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.

TFI: +88027920116 +88 010555670

	10002/320110	, +00 0 19555670	OU. EMAIL: n	adical_h	ospitals@ya	thoo.com	
Name: H05	SEN SI	BILE	Se	ex: M	Serial No:		156
Sumarre	D / 10 / First	Name Parent	C/0/928	7 11	20,420	Same Same	Vac. 2
	LONDON	\$100 mm (ACC) 100			Rank:	PE AL	3
	3 as all TAN	Type:	OIL & C	hem	Route:	w/w	
	- marine and a second	UNIL					
Company Name : M	TM SHIP	MANAGEME	V+ DI	E. LTD			
Medical History	- Holinson		r the following		h =6		
Is there any past / pr	esent history of any o	Candidate Exam	iner	to the bes	t or your know	Candidate	Examiner
the fol	lowing	Declaration Reco	Control Control			Declaration	Record
Severe one-sided headaches	(Migraine)	Yes No Yes	No Hemia / Hydro	coele / Annendi	ritie	Yes No	Yes No
Head Injury / Concussion / L Fits / Epilepsy / Dizziness / F	oss of Memmory		High / Low blo	od pressure / H	eart disease		-
Eye / Vision Problems (Glass	es, etc.)		Asthama / Bron Allergy / Skin d	chitis / Tubercu lisease	losis	1	
Hearing Impairment Ear / Nose / Throat problems		4	Infection / Con	tagious Disease		1 5	-
Stomach / Bowel disorders			Addication to al Fracture / Dislo	cohol / drugs /	tobacco / Amoutation	1	
Gall stones / Kidney disorder Jaundice / Liver Disease	S		Major / Minor C	Operation		1	
Piles / Varicose veins Blood Disorder			Diabetes Nervous / Ment	al disease / Sle	en disorder	1	
Female Disorder			Mallignant dise	ase (Cancer)		1	
Notes			signed off on n	nedical grounds	/ Declared Unfit		
Medical Examina		Security States and Control					
Height Weigh	in Kgs Chest Insp-Exp		-	/min Res	p.Rate / min	General Cond	ition -
16bem 60	Kg. 43:41	120/80 m	780	5/mi	19 6/min	C	w
Distant Vision Unce	rected Corrected	Field of Vision V	Audiometry /		1000 2000 3000	0 4000 5000	6000 800
Left Eye	200	Abnormal	Right Ear Left Ear	d8 20 d8 20 d	20 20		
Colour Vision Other	Normal Normal	Abnormal	Hearing	R	ight Ear	Left	ear
Systemic Examina		Abnormal	Notes		4	1	
Head & Neck	7			- D	Spiratory system	Norma	Abnormal
Eyes Ears / Nose / Throat		FIT FOR S	SEA SERVIC	CF C	ardiovascular system		-
Teeth / Oral Cavity		AS AL	_	I IPE	er Abdomen enito-urinary system		
Musculo-Skeletal system Nervous system		AS PER N		- 0	thers		_
Reflexes		CONTRACTOR STATE OF THE PROPERTY OF THE PROPER		10.0	ernia / Hydrocoele pricose Veins	- 4	
Investigations		Enhanced GA	RD Medicals	done Fe	ssure/Fistula/Piles		
Blood	Result	Newsel				-	
Hemoglobin	14.8 gm%	Normal 14-16 gm %	Urine Colour	0-12	200		
Total WBC count	7.300 cu.mi	V 4000 11000 1 m mm	A	3/1/2	37		
Malarial parasite	NOT	Ba 00 % Mg 02	% pH Albumin	19		1-	-
ESR SGPT	11111/ 15(1	on Tr. To Hall / III.	Sugar	4		1	20
S.Cholesterol	27 U/L ///#ng/dl	943 U / L 145260 mg / dl	Bile pigment Bile salts	9		-	1
S.Triglycerides Blood Sugar	N/Bng/dl	upto 200 mg/di	Occult blood	de		100	
HbsAg	RBS PPBS	. upto 125 mg %	RBC cells - Leucocytes	E			1
HIV I & II VDRL	Neme	10	Others	101			
Others	180116	GGTP U/L	Spirometr	y: \(\sigma\)	D Wall	D. Ra	M
Blood Group			Drugs of	nles	. La la Torn	ICAL E	
ECG: No	m TMT:	ND	Abuse:	ricge	A P Y THE THE PARTY OF THE PART	PITALS *	
X-Ray Chest:	Nonma	1	USG:		12 L	10 /3/	
Result of Medical	Examination				ALC: NO	0.52	
On the basis of the exami		mination and diagnostic to	ests. I.Dr. MIR	R MD Raihan		the examinee med	diagle.
Fit Unfit	Temporarily unfit	Permanently unfit	Should be re-exa			ks / months	lically
Remarks / Recommendations					,0, 1100		/
, Doctor's Memer Lie Max (4)	RATHAN certify that all info	ormation required under Anne	xure E & F of M.S. (Mov	dical Examination	on) Rules 2000 in inc	non-franchista in a	atificants
	111: 3 0 MAR 2025			GICCO CAGITIFICA	orly reales 2000 is inc	Di poratori in this Ce	runcate
Candidate's Signature	Sogilo	P	Bearing Samp		Dog	tor 6 signature:	
	1.50	A STOCK A			DR. MIF	MD RA	IHAN
Date: 3 1 MAR 2023		2	1/2		MBBS (DU), DFI	M, CCD (Birdem), PG 5144, MMC-BG	2T (Onbth)
	1000	The second secon	-MLC-2006	1 1919	DO Ompping	Danigladesh Ar	proved
		CARDON S	THEY ZOUGH		Gen	neral Physician Hospitals Limite	
		2	1511				and a

