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

SHREEMAN GHOSH.

Name (last, first, middle):

Date of birth (day/month/year): 10/10/1989 Sex: ☑ male • ☐ female

Home address:
Goshaildanga, Barikbuilding, Agrabad, chittagong.

Passport No./Discharge Book No.:
C/015101.

Type of ship (container, tanker, passenger, fishing):

Trade area (e.g., coastal, tropical, worldwide):

Examinee's personal declaration
(Assistance should be offered by medical staff)
Have you ever had any of the following conditions•

	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem	☐•	☑•	18.	Sleep problems	☐•	☑•
2.	High blood pressure	☐•	☑•	19.	Do you smoke?	☐•	☑•
3.	Heart/vascular disease	☐•	☑•	20.	Operation/surgery	☐•	☑•
4.	Heart surgery	☐•	☑•	21.	Epilepsy/seizures	☐•	☑•
5.	Varicose veins	☐•	☑•	22.	Dizziness/fainting	☐•	☑•
6.	Asthma/bronchitis	☐•	☑•	23.	Loss of consciousness	☐•	☑•

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7.	Blood disorder	☐	24.	Psychiatric problems	☐ ☑
8.	Diabetes	☐ ☑	25.	Depression	☐ ☑
9.	Thyroid problem	☐ ☑	26.	Attempted suicide	☐ ☑
10.	Digestive disorder	☐ ☑	27.	Loss of memory	☐ ☑
11.	Kidney problem	☐ ☑	28.	Balance problem	☐ ☑
12.	Skin problem	☐ ☑	29.	Severe headaches	☐ ☑
13.	Allergies	☐ ☑	30.	Ear/nose/throat problems	☐ ☑
14.	Infectious/contagious diseases	☐ ☑	31.	Restricted mobility	☐ ☑
15.	Hernia	☐ ☑	32.	Back problems	☐ ☑
16.	Genital disorders	☐ ☑	33.	Amputation	☐ ☑
17.	Pregnancy	☐ N/A	34.	Fractures/dislocations	☐ ☑

If any of the above questions were answered "yes", please give details.

Additional questions

		Yes	No
35.	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36.	Have you ever been hospitalized?	☐	☑
37.	Have you ever been declared unfit for sea duty?	☐	☑
38.	Has your medical certificate ever been restricted or revoked?	☐	☑
39.	Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☑	☐
41.	Are you allergic to any medications?	☐	☑

Comments:

FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription or prescription medications? ☐ ☑

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If yes, please list the medications taken and the purpose(s) and dosage(s).

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____ Date (day/month/year): 09 FEB 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* 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

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 examiner).

Signature of examinee: _____ Date (day/month/year): 09 FEB 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* 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

Medical examination

☐ Pre-sea ☑ Periodic ☐ Other

Sight

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

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour vision: ☐ Not tested ☐ ☑ Normal ☐ Doubtful ☐ Defective

Hearing

	Pure tone and audio metry (threshold values in dB)							Speech and whisper test (metres)	
	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz		Normal	Whisper
Right ear	20	20	20				Right ear	4	4
Left ear	20	20	20				Left ear	4	4

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Height: 177 (cm) Weight: 70 (kg)

Pulse rate: 78 (/(minute) Rhythm: Regular

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

Urinalysis: Glucose: Nil Protein: Nil

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

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 09/FEB/2023

Results: Normal chest X-Ray

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

Test Blood Urine *Result* Normal.

