

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: **RAHMAN MAHBUBUR** Sex: **M** Serial No: _____
Date of Birth: **10/08/1992** PP/CDC: **C/0/7083** Rank: **4/E**
Vessel: **LNG AL-HAMLA** Type: **LNG** Route: _____
Home Address: **58, DATTAPARA, TONGA, GAZIPUR**
Company Name: **NAKILAT**

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							
170cm	60kg	43-41 cms	120/80 mm	78b/m	19b/m	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								
Left Eye	6/6		Abnormal	Left Ear	dB								
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal										

Systemic Examination

	Normal	Abnormal	Notes	
Head & Neck			FIT FOR SEA SERVICE AS 4/ENOR AS F. 2006 Enhanced GARD Medicals done	Respiratory system
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	12.1 gm%	14-16 gm %	Colour
Total WBC count	7300 cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu 66 % Lymph	30 % Eos 02 % Bas 00 % Mo 02 %		pH
Malarial parasite	NOT FOUND		Albumin
ESR	00 mm / 1st hour	1 - 15 mm / hr	Sugar
SGPT	31 U/L	9-43 U / L	Bile pigment
S.Cholesterol	NIE mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	NIE mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	RBS 111 PPBS	upto 125 mg %	RBC cells
HbsAg	NOT FOUND		Leucocytes
HIV I & II	NOT FOUND		Others
VDRL	NOT FOUND		
Others			
Blood Group		GGTP U/L	Spirometry:

ECG :	Normal	TMT:	Normal
X-Ray	Chest:		
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: _____

This certificate is valid till: **20 JUN 2025**

Candidate's Signature: **Mahbub**

Date: **21 JUN 2023**



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.

04.2023.4266

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME RAHMAN	GIVEN NAME(S) MAHBUBUR
DATE OF BIRTH 08 MONTH 10 DAY 1992 YEAR	PLACE OF BIRTH CHITTAGONG CITY BANGLADESH COUNTRY SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☐ ENGINEERING OFFICER ☒ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: 58, DATAPARA, TONGI, GAZIPUR

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

HEIGHT 5' 7"	WEIGHT 60 kg	BLOOD PRESSURE 120/80 mm	PULSE 78 b/min	RESPIRATION 19 b/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR my LEFT EAR my	
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 ☒					

Mahbub

SIGNATURE OF APPLICANT

21 JUN 2023
DATE OF EXAMINATION

20 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:

FIT FOR DUTY ON BOARD SHIP

RAHMAN MAHBUBUR

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

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 MAKHUM AVENUE SECTOR-12, UTTARA, DHAKA-1230**

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

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **06 MAY 2014**

SIGNATURE OF PHYSICIAN

21 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
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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.

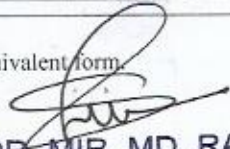
Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.
(See RMI MG 7-17-1, §3.3).

21 JUN 2023




DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
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DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

GLOBAL OCEAN SHIPPING SERVICES LTD.



Revision No: 00
Issue Date: 18.03.2018
Page: Page 1 of 3
Crew Manning Agency Quality Manual (FORM) GOSSL-F-12

Part A. APPLICANT'S PARTICULARS

Name in Full (as in Passport, BLOCK LETTERS): **MAHBUBUR RAHMAN**
Address: **58, DATTAPARA, TONGI, GAZIPUR** Tel No:
Passport No: **B00093534** Date of Birth: **10-08-1992** Country of Birth: **BANGLADESH** Nationality: **BANGLADESH** Sex: ☒ Male / ☐ Female Dept: **Deck/Engine** Rank: **4E**

PART B. APPLICANTS DECLARATION

(Please tick)

