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: MD RIPON MIA (Surname / First Name / Middle Initial) Sex: M Serial No:

Date of Birth: 03/02/2000 PP/CDC: CV011063 Rank: Engine Cadet

Vessel: EMERALD LEADER Type: vehicles carrier Route:

Home Address: vill: SHALIABAHA, P.O.: PACHARATA, PS: GHATAIL, DIST: TANGAIL

Company Name: WALLEM SHIPMANAGEMENT

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addicition 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

Height	Weight in Kgs	Chest Insp-Exp (cms)	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp. Rate / min	General Condition
165cm	62kg	43-41	120/80 mg	78 s/m	19 b/m	tw

Distant Vision	Uncorrected	Corrected
Right Eye	6/6	
Left Eye	6/6	

Field of Vision: Normal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20					
Left Ear	dB	20	20	20					

Colour Vision		Normal	Abnormal
	Ishihara	✓	
	Other	Normal	Abnormal

Hearing: Right Ear ✓ Left ear ✓

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS _____
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others		
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	14.5 gm%	14-16 gm %
Total WBC count	6,400 cu.mm	4000-11000 / cu.mm
Neu 73 % Lymp 20 % Eos 02 Ba 00 % Mo 05 %		
Malarial parasite	Not found.	
ESR	10 mm / 1st hour	1- - 15 mm / hr
SGPT	30 U/L	9--43 U / L
S.Cholesterol	134 mg/dl	145--260 mg / dl
S.Triglycerides	114 mg/dl	upto 200 mg /dl
Blood Sugar	RBS 4.8 PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Not Reac.	
Others	ESR	GGTP U/L
Blood Group	O+ve	

Urine	
Colour	Smy
Specific Gravity	
pH	
Albumin	N:I
Sugar	N:I
Bile pigment	
Bile salts	
Occult blood	
RBC cells	N:I
Leucocytes	
Others	

ECG : Normal TMT: NA

X-Ray Chest: Normal

Spirometry: N/D

Drugs of Abuse: Negative

USG: Normal

DR. MIR MD. RAIHAN RADICAL HOSPITALS LTD REG. NO. A-55144

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically

Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: DR.MIR MD. RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 27 JUL 2025

Candidate's Signature

Date: 28 JUL 2023

Official Stamp

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

Doctor's signature:
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

04.2023.4484

Annex III: Draft Format of a Seafarer Medical Certificate

SEAFARER MEDICAL CERTIFICATE

(issued under the authority of authorising country details.)

*This Medical Certificate has been issued in accordance with the provisions of the(International Convention on Standards of Training, Certification and Watch-keeping for Seafarers STCW 1978, as amended (STCW) Regulation I/9, Maritime Labour Convention 2006 (MLC 2006) Regulation 1.2 and regulation xxx of the authorising country)*as applicable*

SEAFARER INFORMATION

Surname: MIA	Given Name (s): MD RIPON	
Date of Birth (*dd/mm/yyyy*): 03-FEB-2000	Nationality: BANGLADESHI ID Document no:	Gender: MALE Male/Female
Capacity that the seafarer will serve onboard serve in: Deck: Engineer GMDSS Rating Catering Other		

DECLARATION OF APPROVED** MEDICAL PRACTITIONER

I confirm that identification documents were checked: YES / NO	
Does the seafarers hearing meet medical standards*?	YES / NO
Is unaided hearing satisfactory*?	YES / NO
Vision acuity meets medical standards*?	YES / NO
Colour vision meets standard*?	YES / NO
Date of last colour vision test? (*dd/mm/yyyy*) 28 JUL 2023	
Is the seafarer fit for lookout duties: YES/NO/Not applicable	
Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on board? YES/NO	
Is the seafarer fit for service? YES/ NO	
Are there any limitations or restrictions on fitness? If so specify the limitation. NO	

Contact: stcw@bahamasmaritime.com
mlc@bahamasmaritime.com
+44 20 7562 1300

I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO *Guidelines on the Medical Examinations of Seafarers* and the national guidelines of the authorising Administration.

Name of Approved** Medical Practitioner: DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Signature of Approved** Medical Practitioner: _____

Date of Examination (*dd/mm/yyyy*) : 28 JUL 2023

Stamp/Seal

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

Expiry date of certificate (*dd/mm/yyyy*): 27 JUL 2025

SEAFARER ACKNOWLEDGEMENT

I *Name of seafarer* confirm that I have been informed of the content of certificate and the right to get a review***.

