

HAQUE & SONS LTD.

Tel: +880-2-333316214-6, Fax: +880-2-333310530



Accredited By . BMDC Accreditation No. A55144

PATIENT CONTROL NUMBER:

MEDICAL EXAMINATION CERTIFICATE

ACE A	HOSSAIN ND DATE OF BIRTH	PASSDOR	RT NUMBE	MD			SEAMAND DOO	FARID	
	KGANJ 20-Nov-1996	Phooful		N 1894489			SEAMAN'S BOOK NUMBER CO9261		
	LITY: BANGLADESHI SEX:	Male	☐ Female	e VE	SSEL TY	PE: BU	LK CARRIER TRAI		DRLD WI
RMAN	ENT HOME ADDRESS:	Strain Ludwy,		-			CT NUMBER:	88013168	67793
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lava v									
nave y	ou ever had any of the following cor	iditions?							
59.	Condition	YES	NO_	T	Conditi	on		YES	NO
1	Eye/vision problem		6	18	Sleep p	roblems			
2	High blood pressure		0	19	Do you	smoke?			9
3	Heart/vascular disease		6	20	Operation	on/surger	y		
4	Heart surgery	[]	15	21		y/seizures			U
5	Varicose veins		8	22	Dizzines	ss/fainting	183	П	0
6	Asthma/bronchitis	- []		23		conscious			
7 .	Blood disorder		9	24		tric proble			100
8	Diabetes		अदयत्त्वत्त्वत्त्	25	Depress		WC+081		1
9	Thyroid problem		ш.	26	Attempt	ed suicide	е		1
10	Digestive disorder		8	27		memory			1
11	Kidney problem		1	28		problem		П	13
12	Skin problem	O	8	29		headache			300000
13	Allergies		B .	30		e/throat p			Ŭ.
14	Infectious/contagious diseases	E3	11	31		ed mobilit			II.
15	Hernia			32	Back pr		1100		1
16	Genital disorders		D'	33	Amputa				
17	Pregnancy		MA	34		es/disloca	tions		Or.
f any o	f the above questions were answer	ed "yes", plea	se give det	tails.					
Additio	onal questions	<u> </u>		10.71	10.000		2422		
35	Have you ever been signed off as	nials are const	sisted from	a abtan			1. 1. 2.	YES	NO
36			nated from	a snip?					
37	Have you ever been hospitalised?		2						
38	Have you ever been declared unf Has your medical certificate ever			043					14
39	Are you aware that you have any				llooesses				
40	Do you feel healthy and fit to p							-	40
41	Are you allergic to any medication		iddes of yo	ur desiç	jnated po	Sition/occ	upation?	7	
Commo		101	2011111					U	
	FIT	OR DUTY	ONPO	200	Lun				
	1	ONDUTT	ON BU	ARD 5	HIP				
42	Are you taking any non-prescription	on or prescrip	tion medica	ations?					J
f yes, p	please list the medications taken an						- 11/11/1		
				we day.					
	2000-00-00-00-00-00-00-00-00-00-00-00-00								
	59. KB 3-50 - 11								
	y authorize the release of all my pre								

Signature of Seafarer

MEDICAL	EXAMINATION			
Weight	7464-leight (cm)/122B	Blood Pressure: Systolic	10 m Diastolic 80 m PULSE:	783/
			0	1
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Left	☐ Adequate ☐ Inadequate	NID	Adequate Inadequate	

