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: RAHMAN (Surname) A F M MUSTAFIZUR (First Name / Middle Initial) Sex: M Serial No:

Date of Birth: 01 07 1967 PP/CDC: C/0/1483 Rank: MASTER

Vessel: Type: PCTC Route:

Home Address: H.NO: 100/101, BLOCK: I, ROAD NO. 5
BASHUNDHARA R/A, DHAKA

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
172cm	82kg.	43-41 cms	120/80 mm Hg	78 b/min	19 b/min	Good

Distant Vision	Uncorrected	Corrected	Field of Vision
Right Eye		6/6	Normal
Left Eye		6/6	Abnormal

Colour Vision		Normal	Abnormal
	Ishihara		
	Other	Normal	Abnormal

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

Hearing	Right Ear	Left ear
	4	4

Systemic Examination

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

Notes

FIT FOR SEA SERVICE
AS MASTER
AS PER MLC 2006
Enhanced GARD Medicals done

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

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	13.9 gm%	14-16 gm %	Colour	Straw
Total WBC count	8,600 cu.mm	4000-11000 / cu.mm	Specific Gravity	N/T
Neu 62 % Lymp 35 % Eos 03 Ba 00 % Mo 02 %			pH	4
Malarial parasite	not Found		Albumin	4
ESR	19 mm / 1st hour	1- - 15 mm / hr	Sugar	4
SGPT	27 U/L	9--43 U / L	Bile pigment	4
S.Cholesterol	166 mg/dl	145--260 mg / dl	Bile salts	4
S.Triglycerides	132 mg/dl	upto 200 mg /dl	Occult blood	4
Blood Sugar	RBS 5.3 PPBS	upto 125 mg %	RBC cells	4
HbsAg	Negative		Leucocytes	4
HIV I & II	Negative		Others	4
VDRL	Negative			
Others	32 GGTP U/L		Spirometry:	N/D
Blood Group	B+ve		Drugs of Abuse:	Negative
ECG :	Normal. TMT:	N/D	USG:	Normal
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 03 JAN 2025

Candidate's Signature

Date: 04 JAN 2023

Official Stamp

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

Doctor's signature:

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.

04.2023.3073

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD
REPUBLIC OF PANAMA

SURNAME: RAHMAN	GIVEN NAME (S): A F M MUSTAFIZUR
DATE OF BIRTH: DAY 01 MONTH 07 YEAR 1967	PLACE OF BIRTH CITY NAOGAON COUNTRY B'DESH; SEX MALE ☑ FEMALE ☐
POSITION ON BOARD: MASTER ☑ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: H-NO: 100/101, BLOCK: I. R-NO: 5 BASHUNDHARA R/A, DHAKA.

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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

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

Unaided hearing satisfactory? YES ☑ NO ☐

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

Colour vision meets standards in STCW Code, Section A-1/9? YES ☑ NO ☐
(the visual test it is required every six years)
Date of the last colour vision test: (Day/Month/Year) 04 JAN 2023

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

Able for watchkeeping? YES ☑ NO ☐

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

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

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

Signature of Applicant | A F M MUSTAFIZUR RAHMAN (Name of Applicant) | 04 JAN 2023 (Date)

CIRCLE APPROPIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFCIER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RAIHAN MBBS,(DU), DFM REG: A-55144

ADDRESS: RADICAL HOSPITAL LIMITED SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-MAY-2014

SIGNATURE OF PHYSICIAN: | STAMP OF PHYSICIAN: Radical Hospitals Ltd. As Per MLC-2006 Department of Shipping | DATE: 04 JAN 2023

EXPIRY DATE OF CERTIFICATE: 03 JAN 2025

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

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

Id No : 0066	**Date :** 05-Jan-2023	**D.Date :** 05-Jan-2023
Patient's Name : A F M MUSTAFIZUR RAHMAN	**Age :** 55Y 8M 25D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO : C/O/1483	

