

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER

As per Merchant Shipping (Medical Examination) Amendment Rules, 2000 and ILO IMO/JMS/2011/2012
(In Compliance with MLC 2006 & ISM/STCW 2010, Code 1/9)

Name : GAFFER ABDUL Sex : MALE Serial No. : _____
Date of Birth : 31-10-1975 PPR/CDC No. : C/O 2763 Nationality : BANGLADESHI
Rank : MASTER Vessel : _____ Type : TANKER Route : WORLD WIDE
Home Address : FLAT-C6, HINO-III/A, RD-3, BLOCK-F, BANANI-1213, BANGLADESH.
Company Name & Address : _____

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		Is there any past/present history of any of the following?	Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-side 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 Problem		☒		☒	Addiction to alcohol / drugs / tobacco		☒		☒
Stomach / Bowel Disorders		☒		☒	Fracture / Dislocation / Injury / Amputation		☒		☒
Gall Stones / Kidney Disorders		☒		☒	Major / Minor Operation		☒		☒
Jaundice / Liver Disease		☒		☒	Diabetes		☒		☒
Piles / Venicose veins		☒		☒	Nervous / Mental disease / Sleep disorder		☒		☒
Blood Disorder		☒		☒	Malignant Disease (Cancer)		☒		☒
Female Disorders	N/A	N/A		☒	Signed off on medical ground/Declared Unfit		☒		☒

Notes :
Candidate's Declaration :- My signature below acknowledges that all statements provided by me in this application are true & correct to the best of my knowledge and belief and I further authorise & consent to the release of any / all of my medical records from any source including Insurance offices, Doctors, Hospitals or other institutions and public authorities. This general medical release will also authorize the release of any / all of my psychological records. If I am being tested for HIV virus, I consent to have the result revealed to my employer. I declare the above statements to be correct.
I hereby certify that the above medical statements are true and will form the basis of my medical examination. I agree that any omission or mis-representation shall preclude me from employment and other medical benefits.

Date : _____ Candidate's Signature : Abdul Gaffer

Medical Examination :

Height in cms	Weight in Kgs	Blood Pressure in mm of Hg	Pulse-beats/min	Resp. Rate/min	General Appearance
173	72	130/80 mm	78 B/min	19 J/min	HEALTHY
Compliant with MLC2006, STCW 2010 STANDARD A-1/9	Distant Vision (Snellen's Chart)	Uncorrected	Corrected	Field Of Vision	Audiometry
	Right Eye	6/6		Normal	Right Ear
	Left Eye	6/6		Abnormal	Left Ear
	Colour Vision	Ishihara	Normal	Abnormal	*Hearing
	Others	Normal	Abnormal	Right Ear	Normal Voice
				Left Ear	4 METER
					2 METER

Systemic Examination	Norm	Abnor	Notes	Norm	Abnor
Head & Neck	☒		FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory System	☒
Eyes	☒			Cardiovascular System	☒
Ear / Nose / Throat	☒			Per Abdomen	☒
Teeth / Oral Cavity	☒			Genito-urinary System	☒
Musculo-Skeletal System	☒			Others	☒
Nervous System	☒			Hernia / Hydrocoele	☒
Reflexes	☒			Venicose Veins	☒
Skin	☒			Fracture / Fistula / Piles	☒

Investigations :

Blood	Result	Normal	Urine	Result
Hemoglobin	15.0	M: 13-17 F: 12-15 gm%	Colour	200
Total WBC Count	6210	4000 - 10000 / cu.m	Specific Gravity	
Neu (10% Lymph)	33		pH	
ESR	05	1 - 10 mm/hr	Albumin	211
SGOT	24	0 - 35 IU / L	Sugar	211
SGPT	31	10 - 60 IU / L	Bile Pigment	
S. Cholesterol	181	130 - 220 mg / dl	Bile Salt	
S. Triglycerides	357	upto 200 mg / dl	Occult Blood	
Blood Sugar	6.23	upto 140 mg %	RBC Cells	211
Creatinine	0.75	upto 1.5 mg / dl	Leucocytes	
GGTP	25	upto 55 IU / L	Spirometry	210
HbsAg	negative		Drug of Abuse	negative
HIV 1 & 2	negative		TMT	210
VDRL	non reactive		ECG	normal
Others			USG	normal
Blood Group			XRays (Chest PA)	normal

Result Of Medical Examination

On the basis of the history, clinical examination & diagnostic tests, I, _____ hereby declare the above examinee has been found medically, **FIT**

Remarks / Recommendation : *Unaided Hearing : Satisfactory

I, _____, certify that all information required under Annexure E & F of M.S (Medical Examination) Rules 2000 are incorporated in this certificate.

Date of Medical Exam : 06 AUG 2023
Date of Medical fitness : 06 AUG 2023
Validity of Medical Certificate : 05 AUG 2025

IDENTITY OF CANDIDATE CONFIRMED WITH

04.2023.4527



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (B/Ref), PGT (Opth)
BMDCA 55141 MNC RGD 016
General Physician
Radical Hospitals Limited.

MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

FIT FOR DUTY ON BOARD SHIP

Last/Family Name

GAFFER

First & Middle /Given Name

ABDUL

Position applied for

A. MASTER

Date of Birth

Sex

Nationality

ID (Passport/Discharge book) No.

31/10/1975

MALE

BANGLADESHI

C/O/2763

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of MLC 2006 Reg 1.2; STCW 2010 & the guidance for the conduct of medical examination issued by the Directorate, as amended from time to time. On the basis of the seafarer's personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is -

(a) that the hearing meets the required standards for his rank:-

Unaided hearing is satisfactory

Yes ☒ No

Yes ☒ No

(b) Visual acuity meets the required standards for his rank

Colour Vision meets the the required standard

that he is fit for look out duty

Yes ☒ No

Yes ☒ No

Yes ☒ No

(c) that he needs visual aids / informed to carry spares

Yes ☒ No

Yes ☒ No

(d) that he is taking regular medication & seafarer does require to take same during his tenure on board vessel

Yes ☒ No

Yes ☒ No

(e) that the seafarer is not suffering from any disease likely to be aggravated by, or render him unfit for, service at sea or likely to endanger the health of other persons on board ships

Yes ☒ No

Yes ☒ No

(f) this seafarer is **FIT FOR DUTY without restrictions*** as mentioned below

** This Medical Certificate is issued with following restrictions

** Reasons for being unfit

Physician Signature:

Physician Name Printed:

Date:

06 AUG 2023

Valid Till:

05 AUG 2025

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

Clinic Stamp



Authorizing body of Medical Examiner: Directorate General of Shipping, Govt. of Bangladesh

I acknowledge, that I have been advised of the content of the medical certificate & of the rights for a review and my obligations.

06 AUG 2023

Seafarers signature with Date:-

Abdul Gaffer

MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT GAFFER		FIRST NAME ABDUL		MIDDLE INITIAL
DATE OF BIRTH 10 / 31 / 1975 MONTH DAY YEAR		PLACE OF BIRTH CITY NOAKHALI COUNTRY BANGLADESH		
EXAMINATION FOR DUTY AS : MASTER ☐ MATE ☐ ENGINEER ☐ RADIO OFF ☐ SEAMAN ☐		MAILING ADDRESS OF APPLICANT FLAT - CG, H.NO-111/A, RD-3, BLOCK-F, BANANI-1213, BANGLADESH.		
MEDICAL EXAMINATION				
HEIGHT 1.73M	WEIGHT 76 kg	BLOOD PRESSURE 135/80 mm	PULSE 78 1/2	RESPIRATION 18.5/min GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES			HEARING: RIGHT EAR mm LEFT EAR mm	
RIGHT EYE 6/6 LEFT EYE 6/6				
COLOR TEST TYPE : BOOK ☐ LANTERN ☒ Check if color test is normal			YELLOW mm RED mm GREEN mm BLUE mm	
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal	
LUNGS Normal				
SPEECH : Is speech unimpaired for normal voice communication ?				
EXTREMITIES: UPPER Normal LOWER Normal				
Is applicant suffering from any disease likely to be aggravated by, or to render him unfit for, service at sea or likely to endanger the health of other persons onboard? No				
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO : ABDUL GAFFER				
AND HE /SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM				
NAME AND DEGREE OF PHYSICIAN DR. MIR. MD. RAIHAN. MBBS. DFM (PLEASE PRINT)				
ADDRESS RADICAL HOSPITAL LIMITED, UTTERA				
NAME OF PHYSICIAN'S LICENSING AUTHORITY DG SHIPPING BANGLADESH				
DATE OF ISSUE OF PHYSICIAN'S LICENSE 06 May 2011				
SIGNATURE OF PHYSICIAN 				

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73)



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 General Physician
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MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: GAFFER	GIVEN NAME (S): ABDUL	
DATE OF BIRTH: DAY 31 MONTH 10 YEAR 1975	PLACE OF BIRTH CITY NOAKHALI COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: FLAT - C6, H.NO-111/A, RD-3, BLOCK-F, BANANI, DHAKA-1213, BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	6/6	—	☒ BOOK ☒ LANTERN YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒	RIGHT EAR MM
LEFT EYE	6/6	—		LEFT EAR MM

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☐ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☐ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **06 AUG 2023**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

<u>Abdul Gaffer.</u> Signature of Applicant	<u>ABDUL GAFFER</u> Name of Applicant	<u>06 AUG 2023</u> Date
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CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

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

ADDRESS: **RADICAL HOSPITAL LIMITED, DAKSHIN**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06 MAY 2019**

SIGNATURE OF PHYSICIAN: <u></u>	STAMP OF PHYSICIAN:	DATE: <u>06 AUG 2023</u>
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EXPIRY DATE OF CERTIFICATE: **05 AUG 2025**

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

DR. MIR. MD. RAIHAN
MBBS (DU), DEM. CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-010
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.



WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.

REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION

(Confidential Document)

Form : MHRS 08
Prepared by : MR
Approved by : MD
Issued : Feb '08
Revised : Mar '17

From :

(Please write Name, Address & Contact Details of Manning Centre)

RADICAL HOSPITAL LIMITED

To : Uttara Dhaka, Bangladesh

(Please write Name, Address & Contact Details of the Doctor/ Clinic/Examiner)

Please carry out medical examination of the seafarer, the details and requirements for which are as stated below.

