



HAQUE & SONS LTD.

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

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

Accredited By: BMDC
Accreditation No. A 55144

PATIENT CONTROL NUMBER
H2340

MEDICAL EXAMINATION CERTIFICATE

SURNAME RAIHAN		FIRST NAME TANVIR		MIDDLE NAME	
PLACE AND DATE OF BIRTH COMILLA 11-May-1997		PASSPORT NUMBER B00686846		SEAMAN'S BOOK NUMBER CO10407	
NATIONALITY: BANGLADESHI		SEX: ☒ Male ☐ Female		VESSEL TYPE: CHEM. TANKER TRADING AREA: WORLD WIDE	
PERMANENT HOME ADDRESS: C/O. DOCTOR BARI, VILL. RAMPUR, WARD NO. 6, PO. SHIMRA, PS. KOTWALI, DIST. CUMILLA, BANGLADESH.				CONTACT NUMBER: 01521-486768 (SELF)/015	
				RANK: 3RD OFFICER	

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	☐	☒	18 Sleep problems	☐	☒
2 High blood pressure	☐	☒	19 Do you smoke?	☐	☒
3 Heart/vascular disease	☐	☒	20 Operation/surgery	☐	☒
4 Heart surgery	☐	☒	21 Epilepsy/seizures	☐	☒
5 Varicose veins	☐	☒	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/nose/throat problems	☐	☒
14 Infectious/contagious diseases	☐	☒	31 Restricted mobility	☐	☒
15 Hernia	☐	☒	32 Back problems	☐	☒
16 Genital disorders	☐	☒	33 Amputation	☐	☒
17 Pregnancy	☐	☒	34 Fractures/dislocations	☐	☒

If any of the above questions were answered "yes", please give details.

Additional questions

Question	YES	NO
35 Have you ever been signed off as sick or repatriated from a ship?	☐	☒
36 Have you ever been hospitalised?	☐	☒
37 Have you ever been declared unfit for sea duty?	☐	☒
38 Has your medical certificate ever 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 medications?	☐	☒

Comments:

FIT FOR DUTY ON BOARD SHIP

42 Are you taking any non-prescription or prescription medications?	☐	☒
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If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Mir Md. Raihan (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

MEDICAL EXAMINATION

Weight 67 kg	Height (cm) 170	BMI 23.1	Blood Pressure: Systolic 120 mmHg Diastolic 80 mmHg	PULSE: 78 b/min																																								
<table border="1"> <thead> <tr> <th colspan="2">Ear</th> <th colspan="2">Hearing by Audiometry</th> <th colspan="4">Audiometry</th> <th colspan="2">Hearing by Whisper Test</th> </tr> <tr> <th>Right</th> <th>Left</th> <th>Adequate</th> <th>Inadequate</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th>Adequate</th> <th>Inadequate</th> </tr> </thead> <tbody> <tr> <td>☐</td> <td>☐</td> <td>☒</td> <td>☐</td> <td></td> <td></td> <td></td> <td></td> <td>☒</td> <td>☐</td> </tr> <tr> <td>☐</td> <td>☐</td> <td>☒</td> <td>☐</td> <td></td> <td></td> <td></td> <td></td> <td>☒</td> <td>☐</td> </tr> </tbody> </table>					Ear		Hearing by Audiometry		Audiometry				Hearing by Whisper Test		Right	Left	Adequate	Inadequate	500	1000	2000	3000	Adequate	Inadequate	☐	☐	☒	☐					☒	☐	☐	☐	☒	☐					☒	☐
Ear		Hearing by Audiometry		Audiometry				Hearing by Whisper Test																																				
Right	Left	Adequate	Inadequate	500	1000	2000	3000	Adequate	Inadequate																																			
☐	☐	☒	☐					☒	☐																																			
☐	☐	☒	☐					☒	☐																																			
Hearing meets the standards as laid down in STCW Code Section A-1/9? YES ☒ NO ☐																																												