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**13.9** 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.
ESR(Westergreen)	**10** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**8,600** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**62** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**35** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**02** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**01** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**86** /cumm	50-450/cumm
Total RBC Count	**4.95** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**38.3** %	M: 40-54%, F:37-47%
MCV	**77.4** fL	76 - 94 fL
MCH	**28.1** pg	27 - 32 pg
MCHC	**36.3** g/dL	29 - 34 g/dL
RDW	**13.7** %	11.5 - 16 %
PDW	**14.1** fL	35 - 56 fl
Total Platelete Count (PC)	**1,65,000** /cumm	150,000-450,000/cumm
MPV	**11.1** fL	7.0 - 11.0 fL
PCT	**0.183** %	0.1 - 0.%
Bledding 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	DIA-23010066	Received Date	05/01/2023
Patient's Name	A F M MUSTAFIZUR RAHMAN		
Patient's Age	55Y 8M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/1483		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	ReferenceRange
Blood Sugar Random (RBS)	5.3 mmol/L	<7.8 mmol/L
HbA1C	5.7 %	4.0- 6.0 %
GGT	31 U/L	Adult Males : <55
Total Protein	6.8 g/dl	6.3-7.9 g/dl
Liver Function Test		
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27 U/L	Up to 40 U/L
Serum AST (SGOT)	25 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	167 U/L	98 - 279 U/L
Lipid profile		
Serum Cholesterol	166 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	41 mg/dl	>35 mg/dl
Serum Triglyceride	132 mg/dl	50 - 150 mg/dl
Serum LDL- Cholesterol	90 mg/dl	<130 mg/dl
Renal Funtion Test		
Serum Creatinine	1.0 mg/dl	0.3 - 1.3 mg/dl
Serum (BUN)	21 mg/dl	7-23 mg/dl
S.Urea	24 mg/dl	10-40 mg/dl

Checked By

Medical Technologist.
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA2310066	Received Date	05/01/2023
Patient's Name	A F M MUSTAFIZUR RAHMAN		
Patient's Age	55Y 8M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/1483
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive
HCV (Method : (ICT)	Negative

BLOOD GROUPINGResult	
ABO Blood Group	"B" (+ve)
Rh(D)Factor	Positive

Checked By

Medical Technologis
Radical Hospitals Ltd.

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Associate Professor
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Bill No	DIA-23010066	Received Date	05/01/2023
Patient's Name	A F M MUSTAFIZUR RAHMAN		
Patient's Age	55Y 8M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/1483		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

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Bill No	DIA-23010066	Received Date	05/01/2023
Patient's Name	A F M MUSTAFIZUR RAHMAN		
Patient's Age	55Y 8M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/1483		
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

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Radical Hospitals Ltd.

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Patient's Name	:	**A F M MUSTAFIZUR RAHMAN**	ID NO	:	**23010066**
Age	:	**55 Yrs**	Date	:	**04/01/2023**
Sex	:	**Male**			
Referred by	:	**Dr. Mir Md. Raihan - MBBS (DU), DFM**			
Nature of Specimen	:				

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygine : Normal

Comments : Normal

Dr. Mir Md. Raihan
MBBS (DU,) CCD (Birdem), PGT (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

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Date: 04/01/2023

EYE EXAMINATION REPORT

NAME:	**A F M MUSTAFIZUR RAHMAN**		
AGE:	**55 YRS**	**RANK: MASTER**	**CDC NO: C/O/1483**

VISUAL ACUITY: RIGHT LEFT

UNAIDED

AIDED 6/6 6/6

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

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23010066	Receive: Print: 04/01/2023		
Patient's Name	:	**A F M MUSTAFIZUR RAHMAN**			
Age	:	55 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	77 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

ID: 1

Afm Mushfiqur Rahman.