Date : / /
06 AUG 2023

(Name & Signature of Responsible Person from Manning Centre)

Examinee's Details :

Full Name : ABDUL GAFFER Address : FAT -66, H.NO -111/A, BANANI, DHAKA,

Date of Birth : 31/10/1975 Rank : A MASTER Name of vessel to be assigned :

Type of vessel : TANKER Trade area : WORLD WIDE

(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide) :

CDC No. : C/01 2763 Passport No. : A07542891 Crew ID.(from Compas) :

Position Offered/ Applied for : A MASTER Routine & Emergency Duties (if known) :

As per requirements of applicable P&I club :

- | | | |
|--|--|--|
| ☐ West of England P&I | ☐ UK P&I | ☐ Steamship Mutual Underwriting Association |
| ☐ Britannia P&I | ☐ Skuld P&I | ☐ North of England Association P&I |
| ☐ Standard P&I | ☐ Gard P&I | ☐ London Steamships P&I |
| ☐ Japan P&I | ☐ American Steamships P&I | ☐ Others : _____ |

As per requirements of applicable Flag State :

- | | | | | |
|-----------------------------------|------------------------------|-------------------------------------|---|--------------------------------|
| ☐ Liberian | ☐ NIS | ☐ Panamanian | ☐ Marshall Islands | ☐ Malta |
| ☐ Danish | ☐ ILO | ☐ UK | ☐ Others : _____ | |

Medical Examination Module (as applicable): _____ (Please refer to "Annex 1" of WSM(I)'s Quality Manual)

FOR SEAFARERS : Please write any past medical history [Injury or Illness] in detail; any history of allergy to drugs should be mentioned in the box provided below :

Please read and sign the following statement :-

"I certify that my past medical history will be/has been fully declared to the Company Doctor and any false statement or undisclosed material and/or information in regard to past or present illness and/or medical condition(s) will disqualify me from any employment benefits and claims."

Abdul Gaffer

Seafarer's Signature

Date : **06 AUG 2023**



[Signature]

Doctor's Signature

Date : **06 AUG 2023**

Original: Doctor & Copy : Manning Centre

Remark: The document to be uploaded into CMS under "Medical" Tab.

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General Physician
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WALLEM	SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7

Pre-Sea Exam: ☐	Periodic Exam: ☐	Other: ☐
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Examination for duty as: Master: Y/N: _____ Deck Officer: Y/N: _____ Eng Officer: Y/N: _____ Ratings: Y/N: _____ Cook: Y/N: _____ Other: Y/N: _____ Please specify _____		Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	Temporarily unfit to perform the duties he/she is to carry out.	Permanently unfit to perform the duties he/she is to carry out.
		Fit to perform the duties he/she is to carry out.		
		☐	☐	☐

To be filled by Manning Centres

Name, Address with Contact details of Manning Centre:			
Vessel to be assigned:		Routine & Emergency Duties (if known):	Position Offered/ Applied for:
Type of vessel (Container, Tanker, Passenger etc):	TANKER		
Trade area (e.g. Coastal, Tropical, Worldwide):	Cosatal ☐	Tropical ☐	WorldWide ☒

Part I - Examinee's Personal Declaration with Medical History
 (Examinee is to be answer the following to the best of examinee's knowledge)

(Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details

Name of Examinee (Family/ last, first, middle):		GAFFER ABDUL			
Home/ Permanent Address:		FLAT - CC, H. NO - 111/A, RD - 3, BLOCK - F, BANANI, DHAKA - 1213, BANGLADESH			
Mailing Address:		SAME AS ABOVE			
Date of birth (day/month/year):	31 / 10 / 1975	Sex:	MALE		
Place of Birth:	City: NOAKHALI Country: BANGLADESH	Nationality:	BANGLADESHI	Rank:	MASTER
Civil Status:					
Identity Docs/ Passport /Discharge Book No:		C/012763			

Is there any past / present history of any of the following		Examinee	Examiner's	Is there any past / present history of any of the following		Examinee	Examiner's
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04.2023.4527

**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
BY AN APPROVED EXAMINER**

In accordance with:
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WALLEM

	Declaration		Record			Declaration		Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		✓		✓	Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor		✓		✓
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		✓		✓	Stomach / Bowel Disorders/ Digestive Disorder		✓		✓
Ear (Hearing, tinnitus) Problems / Impairment		✓		✓	Gall Stones/ Jaundice / Kidney Disorders		✓		✓
Mental Diseases, Breakdown / Sleep Disorder		✓		✓	Severe/ Frequent/ One Sided Headaches (Migraine)		✓		✓
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		✓		✓	Back / Joint Problems/ Wrist Problems/ Slipped Disc		✓		✓
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Balance Problem		✓		✓	Piles / Varicose Veins		✓		✓
Sinuses/ Nose/ Throat Problems		✓		✓	Allergies / Rash/ Skin Disease		✓		✓
Thyroid Problem		✓		✓	Female Disorders	N/A	N/A		✓
High / Low Blood Pressure/ Blood Disorder		✓		✓	Major / Minor Operation/ Surgery		✓		✓
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		✓		✓	Contagious Diseases/ Gastrointestinal infection / Other Infections		✓		✓
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		✓		✓	Sexually Transmitted Disease/ Infections		✓		✓
Shortness of Breath		✓		✓	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		✓		✓
Rheumatic Fever		✓		✓	Diabetes		✓		✓
for Male Examinee	Yes	No	If "Yes", give details		for Female Examinee	Yes	No		
Prostate Problems/ Testicular Lumps		✓			Breast Lumps/ Menstrual Problems			✓	
Penile Discharge		✓			Pregnancy			✓	
Multiple Partners		✓			Multiple Partners			✓	
If "Yes", to any of the above, please explain:									

