#### 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. TEL: +88027920116, +88 01955567000. EMAIL: radical\_hospitals@yahoo.com RAHMAN MD MOSHIUR Sex: M Serial No: Middle Initial C/0/9171 PP/CDC: 071 1995 Date of Birth: E/CADET Rank: Vessel: MU LUCKY GRACE Type: General Cargo Route: WORLD WIDE TITERCHALA, ACHIM-2216, FULBARIA MYMENSINGH . Company Name Medical History Please answer the following to the best of your knowledge. Candidate Examiner Candidate Examiner Is there any past / present history of any of Declaration Record Declaration Record the following Yes No Yes No Yes No Yes No Severe one-sided headaches (Migraine) Hemia / Hydrocoele / Appendicitis Head Injury / Concussion / Loss of Memmory High / Low blood pressure / Heart disease Fits / Epilepsy / Dizziness / Fainting Asthama / Bronchitis / Tuberculosis Eye / Vision Problems (Glasses, etc. Allergy / Skin disease Hearing Impairment Infection / Contagious Disease Ear / Nose / Throat problems Addication to alcohol / drugs / tobacco Stomach / Bowel disorders Fracture / Dislocation / Injury / Amputation Gall stones / Kidney disorders Major / Minor Operation Jaundice / Liver Disease n Diabetes Piles / Varicose veins Nervous / Mental disease / Sleep disorder Blood Disorder Mallignant disease ( Cancer) Female Disorder Signed off on medical grounds / Declared Unit Notes **Medical Examination** Condition 43-41 20/80 m Distant Vision Field of Vision Corrected 1000 | 2000 Audiometry 4000 5000 | 6000 | 8000 Right Eye Norma Right Far Left Eye Abnormal 20 Left Far Normal Right Ear Abnormal Left ear Colour Vision Hearing Normal Abnormal Systemic Examination Notes Normal Abnormal Normal Abnormal Head & Neck Respiratory system Eyes FIT FOR SEA SERVICE Cardiovascular system Ears / Nose / Throat Per Abdomen Teeth / Oral Cavity AS E KADET Genito-urinary system Musculo-Skeletal system Others AS PÉR MLC 2006 Nervous system Hernia / Hydrocoele Reflexes Varicose Veins phanced GARD Medicals done Skin Fissure/Fistula/Piles Result Normal Urine 14-16 gm % Colour qm% 4000-11000 / cu.mm Specific Gravity 300 cu.mm 02 pH Albumin

Investigations Blood Hemoglobin Total WBC count Ba 00 % Mg 00000 ir 1--15 mm/hr Neu Malarial parasite mm / 1st hour Sugar 3 U/L 9--43 U/L Bile pigment S.Cholesterol 145-260 mg / dl 左 mg/dl Bile salt S.Triglycerides mg/dl upto 200 mg/dl Occult blood Blood Sugar upto 125 mg % RBC cells HbsAd Leucocytes HIV I & II Others Spirometry: Others GGTP U/L Blood Group RADICAL Drugs of

Permanently unfit

X-Ray Chest: Nunma Result of Medical Examination

mound

On the basis of the examinee's history, clinical examination and diagnostic tests, Fit

Temporarily unfit

TMT:

Should be re-examined in

Abuse:

USG:

I,Dr. MIR MD Raihan , hereby declare the examinee medically

days / weeks / months.

MD

HOSPITALS

Remarks Recommendations

ECG:

II, Occor's Name: DR.MIR MD. RATHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 0 Z MAR 2025

Candidate's Signature Mm

Date: 03/03/2023



(DU), DFM, CCD (Birdem), PG7 BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved

Doctor's signature:

General Physician Radical Hospitals Limited

04.2023.3487



#### 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.

Seafarer's Name :(Last, first, middle	e) RAHMAN MD	MOSHUR	Gender: Male/Female*
Date of Birth: (Day/month/year) 07/11/1995	Nationality: BAN GLADES H	Place of Birth: MYMEN	USINGH.

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	V	Ye
2	Hearing meets the standards in STCW Code Section A-I/9?	1	1
3	Unaided hearing satisfactory?		-
4	Visual acuity meets the standards in STCW Code Section A-I/9?	/	
5	Colour vision meets the standards in STCW Code Section A-I/9?		
	Date of last colour vision test: 0 3 MAR 2023	- Marian	ill es
6	Fit for look-out duty?		1
7	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?	_	1,7
8	No limitations or restrictions on fitness?	-	
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year) 0 3 MAR	2023	
10	Expiry of certificate: (day/month/year)  ** Maximum two years from date of examplination unless the seafarer is under the age of 18  0.2 MAR 20	125	

0 3 MAR 2023

Date Signature of Authorised Medical Practitioner DR. MIR. MD. RAIHAN
MBBS (DB), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Ragical 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.

