

# INTERNATIONAL LABOUR ORGANIZATION

# Sectoral Activities Programme

See text links below.

ILO/WHO/D.2/1997

# Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

Part 6

### Annex D

MEHEDI MD. FAZLE	
Name (last, first, middle): MEHEDI MD. FAZLE	
Date of birth (day/month/year): 31 /12/1992 Sex: Imale •	☐ female
Home address:	
VILL :- BALSHID , P.D. :- BALSHID , P.S :- SHAHRASTI	, DIST .:- CHANDPUR
Passport No./Discharge Book No.: EE 0477404 / C/0/664	4
Type of ship (container, tanker, passenger, fishing): CONTAINER	
Type of ship (container, tanker, passenger, fishing): CONTAINER  Trade area (e.g., coastal, tropical, worldwide): WORLDWIDE	

	Condition	Yes No	Condition	Yes No
Ι.	Eye/vision problem	□• Ø• 18	Sleep problems	Tes 110
2.	High blood pressure		Do you smoke?	D. D.
3.	Heart/vascular disease		. Operation/surgery	n. /
4.	Heart surgery	D. Z. 21		0. 0
5.	Varicose veins	- Agspita	Dizziness/fainting	n. 1/1
6.	Asthma/bronchitis		oss of consciousness	D. D.
- 1	<b>3</b> 4.2023,3578	As Per-MLC-2006	(Supplied of Supplied of Suppl	

Blood disorder		24.	Psychiatric proble	ems		Z
Diabetes	0 6	25.	Depression			Z
Diabetes Thyroid problem	0 6	26.	Attempted suicid	e		2
). Digestive disorder	06	27.	Loss of memory			X
Kidney problem		28.	Balance problem			p/
Skin problem		29.	Severe headache	S	D	Z
3. Allergies	0 6	30.	Ear/nose/throat p	roblems		X
Infectious/contagious diseases		31.	Restricted mobil	ity		X
5. Hernia		32.	Back problems			1
6. Genital disorders		33.	Amputation			1
7. Pregnancy	MA	34.	Fractures/dislocation	ations		V
Additional questions						
				Yes		
35. Have you ever been signed of	off as sick or t	ocasanas e			No -	
	off the state of the	repatria	ated from a ship?		No	
		repatria	ated from a ship?	D	No T	
36. Have you ever been hospital	lized?				No C	
<ul><li>36. Have you ever been hospital</li><li>37. Have you ever been declared</li><li>38. Has your medical certificate</li></ul>	lized? d unfit for sea ever been res	duty?	l or revoked?		No Contraction	
<ul><li>36. Have you ever been hospital</li><li>37. Have you ever been declared</li><li>38. Has your medical certificate</li><li>39. Are you aware that you have</li></ul>	lized? d unfit for sea ever been res	duty?	l or revoked?		No Company	
<ul> <li>36. Have you ever been hospital</li> <li>37. Have you ever been declared</li> <li>38. Has your medical certificate</li> <li>39. Are you aware that you have illnesses?</li> <li>40. Do you feel healthy and fit</li> </ul>	lized? d unfit for sea ever been res e any medical to perform the	duty? stricted	l or revoked? ems, diseases or		No Company	7
<ul><li>36. Have you ever been hospital</li><li>37. Have you ever been declared</li><li>38. Has your medical certificate</li><li>39. Are you aware that you have illnesses?</li></ul>	lized? d unfit for sea ever been res any medical to perform the lion?	duty? stricted	l or revoked? ems, diseases or		No Company	7
<ul> <li>36. Have you ever been hospital</li> <li>37. Have you ever been declared</li> <li>38. Has your medical certificate</li> <li>39. Are you aware that you have illnesses?</li> <li>40. Do you feel healthy and fit designated position/occupate</li> <li>41. Are you allergic to any medical</li> <li>Comments:</li> </ul>	lized? d unfit for sea ever been res any medical to perform the lion?	duty? stricted proble	l or revoked? ems, diseases or s of your		No Contraction of the Contractio	7