Signature: _____ Date: (*dd/mm/yyyy*) 28 JUL 2023

** For persons who are assigned shipboard safety, security or environmental protection duties, the medical standards referenced on the certificate are the standards as specified in STCW Regulation I/9 and any other standards as specified by the authorizing Administration. For any other persons serving onboard, the medical standards shall be as specified by ILO and the authorizing Administration.*

*** The Medical Practitioner shall be approved by the national Administration, after inspection of medical facilities/recordkeeping, to carry out STCW/ILO medical examination.*

**** The review shall be carried out by a body/Medical Practitioner authorized by national Administration and this information should be made available to the seafarer*

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Annex II - Medical Examination Form

CONFIDENTIAL FORM

Pre-sea Exam ☑ Periodic Exam ☐

Name (last, first, middle): MIA MD RIPON

Date of birth (day/month/year): 03 / 02 / 2000 Sex: ☑ male ☐ female

Nationality: BANGLADESHI

Home address: TANGAIL Identity document No.: VEHICLES CARRIER

Type of ship (e.g. container, tanker, passenger, fishing): VEHICLES CARRIER

Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions:

	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem	☐	☑	18.	Sleeping 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	☐	☑

Contact: stcw@bahamasmaritime.com mlc@bahamasmaritime.com +44 20 7562 1300

14.	Infectious/contagious diseases	☐	31.	Restricted mobility	☐ ☑
15.	Hernia	☐ ☑	32.	Back problems	☐ ☑
16.	Genital disorders	☐ ☑	33.	Amputation	☐ ☑
17.	Pregnancy	☐ N/A	34.	Fractures/dislocations	☐ ☑

If any of the above questions were answered "yes," please give 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?	☐	☑
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? ☐ ☑

Contact:
stcw@bahamasmaritime.com
mlc@bahamasmaritime.com
+44 20 7562 1300

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If yes, please list the medications taken and the purpose(s) and dosage(s).

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

Signature of examinee: _____ Date (day/month/year): 28 JUL 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _ (the approved medical practitioner carrying out the medical examinations).

Signature of examinee: _____ Date (day/month/year): 28 JUL 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

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Medical examination

☐ Pre-sea ☐ Periodic ☐ Other

Sight

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	~			
Near	N5	N5	~			

	Visual fields	
	Normal	Defective
Right eye	~	
Left eye	~	

Color vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Height: 165 (cm) Weight: 62 (kg)

Pulse rate: 78 (/minute) Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Contact: stcw@bahamasmaritime.com +44 20 7562 1300
medical@bahamasmaritime.com

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Urinalysis: Glucose: Nil Protein: Nil

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

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 28 / JUL / 2023

Results: Normal chest x-ray

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

Test Blood Urine *Result* Normal.

Medical practitioner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☑ Yes ☐ No

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 look-out duty ☐ Not fit for look-out duty

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

Without restrictions ☑ With restrictions ☐

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

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

Place of examination: RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

Date of examination (day/month/year): 28 / JUL / 2023

Medical certificate's date of expiration (day/month/year): 27 / JUL / 2025

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

Signature of medical practitioner: _____

Name of medical practitioner: *(Typed or printed)* DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Authorized by: DG SHIPPING BANGLADESH

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

WALLEM	**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER** In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7

Pre-Sea Exam: ☑ Periodic Exam: ☐ Other: ☐

Examination for duty as: Master: Y/N: ____ Deck Officer: Y/N: ____ Eng Officer: Y/N: Y Ratings: Y/N: ____ Cook: Y/N: ____ Other: Y/N: ____ Please specify _____		Fit to perform the duties he/she is to carry out.	Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	Temporarily unfit to perform the duties he/she is to carry out.	Permanently unfit to perform the duties he/she is to carry out.
		☐	☐	☐	☐

To be filled by Manning Centres

Name, Address with Contact details of Manning Centre:	WALLEM MUMBAI Valecha Chambers, Floor 1, Plot B-6, Andheri New Link Road, Andheri West +91 22 4099 4000

Vessel to be assigned:		Routine & Emergency Duties (if known):		Position Offered/ Applied for:	
Type of vessel (Container, Tanker, Passenger etc):					
Trade area (e.g. Coastal, Tropical, Worldwide):	Cosastal ☐		Tropical ☐		WorldWide ☐

