

FR-HR22 Rev No: 1.1

Rev Date: 23.09.2020 Approved By: MR

Pre Employment Medical Examination (PEME)

Medical Standard-Implementation

| Applicability | Seafarers Age | PEME Frequency | Standard | *Framingham Test Score |
|--|----------------------------|-------------------|---|---------------------------|
| All Sea Staff (no medical condition) | <45 years old | 2 yearly | Flagstate- STCW/MLC2006 | N.A |
| All Sea Staff | @ 45 Years | 1 time screening | Flagstate- STCW/MLC2006 + UK P&I standard | Yes |
| All Sea Staff (no medical condition) | Age > 45 < 50 years old | 2 yearly | Flagstate- STCW/MLC2006 | Yes |
| All Sea Staff | ≥ 50 Years old | Yearly | Flagstate- STCW/MLC2006 + UK P&I standard | Yes |
| All Sea Staff with medical condition | All Age Group | Yearly | Flagstate- STCW/MLC2006 + UK P&I standard | Yes |

*Framingham test (Link on page 9 of Guidance notes)- Analysis of 10 year risk of coronary heart disease.

Notes: For staff under medication, the medicine should be available for the full contract duration + two month. The seafarer is required to inform the Master if he/she is under medication and show the medicines carried.



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| Name (last, first, middle): | HOSSAIN RESHANUL | Company ID : | 20110422 |
|---|--------------------|----------------------------|--------------|
| Date of birth (DD/MMM/YYYY): | 10/10/1992 | Gender (Female / Male): | MALE |
| Home address: | DAVLATEVR, JAHANNA | TH GHAT, SARI | SHABARI, |
| Passport No.: | A 02214312 | Discharge Book No.: | 4584101203 A |
| Type of ship (LNG / Petroleum / Chemical tanker): | PETROLEUM | Nationality: | BANGLADESHI |
| Trade area (e.g., coastal, worldwide): | HORLD HIDE | Rank: | 316 |

| Sect. | ct. Items Result(s) | | Pomork(a) | | |
|-------|---------------------|----------|-----------|-----------|--|
| Sect. | items | Positive | Negative | Remark(s) | |
| Α | Alcohol | | / | 1 | |
| В | Drug | | / | A 2.1 | |
| | Amphetamine | | | | |
| | Cannabinoids | | | 1 | |
| | Cocaine | | | | |
| | Opiates | | ~ | | |
| | Phencyclidine | | | | |
| | Benzodiazepine | | 1 | | |
| | MDMA (Ecstasy) | | 1 | | |

| Sect. | Items | Normal | Abnormal | Remark(s) |
|-------|--|--------|----------|-----------|
| С | Spirometer (Pulmonary Function Test) | V | | |
| Sect. | Items | Normal | Abnormal | Remark(s) |
| D | Audiometry Test | 1 | | |
| E | Blood Test | | | |
| | Variable (Modelly College) to the College of the Co | | | |
| | 1. Full Blood Picture, CBC, Blood | | | |
| | typing, blood chemistry. | | | *2. |
| Sect | typing, blood chemistry. | Normal | Abnormal | Remark(s) |
| Sect | typing, blood chemistry. | Normal | Abnormal | Remark(s) |
| Sect | typing, blood chemistry. ITEMS | Normal | Abnormal | |

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| | 5. HIV Test | ~ | | | |
|-------|---|-----------|----------|------------|---------------|
| | 6. VDRL | | | | |
| | 7. SGPT | ~ | | 29011 | |
| | 8. SGOT | / | | 17010 | |
| | 9. Bilirubin | ~ | | 1.0 milde, | |
| | 10. Alkaline phosphatase | 1 | | 125 mille | |
| | 11.BUN | / | | 21 morde | -11 |
| | 12.Creatinine | | | 1.0 made | 1020 Class |
| | 13. FBS (Fasting Blood Sugar) & Post Prandial | 1 | | 6.8 mm. | |
| F | Blood Test (Chemical Tankers only if carrying any of the below chemical) To test within 2 weeks of signing-off. Any other tests specified by DOSH | | | | |
| | (Department of Occupational Safety and Health) based on the specific chemical the vessel is carrying. | | | | |
| | 1. Benzene | Negative. | | | |
| | 2. Xylene | Negative. | | | 155.0 |
| | 3. Phenol | Negalire | | | |
| | 4. Ammonia | negam | | | |
| Sect. | Items | Normal | Abnormal | Remark(s) | - WW |
| G | ECG | ~ | | | |
| Н | USG (Full abdomen) + KUB ultrasound | ~ | | | |
| 1 | Chest X-Ray (Digital) | / | | | |
| J | Psychological Examination | 1 | | | |
| K | Dental Examination | 1 | | | 42 |
| L | Stool Test (For Food Handlers Only) | _ | | | 1 |
| М | Pregnancy (For Female Only) | | | | |
| N | Urinalysis (Protein / Sugars) | _ | | | |
| 0 | Treadmill test | | | 15 | |
| Sect | Items (Medical standards**) | Normal | Abnormal | Remark(s) | |
| P | 1. Body Mass Index (BMI) Please enter weight and height below. Weight = Kgs Height = metres BMI = Weight (in kgs) + (height in | Nonme | | 26.0 | 7 4-7 |



