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: AKBAR MOHAMMAD ALI (Surname / First Name / ✓ Middle Initial) Sex: M Serial No:

Date of Birth: 16/12/1974 PP/CDC: C/0/3298 Rank: CH. ENGR

Vessel: NYK DANIELLA Type: CONTAINER Route: W.wide

Home Address: FLAT 5D, 28/1, Green Corner, Green Road, Dhaka.

Company Name : BANGLADESH

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
Severe one-sided headaches (Migraine)		/		/
Head Injury / Concussion / Loss of Memmory		/		/
Fits / Epilepsy / Dizziness / Fainting		/		/
Eye / Vision Problems (Glasses, etc)		/		/
Hearing Impairment		/		/
Ear / Nose / Throat problems		/		/
Stomach / Bowel disorders		/		/
Gall stones / Kidney disorders		/		/
Jaundice / Liver Disease		/		/
Piles / Varicose veins		/		/
Blood Disorder		/		/
Female Disorder		/		/

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		/		/
High / Low blood pressure / Heart disease		/		/
Asthama / Bronchitis / Tuberculosis		/		/
Allergy / Skin disease		/		/
Infection / Contagious Disease		/		/
Addicition to alcohol / drugs / tobacco		/		/
Fracture / Dislocation / Injury / Amputation		/		/
Major / Minor Operation		/		/
Diabetes		/		/
Nervous / Mental disease / Sleep disorder		/		/
Mallignant disease (Cancer)		/		/
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
162cm	70kg	41-40 cms	120/80mm	78b/min	18b/min	Good

Distant Vision	Unaided	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: ✓

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 CH. ENGR
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
Hemoglobin	13.0 gm%	14-16 gm %
Total WBC count	7200 cu.mm	4000-11000 / cu.mm
Neu 62 % Lymp 26 % Eos 03 Ba 00 % Mo 03 %		
Malarial parasite	Not Found	
ESR	05 mm / 1st hour	1-- 15 mm / hr
SGPT	32 U/L	9--43 U / L
S.Cholesterol	165 mg/dl	145--260 mg / dl
S.Triglycerides	96 mg/dl	upto 200 mg /dl
Blood Sugar	RBS 1.6 PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others	34 GGTP U/L	
Blood Group	B+ve	

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

ECG : Normal TMT: Negative

Spirometry: Normal

X-Ray Chest: Normal

USG: Normal

Drugs of Abuse: Negative

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: 07 JAN 2025

Candidate's Signature

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

Doctor's signature:

Date: 08 JAN 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.

04.2023.3101

ANNEX C

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(*Last, first, middle*) AKBAR MOHAMMAD ALI		Gender: Male/~~Female~~*
Date of Birth: (*Day/month/year*) 16/12/1974	Nationality: BANGLADESH	Place of Birth: DINAJPUR

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	✓	
2	Hearing meets the standards in STCW Code Section A-I/9?	✓	
3	Unaided hearing satisfactory?	✓	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	✓	
5	Colour vision meets the standards in STCW Code Section A-I/9?	✓	
	Date of last colour vision test: 08 JAN 2023		
6	Fit for look-out duty?	✓	
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	✓	
8	No limitations or restrictions on fitness?	✓	
	If "**no**" specify limitations or restrictions		
9	Date of examination: (*day/month/year*) 08 JAN 2023		
10	Expiry of certificate: (*day/month/year*) ** *Maximum two years from date of examination unless the seafarer is under the age of 18* 07 JAN 2025		

08 JAN 2023
Date

Signature of Authorised 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 Official stamp
(*name, licence number, address etc*)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

* delete as appropriate

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

04.2023.3101

ANNEX B

MPA SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(*Last, first, middle*) (BLOCK CAPITALS) AKBAR MOHAMMAD ALI			Gender: Male/~~Female~~*
Date of Birth: day/month/year 16/12/1974	Place of Birth: DINAJPUR	Nationality: BANGLADESH	
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: EF 0388381	Dept: Deck / Engine / Catering / others Rank: CHIEF ENGINEER		Type of ship: CONTAINER
Home Address: FLAT 5D, 28/1, GREEN CORNER, GREEN ROAD, DHAKA	Routine and emergency duties: COMMAND IN ENGINE ROOM OF SHIP.		Trading area: e.g. Coastal / worldwide

*For identity verification purpose

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

	Yes	No		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. Epilesy/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 headaches		✓
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. Fracture/dislocations		✓

If you answer "yes" to any of the above questions, please provide details:

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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 even 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?		✓
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

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

08 JAN 2023

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. DR. MD. RAIHAN.

08 JAN 2023

Date

Signature of Seafarer

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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Name and Signature of Witness

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

Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☑ No

☐ Yes Type ..... Purpose .....

