

## INTERNATIONAL LABOUR ORGANIZATION

## Sectoral Activities Programme

See text links below.

ILO/WHO/D.2/1997

Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

### Annex D

Minimum requirements for the medical examination of seafarers
Name (last, first, middle): AFIA SHMAM
Date of birth (day/month/year): 17 / 9/2001 Sex: F   male • V female
Home address: Sultangonj para, Hakirmoar, Bogura Sado
Bogura.
Passport No./Discharge Book No.: A04935538
Type of ship (container, tanker, passenger, fishing): Hanker .
Trade area (e.g., coastal, tropical, worldwide): worldwide.
Examinee's personal declaration (Assistance should be offered by medical staff) Have you ever had any of the following conditions•

				163
	Condition	Yes No	Condition	Yes No
1.	Eye/vision problem	□• Æ• 18.	Sleep problems	0. 4.
2.	High blood pressure	□• 🗹• 19.	Do you smoke?	0. 6.
3.	Heart/vascular disease	□• 🗹• 20.	Operation/surgery	D. Z.
4.	Heart surgery	□• <b>≠•</b> 21.	Epilepsy/seizures	· 4.
5.	Varicose veins	1 HOSDING 22.	Dizziness/fainting	· 1.
6.	Asthma/bronchitis	1 100 ×	Loss of consciousness	
	V4 (17-0/2V 12:V	A RESIDENTILO COUNTY E		

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7.	Blood disorder		P	24.	Psychiatric problems		P
8.	Diabetes		D'	25.	Depression		D
9.	Thyroid problem		Z.	26.	Attempted suicide		
10.	Digestive disorder		X	27.	Loss of memory		6
11,	Kidney problem		X	28.	Balance problem		6
12.	Skin problem		7	29.	Severe headaches		
13.	Allergies		X	30.	Ear/nose/throat problems		
14.	Infectious/contagious diseases			31.	Restricted mobility		
15.	Hernia		P	32.	Back problems	ď	
16.	Genital disorders		1	33.	Amputation		
17.	Pregnancy		1	34.	Fractures/dislocations		D'
If ar	ny of the above questions were ans	swered	"ves". p	lease	pive details		
			5 1/2				
Ado	litional questions						
					Yes	No ¬	
	35. Have you ever been signed o	ff as sid	ck or rep	atriate		7	
	36. Have you ever been hospitali	zed?			□ <i>8</i>	6	
	37. Have you ever been declared	unfit f	or sea du	ity?	□ <i>1</i>	1	
	38. Has your medical certificate	ever be	en restri	cted o	r revoked?	1	
	39. Are you aware that you have illnesses?	any mo	edical pr	oblem	is, diseases or □ ₹	1	
	<ol> <li>Do you feel healthy and fit to designated position/occupation</li> </ol>		m the du	ities o	f your	3	
	41. Are you allergic to any medic		?		ر ۵		
Co	omments:	2000000000				4 11	
	FIT FOR	DUTY O	N BOAR	D SHI	P		
	42. Are you taking any non-preso	cription	or press	Noshina			
	medications?		digo	- Dia	6		

**ND**epartment

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Signatur	of exa	ninee	Afria	Ishm	am	Date (d	ay/month/	/year):	0 1 AUG 2023	
	d by: <i>(S</i>			The state of the s	2			ped or pri	DR, MIR. M684 DU) DFM, CI BMDC A-5514 DG Shipping Ba General	MD. RAIHA CD (Birdem), PGT (0) 4. MMC-BGD-0 angladesh Appro al Physician ospitals Limited.
hereby ealth in examine	stitution	e the	release of public aut	all my p	revioi to Dr	us medica	l records t	from any l	health profes the approved	ssionals,
	e of exa		:Afia I	shmo	m	_	y/month/y Name: <i>(T</i> )	ear):/	DR. MI MBBS (DU), D rinte@MDC A-5 DG Shippin Ge	R. MD. RA FM, CCD (Birdem), P 55144, MMC-B0 ng Bangladesh A eneral Physician nal Hospitals Limi
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If yes, please list the medications taken and the purpose(s) and dosage(s).

