

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: **HOSSAIN ALAMGIR**

Sex: **MALE** Serial No:

Date of Birth: **12/12/1999**

PP/CDC: **C/6/11112**

Rank: **E/C**

Vessel: **CORAL LEADER**

Type: **VEHICLES CARRIER**

Route: **WORLD WIDE**

Home Address: **PAIK PARA, TAKIA BAZAR SONAGARI, FENI.**

Company Name: **WALLEM SHIP MANAGEMENT**

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		72kg		43-45	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		6/6	Normal	Right Ear		dB	20	20	20					
Left Eye					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 E/C 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	14.8 gm%	14-16 gm %	Colour
Total WBC count	9.800 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu % Lymph	18 % Eos 02 % Ba 00 % Mo 02 %		pH
Malarial parasite	NOT FOUND		Albumin
ESR	86 mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	20 U/L	9-43 U / L	Bile pigment
S.Cholesterol	163 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	130 mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	RBS 5.9 PRBS	upto 125 mg %	RBC cells
HbsAg	NEGATIVE		Leucocytes
HIV 1 & II	NEGATIVE		Others
VDRL	Non React.		
Others	33	GGTP U/L	
Blood Group	BHVE		



ECG: **Normal** TMT: **negative**

X-Ray Chest: **Normal**

Spirometry: **ND**
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, 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: **09 APR 2025**

Candidate's Signature: **Atomian**

Doctor's signature:

Date: **10 APR 2023**



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

04.2023, 3755

Annex III: Draft Format of a Seafarer Medical Certificate**SEAFARER MEDICAL CERTIFICATE**(issued under the authority of authorising country details.)

This Medical Certificate has been issued in accordance with the provisions of the (International Convention on Standards of Training, Certification and Watch-keeping for Seafarers STCW 1978, as amended (STCW) Regulation I/9, Maritime Labour Convention 2006 (MLC 2006) Regulation 1.2 and regulation xxx of the authorising country)*as applicable

SEAFARER INFORMATION

Surname: HOSSAIN	Given Name (s): ALAMGIR	
Date of Birth (dd/mm/yyyy): 12.12.1999	Nationality: BANGLADESHI	Gender: ☒ Male/ ☐ Female
ID Document no: C/D/11112		
Capacity that the seafarer will serve onboard serve in:		
Deck: ☒ Engineer ☐ GMDSS ☐ Rating ☐ Catering ☐ Other		

DECLARATION OF APPROVED MEDICAL PRACTITIONER**

I confirm that identification documents were checked: ☒ YES / ☐ NO	
Does the seafarers hearing meet medical standards*?	☒ YES / ☐ NO
Is unaided hearing satisfactory*?	☒ YES / ☐ NO
Vision acuity meets medical standards*?	☒ YES / ☐ NO
Colour vision meets standard*?	☒ YES / ☐ NO
Date of last colour vision test? (dd/mm/yyyy)	10 APR 2023
Is the seafarer fit for lookout duties: YES/NO/Not applicable	
Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on board? YES/NO	
Is the seafarer fit for service? ☒ YES/ ☐ NO	
Are there any limitations or restrictions on fitness? If so specify the limitation.	
NO	



I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO Guidelines on the Medical Examinations of Seafarers and the national guidelines of the authorising Administration.

Name of Approved** Medical Practitioner: _____

DR. MIR. MD. RAIHAN

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

Signature of Approved** Medical Practitioner: _____



Date of Examination (dd/mm/yyyy) : 10 APR 2023

Stamp/Seal

Expiry date of certificate (dd/mm/yyyy): 09 APR 2025

SEAFARER ACKNOWLEDGEMENT

I Name of seafarer confirm that I have been informed of the content of certificate and the right to get a review***.

Signature: Atossain

Date: (dd/mm/yyyy) 10 APR 2023

* For persons who are assigned shipboard safety, security or environmental protection duties, the medical standards referenced on the certificate are the standards as specified in STCW Regulation 1/9 and any other standards as specified by the authorizing Administration. For any other persons serving onboard, the medical standards shall be as specified by ILO and the authorizing Administration.

** The Medical Practitioner shall be approved by the national Administration, after inspection of medical facilities/recordkeeping, to carry out STCW/ILO medical examination.

