

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: RAHAMAN MD. JAIYUR Sex: MALE Serial No: _____
 Date of Birth: 01/10/1991 PP/CDC: 210/4030 Rank: CHIEF OFFICER
 Vessel: _____ Type: oil/chemical Route: ADDED WIDE
 Home Address: 190, SHAH MAKDHUM (5th floor)
 Company Name: ATLANTIS CRUISE MANAGEMENT

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		/		/

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition	
<u>168cm</u>	<u>75kg</u>	<u>41/41</u>	<u>120/80mm</u>	<u>78/min</u>	<u>16/min</u>	<u>Good</u>	
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000
Right Eye	<u>6/6</u>		<u>Normal</u>	Right Ear	dB	<u>20</u>	<u>20</u>
Left Eye	<u>6/6</u>		<u>Normal</u>	Left Ear	dB	<u>20</u>	<u>20</u>
Colour Vision	Ishihara	Other	Normal	Hearing	Right Ear	Left ear	
			Normal		<u>4</u>	<u>4</u>	

Systemic Examination

	Normal	Abnormal	Notes		Normal	Abnormal
Head & Neck	/	/	FIT FOR SEA SERVICE AS CH. OFF AS PER MLC 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	<u>15.3</u> gm%	14-16 gm %	Colour
Total WBC count	<u>8.600</u> cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu <u>65</u> % Lymph <u>33</u> % Eos <u>02</u> % Bas <u>02</u> %			pH
Malanial parasite	<u>NPT FOUND</u>		Albumin
ESR	<u>01</u> mm / 1st hour	1- 15 mm / hr	Sugar
SGPT	<u>29</u> U/L	9-43 U / L	Bile pigment
S.Cholesterol	<u>195</u> mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	<u>NIE</u> mg/dl	upto 200 mg / dl	Occult blood
Blood Sugar	<u>107</u> PPBS	upto 125 mg %	RBC cells
HbsAg	<u>NEGATIVE</u>		Leucocytes
HIV I & II	<u>NEGATIVE</u>		Others
VDRL	<u>NEGATIVE</u>		Spirometry: <u>Normal</u>
Others	<u>NEGATIVE</u>	GGTP U/L	Drugs of Abuse: <u>NEGATIVE</u>
Blood Group	<u>B+ve</u>		USG: <u>Normal</u>

ECG : Normal TMT: NIE

X-Ray Chest: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically Fit / Unfit / Temporarily unfit / Permanently unfit / Should be re-examined in _____ days / weeks / months.

Remarks / Recommendations

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

This certificate is valid till: 27 MAR 2025

Candidate's Signature: _____
 Date: 23 MAR 2023

Official Stamp



Doctor's signature: _____

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

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME <u>RAHAMAN</u>	GIVEN NAME(S) <u>MD-SALUR</u>
DATE OF BIRTH MONTH <u>01</u> DAY <u>01</u> YEAR <u>1981</u>	PLACE OF BIRTH CITY <u>NOAKHAL</u> BANGLADESH COUNTRY SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: <u>190, SHANTIBAGH (5th floor).</u> <u>monzefel, dhaka-1217</u>

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

HEIGHT <u>168cm</u>	WEIGHT <u>75kg</u>	BLOOD PRESSURE <u>120/80mmHg</u>	PULSE <u>78b/min</u>	RESPIRATION <u>18b/min</u>	GENERAL APPEARANCE <u>Good</u>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <u>6/6</u> LEFT EYE <u>6/6</u>		HEARING: RT. EAR <u>Normal</u> LEFT EAR <u>Normal</u>	
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 <u>Normal</u>			HEART (CARDIOVASCULAR) <u>Normal</u>		
LUNGS <u>Normal</u>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>Yes</u>		
EXTREMITIES: UPPER <u>Normal</u> LOWER <u>Normal</u>					
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 ☒					