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		✓
Have you ever been hospitalized?		✓
Have you ever been declared unfit for sea duty?		✓
Has your medical certificate ever been restricted or revoked?		✓
Are you aware that you have any medical problems, diseases or injuries?		✓
Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
Are you currently under a doctor's care/ medication?		✓
Are you allergic to any medications?		✓
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Cholera, Pox		✓
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		✓

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Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		✓
In the last one week have you consumed any of these Drugs/ Medication		
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		✓
Pain Killers, If Yes, Please State name of Drug Crocin/ Aspirin/ Fortwin etc.		✓
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		✓
Any Medicine/ Injections from your family Doctor		✓
To What Extent Do You Use: Alcohol: <u>No</u> , Cigarettes: <u>No</u>		
Tobacco: <u>No</u> , Drugs: <u>No</u>		
Are you taking any non-prescription or prescription medications?		✓
If yes, please list the medications taken and the purpose(s) and dosage(s).		
Date and contact details for previous medical examination (if known):		
Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).	<u>No</u>	
Family History :	Yes	No
Diabetes		✓
Blood Pressure/ Heart Disease		✓
Mental Illness/ Epilepsy/ Seizure		✓
Cancer	✓	
If "Yes", to any of the above, please explain:	<u>My mother died from breast cancer in 2001.</u>	

Any other major conditions?	<u>None</u>		
Would you say that your health is: Excellent * Good * Fair *			
I _____ holding Passport/Seaman Book no. _____ hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and 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:	<u>Abdul Gaffar.</u>	Date (day/month/year):	<u>06 AUG 2023</u>

Height in cms: <u>173</u>	Weight in Kg: <u>76</u>	Blood Pressure	Systolic <u>130</u> (mmHg)	Diastolic <u>80</u> (mmHg)
BMI: <u>25.4</u>	Temperatures: <u>98°F</u>	Pulse Rate: <u>78 bpm</u>	Respiratory rate: <u>19 bpm</u>	
Chest: Insp: <u>43</u>	Exp: <u>41</u>	Rhythm: <u>Regular</u>	General Condition: <u>Good</u>	
		Oral Health: <u>Good</u>		

Part II - Medical Examination

The Company has set the following BMI limits:
A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.
For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia etc.), then the seafarer in question MUST undergo a stress/ treadmill test.

If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways/means to improve their health.

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BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

	Visual acuity						Visual fields		
	Unaided			Aided			Right eye	Normal	Defective
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular			
Distant	6/6	6/6						✓	
Near								✓	

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No
If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:		Type:	Book *	Lantern *	Ishihara *	CIE-43-2001 *
Check if colour test is Normal:	Yellow	*	Red	*	Green	*
Colour Vision:	Not tested	*	Normal	*	Doubtful	*

Hearing:

Pure tone and audio metry (threshold values in dB)							Speech and Whisper Test (Meters)		
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz		Normal	Whisper
Right ear	20	20	20					4	4
Left ear	20	20	20					4	4

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose Veins	✓	
Eyes	✓		Vascular (Inc. Pedal Pulses)	✓	
Eye Movement/Pupils	✓		Abdomen and Viscera	✓	
Ophthalmoscopy	✓		Hernia	✓	
Ears, Tympanic Membrane	✓		Anus (Not Rectal Exam.)	✓	
Sinuses, Nose, Throat	✓		G-U System	✓	
Mouth/Teeth/Gums	✓		Upper & Lower Extremities	✓	
Nervous System	✓		Spine (C/S, T/S and L/S)	✓	
Heart	✓		Neurologic (Full Brief)	✓	
Lung and Chest	✓		Psychiatric	✓	
Breast Examination	✓		Pupils	✓	
Skin	✓		Musculoskeletal System	✓	

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	✓		Hypertension	✓	
Dysrhythmia/ Pacemaker	✓		Congenital Heart Disease	✓	
Valvular Heart Disease	✓		Peripheral Circulation	✓	
Cardiomyopathy	✓		Pulmonary Circulation/ TB	✓	
Aneurysms	✓				

Chest X-ray (PA) Not performed *
Performed * on (day/month/year):

Result: Normal



**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
BY AN APPROVED EXAMINER**

WALLEM

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

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

Test: **Result:**

Investigation:

Blood	Result	Normal	Urine	Result	Additional Tests	Result	Normal
Haemoglobin "Hb"	15 g/dl	13 - 18 gm/dl	Colour	Straw	(HbA1c)	4.6	4.0% - 6.5%
Total WBC count	6210	4,000 - 11,000 / cu.mm	Specific Gravity		RBS/ FBS (Blood test)	6.2	
Neu 64%, Lymph 33%, Eos 3%, Bas 2%, Mo 1%			pH		Total Bilirubin	1.77	0.1 - 1.0 mg/dl
Blood Group & Rh factor (tested only once, need not be repeated)			Albumin	Nil	Direct Bilirubin	Nil	0.0 - 2.5 mg/dl
BI ESR	15	1 - 15 mm/hr	Sugar	Nil	Indirect Bilirubin	Nil	0.0 - 0.75 mg/dl
Platelets	226000	1.50-4.00 Lakh/ul	Bile Pigment		SGPT	31	9 - 43 U/L
Fasting Lipid Profile			Bile Salt		SGOT	24	0 - 40 IU/L
S. Triglycerides	357	25-200 mg/dl	Occult Blood		SGGT	25	0 - 49 IU/L
Cholesterol Serum	181	130-220 mg/dl	RBC Cells	Nil	Blood Urea	Nil	10 - 50 mg/dl
HDL Cholesterol Serum	Nil	35-65 mg/dl	Leucocytes		S. Creatinine	0.75	0.8 - 1.4 mg/dl
LDL Cholesterol Serum	116	85-150 mg/dl	Stool Test	Result	BUN	9.40	5-23mg/dl
VLDL Cholesterol Serum	Nil	07-35 mg/dl	Bacteriological	Nil	PSA	Nil	Less than 4.00 ng/ml
Total / HDL Cholesterol	5.32	3.0-5.0	Parasitical	Nil	Malaria Parasite	Nil	
LDL / HDL Cholesterol	Nil	2.5-3.5	Others		Uric Acid	7.40	2.4 - 7.5 mg/dl
Hepatitis B	Positive	Negative	HIV I & II	Negative			
Hepatitis C	Positive	Negative	VDRL	Negative			

Drugs: Method:

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	(1000 ng/ ml)	(200 ng/ ml)	50 ng/ ml	(300 ng/ ml)	
Not Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids / Urine *	Cocaine / Urine *	Opiates & Morphine *
Spirometry	Normal	TMT	Normal	Drugs of Abuse	Negative
ECG	Normal	ECHO	Normal	Ultrasound (USG) of the Abdomen & Pelvis	Normal

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes / No

Vaccination status recorded: Yes / No Satisfactory * to be renewed *



SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
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Details:

Describe restrictions (e.g. specific positions, type of ship, trade area):

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

Examination	Results of the examination		Examination	Results of the examination	
	Pass	Fail		Pass	Fail
Medical History	✓		Fecalysis (food service/ handlers only)	✓	
Physical Examination	✓		Hep B Antigen	✓	
Dental Examination	✓		Hep C Antibodies	✓	
Psychological Test	✓		Stress Test	✓	
Visual Test	✓		Diabetes	✓	
Colour Vision	✓		Ultrasound Examination (Presence of gall & Kidney Stones)	✓	
Audiometry	✓		Alcohol/ Drug Test	✓	
EKG	✓		2D echo Doppler study (for heart patient) Psychometric evaluation	✓	

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is

- (a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory
- (b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she is fit / unfit for look out duty
- (c) that he / she needs / does not need visual aids / informed to carry spares
- (d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?
- (e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	*	*	*	*
Unfit:	*	*	*	*

this seafarer is **UNFIT FOR DUTY**/ FIT FOR DUTY with/ without restrictions*** as mentioned below,

* This Medical Certificate is issued with following restrictions (e.g. specific position, type of ship, trade area & other as applicable):

** Reasons for being unfit



WALLEM

**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
BY AN APPROVED EXAMINER**

In accordance with:
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(Confidential Document)

Form: OHF 48
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This is to certify MR. ABDUL GAFFER was physically examined and he/she is found to
be FIT for sea service/ look-out duty for the period from 06 AUG 2023 to 05 AUG 2025 Date of medical examination: 06 AUG 2023 Place of medical
examination: 06 AUG 2023 Date of medical examination: 06 AUG 2023 Medical
certificate validity date (day/month/year): 05 AUG 2025 Name of Examiner (Please Print):

(Validity should not be more than 2 years)

Degree: _____

Address: _____

Tel./Fax/Email: _____

Name of Medical Examiner/ Physician Certificate /License Issuing Authority: _____

Date of issue of Medical Examiner/Physician Certificate/ License: _____ Registration No.: _____

Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner
(print name of medical examiner if not legible) and I acknowledge, that
I have been advised of the content of the medical certificate & of the
right to a review in accordance with paragraph (6) of section A-1/9 of STCW
Code and my obligations.)

Date: 06 AUG 2023

Original: Master & Crewing Dept
cc: Seafarer

Official Stamp & Signature with Govt. (DGS) Approval/
No.....of Medical Examiner

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

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.



