

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: RAYHAN S.M. JAHIR Sex: MALE Serial No: _____

Date of Birth: 30/11/1991 PP/CDC: C10/6619 Rank: G1E

Vessel: LPG/C AL WUKIR Type: LPG Route: _____

Home Address: 53 MODDHO AZAMPUR, UTTARA, DHAKA-1230

Company Name: NAKILAT SHIPPING QATAR LTD

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			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided 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 problems		☒		☒	Addiction 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		☒		☒	Malignant disease (Cancer)		☒		☒
Female Disorder		☒		☒	Signed off on medical grounds / Declared Unfit		☒		☒

Medical Examination

Height		Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition							
180cm		70kg	43-41 cms	120/80 mmHg	78 & /min	19 & /min	Good							
Distant Vision		Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye		6/6		Normal	Right Ear	dB	20	20	20					
Left Eye		6/6		Abnormal	Left Ear	dB	20	20	20					
Colour Vision		Ishihara	Other	Normal	Hearing	Right Ear				Left ear				
				Abnormal										

Systemic Examination

Head & Neck	Normal	Abnormal	Notes FIT FOR SEA SERVICE AS G1E AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	Normal	Abnormal
Eyes	☒	☒		Cardiovascular system	☒	☒
Ears / Nose / Throat	☒	☒		Per Abdomen	☒	☒
Teeth / Oral Cavity	☒	☒		Genito-urinary system	☒	☒
Musculo-Skeletal system	☒	☒		Others	☒	☒
Nervous system	☒	☒		Hernia / Hydrocoele	☒	☒
Reflexes	☒	☒		Varicose Veins	☒	☒
Skin	☒	☒		Fissure/Fistula/Piles	☒	☒

Investigations

Blood	Result	Normal	Urine
Hemoglobin	14.4 gm%	14-16 gm %	Colour
Total WBC count	8,200 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 52 % Lymph	44 % Eos 02 %	80 % Mono 02 %	pH
Malarial parasite	Not found		Albumin
ESR	10 mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	27 U/L	9-43 U / L	Bile pigment
S.Cholesterol	NIE mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	NIE mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS NIE PPBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HLV I & II	Negative		Others
VDRL	Negative		
Others		GGTP U/L	Spirometry: N/D
Blood Group			Drugs of Abuse: Negative

ECG: Normal TMT: N/D

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, 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: 27 JAN 2025

Candidate's Signature

Jahir

Official Stamp

Doctor's signature:

Date: 28 JAN 2023



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.

04.2023.3133

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME RAYHAN		GIVEN NAME(S) S.M. JAHIR	
DATE OF BIRTH 11/30/1991 MONTH DAY YEAR		PLACE OF BIRTH CITY BAHERHAT COUNTRY BANGLADESH	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: 53 MODDHU AZAMPUR, FARID TOWER, UTTARA, DHAKA - 1230	

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 180cm	WEIGHT 70kg	BLOOD PRESSURE 120/80 mmHg	PULSE 78 6/min	RESPIRATION 19 6/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR MM LEFT EAR MM	

COLOR TEST TYPE: BOOK ☒ LANTERN ☒ IS COLOR TEST NORMAL? ☒ Yes ☐ No (If "No" EXPLAIN ON PAGE 2)

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒

HEAD AND NECK Normal	HEART (CARDIOVASCULAR) Normal
LUNGS Normal	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes

EXTREMITIES:
UPPER **Normal** LOWER **Normal**

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐

IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes ☐ No ☒

IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

Jahir **28 JAN 2023** **27 JAN 2025**
SIGNATURE OF APPLICANT DATE OF EXAMINATION EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **S.M. JAHIR RAYHAN**

FIT FOR DUTY ON BOARD SHIP

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☒ NO ☐

SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN DR. MIR MD RAIHAN MBBS, DFM
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY DG SHIPPING BANGLADESH
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014
SIGNATURE OF PHYSICIAN 28 JAN 2023 DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

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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/Navigation 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-I, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation 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 an equivalent form.
(See RMI MG 7-47-1, §3.3).