SIGNATURE OF APPLICANT [Signature] DATE OF EXAMINATION 23 MAR 2023 EXPIRY DATE 22 MAR 2025

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

NAME OF APPLICANT (SURNAME, GIVEN NAME(S)) RAHAMAN MD-SALUR

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐

SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☒ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN DR. MIR MD RAIHAN MBBS, DFM
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY DG SHIPPING BANGLADESH
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014
SIGNATURE OF PHYSICIAN [Signature] DATE 23 MAR 2023

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

Rev. Mar/2022

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



MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) Hearing
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) Eyesight
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (c) Dental
 - Seafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) Voice
 - Deck/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) Vaccinations
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) Diseases or Conditions
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) Physical Requirements
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

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

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

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

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form.
(See RMI MG 7-47-1, §3.3).

23 MAR 2023




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

	ATLANTAS CREW MANAGEMENT	Form No – FP 02D
		Revision – 1
	Seafarer's declaration of medicines being carried on board	Date – 01 Jul 21

Date:

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

Dear Sir,

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

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

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

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

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

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

Name & Rank of the seafarer: MD. SAIFUR RAHMAN CHIEF OFFICER	Signature: 
Vessel Name:	Date: 23 MAR 2023
Confirmed by a company appointed doctor (signature & date): 23 MAR 2023	
The company appointed doctor's name & city:	
The company appointed doctor's remarks, if any:	DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Opth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

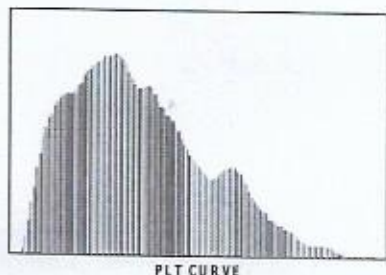
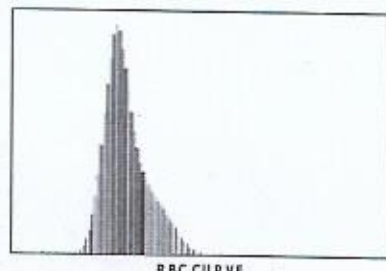
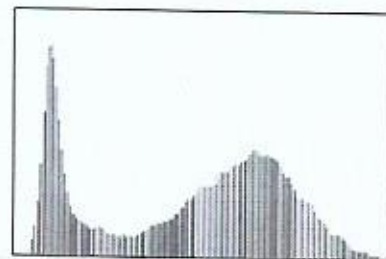
Note: Doctors are requested to send the original form along with the medical report to the company.

Id No : 0635 **Date** : 23-Mar-2023 **D.Date** : 23-Mar-2023
Patient's Name : MD SAIFUR RAHAMAN **Age** : 42Y 2M 22D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4030

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	15.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,600 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	33 %	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	192 /cumm	50-450/cumm
Total RBC Count	6.02 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.7 %	M: 40-54%, F:37-47%
MCV	70.9 fL	76 - 94 fL
MCH	25.4 pg	27 - 32 pg
MCHC	35.8 g/dL	29 - 34 g/dL
RDW	11.8 %	11 - 16 %
PDW	17.8 fL	35 - 56 fL
Total Platelete Count (PC)	1,14,000 /cumm	150,000-450,000/cumm
MPV	11.5 fL	7.0 - 11.0 fL
PCT	0.131 %	0.1 - 0.2 %
Bleeding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



[Signature]
Checked By
Medical Technologist

[Signature]
Dr. Sumaiya Khatun
MBBS,MD(Gold Medalist) (BSMMU)
Associate Professor
Dept. Of Microbiology
East West Medical College & Hospital.

