Total Cir. Eosinophils | 186 /cumm | 50-450/cumm | 111 |
| Total RBC Count | 5.62 m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul | |
| HCT/PCV | 43.5 % | M: 40-54%, F:37-47% | .000 |
| MCV | 77.4 fL | 76 - 94 fL | .444 |
| MCH | 26.5 pg | 27 - 32 pg | |
| MCHC | 34.3 g/dL | 29 - 34 g/dL | R B C CU R V E |
| RDW | 12.8 % | 11 - 16 % | dille |
| PDW | 16.3 fL | 35 - 56 fl | |
| Total Platelete Count (PC) | 3,25,000 /cumm | 150,000-450,000/cumm | A A A A A A A A A A A A A A A A A A A |
| MPV | 9.5 fL | 7.0 - 11.0 fL | |
| PCT | 0.309 % | 0.1 - 0.% | |
| Bledding Time(BT) | % | 10 - 18 % | |
| Cloting Time(CT) | % | 0.1- 0.2 % | A little |

Checked By Medical Technologist

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



| Bill No | DIA230400119 | Received | Date | 06/04/2 | 2023 |
|----------------|---------------------------------------------|-------------|----------|---------|-----------|
| Patient's Name | A B M JAHID HASAN | | 1 | | 10.1. |
| Patient's Age | 27Y 7M 19D | F | atient's | Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PC | ST(Eye),DFM | С | DC NO | C/O/ 8514 |
| Sample | BLOOD | | | | |

BIOCHEMISTRY REPORT

| Test Name | | Result | Reference Range |
|---------------------------|--------------|-----------------|-----------------------------|
| Random Blood Sugar (RBS) | | 5.2 mmol/l | 4.2 - 6.4 mmol/l |
| Serum Bilirubin (Total) | 4 | 0.7 mg/dl | 0.2 - 1.1 mg/dl |
| Serum AST (SGOT) HbA1C | b . 4 | 21 U/L 5.0 % | Up to 37 U/L 4.2 - 6.7 % |

REMARKS (IF ANY)

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

Checked By

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



| Bill No | DIA230400119 | Received Date | 06/04/2023 |
|----------------|------------------------------|-----------------------------------------|-----------------|
| Patient's Name | A B M JAHID HASAN | 100000000000000000000000000000000000000 | |
| Patient's Age | 27Y 7M 19D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU) | ,CCD(BIRDEM),PGT(Eye),DFM | CDC NO:C/O/8514 |
| Sample | BLOOD | | |

SEROLOGYCAL REPORT

| HIV 1 & 2 (Method : (ICT) | Negative |
|---------------------------|--------------|
| VDRL | Non-reactive |
| HBsAg (Method : (ICT) | Negative |

| OOD GROUPINGResult | |
|--------------------|-----------|
| ABO Blood Group | "A" (+ve) |
| Rh(D)Factor | Positive |

Checked By

40

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



| Ref. by Sample | Dr. Mir Md. Raihan MBBS,(DU),CCD(BI | RDEM),PGT(Eye),DFM | CDC NO:C/O/8514 |
|-------------------|-------------------------------------|--------------------|-----------------|
| Patient's Age | 27Y 7M 19D | Patient's Sex | Male |
| Patient's Name | A B M JAHID HASAN | | |
| Bill No | DIA230400119 | Received Date | 06/04/2023 |

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| Quantity | Sufficient . | CELLS / HPF | |
|------------|--------------|-------------|---------|
| Colo | Straw | RBC | Nil |
| Appearance | Clear | Pus Cells | 1-3/HPF |
| Sediment | Nil | Epithelial | 1-2/HPF |

CHEMICAL EXAMINATIONCASTS / 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

Ato

Medical Technologis Radical Hospitals Ltd.

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



| Sample | URINE | \$700 AVEX.5504 | |
|----------------|-------------------------------------------------------|-----------------|-----------------|
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | | CDC NO:C/O/8514 |
| Patient's Age | 27Y 7M 19D | Patient's Sex | Male |
| Patient's Name | A B M JAHID HASAN | | |
| Bill No | DIA230400119 | Received Date | 06/04/2023 |

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

| Test Name | Result |
|---------------------|----------|
| Drug Level of Urine | |
| Cocaine | Negative |
| Morphine | Negative |

| Cocaine | Negative |
|--------------------|----------|
| Morphine | Negative |
| Marijuana Negative | |
| Barbiturates | Negative |
| Amphetamines | Negative |
| Phencyclidine | Negative |
| Alcohol | Negative |
| Benzodiazepines | Negative |
| Methadone | Negative |
| Propoxyphene | Negative |
| | |

