

HAQUE & SONS LTD.

Tel: +880 31 716214-6, Fex: +880 31 710530



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

Accredited By : BMDC Accreditation No. A 55144

PATIENT CONTROL NUMBER H659

MEDICAL EXAMINATION CERTIFICATE

ATIONALITY: BANGLADESHI SEX: M Male LI Female VESSEL TYPE: CHEM. TANKER TRADIN	07744
SIRAJGANJ 20-Sep-1994 B00288696 CO TIONALITY: BANGLADESHI SEX: M Male LI Female VESSEL TYPE: CHEM. TANKER TRADING RMANENT HOME ADDRESS: CONTACT NUMBER: C TAMAI, P.S. TAMAI, P.S. BELKUCHI, DIST. SIRAJGANJ. RANK: Have you ever had any of the following conditions? Condition YES NO Condition	O7744 G AREA: WORLD WII
TIONALITY: BANGLADESHI SEX: M Male LI Female VESSEL TYPE: CHEM. TANKER TRADINIONALITY: BANGLADESHI SEX: M Male LI Female VESSEL TYPE: CHEM. TANKER TRADINIONALITY: CONTACT NUMBER: CONTACT NUM	G AREA: WORLD WIL
RMANENT HOME ADDRESS: TAMAI, P.S. TAMAI, P.S. BELKUCHI, DIST. SIRAJGANJ. RANK: Have you ever had any of the following conditions? Condition YES NO Condition	
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Have you ever had any of the following conditions? Condition YES NO Condition	
Condition YES NO Condition	2ND OFFICER
7 1	
1 Eye/vision problem	YES NO
-y production	
2 High blood pressure 19 Do you smoke?	
3 Heart/vascular disease	
4 Heart surgery D 21 Epilepsy/seizures	
5 Varicose veins Dizziness/fainting	
6 Asthma/bronchitis	
7 Blood disorder 24 Psychiatric problems	
8 Diabetes 17 25 Depression	
9 Thyroid problem 11 11 26 Attempted suicide	
10 Digestive disorder	
11 Kidney problem 28 Balance problem 12 Skin problem 29 Severe headaches	
2 Severe readacties	
2 Caminoschinost problems	
A Nestriced mobility	0 0
J. J. Gack problems	
cho miputation	0 0
17 Pregnancy 34 Fractures/dislocations any of the above questions were answered "yes", please give details.	0 0
Have you ever been signed off as sick or repatriated from a ship? Have you ever been hospitalised? Have you ever been declared unfit for sea duty?	
just over desired arm for deal daily.	
The few money control of the been restricted of revoked:	
The jet and a viet jet note only modeled problems, discusses or linesses :	
Do you feel healthy and fit to perform the duties of your designated position/occupation? Are you allergic to any medications?	
Comments:	
FIT FOR DUTY ON BOARD SHIP	
the same of the sa	
42 Are you taking any non-prescription or prescription medications?	(56) 20
42 Are you taking any non-prescription or prescription medications?	
42 Are you taking any non-prescription or prescription medications?	-3
42 Are you taking any non-prescription or prescription medications? [yes, please list the medications taken and the purpose(s) and dosage(s)	
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Are you taking any non-prescription or prescription medications? yes, please list the medications taken and the purpose(s) and dosage(s) hereby authorize the release of all my previous medical records from any health professionals, health institutions a Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any falsqualify me from my employment, benefits and claims Neuron Signature of Seafarer DICAL EXAMINATION	and public authorities alse statement will
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Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) Thereby authorize the release of all my previous medical records from any health professionals, health institutions at Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any falisquality me from my employment, benefits and claims. **Neuron Superior** Signature of Seafarer DICAL EXAMINATION **Veight** Superior** Weight** Hearing by Audiometry Audiometry **June 1.5.* Blood Pressure: Systolic Diastolic Diasto	PULSE-JAblin
Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) Thereby authorize the release of all my previous medical records from any health professionals, health institutions at Dr. Mir Md. Raihan (approved medical practioner) I also certify that my history contained above is true and any fallisquality me from my employment, benefits and claims Neuron Signature of Seafarer	PULSE-Jablina
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Near	600	000		_		Right e		\sim		
2.3.5.5.5.10.00	meets the sta	ndard laid dov	vn in STCW C	ode S	ection A/1/9		NO NO			
	n as per STCW				Normal	□ Doubtf		□ Defecti		
	colour vision te			The same	UL 2023	- Doddin		13 Delecti	ve	
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Head			Kn		Various	se veins			D	
Sinuses, nos	se, throat		11.		Vascul	ar (inc. pedal	pulses)		8	
Mouth/teeth			11			en and viscer	33.000000000000000000000000000000000000		16	11
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Tympanic me	embrane		1		Anus (r	not rectal exar	rm)		1	O
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Heart			M.		Skin				6	
RESULTS OF /	ANCILLARY E.	XAMINATION	S			V6.30	- V			/
Chest X-Ray		DHO IN	BIO CHEM	ICAL (LIVER FUNCT	TON TEST)	Marijuana		Positive 1	Negative
ECG	1	112	BILIRUBIN		0	7	Alcohol Tes		Positive #1	
	BLOOD R/E		SCPT		15		URINE R/E		N	72
DC(differenti	ial count)	mo	SGOT		21			ОТН	ERS	1
HAEMOGLO	DBIN (HGB)	13.3	DRU	JG ANI	ALCOHOL T	E8T	HBsAg		Reactiv 🖹	Nonreactiv
ESR (WEST		52	Morphine		Positive		HIV / AIDS		Reactiv []	
WBC		1.702	Amphetamine		Positive		VDRL		Reactiv	
BLOO	DD GLUCOSE		Phencyclidine		Positive		Blood Type		The section of	TWO III COCK
RANDOM		5.8	Barbiturates	_	Positive		Psychologic	al Exam	CUL	20
HBA1C		200-1	Cocaine		□ Positive □	Committee Commit	Others(KUB		12	1
		7-1-1			,		1		-//	
ereby I declare	that I am in kr	nowledge of th	e contents of	the Ph	ysical examina	ations:			0.7 1111	
Vacuoj !	Il world								07 JUL	. 2023
veette j	onaras				NEWAJ S	HARIF				
gnature of Sea	afarer			- 28	Name of Se	eafarer		ii	D	ate
	F1									
	fitness for se the examinee's		laration my c	linical e	evamination a	nd the diagnos	etic taet raeult	e recorded :	ahova I dor	lare the
xaminee medic	ally:		iorodori, rity o	774	SHOT IN CHOICE OF	to the diagno.	one test resul	a recorded (above, ruec	iale the
		+ Fill	or lookout dut	ies		D	Not fit fo	r lookout di	uties	
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	`		T.I		n				Sections	
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nfit	With street.	estrictions		[]	With re	strictions				
nfit	Without ro									
nfit					avated by serv	rice at sea or t	to render the	seafarer unf	it for such s	ervice or to
the Seafarer fr	ree from any m	nedical conditi	ons likely to b	e aggr	A					
1	ree from any m	nedical conditi ersons on boa	ons likely to b	e aggr	~					211100 01.10
the Seafarer fr	ree from any m	nedical conditi ersons on boa	ons likely to b ird? Yes	c aggr	No					- V 1
the Seafarer fr	ree from any m	nedical conditi ersons on boa	rd?	aggr						V
the Seafarer frindanger the he	ree from any mealth of other pe	ersons on boa	Yes	1 E	No 🗋					
the Seafarer fridanger the he	ree from any m	ersons on boa	Yes	1 E	No 🗋					
the Seafarer fridanger the he	ree from any mealth of other pe	ersons on boa	rd? Yes	1 E	No 🗋	12				
the Seafarer fridanger the he	ree from any mealth of other pe	ersons on boa	rd? Yes	1 E	No 🗋		-	A STATE OF THE STA	X	
the Seafarer fr ndanger the he	ree from any mealth of other pertions (e.g., spe	ersons on boa cific position, I	Yes Yes (1) (ype of ship, tr	1 E	No 🗋		; (16 JUL 2	025	
the Seafarer fridanger the he	ree from any mealth of other pertions (e.g., spe	ersons on boa	Yes Yes (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	rade ar	No (i)	HAN	; (16 JUL 20	025	
the Seafarer fridanger the he	ree from any mealth of other pertions (e.g., spe	ersons on boa cific position, I	Yes Yes (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	rade ar	No 🗋	HAN T (Ophth)	; (16 JUL 20	025	