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| | 2. Lipid Profile (On treatment) *Classification standard to NCEP ATP-III: i. Total Cholesterol < 5.2 : Desirable 5.2 - 6.2 : Borderline > 6.2 : High Risk ii. LDL Cholesterol < 2.58 : Optimal 2.58 - 3.34: Near optimal 3.35 - 4.11: Borderline 4.12 - 4.89: High > 4.9 : Very high | Nonmed | 138mHDC |
|--------|---|----------|------------|
| | 3. Hypertension (With medication) | Honny | |
| 1 | 4. Diabetes Mellitus HbA1c (% of sugar for past 3 month) *Classification standard for diabetes: 3.0 - 6.0%: Non-diabetic 6.1 - 7.0%: Good control 7.1 - 8.0%: Fair control > 8.1%: Poor control | Nonmer . | 5.0% |
| | 5. Asthma | | |
| **Refe | er Guidance Notes page 8 | | |
| Q | Vaccination History | | Last Taken |
| | 1. Oral Cholera | | |
| | 2. Yellow Fever | | |
| | 3. Typhoid (Catering Staff Only) | | |
| | 4. Others (Please Specify): | | |

| R | Examinee's personal declaration | (Assistance | should be | offered by | medical | staff |
|----|---------------------------------|-------------|-----------|------------|----------|-------|
| 11 | Examinee 5 personal decidration | Modistance | SHOULD DE | Ollered by | medicar. | stanj |

Have you ever had any of the following conditions?

| No. | Condition (If answered "yes," please give details) | Yes | No | Remark(s)/Details |
|-----|--|-----|----|--|
| 1 | Eye/vision problem | my | | |
| 2 | High blood pressure | | ~ | * |
| 3 | Heart/vascular disease | | ~ | |
| 4 | Heart surgery | | | 9. |
| 5 | Varicose veins | | 1 | Pro Tilliano de la companio del companio de la companio della comp |
| 6 | Asthma/bronchitis | | / | |
| 7 | Blood disorder | | | |
| 8 | Diabetes 75 | | | |

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| 9 | Thyroid problem | | | 1 | |
|-----|--|-----|-----|-------------------|--|
| 10 | Digestive disorder | - | - | | 1411 |
| 11 | Kidney problem | - | | | |
| 12 | Skin problem | - | | | |
| 13 | Allergies | | | | |
| 14 | Infectious/contagious diseases | - | | | |
| 15 | Hernia | - | | | |
| 16 | Genital disorders | - | | | |
| 17 | Pregnancy | | 1 2 | | The state of the s |
| 18 | Sleeping problems | -1 | YIP | | |
| 19 | Lungs and Chest problems | - | - | | |
| 20 | Operation/surgery | | | | |
| 21 | Epilepsy/seizures | | - | | |
| 22 | Dizziness/fainting | - | - | | |
| 23 | Loss of consciousness | - | | | 7.60 |
| 24 | Psychiatric problems/ Depression | - | | | |
| 25 | Problems in the Breast | - | | | |
| 26 | Attempted suicide | | | | |
| 27 | Loss of memory | | | 1 | |
| 28 | Balance problem | - | - | | |
| 29 | Severe headaches | | _ | | |
| 30 | | | / | | |
| - | Ear/nose/throat problems | | / | | |
| No. | Condition (If answered "yes," please give details) | Yes | No | Remark(s)/Details | |
| 31 | Restricted mobility | | 1 | | |
| 32 | Back/ Spine problems | 77 | - | | |
| 33 | Neurologic problems | | 1 | | |
| 34 | Fractures/dislocations | | | | 1.75 |
| 35 | Relevant Family Medical History | | / | | |
| | (E.g. Diabetes, stroke, heart disease, high blood pressure) | | | | # 15 |
| 36 | Have you ever been signed off as sick or repatriated from a ship? | | / | | |
| 37 | Have you ever been hospitalized? | | | | 100 |
| 38 | Have you ever been declared unfit for sea duty? | | | - 12 | 345. |
| 38 | Has your medical certificate ever been restricted or revoked? | | | | |
| 0 | Are you aware that you have any medical problems, diseases or illnesses? | | / | | |
| | | | | | |

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| | duties of your designated position/occupation? | |
|----|--|--|
| 42 | Are you allergic to any medications? | |
| 43 | Are you taking any non-prescription or prescription medications? | |
| | (If yes, please list the medications taken and the purpose(s) and dosage(s).) Please specify the quantity of each medicine carried. | |
| 44 | OthersCondition (Please Specify): | |

| Sect. | Items | Items | | |
|-------|---|-------|-------|-------|
| S | Vital Parameters | | | |
| | Framingham score * (Please refer link to calculator on Page 9) If Framingham score > 10.0 % provide lifestyle guidance | | | |
| | 2. Blood Pressure | 120 | 180 m | n'y . |
| | 3. Pulse Rate | | 786 | min |
| | 4. Vision Test | Left | Right | |
| | i. aided | | | |
| | ii. unaided | 6/6 | 6/1. | |
| | 5. Color Vision (Ishihara Plates): 24/38 | N | mmy | |

I hereby certify that the personal declaration above is a true statement to the best of my knowledge, and that I am not suffering from any disease likely to aggravate by working aboard a vessel or to render me unfit for service at Sea or endangering the health of other personnel on board. Non disclosure of pre existing conditions will prejudice all my benefits under the CBA or Company's terms and

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to DR. MIR MD RAIHAN MBBS (DU), DFM (Approved Medical Examiner).

| Signature of examinee: | Rosh Win | Witnessed by: (Signature | Sui- |
|------------------------|------------|--------------------------|---|
| Date (day/month/year): | 10/06/2023 | Witnessed by: (Name) | DR, MIR, MD, RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipo, ng Bangladesh Approved |