*** The review shall be carried out by a body/Medical Practitioner authorized by national Administration and this information should be made available to the seafarer



Annex II - Medical Examination Form

CONFIDENTIAL FORM

Pre-sea Exam ☒Periodic Exam ☐Name (last, first, middle): HOSSAIN ALAMGIRDate of birth (day/month/year): 12 / 12 / 1999Sex: ☒ male ☐ femaleNationality BANGLADESHIHome address: FENI Identity document No.: C10/11112Type of ship (e.g. container, tanker, passenger, fishing): VEHICLES CARRIERTrade area (e.g., coastal, tropical, worldwide): World wide**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. Sleeping problems	☐	☒
2. High blood pressure	☐	☒	19. Do you smoke?	☐	☒
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 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 hospitalized? | ☐ | ☒ |
| 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 hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: Atomain Date (day/month/year): 10 APR 2023 / /

Witnessed by: (Signature) [Signature] Name: (Typed or printed)

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.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _ (the approved medical practitioner carrying out the medical examinations).

Signature of examinee: Atomain Date (day/month/year): 10 APR 2023 / /

Witnessed by: (Signature) [Signature] Name: (Typed or printed)

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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Medical examination

☐ Pre-sea ☒ Periodic ☐ Other

Sight

Visual acuity						
Unaided			Aided			
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	/			
Near	NS	NS	/			

Visual fields		
	Normal	Defective
Right eye	/	
Left eye	/	

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

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Height: 165 (cm) Weight: 72 (kg)

Pulse rate: 78 (/minute) Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)



Urinalysis: Glucose: NIL Protein: NIL

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

10 APR 2023

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): ___/___/___

Results: _____

Normal chest x-ray



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

Test *Blood Urine* Result *Normal*

Medical practitioner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☒ Yes ☐ No

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I 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 positions, type of ship, trade area)



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

Place of examination: **RADICAL HOSPITAL LIMITED**
_____ **Uttara, Dhaka, Bangladesh**

Date of examination (day/month/year): _____ **10 APR 2023** / _____ / _____

Medical certificate's date of expiration (day/month/year): _____ **09 APR 2025** / _____ / _____

Official stamp:



Signature of medical practitioner: _____

Name of medical practitioner: (Typed or printed) **DR. MIR. MD. RAIHAN**
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
BMDG-A-55144, MMC-BGD-016
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General Physician
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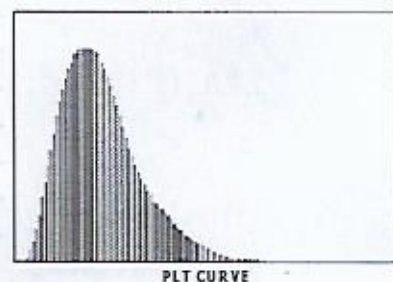
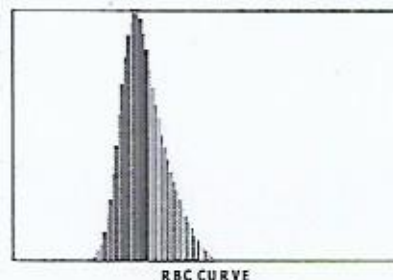
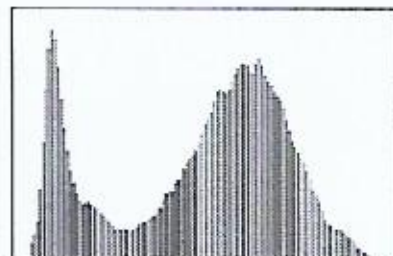
Authorized by: **DG SHIPPING BANGLADESH**

Id No : 0235 **Date** : 10-Apr-2023 **D.Date** : 10-Apr-2023
Patient's Name : ALAMGIR HOSSAIN **Age** : 23Y 3M 29D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/11112

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.8 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	78 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	18 %	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	196 /cumm	50-450/cumm
Total RBC Count	5.33 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.6 %	M: 40-54%, F:37-47%
MCV	79.9 fL	76 - 94 fL
MCH	27.8 pg	27 - 32 pg
MCHC	34.7 g/dL	29 - 34 g/dL
RDW	13.5 %	11 - 16 %
PDW	17.5 fL	35 - 56 fL
Total Platelete Count (PC)	3,51,000 /cumm	150,000-450,000/cumm
MPV	8.1 fL	7.0 - 11.0 fL
PCT	0.284 %	0.1 - 0.6 %
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	DIA23040235	Received Date	10/04/2023
Patient's Name	ALAMGIR HOSSAIN		
Patient's Age	23Y 3M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11112
Sample	BLOOD		