Checked By

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



REF: MV. HSL VEGAS

DATE: 06/04/2023

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: A B M JAHID HASAN RANK: 3RD OFF CDC NO: C/O/8514

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

COLOUR VISION:

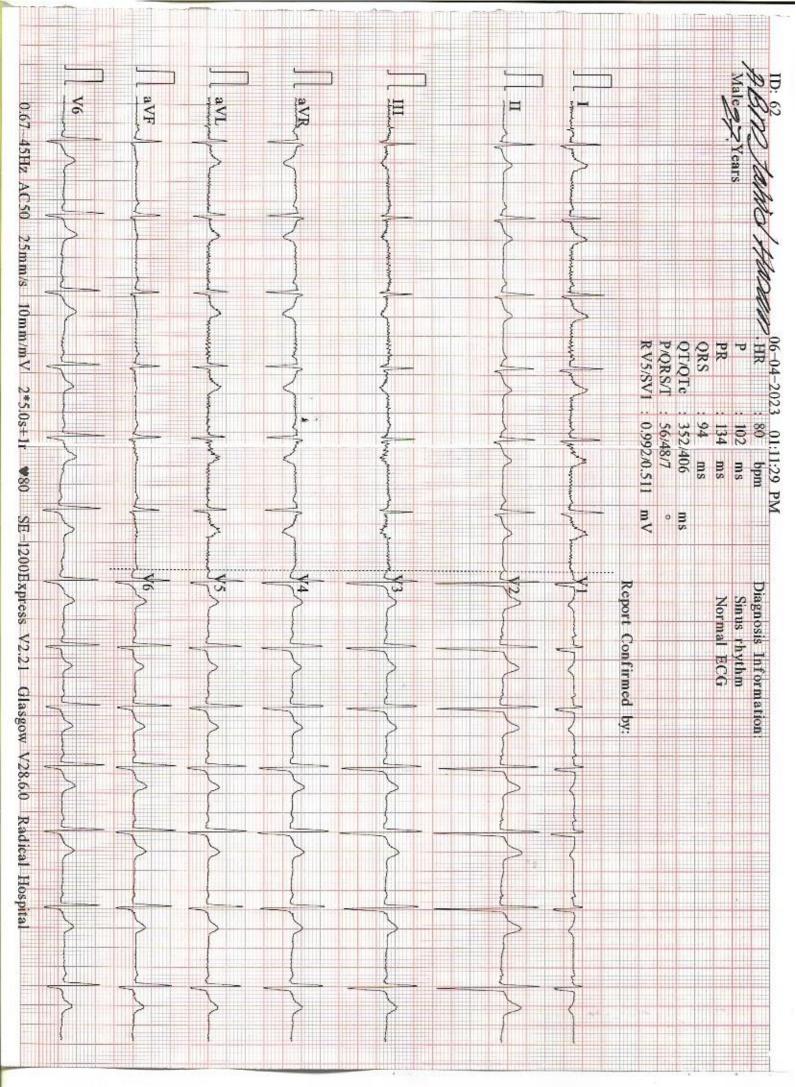
NORMAL / BLIND

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. : 23040119 Receive:06/04/2023 Print: 06/04/2023

Patient's Name : A B M JAHID HASAN

Age : 27 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 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

This is to certify that whose signature follows

Date of birth 01.05.1995 Sex

has on the date indicated been vaccinated or revaccinated against Cholera

| Date Signature and Professional status of vaccinator | | Approved Stamp | |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|
| 83 | Dr. Md. Golam Hostalis Reg. No. BM C. 1998 Seafaror's Nedlan Officer | AGRANAD CIA | ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs. |
| 18 418 | Chittan Sangaldash DR. WIR. MD. RAIHAN Mass OU. BALCO (Birdem), PGT (Ophth) BMDC 14 55144 MMC- BGD- 016 DG Shipping Bangladesh Approved General Physician Radical Maspitals Limited. | St. Sheh Makkdum Avenue Ittisra, Dhoka | |
| - | A. | FOR VACOUS | |
| 3 APR | DR. MIR. MD. RAIHAN | 35, Shah Makhdum | 4 |
| 4 | General Physician Radical Hospitals Limited | Avesus Utterra, Dhaka * BANGLADEST | fealth stinithstration |
| 2 40 2 | DR. MTR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) | S, Shah Nakhdum | and an analysis the following the following pages, you re- |
| 6 | BMDC A 55144, MMC-BCD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. | * Uters, Oheto * | |
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Continued overleaf Suite our erso