General Physician
Radical Hospitals Limited

Assessment of fitness for service at sea





FR-HR22 Rev No: 1.1

Rev Date: 23.09.2020 Approved By: MR

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

| No. | Assessment of Fitness | Fit | Unfit | Remarks |
|-----|----------------------------------|-----|-------|---------|
| 1 | Look-Out Duty | | | |
| 2 | Deck Service | | | |
| 3 | Engine Service | | | |
| 4 | Catering Service | | | |
| 5 | Other Services (Please Specify): | | |) NR |

| No. | Describe Restrictions (e.g., specific positions, type of ship, trade area) | Remarks | 21 dee |
|--------|--|-------------|--------|
| | No Restrictions | Fit To Sall | |
| | | | |
| Action | taken by medical examiner (e.g., referral): | | |

| Action taken by medical | examiner (e.g., referral): | |
|----------------------------|--|---|
| Place of examination: _ | RADICAL HOSPITAL LIMITED Uttera, Dhoka, Bangladash | 1.0 1111/2022 |
| Date of examination (da | y / month / year: | 1 0 JUN 2023 |
| Medical certificate's date | e of expiration (day / month / year: | 0 9 JUN 2025 |
| Official stamp: | 4 | DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 |
| Signature of medical exa | aminer: | DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited. |

Name of medical examiner: (typed or printed) DR. MIR MD. RAIHAN MBBS (DU), DFM

Authorized by: DG SHIPPING BANGLADESH (competent authority)

Remarks: The maximum validity of this certificate,

- For age <50 Years with no medications 2 Years
- For≥ 50 Years 1 Year.
- For all age groups with medications 1 Year.
- Tests prescribed should be in accordance with local laws.
- Seafarer under medication to carry prescription and medicines for the tenure of the contract + 1 month.

** Guidance Notes:

BMI 36 - 40:

 BMI alone should not be a restricting fact for determining medical fitness, other comorbidities needs to be considered.

* 7

- The seafarer can adequately and safely perform his job functions.
- The seafarer has the appropriate level of fitness for general mobility (including climbing stairs repetitively).
- The seafarer has the appropriate level of fitness to respond to emergency situations and is able to successfully take part in evacuations without compromising their own safety and that of others.

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- The seafarer is able to escape from a helicopter through a standard sized escape hatch
- Seafarer to undergo a Weight Management (WM) program for maximum 1year on Company's account to bring down the BMI till ≤ 35.
- Eaglestar will support the seafarer by assigning the approved medical insurance provider (WM) program.
- · After 1 year the WM program and the PEME will be to the seafarer account.
- Seafarer service status will remain "active" for a period of one year. Subsequent employment is subject to vacancy.
- While onboard, Medical Officer will monitor the weight and update HR Sea and HSSE on a monthly basis.
- While ashore, seafarer will need to update HR Sea & Manning office on monthly basis the status of weight management program

Section P 1. - Body Mass Index (BMI)

BMI ≤ 35: Meet the standard

BMI 36 - 40*: Do not meet the standard.

Inform Manning Office. To be put under Weight Management program for 1 yr.

BMI > 40: Not cleared to sail

Section P 2. - Lipid Profile (On treatment)

Total Cholesterol < 6.2 mmol/L

LDL < 4.1 mmol/L

HDL > 1.5 mmol/L

Cholesterol level alone should not deem a person unfit for work. The Health Physician will have to assess other comorbidities i.e. High Blood Pressure, Smoking history, Past history of Heart Attacks, etc

Section P 3. - Hypertension (With medication)

140/90 or below with medication

As a general rule, individuals with hypertension are acceptable, provided it is uncomplicated and well controlled by treatment.

Section P 4. - Diabetes Mellitus HbA1c (% of sugar for past 3 month)

< 8% & Non-Insulin dependent diabetes

- If HbA1C >8%, doctor to review medication and repeat HbA1C after 3 months.
- To look at other co-morbidities i.e. Heart disease, obesity, Hypertension when certifying Fitness to Work.
 Insulin-dependent diabetes Not fit for work seafarer's duty.

Section P 5. - Asthma

Not requiring the use of oral or inhaled steroids

- Doctor to assess the frequency of asthma attack and medications.
- If asthma is un-controlled Temporary Unfit. Doctor to re-assess fitness to work 3 to 6 monthly.

If asthma is controlled without steroid medication use - Fit for work.

*Framingham Score Calculator

https://www.mdcalc.com/framingham-risk-score-hard-coronary-heart-disease

Seafarers with high risk scores(>10%) should be counselled aggressively about social factors contributing to their risk (smoking, exercise, weight, diet etc) and also managed with blood pressure and lipid evaluation.





MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

| | atarer's Name :(Last, first, mid | Idle) HOSSAIN A | | Gender: Male/Eem | ale* |
|-------|---|----------------------------|---|---------------------|--------|
| Dat | te of Birth: (Day/month/year) | Nationality: BANGLABES | Place of Birth: | 2 | |
|)ecla | aration of the recognized me | edical practitioner: | | Vac | Ma |
| 1 | Identification documents wer | re checked at the point of | examination? | Yes | No |
| 2 | Hearing meets the standards | s in STCW Code Section | A-I/9? | | Som |
| 3 | Unaided hearing satisfactory | ? | | / | |
| 4 | Visual acuity meets the stan | dards in STCW Code Se | ction A-I/9? | 1 | |
| 5 | Colour vision meets the stan | dards in STCW Code Se | ction A-I/9? | | 1-1 |
| | Date of last colour | vision test: | 1 0 JUN 2023 | | |
| 6 | Fit for look-out duty? | | | 1 | |
| 7 | | | to be aggravated by service at sea ger the life of person onboard? | a or / | No |
| | 1500 0000000000000000000000000000000000 | | | | A 1841 |

Date of examination: (day/month/year)

No limitations or restrictions on fitness? If "no" specify limitations or restrictions

10 JUN 2023

Expiry of certificate: (day/month/year) 10

** Maximum two years from date of examination unless the seafarer is under the age of 18

0 9 JUN 2025

1 0 JUN 2023

Date

Signature of Authorised 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.

