

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: ISLAM MD TAZUL Sex: M Serial No: _____
 Date of Birth: 30/06/1966 PP/CDC: 21013321 Rank: C/E
 Vessel: RATHBONE Type: OIL TANKER Route: WORLD WIDE
 Home Address: FLAT-401 HOUSE-10, ROAD-06
MIRPUR-1, DHAKA-1216 BANGLADESH
 Company Name: ATLANTAS SHIP MANAGEMENT LTD

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		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)					Hernia / Hydrocoele / Appendicitis				
Head Injury / Concussion / Loss of Memory					High / Low blood pressure / Heart disease				
Fits / Epilepsy / Dizziness / Fainting					Asthma / Bronchitis / Tuberculosis				
Eye / Vision Problems (Glasses, etc)					Allergy / Skin disease				
Hearing Impairment					Infection / Contagious Disease				
Ear / Nose / Throat problems					Addiction 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					Malignant disease (Cancer)				
Female Disorder					Signed off on medical grounds / Declared Unfit				
Notes									

Medical Examination

Height		Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp.Rate / min	General Condition							
172cm		68kg	43-41	130/80 mm	78/min	19/min	Good							
Distant Vision		Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye		6/6		Normal	Right Ear	dB	20	20	20					
Left Eye		6/6		Abnormal	Left Ear	dB	20	20	20					
Colour Vision	Tshihara		Normal	Abnormal	Hearing	Right Ear					Left ear			
	Other		Normal	Abnormal										

Systemic Examination

Head & Neck	Normal	Abnormal	FIT FOR SEA SERVICE AS CH. END AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	Normal	Abnormal
Eyes				Cardiovascular system		
Ears / Nose / Throat				Per Abdomen		
Teeth / Oral Cavity				Genito-urinary system		
Musculo-Skeletal system				Others		
Nervous system				Hernia / Hydrocoele		
Reflexes				Varicose Veins		
Skin				Fissure/Fistula/Piles		

Investigations

Blood	Result	Normal	Urine
Hemoglobin	13.2 gm%	14-16 gm %	Colour
Total WBC count	8,800 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 60 % Lymph	35 % Eos 03 Ba 02 Mo 02 %		pH
Malarial parasite	Not Found		Albumin
ESR	66 mm / 1st hour	1 - 15 mm / hr	Sugar
SGPT	32 U/L	9-43 U / L	Bile pigment
S.Cholesterol	116 mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	116 mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS 6.2 PPBS	upto 125 mg %	RBC cells
HbsAg	Negative		Leucocytes
HIV 1 & II	Negative		Others
VDRL	Negative		
Others	33	GGTP U/L	
Blood Group	O+ve		

ECG: Normal TMT: N/D

X-Ray Chest: Normal

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, 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: 09 JUN 2025

Candidate's Signature md Tazul Islam

Date: 10/06/2023

10 JUN 2023

Official Stamp



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.

04.2023.4178

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME ISLAM	GIVEN NAME(S) MD TAZUL	
DATE OF BIRTH 30 06 1966 MONTH DAY YEAR	PLACE OF BIRTH CITY CHANDPUR COUNTRY BANGLADESH	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: FLAT # 401, House No-10, Road No-06 Mirpur-1, DHAKA-1216 BANGLADESH	

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 172CM	WEIGHT 68KG	BLOOD PRESSURE 130/80 mmHg	PULSE 78 bpm	RESPIRATION 19 bpm	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR MM LEFT EAR MM	
COLOR TEST TYPE: BOOK ☒ LANTERN ☐ IS COLOR TEST NORMAL? ☒ YES ☐ NO (If "No" EXPLAIN ON PAGE 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? Yes ☐ No ☒					
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal		
LUNGS Normal			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes		
EXTREMITIES: UPPER Normal LOWER Normal					
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? Yes ☒ No ☐					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes ☐ No ☒					
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒					

MD Tazul Islam SIGNATURE OF APPLICANT	10 JUN 2023 DATE OF EXAMINATION	09 JUN 2025 EXPIRY DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN		
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: ISLAM, MD TAZUL NAME OF APPLICANT (SURNAME, GIVEN NAME(S))		
FIT FOR DUTY ON BOARD SHIP		
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐		
SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☐ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:		
NAME AND DEGREE OF PHYSICIAN DR. MIR MD RAIHAN MBBS, DFM		
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230		
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH		
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014		
SIGNATURE OF PHYSICIAN [Signature]		10 JUN 2023 DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bldg), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping 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 15 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/Navigation 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/navigation 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 of 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).

10 JUN 2023



DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Biom), PGT (Ophth)
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General Physician
Radical Hospitals Limited.



