# 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

TEL: +880	27920116, -	+88 0	1955	5670	00.	EMAIL: ra	adical_	_hosp	itals@	yahoo.d	com	a.
Name: Mamun	MUAbo	Julla	(h		A	Se	ex: Mal	e si	erial No:			1.20
Date of Birth: 09/				CDC:	पाववाह	1078270	~ <del>~</del>	100		-NIA	000	
Vessel: M.V. Proce	6.00	_	PP		10	VIXZI	<u> </u>		Rank:		Office	SIC
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Company Name : Vi 5	DIPS	1 2-30			71074							
Medical History		D	losco	ancwe	er th	e following	to the	book at		and de		
Is there any past / present i	alahamı af amı af	Can	didate	Exam	iner	e ronowing	to the	pest of	your kr	Candie		Examine
the following			ration	Reco					70	Declar	270002	Record
Severe one-sided headaches (Migrain	12	Yes	No	Yes		U				Yes		Yes N
Head Injury / Concussion / Loss of M	lemmory		5		$\leq$	Hemia / Hydro High / Low blo	od pressure	e / Heart o	lisease		-	· ·
Fits / Epilepsy / Dizziness / Fainting Eye / Vision Problems (Glasses, etc.)			7		1	Asthama / Bron	chitis / Tub		Market II			
Hearing Impairment			5		_	Allergy / Skin of Infection / Con	ntagious Dis	sease		-	15	
Ear / Nose / Throat problems Stomach / Bowel disorders			7	9	-	Addication to al	lcohol / dru	igs / tobac	000		1	
Gall stones / Kidney disorders			-		-	Fracture / Dislo Major / Minor O	Operation / In	jury / Amp	outation		-	
Jaundice / Liver Disease Piles / Vancose veins			3		1	Diabetes			******		15	
Blood Disorder			2		-	Nervous / Ment Mallignant dise			sorder		-	-
Female Disorder Notes			1		-	Signed off on r	medical gro	unds / De	dared Unfit		12	
Medical Examination				0.00				THE OWNER OF THE	C. Committee (C. Co.		7	13 5
Height Weight in Kgs	Chest Insp-Exp	Blood	Pressure	in mm o	Но	PulseBeats	7 min T	Resp.Rat	e / min T		nami Cand	too
170gm 70K	43-41		0/28			18		10	-	Δ.	eneral Condi	
Distant Vision Upcompted	Corrected	Fie	ld of Vis	idi)	0	Audiometry	Hz 500	1000	2000 3	000   4000		
Right Eye 6		9 - 9	Normal	15		Right Ear	dB 24		2000	4000	5000	6000 800
Left Eye 676	Normal		Abnorma	ormal		Left Ear	dB 2		20			**
Colour Vision Other	Normal			ormal		Hearing		Right	and the same of th	-	Left o	the second second second second
Systemic Examination	Normal Abriorma	al		15.55 11.15	No	tes	-		_		Normal	
Head & Neck Eyes	V	-15				0.000	1	Respin	atory system	1	1	
Ears / Nose / Throat	1	-11	-II F	OR S	SEA	SERVI	CE	Cardio Per Ab	vascular sys	tem	1	
Teeth / Oral Cavity Musculo-Skeletal system	1	$\exists !$	AS -	201	20	PF	1		urinary sys	tem		
Nervous system	12	-114	AS PI	FRN	11 (	2006		Others	/ Hydrocoe	la.	-	
Reflexes Skin		1	oncod	ZZAL	TI	Medicals d	lone		e Veins	ic	1	-
Investigations		Halli	anccu	UM	0 1	riculturo -		Fissure	/Fistula/Pile	25	1	
Blood	Result		No	rmal	-	Urine	_		- 1	-		
Hemoglobin /	5:0 gm%		15 gm %			Colour	10	77.5	no constant	1		
Total WBC count Neu 66 % Lymp	400 cu.mm % Eos 02	400	00-11000	/ cu.mm		Specific Gravity	/ -3	Ni		1		
Malarial parasite	NOTE		PAS	M0//-	C 70	Albumin		4	_		( ) F	~ !.
ESR SGPT		ur 1	15 mm /	hr		Sugar		Ü			1/25	
S.Cholesterol	g U/L mg/dl		43 U / L 260 mg	/ dl		Bile pigment Bile salts	-	4	_		Cin	
S.Triglycerides Blood Sugar RBS	mg/dl		o 200 mg			Occult blood		71			-	
HbsAg	PPBS		125 mg	%	4	RBC cells Leucocytes		4		_4		
HJV [ & II VDRL	Ne sa	-	-			Others			//32	The same		
Others	NONE	rec	-	GTP U/L		Spiromet	ry: 6	V/D	1/2/0	A SECTION		
Blood Group						Drugs of		1-	( * HC	S		
ECG: Normal	TMT:		NI	0		Abuse:	Ne	ger	15 pm	LTD	2	
X-Ray Chest:	Non	my				USG:	1	Jone	n/	NO. A-9/		
Result of Medical Exar	mination								/			
On the basis of the examinee's h							IR MD Rai			are the exa		fically
Fit Unfit Ten Remarks /	porarily unfit	Pern	nanently	unfit	S	hould be re-ex	xamined ir	n	days / v	veeks / mo	nths.	-
Recommendations											//	
I, Doctor's Name: DR.MIR MD. RAIH/ This certificate is valid till:	AN certify that all infor	mation r	equired u	nder Ann	exure	E & F of M.S. (M	ledical Exam	nination) F	Rules 2000 i	s incorporati	ed in this Ce	ertificate
Candidate's Signature	7031	TAR L	ULJ		160.00	I Chama						
The state of the s					_	I Stamp				Doctor's s		
Date: 06 Mar 202	23			18	alH	ospitals	Y ngaran	F 20	MBBS (DU)	DFM, CCD	Birdem) PG	T (Onbth)
0 6 MAR 2022				18	n Da-	W C 0000 2			DG Shipp	ng Bangi	adesh Ar	proved

