

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Company Name : FML

Please answer the following to the best of your knowledge.

Examiner

Record	
Yes	No

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

Notes

Medical Examination

Height	Weight in Kgs	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
177cm	72 kg	130/80		43-41 cm	78 & 6/min	19 & 1/min	Good

Distant Vision		Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
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Right Eye	6/6	Normal	Right Ear	dB	20	20	20						
Left Eye	6/6	Abnormal	Left Ear	dB	20	20	20						

Colour Vision	Ishihara	Normal	Abnormal	Hearing	Right Ear	Left ear
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Colour Vision	Other	Normal	Abnormal	Hearing	4	4
Systemic Examination		Normal	Abnormal	Notes		Normal

Systemic Examination	Normal	Abnormal	Notes	Normal	Abnormal
Head & Neck	✓			Respiratory system	✓

Eyes	☒	FIT FOR SEA SERVICE	Cardiovascular system	☒
Ears / Nose / Throat	☒		Per Abdomen	☒

Ears / Nose / Throat	✓	AS MASTER	Genito-urinary system	✓
Teeth / Oral Cavity	✓			

Musculo-Skeletal system	☒	AS	Others	☒
Nervous system	☒	AS PER MLC 2006	Hernia / Hydrocoele	☒

Reflexes	✓	AS PER MEC 2000	Vancomycin	✓
Flap	✓	AS PER MEC 2000	Erythromycin	✓

Investigations

Blood	Result	Normal	Urine		
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Hemoglobin	14.8 gm%	14-16 gm %	Colour	Straw
Total WBC count	8300 / cu mm	4000-11000 / cu mm	Specific Gravity	

Total WBC Count	8.200	cells/mm ³	1000 ± 1000 / cells/mm ³	Leukocytosis	
Neu 73 % Lymph 23 % Eos 02 % Ba 00 % Mg 02 %				pH	

Malanial Parasite	<i>Not Feeding</i>		Albumin	2.2
ESR	07 mm / 1st hour	1- - 15 mm / hr	Sugar	1.1

S/GPT	20 U/L	9-43 U/L	Bile pigment	
S/Cholesterol	1.4 mmol/L	1.45-2.60 mmol/L	Bile salts	

S.Cholesterol	N/A mg/dl	145-200 mg / dl	One dose	
S.Triglycerides	N/A mg/dl	upto 200 mg /dl	Occult blood	

Blood Sugar	RBS	<i>nil</i>	PPBS	upto 125 mg %	RBC cells	<i>21</i>
HbsAg		<i>negative</i>			leucocytes	

HIV I & II	Residual	Others	
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VDRL	<i>Non reactive</i>	Spirometry:	<i>N/D</i>
Others	GGTP U/L		

Blood Group					Drugs of
556					

ECG:	Normal	IMI:	14/5	Abuse:	None
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X-Ray	Chest:	Normal	USG:	Normal
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Result of Medical Examination	REG. NO. A-5
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On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically

Fit	Unit	Temporarily unfit	Permanently unfit	Should be re-examined in	days / weeks / months.
Remarks /					

Recommendations

This certificate is valid till: **19 MAR 2025**

Candidate's Signature: _____ Date: 13 MAR 2023 _____
 Doctor's Signature: _____
 Official Stamp: _____

DR. MIR. MD. RAIHA

Date: 20 MAR 2023

20 Jan 2023

General Physician
Radical Hospitals Limited.