leight: <u>167</u>	(cm)	V	Veight:	62	(kg)	
ulse rate:	(/(minute)		Rhythm:	regriu	M	
lood pressure:	Systolic:	00	(mm Hg)	Diastolic:	70	(mm Hg
rinalysis:	Glucose:	VI)		Protein:	20%	
	Normal Ab	normal			Normal	Abnormal
lead	Z'		Varicose vein	IS -	1	-0
Sinuses, nose, throat	Z'n		Vascular (inc	. pedal pulses)		
Mouth/teeth	Zn		Abdomen and	d viscera		
Ears (general)			Hernia		6/	
ympanic membrane	0/2		Anus (not rec	tal exam.)	1/	П
Eyes	6/		G-U system		To	П
Opthalmoscopy				wer extremities	K	П
Pupils	7/		Spine (C/S, T		7	П
Eye movement	7/	П	Neurologic (f			П
Lungs and chest	7/		Psychiatric	un orier)	0	
Breast examination	NA			oronoo		п :
leart	14/	_	General appe	arance	2	
Skin						
DKIII	<b>Z</b>			)		
Chest X-ray:	☐ Not perform	med	□ Performed	/ on (day/month/y	(anr)	0 1 AUG 2023
Results:  Other diagnostic test(	s) and result(s)		nen	- L-Ra	>	
Test Z	Roo H	era	Ne Resul	Norm	ml.	
Medical examiner's	comments:	FIT F	OR DUTY ON B	OARD SHIP	31 5	4
Vaccination	on status record	led:	Yes	*9	• □ No	***
On the basis of the ex			fitness for ser		and the J.	omastic to t

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 fi	t for look-out duty		
	Deck service	Engine service	Catering service	Other services	
it					
Infit					
With	hout restrictions	With restrictions	· •		
escribe res	strictions (e.g., specific	position, type of	ship, trade area)		
lace of exa	n by medical examiner aminationRADICAL HOSPITA	AL LIMITED Date of	3/4	01 A month/year): / 31 JUL 2025	U6 20
Place of exa	aminatiorRADICAL HOSPITA Printa Dhaka, Ba tificate's date of expirat	Date of Date of the day Date o	/ear):/	month/year):/ 31 JUL 2025	/
Place of exa Medical cer Official star	aminatiorRADICAL HOSPITA	Date of Date of the day Date o	rear): /	31 JUL 2025  DR. MIR. MD. RAI BBS (DU), DFM. CCD (Birdem), PG BMDC A-55144, MMC-BG G Shipp.ng Bangladesh Ap General Physician	HAN T (Ophth) D-016 proved
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Place of exa Medical cer Official star Signature of	aminationRADICAL HOSPITA  Philip Dhaka, Ba tificate's date of expirat mp (also print name of a f medical examiner: by: Dh.S.H.P.	Date of Date o	rear): /	Month/year):/  31 JUL 2025  DR. MIR. MD. RAI BBS (DU), DFM, CCD (Birdem), PG SMDC A-55144, MMC-BG G Shipping Bangladesh Ap General Physician Radical Hospitals Limite Z.	HAN T (Ophth) D-016



This page was created by BR/PL. It was approved by BW/BKN. It was last updated Tues, 17 Jun 1999.

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## MARITIME AND PORT AUTHORITY OF SINGAPORE

#### SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, mid			Gender: Male/Female*
Date of Birth: (Day/month/year)	Nationality: Bangladeshi	Place of Birth:	Bogura.

Declaration of the recognized medical practitioner:

			res	INO
1	Identification documents were checked at the point of examination?		/	of the
2	Hearing meets the standards in STCW Code Section A-I/9?		/	aritime
3	Unaided hearing satisfactory?		/	,
4	Visual acuity meets the standards in STCW Code Section A-I/9?		/	
5	Colour vision meets the standards in STCW Code Section A-I/9?		/	ie*
	Date of last colour vision test: 0 1 AUG 2023			^
6	Fit for look-out duty?		/	7
7	Is the seafarer free from any medical condition likely to be aggravated by set to render the seafarer unfit for such service or endanger the life of person on		/	100
8	No limitations or restrictions on fitness?		1	dard
	If "no" specify limitations or restrictions			DOMESTIC STATE
9	Date of examination: (day/month/year)	0 1 AUG 2023	1-17	ie ^
10	Expiry of certificate: (day/month/year)  ** Maximum two years from date of examination unless the seafarer is under the age of 18	31 JUL 2025		

0 1 AUG 2023

Date

Signature of Authorised Medical Practitioner 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.

