

## HAQUE & SONS LTD.

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Accredited By : BMDC

Accreditation No. A 55144

PATIENT CONTROL NUMBER: HSL-003816

MEDICAL EX	AMINATION	CERTIFICATE
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RNAME	HIMAL	FIRST NA	MOHAMMA	D SHA	HRIAR	- 3	MIDDLE NAM	AHMED KH	IΔN	
PLACE AND DATE OF BIRTH		PASSPORT NUMBER			SEAMAN'S BOOK NUMBER					
	BNA 5-Apr-2000			36541	CO11733					
TIONAL	LITY: BANGLADESHI SEX:	☑ Male	☐ Female	VE	SSEL TY	PE : CHE	M. TANKER T	1,100,70,000		RLD WID
RMANE	ENT HOME ADDRESS :						CT NUMBER :		71577150	
-MAJP	PARA, PO-ATGHARIA, PS-KHIDIR	PUR, DIST-	PABNA			RANK		APP C	OFFICER	SCHOLA
								700000		10.000000000
Have yo	ou ever had any of the following con	ditions?								
	Condition	YES	NO		Conditi	ion			YES	NO
1	Eye/vision problem		10	. 18	Sleep p	roblems				No
2	High blood pressure		0/	19	Do you	smoke?				V
3	Heart/vascular disease		1	20		on/surgery				9
4	Heart surgery		V2	21	Epileps	y/seizures				1
5	Varicose veins		1	22	Dizzine	ss/fainting				0/
6	Asthma/bronchitis		0	23	Loss of	conscious	sness			0/
7	Blood disorder		U	24		tric proble				
8	Diabetes		16	25	Depres		2000-01			61
9	Thyroid problem		1	26		ted suicide				11
10	Digestive disorder		7	27		memory	(8)		D	1/1
11	Kidney problem			28		problem				6
12	Skin problem		1	29		e problem headache				1/
13	Allergies		11	30	1		00000			ZA
14			to	10000		e/throat p				1
	Infectious/contagious diseases		2	31		ted mobilit	у.			10
15 16	Hernia		4	32		oblems				10
	Conital disperders	[]		33	Aminista	tion			D.	1
	Genital disorders		1-12	33207	Amputa					
17 If any o	Pregnancy f the above questions were answer onal questions	ed "yes", ple		34 ails.	Fractur	es/disloca	tions		YES	NO
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Varicose veins Vascular (inc. pedal pulses) Abdomen and viscera Hernia Anus (not rectal exam) G-U system Upper and lower extremities Spine (C/S, T/S and L/S) Neurologic (full brief) Psychiatric General appearance Skin  FUNCTION TEST) Marijuana Positive Positive Positive Negative URINE R/E  OTHERS  DHOL TEST HBsAg Reactive Nonreactive Nonrea	Unaided Aided Right eye Left eye Right eye Left by meets the standard laid down in STCW Code Section as per STCW CODE Section A-I/9; colour vision test: Date (day/month/year)