04.2023.3699



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.

	afarer's Name :(Last, first, mid	HOSSEN SAT	IB	Gender: Male/Female
Da	te of Birth: (Day/month/year)	Nationality: BAN GLADESH!	Place of Birth:	
	aration of the recognized me	-		Yes N
1				
	identification documents wer	re checked at the point of examinat	tion?	
2	152/6 PAI	re checked at the point of examinates in STCW Code Section A-I/9?	tion?	
	152/6 PAI	s in STCW Code Section A-I/9?	tion?	
2	Hearing meets the standards Unaided hearing satisfactory	s in STCW Code Section A-I/9?		
2	Hearing meets the standards Unaided hearing satisfactory Visual acuity meets the standards	s in STCW Code Section A-I/9?)?	

Is the seafarer free from any medical condition likely to be aggravated by service at sea or

to render the seafarer unfit for such service or endanger the life of person onboard?

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

Fit for look-out duty?

3 1 MAR 2023

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

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

3 0 MAR 2025

3 1 MAR 2023

6

7

8

9

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.

Signature of Seafarer

*delete as appropriate

04.2023.3699



MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

MPA

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

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

			15 1 시작님이 되었다니 하시네일이 10 이 회전이다.
Seafarer's Name :(Last, first, middle) Hog	SEN SAJIB		Gender: Male/Female*
Date of Birth: day/month/year	Place of Birth:	Nationality: BANGLA	
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: PP: A 00938570	Pept: Deck / Engine / Cate	ering / others	Type of ship: ANKER
Home Address: MAYTHA, UTTER PAPA, FULKI- THON THONIA, BASATL, TANGAIL	Routine and emergency du	uties:	Trading area: e.g. coastal / worldwide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
Eye/vision problem		/	18. Sleep problem	-	-
2. High blood pressure		-	19. Do you smoke, use alcohol or drugs?	+	-
3. Heart/vascular disease		V	20. Operation/surgery	+ +	-
4. Heart Surgery		-	21. Epilesy/seizures		
Varicose veins/piles		-	22. Dizziness/fainting		-
6. Asthma/bronchitis		-	23. Loss of consciousness		_
7. Blood disorder			24. Psychiatric problems	-	-
8. Diabetes		_	25. Depression		
Thyroid problem			26. Attempted suicide		-
10. Digestive disorder		_	27. Loss of memory		- 134
11. Kidney problem		_	28. Balance problem		
12. Skin Problem			29. Severe headaches		
13. Allergies			30. Ear(hearing, tinnitus/nose/throat problem		-
14. Infectious / contagious diseases			31. Restricted mobility		1
15. Hernia			32. Back or joint problem		
16. Genital disorder		-	33. Amputation		
17. Pregnancy	7	10	34. Fracture/dislocations		-