Medical examiner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: • ☑ Yes • ☐ No

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

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• ☑ Fit for look-out duty • ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☐	☑	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☐ • With restrictions ☐ •

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

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

Place of examination: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh Date of examination (day/month/year): 09 FEB 2023

Medical certificate's date of expiration (day/month/year): 08 FEB 2025

Official stamp (also print name of medical examiner if not legible):

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

Signature of medical examiner:

Authorized by: DG SHIPPING BANGLADESH. (competent authority)

For further information, please contact the Sectoral Activities Department (SECTOR)
at Tel: Fax: or email: sector@ilo.org

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

Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers

Merchant Shipping Directorate

Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica.stow@transport.gov.mt

Transport Malta

PART A – To be completed by applicant

Surname (Family Name)	First Name	Second Name
SHREEMAN	GHOSH,	
Date of Birth	**Country of Birth**	**Nationality**
~~10/10/1989~~ 10/10/1989	Bangladesh.	Bangladesh,

Department

Deck ☐ Engine ☑ Radio ☐ Other ☐ Please specify:

Passport No. / Discharge Book No. / Identity Card No.	Gender
C/015101	Male ☑ Female ☐

Address

Agrabad, Goshaildanga, Barik building, Chittagong.

Applicant's personal declaration (Assistance should be offered by medical staff)

- Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
1. Eye / vision problem	☐	☑	18. Sleep problem	☐	☑
2. High blood pressure	☐	☑	19. Do you smoke, use alcohol or drugs?	☐	☑
3. Heart / vascular disease	☐	☑	20. Operation / surgery	☐	☑
4. Heart surgery	☐	☑	21. Epilepsy / seizures	☐	☑
5. Varicose veins / piles	☐	☑	22. Dizziness / fainting	☐	☑
6. Asthma / bronchitis	☐	☑	23. Loss of consciousness	☐	☑
7. Blood disorder	☐	☑	24. Psychiatric problems	☐	☑
8. Diabetes	☐	☑	25. Depression	☐	☑
9. Thyroid problem	☐	☑	26. Attempted suicide	☐	☑
10. Digestive disorder	☐	☑	27. Loss of memory	☐	☑
11. Kidney problem	☐	☑	28. Balance problem	☐	☑
12. Skin problem	☐	☑	29. Severe headache	☐	☑
13. Allergies	☐	☑	30. Ear (hearing/tinnitus)/nose/ throat problem	☐	☑
14. Infectious / contagious diseases	☐	☑	31. Restricted mobility	☐	☑
15. Hernia	☐	☑	32. Back or joint problem	☐	☑
16. Genital disorder	☐	☑	33. Amputation	☐	☑
17. Pregnancy	☐ N/A	☑	34. Fractures / dislocations	☐	☑

If you answered ***yes*** to any of the above questions, please write details below:

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• Additional questions:	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36. Have you ever been hospitalized?	☐	☒
37. Have you ever been declared unfit for sea duty?	☐	☒
38. Has your medical certificate ever been restricted or revoked?	☐	☒
39. Are you aware that you have any medical problems, diseases or illnesses?	☐	☒
40. Do you feel healthy and fit to perform the duties of your designated position / occupation?	☒	☐
41. Are you allergic to any medication?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

	Yes	No
42. Are you taking any non-prescription or prescription medications?	☐	☒

If ***yes***, please list the medications taken, and the purpose/s and dosage/s:

Applicant must sign personal declaration in the presence of a duly qualified medical practitioner who will be filling PART B of this medical report

I hereby certify that the personal declaration above is a true statement to the best of my knowledge. Furthermore, I authorize the release of all my records from any health professionals, health institutions and public authorities to the appointed medical practitioner.

Applicant's Signature
(Signed in the presence of medical practitioner)

Date: 09 FEB 2023

Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers

Merchant Shipping Directorate

Transport Malta

Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica.stcw@transport.gov.mt

PART B – To be completed by a duly qualified medical practitioner

Medical Examination

Height	177 (cm)	Weight	70 (kg)	Pulse Rate	78 / (minute)	Rhythm	Regular

Blood pressure (mm HG)				Urinalysis					
Systolic	120	Diastolic	80	Glucose	Nil	Protein	NIL	Blood	Nil

Sight (Table on the "Minimum in-service eyesight standards for seafarers" is found on page 4 of this medical report)