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Varicose veins  Vascular (inc. pedal pulses)  Abdomen and viscera  Hernia  Anus (not rectal exam)  G-U system  Upper and lower extremities  Spine (C/S, T/S and L/S)  Neurologic (full brief)  Psychiatric  General appearance  Skin  FUNCTION TEST)  Marijuana  Positive  Positive  Negative  URINE R/E  OTHERS  DHOL TEST  HBsAg  Reactive  Nonreactive  Nonreacti	Normat/2 Abnormal
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Varicose veins  Vascular (inc. pedal pulses)  Abdomen and viscera  Hernia  Anus (not rectal exam)  G-U system  Upper and lower extremities  Spine (C/S, T/S and L/S)  Neurologic (full brief)  Psychiatric  General appearance  Skin  FUNCTION TEST)  Marijuana  Positive  Negative  HIV / AIDS Test  Reactive  Nonreactive	
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Upper and lower extremities  Spine (C/S, T/S and L/S)  Neurologic (full brief)  Psychiatric  General appearance  Skin  FUNCTION TEST)  Marijuana  Positive  Positive  Negative  URINE R/E  URINE R/E  OTHERS  DHOL TEST  HBsAg  Reactive  Nonreactive  Nonre	¥2 0
Spine (C/S, T/S and L/S)  Neurologic (full brief)  Psychiatric  General appearance  Skin  FUNCTION TEST)  Marijuana  Alcohol Test  URINE R/E  OTHERS  DHOL TEST  HBsAg  Reactive  Nonreactive  Nonreacti	сору
Neurologic (full brief)  Psychiatric  General appearance  Skin  FUNCTION TEST)  Marijuana  Alcohol Test  URINE R/E  OTHERS  DHOL TEST  HBsAg  Reactive  Nonreactive  Nonreacti	¥2 0
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General appearance Skin  FUNCTION TEST) Marijuana	chest 🖟 🗆
FUNCTION TEST) Marijuana	mination VIX 🗆
FUNCTION TEST) Marijuana	1//
Alcohol Test	7.11
Alcohol Test	ANCILLARY EXAMINATIONS
URINE R/E  OTHERS  OHOL TEST. HBsAg	BIO CHEMICAL (LIVE
URINE R/E  OTHERS  OHOL TEST HBsAg Reactive Nonreactive Nonreactive Nonreactive VDRL Reactive Nonreactive Nonreact	BILIRUBIN
OHOL TEST HBsAg ☐ Reactive Nonreactive No	BLOOD R/E SGPT
itive   Negetive   HIV / AIDS Test   Reactive   Nonreactive   Nonreactive   VDRL   Reactive   Nonreactive   Nonreactive   Reactive   Nonreactive   Nonreacti	tial count) SGOT
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itive Negative Others(KUB Ultraso	9.5 % Cocaine   P
examinations: 0 1 JUN 2023	e that I am in knowledge of the contents of the Physica
HRIAR AHMED KHAN HIMAL	MOHAMMAD SH
10.1	
ne of Seafarer Date	Ne
ation and the diagnostic test results recorded above, I declare the  Not fit for lookout duties	the examinee's personal declaration, my clinical exam cally:
With restrictions	Without restrictions
**	
Not fit for lookout duties  ne service Catering service Other service	Fit for lookout duties  Deck service En