Approved by Department of _____

3620

04.2023.3020

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME RAHMAN		GIVEN NAME(S) S M MUSTAFIZUR	
DATE OF BIRTH MONTH 01 DAY 01 YEAR 1976		PLACE OF BIRTH CITY NARAIL COUNTRY BANGLADESH	SEX ☒ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS: MASTER ☒ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: H/NO. 417, R/NO. 7, AVENUE - 4 MIRPUR DOHS, MIRPUR DHAKA-1216, BANGLADESH.	
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE			
HEIGHT 172cm	WEIGHT 70kg	BLOOD PRESSURE 130/80 mmHg	PULSE 78b/min
RESPIRATION 19b/min		GENERAL APPEARANCE Good	
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6 WITH GLASSES		HEARING: RT. EAR mw LEFT EAR mw	
COLOR TEST TYPE: BOOK ☒ LANTERN ☐ IS COLOR TEST NORMAL? ☒ YES ☐ NO (If "No" EXPLAIN ON PAGE 2)			
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☐ NO ☒			
HEAD AND NECK Normal		HEART (CARDIOVASCULAR) Normal	
LUNGS Normal		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? Yes	
EXTREMITIES: UPPER Normal LOWER Normal			
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES ☐ NO ☐			
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES ☐ NO ☐ IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2			
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☐			
SIGNATURE OF APPLICANT		DATE OF EXAMINATION 20 MAR 2023	EXPIRY DATE 19 MAR 2025
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.			
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO S M MUSTAFIZUR RAHMAN FIT FOR DUTY ON BOARD SHIP NAME OF APPLICANT (SURNAME, GIVEN NAME(S))			
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☒ NO ☐			
SEAFARER IS FOUND TO BE: ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:			
NAME AND DEGREE OF PHYSICIAN DR. MIR MD RAIHAN MBBS, DFM			
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230			
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DG SHIPPING BANGLADESH			
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06 MAY 2014			
SIGNATURE OF PHYSICIAN		20 MAR 2023 DATE	

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

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



MI-105M

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. 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 seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

- (a) **Hearing**
 - All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).
- (b) **Eyesight**
 - Deck officer applicants must have (either with or without glasses) at least 20/20 (1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
 - Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. 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/Navigation officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (f) **Vaccinations**
 - All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.
- (g) **Diseases or Conditions**
 - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and/or the use of narcotics.
- (h) **Physical Requirements**
 - Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigation officer's certificate.
 - Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form (See RMI MG 7-47-1, §3.3).

20 MAR 2023



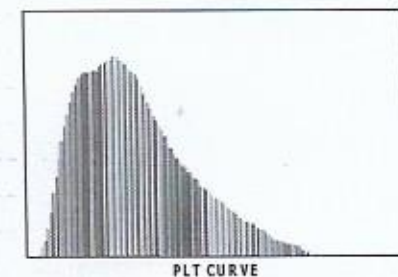
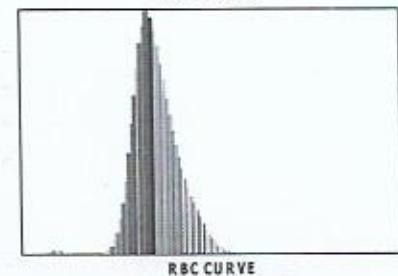
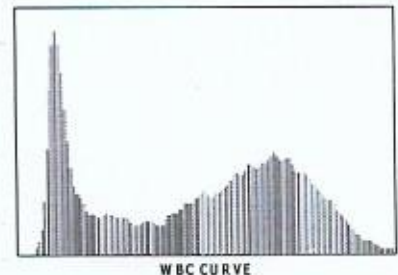
DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth),
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Id No : 0526 **Date** : 20-Mar-2023 **D.Date** : 20-Mar-2023
Patient's Name : S M MUSTAFIZUR RAHMAN **Age** : 47Y 7M 13D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**: C/O/ 3273

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.8 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	73 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	23 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	164 /cumm	50-450/cumm
Total RBC Count	4.76 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.0 %	M: 40-54%, F:37-47%
MCV	84.0 fL	76 - 94 fL
MCH	31.1 pg	27 - 32 pg
MCHC	37.0 g/dL	29 - 34 g/dL
RDW	12.3 %	11 - 16 %
PDW	15.7 fL	35 - 56 fL
Total Platelete Count (PC)	1,99,000 /cumm	150,000-450,000/cumm
MPV	10.2 fL	7.0 - 11.0 fL
PCT	0.203 %	0.1 - 0.6 %
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	DIA23030526	Received Date	20/03/2023
Patient's Name	S M MUSTAFIZUR RAHMAN		
Patient's Age	47Y 7M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/ 3273		
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
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Liver Function Test

Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	182 U/L	98 - 279 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 Technologist
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
M BBS, MD (Microbiology)

Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23030526	Received Date	20/03/2023
Patient's Name	S M MUSTAFIZUR RAHMAN		
Patient's Age	47Y 7M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/ 3273		
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

Checked By

Medical Technologist
Radical Hospitals Ltd.