BIOCHEMISTRY REPORT

<u>Test Name</u>	<u>Result</u>	<u>Reference Range</u>
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 – 6.4 mmol/l
Serum Creatinine	0.76 mg/dl	0.3 - 1.3 mg/dl
HbA1C	5.0 %	4.0- 6.0 %
Serum (BUN)	21 mg/dl	7-23 mg/dl
Serum Uric Acid	5.4 mg/dl	3.4-7.0 mg/dl
GGT	33 U/L	Adult Males : <55
Total Protein	6.4 g/dl	6.3-7.9 g/dl

Liver Function Test

Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	182 U/L	98 - 279 U/L

Lipid profile

Serum Cholesterol	163 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	41 mg/dl	>35 mg/dl
Serum Triglyceride	139 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	90 mg/dl	<130 mg/dl

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

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Patient's Name	ALAMGIR HOSSAIN		
Patient's Age	23Y 3M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11112
Sample	BLOOD		

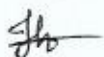
SEROLOGICAL REPORT

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

BLOOD GROUPING Result

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

Checked By



Medical Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23040235	Received Date	10/04/2023
Patient's Name	ALAMGIR HOSSAIN		
Patient's Age	23Y 3M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11112
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	0-2/HPF

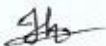
CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	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 Technologis


 Dr. Sumaiya Khatun
 MBBS, MD (Microbiology)
 Associate Professor
 Dept. of Microbiology

Bill No	DIA23040235	Received Date	10/04/2023
Patient's Name	ALAMGIR HOSSAIN		
Patient's Age	23Y 3M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/11112
Sample	URINE		

DRUG ABUSE TEST

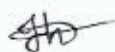
METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

Drug Level of Urine

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

Checked By



Medical Technologist
Radical Hospitals Ltd.


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

Patient's Name	: ALAMGIR HOSSAIN	ID NO	: 23040235
Age	: 23 Yrs	Date	: 10/04/2023
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan MBBS,(DU), DFM		
Nature of Specimen	:		

PULMONARY FUNCTION TEST (SPIROMETRY)