Medical Practitioner's Official stamp (name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Restel 1000 Signature of Seafarer

delete as appropriate

SEAFARER MEDICAL CERTIFICATE - March 2020

04.2023.4180



MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION



RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A - to be completed by the Seafarer who is responsible for answering each question accurately.

| Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS) HOSSAIN RE | ESHANUL | | Gender: Male/Female* |
|--|---|------------------|--|
| Date of Birth; day/month/year | Place of Birth: | Nationality: | DESMI |
| *Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: | Dept: Deck / Engine / C Rank: 3 / E | atering / others | Type of ship: OIL TANKER |
| Home Address: DAVLATEVE, JAKANNATH GHAT, SARISHABARI, JAMALPUR. | IN CHARGE OF B | OILER PURIFIE | Trading area: e.g. coastal / worldwide |

^{*}For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

| | Yes | No | | Yes | No |
|--------------------------------------|-----|----|---|------|----|
| Eye/vision problem | | _ | 18. Sleep problem | | - |
| High blood pressure | | _ | 19. Do you smoke, use alcohol or drugs? | - | - |
| Heart/vascular disease | | | 20. Operation/surgery | 0.00 | 14 |
| Heart Surgery | | ~ | 21. Epilesy/seizures | | 4 |
| 5. Varicose veins/piles | | ~ | 22. Dizziness/fainting | | - |
| 6. Asthma/bronchitis | | - | 23. Loss of consciousness | | V |
| 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 | | V | 29. Severe headaches | | - |
| 13. Allergies | | ~ | 30. Ear(hearing, tinnitus/nose/throat problem | | - |
| 14. Infectious / contagious diseases | | U | 31. Restricted mobility | | v |
| 15. Hernia | | V | 32. Back or joint problem | | - |
| 16. Genital disorder | | ~ | 33. Amputation | | - |
| 17. Pregnancy | N | 10 | 34. Fracture/dislocations | | ~ |

If you answer "yes" to any of the above questions, please provide details:



| Additional questions | Yes | No |
|---|--------|----|
| 35. Have you ever been signed off as sick or repatriated from a ship? | 1 | |
| 36. Have you ever been hospitalized? | | V |
| 37. Have you ever been declared unfit for sea duty? | | - |
| 38. Has your medical certificate even been restricted or revoked? | | - |
| 39. Are you aware that you have any medical problems, diseases or illnesses? | | 1 |
| 40. Do you feel healthy and fit to perform the duties of your designated position/occupation? | ~ | |
| 41. Are you allergic to any medication? | | V |
| 42. Are you using any non-prescription or prescription medication? | 7-11-7 | 1 |

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

No

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

10/06/2023

Date

Resul lein Signature of Seafarer

BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved
General Physician
Name and Signatures with Vinness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to

Dr. MR MP. RAMBON.

MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited.

10/06/2023

Date

Restl Kin

Signature of Seafarer

Name and Signature of Witness



| an B – Re | suit of medic | | | | | |
|---|---|---|--------------|--|-----------------------|-----------|
| E yesight Jse of glasse | s or contact ler | nses | | | | |
| No | | | | | | |
| Yes | Туре | | | Purpose | ************ | |
| isual Acuity/ | , | | | | | |
| | Unaided | | | | Aided | |
| Right eye | Left eye | Binocu | lar R | ight eye | Left eye | Binocular |
| Distant | 6/6 | 6/6 | D | istant | | |
| Near | NS | WS | _ N | ear | | |
| isual fields | | | | | | |
| | Norma | al _ | Def | ective | 7 | |
| Right eye | | | Dei | COLIVE | - | |
| Left eye | | | | | - | |
| | | | | | | |
| Not tes | n (please tick) ted | lormal | | Doubtful | De | efective |
| Not tes | ted 📑 🗸 | | y (thresh | | | efective |
| Not tes | re tone and au | | | | in dB) | |
| Not tes | re tone and au | udiometr | Hz | old values i | | |
| Not tes | re tone and au | udiometr | θ Hz | old values 2,000 Hz | in dB) | |
| Not tes learing Pur Right ear Left ear | re tone and au 500 Hz 2.0 | 1,000 2 2 | θ Hz | old values 2,000 Hz | in dB) | |
| Not tes learing Pur Right ear Left ear | re tone and au 500 Hz 2.0 2.0 whisper test (r | udiometr 1,000 2 2 metres) | θ Hz | old values i 2,000 Hz 20 | in dB) 3,000 Hz | |
| Not tes learing Pur Right ear Left ear | re tone and au 500 Hz 2.0 2.0 whisper test (r | 1,000 2 2 | θ Hz | old values i 2,000 Hz 20 | in dB) | |
| Right ear Left ear | re tone and au 500 Hz 2.0 2.0 whisper test (r | udiometr 1,000 2 2 metres) | θ Hz | old values i 2,000 Hz 20 | in dB) 3,000 Hz | |
| Right ear Left ear Right ear Left ear Left ear Left ear | re tone and au 500 Hz 2.0 2.0 whisper test (r | udiometr 1,000 2 2 metres) | θ Hz | old values i 2,000 Hz 20 | in dB) 3,000 Hz | |
| Right ear Left ear Left ear Left ear Left ear Left ear | re tone and au 500 Hz 2.0 2.0 whisper test (r | netres) | θ Hz | old values 2,000 Hz 20 Wh | in dB) 3,000 Hz isper | |
| Right ear Left ear | re tone and au 500 Hz 2.0 2.0 whisper test (r | netres) | θ Hz υ | old values 2,000 Hz 20 Wh | in dB) 3,000 Hz | |
| Right ear Left ear Right ear Left ear Clinical Finding Height Pulse rate | re tone and au 500 Hz 2.0 2.0 whisper test (r | netres) (cm) minute) | 78 | old values 2,000 Hz 20 Wh Wh | in dB) 3,000 Hz isper | |
| Right ear Left ear | re tone and au 500 Hz 2.0 2.0 whisper test (r | netres) rmal (cm) minute) mm Hg) | θ Hz υ | old values 2,000 Hz 20 Wh Wh | in dB) 3,000 Hz isper | |
| Right ear Left ear | re tone and au 500 Hz 2.0 2.0 whisper test (r | udiometr 1,000 2 2 metres) rmal (cm) minute) mm Hg) | Hz v v | old values 2,000 Hz 20 20 Wh Weight Rhythm Diastolic | isper (kg) (mm Hg) | Pegular. |
| Right ear Left ear | re tone and au 500 Hz 2.0 2.0 whisper test (r | udiometr 1,000 2 2 metres) rmal (cm) minute) mm Hg) | Hz v | old values 2,000 Hz 20 Wh Weight Rhythm Diastolic N1 | isper (kg) (mm Hg) | Pegular. |
| Right ear Left ear Right ear Left ear Clinical Findi Height Pulse rate Blood Press Urinalysis: | re tone and au 500 Hz 2.0 2.0 whisper test (r Nor ure Systolic (r Glucose : C | udiometr 1,000 2 2 metres) rmal (cm) minute) mm Hg) | Hz v | old values 2,000 Hz 20 20 Wh Weight Rhythm Diastolic | isper (kg) (mm Hg) | Pegular. |