Bill No	DIA23030635	Received Date	23/03/2023
Patient's Name	MD SAIFUR RAHAMAN		
Patient's Age	42Y 2M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4030
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
GGT	33 U/L	Adult Males : <55
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum Creatinine	1.0mg/	0.3 - 1.3 mg/dl
Serum Uric Acid	5.4 mg/dl	3.4-7.0 mg/dl

REMARKS (IF ANY)

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

Checked By



Medical Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23030635	Received Date	23/03/2023
Patient's Name	MD SAIFUR RAHAMAN		
Patient's Age	42Y 2M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4030
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
Malarial Parasite (ICT)	Negative

BLOOD GROUPING Result

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

Checked By



Medical Technologist
Radical Hospitals Ltd.



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

Bill No	DIA23030635	Received Date	23/03/2023
Patient's Name	MD SAIFUR RAHAMAN		
Patient's Age	42Y 2M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4030		
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

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

Checked By


Medical Technologist
Radical Hospitals Ltd.


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

Bill No	DIA23030635	Received Date	23/03/2023
Patient's Name	MD SAIFUR RAHAMAN		
Patient's Age	42Y 2M 22D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		
Sample	URINE		
	CDC NO:C/O/4030		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Drug Level of Urine

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

Checked By


 Medical Technologist
 Radical Hospitals Ltd.


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

Patient's Name	: MD SAIFUR RAHAMAN	ID NO	: 23030635
Age	: 42 Yrs	Date	: 23/03/2023
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan MBBS,(DU), DFM		
Nature of Specimen	:		

PULMONARY FUNCTION TEST (SPIROMETRY)

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

Comments: Normal Lung Function

Checked By



Dr. Mir Md. Raihan

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

Patient's Name	:	MD SAIFUR RAHAMAN	ID NO	:	23030635
Age	:	42 Yrs	Date	:	23/03/2023
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:				

Dental Examination Reports

On Examination

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

Comments : Normal



Dr. Mir Md. Raihan

MBBS (DU,) CCD (Birdem), PGT (ophth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030635 Receive: 23/03/2023 Print: 23/03/2023
Patient's Name : MD SAIFUR RAHAMAN
Age : 42 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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030635 Receive: Print: 23/03/2023
Patient's Name : MD SAIFUR RAHAMAN
Age : 42 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 85 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