In Accordance with Medical Examination (Seafare Seneral Physician 6 (No. 78) and STCW 1978/1996 as Amended, MLC 2006
Radical Hospitals Limited. Revision Date : 24th July 2022

Revision: 5.1

MEDICAL CERTIFICAT	TE FOR F	PERSONNEL SERVICE ON BOA	ARD
JRNAME: SHARIF		N NAME (S): NEWAJ	=
ATE OF BIRTH:	PLACE:	OF BIRTH	SEX
DAY 20 MONTH 9 YEAR 1994	CITY	SIRAJGANJ COUNTRY BANGLA	DES MALE FEMALE
CONTON ON SOME		G ADDRESS OF APPLICANT:	10
ASTER		AMAI, P.S. TAMAI,	
ECK OFFICER	P.S. BE	ELKUCHI, DIST. SIRAJGANJ.	
ENGINEERING OFFICER		"ADESH.	
ADIO OPERATOR ATING	DAILO.	ADEST.	
ECLARATION OF THE AUTHORIZED PHYSICIAN			
VISION		COLOR TEST TYPE	HEARING
	GLASSES	воок	
EFT EYE 666	_	YELLOW RED RESTRECT EAST	200
Confirmation that identification documents were checked a	at the point o	examination: XES NO	
learing meets the standards in STCW Cede, Section A-1.	/9? YES	NO NOT APLICABLE:	
Jnaided hearing satisfactory? YES NO		1	
/isual acuity meets standards in STCW Code, Section A	1/92 VVS	NO	
	/	NO NO	
Colour vision meets standards in STCW Code, Section A-	1/9/ 1/3	NO	
the visual test it is required every six years)	07 1	JL 2023	
Date of the last colour vision test: (Day/Month/Year)		1	
Are glasses or contact lenses necessary to meet the requ	ired vision st	andards? YES NO	
Able for watchkeeping? YES NO			
s applicant taking any non-prescription or prescription mo	edications? Y	ES NO	
Is the seafarer free from any medical condition likely to be endanger the health of other persons on board? YES	aggravated NO	by service at sea or to render the seafarers	unfit for such service or to
Necusery Sharters Signature of Applicant N CIRCLE APPROPRIATE CHOICE: (HE (SHE) IS EC	ame of Applia	Cant FOR DUTY AS A (M.	0 7 JUL 2023 7-Jul-2023 Date ASTER / DECK OFFCIER
ENGINEERING OFFICER / RADIO OPERATOR /	RATING) (V	BOARD SHIP	NG) RESTRICTIONS:
NAME AND DEGREE OF PHYSICIAN: DR. MIR MD. RA			
NAME AND DECKEE OF PHYSICIAN: DK. WIK MD. KA			NGLADESH
	KHDUM AVE		
ADDRESS, REDICAL HOSPITALS LIMITED, 35, SHAH MA		NG BANGLADESH	
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MA NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	: DG SHIPPI		
ADDRESS, REDICAL HOSPITALS LIMITED, 35, SHAH MA	: DG SHIPPI		
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MA NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-	: DG SHIPPI 2014	losida Hospitalo	0 7 JUL 202
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MA NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05- SIGNATURE OF PHYSICIAN:	DG SHIPPI 2014 STAN	IP OF PHYSICIAN: (ASPERMILG 2006)	0 7 JUL 202
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MA NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05- SIGNATURE OF PHYSICIAN: EXPIRY DATE OF CERTIFICATE:	STAN	MP OF PHYSICIAN: * ASIPER-MI-C-2006 *	0 7 JUL 202
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MA NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05- SIGNATURE OF PHYSICIAN: EXPIRY DATE OF CERTIFICATE: This certifica	STAN O 6 JU de is issued	MP OF PHYSICIAN: * ASPERMICG 2006 * In compliance with the requirements	0.7 JUL 202
ADDRESS: REDICAL HOSPITALS LIMITED, 35, SHAH MA NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05- SIGNATURE OF PHYSICIAN: EXPIRY DATE OF CERTIFICATE: This certifica	STAN OF JU the is issued 978, as ame	MP OF PHYSICIAN: * ASIPER-MI-C-2006 *	07 JUL 202