Medical Practitioner's Official stamp (name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

Atia Ishmam

\*delete as appropriate



SEAFARER MEDICAL CERTIFICATE - March 2020

Yes No



## MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

## RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A - to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS)	AFIA	MAMHZ			Gender:
Date of Birth: day/month/year 17/09/2001 Type of ID documents: NRIC No. / Passport No.: A04935538	Dept: Deck	rth: Bogura /Engine/Catering/	Nationa others	- Dia	ngladeshir
Jame Add	Routine and	d emergency duties:		Oil/C Trading ;	hemicat Tanker. area: e.g coasta

Seafarer's Declarations	(please tick)
-------------------------	---------------

Have you ever had any of the following conditions?

	es No	.nale*
Eye/vision problem	18. Sleep problem	Yes No
High blood pressure		
Heart/vascular disease	19. Do you smoke, use alcohol or drugs?	
4. Heart Surgery	20. Operation/surgery	
Varicose veins/piles	21. Epilesy/seizures	1
Asthma/bronchitis	22. Dizziness/fainting	
	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	Hells
11. Kidney problem	28. Balance problem	w No
12. Skin Problem		
13. Allergies	29. Severe headaches	
14. Infectious / contagious diseases	30. Ear(hearing, tinnitus/nose/throat problem	
15. Hernia	31. Restricted mobility	/
Genital disorder	32. Back or joint problem	
	/ 33. Amputation	
17. Pregnancy	34. Fracture/dislocations	(A)

If you answer "yes" to any of the above questions, please provide details:

## Additional questions

35. Have you ever been signed off as sick or repatriated from a ship?

36. Have you ever been hospitalized?



			-0
37. Have you ever be	en declared unfit for sea duty?		1
38. Has your medical	certificate even been restricted or re-	voked?	1
39. Are you aware tha	at you have any medical problems, di	seases or illnesses?	U
<ol> <li>Do you feel health</li> </ol>	ny and fit to perform the duties of you	r designated position/occupation?	1
<ol> <li>Are you allergic to</li> </ol>	any medication?	744	1
12. Are you using any	non-prescription or prescription med	lication?	-
if you answer "yes", p	lease list the medications taken, the	purpose(s) and the dosage:	
ereby declare that t	the personal declaration above is:	BR. MIR. MD. RAIL MBS (DU), DFM, CCD (Birdem), PGT BMDC A-55144, MMC-BGD DG Shipp.ng Bangladesh App	HAN (Ophth) -016
Date	Signature of Seafarer	Name and Signature of Witness	t.
		al records (including my last Seafarer Minstitutions and public authorities  DR. MIR. MD. RAIH  MBBS.IDU, DFM. CCD (Birdem), PGT (C  BMDC A-55144, MMC-BGD-	AN Ophth)
0 1 AUG 2023	Afra Ishmam	DG Shipping Bangladesh Appri General Physician Radical Hospitals Limited.	oveo
Date	Signature of Seafarer	Name and Signature of Witness	
			14 C
			: 1
			URSETT.



Use of glass	es or contact le	enses				
No						
Yes	Туре			Б		
		************		Purpose	***********	
Visual Acuit	у					
	Unaided				Aided	
Right eye	Left eye	Binocula	ar, I	Right eye	Left eye	Binocular
Distant	6/6	66	/	Distant		Dirioculai
Near	NS	NS	- 1	Near		6.0
/isual fields						
	Norm	7				
Right eye	Noith		De	fective		
Left eye						
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Not tes	ted N	lormal	Iz	old values i 2,000 Hz		ective
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Tympanic n	nembrane		1						1000
Eyes			11						100
Ophthalmos	scopy		1						
Pupils			//						
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Skin									
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Upper and		emities	//						
Spine (C/s,	T/S, L/S)		//						
Neurologic	(full/brief)		/_						maye.
Psychiatric			//						
General ap	pearance								
Chest X-ray  Not per	formed	D	50	d on (day/mo	-	01 A	UG 2023		
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Without rest	trictions	restrictions		
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0 1 AUG 2023	Thomas of the same	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.		1.
Date	Signature of Medical Practitioner	Medical Practitioner's name, licence	number, ac	ddress

## ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No: SMC

Ishmam

Seataner's Signature



SL NO.