Hearing meets the standards as laid down in STCW Code Section A-1/9? YES

[Vis	ual acuity	Company of	W				Vis	sual fields	
		Jnaided	A	ided				Norr	nal	Defective	8
	Right eye	Left eye	Right eye	1	ett eve	7			1	, Delective	_
Distant			610	0	6	_	Right e		_	_	_
Near	and the same		- i- erow c	Const	A 1/0		Left eye	NO NO	_		
Colour vision	as per STC	W CODE Section	vn in STCW Code on A-I/9:	Non	mal		☐ Doubtfu	(27)	efecti	ve	
Head Sinuses, nos Mouth/teeth Ears (genera Tympanic me Eyes	al) embrane		Normal Abno]]]]]	Vase Abd Herr Anu G-U	cula ome nia s (n sys		a n)		Normal Abnor	
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Breast exam Heart	nination		NE		Skir		арреагансе			<u> </u>	
DECLUTE OF	AMOULADY	EXAMINATION	IS.								
Chest X-Ray		EXAMINATION OF	BIO CHEMICA	1.00	/ER FUN	ICT	ION TEST)	Marijuana	To	Positive Negati	ive
ECG	,	Wan-	BILIRUBIN	100	1	Z	214 (101)	Alcohol Test	10	Positive Negati	
200	BLOOD R		SGPT	+	0	3		URINE R/E	10	MAN	>
DC/4iff			SGOT	+	-	\neq	-	ORING RIE	OTL	HERS	
DC(different		1111		ANID	ALCOHO	1	EST	HBsAg		Reactiv D Nonre	actio
HAEMOGLO		14.0				_	Negative	HIV / AIDS Test		Reactiv Monre	
ESR (WEST	ERGREN)	00	Morphine	10	Positive	-	Negative	VDRL		Reactive Nonre	1
WBC	ND OLLIOCO	0).100	Amphetamine	-		-	-	Blood Type	10	O+(VE)	acti
and the second second	DD GLUCOS	DE LEVEL.	Phencyclidine	0	Positive	_	Negative Negative	Psychological Exa	m	NA	,
RANDOM		Post .	Barbiturates Cocaine	0	Positive Positive	_	Negative	Others(KUB Ultra		111	-
HBA1C		1.47.						Totalers(NOD Olira	501	11/2	
areby I declare	e that I am in	n knowledge of t	he contents of the							2 0 MAR 2023	3
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ignature of Sea	afarer				Name o	f Se	afarer			Date	
	the examine	Fit	claration, my clinion for lookout duties			-	- 0	Not fit for loo	kout c		
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the Seafarer ndanger the h	free from an ealth of othe ctions (e.g.,	y medical condi r persons on bo	tions likely to be a ard? Yes , type of ship, trad	ggrav	No			to render the seafa	rer ur	nfit for such service	or to
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the Seafarer indanger the historia restriction taken by	free from an ealth of othe ctions (e.g., s	ny medical condi er persons on bo specific position aminer (e.g., ref	tions likely to be a lard? Yes , type of ship, traderral):	ggrav	No □	serv	rice at sea or	26%			or to