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



^{*}For identity verification purpose

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

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

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

3 MAR 2023

Date

Sofib

Signature of Seafarer

DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016

Name and Signatus and Hospitals Limited.

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. MRMD, PAHAN.

DR. MTR. MD. RAIHAN
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016

DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.

31 MAR 2023

Sogiv

Date

Signature of Seafarer

Name and Signature of Witness



Part B - Result of medical examinations Eyesight Use of glasses or contact lenses No Yes Type Purpose Visual Acuity Unaided Aided Right eye Left eye Binocular Right eye Left eye Binocular Distant Distant Near Near Visual fields Normal Defective Right eye Left eye Colour Vision (please tick) Not tested Normal Doubtful Defective Hearing Pure tone and audiometry (threshold values in dB) 500 Hz 1,000 Hz 2,000 Hz 3,000 Hz 20 Right ear 20 20 Left ear 20 20 20 Speech and whisper test (metres) Normal Whisper Right ear Left ear Clinical Findings Height 165 (cm) Weight 60 (kg) Pulse rate (per minute) Rhythm Blood Pressure Systolic (mm Hg) Diastolic (mm Hg) Urinalysis: Glucose: NI Protein: Blood: Normal Abnormal Head Hospita Sinus, nose, throat Mouth/teeth age 3 of 5

