#### 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: MUHAMMAD XIAN Serial No: Middle Initial C/O/106 72 Date of Birth: 15 / 11 1999 PP/CDC: 329 flicer Rank: Vessel: XPRESS NETRAVATI Type: Container Route WILL POLL BANIMORPON, (8250), MULADI, BARISHA Company Name : EASTAWAY Medical History Please answer the following to the best of your knowledge. Is there any past / present history of any of Candidate Examiner Candidate Examiner Declaration Record the following Record No Yes Yes No Yes No. Severe one-sided headaches (Migraine) Yes No Hemia / Hydrocoele / Appendicitis Head Injury / Concussion / Loss of Memmory High / Low blood pressure / Heart disease Asthama / Bronchitis / Tuberculosis Fits / Epilepsy / Dizziness / Fainting Eye / Vision Problems (Glasses, etc. Allergy / Skin disease Hearing Impairment Infection / Contagious Disease Ear / Nose / Throat problems Addication 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 hest Insp-Exp 110/80 General Condition 178 m 786 acri Distant Vision Uncomected Corrected Field of Vision Audiometry 1000 2000 Right Eye 5000 | 6000 | 8000 Right Ear B 20 Abnormal Left Ear 241 Ishihara Normal Colour Vision Abnorma Right Ear Left ear Other Hearing Normal-Abnormal Systemic Examination Normal Abnormal Notes Normal Abnormal Head & Neck Respiratory system FIT FOR SEA SERVICE Cardiovascular system Ears / Nose / Throat Per Abdomen Teeth / Oral Cavity AS 3RD OFF Musculo-Skeletal system enito-urinary system Others AS PER MLC 2006 Nervous system Hemia / Hydrocoele Reflexes Varicose Veins Enhanced GARD Medicals done Fissure/Fistula/Piles Investigations Blood Normal Urine Hemoglobin 14-16 gm % 3/20 Total WBC coun 80 cu.mm 4000-11000 / cu.mi Specific Gravity Neu 61 % Mo 00 Ba 00 Malarial parasite Albumin 21 ESR - 15 mm / hr Sugar 21 SGPT -43 U / L Bile pigment S.Cholesterol N/E mg/dl 145--260 mg / dl Bile salts S.Triglycerides € mg/dl upto 200 mg/dl Occult blood Blood Sugar PPRS upto 125 mg % RBC cells 21 HbsAg Leucocytes HIVI & II Others Others Spirometry: GGTP U/L Blood Group RADICAL HOSPITALS Drugs of ECG: Nonma TMT: Abuse: X-Ray Chest: USG: OAV 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 Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months. Remarks / RATHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is information this Certificate This certificate is valid till: 2 8 JUL 2025 Candidate'ş Signature V. Sign Hospital Official Stamp Doctor's signature: 29/07/2023 Date: DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 2 9 JUL 2023 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

04.2023.4486



#### 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, mid	Idle) MUHAMMAD . XIAM	)	Gender: Male/Female*
Date of Birth: (Day/month/year)	Nationality: BANGLADESHI	Place of Birth: 1	BARISHAL

Declaration of the recognized medical practitioner:

			Yes	No
1	Identification documents were checked at the point of examination?			25.4
2	Hearing meets the standards in STCW Code Section A-I/9?		/	intin
3	Unaided hearing satisfactory?			-
4	Visual acuity meets the standards in STCW Code Section A-I/9?		1	7
5	Colour vision meets the standards in STCW Code Section A-I/9?	100 100 100	1	rie"
	Date of last colour vision test: 2 9 JUL 2023		/	-
6	Fit for look-out duty?			
7	Is the seafarer free from any medical condition likely to be aggravated by ser to render the seafarer unfit for such service or endanger the life of person on			. 0
8	No limitations or restrictions on fitness?			1 4 4 4
	If "no" specify limitations or restrictions			HOLES
	ų-		17	15
9	Date of examination: (day/month/year)	2 9 JUL 2023	-	le.
10	Expiry of certificate: (day/month/year)  ** Maximum two years from date of examination unless the seafarer is under the age of 18	2 8 JUL 20	25	

2 9 JUL 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 Shipp.ng 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





### MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

### MPA

#### 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) MUHAMA	MAIX . DAI		Gender: Mate/Female*
Date of Birth: day/month/year 15/11/1999	Place of Birth:		BANGLA DESHIE
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: A 0 7574459	Dept: Deck / Engine / C Rank: Third	Catering / others	Type of ship:
Home Address: DIN+P.O. + BANI MORDON (8250) MULADI, BARISHAL	Routine and emergence	y duties:	Trading area: e.g. coastal / worldwide