In Accordance with Medical Examination (Seaf Shipping Sandlacesh Approved STCW 1978/1996 as Amended, MLC 2006

Seneral Physician
Radical Hospitals Limited.

Revision Date: 24th July 2022

# PHYSICAL EXAMINATION REPORT/CERTIFICATE

#### MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

### REPUBLIC OF THE MARSHALL ISLANDS

SURNAME		GIVEN NAME	S)	
HIMAL			9) D SHAHRIAR AHMED KHAN H	IMAL AHMED KHAN
DATE OF BIRTH		PLACE OF BI		1
4 5	2000	PABNA	BANGLADESH	SEX
MONTH DAY	YEAR	CITY	COUNTRY	☑ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS	:	MAILING AD	DRESS OF APPLICANT:	
MASTER		VILL-MAJP	ARA, PO-ATGHARIA,	
DECK OFFICER		PS-KHIDIRP	UR, DIST-PABNA	
ENGINEERING OFFICER				
RADIO OFFICER		BANGLADES	SH.	
RATING MEDICAL EVANDUETION	CEP DEVENCE CIDE	I PAN LANGE	DOMESTA OF STREET	o oxinomena a a a a
			REQUIREMENTS) STATE DETAIL	
175em 61tg 200	OD PRESSURE	PULSE Polonin	000	APPEARANCE
VISION: RIGHT EY	E LEFT EYE	/	HEARING:	
WITHOUT GLASSES 66.	6 661	2	W. 442 J. 300 A.	
WITH GLASSES			RT. EAR MED II	ETEAR MAD
COLOR TEST TYPE: BOOK	LANTERN AT IS	S COLOR TEST NO	DRMAI TYO EL No (IE "NO	" EXPLAIN ON PAGE 2)
ARE GLASSES OR CONTACT LEN	SES NECESSARY T	O MEET THE REQ	UIRED VISION STANDARD? Yes	s II No <del>II</del>
HEAD AND NECK		23	HEART (CARDIOVASCUL	AR)
/	Noranael (	?	Name	ral.
LUNGS			SPEECH(DECK/NAVIGATIONA	L OFFICER AND RADIO
LUNGS	Vonma		OFFICER)	Jones Los
EXTREMITIES:	·		IS SPEECH UNIMPAIRED FOR	NORMAL VO
UPPER 1	annal		LOWER Norma	6.
IS APPLICANT VACCINATED IN ACC	ORDANCE WITH WAS	O RECOMMENDATE	7	
IS APPLICANT VACCINATED IN ACC				DER HIMAIER UNDER PAR GERMAN
OR LIKELY TO ENDANGER THE HEALTH			/ 1	THE PURSERVICE
IF YES, PLEASE ENTER EXPLANATION IS			<	
IS APPLICANT TAKING ANY NON-PRESC				
Sohnian.	The control of		0 1 JUN 2023	3 1 MAY 2025
	DF APPLICANT	-	DATE OF EXAMINATION	EXPIRY DATE
THIS SIGNATURE SHOULD BE AFFIXED		THE EXAMINING PHY		
THIS IS TO CERTIFY THAT A PH			TO: MOHAMMAD SHAIIRIAR A	
THAT A PH	FIT FOR DUTY	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	AHMED KHAN	
			NAME OF ALL	LICANT
THIS APPLICANT IS CERTIFIED I				No []
SEAFARER IS FOUND TO BE	Z FIT7 □ NOT FIT F	OR DUTY AS A	MASTER / DECK OFFICER	/ ☐ ENGINEERING OFFICER /
☐ RADIO OFFICER / ☐ R	ATING / [] CHIE	FCOOK/ IT CO	OOK WITHOUT ANY RESTRIC	TIONS / 🗆
☐ WITH THE FOLLOWING RES	TRICTIONS:			
NAME AND DEGREE OF PHYSICIAN	DR. MIR MD	, RAIHAN; M.B.B	.S(D.U.), REG. NO. A-55144	
ADDRESS RADICAL HOSPITALS	LIMITED 35, SHAH ?	MAKHDUM AVENU	UE ,SECTOR-12 UTTARA, DHAKA-	1230. BANGLADESH
NAME OF PHYSICIAN'S CERTIFICAT	TNG AUTHORITY	DG SHIPPING I	BANGLADESH	
DATE OF ISSUE OF PHYSICIAN'S CE	G-Ma	y-2014	Charles and the same of the same of	H SANCESTON WAS IN THE STREET
SIGNATURE OF PHYSICIAN			Hospitals LE	0 1 JUN 2023
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MBBS (DU), DFM, CCD (Britain), Incit (obtain), Incit (ob

Rev. Jul/2017

#### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Scafarer's Identification and Record Book or certification of special qualifications shall be required to have a physical 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 Scafarer's Identification and Record Book, or application for certification of special qualifications. This physical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Scafarer'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 scafaring 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.LE. Standard 1; those serving on vessels less than 500 gross tons must comply with C.LE. 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
  - Scafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
  - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
  - Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
  - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
  - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) Physical Requirements
  - Applicants for able scafarer, bosun, GP-1, ordinary scafarer and junior ordinary scafarer must meet the physical requirements for a
    deck/navigational officer's certificate.
  - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

#### IMPORTANT NOTE:

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

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

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 a form similar or identical to the model provided in Appendix I of RMI MG-7-47-1).)

- 1. COMPLETE PHYSICAL EXAMINATION, INCLUDING HEARING TEST,
- 2. PATHOLOGICAL EXAMINAT A) Complete Blood Count. B) Blood Sugar Estemation C) Serological Test(VDRL)

D) Hepatitis B Sarface Antegen Test(HbsAg), E) Urinlysis F) Drug Test G) Alcohol T

- 3. X RAY EXR PA VIEW
- 4. E.C.G. TEST
- 5. EYE EXAMINATION FOR V/A & C/V

As Per-Mil.0-2006

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved 5M
General Physician
Radical Hospitals Limited.