Part I - Examinee's Personal Declaration with Medical History

(Examinee is to be answer the following to the best of examinee's knowledge)

(Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details

Name of Examinee (Family/ last, first, middle):	MIA	MD. RIPON				
Home/ Permanent Address:	TANGAIL, BANGLADESH.					
Mailing Address:						
Date of birth (day/month/year):	03 / 02 / 2000		Sex:	M		
Place of Birth:	City: TANGAIL Country: BANGLADESH	Nationality:	BANGLADESHI	Rank:	E/E	
Civil Status:	SINGLE					
Identity Docs/ Passport /Discharge Book No:	E10/ 11063					

Examinee's Medical History

Is there any past / present history of any of the following	Examinee Declaration		Examiner's Record		Is there any past / present history of any of the following	Examinee Declaration		Examiner's Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		✓			Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions		✓		✓

Radiant Hospitals Ltd. As Per MLC 2006 Approved by Directorate General of Shipping

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
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					Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor				
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis					Stomach / Bowel Disorders/ Digestive Disorder				
Ear (Hearing, tinnitus) Problems / Impairment					Gall Stones/ Jaundice / Kidney Disorders				
Mental Diseases, Breakdown / Sleep Disorder					Severe/ Frequent/ One Sided Headaches (Migraine)				
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility					Back / Joint Problems/ Wrist Problems/ Slipped Disc				
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)					Hernia / Hydrocoele / Appendicitis				
Balance Problem					Piles / Varicose Veins				
Sinuses/ Nose/ Throat Problems					Allergies / Rash/ Skin Disease				
Thyroid Problem					Female Disorders				
High / Low Blood Pressure/ Blood Disorder					Major / Minor Operation/ Surgery				
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)					Contagious Diseases/ Gastrointestinal infection / Other Infections				
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/					Sexually Transmitted Disease/ Infections				
Shortness of Breath					Addiction to Alcohol/Drugs/Cigarettes /Tobacco.				
Rheumatic Fever					Diabetes				

for Male Examinee	Yes	No	If "Yes", give details	for Female Examinee	Yes	No
Prostate Problems/ Testicular Lumps				Breast Lumps/ Menstrual Problems		
Penile Discharge				Pregnancy		
Multiple Partners				Multiple Partners		

If "Yes", to any of the above, please explain:

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		
Have you ever been hospitalized?		
Have you ever been declared unfit for sea duty?		
Has your medical certificate ever been restricted or revoked?		
Are you aware that you have any medical problems, diseases or illnesses?		
Do you feel healthy and fit to perform the duties of your designated position/occupation?		
Are you currently under a doctor's care/ medication?		
Are you allergic to any medications?		
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc), Chicken Pox		
Liver diseases (Hepatitis A,B,C,D & E, Amoebic Abscess)		
Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		
In the last one week have you consumed any of these Drugs/ Medication		
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		
Pain Killers, If Yes, Please State name of Drug Crocin/ Asprin/ Fortwin etc.		
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		
Any Medicine/ Injections from your family Doctor		

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To What Extent Do You Use: Alcohol: Nil, Cigarettes: Nil
Tobacco: _____, Drugs: Nil

Are you taking any non-prescription or prescription medications? ✓

If yes, please list the medications taken and the purpose(s) and dosage(s).

Date and contact details for previous medical examination (if known):

Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel).

Family History :	Yes	No
Diabetes		✓
Blood Pressure/ Heart Disease		✓
Mental Illness/ Epilepsy/ Seizure		✓
Cancer		✓

If "Yes", to any of the above, please explain:

Any other major conditions?

Would you say that your health is: **Excellent** * **Good** * **Fair** *

I _____holding Passport/Seaman Book no._____ hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to

Dr. MR MD RMMC (the approved medical practitioner carrying out the medical examinations).

Signature of Examinee:		Date(day/month/year):	28 JUL 2023

Height in cms: 165		Weight in Kg: 62	
BMI: 22.5		Temperatures: 98.1°	
Chest:	Insp: 43	Exp; 41	

Blood Pressure	Systolic 120 (mmHg)	Diastolic 80 (mmHg)	
Pulse Rate: Rhythm:	78 Rm	Respiratory rate	19 b/m
Oral Health	WNL	General Condition	WNL

Part II – Medical Examination

The Company has set the following BMI limits:
A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.
For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia etc), then the seafarer in question MUST undergo a stress/ treadmill test.

