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.

| T | EL: - | +8802 | 27920 | 116, + | -88 (| 1955 | 567000. | EMAIL: ra | adical_h | nospit | tals@ | yah | 100.CC | om | | 12 |
|---|------------------------|-----------------------------|--|-------------|--------------|------------------------|--------------------|--|--------------------------------|-------------------|--|--------------|----------------------|------------|-------------|---------------|
| Name: GF | YEÏ | SA | | ATT | VA. | | | Se | x: | Sei | rial No | : | | | | |
| suffia | ine o | 7, | 121 | First Na | me | | Middle | Initial /834 | | | (1)500 | · - | -1 | | 011 | |
| Date of Birth: Vessel: | MT | 7 1 | ENICO | 100 | INE | . PP/ | CDC:0 | 70705 | 7.7 | - | Rank: | _ | JUS | uon. | 017 | 100 |
| Home Address: | 1-11 | HA | FN1/ | noe | WE | DINE | 2 C | CAPTUR | 2 12 | 2012 | الموم | 00 | (1)61 | U C | aro. | 22 |
| | S. Carlotte | | | | 1 | very | 2011 | KATOK | -120 | ME | - | 7.7 | 00 | - | | |
| Company Name | | JUN. | TEC | H | | | | | | | 00=1000 | | | | | |
| Medical Histo | ory | | | | | | | e following | to the be | est of | your l | cnow | | | | |
| Is there any past | | | story of | any of | 0.00 | didate aration | Examiner Record | | | | | | Candidat | | | miner cord |
| and the second second | he foll | | | | Yes | No, | Yes No | , | | | | | Yes | No. | Yes | No |
| Severe one-sided head Head Injury / Concus | | | nmory | | | 1 | - | Hernia / Hydrod High / Low blod | | | sease | | | | | 1 |
| Fits / Epilepsy / Dizzii Eye / Vision Problems | | | | | | 1 | | Asthama / Brone Allergy / Skin d | | culosis | DESCRIPTION OF THE PERSON OF T | | | 7 | | |
| Hearing Impairment | Signature . | | | | | 1 | | Infection / Con | tagious Disea | | | X 8 | | 1 | | 3 |
| Ear / Nose / Throat p Stomach / Bowel disc | | | | | | 1 | | Addication to all Fracture / Dislo | cohol / drugs cation / Inju | ry / Ampi | utation | | | - | | 3 |
| Gall stones / Kidney o Jaundice / Liver Dises | | | | | | 1 | | Major / Minor C Diabetes | | this was | | | | 1 | | 1 |
| Piles / Varicose veins | | | | | | 1 | - | Nervous / Ment | | | order | | | / | | - |
| Blood Disorder Female Disorder | | - | | | | 1 | | Mallignant dise Signed off on n | | | lared Un | fit | | 2 | or u ro | 1 |
| Notes | | | | | | A CONTRACTOR | | | | | | | | | | - 11 |
| Medical Exar | ninat Weight | | Chost I | nsp-Exp | Blood | t Proceum | in mm of Hg | Pulse-Beats | / min C | lesp.Rate | / min | | Con | eral Condi | tion | |
| 156-0 | 60 | un | 43- | | | 20/10 | my | - 0 | blan | 10 | 6/ | k - | OCIA | 61 | A | |
| Distant Vision | Under | fected | | ected | Fi | eld of Vis | ion | Audiometry | Hz 500 | 1000 | 2000 | | 4000 | 5000 | 6000 | 8000 |
| Right Eye Left Eye | | | 61 | 6, | 1.8 | Normal Abnorma | | Right Ear Left Ear | dB 2V | 20 | 20 | | | | | |
| Colour Vision Ishih | | | 6 N | lormal | | | ormal | Hearing | 100 | Right I | | | | Left | ear | |
| Other | | . 6.7 | _ | longoal | . 1 | Abn | ormal | The state of the s | | 4 | 31 | | | 4 | | |
| Systemic Exa | amina | ation | Normal | Abnorma | 1 | | | otes | _ | Resnira | tory syst | em | | Norma | Abn | ormal |