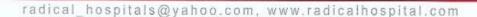
RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Fore (general)	$\overline{}$					
Ears (general)						
Tympanic membrane		CONTRACTOR OF THE PARTY OF THE				
Eyes	,					
Ophthalmoscopy						
Pupils						1
Eye movement						
Lungs and chest	540					
Breast examination	40					
Heart						
Skin						
Varicose Vein						
Vascular (inc. pedal pulse)						
Abdomen and viscera						
Hernia						
Anus (not rectal exam)						
G-U system	/					
Upper and lower extremities	/					
Spine (C/s, T/S, L/S)						
Neurologic (full/brief)						
Psychiatric						
General appearance						
Not performed	Results:	on (day/month	n/year):	1 MAR 20		7.
Not performed ther diagnostic test(s) and reset Blood + croins	Results: sult(s):	Nonmul Results: No	arana	est-	× -1	
Not performed ther diagnostic test(s) and reset Blood for the Medical practitioner's comment	Results: sult(s): 2 ts and assessr	Results: No	arana	est-	× -1	
Not performed ther diagnostic test(s) and rest est Blood for the	Results: sult(s):	Results: No	arana	est-	× -1	
Not performed ther diagnostic test(s) and reset Blood furting Medical practitioner's comment ssessment of fitness for serv	Results: sult(s): 2 ts and assessr FOR DUTY ON	Results: Nonent of fitness, BOARD SHIP	aranaa with reaso	ns for an	y limitatio	ons.
Not performed ther diagnostic test(s) and reserved the diagnostic test(s) and diagnostic t	Results: sult(s): 2 ts and assessr FOR DUTY ON ice at sea (ple rsonal declara	Results: Nonent of fitness, BOARD SHIP	aranaa with reaso	ns for an	y limitatio	ons.
Not performed ther diagnostic test(s) and rest est Blood for the Medical practitioner's comment ssessment of fitness for servent the basis of the seafarer's per	Results: sult(s): ts and assessr FOR DUTY ON ice at sea (ple rsonal declara the seafarer r	Results: Nonent of fitness, BOARD SHIP	aranaa with reaso	ns for an	y limitatio	ons.
Not performed ther diagnostic test(s) and reset Blood for Cipa Medical practitioner's comment sees sees ment of fitness for server the basis of the seafarer's persults recorded above, I declare	Results: sult(s): ts and assessr FOR DUTY ON ice at sea (ple rsonal declara the seafarer r	Results: Nonent of fitness, BOARD SHIP	aranaa with reaso	ns for an	y limitatio	ons.
ther diagnostic test(s) and reset Blood for the est blood for the basis of the seafarer's persults recorded above, I declared fit for look out duty Visual aid required	Results: sult(s): ts and assessr FOR DUTY ON ice at sea (ple rsonal declara the seafarer r Unfit for lo	Results: A.c. nent of fitness, BOARD SHIP ase tick) tion, my clinical nedically: bokout duty not required	aranaa with reaso	ns for an	y limitatio	ons.
ther diagnostic test(s) and reset Blood for the practitioner's comment medical practitioner's comment on the basis of the seafarer's persults recorded above, I declared Fit for look out duty Deck Engine	Results: sult(s): ts and assessr FOR DUTY ON ice at sea (ple rsonal declara the seafarer r Unfit for lo	Results: A.c. nent of fitness, BOARD SHIP ase tick) tion, my clinical nedically: bokout duty not required Other	aranaa with reaso	ns for an	y limitatio	ons.
ther diagnostic test(s) and reset Blood for the est blood for the basis of the seafarer's persults recorded above, I declared fit for look out duty Visual aid required	Results: sult(s): ts and assessr FOR DUTY ON ice at sea (ple rsonal declara the seafarer r Unfit for lo	Results: A.c. nent of fitness, BOARD SHIP ase tick) tion, my clinical nedically: bokout duty not required Other Service	aranaa with reaso	ns for an	y limitatio	ons.
ther diagnostic test(s) and rest est Blood for the comment Medical practitioner's comment ssessment of fitness for serv on the basis of the seafarer's peresults recorded above, I declare Fit for look out duty Deck Engine Service Fit	Results: sult(s): ts and assessr FOR DUTY ON ice at sea (ple rsonal declara the seafarer r Unfit for lo	Results: A.c. nent of fitness, BOARD SHIP ase tick) tion, my clinical nedically: bokout duty not required Other Service	aranaa with reaso	ns for an	y limitatio	ons.
ther diagnostic test(s) and reset Blood for Circing Medical practitioner's comment ssessment of fitness for serv on the basis of the seafarer's persults recorded above, I declare Fit for look out duty Deck Engine Service Service	Results: sult(s): ts and assessr FOR DUTY ON ice at sea (ple rsonal declara the seafarer r Unfit for lo	Results: A.c. nent of fitness, BOARD SHIP ase tick) tion, my clinical nedically: bokout duty not required Other Service	aranaa with reaso	ns for an	y limitatio	ons.

Department of S

Without res	trictions With	restrictions
Description of	restrictions (e.g. specific p	osition, type of ship, trading area etc.)
	2	DR MIR MD RAIHAN
3 1 MAR 2023	HUD	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.
Date	Signature of	Medical Practitioner's name, licence number, address