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +88 02333316214-6

VAJ SHARIF	Date	7-Jul-2023
	Sex	MALE
288696	CDC No	CO7744
OOD	Rank	2ND OFFICER
	288696 DOD	288696 CDC No

BIOCHEMISTRY REPORT COMPARE

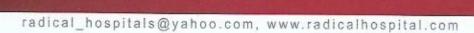
Vessel Name:	NAEBA GALAXY	GINGA LION	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	16 NOV 2021	0 7 JUL 2023	2
Serum Bilirubin	0.7	0.7	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	29	31	Up to 37 U/L
Serum S.G.P.T.	32	18	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions



Doctor Seal & Signature DR. MIR. MD. RAIHAN MBBS (DU). DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 BMDC A-55144, MMC-Bd7010
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited
Revision Date: 24th July 2022





Id No : 0155

Patient's Name: NEWAJ SHARIF

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

D.Date: 07-Jul-2023

Gender: Male

CDC NO:C/O/7744

Haematology Report

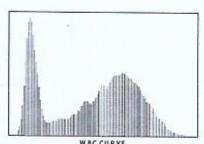
(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Date: 07-Jul-2023

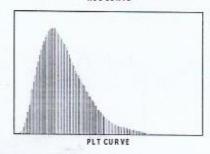
Age: 28Y 9M 17D

Parameter Name	Results	Reference Range
Hemoglobin (Hb) ESR(Westergreen)	13.3 gm/dl 07 mm/1st hr	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.
Total WBC Count(TC) Differential WBC Count (DC)	7,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Neutrophils	71 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	25 %	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	154 /cumm	50-450/cumm
Total RBC Count	4.17 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	35.1 %	M: 40-54%, F:37-47%
MCV	84.2 fL	76 - 94 fL
MCH	31.9 pg	27 - 32 pg
MCHC	37.9 g/dL	29 - 34 g/dL
RDW	12.0 %	11 - 16 %
PDW	17.5 fL	35 - 56 fl
Total Platelete Count (PC)	2,54,000 /cumm	150,000-450,000/cumm
MPV	9.3 fL	7.0 - 11.0 fL
		THE LEGIC

0.236 %



RBCCURVE



Checked By Medical Technologist

PCT

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

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Bill No	DIA23070155	Received Date	07/07/2023
Patient's Name	NEWAJ SHARIF		
Patient's Age	28Y 9M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	DEM),PGT(Eye),DFM	CDC NO:C/O/7744
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	31 U/L	Up to 37 U/L
Serum ALT (SGPT)	18 U/L	Up to 40 U/L
HbA1C	4.9 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Clecked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun

M BBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital



Test Name

Bill No	DIA23070155	Received Date	07/07/2023
Patient's Name	NEWAJ SHARIF		0110112020
Patient's Age	28Y 9M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/7744
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result	
HIV 1 & 2 (Method : (ICT)	Negative	
UDaAa (Mathada (ICT)		

	riogative
HBsAg (Method: (ICT)	Negative
VDRL	Non-reactive

DD GROUPINGResult	3 4 1
ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

Medical Technologis Radical Hospitals Ltd.

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



Bill No	DIA23070155	Received Date	07/07/2023
Patient's Name	NEWAJ SHARIF		0110112020
Patient's Age	28Y 9M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),0	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/7744
Sample	URINE	1900 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

Glecked By

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



Bill No	DIA23070155	Received Date	07/07/2023
Patient's Name	NEWAJ SHARIF		
Patient's Age	28Y 9M 17D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE	EM),PGT(Eye),DFM	CDC NO:C/O/7744
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	1
Barbiturates	Negative	
Amphetamines	Negative	

Alcohol Negative

Benzodiazepines Negative

Methadone Negative

Propoxyphene Negative

Checked By

Medical Technologis Radical Hospitals Ltd.