ATLANTIS CREW MANAGEMENT

Form No – FP 02D

Revision – 1

Seafarer's declaration of medicines being carried on board

Date – 01 Jul 21

Date: 10/06/2023

To,
The Company appointed Doctor,
XXXX (Management Company)

Dear Sir,

I hereby declare that I will be carrying the following medicines for usage onboard. These have been prescribed by my family doctor and/or by company appointed doctor.

List/qty. of prescribed medicines, which will be carried by me on board. The period of medicine course is prescribed for - weeks/months

Sr. No	Name of Medicine(S) Onboard (Allopathic medicines to be mentioned here)	Quantity	Dosages	Ailment
1				
2				
3				
4				

Note: As a rule, not more than 4 medicines or combinations as allowed,

1. I agree to carry the original prescription on board for the above-mentioned medication.
2. I agree to inform the Master, all details of my medication immediately upon joining the vessel.
3. I also confirm that at no time any other drugs/medicines shall be found with me or in my cabin.
4. I am also aware of my responsibility for self-medication.
5. Subject to obtaining approval from Company and Company appointed Doctor for the above mentioned medicines, I will ensure to carry sufficient medication with me to cover the period of my onboard tenure and extra supply for an additional month. The Company will not be responsible to arrange for replenishment.
6. I hereby consent that the above medical information may be shared as necessary.

I have read and understood the above terms. Should I fail to follow the above terms, I agree that I will not be eligible for the sick, injury, and death pay/compensation as per the company's standard terms and condition and/or the respective collective bargaining agreement of the applicable vessel.

Name & Rank of the seafarer: MD TAZUL ISLAM, C/E	Signature: Md Tazul Islam
Vessel Name: RATHBONE	Date: 10/06/2023
Confirmed by a company appointed doctor (signature & date): 10 JUN 2023	
The company appointed doctor's name & city:	DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.
The company appointed doctor's remarks, if any:	

Note: Doctors are requested to send the original form along with the medical report to the company.





Id No : 0270 **Date** : 10-Jun-2023 **D.Date** : 10-Jun-2023
Patient's Name : MD TAZUL ISLAM **Age** : 56Y 11M 11D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3321

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.2 gm/dl	M:13-18 gm/dl, F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	60 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	35 %	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	160 /cumm	50-450/cumm
Total RBC Count	4.40 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	35.3 %	M: 40-54%, F:37-47%
MCV	80.2 fL	76 - 94 fL
MCH	30.0 pg	27 - 32 pg
MCHC	37.4 g/dL	29 - 34 g/dL
RDW	13.6 %	11 - 16 %
PDW	15.8 fL	35 - 56 fL
Total Platelete Count (PC)	2,78,000 /cumm	150,000-450,000/cumm
MPV	8.4 fL	7.0 - 11.0 fL
PCT	0.234 %	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	DIA23060270	Received Date	10/06/2023
Patient's Name	MD TAZUL ISLAM		
Patient's Age	56Y 11M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/3321
Sample	Blood		

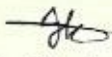
BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	6.2 mmol/l	4.2 – 6.4 mmol/l
GGT	33 U/L	Adult Males : <55
Serum AST (SGOT)	25 U/L	Up to 37 U/L
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
Serum Creatinine	0.76 mg/dl	0.3 - 1.3 mg/dl
Uric Acid	5.6 mg/dl	3.8 - 8.0 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 Technologist
Radical Hospitals Ltd.

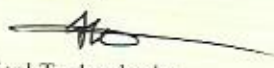

Dr. Sumaiya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	23060270	Received Date	10/06/2023
Patient's Name	MD TAZUL ISLAM		
Patient's Age	56Y 11M 11D	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM C/O/3321		
Nature of Specimen	Blood		

IMMUNOLOGY REPORT

Test Name	Result	Reference Range
Prostate Specific Antigen (PSA)	0.61 ng/ml	Normal: < 4.00 Border Line: 4.01 -10.00

Checked By


Medical Technologist,
Radical Hospitals Ltd.
Uttara, Dhaka.


Dr. Sumaiya Khatun

MBBS, MD (Microbiol)
Assistant Professor
Dept. of Microbiology
East West Medical College and Hospital



Bill No	DIA23060270	Received Date	10/06/2023
Patient's Name	MD TAZUL ISLAM		
Patient's Age	56Y 11M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3321
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
VDRL	Non-reactive
Malarial Parasite (ICT)	Negative

BLOOD GROUPING Result

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

Checked By


Medical Technologist
Radical Hospitals Ltd.