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

Bill No	DIA23030526	Received Date	20/03/2023
Patient's Name	S M MUSTAFIZUR RAHMAN		
Patient's Age	47Y 7M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/ 3273
Sample	BLOOD		

CHEMICAL TEST

TEST NAME

RESULTS

CARCINOGENIC	NORMAL
ISOCYANATE	NORMAL
VINYL ACETATE	NORMAL
EPICHLOROHYDRIN	NORMAL
PHENOLS CRESOLS	NORMAL

Checked By

Medical Technologist
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor

Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23030526	Received Date	20/03/2023
Patient's Name	S M MUSTAFIZUR RAHMAN		
Patient's Age	47Y 7M 13D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/ 3273		
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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Drug Level of Urine

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Date: 20/03/2023

EYE EXAMINATION REPORT

NAME:	S M MUSTAFIZUR RAHMAN		
AGE:	47 YRS	RANK: MASTER	CDC NO: C/O/3273

VISUAL ACUITY: RIGHT LEFT

UNAIDED

6/6 6/6

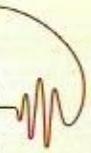
AIDED

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



Patient's Name	: S M MUSTAFIZUR RAHMAN	Date	: 20/03/2023
Age	: 47 Yrs	CDC NO:	C/O/3273
Sex	: Male		
Referred by	: Dr. Mir Md. Raihan - MBBS, (DU), DFM		

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor /Good /very good /excellent
Verbal Reasoning test	Poor /Good /very good /excellent
Inductive reasoning test	Poor /Good /very good /excellent
Diagrammatic Reasoning test	Poor /Good /very good /excellent
Logical Reasoning test.	Poor /Good /very good /excellent
Error checking test	Poor /Good /very good /excellent
2.Skill Test	Poor /Good /very good /excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor /Good /very good /excellent
Assumptions	Poor /Good /very good /excellent
Deductions	Poor /Good /very good /excellent
Interpreting Information's	Poor /Good /very good /excellent
Inferences	Poor /Good /very good /excellent
5.Situational Judgment Test.	Poor /Good /very good /excellent

Poor: <6

Good: 6-7

very good: 7-8

excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

TREADMILLSTRESS TEST

Patient ID	23030526	Test Date	20-03-2023	
Patient Name	S M MUSTAFIZUR RAHMAN	Age	47 Yrs	Sex Male
Attending Dr.	Dr. ROSEYAT PERVEEN			

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 :
Reason for Termina : Attainment of THR.
Test Profile : BRUCE
Symptoms :
Summary Result ⇒ **NEGATIVE**
Comments :

- S M MUSTAFIZUR RAHMAN 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.


Dr. ROSEYAT PERVEEN
 MBBS, MD (Cardiology), NICVD, Dhaka
 Consultant, IBN SINA D-Lab, Uttara, Dhaka

20-03-2023 12:43:16 PM

S. M. Mustache
Male 47 Years
Kahn.

1. $\frac{1}{2}$ of the population
 2. $\frac{1}{4}$ of the population
 3. $\frac{1}{8}$ of the population
 4. $\frac{1}{16}$ of the population
 5. $\frac{1}{32}$ of the population
 6. $\frac{1}{64}$ of the population
 7. $\frac{1}{128}$ of the population
 8. $\frac{1}{256}$ of the population
 9. $\frac{1}{512}$ of the population
 10. $\frac{1}{1024}$ of the population
 11. $\frac{1}{2048}$ of the population
 12. $\frac{1}{4096}$ of the population
 13. $\frac{1}{8192}$ of the population
 14. $\frac{1}{16384}$ of the population
 15. $\frac{1}{32768}$ of the population
 16. $\frac{1}{65536}$ of the population
 17. $\frac{1}{131072}$ of the population
 18. $\frac{1}{262144}$ of the population
 19. $\frac{1}{524288}$ of the population
 20. $\frac{1}{1048576}$ of the population
 21. $\frac{1}{2097152}$ of the population
 22. $\frac{1}{4194304}$ of the population
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 30. $\frac{1}{1073741824}$ of the population
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 43. $\frac{1}{8796093022208}$ of the population
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 51. $\frac{1}{2251799813685248}$ of the population
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 56. $\frac{1}{72057594037927936}$ of the population
 57. $\frac{1}{144115188075855872}$ of the population
 58. $\frac{1}{288230376151711744}$ of the population
 59. $\frac{1}{576460752303423488}$ of the population
 60. $\frac{1}{1152921504606846976}$ of the population
 61. $\frac{1}{2305843009213693952}$ of the population
 62. $\frac{1}{4611686018427387904}$ of the population
 63. $\frac{1}{9223372036854775808}$ of the population
 64. $\frac{1}{18446744073709551616}$ of the population
 65. $\frac{1}{36893488147419103232}$ of the population
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 68. $\frac{1}{295147905179352825856}$ of the population
 69. $\frac{1}{590295810358705651712}$ of the population
 70. $\frac{1}{1180591620717411303424}$ of the population
 71. $\frac{1}{2361183241434822606848}$ of the population
 72. $\frac{1}{4722366482869645213696}$ of the population
 73. $\frac{1}{9444732965739290427392}$ of the population
 74. $\frac{1}{18889465931478580854784}$ of the population
 75. $\frac{1}{37778931862957161709568}$ of the population
 76. $\frac{1}{75557863725914323419136}$ of the population
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 105. $\frac{1}{40564819207303340847894502572032}$ of the population
 106. $\frac{1}{81129638414606681695789005144064}$ of the population
 107. $\frac{1}{162259276829213363391578010288128}$ of the population
 108. $\frac{1}{324518553658426726783156020576256}$ of the population