| Eyes Ears / Nose / Throat | | | - | | F | T FO | RSEA | SERVIC | E | Cardiov | ascular s | | | 1 | | Sarto |
| Teeth / Oral Cavity | | | 1 | | A | S | | | | Per Abd Genito | urinary s | ystem | | - | | - tour |
| Musculo-Skeletal syst Nervous system | lem | | - | | HA | SPE | R WILC | 2006 | - | Others | / Hydroc | pele | | - | - | |
| Reflexes | | | 1 | | _ | | | viedicais d | one | Varicos | e Veins | | | | | - |
| Skin Investigation | is | | | | 7- | | | | | I ressure | /Fistula/ | 1105 | | | _ | - |
| Blood | | | Resu | lt | | No | rmal | Urine | | ,) | | | 4 | - | | |
| Hemoglobin Total WBC count | | 13 | 200 | m% | | 1-16 gm % 00-11000 | | Colour Specific Gravity | | 300 | | | - | | | 1 |
| Neu Sto 1 | % Lymp | 16 | % Eos | 09 | Ba € | 30% | Mp 62 9 | 6 pH | 000 | | | | | ~ | | |
| -Malarial parasite ESR | | 05 | 20 | n / 1st ho | ur 1- | - 15 mm/ | hr | Albumin Sugar | | 711 | - | | | - | | , |
| SCPT S.Cholesterol | | 22 | JU/L mg/dl | | 9 | -43 U / L 5260 mg | | Bile pigment Bile salts | | | | | 4 | | 0 |) |
| .S.Triglycendes | 7 | | mg/dl | | u | oto 200 mg | g /di | Occult blood | | | | | 9 | 900 | 1 | |
| Blood Sugar HbsAg | 140 JAN 180 | RBS | 2/2 | PPBS | . Jup | to 125 mg | 96 | RBC cells Leucocytes | | 4 | | | | - | | |
| HIV I & II VDRI | | 1 | 2 | 124 | 2-11 | | | Others | | | 1 | R MO | R | | 10 | 13 |
| Others | - | 1 | 000 | - | 200 | (| GGTP U/L | Spiromet | ry: | 1/1 | M | T. FOR | MI SE | | 4 | 10 |
| Blood Groups | Jun | 100 1 | | TMT. | | N | 1.0 | Drugs of | | 1 | 1121 | HOSPI | TALS * | | 13 | M |
| 100 State (100) | | *** | | TMT: | | N | N) | Abuse: | NE | yal | 1/2/ | LII | 12 | | | - 170 |
| | hest: | | No | | | | | USG: | | ×5 | M | 2VAVO | 1.50 | | MS-300 | -76 |
| Result of Me | minutes and a first or | and the track to be a first | | | | | | | | | | | A SALE | | | |
| On the basis of the | | | story, ciir porarily u | | | on and dia manently | | Should be re-e | IR MD Raih | an , h | | | the exam | | dically | |
| Remarks / | | тенц | осану и | . A. I.C. | 20 | manestu | annie. | andura octore | AGITHITICU III | | udys | , wee | ks / mon |) | _ | 7 7 |
| Recommendations | S | F F 871 (C) | : cortifu th | at all info | rmation | required. | inder Annover | e E & F of M.S. (N | tedical Evansi | ination\ 5 | Pulse 201 | المراجعة (1) | nrhor-st | (10 this C | edificat | 0 |
| This certificate is | s valid | | 112.00 | UL 202 | | | | CALLED A MICHAEL CONTRACTOR | redical Exami | maduti) F | wies ZU | 100 | T | a in uns C | ar car Cala | |
| Candidate's Signa | ture | | 7.0 | AF FAF | | | String | nl Stamp | | H | , | -00 | ctor's sig | nature: | | West. |
| Alivo | Sou | eda | | | | | insal Hos | Pilals . | | | DR. | MIF | R. ME | RA | IHA | N |
| Date: Frigo | 2 |) | Name of the last o | | 2002 61100 | 1 | 2 | 1/2 | THE STATE OF | | BMD | C A-5 | M, CCD (B 5144, N | MC-BC | 3D-01 | 6 |
| Date: Aliyo 22 JUL | 2023 | | | | | | ASE PER INTE | U 2006) Si | | | DG Sh | ipp.no | Bangla neral Ph | adesh A | pprov | ed |
| Franc | 2020 | | | | | | ASPERIM | | | | F | Radica | Hospit | als Limi | ted. | 4 |