04.2023,3511

Radical Hospitals Limited.



Seafarer's Name (Last first middle) Mamus

#### 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.

MO MALITAL MI

Dat	e of Birth: ( <i>Day/month/year</i> ) <i>09</i> /10/1992	Nationality: Bangladeshi	Place of Birth: Dhaka		1.
ecla	aration of the recognized me	edical practitioner:		Yes	No
1	Identification documents wer	e checked at the point of exam	nination?		
2	Hearing meets the standards	s in STCW Code Section A-I/9'	?	/	e sy
3	Unaided hearing satisfactory	?		/	1
4	Visual acuity meets the stan	dards in STCW Code Section /	A-I/9?	_/	1 1
5	Colour vision meets the stan	dards in STCW Code Section	A-I/9?	1	13.5
	Date of last colour	vision test:	0 6 MAR 2023	7.	
6	Fit for look-out duty?				1
7		medical condition likely to be a or such service or endanger the		a or _	Sep.
8	No limitations or restrictions	on fitness?			1210
	If "no" specify limitations or r	restrictions			10.04
9	Date of examination: (day/m	onth/year)	0 6 MA	R 2023	1-3
10	Expiry of certificate: (day/mo	onth/year) Fexamination unless the seafarer is u	inder the age of 18 0 5 MAR	2025	
0	6 MAR 2023	DR. MIR. M MB65 (DU). DFM. CCD BMDC A-55144. DG Shipp.ng Bang General P Redical Hosp	MMC-BGD-016 indesh Approved		4.4

I have been informed of the content of the certificate and of the right to a review.

Signature of Authorised

Medical Practitioner

Signature of Seafarer



Date

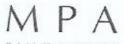


Medical Practitioner's Official stamp

(name, licence number, address etc)



# MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION



### RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

SINGAPORE

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

Seafarer's Name :(Last, first, middle) (BLOCK CAPITALS) MAMUN, MD AB	BOULLAH, AL		Gender: Male/Female*
Date of Birth: day/month/year O9/10/1992	Place of Birth:	Nationality:	alashi
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: EFO485515	Dept: Deck / Engine / Ga Rank: 3rd Office	Type of ship: Bulk Carmierc	
Home Address: 571 South Manikai, Dhaka Cantonment, Dhaka-1206.	Routine and emergency	duties:	Trading area: e.g.