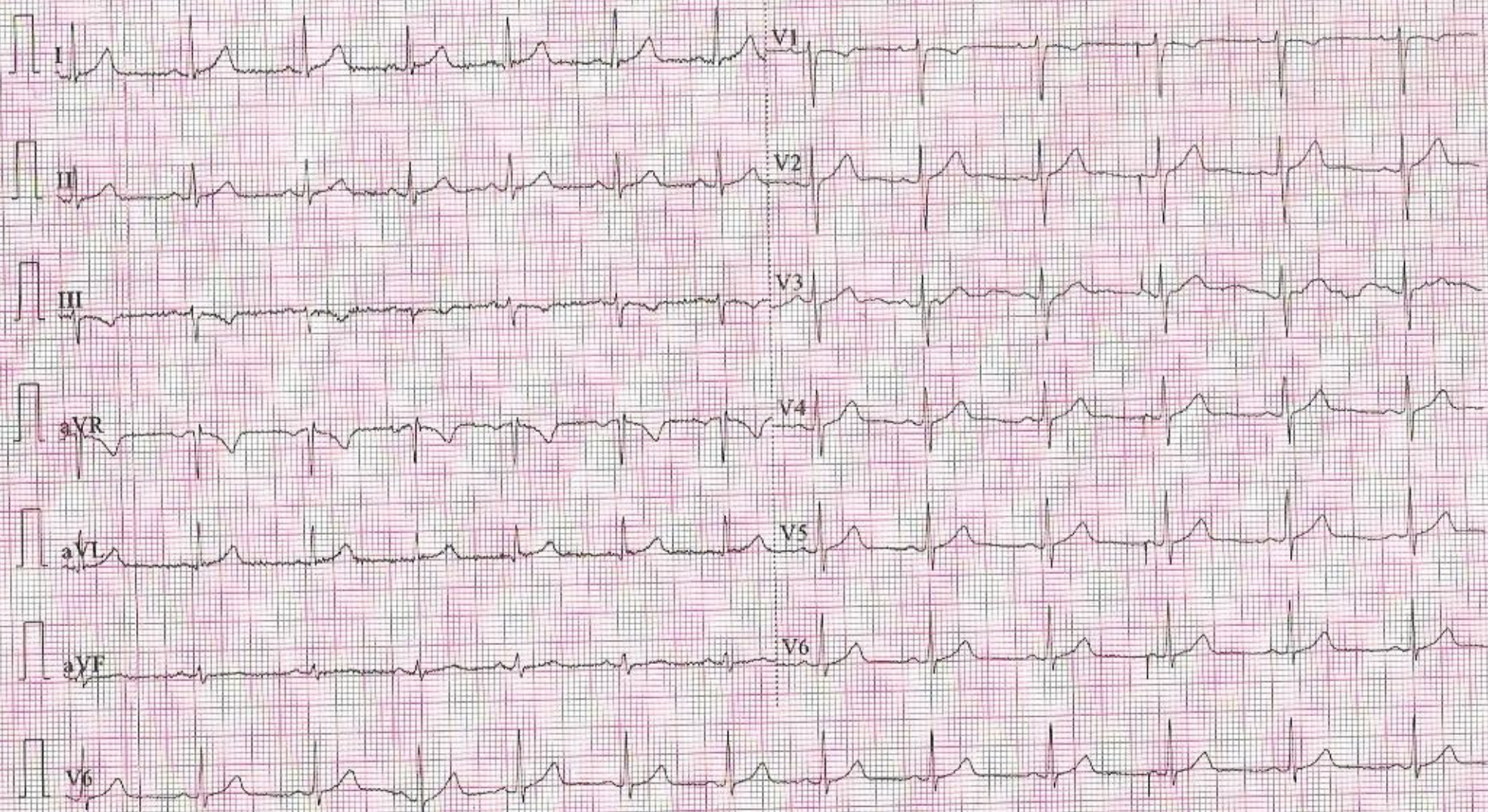
Male 55 Years

04-01-2023 04:17:33 PM

HR	:	77	bpm
P	:	108	ms
PR	:	140	ms
QRS	:	82	ms
QT/QTc	:	370/419	ms
P/QRS/T	:	57/7/11	°
RV5/SV1	:	0.933/0.960	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥77 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23010066	Receive:04/01/2023	Print: 04/01/2023
Patient's Name	:	**A F M MUSTAFIZUR RAHMAN**		
Age	:	55 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.

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AUDIOLOGICAL REPORT

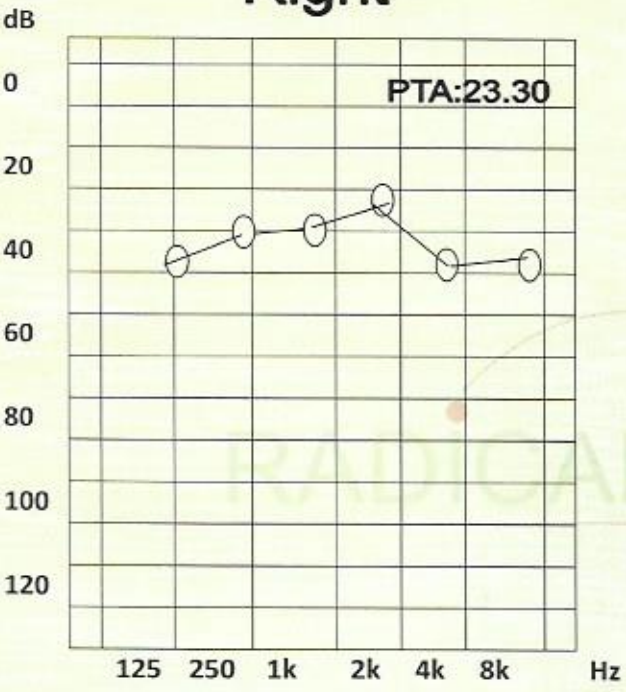
Patient Name : A F M MUSTAFIZUR RAHMAN 04/01/2023