* D9341933 *

10

BIOCHEMISTRY REPORT

* D9341933 *

ID No : D93419 Bill on : 05/08/23, 09:56 AM Print. on : 05/08/23, 03:23 PM Deliv. on : 05/08/23, 05:00 PM

Name : MR. ABDUL GAFFER Age : 47 Y 0 M 0 D Sex :

Ref.by : Universal Shipping Services.

Specimen: Blood Collected on : 05/08/23, 12:33 PM Received on : 05/08/23, 01:20 PM

Estimations are carried out by Vitros 5600/Dimension EXL 200/ Dimension EXL with LM/D-10

Parameter	Test Result	Reference Value
* Plasma Glucose Random	6.20 mmol/L	<11.11
HbA1C	4.6 %	Normal : <5.7 Prediabetes : 5.7 to 6.4 Diabetes : ≥6.5
BUN	9.40 mg/dl	7-18
* S. Creatinine	0.75 mg/dl	Male: 0.70-1.30 Female: 0.50-1.10 Child: 0.30-0.70
* S. Uric Acid	7.40 mg/dl	Male: 3.70 - 7.70 Female: 2.50 - 6.20
* S. Bilirubin (Total)	1.77 mg/dl	Adult: 0.30-1.20 Neonatal: 1.50-12.00
* S. ALT (SGPT)	31 U/L	Adult Male: <45 Adult Female: <34
S.AST (SGOT)	24 U/L	15-37
S. Total Protein	7.05 g/dl	Adult: 6.40 - 8.20 Newborn: 4.40 - 7.60 Child: 6.00 - 8.00
S.Gamma GT	25 U/L	Male: 15-85 Female: 5-55
* Lipid Profile (Fasting)		
S. Cholesterol (Total)	181 mg/dL	<200
S. Triglyceride	351 mg/dL	<150
S. HDL Cholesterol	34 mg/dL	>40
Non-HDL-Cholesterol	147 mg/dL	<130
S. LDL Cholesterol	116 mg/dL	<100
T.Cholesterol-HDL Ratio	5.32	Low risk: <4.0 High risk: >6.0

* ISO 15189:2012 accredited parameter.

Checked by

Prof. Bilquis Ara Begum
MBBS, M.Phil (Med.Bio)

IBN SINA DIAGNOSTIC & IMAGING CENTER

ISO 9001:2015 Certified



10

HAEMATOLOGY REPORT



ID No :D93419

Bill on : 05/08/2023, 09:56 AM Print. on : 05/08/2023, 12:48 PM Deliv. on : 05/08/2023, 05:00 PM

Name : MR. ABDUL GAFFER

Age : 47 Y 0 M 0 D Sex : M

Ref.by : Universal Shipping Services.

Specimen : Blood

Collected on : 05/08/2023, 10:07 AM Received on : 05/08/2023, 11:05 AM

Estimations are carried out by Automated Haematology Analyzer Sysmex XN2000 / XN1000 & checked manually,

Parameter	Result	Reference Value
Red Blood Cells		
* Haemoglobin	15.0 g/dl	Adult: Men: 15.0±2.0, Women: 13.5±1.5 At birth: 13.5-19.5, 3 Days: 14.5-22.5 1 Month: 11-17, 2-6 Months: 9.5-13.5 2-6 Years: 11-14, 6-12 Years: 11.5-15.5 Men: 5.0±0.5, Women: 4.3±0.5
* Total RBC	4.87 million/Cmm.	
ESR	05 mm (Auto Analyzer)	Men: 0-10, Women: 0-20
* PCV/HCT	0.41 l/l	Men: 0.45 ± 0.05, Women: 0.41 ± 0.05
MCV	84.2 fl	92±9
MCH	30.8 pg	29.5 ±2.5
MCHC	36.6 g/dl	33.0±1.5
RDW-CV	12.2 %	12.8±1.2
NRBC	0.0 %	0.0
White Blood Cells		
* Total WBC	6,210 /Cmm.	Child: 5,000-15,000 Adult: 4,000-11,000 Infant: 6000-18,000 At birth: 10,000-25,000 50-500
Circulating Eosinophils	248 /Cmm.	
Differential Count		
Neutrophils	60 %	Child: 20-50 Adult: 40-75
Lymphocytes	33 %	Child: 40-75 Adult: 20-40
Monocytes	03 %	2-10
Eosinophils	04 %	2-6
Basophils	00 %	0-1
Others	00 %	
Platelet Count:		
* Total Platelet Count	2,26,000 /Cmm	1,50,000-4,50,000
MPV	10.6 fl	8.0-9.5

* ISO 15189:2012 accredited parameter.


Md. Shafiqul Islam
Medical Technologist (Lab.)
Ibn Sina Diagnostic & Imaging Center


DR. MAJ. MOHAMMAD HUMAYUN (RTD.)
MBBS, MCPS (Cl. Path), FCPS (Haematology)
Consultant Haematology
Ibn Sina Diagnostic & Imaging Center

**IBN SINA DIAGNOSTIC & IMAGING CENTER****URINE ROUTINE EXAMINATION****ID No : D93419****Voucher Time 05/08/2023, 09:56 AM****Delivery on : 05/08/2023, 05:00 PM****Name : MR. ABDUL GAFFER****Age : 47 Y 0 M 0 D Sex : M****Printed on : 05/08/2023, 11:28 AM****Ref.by : Universal Shipping Services.****Received on : 05/08/2023, 10:59 AM****Specimen : Urine****Collected on : 05/08/2023, 10:07 AM**

Relevant estimations are carried out by Automated Urine Analyzer(LabUMat 2 + Urised 3, Hungary) & checked manually.