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
Eye/vision problem		1	18. Sleep problem	1	-
2. High blood pressure			19. Do you smoke, use alcohol or drugs?		-
<ol><li>Heart/vascular disease</li></ol>		1	20. Operation/surgery		-
Heart Surgery		1	21. Epilesy/seizures		
<ol><li>Varicose veins/piles</li></ol>		1	22. Dizziness/fainting		0
6. Asthma/bronchitis			23. Loss of consciousness	1.	-
<ol><li>Blood disorder</li></ol>			24. Psychiatric problems		-
8. Diabetes			25. Depression		
9. Thyroid problem			26. Attempted suicide	-	
10. Digestive disorder		~	27. Loss of memory		-
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		
15. Hernia			32. Back or joint problem		
16. Genital disorder			33. Amputation		
17. Pregnancy			34. Fracture/dislocations		

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



<sup>\*</sup>For identity verification purpose

Yes	No
	~
	1
10 10	_
1130	2
	~
~	179
	-
	1
	Yes

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.

06-Man-2023

Signature of Seafarer

BMDC A-55144, MMC-BGDroved BMDC A-55144, MMC-BGDroved DG Shipping Bangladesh Approved General Physician General Physician Name and Signature of Witness

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

06- Mar - 2023

Signature of Seafarer

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

Name and Signature of Witness



art B – Res	sult of medic	ai oxaii					
Eyesight Use of glasses	s or contact ler	ises					
No				20			
Yes 1	Гуре			Purpose	********		
isual Acuity	Š						
	Unaided			- 1	Aide	d	
Right eye	Left eye	Binoçu	lar,	Right eye	Left eye		ılar
Distant	66	6	06	Distant			
Near	616	60	16	Near			
isual fields							
	Norma	al I	D	efective			
Right eye	1,01116	-		CICCLIVE	-		
Left eye					-		
zon ojo							
Not test	ted J	ermal		Doubtful		Defective	
Not test	ted J		y (thres	-		Defective	
Not test	re tone and au	idiometr	) Hz	-			挺
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Not test learing Pur Right ear Left ear	re tone and au  500 Hz  20  vhisper test (n	1,000 2	O Hz	shold values 2,000 Hz	s in dB)		(4)
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Right ear Left ear Right ear Left ear Left ear Left ear	re tone and au  500 Hz  20  vhisper test (n	netres)	O Hz	shold values 2,000 Hz	3,000 I		
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Right ear Left ear Right ear Left ear Left ear Left ear Left ear Left ear Left ear	re tone and au 500 Hz 20 whisper test (n	netres)  rmal  (cm) minute)	7-8	Weight	hisper (kg)		
Right ear Left ear Right ear Left ear Clinical Finding Height Pulse rate	re tone and au 500 Hz 20 whisper test (n	netres) rmal (cm) minute) nm Hg)	7-8	weight	hisper		
Right ear Left ear  Right ear Left ear  Left ear  Height Pulse rate Blood Press	re tone and au 500 Hz 20 whisper test (n	netres)  (cm) minute) mm Hg)	7-8	Weight Rhythn	hisper  (kg) c (mm Hg) Blood:	Hz Pegutu 80	•
Right ear Left ear  Right ear Left ear  Left ear  Height Pulse rate Blood Press	re tone and au 500 Hz 20 whisper test (n	netres)  (cm) minute) mm Hg)	7-8 12	Weight Rhythn Diastol	hisper  (kg) c (mm Hg) Blood:	Hz Pegutu 80	
Right ear Left ear  Right ear Left ear  Right ear Left ear  Left ear  Left ear  Left ear  Unical Finding  Height Pulse rate Blood Press Urinalysis:	re tone and au  500 Hz  500 Hz  whisper test (note that the second secon	netres)  (cm) minute) mm Hg)	7-8	Weight Rhythn	hisper  (kg) c (mm Hg) Blood:	Hz Pegutu 80	