1. Have you Ever had	yes	No	If Yes give description
a. Occasions to be admitted to hospital for whatever reason at all in the past?		☒	
b. an Operation?		☒	
c. an accident needing hospital treatment?		☒	
d. Tuberculosis or abnormal chest X-ray?		☒	
e. sexually transmitted disease? (e.g. Syphilis, gonorrhea, aids, etc)		☒	
f. mental illness like depression, schizophrenia, other psychosis or neurosis?		☒	
g. convulsions, fits or epilepsy?		☒	
h. ear or hearing problem?		☒	
i. high blood pressure?		☒	
j. chest pain at rest or on exertion, or other heart trouble?		☒	
k. asthma or wheezing attacks, or pneumothorax (air in the chest)?		☒	
l. stomach/duodenal ulcer, 'gastric', blood in the vomit or stool?		☒	
m. kidney disease or problem passing urine?		☒	
n. pain in the spine, back or any joint?		☒	
o. occasion to wear contact lens or glass?		☒	
p. allergic reactions to food or drugs etc?		☒	
q. diabetics or sugar in the urine?		☒	
2. Social habits- Do you take alcohol, drug or smoke?		☒	
3. Has any member of your family or relative ever had mental illness, epilepsy, blood disorder, diabetics, tuberculosis, heart trouble or any other disorder?		☒	
4. Have you had any medical attention (e.g. consulted a doctor for anything at all during the last 12 months)?		☒	
5. Do you have a medical or other condition not already mentioned above?		☒	

I declare that the information given above is correct to the best of my knowledge. I consent to the examining doctor to endorse my medical information on the Medical fitness certificate. (To be signed only in the presence of the examining doctor.)

Date: **21 JUN 2023**

Mahbub
Signature of the Applicant

PART B. RESULTS OF EXAMINATION:



GLOBAL OCEAN SHIPPING SERVICES LTD.



Revision No:

00

Issue Date:

18.03.2018

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Crew Manning Agency Quality Manual (FORM)

GOSSL-F-12

1. Height/Weight	170	meters	60	Kilos		
2. Hearing					Right Left	
3. Eyesight (with out aids)	6/6	Right	6/6	Left		
Eyesight (with aids)		Right		Left		Colour vision
4. Urinalysis	N/I	Microscopy	N/I	Sugar	N/I	Albumin
5. Full Blood count	12.1	Hb	720	WBC	1.72.000	Platelets
6. VDRL		Negative		Positive		
7. Chest X-ray (last X-ray within 2 months)		Normal		Abnormal		
8. Electrodiagram (ECG) (EDG)		Normal		Abnormal		
9. Pulse	78	Per min				
10. Blood Pressure	120/80	mmHg				
11. cardiovascular system		Normal		Abnormal	If abnormal give details	
12. Respiratory system		Normal		Abnormal	If abnormal give details	
13. central nervous system		Normal		Abnormal	If abnormal give details	
14. Digestive system		Normal		Abnormal	If abnormal give details	
15. Gastrointestinal system (e.g. hernia)		Normal		Abnormal	If abnormal give details	
16. Locomotor system (e.g. Spine and limbs)		Normal		Abnormal	If abnormal give details	
17. Intelligence, mental state		Normal		Abnormal	If abnormal give details	
18. Physique- Deformities		Normal		Abnormal	If abnormal give details	
19. Skin (including varicosities)		Normal		Abnormal	If abnormal give details	
20. Urogenital system (e.g. hydrocoele)		Normal		Abnormal	If abnormal give details	
21. Endocrine system (e.g. Thyroid)		Normal		Abnormal	If abnormal give details	
22. Mouth/teeth		Normal		Abnormal	If abnormal give details	
23. Ears/nose/Throat		Normal		Abnormal	If abnormal give details	
24. Eyes		Normal		Abnormal	If abnormal give details	

C. DOCTOR'S REMARKS:

FIT/UNFIT subject to the following restrictions

Date: 21 JUN 2023

Signature of the Approved medical practitioner

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.

PART C:

Medical Fitness certificate:



GLOBAL OCEAN SHIPPING SERVICES LTD.



Revision No:

00

Issue Date:

18.03.2018

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Crew Manning Agency Quality Manual (FORM)

GOSSL-F-12

MEDICAL FITNESS CERTIFICATE

NAME IN FULL: MAHBUBUR RAHMAN

SEAMAN BOOK NO/RP NO. C1017083

I certify that have examined the person named above to the Medical Standards of the
And have found * him/her *FIT/UNFIT.

Remarks If any:

Signature And Name of Approved Medical Practitioner

Date of Examination 21 JUN 2023

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Bldm), PGT (Ophth)
BMDCA:55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

Registered Number:

Official Stamp:

- Delete as appropriate

This Certificate Has been issued in accordance with following:

- STCW95/2010 Regulation A-I/9 - Medical Status - Issue and Registration of Certificates, and Section - B-I/9 Paragraph 11 "Notwithstanding this position, the Administration may require higher standards then those given in table - B-I/9-1 or - B-I/9-2 below"
- ILO/WHO/A. 2/1997- Guidelines for the medical fitness review of seafarers previous to embarkment and periodic , of the international Labour Organization (ILO) and the World Health Organization (WHO)