Visual acuity					Visual fields		
	Unaided		Aided		Right eye	Normal	Defective
	Right eye	Left eye	Right eye	Left eye			
Distant	6/6	6/6			☒	☒	
Near					☒	☒	

Visual acuity meets the standard laid down in STCW Code Section A-1/9
 Colour vision as per STCW CODE Section A-1/9. ☒ Normal ☐ Doubtful ☐ Defective

Date of last colour vision test: Date (day/month/year) 19 JUL 2023

	Normal	Abnormal		Normal	Abnormal
Head	☒	☐	Varicose veins	☒	☐
Sinuses, nose, throat	☒	☐	Vascular (inc. pedal pulses)	☒	☐
Mouth/teeth	☒	☐	Abdomen and viscera	☒	☐
Ears (general)	☒	☐	Hernia	☒	☐
Tympanic membrane	☒	☐	Anus (not rectal exam)	☒	☐
Eyes	☒	☐	G-U system	☒	☐
Ophthalmoscopy	☒	☐	Upper and lower extremities	☒	☐
Pupils	☒	☐	Spine (C/S, T/S and L/S)	☒	☐
Eye movement	☒	☐	Neurologic (full brief)	☒	☐
Lungs and chest	☒	☐	Psychiatric	☒	☐
Breast examination	☒	☐	General appearance	☒	☐
Heart	☒	☐	Skin	☒	☐

RESULTS OF ANCILLARY EXAMINATIONS							
Chest X-Ray	<u>MAO</u>	BIO CHEMICAL (LIVER FUNCTION TEST)	Marijuana	☐ Positive	☒ Negative		
ECG	<u>MAO</u>	BILIRUBIN	Alcohol Test	☐ Positive	☒ Negative		
BLOOD R/E		SGPT	URINE R/E	<u>MAO</u>			
DC (differential count)	<u>MAO</u>	SGOT	OTHERS				
HAEMOGLOBIN (HGB)	<u>22.4</u>	DRUG AND ALCOHOL TEST			HBsAg	☐ Reactive	☒ Nonreactive
ESR (WESTERGREN)	<u>07</u>	Morphine	☐ Positive	☒ Negative	HIV / AIDS Test	☐ Reactive	☒ Nonreactive
WBC	<u>9700</u>	Amphetamine	☐ Positive	☒ Negative	VDRL	☐ Reactive	☒ Nonreactive
BLOOD GLUCOSE LEVEL		Phencyclidine	☐ Positive	☒ Negative	Blood Type	<u>B+ Rh+</u>	
RANDOM	<u>5.9</u>	Barbiturates	☐ Positive	☒ Negative	Psychological Exam	<u>MAO</u>	
HBA1C	<u>4.81</u>	Cocaine	☐ Positive	☒ Negative	Others (KUB Ultraso	<u>MAO</u>	

Hereby I declare that I am in knowledge of the contents of the Physical examinations:

TANVIR RAIHAN 19 JUL 2023
 Signature of Seafarer Name of Seafarer Date

Assessment of fitness for service at sea:
 On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for lookout duties ☐ Not fit for lookout duties

	Deck service	Engine service	Catering service	Other services
Fit	☒	☐	☐	☐
Unfit	☐	☐	☐	☐

☒ Without restrictions ☐ With restrictions

Is the Seafarer free from any medical conditions likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?

☒ Yes ☐ No

Describe restrictions (e.g., specific position, type of ship, trade area):

Action taken by medical examiner (e.g., referral):

Fitness Date: 19 JUL 2023 Valid Until: 18 JUL 2025

Name and Signature of Authorized Physician

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RAIHAN		GIVEN NAME (S): TANVIR	
DATE OF BIRTH: DAY 11 MONTH 5 YEAR 1997		PLACE OF BIRTH CITY COMILLA COUNTRY BANGLADES	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING		MAILING ADDRESS OF APPLICANT: KADAMTOLI MORE, KERANIHANJ, DHAKA 0 BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR W
LEFT EYE	6/6	—	LEFT EAR W

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 APPLICABLE

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 is required every six years)