28 JAN 2023

Rev. Mar/2022




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MI-105M

GLOBAL OCEAN SHIPPING SERVICES LTD.



Revision No: 00
Issue Date: 18.03.2018
Page: Page 1 of 3
GOSSL-F-12

Crew Manning Agency Quality Manual (FORM)

Part A. APPLICANT'S PARTICULARS

Name in Full (as in Passport, BLOCK LETTERS): S. M. JAHR RAYHAN						Tel No:
Address: 53 MODDHO AZAMPUR, FARID TOWER, UTTARA, DHAKA,						01929171674
Passport No	Date of Birth	Country of Birth	Nationality	Sex: Male/Female	Dept: Deck/Engine	Rank:
EF0019251	30/11/1991	BANGLADESH	BANGLADESHI	MALE		6/E

PART B. APPLICANTS DECLARATION

(Please tick)

1. Have you Ever had	yes	No	If Yes give description
a. Occasions to be admitted to hospital for whatever reason at all in the past?		☒	
b. an Operation?		☒	
c. an accident needing hospital treatment?		☒	
d. Tuberculosis or abnormal chest X-ray?		☒	
e. sexually transmitted disease? (e.g. Syphilis, gonorrhea, aids, etc)		☒	
f. mental illness like depression, schizophrenia, other psychosis or neurosis?		☒	
g. convulsions, fits or epilepsy?		☒	
h. ear or hearing problem?		☒	
i. high blood pressure?		☒	
j. chest pain at rest or on exertion, or other heart trouble?		☒	
k. asthma or wheezing attacks, or pneumothorax (air in the chest)?		☒	
l. stomach/duodenal ulcer, 'gastric', blood in the vomit or stool?		☒	
m. kidney disease or problem passing urine?		☒	
n. pain in the spine, back or any joint?		☒	
o. occasion to wear contact lens or glass?		☒	
p. allergic reactions to food or drugs etc?		☒	
q. diabetics or sugar in the urine?		☒	
2. Social habits- Do you take alcohol, drug or smoke?		☒	
3. Has any member of your family or relative ever had mental illness, epilepsy, blood disorder, diabetics, tuberculosis, heart trouble or any other disorder?		☒	
4. Have you had any medical attention (e.g. consulted a doctor for anything at all during the last 12 months?		☒	
5. Do you have a medical or other condition not already mentioned above?		☒	

I declare that the information given above is correct to the best of my knowledge. I consent to the examining doctor to endorse my medical information on the Medical fitness certificate. (To be signed only in the presence of the examining doctor.)

Date **28 JAN 2023**

Jahir
Signature of the Applicant

PART B. RESULTS OF EXAMINATION:



GLOBAL OCEAN SHIPPING SERVICES LTD.



Revision No:

00

Issue Date:

18.03.2018

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Crew Manning Agency Quality Manual (FORM)

