REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS,(DU), DFM

RADICAL HOSPITAL LIMITED,
35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: MOLLA (Surname) SOHEL (First Name) (Middle Initial) Sex: MALE Serial No:

Date of Birth: 10 / 11 / 1992 PP/CDC: C10/8402 Rank: 3/E

Vessel: MT CHEM STAR Type: Oil/Chem tanker Route: Worldwide

Home Address: Vill- Boitpur, P.O-Boitpur SADAR, Jagarhat

Company Name :

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 Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addicition to alcohol / drugs / tobacco		✓		✓
Stomach / Bowel disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall stones / Kidney disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Varicose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Mallignant disease (Cancer)		✓		✓
Female Disorder					Signed off on medical grounds / Declared Unfit		✓		✓
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
176cm	76kg	41 cms 40	120/70mm	78/min	18/min	Good

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: ~~Normal~~ / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

Hearing	Right Ear	Left ear
	4	4

Systemic Examination

	Norm	Abnor
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS 3RD ENG
AS PER MLC 2006
Enhanced GARD Medicals done

	Norm	Abnor
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	13.1 gm%	14-16 gm %
Total WBC count	6,400 cu.mm	4000-11000 / cu.mm
Neu 60 % Lymp 35 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	07 mm / 1st hour	1- - 15 mm / hr
SGPT	N/E U/L	9--43 U / L
S.Cholesterol	N/E mg/dl	145--260 mg / dl
S.Triglycerides	N/E mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Negative	
Others	GGTP U/L	
Blood Group		

Urine	
Colour	Straw
Specific Gravity	1015
pH	7
Albumin	✓
Sugar	✓
Bile pigment	✓
Bile salts	✓
Occult blood	✓
RBC cells	✓
Leucocytes	
Others	

Spirometry: Normal

Drugs of Abuse: Negative

USG: N/E

ECG : Normal **TMT:** N/E

X-Ray Chest: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically

Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR.MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 14 FEB 2025

Candidate's Signature Sohel Molla

Official Stamp: Radical Hospitals Ltd ★ As Per-MLC-2006 ★ Approved by Department of Shipping

Doctor's signature:

Date: 15 FEB 2023

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

04.2023.3380

ST KITTS & NEVIS
INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act, Cap. 7.05

PHYSICAL EXAMINATION REPORT / CERTIFICATE

PLEASE COMPLETE CLEARLY IN CAPITAL LETTERS IN BLACK INK OR BY USE OF A TYPEWRITER

Last Name of Seafarer: MOLLA	**First Name of Seafarer:** SOHEL	**Middle Name:**

Date of Birth: 10/11/1992	**Nationality:** Bangladeshi	**Sex:** [X]: Male [ ]: Female
Month NOV. Day 10 Year 1992	City Bagerhat Country Bangladesh	

Examination for Duty As:

[ ]: Master
[ ]: Mate
[ ]: Engineer
[ ]: Radio Officer
[ ]: Rating

Identification documents checked at point of examination? (Y/N): Y

MEDICAL EXAMINATION (see Page 2 for medical requirements) **STATE FURTHER DETAILS** on Page 2

Vision:	**Right Eye:**	**Left Eye:**
With Glasses		
Without Glasses	6/6	6/6

Hearing meets the standards in section A-I/9 (Y/N): Y
Unaided hearing satisfactory? (Y/N): Y
Visual acuity meets standards in section A-I/9 (Y/N): Y
Colour vision meets standards in section A-I/9 (Y/N): Y
Right Ear Normal *Left Ear* Normal

Colour Test Type: [ ]: Book [ ]: Lantern

Check if Colour Test is Normal: Yellow Red Green Blue
Date of last colour vision test: 15 FEB 2023

Does applicant comply with the standards of physical and medical fitness criteria set out in STCW Code as amended, Section A-I/9.2? (Y/N) Y

Fit for lookout duties? (Y/N): Y

No limitations or restrictions on fitness? (Y/N) Y
If "N", specify limitations or restrictions overleaf.

Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on-board? (Y/N): N
If "Y" specify overleaf.

Sohel Molla

Signature of Seafarer

The signature should be affixed in the presence of the examining Medical Doctor and signed without touching any of the box lines.

Date of Examination 15 FEB 2023

Date of Expiry (Maximum 2 years) 14 FEB 2025

This is to certify that a physical examination was given to: Name of Seafarer SOHEL MOLLA

Name and Degree of Medical Doctor: DR. MIR MD RAIHAN MBBS,(DU), DFM

Address: 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230

Name of Medical Doctor's Certificating Authority: DG SHIPPING BANGLADESH

Date of Issue of Medical Doctor's Certificate: 06 MAY 2014

Signature of Medical Doctor

Date 15 FEB 2023

Medical Doctor Stamp

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.