If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways/means to improve their health.
BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
	6/6	6/6				

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Visual fields		
	Normal	Defective
Right eye	✓	

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS
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(Confidential Document)

Distant	6/6	6/6				
Near	N5	N5				

Left eye		

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No

If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:		Type: Book *	Lantern *	Ishihara *	CIE-43-2001 *			
Check if colour test is Normal:	Yellow	*	Red	*	Green	*	Blue	*
Colour Vision:	Not tested	*	Normal	*	Doubtful	*	Defective	*

Hearing:

Pure tone and audio metry (threshold values in dB)						
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	W	W	W			
Left ear	W	W	W			

Speech and Whisper Test (Meters)		
	Normal	Whisper
Right ear	4	4
Left ear	4	4

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose Veins	✓	
Eyes	✓		Vascular (Inc. Pedal Pulses)	✓	
Eye Movement/Pupils	✓		Abdomen and Viscera	✓	
Ophthalmoscopy	✓		Hernia	✓	
Ears, Tympanic Membrane	✓		Anus (Not Rectal Exam.)	✓	
Sinuses, Nose, Throat	✓		G-U System	✓	
Mouth/Teeth/Gums	✓		Upper & Lower Extremities	✓	
Nervous System	✓		Spine (C/S, T/S and L/S)	✓	
Heart	✓		Neurologic (Full Brief)	✓	
Lung and Chest	✓		Psychiatric	✓	
Breast Examination	✓		Pupils	✓	
Skin	✓		Musculoskeletal System	✓	

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	✓		Hypertension	✓	
Dysrhythmia/ Pacemaker	✓		Congenital Heart Disease	✓	
Valvular Heart Disease	✓		Peripheral Circulation	✓	
Cardiomyopathy	✓		Pulmonary Circulation/ TB	✓	
Aneurysms	✓			✓	

Chest X-ray (PA)	Not performed *			
	Performed * on (day/month/year):	Normal		Abnormal
Result :	Normal chest x-ray.			

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

Test:	Result:

Investigation:

Blood	Result	Normal	Urine	Result
Haemoglobin "Hb"	14.5 g/dl	13 – 18 gm/	Colour	Nil
Total WBC count	6400	4,000 - 11,000 / cu.mm	Gravity	Nil

Additional Tests	Result	Normal
(HbA1c)	4.8	4.0 % - 6.5 %
RBS/ FBS (Blood test	4.8	

Radical Hospitals Ltd. Approved by Department of Shipping

WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

(Confidential Document)

Neu 73 %, Lymp 20 %, Eos 02 %, Bos 0 %, Mo 02 %

Blood Group & Rh factor (tested only once, need not be repeated)

BI ESR	10	1 - 15 mm / hr
Platelets	219000	1.50-4.00 Lakh/ul
Fasting Lipid Profile		
S. Triglycerides	114	25-200 mg/dl
Cholesterol Serum	134	130-220 mg/dl
HDL Cholesterol Serum	44	35-65 mg/dl
LDL Cholesterol Serum	87	85-150 mg/dl
VLDL Cholesterol Serum	NIL	07-35 mg/ dl
Total / HDL Cholesterol	NIL	3.0-5.0
LDL/ HDL Cholesterol	NIL	2.5-3.5

Hepatitis B	Positive	Negative
Hepatitis C	Positive	Negative

pH	Nil
Albumin	Nil
Sugar	Nil
Bile Pigment	Nil
Bile Salt	Nil
Occult Blood	Nil
RBC Cells	Nil
Leucocytes	Nil
Stool Test	**Result**
Bacterological	NIL
Parasitical	NIL
Others	
HIV I &II	Negative
VDRL	Non Reactive

Total Bilirubin	0.9	0.1 - 1.0 mg/dl
Direct Bilirubin	NIL	0.0 - 2.5 mg/dl
Indirect Bilirubin	NIL	0.0 - 0.75 mg/dl
SGPT	21	9 - 43 U / L
SGOT	20	0 - 40 IU/L
SGGT	33	0 - 49 IU/L
Blood Urea	NIL	10 - 50 mg/dl
S. Creatinine	1.0	0.8 - 1.4 mg/dl
BUN	20	5-23mg/dl
PSA	NIL	Less than 4.00 ng/ml
Malarial Parasite	NIL	
Uric Acid	NIL	2.4 - 7.5 mg/dl