Id No : 0799

Patient's Name: SAJIB HOSSEN

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/9287

Date: 31-Mar-2023

D.Date: 31-Mar-2023

Age: 30Y 5M 20D

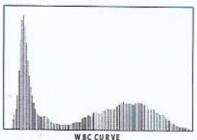
Gender: Male

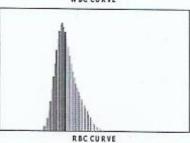
Haematology Report

& checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb) ESR(Westergreen)	14.8 gm/dl 07 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC) Differential WBC Count (DC)	7,3 60 -/cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Neutrophils	62 %	Childs 25 cc ov adults 40 75 ov
Lymphocytes	34 %	Child: 25-66 %, Adult: 40-75 %
Monocytes	02 %	Child: 52-62 %, Adult: 20-50 %
Eosinophils	02 %	Child: 03-07 %, Adult: 02-10 %
Basophils	00 %	Child: 01-03 %, Adult: 01-06 % Adult: 00-01 %
Total Cir. Eosinophils	146 /cumm	50-450/cumm
Total RBC Count	4.90 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41.0 %	M: 40-54%, F:37-47%
MCV	83.7 fL	76 - 94 fL
MCH	30.2 pg	27 - 32 pg
MCHC	36.1 g/dL	29 - 34 g/dL
RDW	12.8 %	11 - 16 %
PDW	14.6 fL	35 - 56 fl
Total Platelete Count (PC)	1,50,000 /cumm	150,000-450,000/cumm
MPV	9.8 fL	7.0 - 11.0 fL
PCT	0.147 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
		10 10

%





PLT CURVE

Checked By

Cloting Time(CT)

Medical Technologist

Dr. Sumaiya Khatun MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology

East West Medical College & Hospital.

0.1-0.2 %



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030799	Received	1 Data	24/02/0	2000
Patient's Name	SAJIB HOSSEN	received	Date	31/03/2	2023
Patient's Age	30Y 5M 20D	T	Patient's	Sev	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(E			DC NO	
Sample	Blood	-JC/,DI W	C	DC NO	C/O/ 9287

BIOCHEMISTRY REPORT

Serum Bilirubin (Total)

0.7 mg/dl

0.2 - 1.1 mg/dl

Serum ALT (SGPT)

27 U/L

Up to 40 U/L

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. 2

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



radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030799	Received D	ate 31/03/2	2023
Patient's Name	SAJIB HOSSEN			
Patient's Age	30Y 5M 20D	Pat	ient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	CDC NO	C/O/9287
Sample	BLOOD		100000000000000000000000000000000000000	1

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method: (ICT)	Negative

Checked By

the-

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

Bill No	DIA23030799 .	Received I	Date	31/03/2	2023
Patient's Name	SAJIB HOSSEN		- 0.10	0 1/00/1	-020
Patient's Age	30Y 5M 20D	Pa	atient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	CE	OC NO	C/O/9287
Sample	URINE				10.017201

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

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





Bill No	DIA23030799	Received Dat	e 31/03/2	2023
Patient's Name	SAJIB HOSSEN			
Patient's Age	30Y 5M 20D	Patie	nt's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO			C/O/ 9287
Sample	URINE	W. 1	100000000000000000000000000000000000000	

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Result
Negative

Checked By

7

Propoxyphene

Medical Technologis Radical Hospitals Ltd. 1

Negative

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

Age

23030799

Receive:31/03/2023

Print: 31/03/2023

Patient's Name

SAJIB HOSSEN

: 30 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

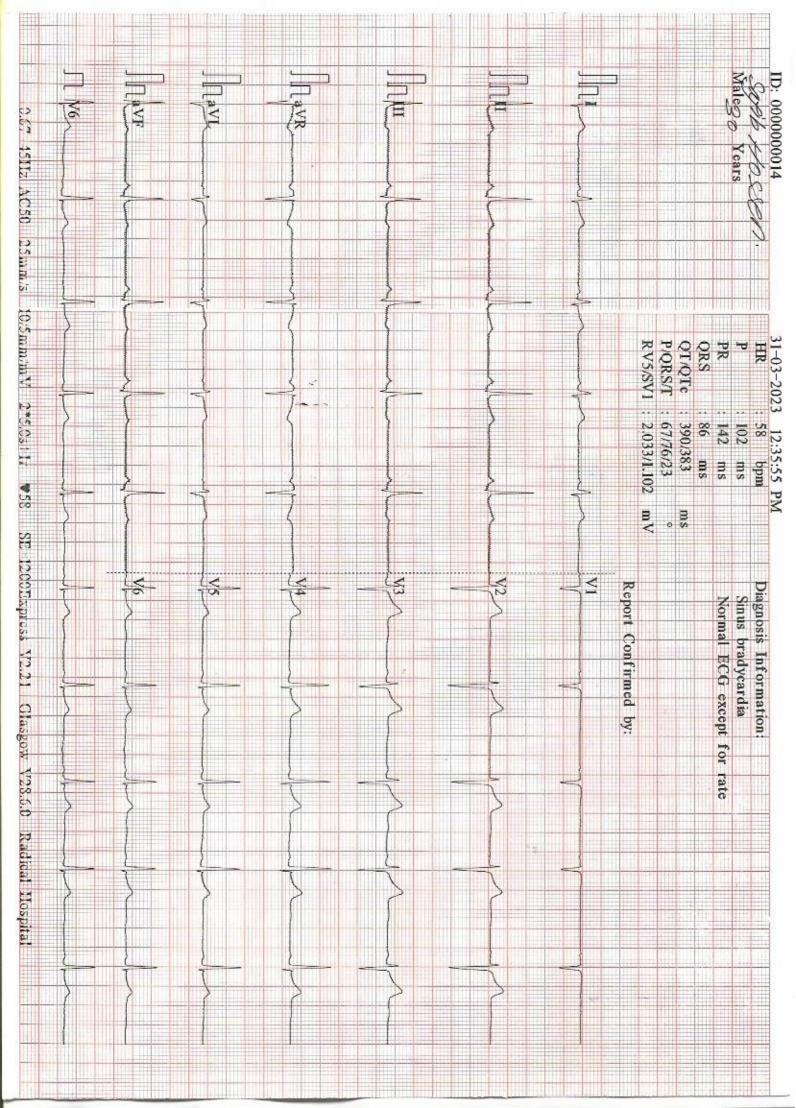
: Reveals no abnormality.