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

FORM CODE:	ISSUE No:	REVISED:
CT026	004	06/08/2013

St Kitts and Nevis International Ship Registry
Tel: +44 (0) 1708 380400 • Fax: +44 (0) 1708 380401
Email: mail@stkittsnevisregistry.net • Website: www.stkittsnevisregistry.net

MEDICAL REQUIREMENTS

All applicants for an STCW '95 Certificate of Endorsement, Certificate of Competence, Seafarer's identification document or certification of special qualification shall be required to have a physical examination reported on this Medical Form (CT 026))or one of a similar type used by a Medical Doctor that contains no less than the same information contained herein) and completed and signed by a certified Medical Doctor. The completed medical form must accompany the application for Certificate of Competence, application for Seafarer's identity document or application for certification of special qualifications. This physical examination must be carried out not more than 6 months prior to the date of making application for a Certificate of Competence, certification of special qualifications or a Seafarer's book. Such proof of examination must re-establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

1. Master & deck officer applicants must have (either with or without corrective lenses) at least 0.5 vision in one eye and at least 0.5 in the other. A value of at least 0.7 is in one eye is recommended to reduce the risk of undetected underlying eye disease.
2. Master & deck officer applicants must also have CIE colour vision standard 1 or 2 and be capable of distinguishing the colours red, green, blue and yellow.
3. Engineer and radio officer applicants must have (whether with or without corrective lenses) at least 0.4 vision in one eye and at least 0.4 in the other. Engine department personnel shall have a combined eyesight vision of at least 0.4.
4. Engineer and radio officer applicants must have CIE colour vision standard 1, 2 or 3 and must also be able to perceive the colours red, yellow and green.
5. The standards of physical and medical fitness shall ensure that seafarers satisfy the criteria set out in STCW Code as amended, Section A-I/9.2.

IMPORTANT NOTE

The original copy of the physical report must accompany the application. A duplicate copy clearly labelled 'certified copy' on its face and initialled by the examining Medical Doctor must be maintained by the applicant as evidence of physical qualification while serving on board a vessel.

Remarks to or further details of Medical Examination:
(to be completed by examining Medical Doctor)

1. completed Physical examination
2. Radiological Test
3. Pathological Test
4. Eye examination for seaman

15 FEB 2023

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

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

St Kitts and Nevis International Ship Registry
Tel: +44 (0) 1708 380400 • Fax: +44 (0) 1708 380401
Email: mail@stkittsnevisregistry.net • Website: www.stkittsnevisregistry.net

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

Form No: SMC

SL NO. 04.2023.3317

SEAFARER MEDICAL CERTIFICATE

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

SEAFARER INFORMATION:

Name: Last MOLLA **First** SOHEL **Middle**

Gender: (Male/Female) Male Nationality: Bangladeshi

Occupation: Deck/Engine/Catering/Other (specify) Engine

Father's/ Husbad'sname: Md. Mohashin Molla

Mother's Name: Jahanara Begum

Address: House No: Street/ Road No:

Locality/Village: Boitpur

P.O: Boitpur

P.S: Bagerhat Sadar

District: Bagerhat

Date: 08.02.2023

Rank: Third Engineer

C.D.C No. C/0/8402

Seaman ID No. 050007332

Passport No. EE 0650600

NID No.

Date of Birth: 10/11/1992 (DD/MM/YYYY)

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

1. Confirmation that identification documents were checked at the point of examination :YES/NO
2. Hearing meets the standards in section A-I/9 :YES/NO
3. Unaided hearing satisfactory? :YES/NO
4. Visual acuity meets standards in section A-I/9? :YES/NO
5. Colour vision meets standards in section A-I/9? :YES/NO
   Date of last colour vision test : 08 FEB 2023
6. Fit for lookout duties? :YES/NO
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? :YES/NO
8. Any limitations or restrictions on fitness? :YES/NO

If YES, specify limitations or restrictions:

Duties:
Location/Vessel:
Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category : Fit-No restriction | Fit-Subject to restrictions | Unfit

10. Date of examination/Issue (DD/MM/YYYY) 08 FEB 2023

11. Date of expiry (DD/MM/YYYY) 07 FEB 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Sohel Molla
Seafarer's Signature

Radical Hospitals Ltd. Official As Per MLC-2006 For Department of Shipping

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
Name & Signature of the practitioner:

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making applieation for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997).* Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarers previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug -related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing:

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

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental:

- Seafarers must be free from infectiqns of the mouth cavity or gums.