Id No : 0574 **Date** : 21-Jun-2023 **D.Date** : 21-Jun-2023
Patient's Name : MAHBUBUR RAHMAN **Age** : 30Y 9M 10D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:C/O/7083

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.1 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	09 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	7,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	66 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	30 %	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	144 /cumm	50-450/cumm
Total RBC Count	4.51 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	32.0 %	M: 40-54%, F:37-47%
MCV	71.0 fL	76 - 94 fL
MCH	26.8 pg	27 - 32 pg
MCHC	37.8 g/dL	29 - 34 g/dL
RDW	14.7 %	11 - 16 %
PDW	15.8 fL	35 - 56 fL
Total Platelete Count (PC)	1,72,000 /cumm	150,000-450,000/cumm
MPV	10.3 fL	7.0 - 11.0 fL
PCT	0.157 %	0.1 - 0.5 %
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	DIA23060574	Received Date	21/06/2023
Patient's Name	MAHBUBUR RAHMAN		
Patient's Age	30Y 9M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD(BIRDEM), PGT(Eye), DFM		CDC NO: C/O/7083
Sample	BLOOD		

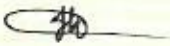
BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	21 U/L	Up to 40 U/L
Serum Alkaline Phosphatase	125 U/L	98 - 279 U/L

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	DIA23060574	Received Date	21/06/2023
Patient's Name	MAHBUBUR RAHMAN		
Patient's Age	30Y 9M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7083
Sample	BLOOD		

SEROLOGICAL REPORT

HBsAg (Method : (ICT)	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

Bill No	DIA23060574	Received Date	21/06/2023
Patient's Name	MAHBUBUR RAHMAN		
Patient's Age	30Y 9M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7083		
Sample	URINE		

DRUG ABUSE TEST

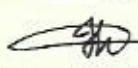
METHOD: Immunochromatographic Assay (Rapid one Step Test)

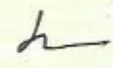
Test Name	Result
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Drug Level of Urine

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.

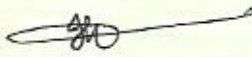

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23060574	Received Date	21/06/2023
Patient's Name	MAHBUBUR RAHMAN		
Patient's Age	30Y 9M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7083
Sample	URINE		

URINE EXAMINATION

<u>Test Name</u>	<u>Result</u>
Urinary Phenol :	Negative
Urinary Benzene :	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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23060574	Receive: 21/06/2023	Print: 21/06/2023
Patient's Name	: MAHBUBUR RAHMAN		
Age	: 30 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: 0047