Department of

If yes	s, please	list the	medicatio	ns take	n and	the pur	pose	(s) and	dosage(s)		and opposite the second	
I hereb	y certify	that tl	ne personal	l declar	ation	above is	s a tr	ue state	ment to th	ne best of my	knowledge	1
	ure of ex			8				y/montl		15 MAR 2023		
Witnes	ssed by:	(Signa	ture)	Tu		<u> </u>				BMDC A-55 DG Shipp.ng Gen	R. MD. RAII A.CCD (Birdem), PGT 5144. MMC-BGD Bangladesh App eral Physician	(Ophth) 0-016 proved
I hereb health examir	msutuut	rize the	release of public aut	all my horitie	previo	ous med	lical	records	from any	health profe	Hospitals Limited ssionals, d medical	le :
Signati	ure of ex	amine	:_ <b>I</b>	( 8		Date (	day/	month/y	cui j.	MAR 2023		
Witnes	ssed by:	(Signat	ure)	the		<u> </u>	N	ame: (T	yped or p	DR. M rinte (1888 (DU), C BMDC A- DG Shipp,	IR. MD. RA DFM. CCD (Birdem), PC 55144, MMC-BC ng Bangladesh Aj eneral Physician	IHAI ST (Ophr SD-016
Sight			Visual	l acuity				□• O1				
	Unaid	led	, ibua.	Aided			-		Visua	al fields		
		_	Binocular	Right	1	Binoci	ular		Normal	Defective		
Distan	eye	eye		eye	eye			Right eye				
Near	616	616						Left eye				
Colour	vision:	□ No	t tested []	₽ No.	rmal	Doub	otful	∫ □ Defe	ective			
Hearin	g											
	53/53/15/6/6/	100-000	and audio	metry	(thresh	nold val	ues i	in dB)	Speech	and whisper	test (metres)	)
	500 Hz	4,000 Hz	2,000 Hz	3,00 Hz	1	4,000 Hz	6,0 Hz	000		Normal	Whisper	,
Right ear	20	20	20	2	0	1999			Right ea	1 4	21	
Left ear	20	20	20	2	O	Hospitals			Left ear	4	4	

Department of

Height: <u>16</u> 6	(cm)	W	eight: 💢 🥏	5	(kg)	
Pulse rate:	(/(minute)	F	Rhythm:	200111	m-	
Blood pressure:	Systolic:	110	(mm Hg)	Diastolic:	76	(mm Hg)
Urinalysis:	Glucose:	11/1		Protein:	NI	
	Normal	Abnormal			Normal	Abnormal
Head	1		Varicose veins			Π.
Sinuses, nose, throat	1		Vascular (inc.	pedal pulses)	X	
Mouth/teeth	1		Abdomen and	viscera	X	
Ears (general)	1		Hernia		X	[]
Tympanic membrane			Anus (not recta	al exam.)	Zn	
Eyes			G-U system		X.	П
Opthalmoscopy	1		Upper and low	er extremities	2	
Pupils	1		Spine (C/S, T/	S and L/S)	9	
Eye movement	61	D	Neurologic (fu	ıll brief)	X	
Lungs and chest	6		Psychiatric		×.	
Breast examination	NAT-		General appea	rance	2	
Heart		- 🗆	***		•	
Skin	9				1	5 MAR 2023
Chest X-ray:	□ Not per	formed _	Performed of	on (day/month/		SE 10000 SEC00
Results:	1/200	nul.	2000	- L-Q	7 L	
	VOICE	mc.		1-10	<u> </u>	
Other diagnostic tes	t(s) and resu	lt(s):				
	74 <b>-</b>	//	ne Result	06-	211	
Test	800£	1010	Kesuit	/ VOTO	na	
Medical examiner	s comments:		, j			
Wediear examiner	5 Comments.	the second second second	R DUTY ON BOA	RD SHIP		
Vaccina	tion status re	ecorded:	Yes	**	• □ No	
					-	