<sup>\*</sup>For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No	5(8)	Yes	No
Eye/vision problem			18. Sleep problem	+	-
2. High blood pressure		-	19. Do you smoke, use alcohol or drugs?		1
<ol><li>Heart/vascular disease</li></ol>		0	20. Operation/surgery	+	15,0
4. Heart Surgery			21. Epilesy/seizures		EHCE.
5. Varicose veins/piles			22. Dizziness/fainting	1	-
6. Asthma/bronchitis			. 23. Loss of consciousness		
7. Blood disorder			24. Psychiatric problems	1 10	
8. Diabetes			25. Depression		
9. Thyroid problem			26. Attempted suicide		
10. Digestive disorder		-	27. Loss of memory	1.5	No
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		١.
16. Genital disorder			33. Amputation		
17. Pregnancy	7	10	-34. Fracture/dislocations	1	-

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



Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		
36. Have you ever been hospitalized?	13	U
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?		1
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?		
41. Are you allergic to any medication?		1
42. Are you using any non-prescription or prescription medication?	100	-

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.

29 JUL 2023 29/07/2023

Date

Signature of Seafarer

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

Name and Signature of Withess

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. me pro Comme

29 JUL 2023

Date

Signature of Seafarer

MBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Name and Signature of Witness



#### Part B - Result of medical examinations Eyesight Use of glasses or contact lenses No Yes Type Purpose Visual Acuity Unaided Aided Right eye Right eye Left eye Binocular Left eye Binocular L10 Distant Distant Near 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 20 2 Left ear Speech and whisper test (metres) Normal Whisper Right ear Left ear Clinical Findings Height Weight 80 (kg) (cm) Pulse rate (per minute) Rhythm Regul Blood Pressure Systolic (mm Hg) Diastolic (mm Hg) Urinalysis: Glucose: Protein: NI Blood: N, Normal Abnormal Head Sinus, nose, throat Mouth/teeth

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Ears (general) Tympanic membrane Eyes Ophthalmoscopy Pupils Eye movement Lungs and chest Breast examination 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	
Eyes Ophthalmoscopy Pupils Eye movement Lungs and chest Breast examination 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	
Dephthalmoscopy Pupils Eye movement Lungs and chest Breast examination 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	
Pupils Eye movement Lungs and chest Breast examination 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	
Eye movement Lungs and chest Breast examination 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	
Lungs and chest Breast examination 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	
Breast examination 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	
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	
Skin //aricose Vein //ascular (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	
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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	
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	
Anus (not rectal exam) G-U system Upper and lower extremities Spine (C/s, T/S, L/S) Neurologic (full/brief) Psychiatric General appearance	
G-U system Upper and lower extremities Spine (C/s, T/S, L/S) Neurologic (full/brief) Psychiatric General appearance	
Upper and lower extremities Spine (C/s, T/S, L/S) Neurologic (full/brief) Psychiatric General appearance	
Spine (C/s, T/S, L/S) Neurologic (full/brief) Psychiatric General appearance	
Neurologic (full/brief) Psychiatric General appearance	
Psychiatric General appearance	
General appearance	
nest X-ray	
est Blood-tutoine Results: Normal	
Madical areatitioner's comments and assessment of fitness with reasons for any limitations	ns
Medical practitioner's comments and assessment of fitness, with reasons for any limitations	ns.
Medical practitioner's comments and assessment of fitness, with reasons for any limitations  FIT FOR DUTY ON BOARD SHIP	ns.
ssessment of fitness for service at sea (please tick)	
FIT FOR DUTY ON BOARD SHIP	
FIT FOR DUTY ON BOARD SHIP  ssessment of fitness for service at sea (please tick)  n the basis of the seafarer's personal declaration, my clinical examination and diagnostic te	
ssessment of fitness for service at sea (please tick)  In the basis of the seafarer's personal declaration, my clinical examination and diagnostic telesults recorded above, I declare the seafarer medically:	
ssessment of fitness for service at sea (please tick)  In the basis of the seafarer's personal declaration, my clinical examination and diagnostic telesults recorded above, I declare the seafarer medically:    Fit for look out duty	
FIT FOR DUTY ON BOARD SHIP  ssessment of fitness for service at sea (please tick)  In the basis of the seafarer's personal declaration, my clinical examination and diagnostic tensults recorded above, I declare the seafarer medically:  Fit for look out duty  Unfit for lookout duty  Visual aid required  Deck  Engine  Catering  Other	
ssessment of fitness for service at sea (please tick)  In the basis of the seafarer's personal declaration, my clinical examination and diagnostic tensults recorded above, I declare the seafarer medically:    Fit for look out duty	
ssessment of fitness for service at sea (please tick) In the basis of the seafarer's personal declaration, my clinical examination and diagnostic telesults recorded above, I declare the seafarer medically:    Fit for look out duty	