Drugs: Method:
Results: Negative

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	**(1000 ng/ ml)**	**(200 ng/ ml)**	**50 ng/ ml**	**(300 ng/ ml)**	
Not Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids / Urine *	Cocaine / Urine *	Opiates & Morphine *

Spirometry	N/D	TMT	N/D	Drugs of Abuse	Negative
ECG	Normal	ECHO	NIL	Ultrasound (USG) of the Abdomen & Pelvis	Normal

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? ~~Yes~~ / No

Vaccination status recorded: ~~Yes~~ / No Satisfactory * to be renewed *
Details:

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

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

Examination	Results of the examination Pass	Fail	Examination	Results of the examination Pass	Fail
Medical History	✓		Food handlers (food service/ handlers	✓	

Approved by Directorate General of Shipping - MLC-2006 - Radiant Hospitals Ltd.

WALLEM	**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER** **In accordance with:** **STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended** **(Confidential Document)**	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 6 of 7

Physical Examination	✓		Hep B Antigen	✓	
Dental Examination	✓		Hep C Antibodies	✓	
Psychological Test	✓		Stress Test	✓	
Visual Test	✓		Diabetes	✓	
Colour Vision	✓		Ultrasound Examination (Presence of gall & Kidney Stones)	✓	
Audiometry	✓		Alcohol/ Drug Test	✓	
EKG	✓		2D echo Doppler study (for heart patient) Psychometric evaluation		

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks) : Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is –

(a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory

(b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she if fit / unfit for look out duty

(c) that he / she needs / does not need visual aids / informed to carry spares

(d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?

(e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	*	*	*	*
Unfit:	*	*	*	*

this seafarer is **UNFIT FOR DUTY**/ FIT FOR DUTY with/ without restrictions*** as mentioned below,

* This Medical Certificate is issued with following restrictions (e.g., specific position, type of ship, trade area & other as applicable) :

** Reasons for being unfit **FIT FOR DUTY ON BOARD SHIP**

This is to certify _____ was physically examined and he/she is found to be FIT for sea service/ look-out duty for the period from _____ To _____ Place of medical examination RADICAL HOSPITAL LIMITED Date of medical examination: 28 JUL 2023 Medical certificate validity date (day/month/year): 27 JUL 2025 Name of Examiner (Please Print): _____

(Validity should not be more than 2 years)

_____ Degree: _____ Address: RADICAL HOSPITAL LIMITED

_____ Tel./Fax/Email: Uttara, Dhaka, Bangladesh

Name of Medical Examiner/ Physician Certificate /License Issuing Authority: _____

Date of issue of Medical Examiner/Physician Certificate/ License: _____ Registration No.: _____

_____

Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner (print name of medical examiner if not legible) and I acknowledge that I have been advised of the content of the medical certificate &

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

_____

Official Stamp & Signature with Govt. (DGS) Approval/ No of Medical Examiner

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

right to a review in accordance with paragraph (6) of section A-I/9 of STCW Code and my obligations.)

Date: 28 JUL 2023

Original: Master & Crewing Dept
cc: Seafarer
Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.

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

Id No	: 0987	**Date :** 28-Jul-2023	**D.Date :** 28-Jul-2023
Patient's Name :	MD RIPON MIA	**Age :** 23Y 5M 25D	**Gender:** Male
Specimen	: Blood		
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO: C/O/ 11063	

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.5** 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)	**10** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,400** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**73** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**20** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**05** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**128** /cumm	50-450/cumm
Total RBC Count	**5.80** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**46.4** %	M: 40-54%, F:37-47%
MCV	**80.0** fL	76 - 94 fL
MCH	**30.3** pg	27 - 32 pg
MCHC	**37.9** g/dL	29 - 34 g/dL
RDW	**13.0** %	11 - 16 %
PDW	**9.4** fL	35 - 56 fl
Total Platelete Count (PC)	**2,13,000** /cumm	150,000-450,000/cumm
MPV	**8.5** fL	7.0 - 11.0 fL
PCT	**0.020** %	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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23070987	Received Date	28/07/2023
Patient's Name	MD RIPON MIA		
Patient's Age	23Y 5M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/11063
Sample	Blood		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.8 mmol/l	4.2 – 6.4 mmol/l
Serum Creatinine	1.0 mg/dl	0.3 - 1.3 mg/dl
HbA1C	4.8 %	4.0- 6.0 %
Serum (BUN)	29 mg/dl	7-23 mg/dl
Total Protein	7.1 g/dl	6.3-7.9 g/dl
GGT	33 U/L	Adult Males : <55
Urice Acid	4.1 mg/dl	3.8 - 8.0 mg/dl
Liver Function Test		
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	21 U/L	Up to 40 U/L
Serum AST (SGOT)	29 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	128 U/L	98 - 279 U/L
Lipid profile		
Serum Cholesterol	134 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	44 mg/dl	>35 mg/dl
Serum Triglyceride	114 mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	87 mg/dl	<130 mg/dl