Mmn\_\_\_\_\_ Signature of Seafarer







# MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION



#### RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

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

Seafarer's Name :(Last, first, middle) RAH (BLOCK CAPITALS)	IMAN MD MOSHI	UR	Gender: Male/Female*
Date of Birth: day/month/year の子/ II / 1995	Place of Birth:  MYMENSINGH  Dept: Deck / Engine / Catering / others  Rank: ENGINE CADET		GLADESH :
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: EB 02832 11			Type of ship: GENERAL CARG
Home Address: TITER CHALA, ACHIM, FULBARIA, MYMEN SINGH.	Routine and emergency du	uties:	Trading area: e.g. coastal / worldwide ผ.ช.

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

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

and the state of t	Yes	No		Yes	No
Eye/vision problem		/	18. Sleep problem		-
2. High blood pressure		/	19. Do you smoke, use alcohol or drugs?		-
<ol><li>Heart/vascular disease</li></ol>		/	20. Operation/surgery		-
4. Heart Surgery			-21. Epilesy/seizures	1100	-
5. Varicose veins/piles		1	22. Dizziness/fainting	4	ت
6. Asthma/bronchitis			23. Loss of consciousness		-
7. Blood disorder			24. Psychiatric problems		_
8. Diabetes			25. Depression	i e ii	-
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		1.20
15. Hernia			32. Back or joint problem		
16. Genital disorder		1	33. Amputation		
17. Pregnancy			34. Fracture/dislocations		1

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



Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		9
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?	7.550	1
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?		-
42. Are you using 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.

Signature of Seafarer

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

Dr. MIR MD. RAIHAV.

03/03/2023

Signature of Seafarer

MIR. MD. RAIHAN MB8S (DU), DFM, CCD (Blotem), PGT (Ophth), BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

Name and Signature of Witness



#### Part B - Result of medical examinations Eyesight Use of glasses or contact lenses 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 10 Left ear 20 20 Speech and whisper test (metres) Normal Whisper Right ear Left ear Clinical Findings Height Weight (kg) (cm) Pulse rate (per minute) Rhythm Blood Pressure Systolic (mm Hg) Diastolic (mm Hg) Urinalysis: Glucose: Protein: Ni Blood: **Abnormal** Normal Head Sinus, nose, throat Mouth/teeth

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Ears (general)  Tympanic membrane  Eyes  Ophthalmoscopy  Pupils  Eye movement  Lungs and chest  Breast examination  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			
Eyes Ophthalmoscopy Pupils Eye movement Lungs and chest Breast examination 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			
Ophthalmoscopy Pupils Eye movement Lungs and chest Breast examination 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			
Eye movement Lungs and chest Breast examination 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			
Eye movement Lungs and chest Breast examination 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			
Lungs and chest Breast examination 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			
Breast examination 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			
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			
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			
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			
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			
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			
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			
Anus (not rectal exam) G-U system Upper and lower extremities Spine (C/s, T/S, L/S) Neurologic (full/brief) Psychiatric General appearance			
G-U system Upper and lower extremities Spine (C/s, T/S, L/S) Neurologic (full/brief) Psychiatric General appearance			
Upper and lower extremities Spine (C/s, T/S, L/S) Neurologic (full/brief) Psychiatric General appearance			
Spine (C/s, T/S, L/S) Neurologic (full/brief) Psychiatric General appearance			
Neurologic (full/brief) Psychiatric General appearance			
Psychiatric General appearance			2
General appearance			
hest X-ray			1 - 90
ther diagnostic test(s) and result(s):	. Norm	el.	J .
Resu	tsz. v. O i Cur = a	<i>a</i> ,	
Medical practitioner's comments and assessment of	fitness, with reason	ns for any limitation	ns.
FIT FOR DUTY ON BOA	RDSHIP		
			44
ssessment of fitness for service at sea (please to	ck)	5	
on the basis of the seafarer's personal declaration, n	,	on and diagnostic t	test
THE PARTY OF THE SCALAFELS DELICHED LECTURE AND IN THE	Levens Bi		_
	y clinical examination	•	
	y clinical examination		
	y clinical examination	·	
Fit for look out duty  Unfit for lookou	y clinical examination	·	
esults recorded above, I declare the seafarer medica	y clinical examination	Ť	
Fit for look out duty  Unfit for lookou	y clinical examination		
Fit for look out duty  Unfit for lookou  Visual aid required  Visual aid not re	y clinical examinationally: duty quired		
Fit for look out duty  Unfit for lookou  Visual aid required  Deck  Engine  Catering  Other	y clinical examinationally: duty quired		
Fit for look out duty  Unfit for lookout  Visual aid required  Deck Service  Service  Service  Lectare the seafarer medical  Unfit for lookout  Visual aid not re  Catering Service Service Service  Service  Service  Service  Service	y clinical examinationally: duty quired		
Fit for look out duty  Visual aid required  Deck  Engine  Catering  Other	y clinical examinationally: duty quired		