## Assessment of fitness for service at sea

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

	p 1	Essian comica-	Catering service	Other services
	Deck service	Engine service	Catering service	
t			Ш	
nfit	П			
Without	t restrictions 1.	With restrictions	1 •	
escribe restric	ctions (e.g., specif	ic position, type of	ship, trade area)	
	3 80 1			
8 727 3		6 D		
ction taken b	y medical examin	104 (00000) (500 04000000000000000000000000000000000		15 MAG
	DADICAL PACA	ITAL LIBETTO	f examination (day	/month/year): 15 MAR
lace of exami	RADICAL HOSP nation: Uttare, Dhaka,	Date of	14	/month/year): 15 MAF MAR 2025
Place of exami Medical certifi	nation: Uttara, Dhaka,	Date of Date o	year): 14	MAR 2025
Place of exami Medical certifi	nation: Uttara, Dhaka,	Date of Date o	year): DR. M	MAR 2025  IIR, MD. RAIHAN DFM, CCD (Birdom), PGT (Ophth) -55144, MMC-BGD-016 -5ng Bangladesh Approved
lace of exami ledical certifi Official stamp	nation: Uttara, Dhaka,	Date of Date o	year): DR. M	MAR 2025  IIR. MD. RAIHAN DFM, CCD (Birdom), PGT (Ophth) 255144, MMC-BGD-016
Place of exami Medical certifi Official stamp Signature of m	nation: Uttara, Shaka, cate's date of expiration (also print name of the decical examiner:	Date of Date o	year): DR. M	MAR 2025  IIR. MD. RAIHAN  DFM, CCD (Birdem), PCT (Ophth)  -55144, MMC-BGD-016  ong Bangladesh Approved  General Physician
Place of exami Medical certifi Official stamp Signature of m	nation: Uttara, Shaka, cate's date of expiration (also print name of the decical examiner:	Date of Date o	year): DR. M	MAR 2025  IIR. MD. RAIHAN  DFM, CCD (Birdem), PCT (Ophth)  -55144, MMC-BGD-016  ong Bangladesh Approved  General Physician
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Place of exami Medical certifi Official stamp Signature of m Authorized by	nation: Uttara, Shaka, cate's date of expiration (also print name of the decical examiner:	Date of traction (day/month/y	year): DR. M	MAR 2025  IIR. MD. RAIHAN DFM, CCD (Birdom), PCT (Ophth) -55144, MMC-BGD-016 Ong Bangladesh Approved General Physician lical Hospitals Limited.  Detent authority)
Place of exami Medical certifi Official stamp Signature of m Authorized by	ration: Uttara, Shaka, icate's date of expiration (also print name of the control	Date of traction (day/month/y	DR. M	MAR 2025  IIR. MD. RAIHAN DFM, CCD (Birdom), PCT (Ophth) -55144, MMC-BGD-016 Ong Bangladesh Approved General Physician lical Hospitals Limited.  Detent authority)
Place of exami Medical certifi Official stamp Signature of m Authorized by	ration: Uttara, Shaka, icate's date of expiration (also print name of the control	Date of traction (day/month/y	DR. M	MAR 2025  IIR. MD. RAIHAN DFM, CCD (Birdom), PCT (Ophth) -55144, MMC-BGD-016 Ong Bangladesh Approved General Physician lical Hospitals Limited.  Detent authority)
Place of exami Medical certifi Official stamp Signature of m Authorized by	ration: Uttara, Shaka, icate's date of expiration (also print name of the control	Date of traction (day/month/y	DR. M	MAR 2025  IIR. MD. RAIHAN DFM, CCD (Birdom), PGT (Ophth) -55144, MMC-BGD-016 Ong Bangladesh Approved General Physician lical Hospitals Limited.  Detent authority)

This page was created by BR/PL. It was approved by BW/BKN. It was last updated Tues, 17 Jun 1999.