Revision Date: 24th July 2022

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERTA

	APPLICANT	Г	FIRST NAME		MIDDLE BURGLI
HOSSAIN		8	MD. FARID		MIDDLE INITIAL
DATE OF BIRTH			PLACE OF BIRTH	1	SEX
11	20	1996	MANIKGANJ	BANGLADESH	SEA
MONTH	DAY	YEAR	CITY	COUNTRY	MALE FEMALE
EXAMINATION F	OR DUTY	AS	1000	MAILING ADDRESS OF API	
MASTER		RATING		VILL-KASHIM NAGOR, PO	000000000000000000000000000000000000000
MATE		MOU DECK		PS-SINGAIR, DIST-MANIK	
ENGINEER		MOU ENGINE	2	1.5-50. GAIR, DIST-MANIE	COANS
RADIO OFF		SUPERNUME		BANGLADESH.	
MEDICAL EX	AMINATI				STATE DETAILS ON REVERSE SIDE
COLOR TEST TYPE HEARING	OLOR ASI MEETS STA BOOK LA	NDARDS IN STO	LEFT EYE A/Day/Year) CW CODE, TABLE / IF COLOR TEST IS N	MAR 2023. Testing Requirements A-1/9?	GENERAL APPEARANCE Luired every 6 years NO RED RED RED RED RED RED RED RED RED RED RED RED RED RED RED RED RED RED RED RED RED RED RED RED
UNGS EXTREMITIES: JPPER			ml si	S SPEECH UNIMPAIRED FOR NO	Normal OFFICER AND RADIO OFFICER) ORMAL VOICE COMMUNICATION?
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LUNGS EXTREMITIES: UPPER IS APPLICANT SU OR LIKELY TO EXECUTE TO EXECUTE THE EXAMINATION OF	JFFERING I NDANGER	FROM ANY DISI	SI IS	PEECH (DECK/NAVIGATIONAL S SPEECH UNIMPAIRED FOR NO LOWER BE AGGRAVATED BY, OR TO R S ON BOARD? IF YES, EXPLAIN	OFFICER AND RADIO OFFICER) ORMAL VOICE COMMUNICATION? Normal ENDER HIM UNFIT FOR SERVICE AT SE
UNGS EXTREMITIES: JPPER S APPLICANT SU DR LIKELY TO EI EXAMINATION O	UFFERING I NDANGER DN PAGE 2	FROM ANY DISI	SI IS	PEECH (DECK/NAVIGATIONAL S SPEECH UNIMPAIRED FOR NO LOWER BE AGGRAVATED BY, OR TO R S ON BOARD? IF YES, EXPLAIN	OFFICER AND RADIO OFFICER) ORMAL VOICE COMMUNICATION? Normal ENDER HIM UNFIT FOR SERVICE AT SEA IN DETAILS OF MEDICAL
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EXTREMITIES: UPPER IS APPLICANT SU OR LIKELY TO EI EXAMINATION O	UFFERING I NDANGER ON PAGE 2 TURE OF A	FROM ANY DISI THE HEALTH O APPLICANT TURE SHOULD	SI IS I	LOWER E AGGRAVATED BY, OR TO R S ON BOARD? IF YES, EXPLAIN 2 0 MAR 2023 DATE OF EXAM IE PRESENCE OF THE EXAMIN	ENDER HIM UNFIT FOR SERVICE AT SEASON DETAILS OF MEDICAL 19 MAR 2025 EXPIRY DATE
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EXTREMITIES: UPPER S APPLICANT SU OR LIKELY TO EI EXAMINATION O SIGNA THIS IS TO CERT	JEFERING I NDANGER IN PAGE 2 TURE OF A THIS SIGNA JEY THAT A	APPLICANT TURE SHOULD A PHYSICAL EX (FIT) (NOT FIT)	BE AFFIXED IN THE AMINATION WAS OR DUTY ON	LOWER E AGGRAVATED BY, OR TO R S ON BOARD? IF YES, EXPLAIN 2 0 MAR 2023 DATE OF EXAM BE PRESENCE OF THE EXAMIN GIVEN TO: (NAME OF	ENDER HIM UNFIT FOR SERVICE AT SEATING PHYSICIAN. MD. FARID HOSSAIN
EXTREMITIES: JPPER S APPLICANT SU OR LIKELY TO ELEXAMINATION OF SIGNA THIS IS TO CERT HE) (SHE) IS FOUNDULENGINE OF SE	UFFERING I NDANGER DN PAGE 2 TURE OF A THIS SIGNA IFY THAT / UND TO BE SUPERNUM	THE HEALTH O APPLICANT TURE SHOULD A PHYSICAL EX FIT F (FIT) (NOT FIT) MERARY)	BE AFFIXED IN THE AMINATION WAS OR DUTY ON FOR DUTY AS A:	LOWER LOWER E AGGRAVATED BY, OR TO R S ON BOARD? IF YES, EXPLAIN COMMAR 2023 DATE OF EXAM HE PRESENCE OF THE EXAMIN GIVEN TO: BOARD SHIP (NAME OF MASTER, MATE, ENGINEER, R	ENDER HIM UNFIT FOR SERVICE AT SEATING PHYSICIAN. MD. FARID HOSSAIN FAPPLICANT) ADIO OFFICER, RATING, MOU DECK.
EXTREMITIES: JPPER S APPLICANT SU OR LIKELY TO EXAMINATION OF SIGNA TO THIS IS TO CERT HIE) (SHE) IS FOUND OF SERVICE OF	UFFERING I NDANGER ON PAGE 2 TURE OF A THIS SIGNA IFY THAT A UND TO BE SUPERNUM GREE OF	APPLICANT THE HEALTH O APPLICANT TURE SHOULD A PHYSICAL EX (FIT) (NOT FIT) MERARY) PHYSICIAN	BE AFFIXED IN THAMINATION WAS OR DUTY ON FOR DUTY AS A: (LOWER BE AGGRAVATED BY, OR TO R S ON BOARD? IF YES, EXPLAIN 2 0 MAR 2023 DATE OF EXAM BE PRESENCE OF THE EXAMIN GIVEN TO: BOARD SHIP (NAME OF MASTER, MATE, ENGINEER, R RAIHAN; M.B.B.S (D.U), RI	EG.NO.A-55144
EXTREMITIES: JPPER S APPLICANT SUDDENT SUDDEN	DEFERING INDANGER ON PAGE 2 TURE OF A THIS SIGNAL IFY THAT A DIPERNUM GREE OF EDICAL I	APPLICANT TURE SHOULD A PHYSICAL EX (FIT) (NOT FIT) MERARY) PHYSICIAN HOSPITALS L	BE AFFIXED IN THAMINATION WAS OR DUTY ON FOR DUTY AS A: (DR. MIR MD , IMITED. 35, SHA	LOWER BE AGGRAVATED BY, OR TO R S ON BOARD? IF YES, EXPLAIN 2 0 MAR 2023 DATE OF EXAM BE PRESENCE OF THE EXAMIN GIVEN TO: BOARD SHIP (NAME OF MASTER, MATE, ENGINEER, R RAIHAN; M.B.B.S (D.U), RI	EG.NO.A-55144 COFFICER AND RADIO OFFICER) ORMAL VOICE COMMUNICATION? ORMAL VOICE COMMUNICATION. ORMAL VOICE CO
EXTREMITIES: UPPER S APPLICANT SU OR LIKELY TO EXAMINATION OF SIGNA THE SISTO CERT HE) (SHE) IS FOUND ENGINE OF SIGNA NAME AND DE ADDRESS R	UFFERING I NDANGER DN PAGE 2 TURE OF A THIS SIGNA IFY THAT A UND TO BE SUPERNUM GREE OF EDICAL I	APPLICANT THE HEALTH O APPLICANT TURE SHOULD A PHYSICAL EX FIT F (FIT) (NOT FIT) MERARY). PHYSICIAN HOSPITALS L CERTIFICATIN	BE AFFIXED IN THE AMINATION WAS OR DUTY ON FOR DUTY AS A: (DR. MIR MD , IMITED. 35, SHA	LOWER E AGGRAVATED BY, OR TO R S ON BOARD? IF YES, EXPLAIN O MAR 2023 DATE OF EXAM HE PRESENCE OF THE EXAMIN GIVEN TO: BOARD SHIP MASTER, MATE, ENGINEER, R RAIHAN; M.B.B.S (D.U), RI MI MAKHDUM AVENUE, S	EG.NO.A-55144 COFFICER AND RADIO OFFICER) ORMAL VOICE COMMUNICATION? ORMAL VOICE COMMUNICATION. ORMAL VOICE CO