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - Suplember 2021

| Ears (general) | | | | | |
|--|--|--|--------------|------------------|------------|
| Tympanic membrane | | | | | |
| Eyes | - | | | | |
| Ophthalmoscopy | | | | | |
| Pupils | | | | | |
| Eye movement | | | | | |
| Lungs and chest | | | | | |
| Breast examination | 7 | | | | |
| Heart | NA | | | | |
| Skin | , , | | | | |
| Varicose Vein | | | | | |
| | | | | | |
| Vascular (inc. pedal pulse) Abdomen and viscera | | | | | |
| Hernia Hernia | | | | | |
| | | | | | |
| Anus (not rectal exam) | | | | | |
| G-U system | | | | | |
| Upper and lower extremities | | | | | |
| Spine (C/s, T/S, L/S) | 1 | | | | |
| Neurologic (full/brief) | | | | | |
| Psychiatric | | | | | |
| General appearance | | | | | |
| Not performed | Results: | on (day/month/ | year): 10 Jl | UN 2023 | J . |
| Not performed ther diagnostic test(s) and res | Results: | Nonme | chen | - ×-^ | す . |
| Not performed ther diagnostic test(s) and resets. | Results: sult(s): | No nm | ches | - X-r | |
| Not performed ther diagnostic test(s) and resets. Diob Afcords Medical practitioner's comment | Results: sult(s): F s and assessme | Results: | ches | - X-r | |
| Not performed ther diagnostic test(s) and resets. Diob Afcords Medical practitioner's comment | Results: sult(s): | Results: | ches | - X-r | |
| Not performed ther diagnostic test(s) and resest. Bloc full to the Medical practitioner's comment. | Results: sult(s): For Duty On Bo | Results: None of fitness, w | ches | - X-r | |
| Not performed ther diagnostic test(s) and resets Dios for forments Medical practitioner's comments seessment of fitness for servi | Results: sult(s): s and assessme FOR DUTY ON 80 ce at sea (pleas | Results: None of fitness, we have ship | chen | or any limitatio | ns. |
| Not performed ther diagnostic test(s) and resest. Bloc full to the Medical practitioner's comment. | Results: sult(s): s and assessme FOR DUTY ON BO ce at sea (please) sonal declaration | Results: | chen | or any limitatio | ns. |
| Not performed ther diagnostic test(s) and reserved. Medical practitioner's comment seessment of fitness for serving the basis of the seafarer's personner. | Results: Sult(s): Sult(s): Sult(s): For Duty on Bout | Results: | chen | or any limitatio | ns. |
| Not performed ther diagnostic test(s) and reserved. Est. Diod Africa Toldo Medical practitioner's comments seessment of fitness for service the basis of the seafarer's persoults recorded above, I declare Fit for look out duty | Results: Sult(s): Sult(s): Sult(s): For Duty on 80 Ce at sea (please) Sonal declaration the seafarer means. Unfit for look | Results: None of fitness, we have been ship of fitness, we have been ship of the second s | chen | or any limitatio | ns. |
| Not performed ther diagnostic test(s) and reserved. Medical practitioner's comments seessment of fitness for serving the basis of the seafarer's personal solutions. I declare the seafarer's personal solutions. | Results: Sult(s): Sult(s): Sand assessment FOR DUTY ON BO Ce at sea (please) sonal declaration the seafarer me | Results: None of fitness, we have been ship of fitness, we have been ship of the second s | chen | or any limitatio | ns. |
| Not performed ther diagnostic test(s) and reserved. Est. Diagnostic test(s) and reserved. Medical practitioner's comments seessment of fitness for serving the basis of the seafarer's persoults recorded above, I declare sold in the basis of the seafarer's persoults recorded above, I declare sold in the basis of the seafarer's persoults recorded above, I declare sold in the basis of the seafarer's person to | Results: Sult(s): Sult(s): Sand assessment FOR DUTY ON 80 Ce at sea (please) sonal declaration the seafarer means Unfit for look Visual aid no | Results: | chen | or any limitatio | ns. |
| Not performed ther diagnostic test(s) and reserved. Medical practitioner's comments seessment of fitness for serving the basis of the seafarer's persoults recorded above, I declare fit for look out duty Deck Engine Deck Engine | Results: Sult(s): Sult(s): Sand assessment FOR DUTY ON BO Ce at sea (please) sonal declaration the seafarer me Unfit for look Visual aid not | Results: | chen | or any limitatio | ns. |
| ther diagnostic test(s) and reserved. Medical practitioner's comments seessment of fitness for service the basis of the seafarer's persults recorded above, I declare fit for look out duty Deck Service Service Deck Service Service | Results: Sult(s): Sult(s): Sand assessment FOR DUTY ON BO Ce at sea (please sonal declaration the seafarer me Unfit for look Visual aid not Catering Service | Results: | chen | or any limitatio | ns. |
| Not performed ther diagnostic test(s) and reserved. Medical practitioner's comments seessment of fitness for serving the basis of the seafarer's persoults recorded above, I declare fit for look out duty Deck Engine Deck Engine | Results: Sult(s): Sult(s): Sand assessment FOR DUTY ON BO Ce at sea (please) sonal declaration the seafarer me Unfit for look Visual aid not | Results: | chen | or any limitatio | ns. |

