

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: PRODAN MOHAMMAD AL-MAMUN Sex: MALE Serial No: _____
 Date of Birth: 01/12/1984 PP/CDC: B00029346 Rank: CHIEF OFFICER
 Vessel: WANASAN TOPAZ Type: OIL/CHEMICAL Route: WORLD WIDE
 Home Address: AYENGE NAKKHATKA BARI, 30/9, DOGUR MORA, CRP CHAPAIN-1343
SAVAR, DHAKA.
 Company Name: _____

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		☒		☒	Hernia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High / Low blood pressure / Heart disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / Bronchitis / Tuberculosis		☒		☒
Eye / Vision Problems (Glasses, etc)		☒		☒	Allergy / Skin disease		☒		☒
Hearing Impairment		☒		☒	Infection / Contagious Disease		☒		☒
Ear / Nose / Throat problems		☒		☒	Addiction to alcohol / drugs / tobacco		☒		☒
Stomach / Bowel disorders		☒		☒	Fracture / Dislocation / Injury / Amputation		☒		☒
Gall stones / Kidney disorders		☒		☒	Major / Minor Operation		☒		☒
Jaundice / Liver Disease		☒		☒	Diabetes		☒		☒
Piles / Varicose veins		☒		☒	Nervous / Mental disease / Sleep disorder		☒		☒
Blood Disorder		☒		☒	Malignant disease (Cancer)		☒		☒
Female Disorder		☒		☒	Signed off on medical grounds / Declared Unfit		☒		☒
Notes									

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse-Beats / min	Resp. Rate / min	General Condition			
<u>165cm</u>	<u>70kg</u>	<u>43-41</u>	<u>130/80 mmHg</u>	<u>78 / min</u>	<u>19 / min</u>	<u>Good</u>			
Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000
Right Eye	<u>6/6</u>		Normal	Right Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>	
Left Eye	<u>6/6</u>		Abnormal	Left Ear	dB	<u>20</u>	<u>20</u>	<u>20</u>	
Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear				
	Other	Normal	Abnormal		Left ear				

Systemic Examination

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

Investigations

Blood	Result	Normal	Urine
Hemoglobin	<u>12.8 gm%</u>	14-16 gm %	Colour
Total WBC count	<u>6,500 cu.mm</u>	4000-11000 / cu.mm	Specific Gravity
Neu <u>62</u> % Lymph <u>34</u> % Eos <u>02</u> % Bas <u>00</u> % Mono <u>02</u> %			pH
Malarial parasite	<u>NOT FOUND</u>		Albumin
ESR	<u>06 mm / 1st hour</u>	1 - 15 mm / hr	Sugar
SGPT	<u>U/L</u>	9-43 U / L	Bile pigment
S.Cholesterol	<u>mg/dl</u>	145-260 mg / dl	Bile salts
S.Triglycerides	<u>mg/dl</u>	upto 200 mg / dl	Occult blood
Blood Sugar	RBS PPBS	upto 125 mg %	RBC cells
HbsAg	<u>NEGATIVE</u>		Leucocytes
HIV I & II	<u>NEGATIVE</u>		Others
VDRL	<u>NEGATIVE</u>		
Others	<u>NOT DONE</u>		
Blood Group		GGTP U/L	

ECG: Normal TMT: N/D
 X-Ray Chest: Normal
 USG: 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: 16 MAR 2025

Candidate's Signature

Date: 17 MAR 2023

Doctor's Signature:

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

04.2023.3597

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: <u>PRODAN</u>	GIVEN NAME (S): <u>MOHAMMAD AL-MAMUN</u>	
DATE OF BIRTH: DAY <u>01</u> MONTH <u>12</u> YEAR <u>1984</u>	PLACE OF BIRTH <u>MANIKGANG</u> CITY _____ COUNTRY <u>BANGLADESH</u>	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☐ DECK OFFICER ☒ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐	MAILING ADDRESS OF APPLICANT: <u>AVENUE NAKKHATRA BARI, 30/9 DOGORMORA</u> <u>C.R.P CHAPAIN-1343, SAVAR, DHAKA.</u>	

DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	<u>6/6</u>	—	☒ BOOK ☒ LANTERN YELLOW <u>MM</u> RED <u>MM</u> GREEN <u>MM</u> BLUE <u>MM</u>	RIGHT EAR <u>MM</u>
LEFT EYE	<u>6/6</u>	—		LEFT EAR <u>MM</u>

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐
(the visual test it is required every six years) 17 MAR 2023

Date of the last colour vision test: (Day/Month/Year) 17 MAR 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☐ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

Signature of Applicant

MOHAMMAD AL-MAMUN
Name of Applicant PRODAN

17 MAR 2023
Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

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 AVENUE, SECTOR-12 UTTARA, DHAKA-1230. BANGLADESH

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06-05-2014

SIGNATURE OF PHYSICIAN: _____ STAMP OF PHYSICIAN: _____ DATE: 17 MAR 2023

EXPIRY DATE OF CERTIFICATE: 16 MAR 2025

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

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

ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH



Form No: SMC

SL NO.