04.2023.4509

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

Name & Signature of the practitioner:

## SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:	
Name: Last JSHMAM First AFIA	Middle
Gender: (Male/Female). Female Nationality: Banglades	
Occupation: Deck/Engine/Catering/Other (specify)D/C	
Father's/ Husbad'sname: MD. NA7RUL ISLAM	
Mother's Name: MST. SHAHNAZ PARVIN	
Address: House No:Street/ Road No:	121100 = [0 0
Locality/Village: Sullangon, Para Hakicm	
P.O. Bogura	Date of Birth: 17/09/2001
P.S. Bogura	(DD/MM/YYYY)
	(DD/WWW 1111)
District: Bog.wra.	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Governme the followings:	ent of the People's Republic of Bangladesh and confirm
Confirmation that identification documents were checked at the	ne point of examination :YES/NO
Hearing meets the standards in section A-I/9	:YES/NO
Unaided hearing satisfactory?	:YES/NO
Visual acuity meets standards in section A-I/9?	:YES/NO
Colour vision meets standards in section A-I/9?	:YES/NO
Date of last colour vision test	0 1 · AUG · 2023 · · · · · ·
6. Fit for lookout duties?	:YES/NO
Is the seafarer free from any medical condition likely to be agg	2576419X425
render the seafarer unfit for service or to render the health of any	
Any limitations or restrictions on fitness?	:YES/IN
If YES, specify limitations or restrictions:	23.95
Duties:	17.0
Location/Vessel: RADICAL HOSPITAL	
Medical/Other: Uttara, Dhaka, Ban	gladesi:
Medical fitness category : Fit-No restriction	Fit-Subject to restrictions Unfit
10 Part 1 AUG 2023	
10. Date of examination/issue (DD/MM/YYYY)	
11. Date of expiry (DD/MM/YYYY). 31 JUL 2025 "No mo	ore than 2 years from the date of examination".
I have read the contents of the certificate	
I have read the contents of the certificate and have been informed of the right to	MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

#### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997). 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 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:

(a) Hearing:

 All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whis pered voice in better ear at 15 feet (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) 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 6/9 [20/30] (0.67) vision in
  one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without
  glasses of at least 6/60 [20/200] (0.10) in both eyes. 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/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal
voice communication.

(f) Vaccinations:

 All applicants shall be vaccinated according to the requirements indicated in the WHO publication, Interna-tional Travel and Health, Vaccination Requirements. and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall 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 useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- 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.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

#### IMPORTANT NOTE:

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 fight 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 a ferm similar or identical to the model provided in Appendix1):

MBBS (DUI, DFM, CCD (Birdem), PGT (Ophth)

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E

0 1 AUG 2023

MBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 OG Shipp,ng Bangladesh Approved General Physician Radical Hospitals Limited



 Id No
 : 0018
 Date : 01-Aug-2023
 D.Date : 01-Aug-2023

 Patient's Name : AFIA ISHMAM
 Age : 21Y 10M 15
 Gender: Female

Specimen : Blood

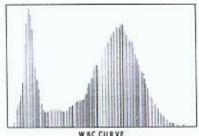
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/11372

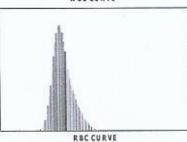
### **Haematology Report**

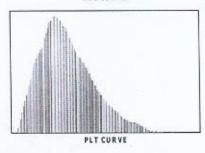
(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range		
Hemoglobin (Hb) ESR(Westergreen)	11.2 gm/dl 08 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)	6,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm		
Differential WBC Count (DC)		and the state of t		
Neutrophils	62 %	Child: 25-66 %, Adult: 40-75 %		
Lymphocytes	34 %	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	130 /cumm	50-450/cumm		
Total RBC Count	3.84 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul		
HCT/PCV	30.3 %	M: 40-54%, F:37-47%		
MCV	78.9 fL	76 - 94 fL		
MCH	<b>29.2</b> pg	27 - 32 pg		
MCHC	<b>37.0</b> g/dL	29 - 34 g/dL		
RDW	12.1 %	11 - 16 %		
PDW	17.2 fL	35 - 56 fl		
Total Platelete Count (PC)	2,06,000 /cumm	150,000-450,000/cumm		
MPV	10.3 fL	7.0 - 11.0 fL		

0.212 %







Checked By Medical Lethnologist

PCT

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU)

Associate Professor

Dept. Of Microbiology

East West Medical College & Hospital.