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of 405pita

RLM-I05M (REV. 06/16DR. MIR. MD. RAIHAN MBBs (DU), DFM, CCD (Birdem), PGT (Ophth)

RMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.



MEDICAL REQUIREMENT

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of specialqualifications 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 12 months prior to the date of making application for an officer certificate, certification of special qualifications or a seafarer's book. Such proof of examination must establish that the applicant is in satisfactory physical 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 addition, the following minimum requirements shall apply:

- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 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 20/30 vision in one eye and (c) at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) 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.
- (h) 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.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL EXAMINATION INCLUDING HEARING TEST.

PATHOLOGICAL EXAMINATION : A) Complete Blood Count., B) Blood Sugar Estimation,

C) Scrological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg).

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

7 0 MAR 2023

RLM-I05M (REV. 06/16)



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



Id No : 0543

Specimen : Blood

Patient's Name: MD FARID HOSSAIN

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

Date: 20-Mar-2023 D.Date: 20-Mar-2023 Age: 26Y 2M 2D

Gender: Male

CDC NO:C/O/9261

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.0 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	06 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	9,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	55 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	40 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	180 /cumm	50-450/cumm
Total RBC Count	5.03 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.1 %	M: 40-54%, F:37-47%
MCV	75.7 fL	76 - 94 fL
MCH	27.8 pg	27 - 32 pg
MCHC	36.7 g/dL	29 - 34 g/dL
RDW	13.1 %	11 - 16 %
PDW .	14.0 fL	35 - 56 fl
Total Platelete Count (PC)	1,80,000 /cumm	150,000-450,000/cumm
MPV	8.4 fL	7.0 - 11.0 fL
PCT	0.151 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 % -
Cloting Time(CT)	%	0.1- 0.2 %

Checked By

Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU)

Associate Professor Dept. Of Microbiology

East West Medical College & Hospital.



