

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: ISLAM SIFUL

Sex: MALE Serial No:

Date of Birth: 13 / 11 / 1990

PP/CDC: C/015946

Rank: 2/E

Vessel: M.P. LAUSU

Type: OIL / CHEM.

Route:

Home Address: B3/73, KHAN GARDEN, FLAT- G/C, ROAD -02, MATU CHATTOR, MONILA MADRASHA ROAD, MATUAIL, JATRAPARI, DHAKA

Company Name: ATLANTIC SAFETY MANAGEMENT SYSTEM

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		☒		☒

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition	
178cm	90	43-41	120/80 mmHg	78b/min	19b/min	Good	
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000
Right Eye	6/6		Normal	Right Ear	dB	20	20
Left Eye	6/6		Abnormal	Left Ear	dB	20	20
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	Left ear	
	Other	Normal	Abnormal		9	9	

Systemic Examination

Systemic Examination	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	☒		FIT FOR SEA SERVICE AS 2ND ENG 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	15.5 gm%	14-16 gm %	Colour	SD
Total WBC count	10,800 cu.mm	4000-11000 / cu.mm	Specific Gravity	
Neu 42 % Lymph	49 % Eos 02 Bas 00 Mono 6 %		pH	
Malanial parasite	06 NBT Found		Albumin	N.I
ESR	37 mm / 1st hour	1-15 mm / hr	Sugar	N.I
SGPT	27 U/L	9-43 U/L	Bile pigment	
S.Cholesterol	171 mg/dl	145-260 mg / dl	Bile salts	
S.Triglycerides	171 mg/dl	upto 200 mg / dl	Occult blood	
Blood Sugar	RBS 5.7 PPBS	upto 125 mg %	RBC cells	2+
HbsAg	Negative		Leucocytes	
HIV I & II	Negative		Others	
VDRL	Negative		Spirometry:	N/D
Others	GGTP U/L		Drugs of Abuse:	Negative
Blood Group			USG:	Normal
ECG :	Normal	TMT: N/D		
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'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: 18 AUG 2025

Candidate's Signature

Date: 19-08-2023

Doctor's Signature:

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

04.2023.4609

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME ISLAM	GIVEN NAME(S) SIFUL	
DATE OF BIRTH MONTH 11 DAY 13 YEAR 1990	PLACE OF BIRTH CITY NARSINGDI COUNTRY BANGLADESH	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: 83/73, KHAN GARDEN, PLAT- 3/C, ROAD-02, MINTU CHATTER, MOMLA MADRASHA ROAD MATUAIL, JATRAHARI, DHAKA.	

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 178 cm	WEIGHT 90 kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78 bpm	RESPIRATION 19 bpm	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR LEFT EAR	

COLOR TEST TYPE: ☒ BOOK ☐ LANTERN ☐ IS COLOR TEST NORMAL? ☐ Yes ☐ No (If "No" EXPLAIN ON PAGE 2)

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

HEAD AND NECK Normal	HEART (CARDIOVASCULAR) Normal
--------------------------------	---

LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes
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EXTREMITIES: UPPER Normal	LOWER Normal
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IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☐ No ☒

IS 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? Yes ☐ No ☒

IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

Siful SIGNATURE OF APPLICANT	19 AUG 2023 DATE OF EXAMINATION	18 AUG 2025 EXPIRY DATE
--	---	-----------------------------------

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

FIT FOR DUTY ON BOARD SHIP

SIFUL ISLAM

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐

SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☐ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN **DR. MIR MD RAIHAN MBBS, DFM**

ADDRESS **RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230**

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY **DG SHIPPING BANGLADESH**

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06 MAY 2014**

SIGNATURE OF PHYSICIAN **19 AUG 2023**

DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental 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 conducting the examination, the certified physician should, where appropriate, examine the seafarer's 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:

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
 - 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. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard I; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - 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. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
 - 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.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-I, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.
(See RMI MG 7-47-1, §3.3).

19 AUG 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.



ATLANTIS CREW MANAGEMENT

Form No – FP 02D

Revision – 1

Seafarer's declaration of medicines being carried on board

Date – 01 Jul 21

Date: 19-08-2023

To,
The Company appointed Doctor,
XXXX (Management Company)

Dear Sir,

I hereby declare that I will be carrying the following medicines for usage onboard. These have been prescribed by my family doctor and/or by company appointed doctor.

