

HAQUE & SONS LTD.



Accredited By BMDC Accreditation No. A 55144

MEDICAL EXAMINATION CERTIFICATE

Tower, 1267/A, Gosnaildanga, Agrabad C/A, Chattogram, Banglades	sh.
Tel: +880 31 716214-6, Fex: +880 31 710530	PATIENT CONTROL NUMBER:
	HSL-002549
DIA 41 EVALUATION OF STREET	

JRNAN		FIRST NAM		2 (12)		MIDDLE NAME	Out out of the	
100	EMON		KAM	RUL		HASAN		
	ND DATE OF BIRTH	PASSPOR	T NUMBER			SEAMAN'S BOOK N		
0.00	NGAIL 1-Jan-2000 ALITY: BANGLADESHI SEX:	[7] Maria	EE032				33516	
	ALITY: BANGLADESHI SEX:	☑ Male	☐ Female	VE		TACT NUMBER: 8		
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NGLAD		JHI, PS. GHA	TAIL, DIST.	4	RAN	K :	os	
				-				
Have y	you ever had any of the following cor	nditions?						
	Condition	YES	NO,		Condition		YES	NO
1	Eye/vision problem		1/	18	Sleep problem			1
2	High blood pressure		2	19	Do you smoke			21
4	Heart/vascular disease		4	20	Operation/surg			1
5	Heart surgery		1	21	Epilepsy/seizu			11
6	Varicose veins		2/	22	Dizziness/faint			11
7	Asthma/bronchitis		1/1	23	Loss of consci			11
8	Blood disorder	0	61	24 25	Psychiatric pro	biems	Π -	11
9	Diabetes Thursid problem		2	26	Depression Attempted and	ida	.0	2/
10	Thyroid problem Digestive disorder		6	27	Attempted suic			//
11			4/1	28	Loss of memor	500		1
12	Kidney problem Skin problem		4/2	29	Balance proble Severe headar			
13	Allergies		1/	30				1
14	Infectious/contagious diseases		1/	31	Ear/nose/throa	The state of the s		/
15	Hernia		7/2	32	Restricted mot Back problems			/
16	Genital disorders		1/2	33	Amputation			50
17	Pregnancy	ПА	(m)	34	Fractures/dislo	antions		1
f any c	of the above questions were answer	ed "ves", pleas	e give detail	S.				
36 37 38 39 40	Have you ever been hospitalised? Have you ever been declared unf Has your medical certificate ever Are you aware that you have any Do you feel healthy and fit to p	it for sea duty? been restricted medical proble	d or revoked ems, disease	s or il		ccupation?		
41	Are you allergic to any medication						D'	D
Comm	ents:	EIT FOR S	777/ 211		***************************************	A STATE OF THE STA	CONTRACTOR OF THE PARTY OF THE	- 1
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42	Are you taking any non-prescription	on or proceeds!	on medicatio	ne?		No.	П	N
	please list the medications taken an							
yes,	prease list the medications taken an	a are purpose(e) and dosa	ge(5)				
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hereb	y authorize the release of all my pre Vir Md. Raihan (approved medical p	vious medical ractioner) I als	records from o certify that	any mv h	health professio	nals, health institutions ar	nd public autho	orities vill
o Dr. N	ly authorize the release of all my pre Mir Md. Raihan (approved medical p lify me from my employment, benefit	ractioner) I als	records from o certify that	any my h	health professio istory contained	nals, health institutions ar above is true and any fal	nd public autho se statement v	orities vill
o Dr. N	Mir Md. Raihan (approved medical p	ractioner) I als	records from o certify that	n any my h	health professio istory contained	nals, health institutions ar above is true and any fal	nd public autho se statement v	orities vill
to Dr. N	Mir Md. Raihan (approved medical p	ractioner) I als	records from o certify that	n any my h	health professio istory contained	nals, health institutions an above is true and any fal	nd public autho se statement v	orities vill
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o Dr. M	Mir Md. Raihan (approved medical p lify me from my employment, benefit	ractioner) I als	records from o certify that	n any my h	health professio istory contained	nals, health institutions a above is true and any fal	nd public autho se statement v	orities vill
to Dr. M disqual	Mir Md. Raihan (approved medical p lify me from my employment, benefit Signature of Seafarer	ractioner) I als is and claims.	records from o certify that the certify that Blood Pressu	my h	istory contained	nals, health institutions at above is true and any fal	nd public authorse statement v	orities vill
to Dr. M disqual	Mir Md. Raihan (approved medical p lify me from my employment, benefit Signature of Seafarer EXAMINATION	ractioner) I als is and claims.	o certify that	my h	istory contained	above is true and any fal	nd public authorse statement w	orities vill
o Dr. N disqual	Mir Md. Raihan (approved medical p lify me from my employment, benefit Signature of Seafarer EXAMINATION	ractioner) I als is and claims.	o certify that Blood Pressu Audiometr	my h	story contained	above is true and any fal	nd public authorse statement w	orities
to Dr. M disqual	Mir Md. Raihan (approved medical plify me from my employment, benefit Signature of Seafarer EXAMINATION Hearing by Audiometry Adequate Inadequate	ractioner) I als is and claims.	o certify that	my h	story contained	above is true and any fal	se statement v	orities
to Dr. N disqual DICAL Weight	Mir Md. Raihan (approved medical plify me from my employment, benefit Signature of Seafarer EXAMINATION Hearing by Audiometry	ractioner) I als	o certify that Blood Pressu Audiometr	my h	story contained	above is true and any fal	SE statement v	orities vill
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Distant Near Visual acuity me Colour vision as	right eye	nided		Aide				Norm	ial	Defective
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Visual acuity me Colour vision as		100-	>			Right	eye ye	-		
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	per STCW	CODE Secti	ion A-I/9:	94	vormal	□ Doub		□ De	fective	
			Normal A	bnorm	al %				Nor	mal/ Abnorma
Head			20			icose veins			1	
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ECG		Ven	BILIRUBIN	ICAL II			Alcohol Te			
1000	OOD DE	1110		-				17.7	□ Positi	ve Negative
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DC(differential co	- 4.4	11	SGOT			6	-	(OTHERS'	1-1/2
HAEMOGLOBIN		4.4			ALCOHO		HBsAg		☐ Reac	
ESR (WESTER)	GREN)	0	Morphine			Negative	HIV / AIDS	Test	□ Reac	
WBC	6	.300	Amphetamine			Negative	VDRL		□ Reac	tiv 🗆 Nonreacti
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RANDOM		27	Barbiturates	1		Negative	Psycholog			MHI
HBA1C	12	5.4%	Cocaine	1	Positive	Negative	Others(KU	B Ultraso	1	MI
reby I declare that	t I am in kno	wledge of th	ne contents of	the Phy	ysical exan	ninations:	100			2 1 FEB 2023
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nature of Seafare	r					Seafarer				Date
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MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