Date of the last colour vision test: (Day/Month/Year) **19 JUL 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

TANVIR RAIHAN
Name of Applicant

19 Jul-2023
Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / 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; M.B.B.S.(D.U.), REG. NO. A-55144**
ADDRESS: **REDICAL HOSPITALS LIMITED, 35, SHAH MAKHDUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH.**
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH**
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **08-05-2014**

SIGNATURE OF PHYSICIAN: 

STAMP OF PHYSICIAN: 

DATE: **19 JUL 2023**

EXPIRY DATE OF CERTIFICATE: **18 JUL 2025**

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

DR. MIR. MD. RAIHAN

M.B.B.S.(D.U.), DPM, CCD (Biom), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: RAIHAN		GIVEN NAME (S): TANVIR	
DATE OF BIRTH: DAY 11 MONTH 5 YEAR 1997		PLACE OF BIRTH CITY COMILLA COUNTRY BANGLADESH	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICER RADIO OPERATOR RATING		MAILING ADDRESS OF APPLICANT: KADAMTOLI MORE, KERANIHANJ, DHAKA 0 BANGLADESH.	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	6/6	—	RIGHT EAR 
LEFT EYE	6/6	—	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 APPLICABLE ☐

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) **19 JUL 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.

TANVIR RAIHAN

19-Jul-2023

Signature of Applicant

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / 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; M.B.B.S.(D.U.), REG. NO. A-55144**

ADDRESS: **REDICAL HOSPITALS LIMITED, 35, SHAH MAKHUM AVENUE, SECTOR-12, UTTARA, DHAKA-1230, BANGLADESH**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **DG SHIPPING BANGLADESH**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **06-05-2014**

SIGNATURE OF PHYSICIAN:

STAMP OF PHYSICIAN

DATE: **19 JUL 2023**

EXPIRY DATE OF CERTIFICATE:

18 JUL 2025

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

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





HAQUE & SONS LTD.



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

Name	TANVIR RAIHAN	Date	19-Jul-2023
Age	26	Sex	MALE
Passport No	B00686846	CDC No	CO10407
Sample	BLOOD	Rank	3RD OFFICER

BIOCHEMISTRY REPORT COMPARE

Vessel Name:	AMAGI GALAXY	GINGA CHEETAH	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	26 FEB 2023	19 JUL 2023	-
Serum Bilirubin	0.5	0.8	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	17	26	Up to 37 U/L
Serum S.G.P.T.	24	22	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
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited

Id No : 0567 **Date** : 19-Jul-2023 **D.Date** : 19-Jul-2023
Patient's Name : TANVIR RAIHAN **Age** : 26Y 2M 8D **Gender**: Female
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO/C/O/10407

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	20.4 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	194 /cumm	50-450/cumm
Total RBC Count	6.47 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	47.7 %	M: 40-54%, F:37-47%
MCV	73.7 fL	76 - 94 fL
MCH	31.5 pg	27 - 32 pg
MCHC	42.8 g/dL	29 - 34 g/dL
RDW	11.2 %	11 - 16 %
PDW	13.5 fL	35 - 56 fL
Total Platelete Count (PC)	1,88,000 /cumm	150,000-450,000/cumm
MPV	6.5 fL	7.0 - 11.0 fL
PCT	0.122 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By
Medical Technologist

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

Bill No	DIA23070567	Received Date	19/07/2023
Patient's Name	TANVIR RAIHAN		
Patient's Age	26Y 2M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM CDC NO: C/O/10407		
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.9 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	26 U/L	Up to 37 U/L
Serum ALT (SGPT)	21 U/L	Up to 40 U/L
HbA1C	4.6 %	4.2 - 6.7 %

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

Bill No	DIA23070567	Received Date	19/07/2023
Patient's Name	TANVIR RAIHAN		
Patient's Age	26Y 2M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/10407
Sample	Blood		

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING Result

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

Bill No	DIA23070567	Received Date	19/07/2023
Patient's Name	TANVIR RAIHAN		
Patient's Age	26Y 2M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/10407
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	2-3/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
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology

East West Medical College and Hospital

Bill No	DIA23070567	Received Date	19/07/2023
Patient's Name	TANVIR RAIHAN		
Patient's Age	26Y 2M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/10407
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
-----------	--------

Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By


 Medical Technologist
 Radical Hospitals Ltd.