23-03-2023 08:36:12 PM
HR : 109 bpm

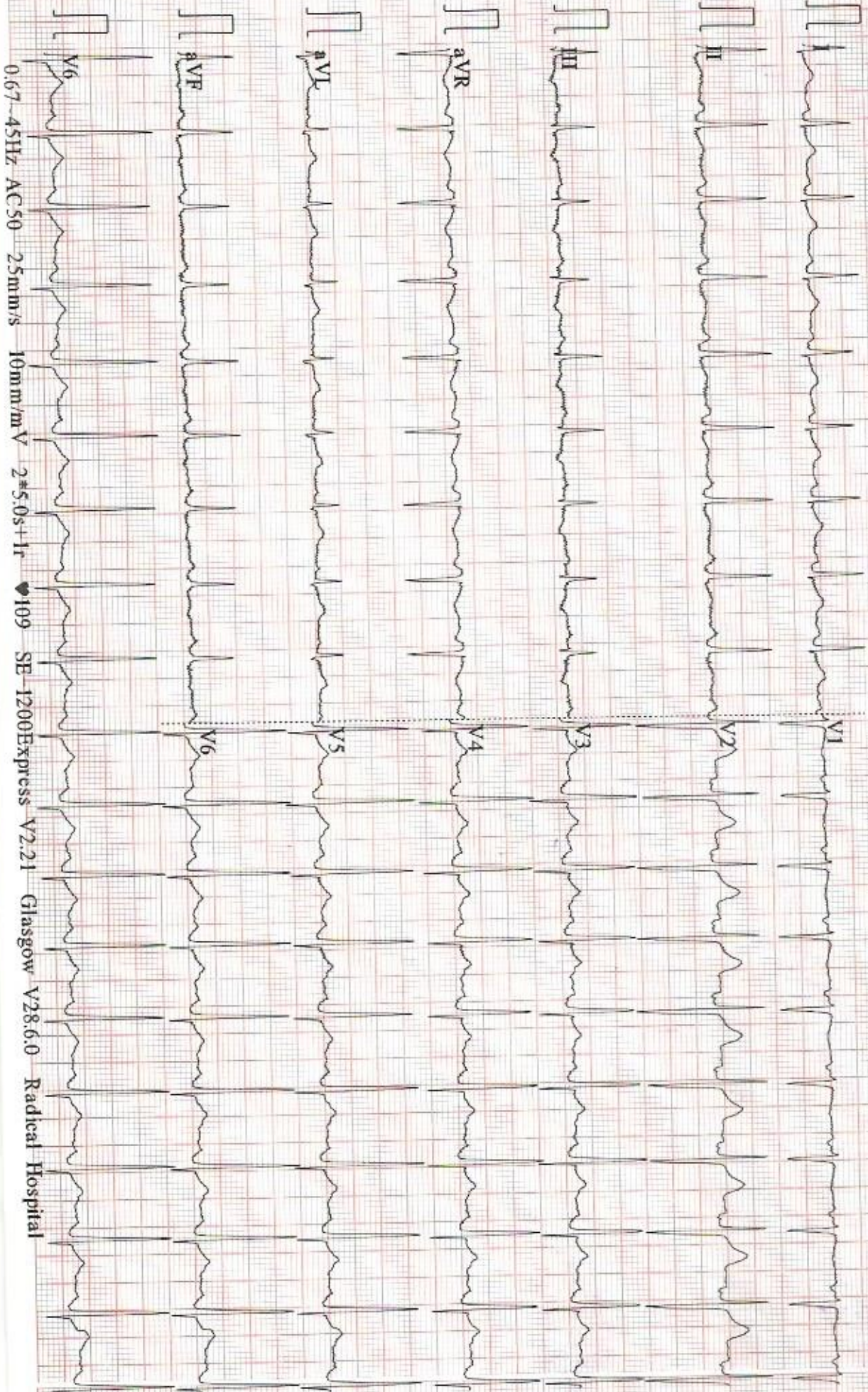
Diagnosis Information:

Sinus tachycardia

Inferior T wave abnormality is nonspecific
Borderline ECG

P	: 108	ms
PR	: 138	ms
QRS	: 76	ms
QT/QTc	: 320/431	ms
P/QRS/T	: 53/54/0	°
RV5/VI	: 1.78/0.881	mV

Report Confirmed by:



0.67-45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥109 SE-I200Express V2.21 Glasgow V26.0.0 Kaotai Biospin