Use of glasses or contact lenses: Yes ☐ No ☑

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

Colour vision Not tested ☐ Normal ☑ Doubtful ☐ Defective ☐

Hearing

	Pure tone and audiometry (threshold values in dB)						Speech and whisper test (metres)		
	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz		Normal	Whisper
Right ear	20	20	20	20	-	-	Right ear	✓	
Left ear	20	20	20	20	-	-	Left ear	✓	

	Normal	Abnormal		Normal	Abnormal
1. Head	☑	☐	13. Skin	☑	☐
2. Sinuses, nose, throat	☑	☐	14. Varicose veins	☑	☐
3. Mouth / teeth	☑	☐	15. Vascular (inc. pedal pulses)	☑	☐
4. Ears (general)	☑	☐	16. Abdomen and viscera	☑	☐
5. Tympanic membrane	☑	☐	17. Hernia	☑	☐
6. Eyes	☑	☐	18. Anus (not rectal exam)	☑	☐
7. Ophthalmoscopy	☑	☐	19. G-U system	☑	☐
8. Pupils	☑	☐	20. Upper and lower extremities	☑	☐
9. Eye movement	☑	☐	21. Spine (C/S, T/S and L/S)	☑	☐
10. Lungs and chest	☑	☐	22. Neurologic (full brief)	☑	☐
11. Breast examination	☑	☐	23. Psychiatric	☑	☐
12. Heart	☑	☐	24. General appearance	☑	☐

Chest X-ray ☐ Not performed ☑ Performed on 09 FEB 2023

Results: Normal Chest X-Ray

Other diagnostic test/s and results:

Test: Blood Heroine Result: Normal.

Medical practitioner's comments and assessment for fitness, with reasons for any limitations

Vaccination status recorded: Yes ☑ No ☐

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

Medical fitness certificate issued in compliance with ILO / IMO guidelines of the medical examinations for seafarers

Merchant Shipping Directorate
Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99067197 (AOH) Fax: +356 21241460 E-Mail: applica.stow@transport.gov.mt

Transport Malta

Medical certificate for service at sea

Surname (Family Name)	First Name	Second Name
SHREEMAN	GHOSH.	
Date of Birth	**Country of Birth**	**Nationality**
10/10/1989	Chittagong	Bangladesh.

Department

Deck ☑ Engine ☐ Radio ☐ Other ☐ Please specify:

Passport No. / Discharge Book No. / Identity Card No.	Gender
C(0) 5101.	Male ☑ Female ☐

Declaration of duly qualified medical practitioner

	Yes	No
Confirmation that applicant`s identification documents were checked?	☑	☐
Hearing meets the standards in STCW Code, section A-I/9?	☑	☐
Visual acuity meets standards in STCW Code, section A-I9?	☑	☐
Colour vision meets standards in STCW Code, section A-I9?	☑	☐
Visual aid required?	☑	☐
Fit for lookout duties?	☑	☐
Is applicant suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?	☑	☐

This is to certify that I have examined the applicant and that my findings are recorded in this medical report

Result:

☑ Fit for Sea Duty ☐ Unfit for Sea Duty ☐ **Fit with limitations or restrictions ☐

**Please specify limitations or restrictions, if any: FIT FOR DUTY ON BOARD SHIP

Signature of duly qualified medical practitioner	Applicant`s Signature (Signed in the presence of medical practitioner)
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 Medical practitioner's Stamp	09 FEB 2023 Date of Examination

Validity :- 08 FEB 2025

This medical certificate shall remain valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ As Per-MLC-2006

Transport Malta, Malta Transport Centre, Marsa MRS1917, Malta Tel: +356 21250360 / +356 99057197 (AOH) Fax: +356 21241460 E-Mail: applica.stcw@transport.gov.mt