04.2023.3597

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:

Name: Last PRODAN First MOHAMMAD Middle AL - MAMUN
Gender: (Male/Female) MALE Nationality BANGLADESHI Date: 20 MAR 2023
Occupation: Deck/Engine/Catering/Other (specify) DECK Rank: CHIEF OFFICER
Father's/ Husband's name: MOHAMMAD ABDUL ODDUS C.D.C No e/10/4969
Mother's Name: KHALADA ODDUS Seaman ID No 050006728
Address: House No: 96 Street/ Road No: BLOCK A Passport No B00029346
Locality/Village: BORA POYLA NID No.
P.O: GOPALPUR Date of Birth 01.12.1989
P.S: SATURIA (DD/MM/YYYY)
District: MANIKGONJ

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings:

- Confirmation that identification documents were checked at the point of examination: YES/NO
- Hearing meets the standards in section A-I/9: YES/NO
- Unaided hearing satisfactory? YES/NO
- Visual acuity meets standards in section A-I/9? YES/NO
- Colour vision meets standards in section A-I/9? YES/NO
Date of last colour vision test: 20 MAR 2023
- Fit for lookout duties? YES/NO
- Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board? YES/NO
- Any limitations or restrictions on fitness? YES/NO
If YES, specify limitations or restrictions:

Duties:

Location/Vessel:

Medical/Other:

RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

9. Medical fitness category: ☒ Fit-No restriction ☐ Fit-Subject to restrictions ☐ Unfit

20 MAR 2023

10. Date of examination/Issue (DD/MM/YYYY):

11. Date of expiry (DD/MM/YYYY): 19 MAR 2025 "No more than 2 years from the date of examination".

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. MIR. MD. RAIHAN

MBBS (DU), DPM, CCD (Bldm), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

General Physician

Name & Signature of the practitioner:

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 physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 24 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. The examination shall be conducted in accordance with the International Labor Organization World Health Organization, *Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.211997)*. 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 seafarers 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 (4.57m) and in poorer ear at 5 feet (1.52m).

(b) Eyesight:

- Deck officer applicants must have (either with or without glasses) at least 6/6 [20/20] (1.00) vision in one eye and at least 6/12 [20/40] (0.50) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/45 [20/150] (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- Engineer and radio officer applicants must have (either with or without glasses) at least 6/9 [20/30] (0.67) vision in one eye and at least 6/15 [20/50] (0.40) in the other. If the applicant wears glasses, he must have vision without glasses of at least 6/60 [20/200] (0.10) in both eyes. 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/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations:

- All applicants shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements, and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall 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. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmissible by food shall be restricted from working with food or in food-related areas until symptom-free for at least 48 hours.

(h) Physical Requirements:

- Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

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 a form similar or identical to the model provided in Appendix 1):

1. Complete physical Examination.

2. Pathological Examination:

a. CBC b. ESR c. HBSAG d. LFT e. ECG f. RBS g. URINE R/M/E

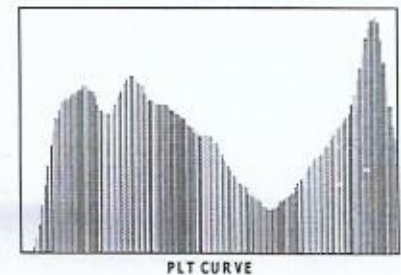
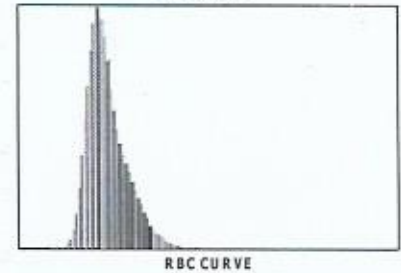
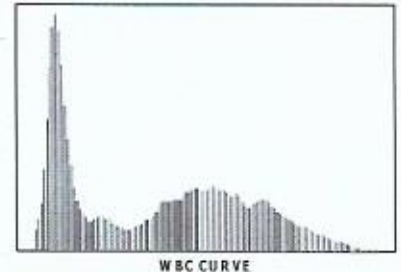
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0468 **Date** : 17-Mar-2023 **D.Date** : 17-Mar-2023
Patient's Name : MOHAMMAD AL MAMUN PRODAN **Age** : 38Y 3M 16D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4969