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

RADICAL HOSPITAL LIMITED

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Bill No	DIA23070987	Received Date	28/07/2023
Patient's Name	MD RIPON MIA		
Patient's Age	23Y 5M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/11063
Sample	Blood		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
VDRL	Non-reactive

BLOOD GROUPING	Result
ABO Blood Group	"O" (-ve)
Rh(D)Factor	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

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Associate Professor
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Bill No	DIA23070987	Received Date	28/07/2023
Patient's Name	MD RIPON MIA		
Patient's Age	23Y 5M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/11063
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
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Associate Professor
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RADICAL HOSPITAL LIMITED

Bill No	DIA23070987	Received Date	28/07/2023
Patient's Name	MD RIPON MIA		
Patient's Age	23Y 5M 25D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/11063
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Date: 28/07/2023

EYE EXAMINATION REPORT

NAME:	MD RIPON MIA		
AGE:	23 YRS	RANK: E/CDT	CDC NO:C/O/11063

VISUAL ACUITY: RIGHT LEFT

UNAIDED 6/6 6/6

AIDED

COLOUR VISION: NORMAL / BLIND

OPINION : UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Patient's Name	:	**MD RIPON MIA**	ID NO	:	**23070987**
Age	:	**23 Yrs**	Date	:	**28/07/2023**
Sex	:	**Male**			
Referred by	:	**Dr. Mir Md. Raihan - MBBS (DU), DFM**			
Nature of Specimen	:				

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygine : Normal

Comments : Normal

Dr. Mir Md. Raihan
MBBS (DU,) CCD (Birdem), PGT (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23070987	Receive:28/07/2023	Print: 28/07/2023	
Patient's Name	: **MD RIPON MIA**			
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 : 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.

RADICAL HOSPITAL LIMITED

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23070987	Receive: Print: 28/07/2023		
Patient's Name	:	**MD RIPON MIA**			
Age	:	23 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	83 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