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

REF:	MT. GINGA CHEETAH	DATE: 19/07/2023
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M/S. HAQUE & SONS LTD.
RUMMANA HAQUE TOWER
1267/A, GOSHAIL DANGA
AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME:	TANVIR RAIHAN	RANK: 3 RD OFF	CDC NO: C/O/10407
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VISUAL ACUITY: RIGHT LEFT

UNAIDED

6/1

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

ID: 23070481

19-07-2023 14:04:35

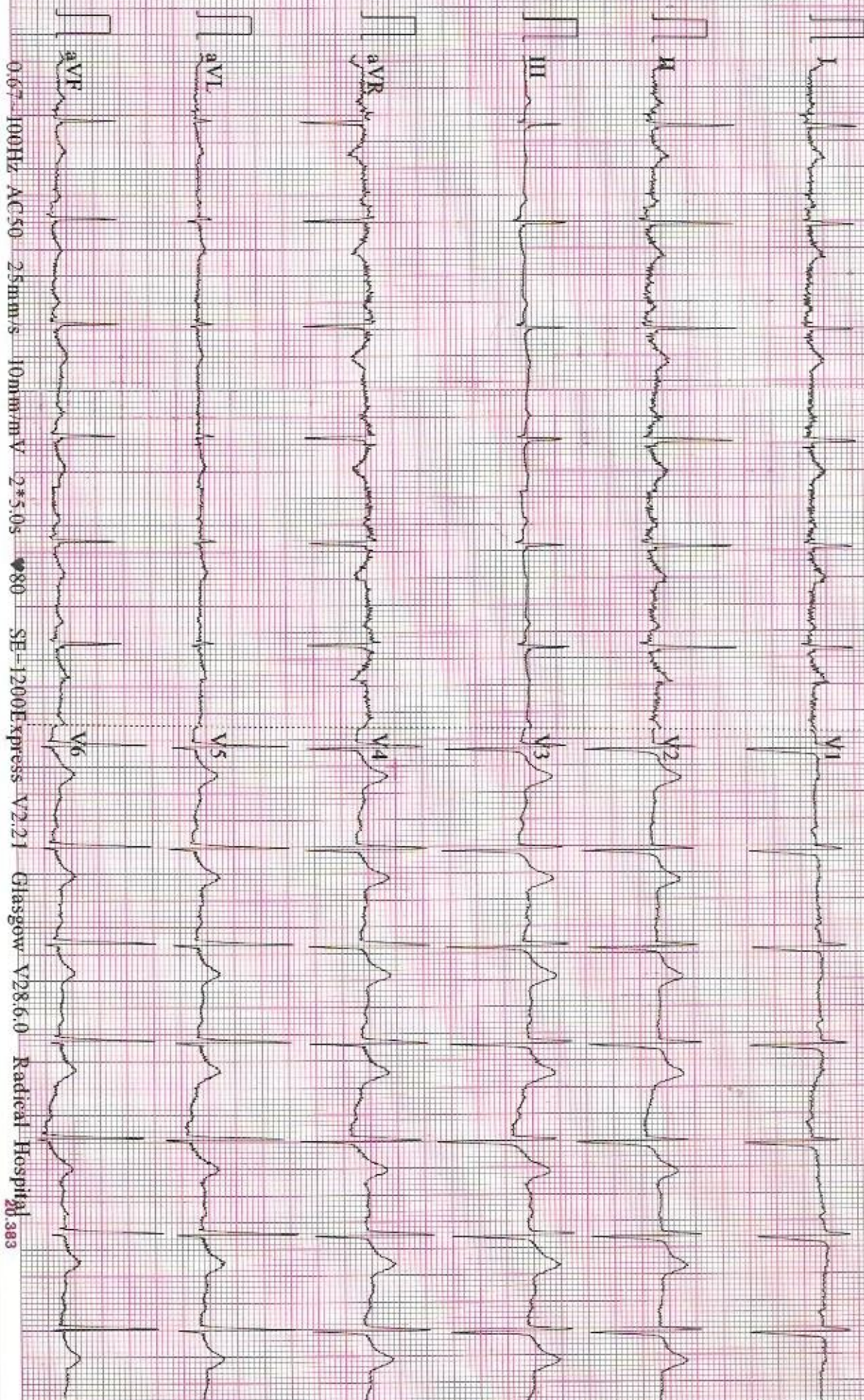
Name: *Amir Rajwar*
Male 36 Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 80	bpm
P	: 90	ms
PR	: 154	ms
QRS	: 90	ms
QT/QTc	: 376/434	ms
P/QRS/T	: 73/58/42	°
RV5/SV1	: 1.752/1.277	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23070567	Receive: 19/07/2023	Print: 19/07/2023
Patient's Name	: TANVIR RAIHAN		
Age	: 26 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