O Department of

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Ears (general)			
I take a market and a second			
Tympanic membrane			
Eyes			
Ophthalmoscopy		No.	
Pupils		-	1
Eye movement			
Lungs and chest Breast examination			
Heart	14/14		
Skin			
Varicose Vein			
Vascular (inc. pedal pulse)			
Abdomen and viscera			*
Hernia			1111
Anus (not rectal exam)			
G-U system			
Upper and lower extremities			
Spine (C/s, T/S, L/S)			
Neurologic (full/brief)			
Psychiatric			
General appearance			
			110,000
Test Blood for D	Resul	fitness, with reasons for any lim	itations
Test Blood for	Resul	fitness, with reasons for any lim	itations.
Medical practitioner's commen	Resul	fitness, with reasons for any lim	itations.
Medical practitioner's commen	Resul	fitness, with reasons for any lim	itations.
Medical practitioner's commen	Resul	fitness, with reasons for any lim	itations.
Medical practitioner's commen	Results and assessment of	fitness, with reasons for any lim	itations.
Medical practitioner's comment	Results and assessment of FIT FOR DUTY ON BOA	fitness, with reasons for any lim  RD SHIP  k)	
Medical practitioner's comment  Assessment of fitness for services on the basis of the seafarer's per	Results and assessment of FIT FOR DUTY ON BOA	fitness, with reasons for any lim  RD SHIP  (k)  y clinical examination and diagno	
Medical practitioner's comment  Assessment of fitness for services on the basis of the seafarer's per	Results and assessment of FIT FOR DUTY ON BOA	fitness, with reasons for any lim  RD SHIP  k)  y clinical examination and diagno	
Medical practitioner's comment  Assessment of fitness for sent On the basis of the seafarer's peresults recorded above, I declared  Fit for look out duty	Results and assessment of FIT FOR DUTY ON BOAT PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERT	fitness, with reasons for any lim  RD SHIP  k)  y clinical examination and diagnoly: duty	
Medical practitioner's comment  Assessment of fitness for services of the seafarer's percentage of the	Results and assessment of FIT FOR DUTY ON BOAT rice at sea (please tide) ersonal declaration, me the seafarer medical	fitness, with reasons for any lim  RD SHIP  k)  y clinical examination and diagnoly: duty	
Medical practitioner's comment  Assessment of fitness for services on the basis of the seafarer's peresults recorded above, I declared above. Fit for look out duty	Results and assessment of FIT FOR DUTY ON BOAT PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERT	fitness, with reasons for any lim  RD SHIP  k)  y clinical examination and diagnoly: duty	
Medical practitioner's comment  Assessment of fitness for serve on the basis of the seafarer's peresults recorded above, I declared  Fit for look out duty  Visual aid required	Results and assessment of FIT FOR DUTY ON BOAD PROPERTY O	fitness, with reasons for any lim  RD SHIP  k)  y clinical examination and diagnoly: duty quired	
Medical practitioner's comment  Assessment of fitness for services on the basis of the seafarer's peresults recorded above, I declared above. Fit for look out duty	Results and assessment of FIT FOR DUTY ON BOAT PROPERTY O	fitness, with reasons for any lim  RD SHIP  k)  y clinical examination and diagnoly: duty quired er	
Assessment of fitness for services.  On the basis of the seafarer's peresults recorded above, I declared.  Fit for look out duty.  Visual aid required.	Results and assessment of FIT FOR DUTY ON BOAD PROPERTY O	fitness, with reasons for any lim  RD SHIP  k)  y clinical examination and diagnoly: duty quired er	

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Without restrictions	With restrictions		
			100
Description of restrictions (	e.g. specific position, type of ship, tra	ading area etc.)	
		V	
	DR. MIR. MD.	RAIHAN	

0 6 MAR 2023

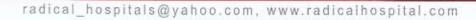
Date

Signature of Medical Practitioner

DR. MIR. MD. RAIHAN M888 (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangledesh Approved General Physician Radical Hospitals Limited.