	MEDICAL CERTIFICA	ATE FOR PE	RSONNEL SERVICE ON E	BOARD
SURNAME: MEH	TEDS	GIVEN	NAME (S): MD. FAZL	E
DATE OF BIRTH:		PLACE	OF BIRTH	OFY
DAY 31 MONTH	12 YEAR 2 1992		HANDPUR COUNTRY BANGLADE	SEX SH MALE FEMALE
POSITION ON BOARD: MASTER DECK OFFICER ENGINEERING OFFICE RADIO OPERATOR	R DI	MAILING VILL:	GADDRESS OF APPLICANT: BALSHID, P.D:- 8 - SHAHRASTI, DIST.	BALSHID
RATING				
DECLARATION OF THE	AUTHORIZED PHYSICIAN			
	VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES W	ITH GLASSES *	Воок	
RIGHT EYE	646		YELLOW RED RED	BIGHT EAR MO
LEFT EYE	66-6		GREEN BLUE THE	REFTEAR MAD
Confirmation that identific	ation documents were checked	d at the point of e	xamination: YES NO	
Hearing meets the stand:	ards in STCW Code, Section A	-1/97 YES	NO NOT APLICABL	ЕП
Unaided hearing satisfac	tory? YES NO		1	
Visual acuity meets stand	dards in STCW Code, Section A	A-1/9? YES 🗹	NO []	
(the visual test it is requir	dards in STCW Code, Section and every six years) ion test: (Day/Month/Year)	A-1/9? YES 15 MAR 282	NO []	
Are glasses or contact le	nses necessary to meet the rec	quired vision stand	dards? YES NO.	
Able for watchkeeping? Y				
Is applicant taking any no	n-prescription or prescription n	nedications? YES	□ NO.	
is the seafarer free from a endanger the health of ot	any medical condition likely to the persons on board? YES	aggravated by	service at sea or to render the seafan	ers unfit for such service or to
Hereby I declare that I an	in knowledge of the contents	of the Physical Ex	camination.	
- Ea				5-03-2023
Signature of	Applicant	Name of	Applicant	Date
CIRCLE APPROPIATE ENGINEERING OFFICER	CHOICE: (HE / SHE) IS FO R / RADIO OPERATOR / RATII	OUND TO BE (F	NOT FIT) FOR DUTY AS A	
	FIT FO	R DUTY ON	BOARD SHIP	
NAME AND DEGREE OF	PHYSICIAN: DR. MIR MC	. RAIHAN: M.E	3.B.S(D.U.), REG. NO. A-55144	
ADDRESS: RADICAL HO			ENUE ,SECTOR-12 UTTARA, DHAK	A 1920 PANOLADERII
NAME OF PHYSICIAN'S	CERTIFICATING AUTHORITY	: DG SHIPPING	BANGLADESH	A-1230. BANGLADESH
DATE OF ISSUE PHYSIC		5-2014	Hospita	<del></del>
		2017_	A CONTRACTOR OF THE PARTY OF TH	
SIGNATURE OF PHYSIC			OF PHYSICIAN AS Per MLC 2006	DATE 15 MAR 2023
EXPIRY DATE OF CERT	T TIME	2025		
	This certifica of the STCW Convention, 1	ite is issued in comp 1978, as amended a	pliance with the regular porms and the Maritime Labour 200	6
MBBS (DU). BMDC A DG Shipp.	IR. MD. RAIHAN DFM, CCD (Birdem), PGT (Ophth) -55144, MMC-BGD-016 ng Bangladesh Approved eneral Physician		. 200	

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

Form No: SMC



SL NO.\_

04.2023.3578

### 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 (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION:	1000		15.4723 Feb
Name: Last MEHEDT	First M.D.	Middle	FAZLE
Gender: (Male/Female)MALE	Nationality: BAN	IGLADESHI Date: 15-	-03-2023 EF ENGINEER C/0/6644
Occupation: Deck/Engine/Catering	Other (specify)ENGIN	Rank: CHI	EF ENGINEER
Father's/ Husbad'sname: MD.	BAZLUR RASHI	C.D.C No	c10/6644
Mother's Name: 5AHtDA		Seaman ID N	lo. 050005068
Address: House No: DOANI GAR	Street/ Road No:	Passport No	EE0477404
Locality/Village: BALSH	II D	NID No.	1205225453
2000		Date of Birth:	1205225453 31-12-1392
P.S: SHAHRAST		Date of Bildi.	(DD/MM/YYYY)
District: CHANDPU			(00//////
	s in section A-I/9  /?  Is in section A-I/9?  Is in section A-I/9?  vision test  medical condition likely to  vice or to render the healt	ed at the point of examination  be aggravated by service at sea  h of any other persons on board?	/
If YES, specify limitations or re-	strictions:		
Duties: Location/Vessel: Medical/Other:	7 (40) (20) (21) (41) (41)	OSPITAL LIMITED haka, Bangladesh	
9. Medical fitness category :	Fit-No restriction	Fit-Subject to restrictions	Unfit
10. Date of examination/Issue (DI 11. Date of expiry (DD/MM/YYYY			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), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.
Name & Signature of the practitioner:

#### MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifig:itions 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 whis pered 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 useofnarcotics.
 Applicants diagnosed with, suspected of, orexposed to any communicable disease transmit table 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 enineer 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 fight 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 Appendix1):

1. Complete physical Examination.

2. Pathological Examination:

a.CBC b.ESR c.HBSAG d.LFT e.ECG f.RBS g.URINER/M/E 15 MAR 2023 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.



radical\_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030396	Received D		15/03/2	2023
Patient's Name	MD FAZLE MEHEDI	"			
Patient's Age	30Y 3M 21D	Pati		Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	ST(Eye),DFM	С	DC NO	C/O/6644
Sample	BLOOD	200 1/1			

### SEROLOGYCAL REPORT

Test Name

Result

HIV 1 & 2 (Method: (ICT)

Negative

RADICAL

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

**Test Name** 

Bill No	DIA23030396	Received Date		15/03/2023	
Patient's Name	MD FAZLE MEHEDI				The second
Patient's Age	30Y 3M 21D	Patie		s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),P	GT(Eye),DFN	1 0	DC NO	C/O/6644
Sample	URINE				