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.0 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)	6,500 /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	34 %	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	130 /cumm	50-450/cumm
Total RBC Count	6.32 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	34.0 %	M: 40-54%, F:37-47%
MCV	53.8 fL	76 - 94 fL
MCH	19.0 pg	27 - 32 pg
MCHC	35.3 g/dL	29 - 34 g/dL
RDW	15.5 %	11 - 16 %
PDW	23.5 fL	35 - 56 fL
Total Platelete Count (PC)	1,19,000 /cumm	150,000-450,000/cumm
MPV	11.8 fL	7.0 - 11.0 fL
PCT	0.140 %	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	DIA230468	Received Date	17/03/2023
Patient's Name	MOHAMMAD AL MAMUN PRODAN		
Patient's Age	38Y 3M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4969
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
VDRL	Non-reactive

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	DIA23030468	Received Date	17/03/2023
Patient's Name	MOHAMMAD AL MAMUN PRODAN		
Patient's Age	38Y 3M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4969
Sample	URINE		

URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION**

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

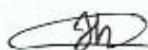
CHEMICAL EXAMINATIONCASTS / LPF

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	DIA23030468	Received Date	17/03/2023
Patient's Name	MOHAMMAD AL MAMUN PRODAN		
Patient's Age	38Y 3M 16D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/4969
Sample	URINE		

DRUG ABUSE TEST

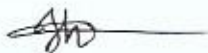
METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Drug Level of Urine

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

Checked By



Medical Technologist
Radical Hospitals Ltd.



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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030468 Receive: Print: 17/03/2023
 Patient's Name : **MOHAMMAD AL MAMUN PRODAN**
 Age : 38 YRS Sex : M
 Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 59 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