ID: 002 28-07-2023 11:34:02

Mr. Rihan Mia

Male 23 Years

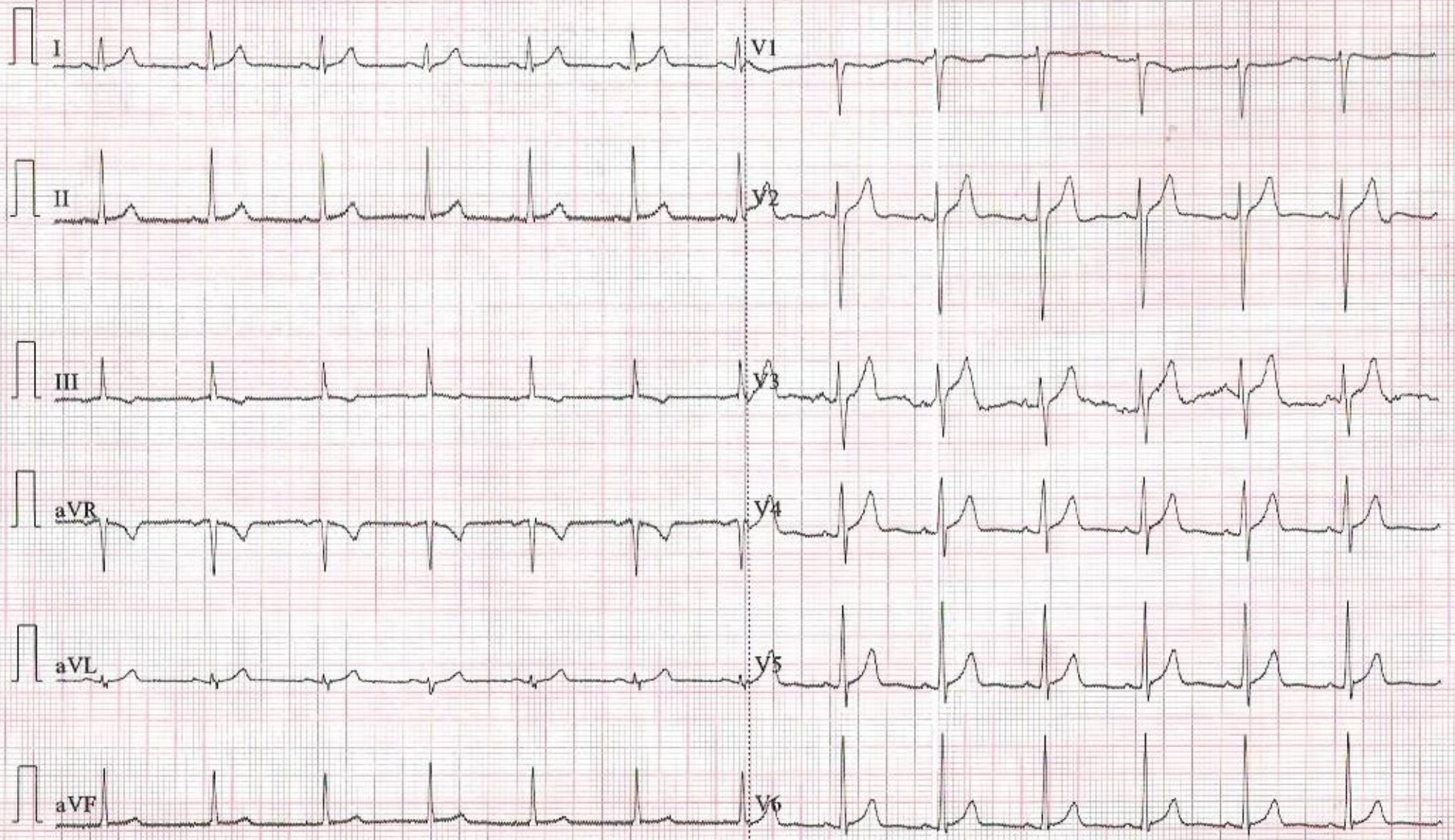
HR	: 80	bpm	
P	: 86	ms	
PR	: 124	ms	
QRS	: 76	ms	
QT/QTc	: 328/379	ms	
P/QRS/T	: 4/66/19	°	
RV5/SV1	: 1.501/0.948	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥80 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

AUDIOLOGICAL REPORT

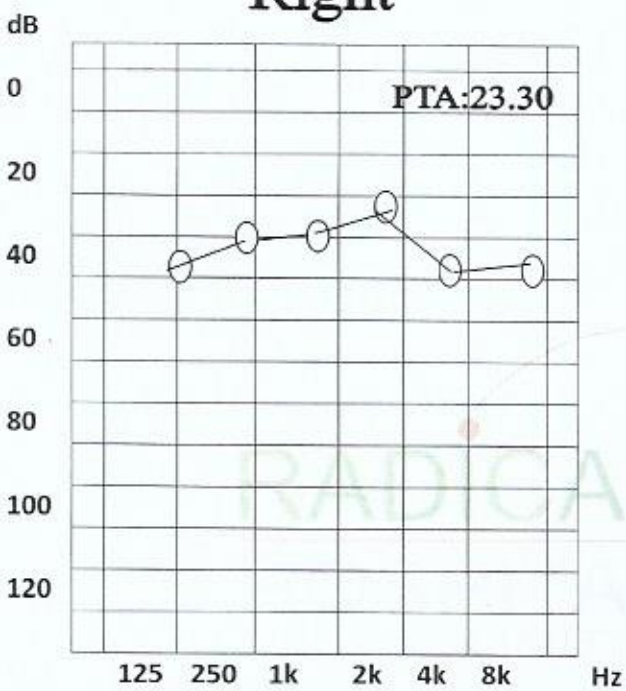
Patient Name : **MD RIPON MIA** 28/07/2023