Bill No	DIA23030543	Received Date	20/03/2023
Patient's Name	MD FARID HOSSAIN		
Patient's Age	26Y 2M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/9261
Sample	BLOOD	, To	

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.7 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	25 U/L	Up to 37 U/L
Serum ALT (SGPT)	31 U/L	Up to 40 U/L
HbA1C	5.4 %	4.2 - 6.7 %

REMARKS (IF ANY)

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

Checked By

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



Bill No	DIA23030543	Received Date	20/03/2023
Patient's Name	MD FARID HOSSAIN		-
Patient's Age	26Y 2M 2D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO;C/O/9261
Sample	BLOOD		

SEROLOGYCAL REPORT

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

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

Checked By

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



Sample	URINE	77	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	DEM),PGT(Eye),DFM	CDC NO:C/O/926
Patient's Age	26Y 2M 2D	Patient's Sex	Male
Patient's Name	MD FARID HOSSAIN		
Bill No	DIA23030543	Received Date	20/03/2023

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MV. HIROSHIMA STAR

DATE: 20/03/2023

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

EYE EXAMINATION REPORT

NAME: MD FARID HOSSAIN RANK: 3A/ENG CDC NO: C/O/9261

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

616

AIDED

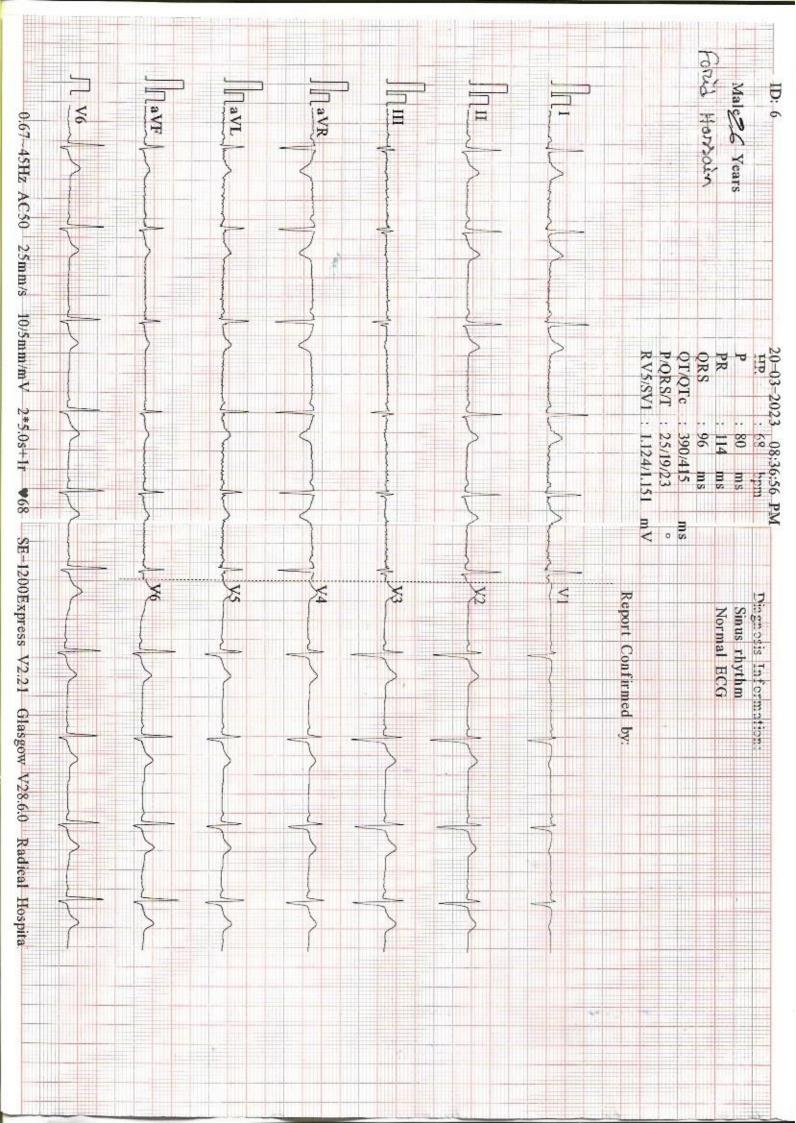
COLOUR VISION:

NORMAL / BLIND

OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX) East west Medical College & Hospital





DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. ; 23030543 Receive: 20/03/2023 Print: 20/03/2023

Patient's Name : MD FARID HOSSAIN

Age : 26 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 fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

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This report has been electronically signed.

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INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA Date of birth 20-NOV-1996 Sex MALE This is to certify that whosé signature follows MD. FARSD HOSSASN (GO/906 has on the date indicated been vaccinated or revaccinated against Cholera Date Signature and Professional Approved Stamp status of vaccinator LOMAR DR. MHR. MD. RAIHAN MBBS (DU), DFM, CCb (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Avenue Radical Hospitals Limited. 3 3 4 5 5 6 7 7 8