List/qty. of prescribed medicines, which will be carried by me on board. The period of medicine course is prescribed for - weeks/months

Sr. No	Name of Medicine(S) Onboard (Allopathic medicines to be mentioned here)	Quantity	Dosages	Ailment
1				
2				
3				
4				

Note: As a rule, not more than 4 medicines or combinations as allowed,

1. I agree to carry the original prescription on board for the above-mentioned medication.
2. I agree to inform the Master, all details of my medication immediately upon joining the vessel.
3. I also confirm that at no time any other drugs/medicines shall be found with me or in my cabin.
4. I am also aware of my responsibility for self-medication.
5. Subject to obtaining approval from Company and Company appointed Doctor for the above mentioned medicines, I will ensure to carry sufficient medication with me to cover the period of my onboard tenure and extra supply for an additional month. The Company will not be responsible to arrange for replenishment.
6. I hereby consent that the above medical information may be shared as necessary.

I have read and understood the above terms. Should I fail to follow the above terms, I agree that I will not be eligible for the sick, injury, and death pay/compensation as per the company's standard terms and condition and/or the respective collective bargaining agreement of the applicable vessel.

Name & Rank of the seafarer: SIFUL ISLAM, 2/E	Signature:
Vessel Name: MT. LAUSU	Date: 19-08-2023
Confirmed by a company appointed doctor (signature & date): 19 AUG 2023	
The company appointed doctor's name & city:	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.
The company appointed doctor's remarks, if any:	

Note: Doctors are requested to send the original form along with the medical report to the company.

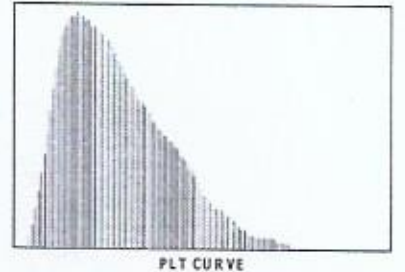
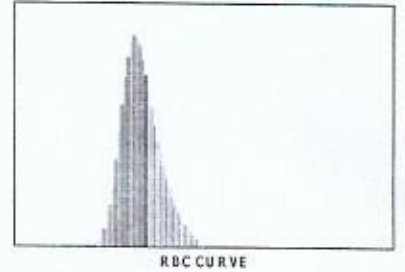
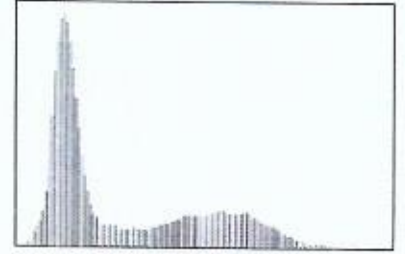


Id No : 23080912 **Date** : 19-Aug-2023 **D.Date** : 19-Aug-2023
Patient's Name : SIFUL ISLAM **Age** : 32Y 9M 6D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5946

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.5 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)	10,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	42 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	49 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	06 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	324 /cumm	50-450/cumm
Total RBC Count	5.23 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41.0 %	M: 40-54%, F:37-47%
MCV	78.4 fL	76 - 94 fL
MCH	29.6 pg	27 - 32 pg
MCHC	37.8 g/dL	29 - 34 g/dL
RDW	12.4 %	11 - 16 %
PDW	14.7 fL	35 - 56 fL
Total Platelete Count (PC)	2,06,000 /cumm	150,000-450,000/cumm
MPV	9.7 fL	7.0 - 11.0 fL
PCT	0.200 %	0.1 - 0.5 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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

Bill No	DIA23080912	Received Date	19/08/2023
Patient's Name	SIFUL ISLAM		
Patient's Age	32Y 9M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5946
Sample	Blood		

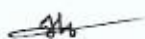
BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum Creatinine	1.0 mg/dl	0.3 - 1.3 mg/dl
Uric Acid	4.1 mg/dl	3.8 - 8.0 mg/dl

Liver Function Test

Serum ALT (SGPT)	21 U/L	Up to 40 U/L
Serum AST (SGOT)	24 U/L	Up to 37 U/L
GGT	38 U/L	Adult Males : <55

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	DIA23080912	Received Date	19/08/2023
Patient's Name	SIFUL ISLAM		
Patient's Age	32Y 9M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5946
Sample	BLOOD		

SEROLOGICAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
Malarial Parasite (ICT)	Negative
VDRL	Non Reactive

BLOOD GROUPING Result

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

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Patient's Name	SIFUL ISLAM		
Patient's Age	32Y 9M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/5946
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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



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Radical Hospitals Ltd.



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Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23080912	Received Date	19/08/2023
Patient's Name	SIFUL ISLAM		
Patient's Age	32Y 9M 6D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5946	
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. : 23080912 Receive: 19/08/2023 Print: 19/08/2023
Patient's Name : **SIFUL ISLAM**
Age : 33 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.