PHYSICAL EXAMINATION	Result	Reference Value
Colour	Pale Yellow	Pale Yellow /Straw
Appearance	Clear	Clear
Specific Gravity	1.004	1.010 - 1.022
CHEMICAL EXAMINATION		
PH	5.5	4.5 - 8.0
Protein	Nil	Nil
Glucose	Nil	Nil
Acetone (Ketone body)	Nil	Nil
Bilirubin	Absent	0.2 mg/dL
Urobilinogen	Absent	0.1 - 1.8 mg/dL
Nitrite	Negative	Nil
Leukocyte	Nil	Nil
MICROSCOPIC EXAMINATION		
Epithelial Cells	1-2	1-5/HPF
Pus Cells	0-2	0-5/HPF
RBC	Nil	0-2/HPF
Dismorphic RBC	Nil	Nil
Trichomonas	Nil	Nil
Yeast/Candida	Nil	Nil
Spermatozoa	Nil	Nil
Cast		
Hyaline Cast	Nil	0-2/LPF
Granular Cast	Nil	Nil
Cellular Cast	Nil	Nil
RBC Cast	Nil	Nil
WBC Cast	Nil	Nil
Waxy cast	Nil	Nil
Crystal		
Calcium-Oxalate	Nil	Nil
Amorphous Phosphate	Nil	Nil
Uric Acid	Nil	Nil
Urates	Nil	Nil
Triple Phosphate	Nil	Nil
Others	Nil	Nil

Ref: Clinical diagnosis and managements by laboratory methods (John Bernard Henry)

Checked by

Dr. Md. Shahjahan Chowdhury

MBBS, MCPS, DCP(BSMMU)

Consultant, Pathologist

Ibn Sina Diagnostic & Imaging Center

IBN SINA DIAGNOSTIC & IMAGING CENTER

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ID. No	: D93419	Received date : 5 Aug 2023	Printed date: 5 Aug 2023, 01:46PM
Patient Name :	MR. ABDUL GAFFER	Age : 47 y(s)	
Exam :	XR CHEST P/A VIEW DIGITAL	Sex: Male	
Ref. By :	Universal Shipping Services.		

Thanks for your kind referral.

Report:

Chest X-Ray – PA View

Diaphragm : Normal in position & outline.
Heart : Normal in TD & contour.
Trachea : Normal in position.
Lungs : Both lung fields are clear.
Bony thorax : Apparently normal.

Δ Normal findings.


Prof. Dr. Md. Iqbal Hossain

MBBS, DMRD, FCPS.

Ex-Chairman

Department of Radiology & Imaging

B.S.M. Medical University

Consultant Radiologist

Ibn Sina Diagnostic & Imaging Center



Pioneer in Health Care



10

SEROLOGY REPORT

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ID No : D93419

Bill on : 05/08/23, 09:56 AM Print. on : 05/08/23, 12:11 PM Deliv. on : 05/08/23, 05:00 PM

Name : MR. ABDUL GAFFER

Age : 47 Y 0 M 0 D Sex : M

Ref.by : Universal Shipping Services.

Specimen: Blood

Collected on : 05/08/23, 10:07 AM

Received on : 05/08/23, 11:12 AM

Parameter	Test Result	Reference Value
VDRL	Non-Reactive	

Checked by


SHIRAZUL ISLAM KHAN

Medical Technologist
Ibn Sina Diagnostic & Imaging Center


Dr. Md. Shahjahan Chowdhury
MBBS, MCPS, DCP (BSMMU)
Consultant, Pathologist
Ibn Sina Diagnostic & Imaging Center



IBN SINA
Pioneer in Health Care

● HOUSE # 48, ROAD # 9/A, DHANMONDI, DHAKA-1209, BANGLADESH

● PHONE : 48115270-2, 48114040-1

● E-mail : idic@ibnsinatrust.com

● Web : www.ibnsinatrust.com

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10

BLOOD GROUP REPORT



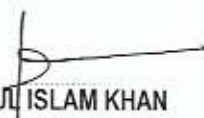
ID No	: D93419	Voucher Time :	05/08/2023, 09:56 AM	Reporting Time :	05/08/2023, 01:23 PM
Name	: MR. ABDUL GAFFER	Age :	47 Y 0 M 0 D	Sex :	M
Ref.by	: Universal Shipping Services.				
Specimen	: Blood				

Parameter

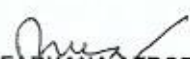
Test Result

Blood Group (ABO)

"B" Rh(D) Positive


SHIRAZUL ISLAM KHAN

Medical Technologist
Ibn Sina Diagnostic & Imaging Center


DR. FARHANA AFROZ

MBBS, M.Phil (Clinical Pathology)
Consultant, Pathologist
Ibn Sina Diagnostic & Imaging Center



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ISO 9001:2015 Certified



10

IMMUNOLOGY REPORT



ID No : **D93419**

Bill on : 05/08/23, 09:56 AM Print. on : 05/08/23, 12:31 PM Deliv. on : 05/08/23, 05:00 PM

Name : MR. ABDUL GAFFER

Age : 47 Y 0 M 0 D Sex : M

Ref.by : Universal Shipping Services.