(d) Blood Pressure:

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice:

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, Interna-tional Travel and Health, Vaccination Requirements. and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.

(g) Diseases or Conditions:

- Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the useofnarcotics. Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table by food shall be restricted from working with food or in food - related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an enineer officer's certificate.

IMPORTANT NOTE:

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

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

DETAILS OF MEDICAL EXAMINATION:

(To be completed by examining physician; alternatively, the examining physician may attach a form similar or identical to the model provided in Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

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

08 FEB 2023

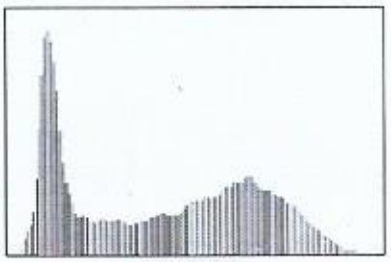
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0429	**Date :** 15-Feb-2023	**D.Date :** 15-Feb-2023
Patient's Name : SOHEL MOLLA	**Age :** 30Y 3M 5D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/8402	

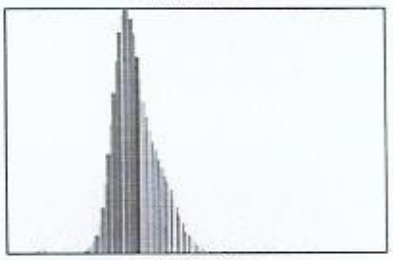
Haematology Report

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

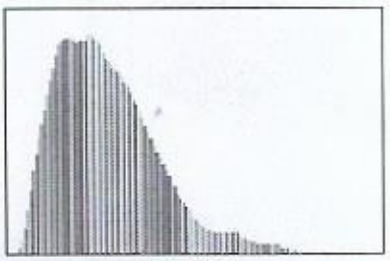
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**13.1** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/di. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**07** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,400** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**60** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**35** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**03** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**128** /cumm	50-450/cumm
Total RBC Count	**4.62** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**37.1** %	M: 40-54%, F:37-47%
MCV	**80.3** fL	76 - 94 fL
MCH	**28.4** pg	27 - 32 pg
MCHC	**35.3** g/dL	29 - 34 g/dL
RDW	**12.7** %	11 - 16 %
PDW	**17.4** fL	35 - 56 fl
Total Platelete Count (PC)	**2,20,000** /cumm	150,000-450,000/cumm
MPV	**9.5** fL	7.0 - 11.0 fL
PCT	**0.209** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



WBC CURVE



RBC CURVE



PLT CURVE

Checked By
Medical Technologist

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

RADICAL HOSPITAL LIMITED

Bill No	DIA23020429	Received Date	15/02/2023
Patient's Name	SOHEL MOLLA		
Patient's Age	30Y 3M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:8402
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 HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23020429	Received Date	15/02/2023
Patient's Name	SOHEL MOLLA		
Patient's Age	30Y 3M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O8402
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

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

Checked By

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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Bill No	DIA23020429	Received Date	15/02/2023
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Patient's Age	30Y 3M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8402
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
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Associate Professor
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East West Medical College and Hospital

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23020429	Receive:14/02/2023	Print: 14/02/2023
Patient's Name	:	**SOHEL MOLLA**		
Age	:	30 Yrs	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm	:	Both hemidiaphragm are normal in position. C-P angles are clear.
Heart	:	Normal in T.D.
Lung	:	Lung fields are clear.
Bony thorax	:	Reveals no abnormality.
Comments	:	**Normal chest skiagram.**

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

This report has been electronically signed.