Phencyclidine

Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital

Negative

RADICAL HOSPITAL

:radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. GINGA LION DATE: 07/07/2023

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: NEWAJ SHARIF RANK: 2ND OFF CDC NO: C/O/7744

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

666

616

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

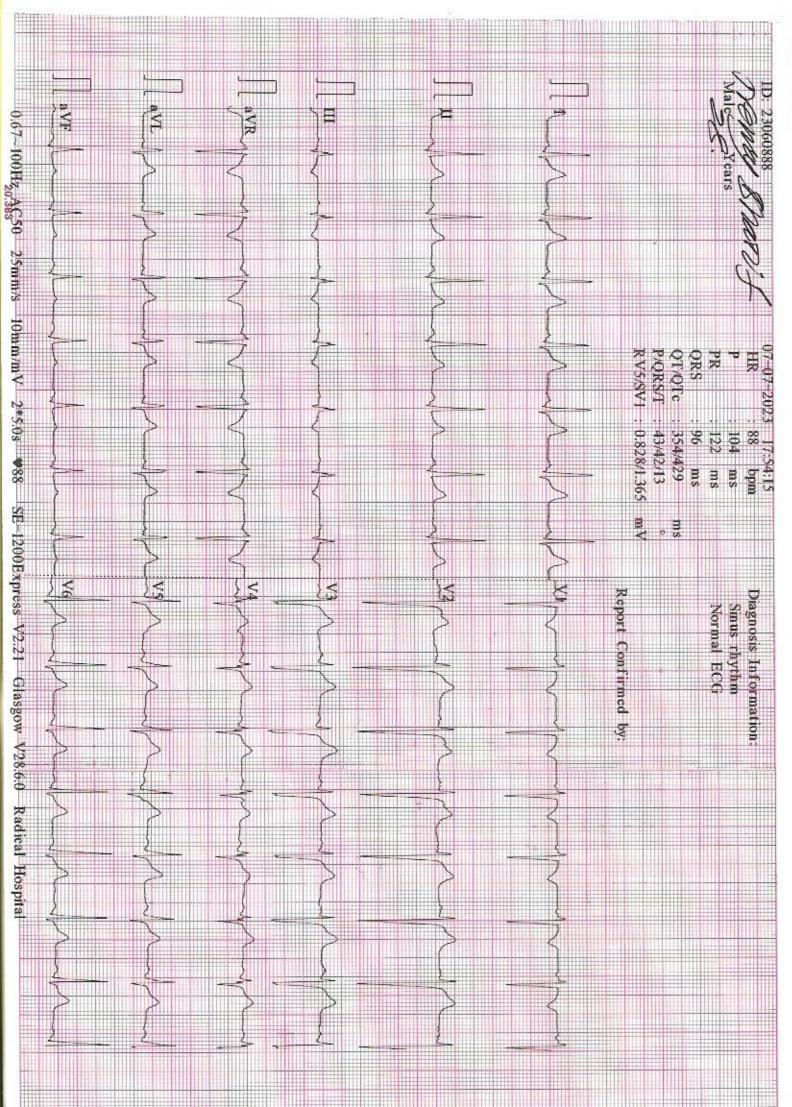
UNFITY FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan

MBBS, PGT (Ophthalmology)

Assistant Registrar (EX)

East west Medical College & Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070155 Receive:07/07/2023 Print: 07/07/2023

Patient's Name : NEWAJ SHARIF

Age : 28 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 ields 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



Patient ID	230700155	Voucher No	
Test Name	USG OF KUB	Delivery Date	07/07/2023
Patient Name	NEWAJ SHARIF	Delivery Date	0110112023
Age	28 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CC	Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 8.4cm. 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.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.8cm. 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 regular and within normal limit.

No intravesicle lesion is seen

27.29

PROSTATE: Normal in size volume is 10.5cc regular in shape. Echogenicity is homogenous.
No area of calcification is seen.

COMMENT: Normal study.

Dr. Asma Ahmed MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA This is to certify that Date of birth whose signature follows has on the date indicated been vaccinated or revaccinated against Cholera Date Signature and Professional Approved Stamp status of vaccinator JA TO DR. MTR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited 2 3 3 4 4 5 5 6 7 7 8 8

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth 20-09-1994 Sex 48-6

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
17/1/195	DR. MAR. 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.	L NO O DI DAKAR SE	S. Shah Melhdum Average Uttern, Dheka
2	3-3	3	5
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4	AND THE RESERVE	1000 graps 20 mm	

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 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 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, of failure to complete any part of it may render it invalid.