GOSSL-F-12

1. Height/Weight		meters		Kilos	
2. Hearing	NM				Right Left
3. Eyesight (with out aids)		Right	6/6	Left	6/6
Eyesight (with aids)		Right		Left	
4. Urinalysis		Microscopy	Ni	Sugar	Ni
5. Full Blood count	14.1	Hb	14.1	WBC	7200
6. VDRL		Negative		Positive	
7. Chest X-ray (last X-ray within 2 months)		Normal		Abnormal	
8. Electrodiagram (ECG) (EDC)		Normal		Abnormal	
9. Pulse	78	Per min			
10. Blood Pressure	120/80	mmHg			
11. cardiovascular system		Normal		Abnormal	If abnormal give details
12. Respiratory system		Normal		Abnormal	If abnormal give details
13. central nervous system		Normal		Abnormal	If abnormal give details
14. Digestive system		Normal		Abnormal	If abnormal give details
15. Gastrointestinal system (e.g. hernia)		Normal		Abnormal	If abnormal give details
16. Locomotor system (e.g. Spine and limbs)		Normal		Abnormal	If abnormal give details
17. Intelligence, mental state		Normal		Abnormal	If abnormal give details
18. Physique- Deformities		Normal		Abnormal	If abnormal give details
19. Skin (including varicosities)		Normal		Abnormal	If abnormal give details
20. Urogenital system (e.g. hydrocoele)		Normal		Abnormal	If abnormal give details
21. Endocrine system(e.g. Thyroid)		Normal		Abnormal	If abnormal give details
22. Mouth/teeth		Normal		Abnormal	If abnormal give details
23. Ears/nose/Throat		Normal		Abnormal	If abnormal give details
24. Eyes		Normal		Abnormal	If abnormal give details

C. DOCTOR'S REMARKS:

FIT/UNFIT subject to the following restrictions

Date: 28 JAN 2023

Signature of the Approved medical practitioner

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

PART C: Medical Fitness certificate:



GLOBAL OCEAN SHIPPING SERVICES LTD.



Revision No:

00

Issue Date:

18.03.2018

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Crew Manning Agency Quality Manual (FORM)

GOSSL-F-12

MEDICAL FITNESS CERTIFICATE

NAME IN FULL: S.M. JAHIR RAYHAN

SEAMAN BOOK NO/PP NO. C1016619

I certify that have examined the person named above to the Medical Standards of the
And have found * him/her *FIT/UNFIT.

Remarks If any:

Signature And Name of Approved Medical Practitioner

Date of Examination 28 JAN 2023

DR. MIR. MD. RAIHAN

MBBS (DU); DPM; CCD (Birdem); PGD (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Registered Number:

Official Stamp:

- Delete as appropriate

This Certificate Has been issued in accordance with following:

- STCW95/2010 Regulation A-I/9 - Medical Status - Issue and Registration of Certificates, and Section - B-I/9 Paragraph 11 "Notwithstanding this position, the Administration may require higher standards then those given in table - B- I/9 -1 or - B- I/9-2 below"
- ILO/WHO/A. 2/1997- Guidelines for the medical fitness review of seafarers previous to embarkment and periodic , of the international Labour Organization (ILO) and the World Health Organization (WHO)

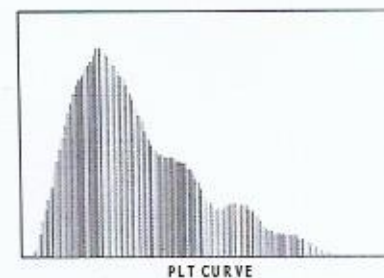
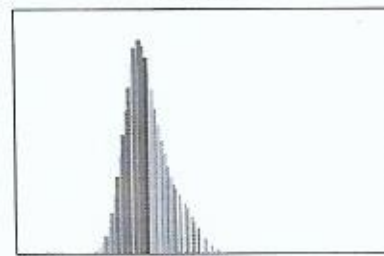
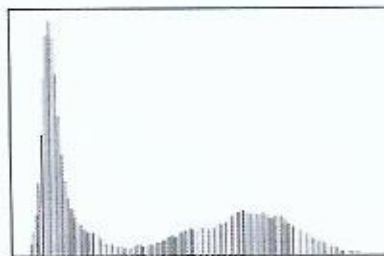


Id No : 0670 **Date** : 28-Jan-2023 **D.Date** : 28-Jan-2023
Patient's Name : S M JAHIR RAYHAN **Age** : 31Y 1M 29D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/6619