Age : **23 Yrs**

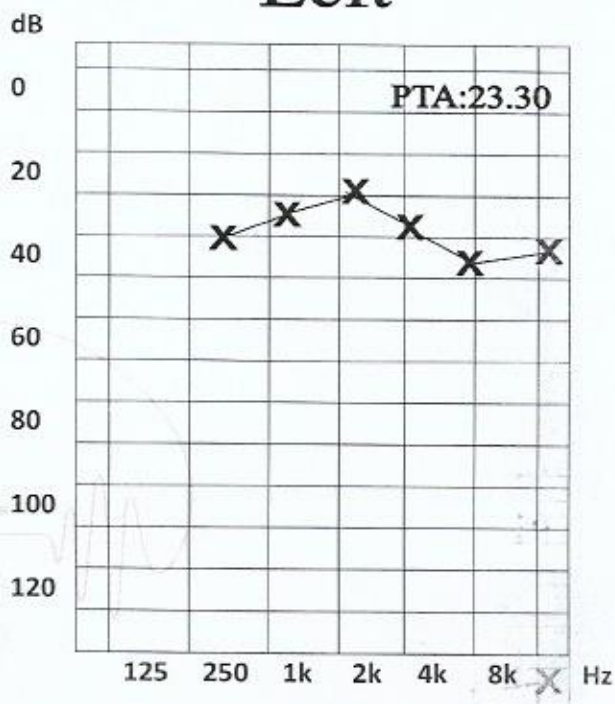
Address : RHL, UTTARA

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

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
	Right Ear	**Left Ear**
Air MaskingOX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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

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Patient's Name	:	**MD RIPON MIA**	ID NO	:	23070987
Age	:	**23 Yrs**	Date	:	28/07/2023
Sex	:	Male			
Referred by	:	**Dr. Mir Md. Raihan MBBS,(DU), DFM**			
Nature of Specimen	:				

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC	= 6
FEV	= 5
FEV/FVC	= 80%

Comments: Normal Lung Function

Checked By

Dr. Mir Md. Raihan
MBBS (DU) CCD(Birdem),PGT (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
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Patient ID	23070987	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	28/07/2023
Patient Name	**MD RIPON MIA**		
Age	23 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.1cm shape and position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER :- Normal size regular in shape. **Lumen is normal**.

Wall thickens is normal.

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

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

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

BOTH KIDNEYS :- Are normal in size. RK-8.7cm, LK-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 within normal limit. No intravesicle lesion is seen

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

COMMENT: Normal Study.

Sonologist

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

TREADMILLSTRESS TEST

Patient ID	23070987	Test Date	28-07-2023		
Patient Name	MD RIPON MIA	Age	23 Yrs	Sex	Male
Attending Dr.	Dr. ROSEYAT PERVEEN				

Total Exercise Time	: 09:09 Min	**Max.HR attained**	: 168 bpm.
% of max.pred. hR	: 98 %	**Max. Pred HR**	: 166 bpm.
Maximum BP	: 150/80 mmHg.	**Max. work load attained**	:13.01METS.

Indication : Screening for IHD.

Risk Factors :

Reason for Termina : Attainment of THR.

Test Profile : BRUCE

Symptoms :

Summary Result ⇒ **NEGATIVE**

Comments :

- **MD RIPON MIA** performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion : Stress test is **NEGATIVE** for ECG evidence of promotable myocardial ischemia.

Dr. ROSEYAT PERVEEN
MBBS, MD (Cardiology), NICVD, Dhaka
Consultant, IBN SINA D-Lab, Uttara, Dhaka

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that MD RIPON MIA date of birth 03-Feb-2000 Sex male
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a ctc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateure	Approved Stamp Cechet d'authentification	
1 29 SEP 2022	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2			

The validity of this certificate shall extend for a period of Two Years, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a from prescribed by the health adminstration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t effecter sa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that / JE Soussigne (e) certifie que } MD RIPON MIA date of birth / no (e) le } 03-Feb-2008 Sex / sexe } male

Whose signature follows / dont la signature suit } [signature]

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et munne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
29 SEP 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 [illegible] Hospitals Limited	YELLOW FEVER VACCINE L NO DAKAR 2165	CENTER FOR VACCINATION 35, Sheh Mokhdum Avenue Uttara, Dhaka BANGLADESH
1			
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated by the health administration for the territory in which that centre is situated,

The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that l'evaccinatio.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or crasure, or failure to complete any part of it, may render it invalid.

Ce certificate n' est valable que si le vaccin employe' a e' tc" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination e' te' habilite parl' adminstration sanitairc du territoire dans lequel ce cenite est siture'

La validite de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official ne pouvant ctre conside' rc' commc Icnant licu de signature.

Toute correction ou rature sur le certificate ou l'omission d'une quelconique des mentions qu' il comporle peut affecter sa validite.