Rev. Jul/2017 01 JUN 2023



Patient's Name: MOHAMMAD SHAHRIAR AHMED KHAN HIMAL Age: 23Y 1M 27D Specimen: Blood

Condon Mala

Gender: Male

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

CDC NO:C/O/11733

### **Haematology Report**

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	<b>14.2</b> 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)	<b>05</b> mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	62 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	33 %	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	176 /cumm	50-450/cumm
Total RBC Count	4.50 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	33.6 %	M: 40-54%, F:37-47%
MCV	74.7 fL	76 - 94 fL
MCH	<b>27.1</b> pg	27 - 32 pg
MCHC	36.3 g/dL	29 - 34 g/dL
RDW	13.5 %	11 - 16 %
PDW	13.6 fL	35 - 56 fl
Total Platelete Count (PC)	2,82,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.251 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU)

Associate Professor

Dept. Of Microbiology

East West Medical College & Hospital.



Bill No	DIA23060010	Received Date	01/06/2023
Patient's Name	MOHAMMAD SHAHRIAR AHMED KHAN HIN		1 - 11
Patient's Age	23Y 1M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM	I),PGT(Eye),DFM	CDC NO:C/O/11733
Sample	BLOOD	**************************************	and the second s

# BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.1 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	13 U/L	Up to 37 U/L
Serum ALT (SGPT)	22 U/L	Up to 40 U/L
HbA1C	4.5 %	4.2 - 6.7 %

### REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologis Radical Hospitals Ltd. 0

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



Bill No	DIA23060010	Received Date	01/06/2023
Patient's Name	MOHAMMAD SHAHRIAR AHN		10110012020
Patient's Age	23Y 1M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/11733
Sample	BLOOD		

### SEROLOGYCAL REPORT

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

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

Ckecked By

Medical Technologis Radical Hospitals Ltd. de

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



Bill No	DIA23060010	Received Date	01/06/2023
Patient's Name	MOHAMMAD SHAHRIAR AHMED		01/00/2023
Patient's Age	23Y 1M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eve).DFM	CDC NO:C/O/11733
Sample	URINE	. , , , , , , , , , , , , , , , , , , ,	000 110.0/0/11/33

### URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	1-2/HPF

# CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

## ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

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

**Test Name** 



Bill No	DIA23060010	Received Date	01/06/2023
Patient's Name	MOHAMMAD SHAHRIAR AHMED KHAN HIMAL		
Patient's Age	23Y 1M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/11733
Sample	URINE	4	Market Carrier Control of Control Control

#### DRUG ABUSE TEST

Result

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Checked By

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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. FURANO GALAXY

DATE: 01/06/2023

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

## EYE EXAMINATION REPORT

NAME: MOHAMMAD SHAHRIAR AHMED KHAN HIMAL RANK: APP OFF CDC NO: C/O/11733

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

616

AIDED

COLOUR VISION:

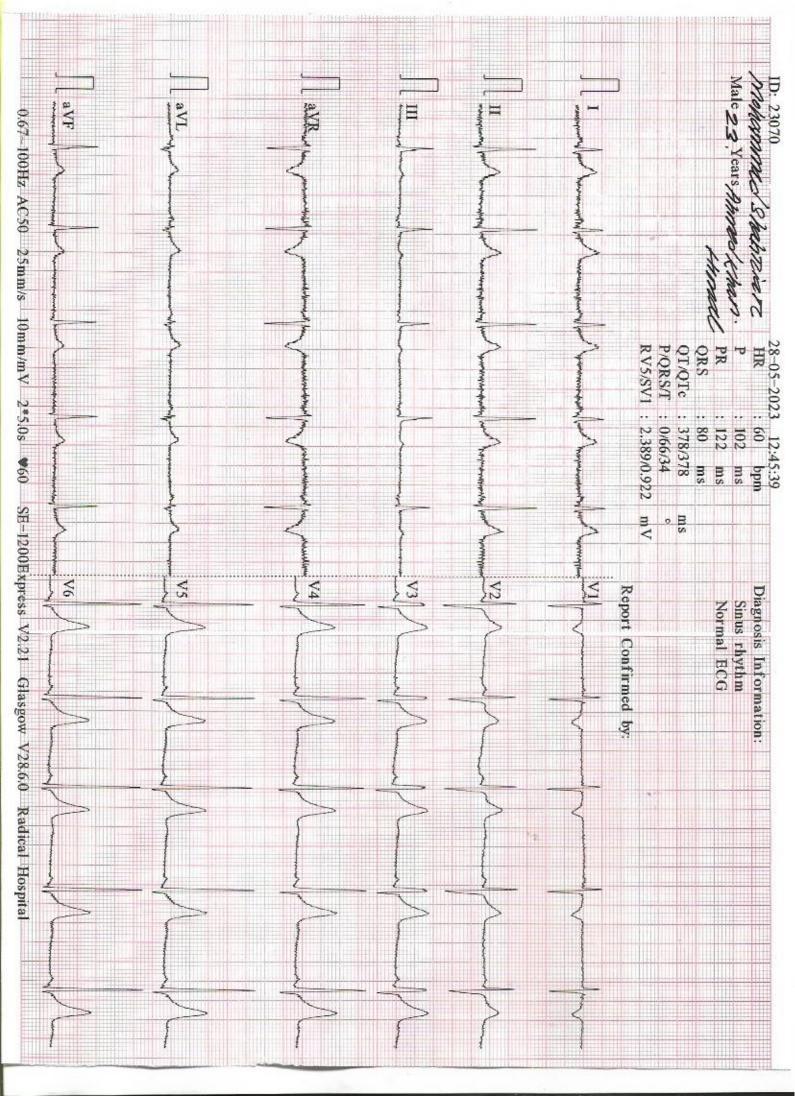
NORMAL / BLIND-

**OPINION** 

UNFIT7 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. 23060010 Receive:01/06/2023 Print: 01/06/2023

Patient's Name MOHAMMAD SHAHRIAR AHMED KHAN HIMAL

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.

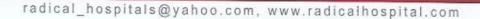
Comments Normal chest skiagram.

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.

Page of 1





Patient ID	23060010	Voucher No	
Test Name	USG OF KUB	Delivery Date	01/06/2023
Patient Name	Mohammad Shariar Ahmed Khan Himal		0.110012020
Age	23 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

### THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 9.2 cm. 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.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 10.1 cm. 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.

URETER: There is no dilatation in both ureter.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size 6.8 cc regular in shape. Echogenicity is homogenous.

No area of calcification is seen.

COMMENT: Normal Study.

Dr. Asma Ahmed Ol. 06 23

MBBS, CMU, DMU
PGT (Gynae & oh.)
Advance

Advanced Training on TVS Consultant Sonologist

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION HOHAMMAD SHAHRIME AAMED AGAINST CHOLERA KHAN HIMEL.

This is to certify that whose signature follows

Date of birth 05-04-2000 Sex MAUB

has on the date indicated been vaccinated or revacci

Date	Signature and Professional status of vaceinature	Approved Stamp	
Date	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	35, Shah Makhdum Avenue Uttara, Dhaka	
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3		3	4
4		Tak I	Novith administration
5		5	6
6			
7		7	8

Continued overleaf Suite our erso

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

HOHANNAD SHAHRME AGAINST YELLOW-FEVER

AHMED KHAN HIMM

This is to certify that

Whose signature follows

Date of birth

Date of birth

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vaccine	Official stamp of vaccination centre
O MA	DR. MR. 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.	L NO PO THE LOCAL PORTION OF THE POR	35, Shah Makhdum Avenue Utture, Dheks
-	3 = 1		
2			
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4	· Jakes		

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

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

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