04.2023.4426

MEDICAL EXAMINATION REPORT/CERTIFICATE MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

| HE MARSHALL ISLANDS | |
|--|--|
| GIVEN NAME(S) ATIYA | |
| PLACE OF BIRTH BANGLADESH CITY COUNTRY | SEX |
| | |
| | 3 |
| HEARING: RT. EAR LEFT | EAR NO" EXPLAIN ON PAGE 2) |
| | |
| HEART (CARDIOVASCULAR |) |
| | |
| LOWER | Jonny |
| NDATIONS? YES NO | - 15 |
| VATED BY WORKING ABOARD A VESSEL, OR TO RENDER OARD? YES NO NO NO PAGE 2 | HIM/HER UNFIT FOR SERVICE AT |
| EDICATIONS? YES NO. | 0.6 1111 0005 |
| 22-7-0023 DATE OF EXAMINATION | 2 1 JUL 2025 EXPIRY DATE |
| NAME OF APPLICANT OF SEASE (OR VIRUSES FOR COOKS): YES NOT AS A MASTER / DECK OFFICER / EN | GINEERING OFFICER / |
| AIHAN MBBS, DFM | 110 |
| MAKHDUM AVENUE SECTOR-12, UTTARA, | DHAKA-1230 |
| DG SHIPPING BANGLADESH | |
| IAY 2014 | 202 0000002000 |
| | 2 2 JUL 2023 |
| | PLACE OF BIRTH CITY BANGLADESH CITY MAILING ADDRESS OF APPLICANT: MEDICAL REQUIREMENTS) STATE DETAILS MEDICAL REQUIREMENTS MEDICAL REQUIREMENTS MEDICAL REQUIREMENTS MEDICAL REQUIREMENTS MO UNITEDAILS MO UNIT |

Rev. Mar/2022

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.

MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15th feet (4,57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - · Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel
 and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on
 immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

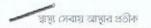
To be completed by examining physician; alternatively, the examining physician may attach an equivalent form (See RMI MG 7-47-1, §3.3).

2 2 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
Radical Hospitals Limited.

v.





Id No : 0706 Date : 22-Jul-2023 D.Date : 22-Jul-2023

Patient's Name: ATIYA SAYEDA Age: 29Y 6M 25D Gender: Female Specimen: Blood

Specimen : Blood

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

CDC NO:C/O/8347

Haematology Report

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

| Parameter Name | Results | Reference Range |
|-----------------------------|---------------------|--|
| Hemoglobin (Hb) | 12.0 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) | 08 mm/1st hr | Male:0-10, F:0-20 mm/1st hr. |
| Total WBC Count(TC) | 7,400 /cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm |
| Differential WBC Count (DC) | | Contraction Contraction (Contraction Contraction) |
| Neutrophils | 80 % | Child: 25-66 %, Adult: 40-75 % |
| Lymphocytes | 16 % | 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 | 148 /cumm | 50-450/cumm |
| Total RBC Count | 4.18 m/ul | M: 4.5-6.5, F:3.8-5.8 m/ul |
| HCT/PCV | 32.2 % | M: 40-54%, F:37-47% |
| MCV | 77.0 fL | 76 - 94 fL |
| MCH | 28.7 pg | 27 - 32 pg |
| MCHC | 37.3 g/dL | 29 - 34 g/dL |
| RDW | 13.3 % | 11 - 16 % |
| PDW | 12.8 fL | 35 - 56 fl |
| Total Platelete Count (PC) | 1,74,000 /cumm | 150,000-450,000/cumm |
| MPV | 8.0 fL | 7.0 - 11.0 fL |
| PCT · | 0.099 % | 0.1 - 0,% |
| Bledding Time(BT) | % | 10 - 18 % |
| Cloting Time(CT) | % | 0.1- 0.2 % |
| | | |

Checked By

Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology

East West Medical College & Hospital.