Visual Acuity

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

Visual fields

	Normal	Defective
Right eye		
Left eye		

Colour Vision *(please tick)*

☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	162 (cm)		Weight	70 (kg)	
Pulse rate	(per minute)	78	Rhythm		Regular
Blood Pressure Systolic (mm Hg)		120	Diastolic (mm Hg)		80
Urinalysis:	Glucose: Nil	Protein: Nil		Blood: Nil	

	Normal	Abnormal
Head		
Sinus, nose, throat		
Mouth/teeth		

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Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/s, T/S, L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance	✓	

Chest X-ray

☐ Not performed ☑ Performed on (day/month/year): 08 JAN 2023

Results: Normal chest X-Ray

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

Test: Blood Urine Results: Normal

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

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea *(please tick)*

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

☑ Fit for look out duty ☐ Unfit for lookout duty

☐ Visual aid required ☑ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit				
Unfit				

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☑ Without restrictions ☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

08 JAN 2023

DR. MIR. MD. RAIHAN
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General Physician
Radical Hospitals Limited.

Date	Signature of Medical Practitioner	Medical Practitioner's name, licence number, address

****

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

RADICAL HOSPITAL LIMITED

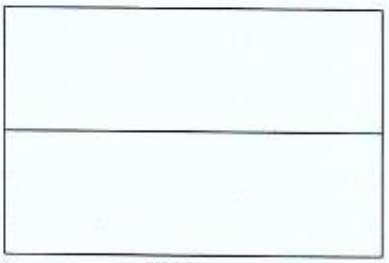
radical_hospitals@yahoo.com, www.radicalhospital.com

Id No : 0141	**Date :** 08-Jan-2023	**D.Date :** 08-Jan-2023
Patient's Name : MOHAMMAD ALI AKBAR	**Age :** 48Y 0M 23D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO :C/O/3298	

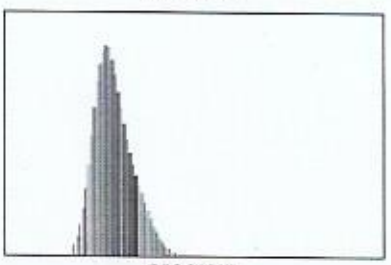
Haematology Report

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

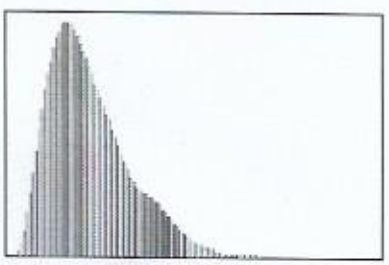
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**13.0** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**7,200** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**68** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**26** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**04** %	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	**5.17** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**35.5** %	M: 40-54%, F:37-47%
MCV	**68.7** fL	76 - 94 fL
MCH	**25.1** pg	27 - 32 pg
MCHC	**36.6** g/dL	29 - 34 g/dL
RDW	**14.4** %	11- 16 %
PDW	**16.1** fL	35 - 56 fl
Total Platelete Count (PC)	**2,15,000** /cumm	150,000-450,000/cumm
MPV	**8.1** fL	7.0 - 11.0 fL
PCT	**0.174** %	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 HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23010141	Received Date	08/01/2023
Patient's Name	MOHAMMAD ALI AKBAR		
Patient's Age	48Y 0M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3298
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Blood Sugar Random (RBS)	4.8 mmol/L	<7.8 mmol/L
HbA1C	5.4 %	4.2 - 6.7 %
Liver Function Test		
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
Serum AST (SGOT)	29 U/L	Up to 37 U/L
Gamma GT	34 U/L	Adult Males : <55
Total Protein	6.4 g/dl	6.3-7.9 g/dl
Lipid profile		
Serum Cholesterol	165 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	41 mg/dl	>35 mg/dl
Serum Triglyceride	138 mg/dl	50 - 150 mg/dl
Serum LDL- Cholesterol	96 mg/dl	<130 mg/dl
Renal Funtion Test		
Serum (BUN)	21 mg/dl	7-23 mg/dl
Serum Creatinine	1.2 mg/dl	0.3 - 1.3 mg/dl
Serum Uric Acid	5.4 mg/dl	3.4-7.0 mg/dl

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3298
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
Syphillis (Method : (ICT)	Negative

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

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	DIA23010141	Received Date	08/01/2023
Patient's Name	MOHAMMAD ALI AKBAR		
Patient's Age	48Y 0M 23D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3298
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-3/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
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Associate Professor
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3298
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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RADICAL HOSPITAL LIMITED

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Date: 08/01/2023

EYE EXAMINATION REPORT

NAME:	**MOHAMMAD ALI AKBAR**		
AGE:	**48 YRS**	**RANK: CH. ENG**	**CDC NO: C/O/3298**

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23010141	Receive: Print: 08/01/2023		
Patient's Name	:	**MOHAMMAD ALI AKBAR**			
Age	:	48 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	71 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