Result

#### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital radical\_hospitals@yahoo.com, www.radicalhospital.com



Date: 15/03/2023

## EYE EXAMINATION REPORT

NAME:	MD FAZLE MEHEDI		
AGE:	30 YRS	RANK: CH.ENG	CDC NO: C/O/6644

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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

# **DEPARTMENT OF RADIOLOGY & IMAGING**

Sex

: M

ID. No. : 23030396 Receive: Print: 15/03/2023

Patient's Name : MD FAZLE MEHEDI

Age : 30 YRS

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

# **ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate : 68 b/min

Rhythm : Regular

P-Wave : Normal

P-R Interval : Normal

QRS Complex : Normal

ST. Segment : Is electric

T. Wave : Normal

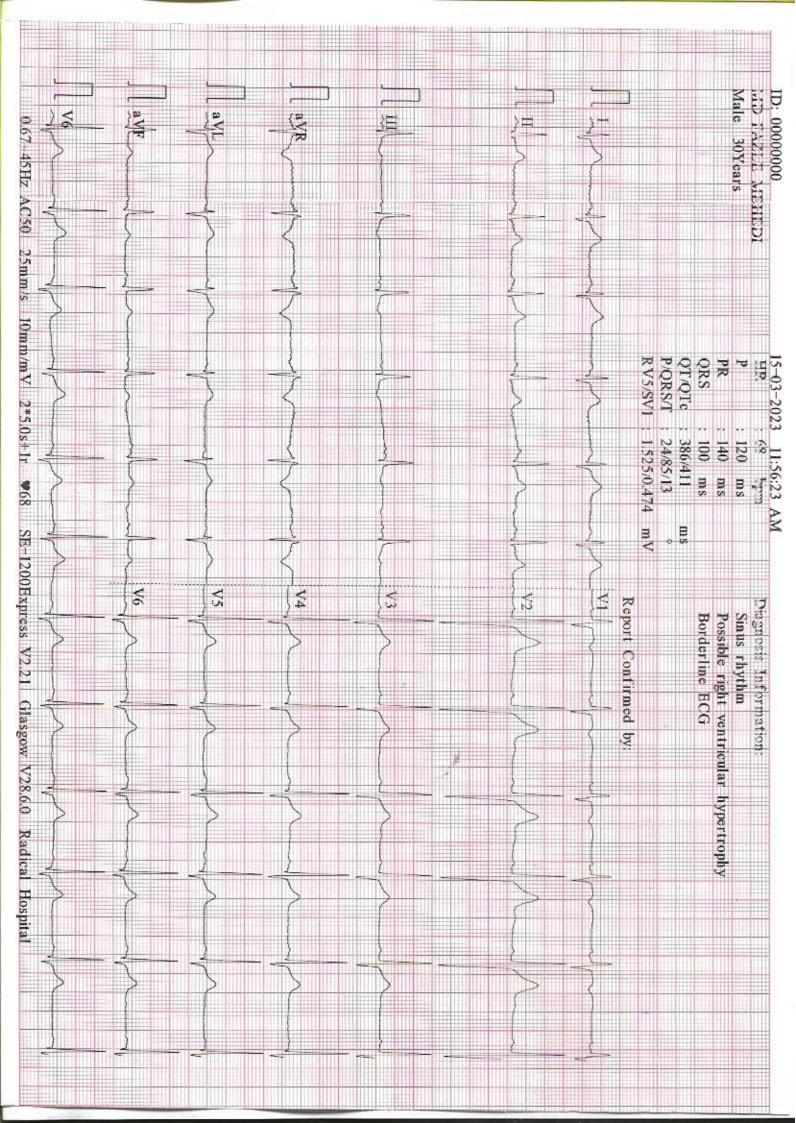
Impression : Findings are within normal limit.

Dr. Debashish Paul

MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital



radical\_hospitals@yahoo.com, www.radicalhospital.com



# TREADMILLSTRESS TEST

Patient ID	23030396	Test Date	15-03-20	22	
Patient Name	MD FAZLE MEHEDI	Age	30 Yrs		D.CI-
Attending Dr.	Dr. ROSEYAT PERVEEN	1 Age	30 113	Sex	Male

Total Exercise Time : 09:10 Min

Max.HR attained

: 163 bpm.

% of max.pred. hR

:98%

Max. Pred HR

: 167 bpm.