| Bill No | DIA23070706 | Received D | Date 22/07/2 | 2023 |
|----------------|---|------------|--------------|----------|
| Patient's Name | ATIYA SAYEDA | | | |
| Patient's Age | 29Y 6M 25D | Pa | tient's Sex | Female |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG | T(Eye),DFM | CDC NO. | C/O/8347 |
| Sample | BLOOD | | | |

BIOCHEMISTRY REPORT

| <u>Test Name</u> | Result | Reference Range |
|---------------------------|------------|------------------|
| Fasting Blood Sugar (FBS) | 5.5 mmol/l | 4.2 – 6.4 mmol/l |
| Serum Creatinine | 0.8 mg/dl | 0.3 - 1.3 mg/dl |
| HbA1C | 4.8 % | 4.0- 6.0 % |
| Serum ALT (SGPT) | 22 U/L | Up to 40 U/L |
| Serum Cholesterol | 137 mg/dl | up to 200 mg/dl |
| Serum Triglyceride | 125 mg/dl | upto 220 mg/dl |

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.



Test Name

| Bill No | DIA23070706 | Received D | Date 22/07 | /2022 |
|----------------|---|-------------|-------------|----------|
| Patient's Name | ATIYA SAYEDA | ricocivou E | 22/07 | 2023 |
| Patient's Age | 29Y 6M 25D | Pa | tient's Sex | Female |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(| | CDC NO | C/O/8347 |
| Sample | BLOOD | | CDC NO | C/O/8347 |

Result

SEROLOGYCAL REPORT

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

RADICAL HOSPITAL

Chocked By

Medical Technologis Radical Hospitals Ltd.



| Bill No | DIA23070706 | Received Da | ate 22/07/2 | 2023 |
|----------------|--|-------------|---------------|-----------|
| Patient's Name | ATIYA SAYEDA | | | |
| Patient's Age | 29Y 6M 25D | Pati | ent's Sex | Female |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT | (Eye),DFM | CDC NO | C/O/8347 |
| Sample | URINE | 11020303 | | 2.3099.11 |

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| Quantity | Sufficient | CELLS / HPF | |
|------------|------------|-------------|---------|
| Colo | Straw | RBC | Nil |
| Appearance | Clear | Pus Cells | 1-3/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 Technologis Radical Hospitals Ltd.



Test Name

| Bill No | DIA23070706 | Received [| Date | 22/07/2 | 2023 |
|----------------|--|------------|----------|---------|----------|
| Patient's Name | | | Julio | 22/01/2 | .020 |
| Patient's Age | 29Y 6M 25D | Pa | atient's | Séx | Female |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(I | 10-30-3 | | C NO | C/O/8347 |
| Sample | URINE | * * | | 0110 | C/O/0347 |

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

| 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.



| Bill No | DIA23070706 | Received Da | ate 22/07/ | 2023 |
|----------------|---|-------------|------------|----------|
| Patient's Name | | | 22/0// | 2020 |
| Patient's Age | 9Y 6M 25D Patie | | ient's Sex | Female |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(| CDC NO | C/O/8347 | |
| Sample | URINE | | 000110 | 0/0/0347 |

SEROLOGYCAL REPORT

Test Name

Result

| 11: | | |
|-----------------------------|----------|--|
| Urine for pregnancy (ICT) | Negative | |



Cleoked By

Medical Technologis Radical Hospitals Ltd.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

| Patient's Name | 1 | ATIYA SAYEDA | ID NO | : | 23070706 |
|---|----|-----------------------------------|-------|---|------------|
| Age | : | 29 Yrs | Date | : | 22/07/2023 |
| Sex | : | Female | | | |
| Referred by | 1: | Dr. Mir Md. Raihan MBBS,(DU), DFM | | | |
| Nature of Specimen | : | | | | |
| Are converse unaverse under 500 (CACAMO) (CACAM | 1 | | | | |