08-01-2023 05:11:31 PM

Mohammad Al-Akbar

Male 46 Years

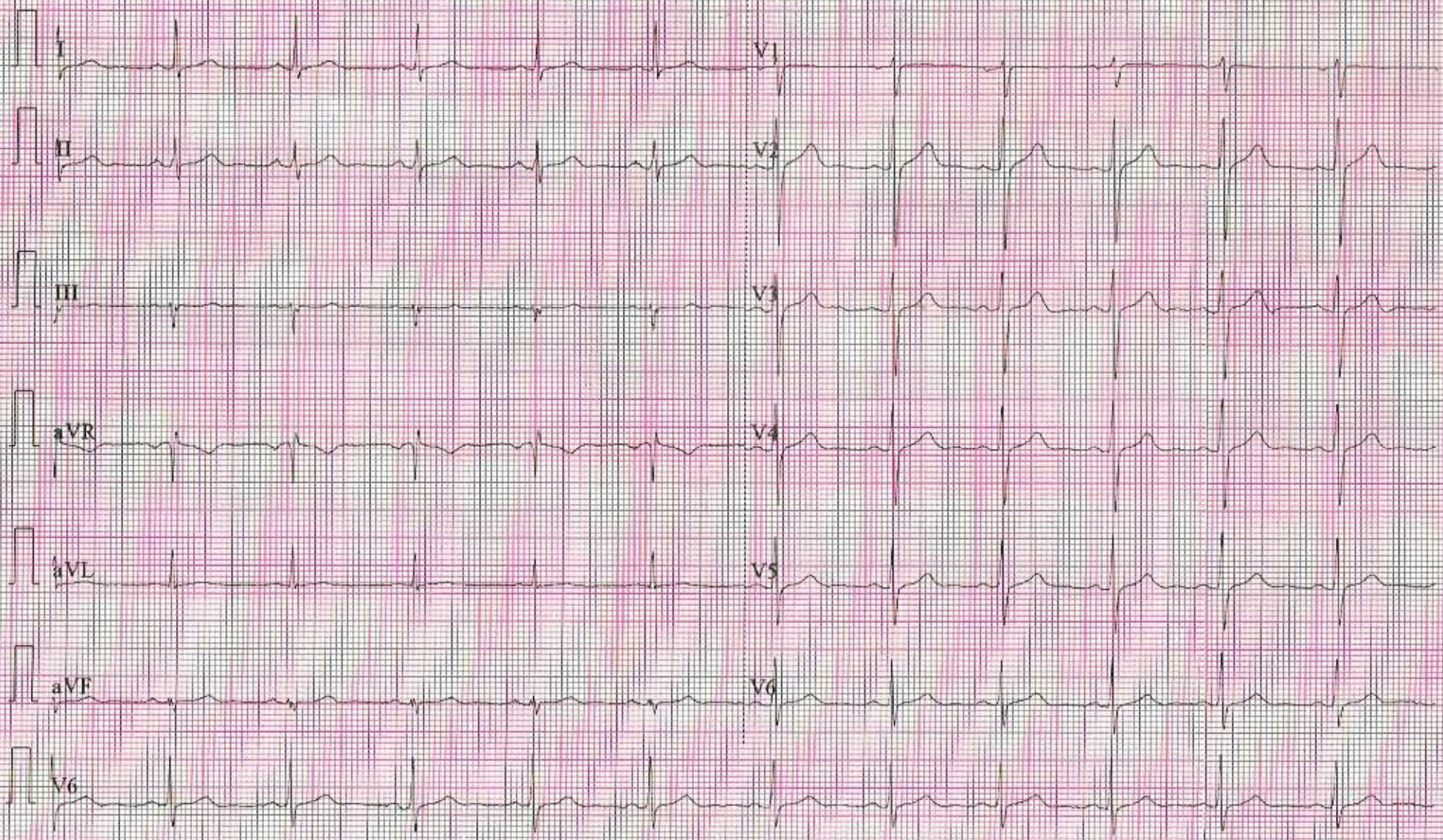
HR	: 71	bpm
P	: 110	ms
PR	: 152	ms
QRS	: 90	ms
QT/QTc	: 400/435	ms
P/QRS/T	: 44/-1/48	°
RV5/SV1	: 0.937/0.489	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s-1r ♥71 SE-1200Express V2.21 Glasgow V2.8.6.0 Radical Hospital

20.383

Patient's Name	:	**MOHAMMAD ALI AKBAR**	ID NO	:	**23010141**
Age	:	**48 Yrs**	Date	:	**08/01/2023**
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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radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23010141	Receive:08/01/2023	Print: 08/01/2023
Patient's Name	:	**MOHAMMAD ALI AKBAR**		
Age	:	48 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