Specimen: Blood

Collected on : 05/08/23, 10:07 AM

Received on : 05/08/23, 11:12 AM

Estimations are carried out by Vitros 5600/Advia Centaur XPT/Advia Centaur CP/ YHLO/Immulite 2000

Parameter	Test Result	Reference Value
Anti-HCV	Negative Cut off rate: 1.00 Sample rate: 0.04	
HIV	Negative Cut off rate: 1.00 Sample rate: < 0.050	
HBsAg	Negative Cut off rate: 1.00 Sample rate: < 0.10	

Checked by

Md. Ashrafal Alam Talukder

B.Sc (Hons), M.Sc (Biochemistry) D.U.
Biochemist
Ibn Sina Diagnostic & Imaging Center

IBN SINA DIAGNOSTIC & IMAGING CENTER

ISO 9001:2015 Certified



ULTRASOUNDSCANNING REPORT

ID. No	: D93419	Received date : 5 Aug 2023	Printed date: 5 Aug 2023 10:37AM
Patient Name:	MR. ABDUL GAFFER	Age : 47 y(s)	
Exam	: USG WHOLE ABDOMEN	Sex: Male	
Ref. By	: Universal Shipping Services.		

Thanks for your referral:

Technique:

Gray scale sonographic images were obtained of the liver, gall bladder, pancreas, aorta, inferior vena cava, spleen and both kidneys with transaxial and transsagittal imaging.

- LIVER** : Normal in size. **Echotexture is uniform & parenchymal echogenicity is moderately increased.** No focal lesion is noted. Intrahepatic biliary trees are not dilated.
- PORTAL VEIN** : Normal in caliber & course (Normal up to 12 mm in diameter).
- GALLBLADDER** : Normal in size. There is no gall bladder wall thickening. There is no evidence of shadowing gallstones. No pericholecystic fluid seen.
- CBD** : Not dilated. No echogenic structure is noted in the lumen.
- PANCREAS** : Normal in size. Echotexture is uniform. No focal lesion is seen in the visualized portion. MPD is not dilated.
- SPLEEN** : Normal in size (86 mm). No focal lesion is seen.
- PORTA HEPATIS** : Normal.
- KIDNEYS** : The right kidney is normal in size with uniform echotexture. It measures 113 x 44 mm. There is no evidence of cysts, masses, calculus or hydronephrosis.
The left kidney is normal in size with uniform echotexture. It measures 99 x 59 mm. There is no evidence of cysts, masses, calculus or hydronephrosis.
- URETER** : Not dilated.
- UB** : Well filled and regular in outline. Wall thickness is within normal limit. No intravesical lesion is noted.
- PROSTATE** : **Enlarged in size (54 x 34 x 34) mm and weight is 34 gm.** Echogenicity is homogenous with well defined capsule. No focal lesion is seen.
- OTHERS** : No ascites / pleural effusion is noted.
No abdominal lymphadenopathy is detected.
Aorta & IVC are unremarkable.

COMMENT	: ▲ Moderate fatty change in the liver. ▲ Enlarged prostate .
----------------	--


Prof. Dr. Md. Shahidul Islam
MBBS, MD (Radiology & Imaging)
Ex Professor & Head
Department of Radiology & Imaging
NITOR (Pongu Hospital), Dhaka

Prepared By: Mahfuza

MR.ABDUL GAFFAR,
D93419

Patient Information

05-Aug-23 12:10:41 PM
Bruce

ID: D93419

Second ID:

Admission ID:

Date of Birth:

Height: 173 cm

Address:

City: DHAKA

State:

Age: 47 Years

Weight: 76 kg

Postal Code:

Country: BANGLADESH

Email Address:

Gender: Male

Race: Asian

Home Tel.:

Work Tel.:

Mobile Tel.:

Angina: None

History of MI: No

Indications
IHD Screening

Medications
No significant drugs

Prior CABG: No

Prior Cath: No

Diabetic: No

Smoking: No

Family History: No

Referring Physician: Universal Shipping Services

Location:

Procedure Type: TREADMIL

Target HR: 173 bpm

Reasons for end: Target heart rate obtained,

Technician:

Symptoms: Fatigue and SOB

Diagnosis

ETT IS NEGATIVE for provokable ischaemia

Notes

Conclusions

Exercise capacity is good.
Positive chronotropic and hemodynamic responses to exercise.
No significant ST depression was seen during exercise or recovery period
Stress test is NEGATIVE for ECG evidence of provokable myocardial ischemia

Reviewed by: Prof Dr Kh. Shaheed Hussain

Signed by:

Date: 05-Aug-23

Prof. Dr. Kh. Shaheed Hussain
MBBS, MD (Cardiology)
Clinical Interventional Cardiologist
MEVD (Ex.), Dhaka.