ID: 1

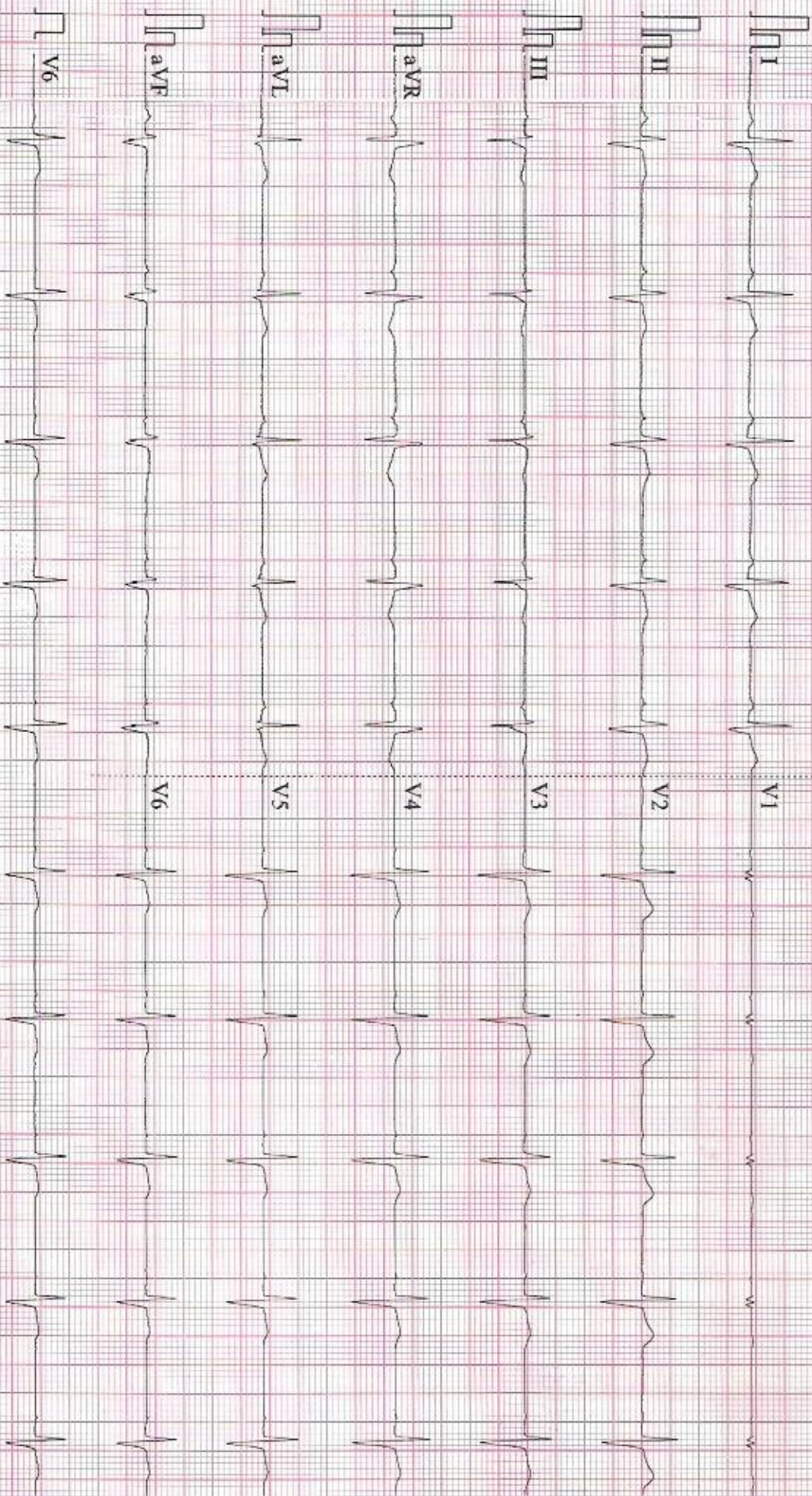
17-03-2023 11:24:20 AM

Radical Hospital
Female 58 Years

HR	: 59	bpm
P	: 106	ms
PR	: 162	ms
QRS	: 100	ms
QT/QTc	: 388/385	ms
P/QRS/T	: 7/-44/7	°
RV5/SV1	: 1.20/0.192	mV

Diagnosis Information:
Sinus bradycardia
Left axis deviation
Borderline ECG

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23030468	Receive: 17/03/2023	Print: 17/03/2023
Patient's Name	: MOHAMMAD AL MAMUN PRODAN		
Age	: 38 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

**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CON TRE LE CHOLERA**

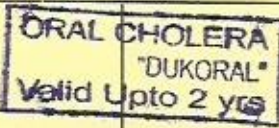
MOHAMMAD AL-MAMUN PRODAN

This is to certify that JE Soussigne' (e) certifie que _____ date of birth 01-12-1984 Sex MALE
no' (e) le Sexe

Whose signature follows
don't 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	Signature and professional Status of Vaccinator Signature of qualite profess- sionelle vaccinateur	Approved Stamp Cechet d'authentification
17 MAR 2023	<i>[Signature]</i> DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shippng Bangladesh Approved General Physician Radical Hospitals Limited.	 
2		
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, à compter de la date de cette revaccination.

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

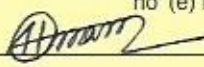
Le cachet d'authentification doit être conforme au modèle présent sur l'administration sanitaire du territoire où la vaccination est effectuée.

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

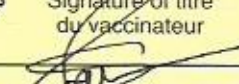
**INTERNATIONAL CERTIFICATES OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

MOHAMMAD AL-MAMUN PRODAN

This is to certify that
JE Soussigne' (e) certifie que | date of birth
no' (e) le | 01-12-1984 Sex | MALE

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 fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature of titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
17 MAR 2023			
1	DR. MIR. MD. RAIHAN MBBS (DU), DPM, CCD (Birm), PGT (Orth) BMDC A-55144, MMC-BGD-016 DG Shipp'ng Bangladesh Approved General Physician Radical Hospitals Limited.		
2			
3			
4			

This certificate is valid only if the vaccina used has been approved by the world l lcalih 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 day after the date of vaccination or in the event of a revaccination within sch 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 die signature.

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

Ce certificate n' est avaiable que si lc vaccina employe" a c-' tc,' a approve" par l' organisa tion Mondiale de la sanc" et sile centre a" uaiif, aion ae" lc tra6filiie pali-aminslracion sanitaire du (erriloire dans lcucl'ce centre est siture;

La validite' de ce certificat couvr une pe'riode de dix ans comencant dix joursaorcs la date de la vaccination ou, dans le cas dune reiaccination. u .ou., a.-cittc lie, iio, i a" dix ans, lejour de centtc revaccination.

Ca certificate do it ctrc signc' uq1 un me'decin de sa propre main, son cachet officiar nc pouvant cue conside' commc lcnanr lieu de signature.

Toute eorection ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.