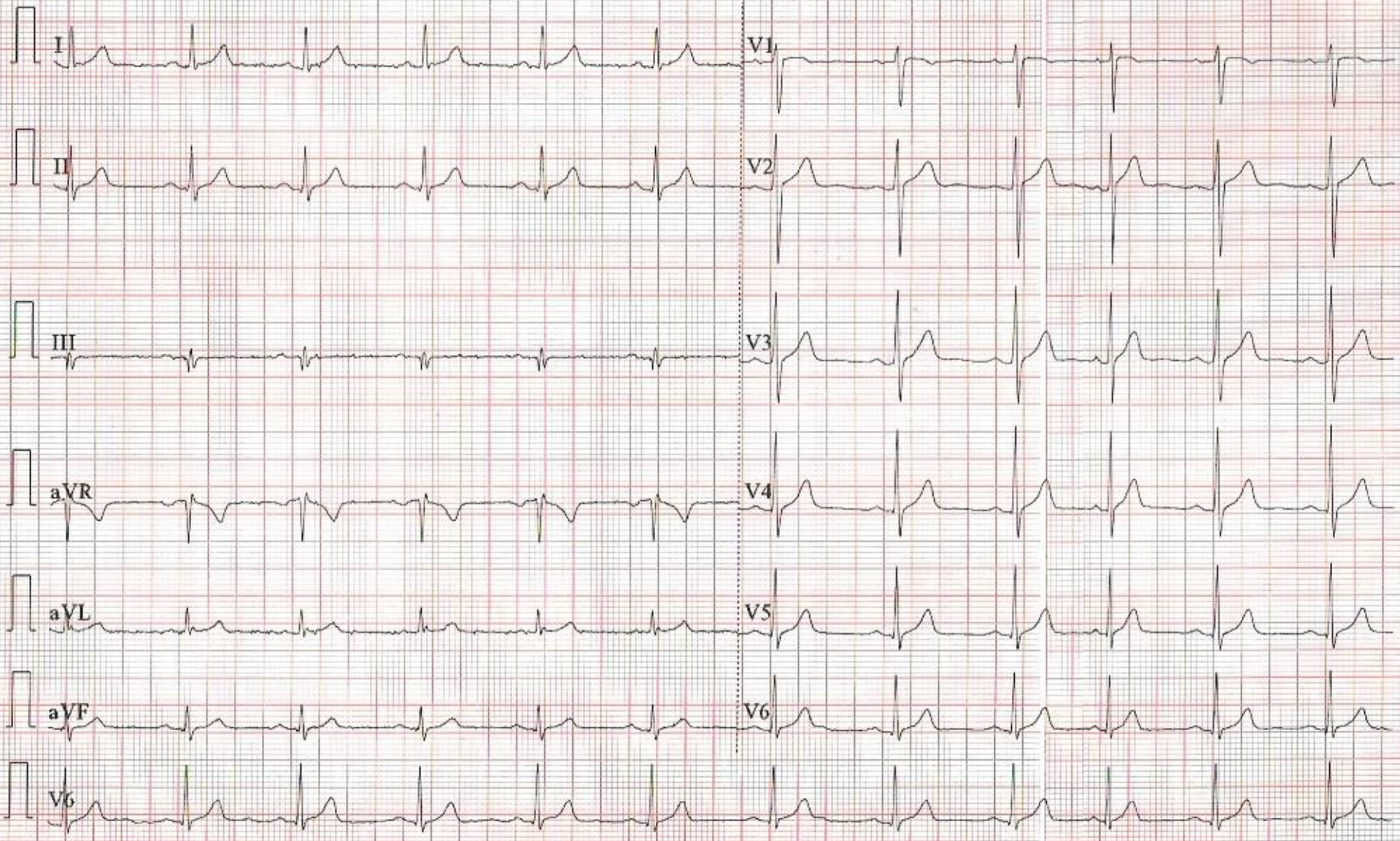
ID: 0
SHOHEL MOLLAH
Male 30Years

15-02-2023 01:32:13 PM

HR	:	70	bpm
P	:	120	ms
PR	:	166	ms
QRS	:	94	ms
QT/QTc	:	356/385	ms
P/QRS/T	:	43/10/30	°
RV5/SV1	:	1.228/0.844	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥70 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23020429	Receive: Print: 14/02/2023		
Patient's Name	:	**SOHEL MOLLA**			
Age	:	30 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	70 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

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

This is to certify that / JE Soussigne' (e) certifie que: Sohel Molla — date of birth / no' (e) le: 10/11/1992 — Sex / sexe: MALE

Whose signature follows / dont la signature suit: Sohel Molla

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'authentiftcation
15 FEB 2023	DR. MD. RAIHAN, MBBS (DU), DFM, CCD (Birdem), PGT (Ophth), BMDC A-55144, MMC-BGD-016, DG Shipping Bangladesh Approved, General Physician, Nautical Hospitals Limited	CENTER FOR VACCINATION, 35, Shah Mokhdum Avenue, Uttara, Dhaka, BANGLADESH	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2			
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 ev6nt 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 une 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 cette 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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

This is to certify that JE Soussigne' (e) certifie que | Sohel Molla | date of birth no' (e) le | 10/11/1992 | Sex sexe | MALE

Whose signature follows don't la signature suit | Sohel Molla

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 15 FEB 2023	DR. MIR MD. RAIHAN MBBS (NU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	YELLOW FEVER VACCINE L NO DAKAR	CENTER FOR VACCINATION 35, Shah Mokbulum 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 I' 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.