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Without rest	rictions Wit	th restrictions	
Description of re	estrictions (e.g. specific	position, type of ship, trading area etc	:.)
3 MAR 2023	9	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Approved	

Date

Signature of Medical Practitioner

Reducin Hospitals Limited

Medical Practitioner's name, licence number, address







Patient's Name: MD MOSHIUR RAHMAN Age: 27Y 3M 24D Gender: Male

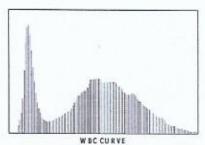
Specimen : Blood

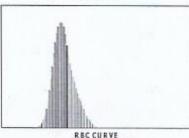
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: C/O/ 9171

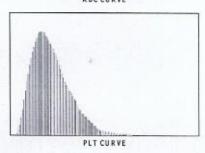
# Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	<b>13.0</b> gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	07 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	10,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		.,
Neutrophils	74 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	22 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	01 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	03 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	309 /cumm	50-450/cumm
Total RBC Count	5.00 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	38.5 %	M: 40-54%, F:37-47%
MCV	77.0 fL	76 - 94 fL
MCH	<b>26.0</b> pg	27 - 32 pg
MCHC	33.8 g/dL	29 - 34 g/dL
RDW	13.9 %	11 - 16 %
PDW	17.3 fL	35 - 56 fl
Total Platelete Count (PC)	3,63,000 /cumm	150,000-450,000/cumm
MPV	7.8 fL	7.0 - 11.0 fL
PCT	0.283 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %







Checked By Medical Coxiologist

Cloting Time(CT)

Dr. Sumaiya Khatun

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

East West Medical College & Hospital.

0.1-0.2 %



Bill No	DIA23030067	Received	Received Date 03/03/2		
Patient's Name	MD MOSHIUR RAHMAN				
Patient's Age	27Y 3M 24D	Patient's Sex		Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(I	BIRDEM),PGT(Eye),DFM	С	DC NO	C/O/ 9171
Sample	BLOOD				

# BIOCHEMISTRY REPORT

Test Name	Result	ReferenceRange
Random Blood Sugar (RBS)	6.0 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	33 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. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital



DIA23030067	3030067 Received Da			2023
MD MOSHIUR RAHMAN				
27Y 3M 24D		Patient's	s Sex	Male
Dr. Mir Md. Raihan MBBS,(DU),CCD(B	IRDEM),PGT(Eye),DFM	1 C	DC NO	C/O/ 9171
BLOOD				
	MD MOSHIUR RAHMAN  27Y 3M 24D  Dr. Mir Md. Raihan MBBS,(DU),CCD(B	MD MOSHIUR RAHMAN  27Y 3M 24D  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	MD MOSHIUR RAHMAN  27Y 3M 24D Patient's  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM C	MD MOSHIUR RAHMAN  27Y 3M 24D Patient's Sex  Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO

# SEROLOGYCAL REPORT

Test Name

Result

HBsAg (Method: (ICT)

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



Bill No	DIA23030067	Received Date 03/03			03/2023	
Patient's Name	MD MOSHIUR RAHMAN					
Patient's Age	27Y 3M 24D	F	atient's	Sex	Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT	(Eye),DFM	С	DC NO	C/O/ 9171	
Sample	URINE	10000 1000				

#### URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

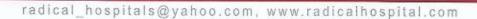
Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology)

Associate Professor Dept. of Microbiology

East West Medical College and Hospital



Test Name



Bill No	DIA23030067	Received Date		2023
Patient's Name	MD MOSHIUR RAHMAN	OSHIUR RAHMAN		
Patient's Age	27Y 3M 24D	Patient's Sex		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PO	GT(Eye),DFM	CDC NO	C/O/ 9171
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 Tochnologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital

# **DEPARTMENT OF RADIOLOGY & IMAGING**

Sex

: M

ID. No. 23030067 Receive: Print: 03/03/2023

Patient's Name MD MOSHIUR RAHMAN

Age 27 YRS

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

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

Rate 93 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

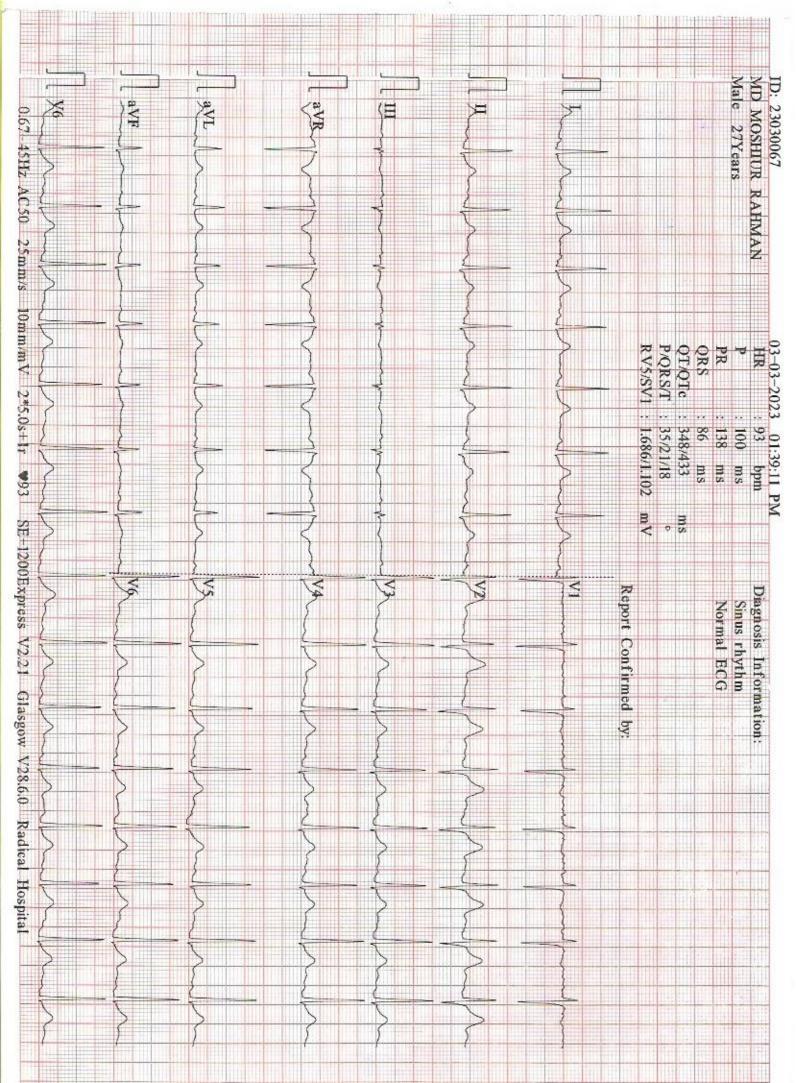
MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1





# **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23030067 Receive:03/03/2023 Print: 03/03/2023

Patient's Name : MD MOSHIUR RAHMAN

Age : 27 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

# INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE' LE CHOLERA

This is to certify That M. M. Je soussigne (e) certifie qus	Shiur Rahmon O.B }	07-Nov-1995 Sex } Male	
whose signature follows dont la signature sult	Mars_		

has on the date Indicated been vaccinated or revaccinated aginst cholera a etc vaccine (e) ou revaccine (e) contre la cholera a la date indiquee.

Date	Signature and Professional status of vaccinator Signature et qualite Prof- exxionnelle du vaccinateur	Approved Stamp Cachet d' authentification		
	Dr. Md. Golam Mostafa M.B.B.S (C.U) Reg No. A-9486 Medical Officer, BSCIC	FOR VACCOUNTS OF STATE OF STAT	ORAL CHOLERA "GUKORAL" Valid Upto 2 Yrs.	



Continued overleaf Suite our erso

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

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JANUE

This is to certify That Md MoSuu. Je soussigne (e) certifie qus	r. Pahmano. BZ 07-	NOV 1995Sex 7 Male
Je soussigne (e) certifie qus	na (e) le ∫	``Sexe∫
whose signature follows } Min	r	

has on the date Indicated been vaccinated or revaccinated aginst cholera a etc vaccine (e) ou revaccine (e) contre la cholera a la date indiquee.

Date	Signature and Professional Status of vaccinator Signature et qualite professionnelle du vaccinateur	Origin and batch No. of vaccine Origin du vaccine employe et numero du lot	Official Stamp of vaccinating centre Cachet official du centre de vaccination
1	Dr. Md. Golam Mostafa M.B.B.S (C.U) Reg No. A-9488 Medical Officer, ESCIC	1313 DAMCAR AND TO NO.	FOR VACCO

16 JUN 2019			
3		-,	
			2

There is no exemption for the requirement of a certificate of vaccination against yellow-fever on account of age.

The Validity of this certificate shall sxtend 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.

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