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 Radical Hospitals Limited



1122

| : | ATIYA SAYEDA | ID NO | : | 23070706 |
|----|---|----------------------|---------------------------|------------------------|
| : | 29 Yrs | Date | : | 22/07/2023 |
| : | Female | | | |
| 1: | Dr. Mir Md. Raihan - MBBS (DU), DFM | | | |
| : | | | | |
| | : | : 29 Yrs : Female | : 29 Yrs Date : Female | : 29 Yrs Date : Female |

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





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23070706

Receive: 22/07/2023

Print: 22/07/2023

Patient's Name

ATIYA SAYEDA

Age : 29

29 Yrs

Sex

6 E

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



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23070706 Receive: Print: 22/07/2023

Patient's Name : ATIYA SAYEDA

Age : 29 YRS Sex : F

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 68 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

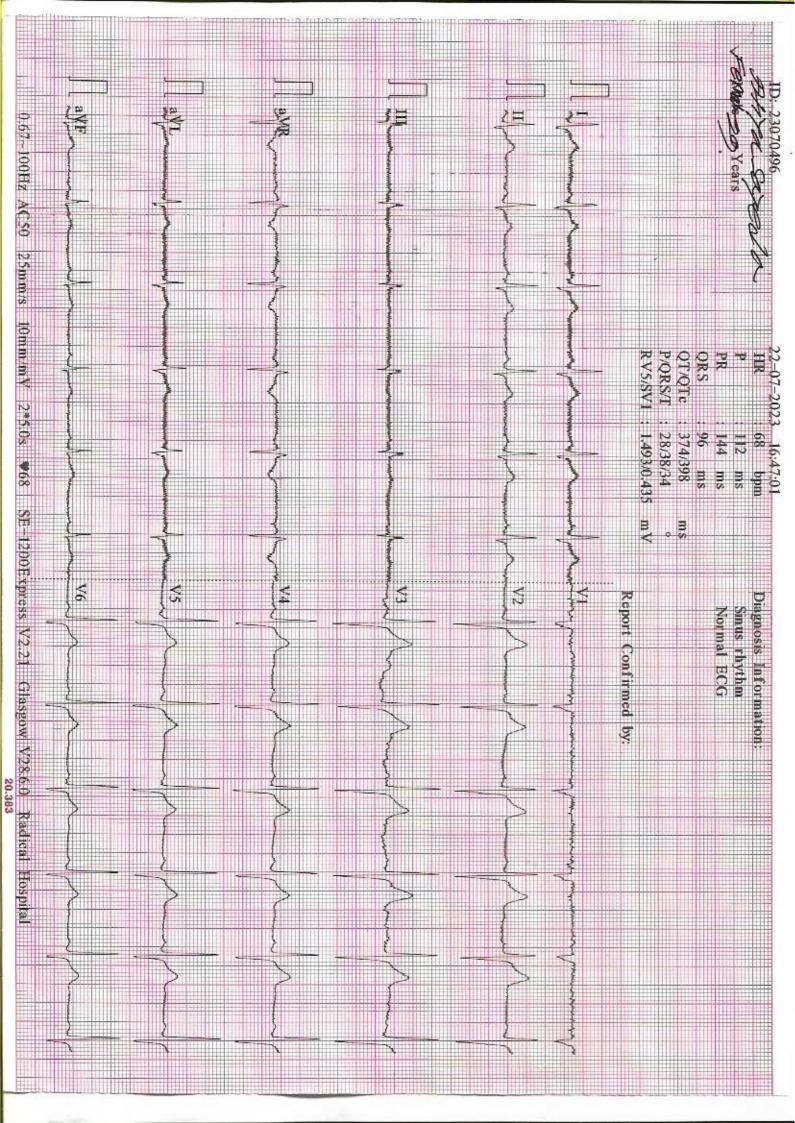
MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