KEI CBEIC OF TH	LIMANSII	ALL IS	LANDS	
SURNAME EMON	GIVEN NAME(S) KAMRUL HASA	AN		
DATE OF BIRTH	PLACE OF BIRTH			SEX
01 1 2000	TANGAIL	•	BANGLADESH	OLA.
MONTH DAY YEAR	CITY		COUNTRY	MALE □FEMALE
EXAMINATION FOR DUTY AS:	MAILING ADDRE			
MASTER	VILL-SAGARDI			
DECK OFFICER	PO-LOHANI SA	GARDIGH.	I	
ENGINEERING OFFICER	DIST-TANGAIL			
RADIO OFFICER ☐ RATING ☐				
KATING				
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR M	EDICAL REQUIRE	MENTS) ST.	ATE DETAILS O	N REVERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE PULSE	~ RESPIR	ATION	GENERAL APPEA	RANCE
167m 60kg 400/70mm 7801	nn 200	2000	020	200
VISION: RIGHT EYE LEET EYE	HEAR	ING:		
WITHOUT GLASSES 666 1666				
WITH GLASSES /	RT. EAI	N	LEFT E	AR MAL
COLOR TEST TYPE: BOOK LANTERN IS COL	OR TEST NORMAL	2 V	ES No (IF "No	" EXPLAIN ON PAGE 2)
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRE	D VISION STANDARD	? YES		7
HEAD AND NECK	HEAR	T (CARDI	OVASCULAR)	
MARMA			000	umal
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LUNGS			AVIGATIONAL OFF	TICER AND RADIO
Nonnal	OFFICE			\neq
1 volume	IS SPEEC	H UNIMPAIRE	D FOR NORMAL VOICE	COMMUNICATION!
EXTREMITIES:			Alax	mall
UPPER / OTOTALE	LOWE	R /	11000	mae.
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMEND	ATIONS? YES	No		
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVAT	ED BY WORKING AB	OARD A VES	SEL, OR TO RENDER H	IM/HER UNFIT FOR SERVICE
AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON B		-		
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM O	CONTRACTOR OF STREET			
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDIC	CATIONS? YES	No		Year Room -
50	21	FEB 2023	7	0 FEB 2025
SIGNATURE OF ARRIVANT				
SIGNATURE OF APPLICANT		EXAMINATION	UN	EXPIRY DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAM	MINING PHYSICIAN.			
THIS IS TO CERTIFY THAT A PHYBICAL EXAMINATION.	WAS GIVEN TO:		KAMRUL HA	SAN EMON
FIT FOR DUTY ON	BOARD SHIP	-	NAME OF AF	CANADA CA
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DIS		FOR COOK		The state of the s
				Company of the compan
SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY AS				
RADIO OFFICER / KATING / CHIEF COOK / COC	OK WITHOUT A	NY RESTRI	CTIONS / WITH T	THE FOLLOWING
RESTRICTIONS:				
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIH.	AN; M.B.B.S(D.U.), DFM , RI	EG. NO. A-55144	
ADDRESS RADICAL HOSPITALS LIMITED 35,SHAH MAI	KHDUM AVENUI	E SECTOR	-12 UTTARA, DHA	AKA-1230.
- AND TO AND THE PROPERTY OF T	SHIPPING BANG			
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06-05-20	14	TELE	ES103	21.568
SIGNATURE OF PHYSICIAN		7/201		2 1 FEB 2023
		//	Hospital	DATE
This certificate is issued by authority of the M	aritime Administrator	and in all	1/0 //	nents
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As Per-MLC-2006