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.1 gm/dl	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.
ESR(Westergreen)	10 mm/1st hr	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Total WBC Count(TC)	7,200 /cumm	
Differential WBC Count (DC)		
Neutrophils	52 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	44 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	144 /cumm	50-450/cumm
Total RBC Count	4.80 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.0 %	M: 40-54%, F:37-47%
MCV	83.3 fL	76 - 94 fL
MCH	29.4 pg	27 - 32 pg
MCHC	35.3 g/dL	29 - 34 g/dL
RDW	13.1 %	11 - 16 %
PDW	15.2 fL	35 - 56 fL
Total Platelete Count (PC)	1,52,000 /cumm	150,000-450,000/cumm
MPV	10.7 fL	7.0 - 11.0 fL
PCT	0.147 %	0.1 - 0.6 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



Checked By
Medical Technologist

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

Bill No	DIA23010670	Received Date	28/01/2023
Patient's Name	S M JAHIR RAYHAN		
Patient's Age	31Y 1M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6619
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27U/L	Up to 40 U/L
Serum Alkaline Phosphatase	155 U/L	98 - 279 U/L

RADICAL

REMARKS (IF ANY)

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23010670	Received Date	28/01/2023
Patient's Name	S M JAHIR RAYHAN		
Patient's Age	31Y 1M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6619
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HBsAg (Method : (ICT))	Negative
------------------------	----------

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23010670	Received Date	28/01/2023
Patient's Name	S M JAHIR RAYHAN		
Patient's Age	31Y 1M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6619
Sample	URINE		

URINE EXAMINATION

<u>Test Name</u>	<u>Result</u>
Urinary Phenol :	Negative
Urinary Benzene :	Negative

Checked By

Medical Technologist,
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Assistant Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23010670	Received Date	28/01/2023
Patient's Name	S M JAHIR RAYHAN		
Patient's Age	31Y 1M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/6619
Sample	URINE		

DRUG ABUSE TEST

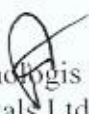
METHOD: Immunochromatographic Assay (Rapid one Step Test)

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 Technologist
Radical Hospitals Ltd.


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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23010670	Receive: 28/01/2023	Print: 28/01/2023
Patient's Name	: S M JAHIR RAYHAN		
Age	: 31 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