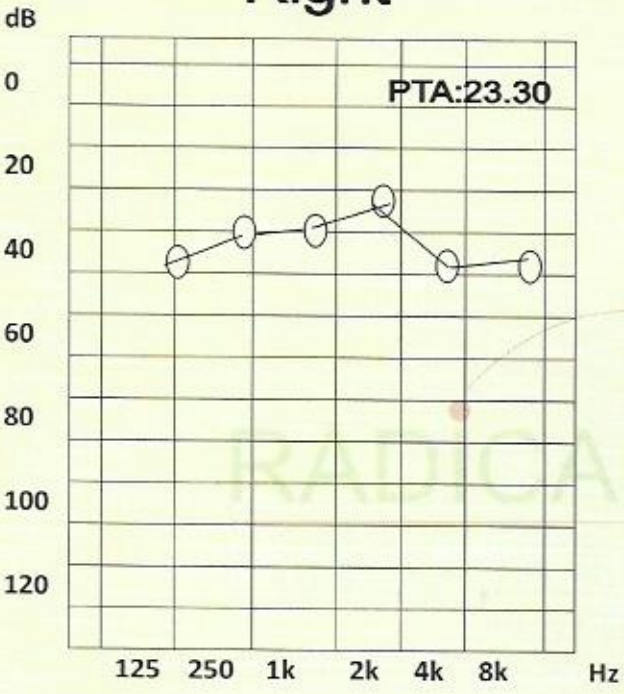
Patient Name : **MOHAMMAD ALI AKBAR** 08/01/2023

Age : **48 Yrs**

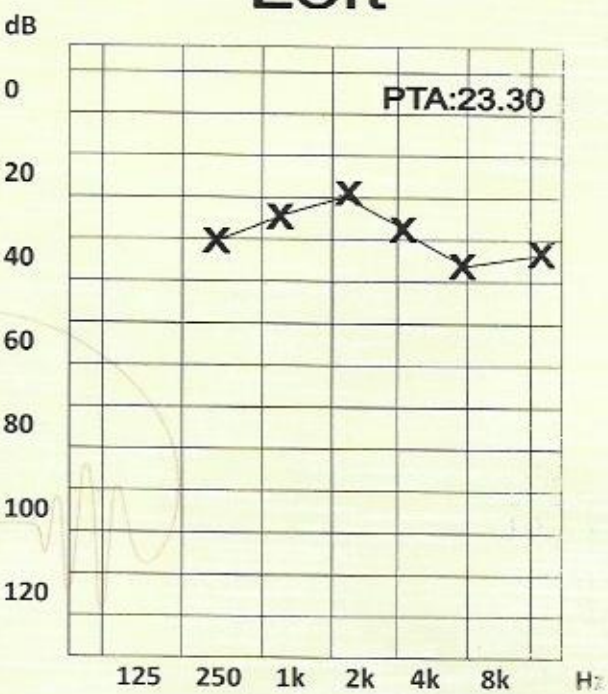
Address : RHL, UTTARA

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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Patient's Name	:	**MOHAMMAD ALI AKBAR**	ID NO	:	23010141
Age	:	**48 Yrs**	Date	:	08/01/2023
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)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
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Patient ID	23010141	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	08/01/2023
Patient Name	MOHAMMAD ALI AKBAR		
Age	48 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.2cm shape and position. The echogenicity of the parenchyma is normal. 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.

CBD & Intrahepatic biliary trees are not dilated. Diameter of CBD is normal.

PANCREASE :- Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

SPLEEN :- Is normal in size and shape uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size. RK-9.0cm, LK-9.3cm 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 within normal limit. No intravesicle lesion is seen

Prostate: Normal size regular in shape. Echogenicity is homogenous.

COMMENT: Normal Study.

Sonologist

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

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TREADMILLSTRESS TEST

Patient ID	23010141	Test Date	08-01-2023		
Patient Name	MOHAMMAD ALI AKBAR	Age	48 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

Total Exercise Time : 09:12 Min

% of max.pred. hR : 98 %

Maximum BP : 150/90 mmHg.

Indication : Screening for IHD.

Risk Factors :

Reason for Termina : Attainment of THR.

Test Profile : BRUCE

Symptoms :

Max.HR attained : 162 bpm.

Max. Pred HR : 168 bpm.

Max. work load attained :13.12METS.

Summary Result ⇒ **NEGATIVE**

Comments :

- **MOHAMMAD ALI AKBAR** 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that MOHAMMAD ALI AKBAR date of birth 16/12/1974 Sex MALE
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 05 DEC 2021	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.	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			

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 } MOHAMMAD ALI AKBAR
date of birth / no (e) le } 16/12/1974
Sex / sexe } MALE

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 nunne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1 05 DEC 2021	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radiant Hospitals Limited.	YELLOW FEVER VACCINE L NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			

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.