Matthew Palmer
Male 30 Years

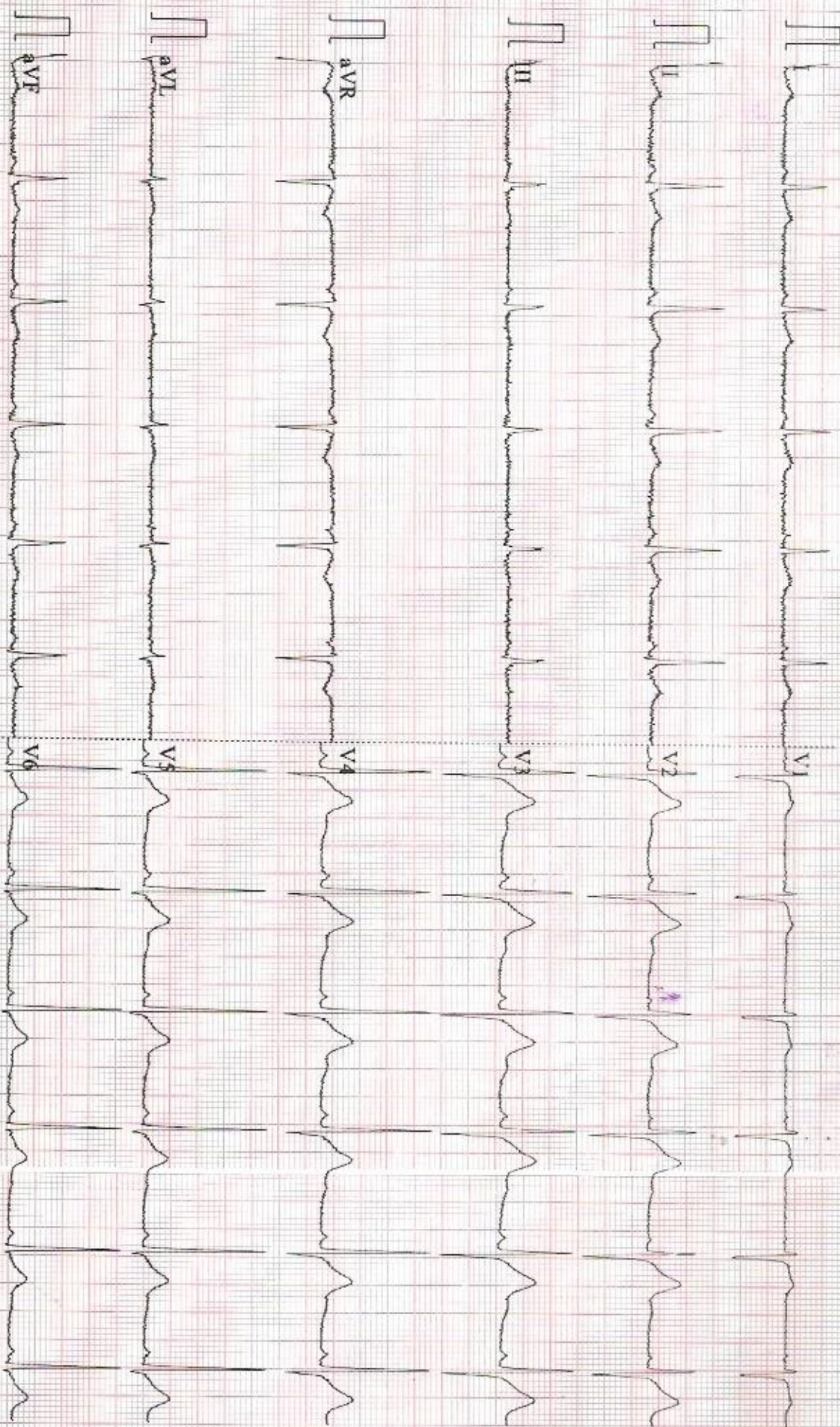
19-06-2023 12:30:05

HR : 68 bpm
P : 90 ms
PR : 122 ms
QRS : 100 ms
QT/QTc : 368/392 ms
P/QRS/T : 60/54/44 °
RV5/SV1 : 2.185/0.893 mV

Diagnosis Information:

Sinus rhythm
Normal ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060574 Receive: Print: 21/06/2023
Patient's Name : MAHBUBUR RAHMAN
Age : 30 YRS Sex : M
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

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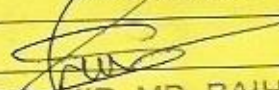
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CON IRE LE CHOLERA

MAHBUBUR RAHMAN

This is to certify that
JE Soussigne' (e) certifie que | date of birth / no' (e) le | 10/08/1992 Sex / sexe | **MALE**

Whose signature follows
dont la signature suit | **Mahbub**

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 date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cechet d'authentification
11 SEP 2022		
2	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
3		
4		

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 revaccination within such period of two years, 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 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 part of it. May render it invalid.

La validite de ce certificate couvre une periode de six mois commençant six jours apres 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 qui il comporte peut en affecter la validite.

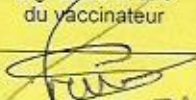
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE

MAHBUBUR RAHMAN

This is to certify that
JE Soussigne' (e) certifie que _____ date of birth
no' (e) le 10/08/1992 Sex MALE
sexe

Whose signature follows
don't la signature suit Mahbub

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numnc' ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
11 SEP 2022	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birmam), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by 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 in days after the date of vaccination or in the event of a revaccination within such 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 the signature.

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

Ce certificat n' est valable que si le vaccina employe" a e'te' approuve" par l' organisation Mondiale de la sante" et si le centre a" uaiif, aion ae" t'otrafiilie pali-aminsralion sanitaire du (erriloire dans lequel ce centre est situe".

La validite' de ce certificat couvre une pe'riode de dix ans comencant dix jours apres la date de la vaccination ou, dans le cas dune relaccinaion. u. ou., a. -cltte lie, i. i. a" dix ans. lejour de cette revaccination.

Ce certificat doit e'tre signe" uq1 un me'decin de sa propre main, son cachet officiel ne pouvant eue conside' comme l'equivalent lieu de signature.

Toute ecorection ou rasure sur le certificat ou l'omission d' une quelconque des mentions qu'il comporte pent affecter sa validite'.