AUDIOLOGICAL REPORT

Patient Name : ATIYA SAYEDA

22/07/2023

Age

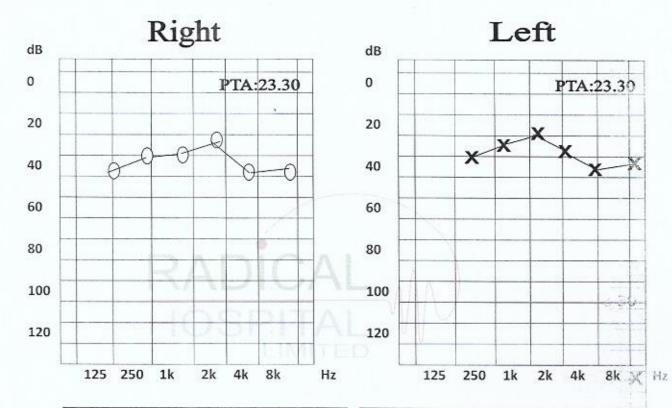
: 29 Yrs

Address

: RHL, UTTARA

Referred By

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



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 $\Delta\Delta$

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DR MIR MD RAIHAN

DR MIR MD RAIHAN

MBS 0011 0FM CCD MMC-BGD-016

MBS 0011 0FM A55144

MBS 00



| Patient ID | 23070706 | Voucher No | |
|--------------|---------------------------------|---------------|--------------|
| Test Name | USG OF WHOLE ABDOMEN | Delivery Date | 22/07/2023 |
| Patient Name | ATIYA SAYEDA | | |
| Age | 29 Yrs | Sex | Female |
| Refd. By | Dr. Mir Md Raihan MBBS(DU), DFM | 7.50 | T. Cittleson |

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER: Is normal size 123.1 mm regular in 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. No echogenic structure is seen within lumen.

CBD is not dilated.

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

SPLEEN: Is normal in size (7.8X2.7) cm and shape uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size regular in shape. RK-(81.7X41.0)mm, LK-(X)mm.

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 system are not dilated.

UB: UB is well filled. Well thickness is normal. No intravasicle lesion is seen.

UTERUS: Uterus is normal in size about (XX) cm anteverted is position

Endometrium is normal in thickness mm.

Myometrial echogenicity is homogenous & uniform.

Adnexa: Both ovary appears normal.

Cul-D-Sac: Free .

Comments: Normal study.

Dr. Musrat Akter MBBS,CMU,DMU Advance Trained in TVS Sonologist Radical Hospital Ltd.

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

| JE Sou Whose dont la | to certify that date of birth sisting (e) certifie que asignature follows signature suit ATIYA SAYE the Date indicated been vaccinated or revaccinate vaccine (e) ar revaccine (e) contre le fievre jaune a | nd against cholera |
|----------------------------|---|--|
| Date 2 | DE MIR MD RAIHAN (S) 35,51 | Approved Stamp Cechet d'authentification RVACC WAL CHOLERA "DUKORAL" Valid Upto 2 yrs GLADES |
| 3 | The second second | |
| 4 | MILE THAN A SECTION | |

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 revaccination.

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 performed.

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 premiere 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 dottfalre mention de deux injections partiquees a sept jours d', intervaile et sa validite cofflmence lejour de la seconde, injection;

De cachet d' authentification doit etre c_anforme au modele present per I, administration sanitaite du territoire ou la vaccination est effectuee. j

4+ Toute correction ou rahfe sur le certificate ou I 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 JE Soussigne' (e) certifie que | ATIYA SAYEDA date of birth no' (e) le | 27-12-1993 Sex sexe | Female |
|---|---------------------------------------|-----------------------|--------|
| Whose signature follows don't la signature suit | Aliya Bayeda | | |

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 Itre du vaccinateur | Manufacturer and batch no of vaccine Fabricani du vaccin et nunnc' ro du lot | Official sump of vaccinating centre Cachet official du centre de vaccination |
|---|------|--|---|---|
| 5 | | MIR MD. RAIHAN II), DFM, CCD (Birdem), PGT (Ophib) C. A.55144, MMC-BGD-016 inp.ng Bangladesh Approver | ER APCONT | 35, Shah Makheluri Avenus Utters, Dhaka |
| | 3 | | ** | ANGLE SE |
| | 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" uaiiif,aiion ae" tc'tra6fiiiie pali-aminstration sanitaire du (erriloire dans loquol'oe centre est siture;

La validite' de ce certificat couvrc une pe'riodo de dix ans comencant dix joursapros la date de,la vaccination ou, dans le cas dune relaccination.u.ou., a.-citto lie,iio,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 ecreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il