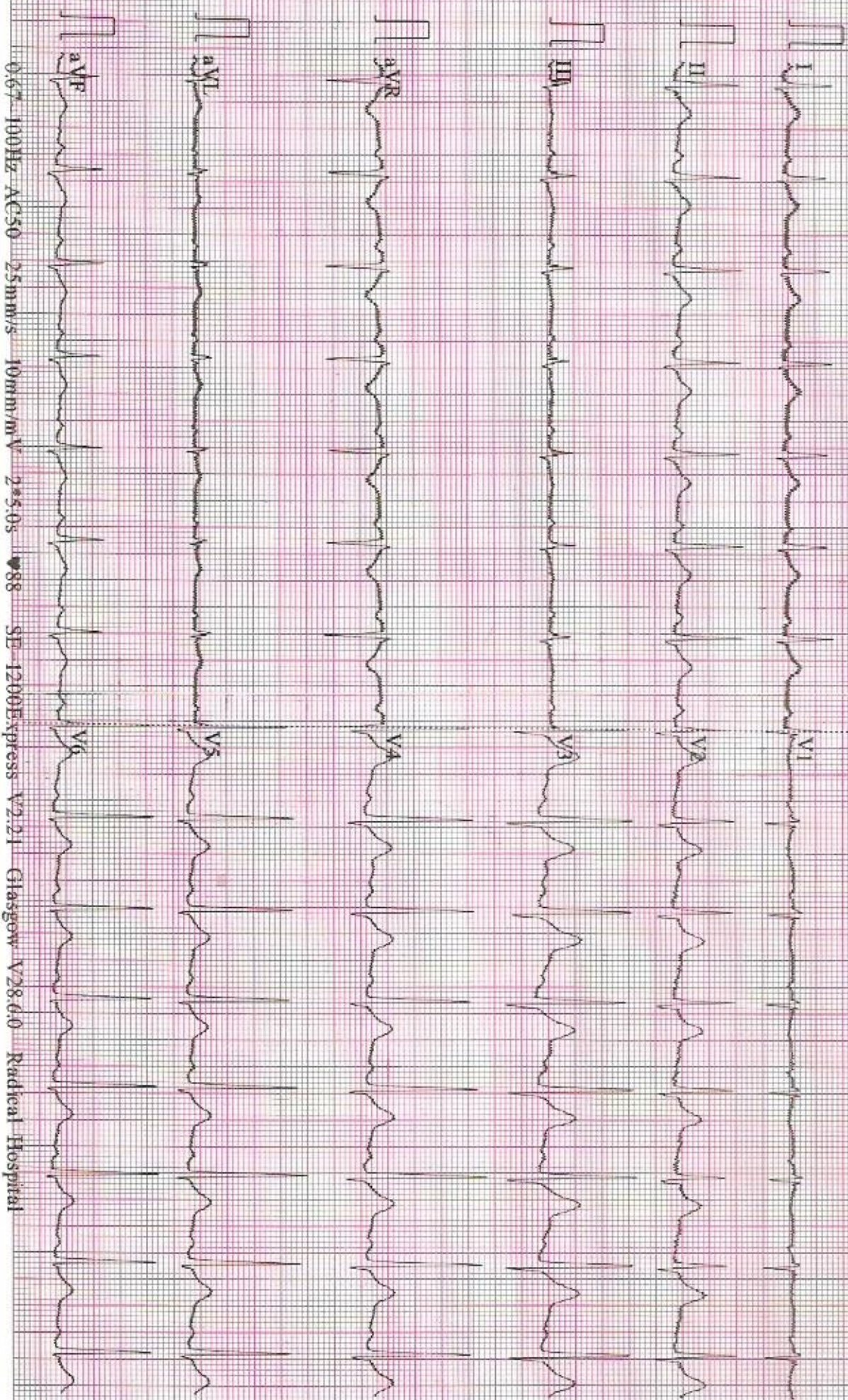
Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

ID: 106
Male 33 Years

19-08-2023 13:42:45
HR : 88 bpm
P : 106 ms
PR : 158 ms
QRS : 94 ms
QT/QTc : 356/431 ms
P/QRS/T : 56/45/41 °
RV5/SV1 : 2.006/0.482 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23080912 Receive: Print: 19/08/2023
Patient's Name : SIFUL ISLAM
Age : 33 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 88 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