| Without restricti | ions With restrictions | |
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| Description of restr | rictions (e.g. specific position, type of ship, trading area etc.) | |
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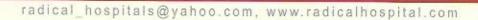
10 JUN 2023

Date

Signature of 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.

Medical Practitioner's name, licence number, address







Id No : 0274

Patient's Name: RESHANUL HOSSAIN

Specimen

: Blood

Date: 10-Jun-2023

D.Date: 10-Jun-2023

Age: 30Y 4M 25D

Gender: Male

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:4584101203A

Haematology Report

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

| Parameter Name | Results | Reference Range |
|-----------------------------|-------------------------|--|
| Hemoglobin (Hb) | 15.2 gm/dl | M:13-18 gm/dl. F:11.5-16.5 gm/dl. |
| | | Child:10-13 qm/dl. |
| ESR(Westergreen) | 06 mm/1st hr | Infant: (One year):8-10 gm/dl. |
| Total WBC Count(TC) | 11,700 /cumm | Male:0-10, F:0-20 mm/1st hr. |
| | 14/00/Cumm | Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm |
| | | Infant(One Year): |
| Differential WBC Count (DC) | | 6,000-18,000/cumm |
| Neutrophils | 64 % | Child DE CC or a series |
| Lymphocytes | 31 % | Child: 25-66 %, Adult: 40-75 % |
| Monocytes | 03 % | Child: 52-62 %, Adult: 20-50 % |
| Eosinophils | 02 % | Child: 03-07 %, Adult: 02-10 % |
| Basophils | 00 % | Child: 01-03 %, Adult: 01-06 % |
| Total Cir. Eosinophils | 234 /cumm | Adult: 00-01 % |
| Total RBC Count | 4.85 m/ul | 50-450/cumm |
| HCT/PCV | 39.7 % | M: 4.5-6.5, F:3.8-5.8 m/ul |
| MCV | 81.9 fL | M: 40-54%, F:37-47% |
| MCH | 31.3 pg | 76 - 94 fL |
| MCHC | 38.3 g/dL | 27 - 32 pg |
| RDW | 13.6 % | 29 - 34 g/dL |
| PDW | 12.3 fL | 11 - 16 % |
| Total Platelete Count (PC) | | 35 - 56 fl |
| MPV (C) | 211000 /cumm 11.3 fL | 150,000-450,000/cumm |
| CT | | 7.0 - 11.0 fL |
| Bledding Time(BT) | 0.113 % | 0.1 - 0.% |
| Cloting Time(CT) | | 10 - 18 % |
| 3 (3.7) | % | 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 | DIA23060274 | Received D |)ate 10/06 | 5/2023 |
|----------------|--|--------------|--------------|-------------|
| Patient's Name | RESHANUL HOSSAIN | 110001VCG E | 70/00 | 012023 |
| Patient's Age | 30Y 4M 25D | Pa | tient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT | | CDC NO | |
| Sample | BLOOD | (-)-//5/ 10/ | CDC NO | 4584101203A |

BIOCHEMISTRY REPORT

| Test Name | Result | Reference Range |
|--|--|---|
| Fasting Blood Sugar (FBS) HbA1C Serum (BUN) Serum Creatinine | 5.8 mmol/l 5.0 % 21 mg/dl 1.0 mg/dl | 4.2 – 6.4 mmol/l 4.0- 6.0 % 7-23 mg/dl 0.3 - 1.3 mg/dl |
| Liver Function Test Serum Bilirubin (Total) Serum ALT (SGPT) Serum AST (SGOT) Serum Alkaline Phosphatase | 1.0 mg/dl 29 U/L 17 U/L 125 U/L | 0.2 - 1.1 mg/dl Up to 40 U/L Up to 37 U/L 98 - 279 U/L |
| Lipid profile Serum Cholesterol Serum HDL- Cholesterol Serum Triglyceride Serum LDL- Cholesterol | 138mg/dl 45 mg/dl 127mg/dl 99mg/dl | up to 200 mg/dl >35 mg/dl upto 220 mg/dl <130 mg/dl |

Checked By

Medical Technologis Radical Hospitals Ltd.