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

Comments: Normal Lung Function

Checked By



Dr. Mir Md. Raihan

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

ID: 80
Bamir K. Sevi
Male 23 Years

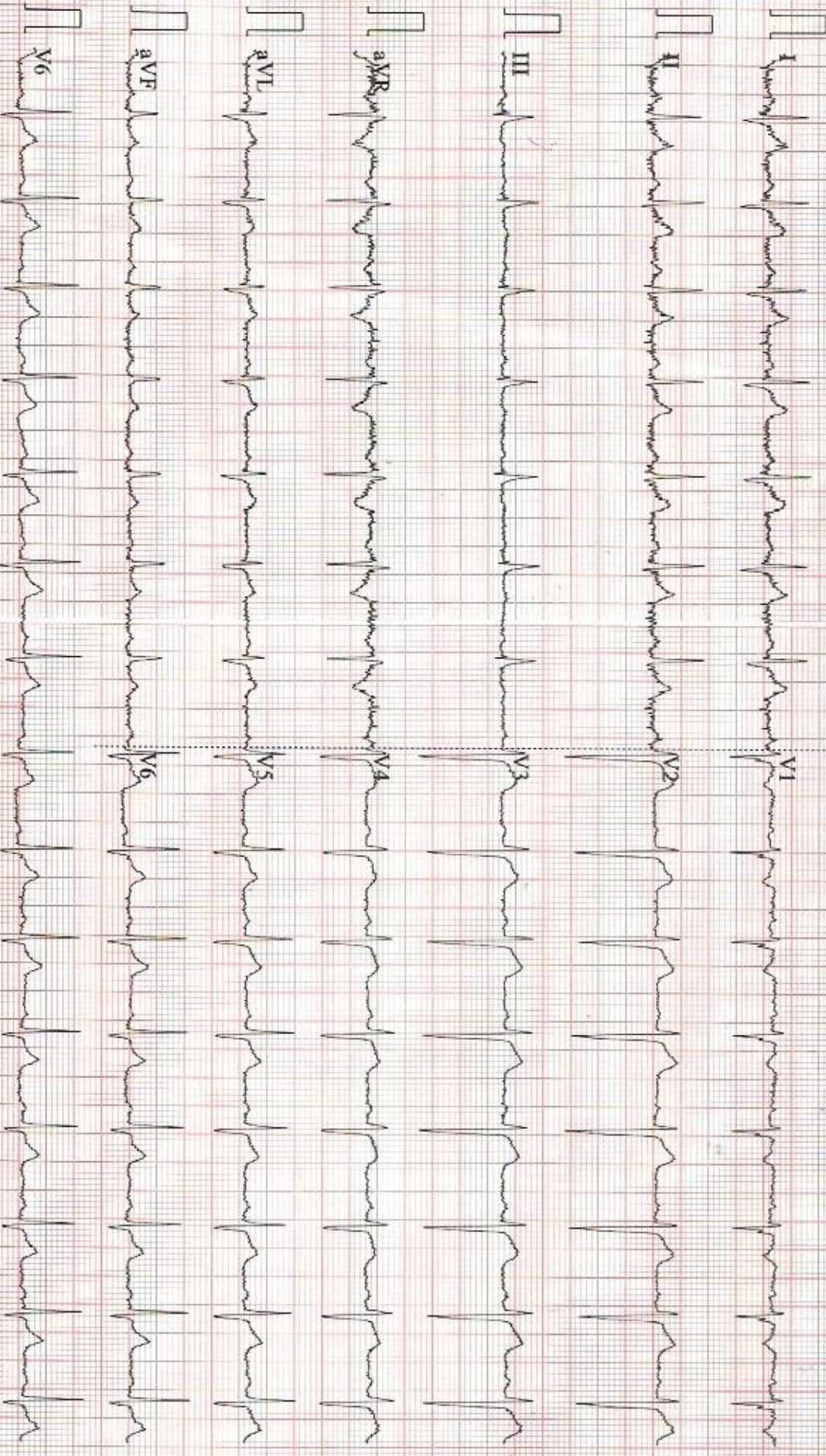
10-04-2023 07:45:42 PM

HR : 91 bpm
P : 106 ms
PR : 150 ms
QRS : 92 ms
QT/QTc : 322/397 ms
P/QRS/T : 43/73/36 °
RV5/SV1 : 0.795/0.696 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23040235 Receive: Print: 10/04/2023
Patient's Name : **ALAMGIR HOSSAIN**
Age : 23 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 91 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	23040235	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	10/04/2023
Patient Name	ALAMGIR HOSSAIN		
Age	23 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

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

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

Wall thickens is normal.

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

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

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

BOTH KIDNEYS :- Are normal in size. RK-9.0cm, LK-9.3cm The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

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

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

COMMENT: Normal Study.

Sonologist



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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23040235 Receive: 10/04/2023 Print: 10/04/2023
Patient's Name : ALAMGIR HOSSAIN
Age : 23 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 : ALAMGIR HOSSAIN