Patient ID	23070567	Voucher No	
Test Name	USG OF KUB	Delivery Date	19/07/2023
Patient Name	TANVIR RAIHAN		
Age	26 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

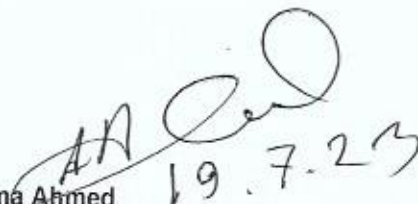
RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.3cm. The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 10.0cm. The cortical echogenicity are normal with clear cortico-medullary 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

PROSTATE: Normal in size & volume is 10.9cc 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

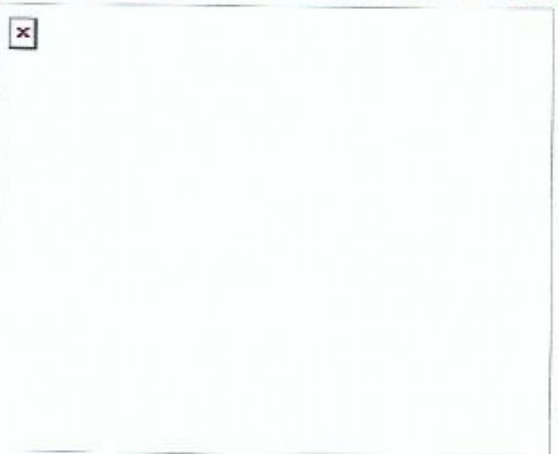
RADICAL HOSPITAL LTD

HOUSE # 35, SECTOR -12, SHAH MAKHDUM AVENUE,UTTARA,DHAKA.

ULTRASOUND REPORT

Patient Name: TANVIR26YRS
Patient ID: 567

Study ID: 20230719144109
Patient Birthday



INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

TANVIR RAIHAN
This is to certify that } Date of birth 11-05-1977 Sex M
whose signature follows }

[Signature]
has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
21 AUG 2022	1 <i>[Signature]</i> Dr. Md. Rafiqul Islam M.B.B.S; A.MC (Part-I) Seafarer's Medical Practitioner Approved By D.G. Shipping Division, Regd No. A 22533	
19 AUG 2022	2 <i>[Signature]</i>	
	3 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.	4 
19 JUL 2023	4 <i>[Signature]</i> 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.	6 
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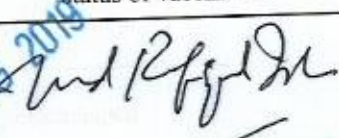
Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

TANJIR RAHMAN
This is to certify that
whose signature follows

Date of birth 11-05-1997 Sex M

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
1	 Dr. Md. Rafiqul Islam M.B.B.S; A.M.C (Part-1) Senior's Medical Practitioner Approved By D.G.Shipping Dhaka. Regd No : A 22539	Stammer C505683	 1
2			
3			3 4
4			

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by 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.