Test Name

| Bill No | DIA23060274 | Received Date | | | | |
|----------------|--|---------------|-----------|-----------------|--|--|
| Patient's Name | RESHANUL HOSSAIN Received Date 10/06/2023 | | | | | |
| Patient's Age | 30Y 4M 25D | Pati | ent's Sex | Male | | |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT | (Eye),DFM | CDC NO | 4584101203 A | | |
| Sample | BLOOD | | | | | |

SEROLOGYCAL REPORT

| HIV 1 & 2 (Method : (ICT) | Negative | |
|---------------------------|----------|--|
| HBsAg (Method: (ICT) | Negative | |
| HCV (Method : (ICT) | Negative | |

Result

HAV (Method : (ICT) Negative

VDRL Non-reactive

Checked By

Medical Technologis Radical Hospitals Ltd.



| Bill No | DIA23060274 | Pageited Det | 10/00/00 |
|----------------|--------------------------------------|---------------|--------------------|
| Patient's Name | RESHANUL HOSSAIN | Received Date | 10/06/2023 |
| Patient's Age | 30Y 4M 25D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIF | | CDC NO:4584101203A |
| Sample | URINE | | CDC NO:4584101203A |

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

| Quantity | Sufficient | CELLS / HPF | |
|------------|------------|-------------|---------|
| Colo | Straw | RBC | Nil |
| Appearance | Clear | Pus Cells | 1-2/HPF |
| Sediment | Nil | Epithelial | 0-2/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.

Test Name



| Bill No | DIA23060274 | Received Date | 10/06/2023 |
|----------------|-------------------------------------|---|---------------------|
| Patient's Name | RESHANUL HOSSAIN | Troccived Date | 10/00/2023 |
| Patient's Age | 30Y 4M 25D | Patient's Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BI | RDEM),PGT(Eve),DFM | CDC NO:4584101203A |
| Sample | URINE | 7, 3, 7, 7, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | 020 11011001101200A |

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Checked By

Medical Technologis Radical Hospitals Ltd.



| Bill No | DIA23060274 | Received D | ate | 10/06/2 | 2023 |
|----------------|--|----------------|-----------|---------|-------------|
| Patient's Name | RESHANUL HOSSAIN | | | 10/00/2 | -020 |
| Patient's Age | 30Y 4M 25D | Pai | tient's S | Sex | Male |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT | (Eye),DFM | CD | C NO | 4584101203A |
| Sample | URINE | And the second | | | 10011012037 |

URINE EXAMINATION

Test Name Result

| Xylene | Negative |
|--------|----------|
| | |

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun



| Patient ID | 23060274 | Test Date 10/06/2023 | | 023 | | |
|--------------|-------------------------|----------------------|------|---------|-----|--------|
| Patient Name | RESHANUL HOSSAIN | | Age | 31 YRS | - | Mata |
| Ref. By | Dr. Mir Md. Raihan MBBS | (DU),DFM | 1.80 | 02 1110 | JUN | Ividio |

BMI REPORT

| Pody Mass Index | Weight in kg |
|-------------------|--------------------------------|
| Body Mass Index = | (Height in Meter) ² |
| | 74 kg |
| = | $(1.73)^2$ |
| = | 26.0 |

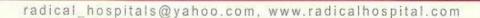
BMI Categories

- ❖ Under Weight in = <18.5</p>
- ❖ Normal Weight= 18.5 24.9
- ❖ Over Weight=25 29.9
- Obeshyz = BMI of 30 or greater.

SECTION.

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





| Patient's Name | 1: | RESHANUL HOSSAIN | ID NO | : | 23060274 |
|--------------------|----|-------------------------------------|-------|---|------------|
| Age | : | 31 Yrs | Date | : | 10/06/2023 |
| Sex | : | Male | | | |
| Referred by | 1: | 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



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23060274

Receive: Print: 10/06/2023

Patient's Name

RESHANUL HOSSAIN

Age

31 YRS

Sex

: M

Refd. by

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate

91 b/min

Rhythm

Regular

P-Wave

Normal

P-R Interval

Normal

QRS Complex

Normal

ST. Segment

Is electric

T. Wave

Normal

Impression

Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology)

Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

| 2.21 Glasgow V28.6.0 Radical Hospital | SE-1200Express V2.21 | 111111 | 0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ₩91 | 5mm/s 10 | AC50 2 | 0.67~100Hz |
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| | 272 | | } | } | } | |
| | - XXXX | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | } | } | \[\frac{1}{2} |
| Confirmed by: | mV Report | : 346/426 : 37/47/3 : 1.045/0.500 | P/QRS/I RV5/SV1 | | | |
| Possible left atrial abnormality Borderline ECG | | | PR QRS | | | Male 31Years |
| Diagnosis Information: | Diagno | 91 | ⁷ 景 | | | |
| | | | 10-06-202 | | | ID: 0003 |

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23060274

Receive:10/06/2023

Print: 10/06/2023

Patient's Name

: RESHANUL HOSSAIN

Age

31 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



AUDIOLOGICAL REPORT

Patient Name : RESHANUL HOSSAIN

10/06/2023

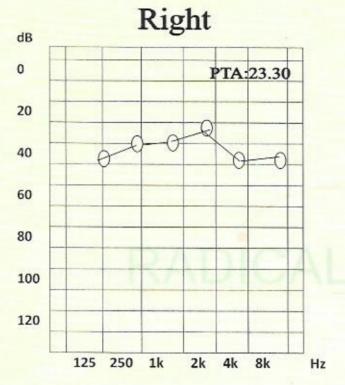
Age

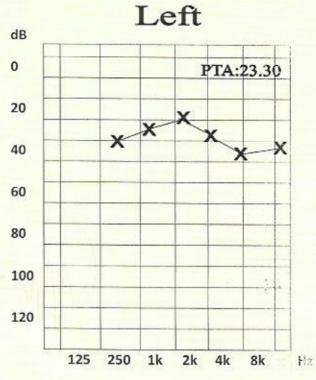
:31 Yrs

Address

: RHL, UTTARA

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





0-25= Normal Hearing.