Medical Practitioner's name, licence number, address







Id No : 0153

Date: 06-Mar-2023

D.Date: 06-Mar-2023

Patient's Name: MD ABDULLAH AL MAMUN

Age: 30Y 4M 25D

Gender: Male

Specimen

: Blood

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

CDC NO:C/O/8270

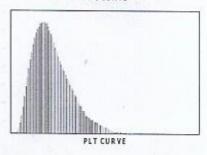
#### Haematology Report

& checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)  ESR(Westergreen)	15.0 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.
Total WBC Count(TC)	6,400 /cumm	Male:0-10, F:0-20 mm/1st hr.
Total Tibe country	<b>0,400</b> /Cumin	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		0,000 20,000,000
Neutrophils	66 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	29 %	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	128 /cumm	50-450/cumm
Total RBC Count	5.10 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	41.4 %	M: 40-54%, F:37-47%
MCV	81.2 fL	76 - 94 fL
MCH	<b>29.4</b> pg	27 - 32 pg
MCHC	36.2 g/dL	29 - 34 g/dL
RDW	12.9 %	11 - 16 %
PDW	15.3 fL	35 - 56 fl
Total Platelete Count (PC)	3,67,000 /cumm	150,000-450,000/cumm
MPV	7.8 fL	7.0 - 11.0 fL
PCT	0.286 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



RBC CURVE



Checked By Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU) Associate Professor Dept. Of Microbiology East West Medical College & Hospital.



radical hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030153	Received Date		Date 06/03/2023	
Patient's Name	MD ABDULLAH AL MAMUN				
Patient's Age	30Y 4M 25D	1	Patient's	s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),P	GT(Eye),DFM	C	DC NO	C/O/ 8270
Sample	BLOOD			19	

### BIOCHEMISTRY REPORT

Result	ReferenceRange
0.9 mg/dl	0.2 - 1.1 mg/dl
33 U/L	Up to 40 U/L
18 U/L	Up to 37 U/L
137 U/L	98 - 279 U/L
	0.9 mg/dl 33 U/L 18 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.



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

Bill No	DIA23030153	Received D	ate   06/03/2	2023
Patient's Name	MD ABDULLAH AL MAMUN	- N. L.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Patient's Age	30Y 4M 25D	Pa	tient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG7	Γ(Eye),DFM	CDC NO	C/O/ 8270
Sample	BLOOD		115 4 11 11	

#### SEROLOGYCAL REPORT

Test Name

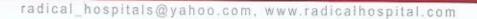
Result

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

RADICAL

Chucked By

Medical Technologis Radical Hospitals Ltd. La





Bill No	DIA23030153	Received Date	06/03/2	2023
Patient's Name	MD ABDULLAH AL MAMUN	W. Shiring	9	
Patient's Age	30Y 4M 25D	Patien	t's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDI	EM),PGT(Eye),DFM	CDC NO	C/O/ 8270
Sample	URINE	10 2		

#### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial Table	2-4/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.





Bill No	DIA23030153	Received D	ate 06/03/2	2023
Patient's Name	MD ABDULLAH AL MAMUN			
Patient's Age	30Y 4M 25D	Pat	ient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)	),PGT(Eye),DFM	CDC NO	C/O/ 8270
Sample	URINE			

#### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result	
Drug Level of Urine		
Cocaine	Negative	
		-

Negative
Negative

Checked By

Medical Technologis Radical Hospitals Ltd.

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



Date: 06/03/2023

### EYE EXAMINATION REPORT

NAME: MD ABDULLAH AL MAMUN

AGE: 30 YRS RANK: 3<sup>RD</sup> OFF CDC NO: C/O/8270

VISUAL ACUITY:

RIGHT

LEFT

616

UNAIDED

6/6

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

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

### **AUDIOLOGICAL REPORT**

Patient Name : MD ABDULLAH AL MAMUN

05/03/2023

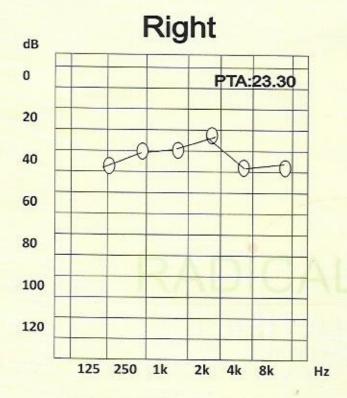
Age

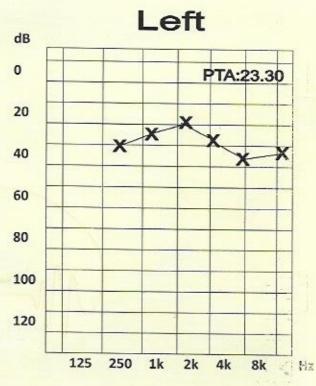
:30 Yrs

Address

: RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM





0-25= Normal Hearing.

26-40= Mild Hearing Loss.

41-55= Moderate Hearing Loss.

56-70= Moderately Severe Hearing Loss.

71-90= Severe Hearing Loss.

91-120= Profound Hearing Loss.

Right Ear Left Ear Air Unmasking OX Bone Unmasking

Right Ear

Left Ear

Air MaskingOX

Bone Masking AA

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

RADICAL HOSPITAL

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

### **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23030153 Receive:06/03/2023 Print: 06/03/2023

Patient's Name : MD ABDULLAH AL MAMUN

Age : 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 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

This report has been electronically signed.

### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

## CERTIFICATE INTERNATIOAL DE VACCINATION OU DE REVACCINATION CONTRE' LE CHOLERA

MA BRANCE	CONTINC EL CHOLLINA	
This is to certify that Je soussigne (e) certifie que whose signature follows dont la signature suit	Arrango ne (e) le	5exe

has on the date indicated been vaccinated or revaccinated against Cholera a etc vaccination (e) ou revaccine (e) contre la fiever jaune la date indiques

		a etc vaccination (e) ou revaccine (e) contre la fiever jaune la date indiques		
	Date	Signature and Professional status of vaccinator Signature et qualitc Prof- essioundlle du vaccinateur	Approved Stamp Cachet d' authentification	
11-04	.2022	DR. SABRINA MOSTAFA MBBS (D U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.C. Skipping, Dhaka.	ORAL CHOLERA "DUKORAL"  Valid Upto 2 Y's. *  **MGLNUS**	
O 6 MAR	013 2	DR. MIR. MD. RAIHAN BBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 G Shipping Bangladesh Approved General Physician	15, Shih Makhoum Avenue 15 TORAL CHOLERA "BUKORAL" Valid Upto 2 yrs	

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5	5	6
6		
7	7	8
8		

### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

### CERTIFICATE INTERNATIOAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE IANUE

This is to certify that	AL MANUN Date of high	9.10.1992 M
Je soussigne (e) certifie que whose signature follows	Amazow ne (e) le	5exe

dont la signature suit

has on the date indicated been vaccinated or revaccinated against yellow-fever a etc' vaccination (e) on contre la fiever jaune la date indiques

Date	Signature and Professional status of vaccinator Signature et qualitc Prof- essioundlle du vaccinateur	Origin and batch no, of vaccine Origine du vaccin employee et u merco du lot	Official Stamp of vaccination centre. cachet Officeial du centre de vaccination
yu-2022	DR. SABRINA MOSTAFA MBBS (D.U Reg. No. BMDC, Dhaka A-6820) Seafarer's Medical Practitione Approved by, D.G. Shipping, Dhaka	O DAKAH S	AGRABAD CIA
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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 disignated 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, begining 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 erasure, of failure to complete any part of it, may render it invalid. Ce certificate n est valadble que si Jevaccin employe a etc approuve part Organisation mondiate de la Sant. et sit e de vaccination a etc habilite part administation du territorie de s. lequel ce centre est situe. Le validity de ce certificate conure une periode de. six ans ommencent dix jonrs apres la date de la vaccination ou. da s le casd une revaccination on cours de cettee periode de dix aus, e jour de cette revaccination. Toute correction ou rature sur le certificate au omission d' un quelconque desmentions nb il comporte peul affecter su validite.