Table A-I/9

Minimum in-service eyesight standards for seafarers

STCW Convention regulation	Category of seafarer	Distance vision Aided[1]		Near/immediate vision	Colour vision[3]	Visual fields[4]	Night blindness[4]	Diplopia (double vision)[4]
		One eye	Other eye	Both eyes together, aided or unaided				
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	Masters, deck officers and ratings required to undertake look-out duties	0.5[2]	0.5	Vision required for ship's navigation (e.g., chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 6	Normal Visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	All engineer officers, electro-technical officers, electro-technical ratings and ratings or others forming part of an engine-room watch	0.4[5]	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/ components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 IV/2	GMDSS Radio operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/ components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

Notes:

1 Values given in Snellen decimal notation.

2 A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.

3 As defined in the *International Recommendations for Colour Vision Requirements for Transport* by the Commission Internationale de l'Eclairage (CIE-143-2001 including any subsequent versions).

4 Subject to assessment by a clinical vision specialist where indicated by initial examination findings.

5 Engine department personnel shall have a combined eyesight vision of at least 0.4.

6 CIE colour vision standard 1 or 2.

7 CIE colour vision standard 1, 2 or 3.

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radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23020257	Received Date	09/02/2023
Patient's Name	SHREEMAN GHOSH		
Patient's Age	33Y 3M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5101		
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	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

RADICAL HOSPITAL LIMITED

Bill No	DIA23020257	Received Date	09/02/2023
Patient's Name	SHREEMAN GHOSH		
Patient's Age	33Y 3M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5101		
Sample	urine		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical 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

RADICAL HOSPITAL LIMITED

Date: 09/02/2023

EYE EXAMINATION REPORT

NAME:	**SHREEMAN GHOSH**		
AGE:	**33 YRS**	**RANK: CH.ENG**	**CDC NO: C/O/5101**

VISUAL ACUITY: RIGHT LEFT

UNAIDED 6/6 6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD

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

ID: 1

Shreeman Ghosh.

Male 33 Years

09-02-2023 08:43:51 PM

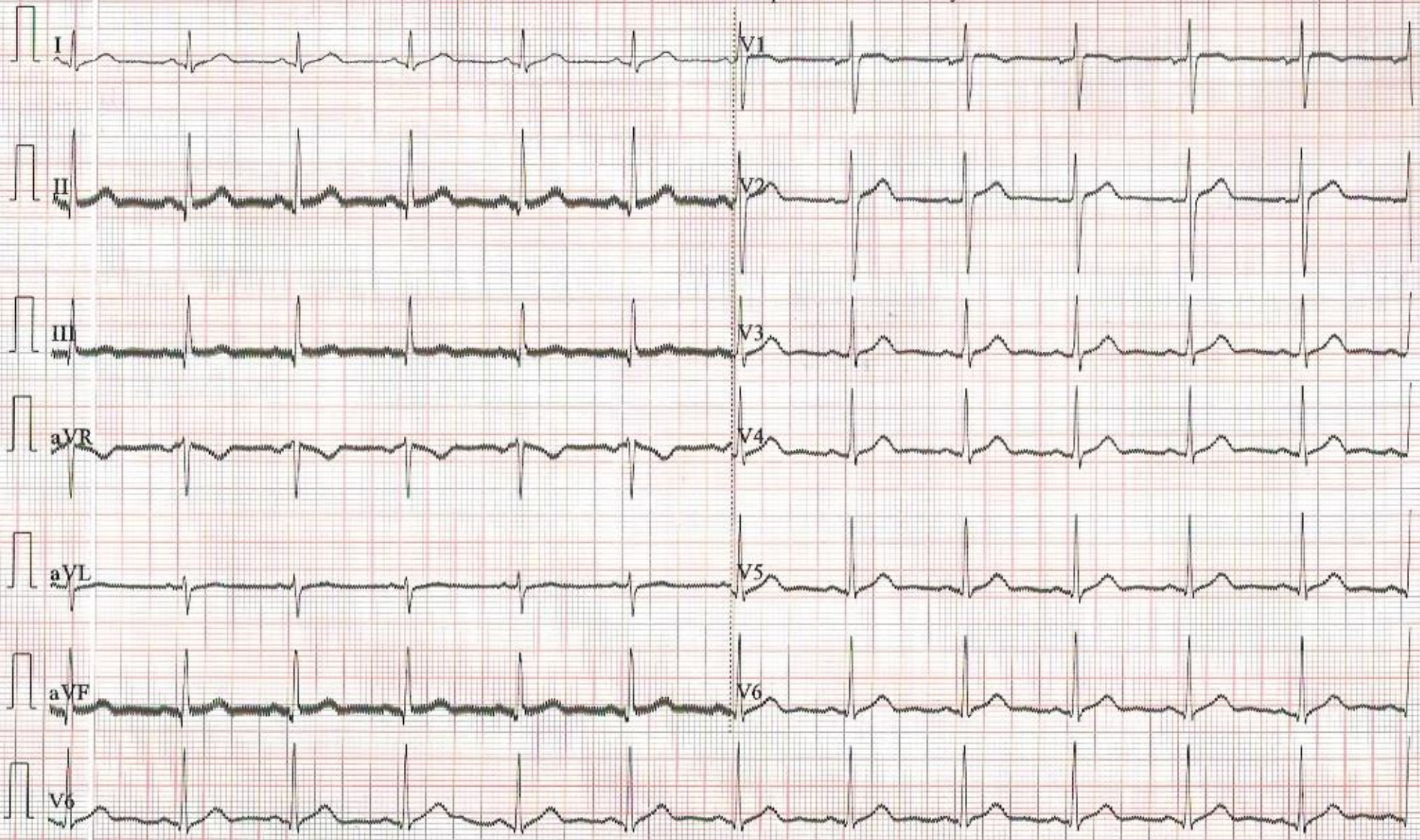
HR	: 72	bpm	
P	: 114	ms	
PR	: 148	ms	
QRS	: 90	ms	
QT/QTc	: 388/425	ms	
P/QRS/T	: 36/71/49	°	
RV5/SV1	: 1.380/0.923	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥72 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