AUDIOLOGICAL REPORT

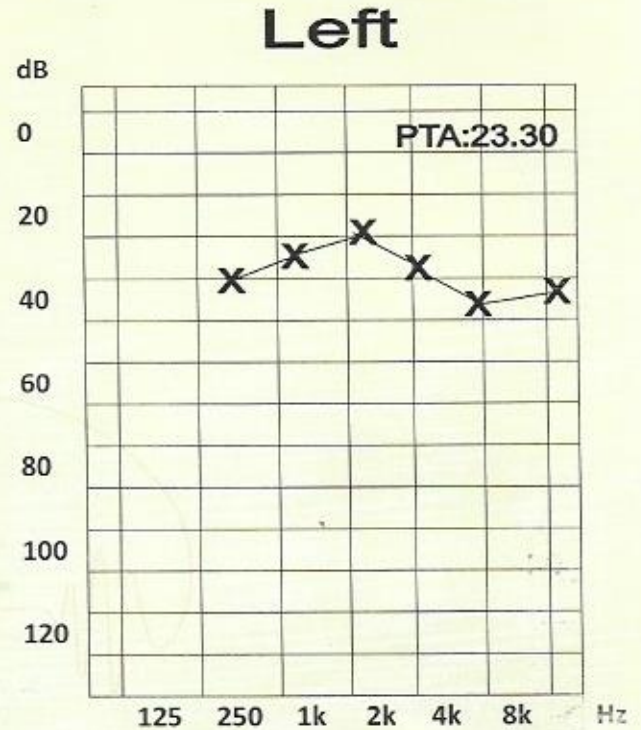
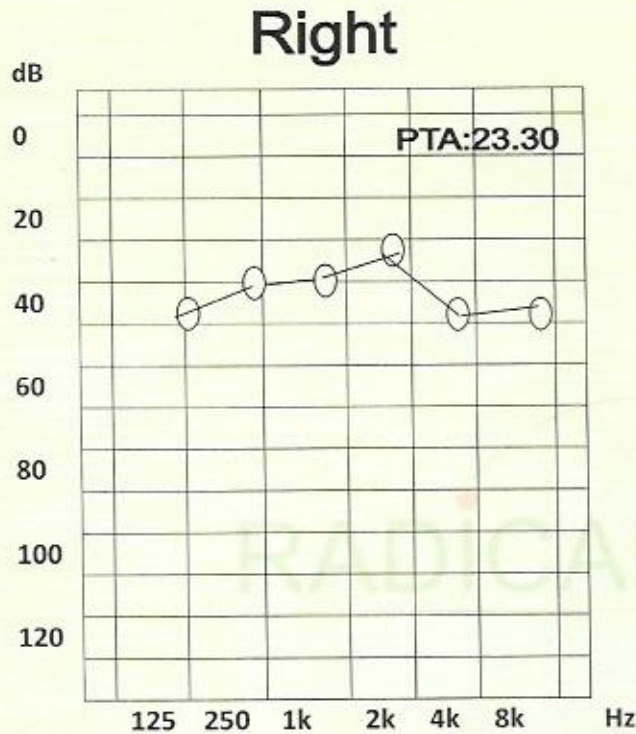
Patient Name : MD SAIFUR RAHAMAN

23/03/2023

Age : 42 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 OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

Patient ID	23030635	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	23/03/2023
Patient Name	MD SAIFUR RAHAMAN		
Age	42 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Enlarged in size 15.8cm, 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 and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.9cm, LK-10.9cm regular in shape. The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.
P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Normal in size and volume is 9.8cc, 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
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

MD. SAIFUR RAHAMAN

This is to certify that
JE Soussigné (e) certifie que _____ date of birth
no' (e) le _____ Sex *male*
sexe _____

Whose signature follows
don't la signature suit _____

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

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numéro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
<i>23 MAR 2023</i> 1	<i>DR. MIR. MD. RAIHAN</i> MBBS (DU), DPM, CCD (Biderm), PGT (Opht) BMDC A-55144, MMC-BGD-016 2DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
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 his 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 vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre a été désigné par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, ou, à dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

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

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

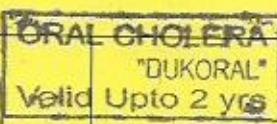
This is to certify that
JE Soussigne' (e) certifie que

MD - SARFAR date of birth 01-01-1981 Sex male
no' (e) le

Whose signature follows
dont la signature suit

[Signature]

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

Date 23 MAR 2023	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cechet d'authentification
2	DR. MR. MD. RAIHAN MBBS (DU), DFM, CCD (Birmen), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 
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 validité de ce certificat couvre une période de six mois commençant six jours après la première injection du vaccin ou, dans le cas d'une revaccination, au cours de cette période de six mois à compter de la date de la seconde injection.

Nonobstant les dispositions ci-dessus dans le cas d'un pèlerin le présent certificat doit faire mention de deux injections pratiquées à sept jours d'intervalle et sa validité commence le jour de la seconde injection.

Le cachet d'authentification doit être conforme au modèle présent par l'administration sanitaire du territoire où la vaccination est effectuée.

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