ID: 5

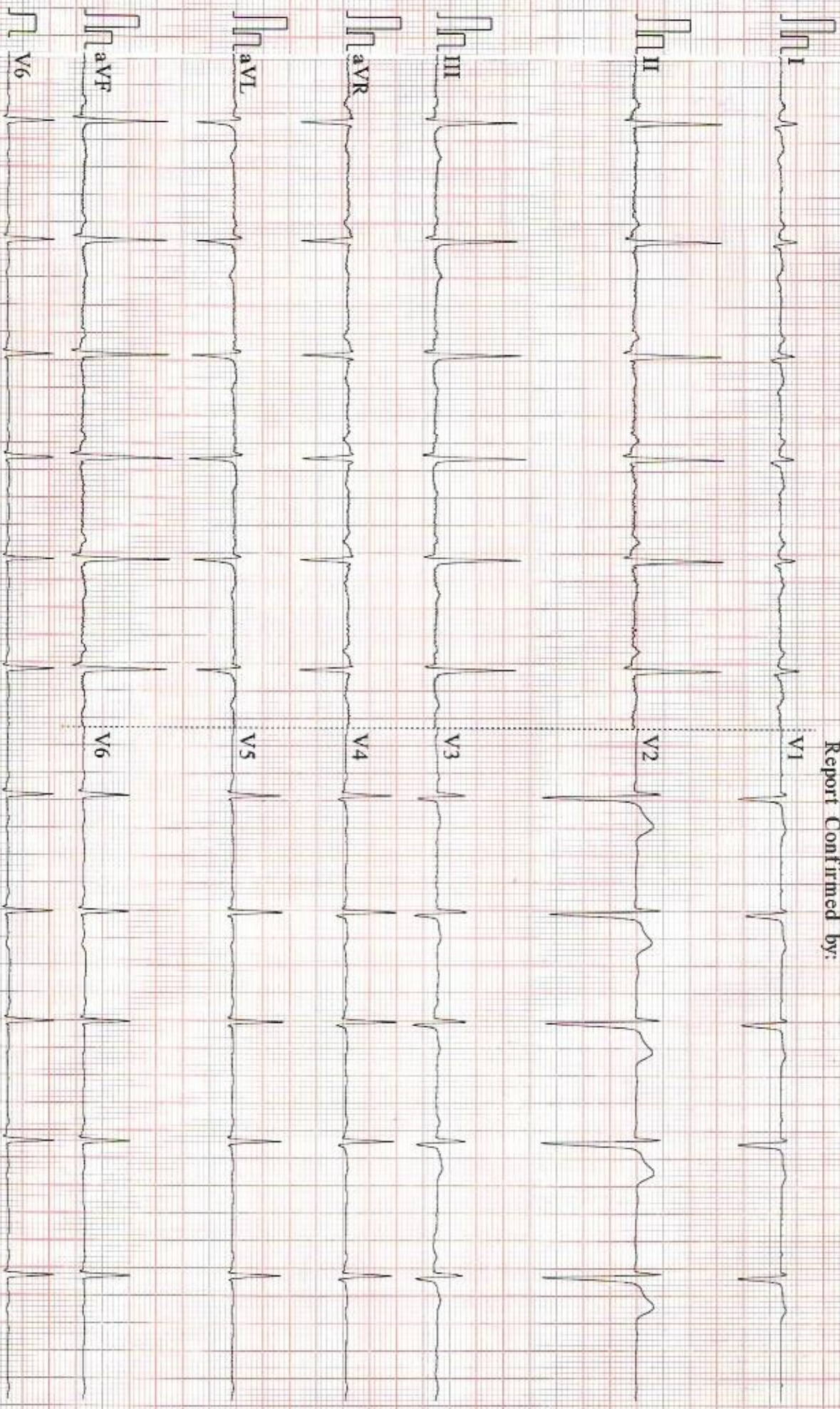
28-01-2023 12:24:07 PM

SPM
Male 32 Years

HR	: 70	bpm
P	: 108	ms
PR	: 152	ms
QRS	: 114	ms
QT/QTc	: 366/395	ms
P/QRS/T	: 42/82/60	°
RV5/SV1	: 1.848/1.478	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23010670 Receive: Print: 28/01/2023
Patient's Name : S M JAHIR RAYHAN
Age : 31 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

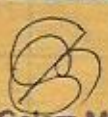
Sylhet Women's Medical College Hospital

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW-FEVER
CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVER JAUNE**

This is to Certify that } S.M. JAHIR Date of Birth 06.11.91 Sex M
je soussigne (e) certifie que } KAYHAN
whose signature follows }
dont la signature suit. } _____ ne (e) le _____ Sexe _____

Jahir

has on the date indicated been vaccinated or revaccinated against Yellow-Fever
a etc vaccination (e) on contre la fievre jaune la date indique

Date	Signature and Professional Status of vaccinator Signature et qualite Prof. essoundille du vaccinateur	Origin and batch no. of vaccine origine du vaccin Emploie et u metco du lot	Official stamp of vaccination centre, cachet Official du centre de vaccination
1	14 NOV 2016  Dr. Md. Golam Mostafa Reg. No. BMDC, A-9486 Seafarer's Medical Officer Chittagong, Bangladesh		1 2 
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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

Ce certificate n'est valable que si le vaccin employé a été approuvé par l'organisation mondiale de la santé.

Et si le centre de vaccination a été habilité par l'administration du territoire de laquelle ce centre est situé.

La validité de ce certificat couvre une période de six ans commençant dix jours après la date de la vaccination ou dans le cas d'une revaccination au cours de cette période de dix ans, à jour de cette revaccination.

Toute correction ou rature sur le certificat ou omission d'une quelconque des mentions ne lui confère pas la validité.