Sinus rhythm

Normal ECG

UP . 66 66

P : 88 ms

PR : 136 ms

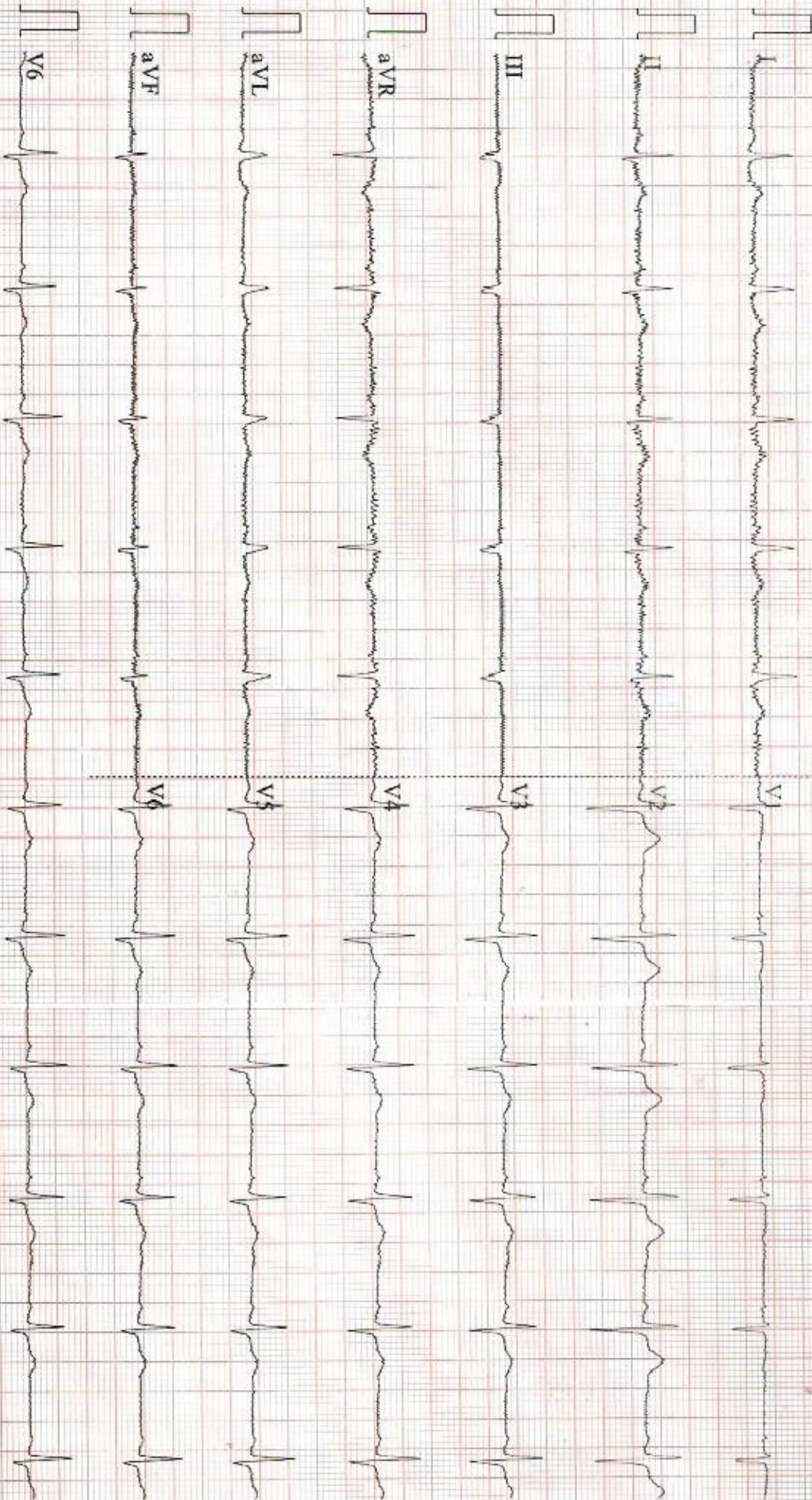
QRS : 98 ms

QT/QTc : 400/420

P/QRS/T : 26/3/26

RV5/SV1 : 0.677/0.54

Report Confirmed by:



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23030526 Receive: Print: 20/03/2023
Patient's Name : S M MUSTAFIZUR RAHMAN
Age : 47 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 66 b/min