AUDIOLOGICAL REPORT

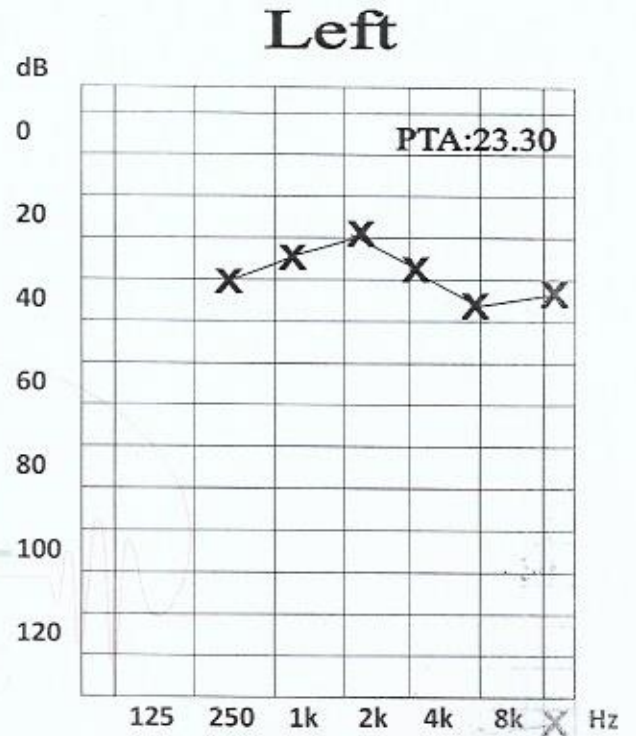
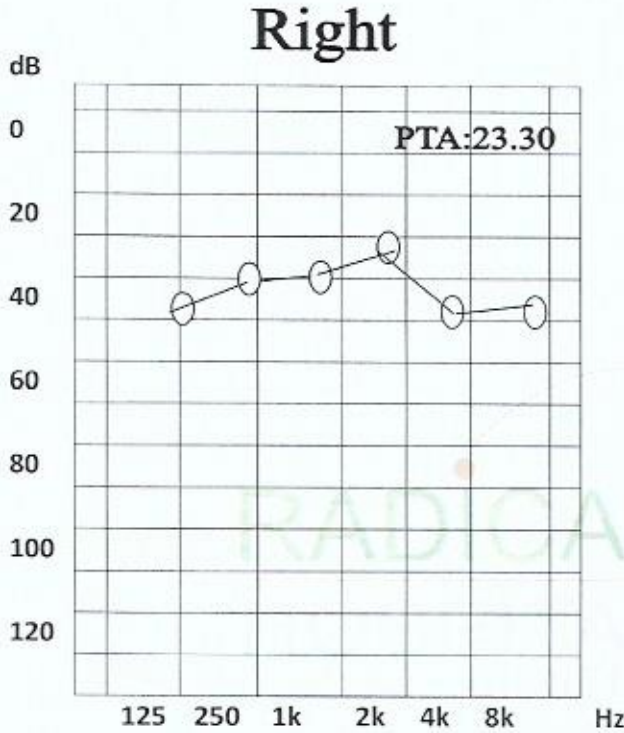
Patient Name : SIFUL ISLAM

19/08/2023

Age : 33 Yrs

Address : RHL,UTTARA

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



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

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

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

Patient's Name	:	SIFUL ISLAM	ID NO	:	23080912
Age	:	33 Yrs	Date	:	19/08/2023
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

Patient's Name	: SIFUL ISLAM	ID NO	: 23080912
Age	: 33 Yrs	Date	: 19/08/2023
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

Patient ID	23080912	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	19/08/2023
Patient Name	SAIFUL ISLAM		
Age	33 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 :- Normal in size 13.5 cm, regular in shape and normal 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. 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 (9.3 x 3.7)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.7 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: Is normal in size and volume is 13.7 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

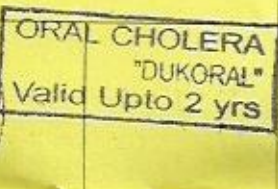
IMPRESSION: Normal study.

Asma Ahmed
19.8.23
Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

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

This is to certify that SIFUL ISLAM date of birth 13-11-1990 Sex MALE
JE Soussigne (e) certifie que _____ no (e) le _____ sexe _____
Whose signature follows Siful
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 professionnelle vaccinateur	Approved Stamp Cechet d'authentification
19 AUG 2023		
1		
2	DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birm), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shriping Bangladesh Approved General Hospital Dhaka	 
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 la seconde injection.

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.

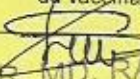
Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validité.

**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 SIFUL ISAM date of birth 13-11-1990 Sex MALE
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____

Whose signature follows _____
don't la signature suit _____

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 19 AUG 2023	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur 	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
DR. MIR. MD. RAIHAN MBBS (D), DPM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-808-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited			
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 vaccina employe' a e'te' approuve' par l'organisation Mondiale de la sante' et si le centre a' uant, a'ion a'e' l'administration sante' du territoire dans lequel ce centre est situe'.

La validite' de ce certificat couvre une pe'riode de dix ans commençant dix jours apres la date de la vaccination ou, dans le cas d'une revaccination ou d'une re-vaccination, a' dix ans, le jour de cette revaccination.

Ce certificat doit e'tre signe' par un me'decin de sa propre main, son cachet officiel ne pouvant e'tre conside're comme l'equivalent de la signature.

Toute e'rection ou rasure sur le certificat ou l'omission d'une quelconque des mentions qu'il