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



RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23030799

Receive: Print: 31/03/2023

Patient's Name

SAJIB HOSSEN

Age

30 YRS

Sex

: M

Refd. by

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate

: 58 b/min -

Rhythm

Regular

P-Wave

Normal

P-R Interval

Normal

QRS Complex

Normal

ST. Segment

ls 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

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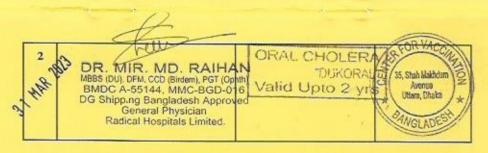
INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST <u>CHOLERA</u> CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA <u>CHOLERA</u>

This is to certify that
JE Soussigne (c) certifie que | SAJIB HOSSEN Date of birth | 10-10-92 Sex | MALE
Whose signature follows | SAJIB

Whose signature follows dont la signature suit

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

Date	Signature and professional Status of Vaccinator Signature et gialite profissionelle Vaccinateure	Approved Stamp Cechet d'authentification
3 0 MAY 2022	Dr. ATM Anwarul Haque MBBS, CCD (BIRDEM) Reg. no. A27902 Authorised by DOS (BD) Marine Health Care Dhaka	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.



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 a revaccination within such period of six months, on the date of that revaccination.

Natwithstanding the above provision in the case of a pilgrim, this certificate, shall indicate that two injection 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 première 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 madele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate on 1 o. mission d'une quelconque des mentions qu'il comporte pe u.t effecter sa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that JE Soussigne' (e) certifie que	SHJIB	HOSSET	Date of birth! no (e) le	6-10-92 _{Sex} sexe	MALE
Whose signature follows dont la signature suit	SAJIB		,		

has on the Date indicated been vaccinated or revaccinated against yellow fever a etc vaccine (e) ou revaccine (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufeturer and batch no of vaccine Fabricant duvaccin et nunne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
3 0 MAY 2022	Dr. ATM Anwarul Haq MBBS, CCD (BIRDEM Reg. no. A27902 Aut. Istably DOS (BD Marine Health Cal Dhaka	O DAKAR	As Per MLC-2006
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.

This 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 that revaccination.

This certificate must be signed by a medical practifioner 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' te" a approve" par I' Organisation Mondiale de la Sante" et sile enetre de vaccination ae' te' habilite parl' administration sanitaire du territoire dans lequel' ce centre est siture'

La validité de ce certificat 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 F o mission d'une quelconque des mentions qu! il comporte peur affecter sa Validite