Rhythm : Regular
P-Wave : Normal
P-R Interval : Normal
QRS Complex : Normal
ST. Segment : Is electric
T. Wave : Normal

Impression : Findings are within normal limit.


Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1

AUDIOLOGICAL REPORT

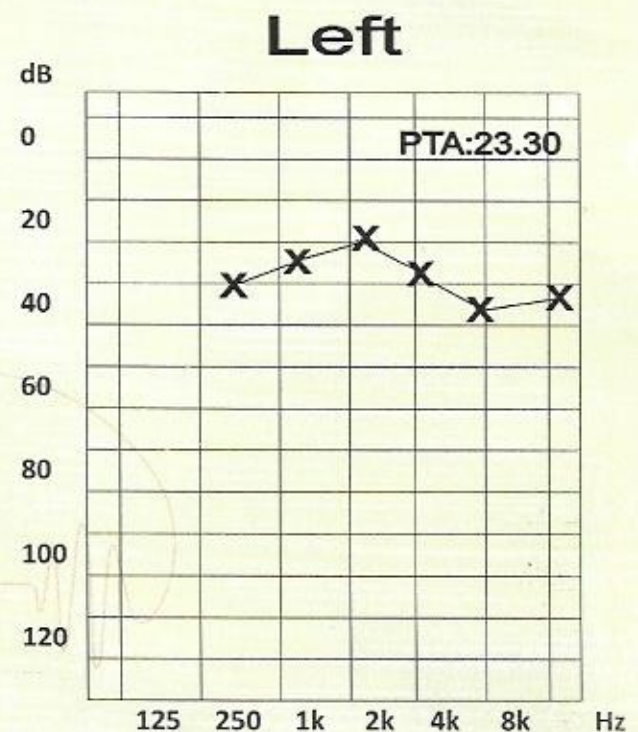
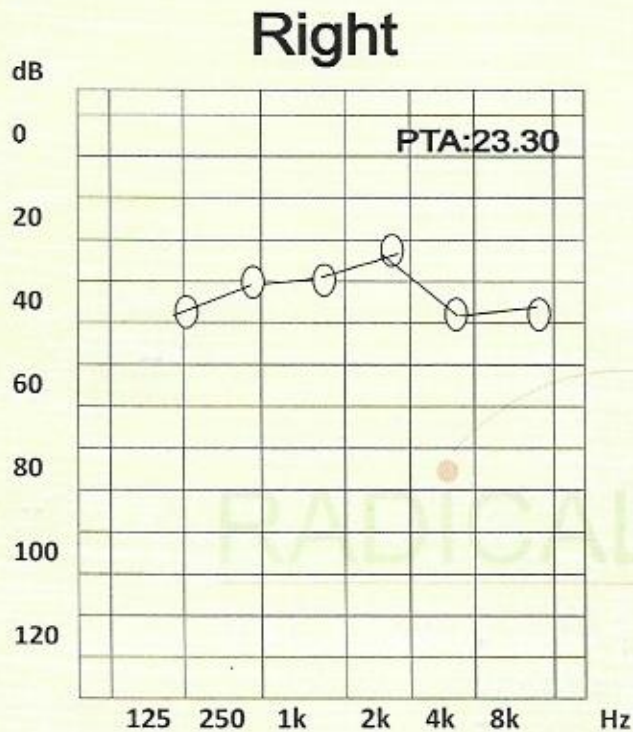
Patient Name : S M MUSTAFIZUR RAHMAN