Oppartment of

DR. MIR. MD. RAIHAN

MBBS (DU), DFM, CCD (Birdem), PGT (Cohith)

BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

MI-105M

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 1; 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/Navigational 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-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational 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 a form similar or identical to the model provided in Appendix 1 of RMI MG-7-47-1).)

21 FEB 2023

As Per-MLC-2006

DE 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 MI-105M

Rev. Jul/2017

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

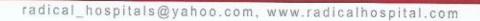
This is to certify that whose signature follows

AGAINST CHOLERA

Date of birth 01-01-2000 Sex N

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved	Stamp
JEP 230	DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chapriber 10, Agrabad C/A, Cattlagong, Regn. No. A-11820	COR MACCO	
OF SEEL SEEL	DR. MIR. MD. RAIHAN MB8S (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp-ng Bangladesh Approved General Physician Radical Hospitals Limited.	SS, Sheh Makhdum SS, Sheh Makhdum Avenus Utters, Ohdia	
3 600	DR. MIR. MD. RAIHAN MBBS (PM), DFM, CCD (Birdem), PGT (Ophth)	FOR VACCING State Malabrium	Tin 4
3 CONTRACTOR OF THE STATE OF TH	MBBS (NII) DPM. CCD (Blotem), FGD. 016 BMDC A-5514A, MMC BGD. 016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	Huesna Utiess, Oheka	THE PARTY OF
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Id No : 0594

Date: 21-Feb-2023

D.Date: 21-Feb-2023

Patient's Name: KAMRUL HASAN EMON

Age: 23Y 1M 20D

Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: T/33516

Haematology Report

Parameter Name	Results	Reference Range	
Hemoglobin (Hb) ESR(Westergreen)	14.4 gm/dl 10 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)	6,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC) Neutrophils	E6.0/		
	56 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	39 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %	WBCCURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	
Total Cir. Eosinophils	126 /cumm	50-450/cumm	
Total RBC Count	5.19 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	III.
HCT/PCV	38.9 %	M: 40-54%, F:37-47%	
MCV	75.0 fL	76 - 94 fL	
MCH	27.7 pg	27 - 32 pg	
MCHC	37.0 g/dL	29 - 34 g/dL	R B C CURVE
RDW	12.6 %	11 - 16 %	
PDW	14.9 fL	35 - 56 fl	40.
Total Platelete Count (PC)	2,55,000 /cumm	150,000-450,000/cumm	
MPV	9.0 fL	7.0 - 11.0 fL	
PCT	0.140 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	PLTCURVE

Checked By Medical Tech

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23020594	Received Date	21/02/2	2023
Patient's Name	KAMRUL HASAN EMON			
Patient's Age	23Y 1M 20D	Patier	it's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	CDC NO	T/33516
Sample	BLOOD		OF A PAGE AND ANALOGUE	And the second

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	24 U/L	Up to 37 U/L
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
HbA1C	5.4 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23020594	Received	Date	21/02/2	2023
Patient's Name	KAMRUL HASAN EMON				
Patient's Age	23Y 1M 20D	F	Patient's	s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	T(Eye),DFM	С	DC NO	T/33516
Sample	BLOOD	Contract of the Contract of th			