0.1 - 0.%



Bill No	DIA23080018	Received Date	01/08/2023
Patient's Name	AFIA ISHMAM		
Patient's Age	21Y 10M 15	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEI	M),PGT(Eye),DFM	CDC NO:C/O/11372
Sample	Blood		,

## BIOCHEMISTRY REPORT

Test Name	Result	Reference Range	
Random Blood Sugar (RBS)	4.8 mmol/l	4.2 – 6.4 mmol/l	
Serum ALT (SGPT)	29 U/L	Up to 40 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 Achnologist Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College



Bill No	DIA23080018	Received Date	01/08/2023
Patient's Name	AFIA ISHMAM		
Patient's Age	21Y 10M 15	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11372
Sample	Blood		

## SEROLOGYCAL REPORT

Test Name

Result

HIV 1 & 2 (Method: (ICT)

Negative



Checked By

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



Bill No	DIA23080018 Received Date 01/08				2023
Patient's Name	AFIA ISHMAM				
Patient's Age	21Y 10M 15D Patient's Sex Fe				Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFM	C	DC NO	C/O/11372
Sample	Urine			1.2	

#### URINE ROUTINE EXAMINATION

## PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	2-4/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

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





Bill No	DIA23080018	Received Date	01/08/2023
Patient's Name	AFIA ISHMAM		
Patient's Age	21Y 10M 15	Patient's Sex	Female
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM C	DC NO: C/O/11372
Sample	Urine		

## SEROLOGYCAL REPORT

**Test Name** 

Result

Urine for pregnancy (ICT)

:Negative

Negative: If you have missing period and expecting a pregnancy, the test may please be repeated after two weeks, with first morning specimens of Urine.

Checked By

Medical Vechnologist, Radical Hospitals Ltd. Uttara, Dhaka Dr. Sumaiya Khatun

MBBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital



**Test Name** 

Bill No	DIA23080018	Received Date	01/08/2023			
Patient's Name	AFIA ISHMAM	AM				
Patient's Age	21Y 10M 15	Patient's Sex	Female			
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	aihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM				
Sample	Urine					

Result

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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



## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23080018 Receive:01/08/2023 Print:01/08/2023

Patient's Name : AFIA ISHMAM

Age : 22 Yrs Sex : F

Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

## X-RAY OF CHEST (DIGITAL)

Diaphragm

: Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart

: Normal in T.D.

Lung

: Lung fields are clear.

Bony thorax

: Reveals no abnormality.

Comments

: Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

## INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to cert	tify that [name]	AFIA	ISHMAM .
date of birth.	17/09/200	Ol Sex 1	Female
nationality	Bangi	ladeshi	
national iden	tification docume	nts, if applicabl	e
whose signat	ure follows	Alia -	Ishmam.
has on the da			eceived prophylaxis again.
-			

in accordance with the International Health Regulations.

Vaccine or prophylaxis  Vaccin ou agent prophylactique	Date Date	Signature and professional Status of supervising Clinician Signature et titre du clinicien responsable	Manufacturer and Batch no. of vaccine or prophylaxis Fabricant du vaccine ou de l'agent prophylactique et numéro du lot	Certificate valid From: Until: Certificat valable à partir du: jusqu'au:	Official stamp of the administering centre  Cachet officiel du centre habilité
REVER L. NO.	We fats	THE BALHAI	2265	AUG 2023	35, Shah Makhdum
DAKAN S	O' DE	MR. MD. RAIHA 5 (DU), DFM. CCD (Birdem), PGT (Ophr DC A-55144, MMC-BGD-016 Shipp.ng Bangladesh Approve General Physician		1	# Uttors, Oheta *
		Radical Hospitals Limited			

## CERTIFICATE INTERNATIONAL DE VACCINATION OU DE PROPHYLAXIE

Nous certifions que [nom]	
Né(e) le de Sexe	
et de nationalité	
document d'identification national, le cas échéant	
don't la signature suit	,
a été vaccine(e) ou a recu des agents prophylactiques à la date indiq contre (nom de la maladie ou de l'affection)	uée

Conformément au Règlement sanitaire international.

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

	This is to certify that JE Soussigne' (e) certifie que Noor (e) le Sex Sexe Noor (e) le Sex Sex Sex Sex Sex Sex Sex Sex Sex Se							
	Date NIS 200	d	Signature and professional Status of Vaccinator Signature et qualite profess sionelle vaccinateur			Approved Stamp Cechet d'authentification		
0	2	DR. N MBBS (DU BMDC DG Ship	MIR. MD. RA ), DFM. CCD (Birdem), PC A-55144, MMC-BG p.ng Bangladesh Aj General Physician dicai Hospitals Limit	iT (Ophth) WiD-016 pproved	SS, Shah I Noro, Wildera,	en Z	1	"DUKORAL" Jplo 2 yrs
qu document de voyage	Numéro du passeport ou		Issued to / Délivré à		Organisation Nondiale de la Santé	vaccination ou de prophylaxie  Règlement sanitaire international (2005)	World Health Organization	International Certificate of  Vaccination or Prophylaxis  International Health Regulations (2005)