TREADMILLSTRESS TEST

Patient ID	23020257	Test Date	09-02-2023		
Patient Name	SHREEMAN GHOSH	Age	33 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

Total Exercise Time : 09:10 Min
Max.HR attained : 163 bpm.
% of max.pred. hR : 98 %
Max. Pred HR : 167 bpm.
Maximum BP : 150/90 mmHg.
Max. work load attained :13.10METS.
Indication : Screening for IHD.
Risk Factors :
Reason for Termina : Attainment of THR.
Test Profile : BRUCE
Symptoms :
Summary Result ⇒ **NEGATIVE**
Comments :

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

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

Dr. ROSEYAT PERVEEN
MBBS, MD (Cardiology), NICVD, Dhaka
Consultant, IBN SINA D-Lab, Uttara, Dhaka

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient ID	23020257	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	09/02/2023
Patient Name	SHREEMAN GHOSH		
Age	33 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Normal in size 13.2cm, regular in shape and normal position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : Contracted (post-prandial)

CBD is not dilated.

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (9.4X3.1)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.4 cm, LK-10.4 cm regular in shape. 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.

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

PROSTATE: Normal in size and volume is 8.9 cc,regular in shape. Echogenicity is homogenous.

No area of calcification is seen.

IMPRESSION: Normal Study.

Sonologist

9.2.23

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER

CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

SHREEMAN GHOSH.

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le 10/10/1989 | Sex / sexe MALE.

Whose signature follows / don't la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1 09 FEB 2023	DR. 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.	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

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

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

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion,u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.

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

SHREE MAN GHOSH

This is to certify that JE Soussigne' (e) certifie que ____ date of birth no' (e) le 10/10/1989 Sex sexe MALE.

Whose signature follows dont la signature suit

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentification
09 FEB 2023		ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2	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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH TYPHOID VACCINATION "TYPHERIX" VALID UPTO ONE YEARS
3		
4		

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

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

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

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cettc revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per l. administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou I o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.