Without restrictions	With restrictions
Description of restrictions (e.g. sp	ecific position, type of ship, trading area etc.)
29 JUL 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  Badical Hospitals Limited

Medical Practitioner's name, licence number, address

Signature of Medical Practitioner

Date





Id No : 1030

Patient's Name: XIAN MUHAMMAD

Specimen : Blood

Doctor Name

Date: 29-Jul-2023 Age: 23Y 8M 14D

D.Date: 29-Jul-2023

Gender: Male

: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/10672

#### Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haem

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)	<b>14.4</b> gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.	
ESR(Westergreen)	<b>10</b> mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	<b>5,200</b> /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year):	
Differential WBC Count (DC)		6,000-18,000/cumm	
Neutrophils	61 %	Childs 25 cc ox a time as an analysis of the little	
ymphocytes	33 %	Child: 25-66 %, Adult: 40-75 %	i.
Monocytes	04 %	Child: 52-62 %, Adult: 20-50 %	Din.
osinophils	02 %	Child: 03-07 %, Adult: 02-10 % WBC CURVE	
asophils	00 %	Child: 01-03 %, Adult: 01-06 % Adult: 00-01 %	
otal Cir. Eosinophils	104 /cumm	50-450/cumm	
otal RBC Count	4.68 m/ul		
ICT/PCV	39.0 %	M: 4.5-6.5, F:3.8-5.8 m/ul M: 40-54%, F:37-47%	
1CV	83.3 fL	76 - 94 fL	
1CH	<b>30.8</b> pg	27 - 32 pg	
1CHC	<b>36.9</b> g/dL	29 - 34 g/dL RECCURVE	-
:DW	12.7 %	11 - 16 %	
DW	16.4 fL	35 - 56 fl	
otal Platelete Count (PC)	1,71,000 /cumm	150,000-450,000/cumm	
1PV	10.0 fL	7.0 - 11.0 fL	
CT	0.171 %	0.1 - 0.%	
ledding Time(BT)	%	10 - 18 %	
loting Time(CT)	%	0.1- 0.2 %	
neirfanhile	07'04	Childs 01 02 07 Adults 01 05 07	

Checked By Medical Technologist

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



Bill No	DIA230701030	Received Date	29/07/2023
Patient's Name	XIAN MUHAMMAD		
Patient's Age	23Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	DEM),PGT(Eye),DFM	CDC NO:C/O/10672
Sample	Blood		

#### BIOCHEMISTRY REPORT

**Test Name** 

Result

Reference Range

Random Blood Sugar (RBS)

5.6 mmol/l

4.2 - 6.4 mmol/l

#### REMARKS (IF ANY)

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

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumalya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital



Bill No	DIA230701030	Received Date	29/07/2023
Patient's Name	XIAN MUHAMMAD	***	20/01/2020
Patient's Age	23Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/10672
Sample	Blood .		*

#### SEROLOGYCAL REPORT

Test Name Result

VDRL	Non-reactive



Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumarya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



Bill No	DIA230701030	Received Date	29/07/2023
Patient's Name	XIAN MUHAMMAD		
Patient's Age	23Y 8M 14D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/10672
Sample	Urine		

#### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	2-3/HPF

#### CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil	
Albumin	NIL	WBC	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 Vechnologis Radical Hospitals Ltd. Dr. Sumaya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



**Test Name** 



DIA230701030	Received Date	29/07/2023
XIAN-MUHAMMAD		
23Y 8M 14D	Patient's Sex	Male
Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/10672
Urine		
	XIAN·MUHAMMAD  23Y 8M 14D  Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	XIAN·MUHAMMAD  23Y 8M 14D Patient's Sex  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

Result

#### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

	7-7-7-7-7
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. Sumarya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital

#### **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. 230701030 Receive: Print; 29/07/2023

Patient's Name XIAN MUHAMMAD

Age

**23 YRS** Sex : M

Refd. by Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

### **ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate 76 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)

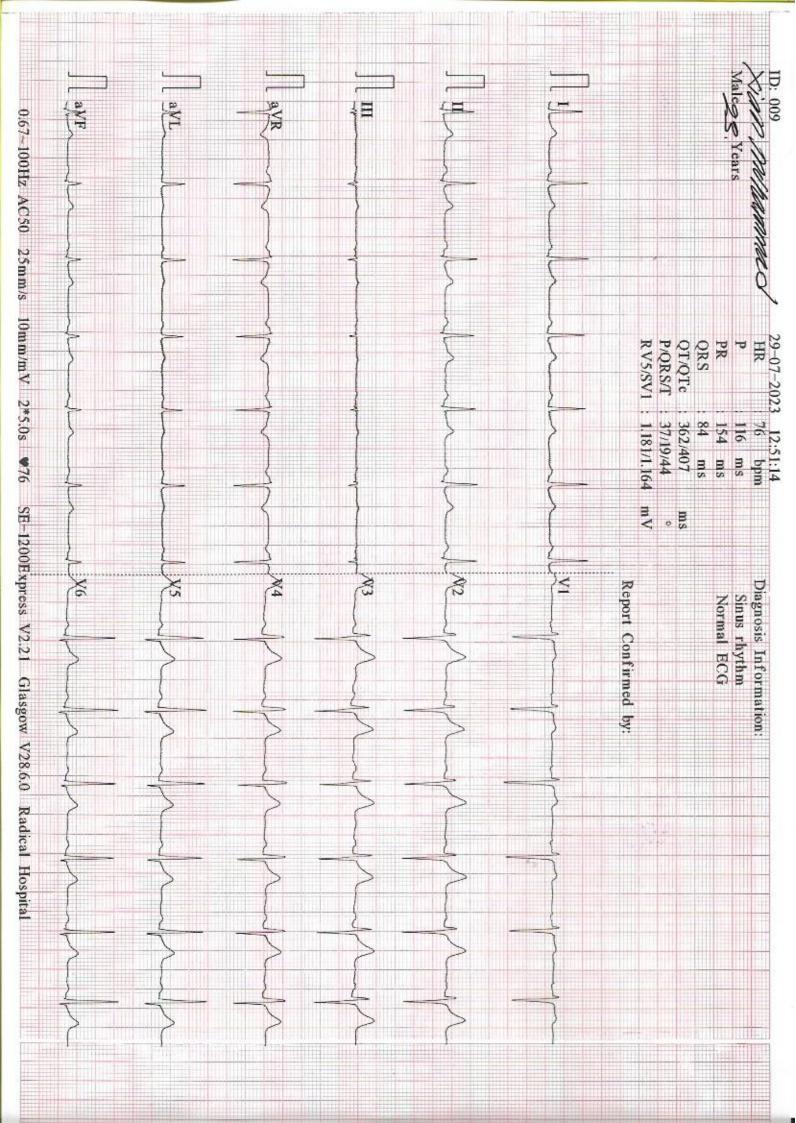
Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1





#### **DEPARTMENT OF RADIOLOGY & IMAGING**

Print: 29/07/2023

ID. No. : 230701030 Receive:29/07/2023

Patient's Name : XIAN MUHAMMAD

Age : 23 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 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.

Page of 1

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

This is to certify that XIAN JE Soussigne' (e) certifie que	Not AmmaDate of birth no' (e) le	15/11/1999	Sex M
Whose signature follows dont la signature suit			sexe ]

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

	Date 1012	Signature and professional Approved Stamp Status of Vaccinator Cechet Signature et gralite profess- sionelle vaccinateur  OR VACC	
29	10.	ORAL CHOI	COUNTY CO.
2	2	DR. MIR AAD. RAIHAN  MBBS (DU): DFM. CCD (Birdem), PGT (Ophth)  BMDC A-55144. MMC-BGD-016  DG Shipping Bangladesh Approved  General Physician  Radical Hopotols Limited  TOUN  Valid Upto	ORAL"
	3		
6	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

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 perforned.

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 première 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 de la seconde, injection:

De cachet d'authentification doit être c\_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou ! 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 XII	no' (e) le	15111/2999	Sex M	
Whose signature follows don't la signature suit	<del>                                      </del>			
has on the Date indicated	been vaccinated or revaccinated a	against cholera		

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

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccipateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet official du centre de vaccination
2	R AHR. MD. RAIHA BBS (DU), DPM, CCD (Birdem), PGT (Op MDC A-55144, MMC-BGD-0* S Shipp.ng Bangladesh Approv General Physician Radical Hospitals Limited.	hth)	35, Shah Makhdura Porenue Utuna, Dhaka
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 revaccination.

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 lc vaccina employe" a c-' tc,' a approve" par l' organisa\_ tion Mondiale de la santc" et sile centre a" uaiif,aiion ae" tc'tra6fiiie pali-aminstralion " sanitaire du (erriloire dans lcqucl'ce centre est siture;

La validité de ce certilicat couvrc une periodo de dix ans comencant dix joursapros la date de la vaccination ou, dans le cas dune relaccination.u.ou., a.-citto lie,lio,i. a" dix ans, lejour de cetto revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar no pouvant cue conside' commo Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il