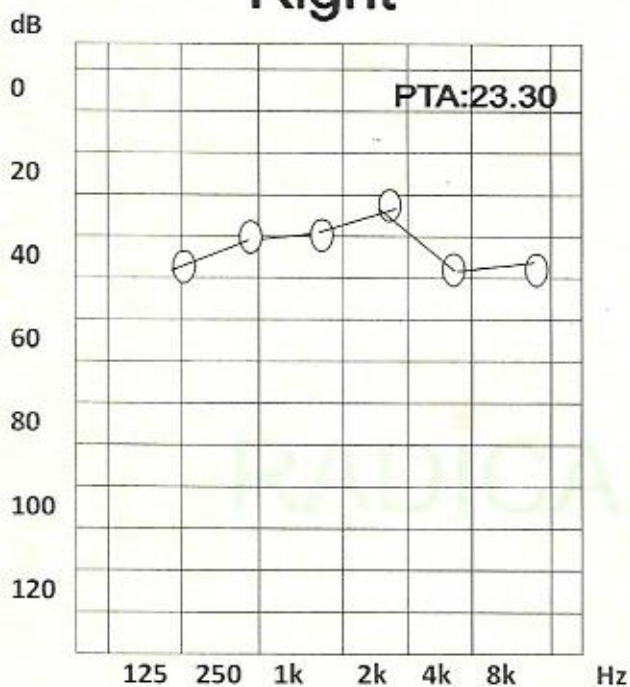
10/04/2023

Age : 23 Yrs

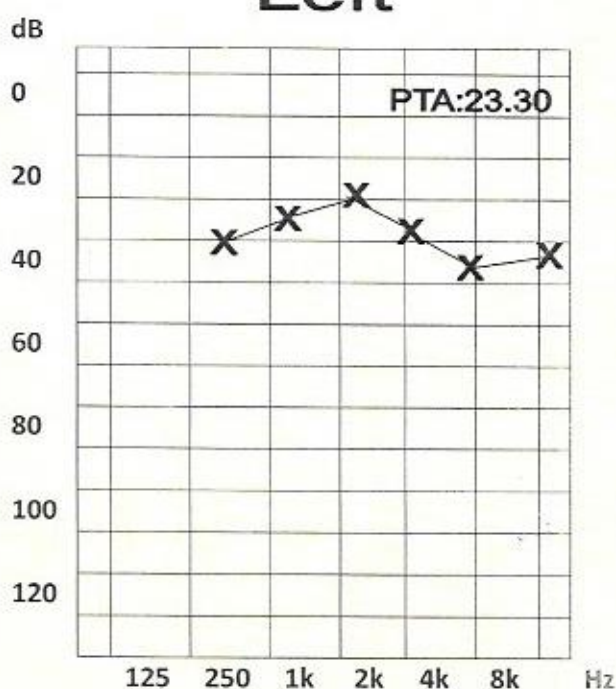
Address : RHL, UTTARA

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

Right



Left



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.

TREADMILLSTRESS TEST

Patient ID	23040235	Test Date	10-04-2023		
Patient Name	ALAMGIR HOSSAIN	Age	23 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

Total Exercise Time : 09:10 Min Max.HR attained : 163 bpm.
 % of max.pred. hR : 98 % Max. Pred HR : 167 bpm.
 Maximum BP : 140/80 mmHg. Max. work load attained :13.10METS.
 Indication : Screening for IHD.
 Risk Factors :
 Reason for Termina : Attainment of THR.
 Test Profile : BRUCE
 Symptoms :

Summary Result ⇒ **NEGATIVE**

Comments :

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

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

Dr. ROSEYAT PERVEEN

MBBS, MD (Cardiology), NICVD, Dhaka
 Consultant, IBN SINA D-Lab, Uttara, Dhaka

Patient's Name	:	ALAMGIR HOSSAIN	ID NO	:	23040235
Age	:	23 Yrs	Date	:	10/04/2023
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

Dental Examination Reports

On Examination

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

Comments : Normal



Dr. Mir Md. Raihan

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

Date: 10/04/2023

EYE EXAMINATION REPORT

NAME:	ALAMGIR HOSSAIN		
AGE:	23 YRS	RANK: E/CDT	CDC NO: C/O/11112

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

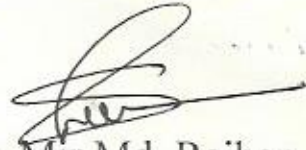
AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

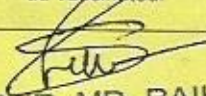
: UNFIT / FIT FOR EMPLOYMENT ON BOARD


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

**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 ALAMGIR HOSSAIN date of birth 12.12.1999 Sex MALE
Whose signature follows
don't la signature suit Atomain

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 titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numbre so du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
10 APR 2023	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Opth) BMDC A-55144 MMC-BGD-016 No Shipping Bangladesh Approved		
2			
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 his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within such period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Ce certificate n'est valable que si le vaccin employé a été approuvé par l'organisation Mondiale de la santé et si le centre où 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 revaccination, ou, à dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant 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
CON TRE LE CHOLERA**

This is to certify that
JE Soussigne' (e) certifie que

ALAMAIR HOSSAIN

date of birth
no' (e) le

12.12.1999

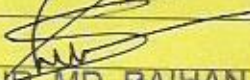
Sex
sexe

MALE

Whose signature follows
dont la signature suit

Alamair

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 vaccineur	Approved Stamp Cachet d'authentification
1 2 10 APR 2003	 DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician <u>Radical Hospitals Limited</u>	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
3		
4		

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part of it, may render it invalid.

La validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, à compter de la date de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le 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.