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



Bill No	DIA23060270	Received Date	10/06/2023
Patient's Name	MD TAZUL ISLAM		
Patient's Age	56Y 11M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE	CDC NO:C/O/3321	

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-2/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 Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23060270	Received Date	10/06/2023
Patient's Name	MD TAZUL ISLAMP		
Patient's Age	56Y 11M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/3321		
Sample	URINE		

DRUG ABUSE TEST

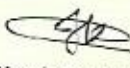
METHOD: Immunochromatographic Assay (Rapid one Step Test)

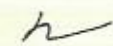
Test Name	Result
-----------	--------

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



Date: 10/06/2023

EYE EXAMINATION REPORT

NAME:	MD TAZUL ISLAM		
AGE:	57 YRS	RANK: CH.ENG	CDC NO:C/O/3321

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6

AIDED

RADICAL

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060270 Receive: 10/06/2023 Print: 10/06/2023
Patient's Name : MD TAZUL ISLAM
Age : 57 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

ID: 0113

08-06-2023 14:20:04

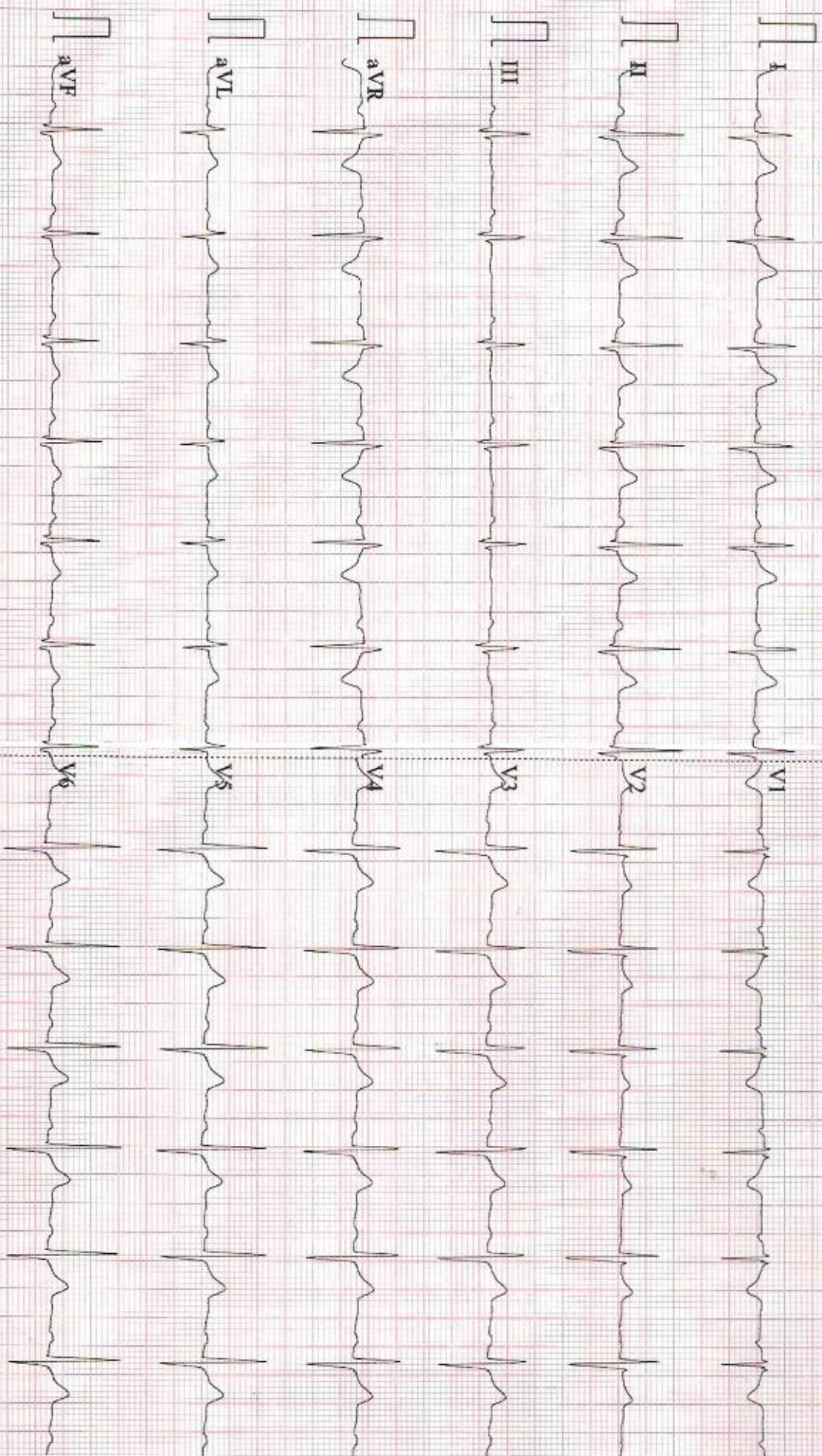
Mr. David Brown
Male 55 Years

Diagnosis Information:

Sinus rhythm
Normal ECG

HR	: 81	bpm
P	: 104	ms
PR	: 170	ms
QRS	: 88	ms
QT/QTc	: 362/421	ms
P/QRS/T	: 50/60/29	°
RV5/SV1	: 1.126/0.718	mV

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060270 Receive: Print: 10/06/2023
Patient's Name : MD TAZUL ISLAM
Age : 57 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 58 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
Syihet Women's Medical College Hospital

Patient's Name	:	MD TAZUL ISLAM	ID NO	:	23060270
Age	:	57 Yrs	Date	:	10/06/2023
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 Hygiene | : | Normal |

Comments : Normal



Dr. Mir Md. Raihan

MBBS (DU), CCD (Birdem), PGT (ophth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

Patient's Name	: MD TAZUL ISLAM	ID NO	: 23060270
Age	: 57 Yrs	Date	: 10/06/2023
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 (ophth)
 Reg- A55144 BGD-016(MMC)
 DG Shipping Bangladesh Approved
 Malaysian Medical Council Approved
 General Physician
 Radical Hospitals Limited

TREADMILLSTRESS TEST

Patient ID	23060270	Test Date	10-06-2023	
Patient Name	MD TAZUL ISLAM	Age	57 Yrs	Sex Male
Attending Dr.	Dr. ROSEYAT PERVEEN			

Total Exercise Time : 09:10 Min Max.HR attained : 163 bpm.
 % of max.pred. hR : 98 % Max. Pred HR : 167 bpm.
 Maximum BP : 150/90 mmHg. Max. work load attained : 13.10METS.
 Indication : Screening for IHD.
 Risk Factors :
 Reason for Termination : Attainment of THR.
 Test Profile : BRUCE
 Symptoms :

Summary Result ⇒ **NEGATIVE**

Comments :

- MD TAZUL ISLAM 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

Patient ID	23060270	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	10/06/2023
Patient Name	MD TAZUL ISLAM		
Age	56 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

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

GALL BLADDER : Contracted.(Postprandial).

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

SPLEEN :- Is normal in size (8.4 x 2.8)cm and uniform in echo-texture.

BOTH KIDNEYS :-Are normal in size RK 9.8cm, LK-10.3cm regular in shape. 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 normal. No intravesicle lesion is seen

PROSTATE: Normal in size and volume is 24.1cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Normal study.

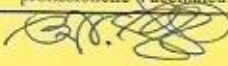
Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

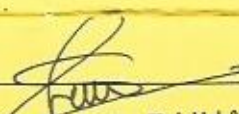
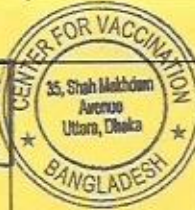
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONNAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to certify that MD TAZUL ISLAM Date of birth 30/06/66 Sex MALE
JE Soussigne (e) certifie que _____ no (e) le _____ sexe _____

Whose signature follows Md Tazul Islam
dont la signature suit _____

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

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cachet d'authentification
14 FEB 2013	 Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD) Marine Health Care Dhaka	 ORAL CHOLERA "DUKOR" Valid Upto 2 yrs

 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (BIRDEM), PGT (Opht) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	ORAL CHOLERA "DUKOR" Valid Upto 2 yrs	 35, Shah Mahomed Avenue Uttara, Dhaka BANGLADESH
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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 injection 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 administration of the territory in which the vaccination is performed.

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

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partielles a sept jours d'intervalle et sa validite commence le jour de la seconde injection.

De cachet d'authentification doit etre conforme au modele present per l'administration sanitaire du territoire ou la vaccination est effectuee.

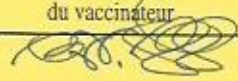
Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validite.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that } MD TAZUL ISLAM Date of birth } 30/06/66 Sex } MALE
JE Soussigne' (e) certifie que } no (e) le } sexe }

Whose signature follows } MD Tazul Islam
dont la signature suit }

has on the Date indicated been vaccinated or revaccinated against yellow fever
a ete 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 nume'ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
14 FEB 2023	 Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorized by DOS (BD) Marine Health Care		
2			

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

This 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 revaccination.

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 certificat n' est valable que si le vaccin employe' a e' te' a approuve' par l' Organisation Mondiale de la Sante' et si le centre de vaccination a e' te' habilite' par l' administration sanitaire du territoire dans lequel ce centre est situe'.

La validite' de ce certificat couvre une pe' riode de dix ans commençant dix jours apres la date de la vaccination ou, dans le cas d'une revaccination au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificat doit e'tre signe' par un me' decin de sa propre main, son cachet officiel ne pouvant e'tre conside' re comme tenant lieu de signature.

Toute correction ou rature sur le certificat ou l' omission d' une quelconque des mentions qu' il comporte peut affecter sa Validite'.