Age : 55 Yrs

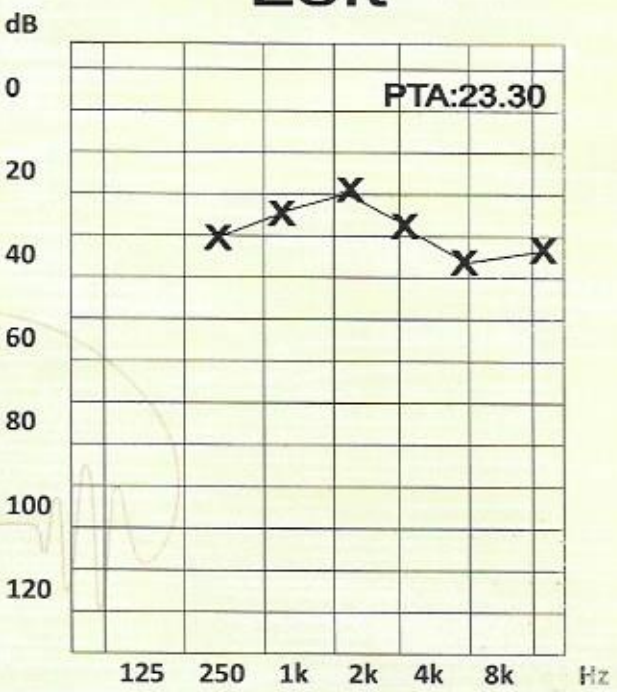
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
	Right Ear	Left Ear
Air MaskingOX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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RADICAL HOSPITAL LIMITED

Patient's Name	:	**A F M MUSTAFIZUR RAHMAN**	ID NO	:	23010066
Age	:	**55 Yrs**	Date	:	04/01/2023
Sex	:	Male			
Referred by	:	**Dr. Mir Md. Raihan MBBS,(DU), DFM**			
Nature of Specimen	:				

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC = 6
FEV = 5
FEV/FVC = 80%

Comments: Normal Lung Function

Checked By

Dr. Mir Md. Raihan
MBBS (DU) CCD(Birdem),PGT (opth)
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TREADMILLSTRESS TEST

Patient ID	23010066	Test Date	04-01-2023		
Patient Name	A F M MUSTAFIZUR RAHMAN	Age	55 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

Total Exercise Time : 09:12 Min
Max.HR attained : 162 bpm.
% of max.pred. hR : 98 %
Max. Pred HR : 168 bpm.
Maximum BP : 150/90 mmHg.
Max. work load attained :13.12METS.
Indication : Screening for IHD.
Risk Factors :
Reason for Termina : Attainment of THR.
Test Profile : BRUCE
Symptoms :
Summary Result ⇒ **NEGATIVE**
Comments :

- **A F M MUSTAFIZUR RAHMAN** 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

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Patient ID	23010066	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	04/01/2023
Patient Name	A F M MUSTAFIZUR RAHMAN		
Age	55 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 :- Mildly enlarged in size 15.2cm, regular in shape and normal position. The echogenicity of the parenchyma is increased. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : Normal size regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

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

SPLEEN :- Is normal in size (8.5X3.5)cm and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-10.0cm, LK-11.2cm 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: Mildly enlarged in size and volume is 29.4cc,regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: 1) Fatty change in liver grade-1.

2) Mildly enlarged prostate .

Sonologist

04.01.23

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that A F M MUSTAFIZUR RAHMAN date of birth 01/07/1967 Sex M
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a ctc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateure	Approved Stamp Cechet d'authentification	
1 18 MAY 2022	DR. MIR. MD. RAIHAN MBBS (DU) DFM, CCD(Bkdm) PGT (Cphin) BMDC A-55144. MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	Radical Hospitals Ltd. As Per-MLC-2005 Approved by Department of Shipping	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
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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 event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 from prescribed by the health adminstration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t cffecter sa validite.

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

This is to certify that / JE Soussigne (e) certifie que } A F M MUSTAFIZUR RAHMAN date of birth / ne (e) le } 01/07/1967 Sex / sexe } M

Whose signature follows / dont la signature suit } .....

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunnc' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination	
1	08 MAY 2022 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Bkdesh), PGT (Chin) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician	YELLOW FEVER VACCINE	Radical Hospitals Ltd. Approved by Department of Shipping	
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This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated by the 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 the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that l'evaccinatio.

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

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

Ce certificate n' est valable que si le vaccin employe' a e' tc" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination e' te' habilite parl' adminstration sanitairc du territoire dans lequel ce cenite est siture'

La validite de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official ne pouvant ctre conside' rc' commc Icnant licu de signature.

Toute correction ou rature sur le certificate ou l'omission d'une quelconique des mentions qu' il comporle peut affecter sa validite.