20/03/2023

Age : 47 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		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

Patient ID	23030526	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	20/03/2023
Patient Name	S M MUSTAFIZUR RAHMAN		
Age	47 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.1cm shape and 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.

CBD & Intrahepatic biliary trees are not dilated. Diameter of CBD is normal.

PANCREASE :- Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

SPLEEN :- Is normal in size and shape uniform in echo-texture.

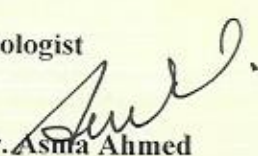
BOTH KIDNEYS :- Are normal in size. RK-8.9cm, LK-9.2cm The cortical echogenicity are normal with clear cortico-medullary differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

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

Prostate: Normal size regular in shape. Echogenicity is homogenous.

COMMENT: Normal Study.

Sonologist


Dr. Asma Ahmed
 MBBS,CMU,DMU
 PGT(Gynae & obs)
 Advanced Training in TVS

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23030526	Receive: 20/03/2023	Print: 20/03/2023
Patient's Name	: S M MUSTAFIZUR RAHMAN		
Age	: 47 Yrs	Sex	: M
Refd. by	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.



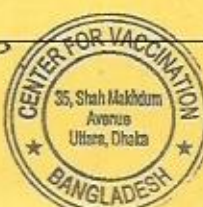
Prof. Dr. Md. Mojibor Rahman
 MBBS, DMRD (Radiology & Imaging)
 Head of the Department (Radiology & Imaging)
 Sylhet Women's Medical College Hospital

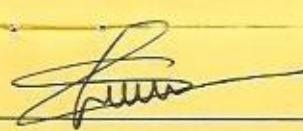
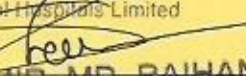
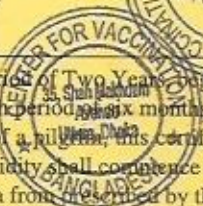
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICATE INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

This is to certify that S M MUSTAFIZUR RAHMAN date of birth 01.01.76 Sex MALE
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against Cholera
a etc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cechet d'authentification
07 AUG 2020	 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.	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

19 JUL 2021 20 MAR 2023	 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	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
	 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	 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 case of a revaccination such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render it invalid. La validite de ce certificate couvre une periode de six mois commençant six Jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette periode de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partiques a sept jours d'intervalle et sa validite commence le jour de la seconde injection.

De cachet d'authentification doit etre conforme au modele present per l'administration sanitaire du territoire ou la vaccination est effectuee.

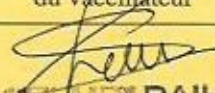
Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validite.

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

This is to certify that SM MUSTAFIZUR RAHMAN date of birth 01.01.76 Sex MALE
JE Soussigne (e) certifie que } no (e) le } sexe }

Whose signature follows }
dont la signature suit }

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' te' vaccine (e) ou revaccine' (e) contre le fièvre jaune a la date indiquée.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nume'ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
07 AUG 2020	 DR. M. A. D. RAIHAN MBBS (DU), DPM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC- BGD- 016 DG Shipping Bangladesh Approved General Physician Radisson Hospitals Limited		
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and 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 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 practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

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

Ce certificat n'est valable que si le vaccin employé a été approuvé par l'Organisation Mondiale de la Santé et si le centre de vaccination a été habilité par l'administration sanitaire du territoire dans lequel ce centre est situé.

La validité de ce certificat couvre une période de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination au cours de cette période de dix ans, le jour de cette revaccination.

Ce certificat doit être signé par un médecin de sa propre main, son cachet officiel ne pouvant être considéré comme tenant lieu de signature.

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