SEROLOGYCAL REPORT

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

OOD GROUPINGResult	
ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Checked By

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



Test Name



Bill No	DIA23020594	Received Date	21/02/2	2023
Patient's Name	KAMRUL HASAN EMON		18.74	
Patient's Age	23Y 1M 20D	Patien	t's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT((Eye),DFM	CDC NO	T/33516
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. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23020594	Received Date 2		21/02/2023	
Patient's Name	KAMRUL HASAN EMON				
Patient's Age	23Y 1M 20D Patient's S		Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CD		DC NO	T/33516	
Sample	URINE				

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	0-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

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

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REF: MV. AMAGI GALAXY

DATE: 21/02/2023

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

EYE EXAMINATION REPORT

NAME: KAMRUL HASAN EMON RANK: OS CDC NO: T/33516

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

616

AIDED

COLOUR VISION:

NORMAL / BLIND

CPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23020594 Receive:21/02/2023 Print: 21/02/2023

Patient's Name : KAMRUL HASAN EMON

Age : 23 Yrs Sex : M

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

X-RAY OF CHEST (DIGITAL)

Diaphragm: Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart: Normal in T.D.

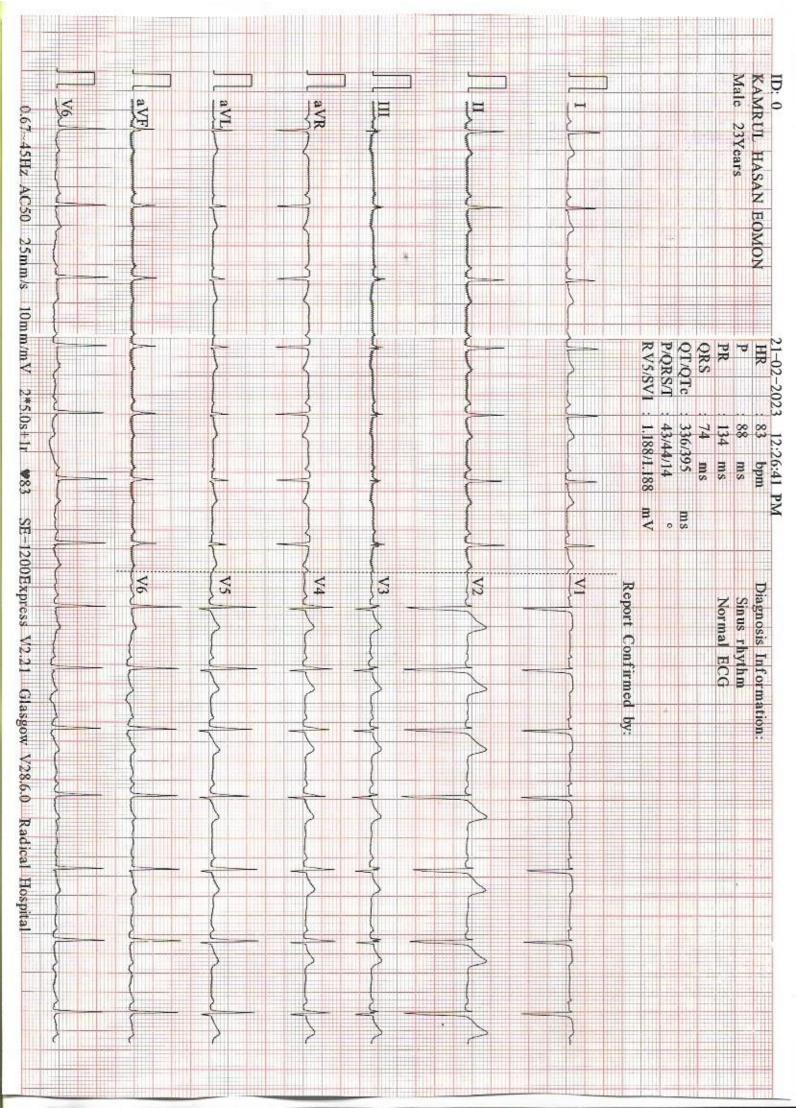
Lung fields are clear.

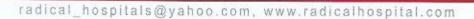
Bony thorax : Reveals no abnormality.

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







Patient ID	23020594	Voucher No	
Test Name	USG OF KUB	Delivery Date	21/02/2023
Patient Name	KAMRUL HASAN EMON	Table 1	21/02/2020
Age	24 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length - 9.3 cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length - 9.4 cm. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

URETER: There is no dilatation in both ureter.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size, volume is 10.5 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Normal study . 902.2

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs) Advanced Training on TVS

Consultant Sonologist