26-40= Mild Hearing Loss.

41-55= Moderate Hearing Loss.

56-70= Moderately Severe Hearing Loss.

71-90= Severe Hearing Loss.

91-120= Profound Hearing Loss.

| | Right Ear | Left Ear |
|-----------------|-----------|----------|
| Air Unmasking O | ζ | |
| Bone Unmasking | | - 1 |
| | Right Ear | Left Ear |
| Air MaskingOX | | |
| Bone Masking ΔΔ | | 1 10 |

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

| Patient's Name | : | RESHANUL HOSSAIN | ID NO | | 00000074 |
|--------------------|---|-----------------------------------|-------|---|------------|
| Age | - | 31 Yrs | | | 23060274 |
| Sex | 1 | Male | Date | : | 10/06/2023 |
| Referred by | : | Dr. Mir Md. Raihan MBBS,(DU), DFM | | | |
| Nature of Specimen | | or man man man mbbs,(bu), brive | | | |

PULMONARY FUNCTION TEST (SPIROMETRY)

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

Comments: Normal Lung Function

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



| Patient's Name | | RESHANUL HOSSAIN | | | | |
|----------------|---|-------------------------------|----------|-------|-----|------------|
| Age | : | 31 Yrs | | Date | : | 10/06/2023 |
| Sex | : | Male | | CDC N | 0:4 | 584101203A |
| Referred by | : | Dr. Mir Md. Raihan - MBBS, (D | OU), DFM | | | |

Psychometric Test

| Test Name | Remarks |
|--|---------------------------------------|
| 1.APTITUDE TEST | |
| Numerical Reasoning test | Poor /Good /very good /excellent |
| Verbal Reasoning test | Poor /Good /xery good /excellent |
| Inductive reasoning test | Poor /Good /very good /excellent |
| Diagrammatic Reasoning test | Poor /Goød /very good /excellent |
| Logical Reasoning test. | Poor /Good /very good /excellent |
| Error checking test | Poor /Goød /very good /excellent |
| | |
| 2.Skill Test | Poor /Good /very good /excellent |
| | |
| 3.Personality Test | INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFF |
| 4.Watson Glaser test(Critical Thinking Test) | |
| Arguments | Poor /Good /very good /excellent |
| Assumptions | Poor /Goød /very good /excellent |
| Deductions | Poor /Good /very good /excellent |
| Interpreting Information's | Poor /Goød /very good /excellent |
| Inferences | Poor /Goød /very good /excellent |
| | D 16 Classical lavallant |
| 5.Situational Judgment Test. | Poor /Good /very good /excellent |

Poor: <6

Good: 6-7

very good: 7-8

excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

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



| Patient ID | 23060274 | Voucher No | |
|--------------|-----------------------------|---------------|------------|
| Test Name | USG OF WHOLE ABDOMEN | Delivery Date | 10/06/2023 |
| Patient Name | RESHANUL HOSSAIN | | |
| Age | 31 YRS | Sex | Male |
| Refd. By | Dr. Mir Md. Raihan MBBS,(DU | F-0.0007. | |

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is Mildly enlarged in size 15.1cm, regular in shape and normal position. The echogenicity of the parenchyma is increased. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: Normal size regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

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

SPLEEN: Is normal in size (10.7 x 3.4)cm and uniform in echo-texture.

10.06.2

BOTH KIDNEYS: -Are normal in size RK 10.7cm, LK-11.4cm regular in shape. 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 normal. No intravesicle lesion is seen PROSTATE: Normla in size and volume is 14.2cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Fatty change in liver. Grade-2

Dr. Asma Ahmed MBBS,CMU,DMU

PGT(Gynae & obs) Advanced Training on TVS Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCNATION CONTRE LE CHOLERA

RESHANUL HOSSAIN This is to certify that

date of brith 10.10.1992 no (e) le

JE Soussigne (e) certifie que Whose signature follows

dont la signature suit

Reul Win

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

Signature and professional Approved Stamp Status of Vaccinator Cechet Date Signature et qualite professionelle d'authentification Vaconateure BMDC A-55144, MMC DG Shipping Bangladesh Approved General Physician Radical Hospital Limited



The validity of the Scientific GGM Bederal, PGL Common of vaccine MDC 18-55144, MMC BGC District of second and second as the sec injection of vaccine and Crite 35/A4 and C BGD specified of six months, beginning six revaccination. DG Snipping Bandlades Charles within such period on six months revaccination.

Notwithstanding the abaye provide imited a pilgrim, this centicate 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 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 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.

Toule correction ou rature sur le certificate ou I o mission d'une quelconque des mentions qu'il comporte pe ut effecter sa validité.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER

CERTIFICATE INTERNATIONU AX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

| 10.10.1992 | Sex } MALE |
|------------|------------|
| | |
| | |

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.

| 0741 | M888 (DU 1 BMD0 DG Shi | Signature and professional Status of Vaccinator Signature at titre du vaccinateur MIPAND. RAIHAN CCD (Bidem), PGT (Eye), DFM (Course, CA-55144, MMC-BGD-016 pping Bangladesh Approved General Physician adical Hospital Limited | Manufacturer and batch no of vaccine Fabricant du vaccin et nunne to du lot | Official stamp of vaccinating centre Cachet officiel du centre de vaccination |
|------|------------------------------|--|---|---|
| | 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 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 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 ae'tc' habilite parl' adminstration sanitaire du territoire dans lequel' ce centre est siture'

La validite' de ce certificate 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 signe' par un me' decin de sa propre main, son cachet official ne pouvant etre conside' re' comme lenant lieu de signature.

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