Maximum BP

: 150/90 mmHg.

Max. work load attained

:13.10METS.

Indication

: Screening for IHD.

Risk Factors

343

Reason for Termina

: Attainment of THR.

Test Profile

: BRUCE

Symptoms

\*

Summary Result ⇒

NEGATIVE

Comments

- MD FAZLE MEHEDI performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

Conclusion : Stress test is NEGATIVE for ECG evidence of promotable myocardial ischemia.

MBBS, MD (Cardiology), NICVD, Dhaka Consultant, IBN SINA D-Lab, Uttara, Dhaka





Patient ID	23030396	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	15/03/2023
Patient Name	MD FAZLE MEHEDI		
Age	30 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: Normal in size 12.9cm, regular in shape and normal position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER: Normal size regular in shape. Lumen is normal. Wall thickens is normal.

No echogenic structure is seen within lumen. CBD is not dilated.

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

SPLEEN: Is normal in size (10.5 x 3.5)cm and uniform in echo-texture.

BOTH KIDNEYS: - Are normal in size RK-10.0cm, LK-10.9cm regular in shape. The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness.

P-C systems are not dilated.

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

PROSTATE: Normal in size and volume is 31.5cc, regular in shape. Echogenicity is homogenous.

No area of calcification is seen.

IMPRESSION: Suggestive of normal study.

Dr. Asma Ahmed

MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist

#### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

This is to certify that Date of birth 31-12-1992 Sex whose signature follows

Male

has on the date indicated been vaccinated or revaccinated against yellow-fever

Date	Signature and Professional status of vaccinator	Origin and batch no, of vacine	Official stamp of vaccination centre
OEC 2018	DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber Tager Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	13.3	STATES AND
742 Sp	Valid Upto 2 Yrs.	A COMPANY OF THE PROPERTY OF T	
	M. AVI FILIP PARMAN O. A. H. P.G.T. (Medicine) Applead CA. Children Pro- Report Nat. 4-11020	-[0	3 4 ONKOSVI.

This certificate is valid on only if the vaccine used has been approved by the World Health Organization and if the vaccinating centre has been designated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after date vaccination or in the extent of a revaccination within such period of ten years, from the date of that revaccination.

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

## INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION

This is to certify that whose signature follows Date of birth 31-12-1992 Sex Wale

has on the data indicated t

Date	Signature ai status oj	nd Professional vaccinator	Approved Stamp	
DEC 2018	DR. M. AYUBI M.B.B.S; P.G. Taher C 10, Agrabad C Regn. No	T (Medicine)	ECR VACO	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.
JAN	- MAR	CHOLERA DUKORAL" Ipto 2 Yrs.  25 Jul Islam Practitions	MATION CELL	SMTH5006
3			FOR VAC	ORAL CHOLER DUKOR
IN THE	DR. MIR.	MD. RAIHAN	35, Shah Makhdi Avenus Uttara, Dhaka	THE PROPERTY OF THE PARTY OF
5	BMDC A-55* DG Shipping I Gene Radical I			ORAL CHOLE
HAY 7827	DR	MIR. MD. RAI	HAN 35, Shahil Ave	PHOID VACCINAT
7	DG Sh	D. DPM, GCD (Birdem), Po A-55144, MMC-BC ipping Bangladesh Af General Physician cadical Hospitals Limite	PANCI	ALID UPTO ONE YE
10 MAR 7	022	Dr. Mohammad Saifu MBBS (CU), PGT (Medicine BMDC, Reg. No. A	CCD (\$IRDEM)	TYOHOID VACCINE "TYPHIM VI" Valid 2 Years

New Popular Medical Services, Dhal Continued overleaf Suite our erso

9 2022	Dr. Mohammad Sairuddin (Sabuj)  MBRS (CU), PGT (Mediane), CCD (BIRDEM)	YOHOID VACCINE
0 MAR 2022	Approved Medical Physician DG Shipping Bangladesh New Popular Medical Services, Dhaka	ORAL CHOLERA "DUKORAL" Valid Upto 2 Years
10	The same of the sa	valid Opto 2 Tears

The Validity of this cerificate shall extend for a period of two years beginning six days after the first injection or the vaccine or in event of a revaccination within such period of two year on the date of that revaccination.

The approved stamp mentioned above must be in a from prescribed by the health administration of the recritory 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.

## OTHER VACCINATIONS AUTERS VACCINATION

Nature of vaccine		Physician's Signature
		-
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		The second of
	Nature of vaccine	Nature of vaccine