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

Name: HOSSAIN (Surname) MD (First Name) ANOWAR (Middle Initial) Sex: MALE Serial No:

Date of Birth: 24/05/1993 PP/CDC: A0185562 Rank: 2ND OFFICER

Vessel: JENNY M Type: BULK Route: WORLD WIDE

Home Address: HORINGASI, DAULATPUR, RAFAYETPUR - 7010, KUSHTIA

Company Name: CAMPBEL SHIPPING

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓	Hernia / 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		✓		✓	Addicition 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		✓		✓	Mallignant 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
170cm	72KG	41 cm / 40	120/70mm	78b/min	18b/min	Good

Distant Vision	Unaccepted	Corrected
Right Eye	6/6	
Left Eye	6/6	

Colour Vision		Normal	Abnormal
	Ishihara	✓	
	Other	✓	

Field of Vision	Normal	Abnormal
	✓	

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	20	20	20	20				
Left Ear	dB	20	20	20	20				

Hearing	Normal	Abnormal
Right Ear	✓	
Left ear	✓	

Systemic Examination

	Normal	Abnormal
Head & Neck	✓	
Eyes	✓	
Ears / Nose / Throat	✓	
Teeth / Oral Cavity	✓	
Musculo-Skeletal system	✓	
Nervous system	✓	
Reflexes	✓	
Skin	✓	

Notes

FIT FOR SEA SERVICE
AS 2ND OFF
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	16.4 gm%	14-16 gm %
Total WBC count	7.60 cu.mm	4000-11000 / cu.mm
Neu 66 % Lymp 28 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	mm / 1st hour	1- - 15 mm / hr
SGPT	U/L	9--43 U / L
S.Cholesterol	mg/dl	145--260 mg / dl
S.Triglycerides	mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Negative	
Others		
Blood Group		

Urine	
Colour	Straw
Specific Gravity	Nil
pH	"
Albumin	"
Sugar	"
Bile pigment	"
Bile salts	"
Occult blood	"
RBC cells	"
Leucocytes	
Others	

GGTP U/L

DR. MIR MD. RAIHAN ★ RADICAL HOSPITALS LTD ★ REG. NO. A-55144

ECG : Normal **TMT:** NIE

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

USG: NIE

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically ~~Fit~~ Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, [illegible] 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: 01 MAY 2025

Candidate's Signature

Date: 02-05-2023

Official Stamp: Radical Hospitals Ltd. ★ As Per MLC-2006 ★ Approved by Department of Shipping

Doctor's signature:

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.

02 MAY 2023

04.2023.3854

Annex III: Draft Format of a Seafarer Medical Certificate

SEAFARER MEDICAL CERTIFICATE

(issued under the authority of authorising country details.)

*This Medical Certificate has been issued in accordance with the provisions of the(International Convention on Standards of Training, Certification and Watch-keeping for Seafarers STCW 1978, as amended (STCW) Regulation I/9, Maritime Labour Convention 2006 (MLC 2006) Regulation 1.2 and regulation xxx of the authorising country)*as applicable*

SEAFARER INFORMATION

Surname: HOSSAIN	Given Name (s): MD ANOWAR	
Date of Birth (*dd/mm/yyyy*): 21-05-1993	Nationality: BANGLADESH ID Document no:	Gender: Male/Female
Capacity that the seafarer will serve onboard serve in: 2ND OFFICER Deck: Engineer GMDSS Rating Catering Other		

DECLARATION OF APPROVED** MEDICAL PRACTITIONER

I confirm that identification documents were checked: YES / NO	
Does the seafarers hearing meet medical standards*?	YES / NO
Is unaided hearing satisfactory*?	YES / NO
Vision acuity meets medical standards*?	YES / NO
Colour vision meets standard*?	YES / NO
Date of last colour vision test? (*dd/mm/yyyy*) 02 MAY 2023	
Is the seafarer fit for lookout duties: YES/NO/Not applicable	
Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on board? YES/NO	
Is the seafarer fit for service? YES/ NO	
Are there any limitations or restrictions on fitness? If so specify the limitation. NO.	

Radical Hospitals Ltd. ★ As Per MLC 2006 ★ Approved by Department of Shipping

Contact: stcw@bahamasmaritime.com
mlc@bahamasmaritime.com
+44 20 7562 1300

I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO *Guidelines on the Medical Examinations of Seafarers* and the national guidelines of the authorising Administration.

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

Signature of Approved** Medical Practitioner: 

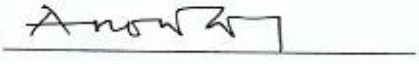
Date of Examination (*dd/mm/yyyy*) : 02 MAY 2023

Stamp/Seal

Expiry date of certificate (*dd/mm/yyyy*): 01 MAY 2025

SEAFARER ACKNOWLEDGEMENT

I *Name of seafarer* confirm that I have been informed of the content of certificate and the right to get a review***.

Signature: 

Date: (*dd/mm/yyyy*) 02 MAY 2023

** For persons who are assigned shipboard safety, security or environmental protection duties, the medical standards referenced on the certificate are the standards as specified in STCW Regulation I/9 and any other standards as specified by the authorizing Administration. For any other persons serving onboard, the medical standards shall be as specified by ILO and the authorizing Administration.*

*** The Medical Practitioner shall be approved by the national Administration, after inspection of medical facilities/recordkeeping, to carry out STCW/ILO medical examination.*

**** The review shall be carried out by a body/Medical Practitioner authorized by national Administration and this information should be made available to the seafarer*

Annex II - Medical Examination Form

CONFIDENTIAL FORM

Pre-sea Exam ☑ Periodic Exam ☐

Name (last, first, middle): HOSSAIN MD ANOWAR

Date of birth (day/month/year): 21 / 05 / 1993 Sex: ☑ male ☐ female

Nationality BANGLADESHI

Home address: KUSHTIA Identity document No.: C1018562

Type of ship (e.g. container, tanker, passenger, fishing): BULK CARRIER

Trade area (e.g., coastal, tropical, worldwide): WORLD WIDE

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions:

	Condition	Yes	No		Condition	Yes	No
1.	Eye/vision problem	☐	☑	18.	Sleeping problems	☐	☑
2.	High blood pressure	☐	☑	19.	Do you smoke?	☐	☑
3.	Heart/vascular disease	☐	☑	20.	Operation/surgery	☐	☑
4.	Heart surgery	☐	☑	21.	Epilepsy/seizures	☐	☑
5.	Varicose veins	☐	☑	22.	Dizziness/fainting	☐	☑
6.	Asthma/bronchitis	☐	☑	23.	Loss of consciousness	☐	☑
7.	Blood disorder	☐	☑	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/nose/throat problems	☐	☑

Contact: stcw@bahamasmaritime.com mlc@bahamasmaritime.com +44 20 7562 1300

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14.	Infectious/contagious diseases	☐	☑	31. Restricted mobility	☐ ☑
15.	Hernia	☐	☑	32. Back problems	☐ ☑
16.	Genital disorders	☐	☑	33. Amputation	☐ ☑
17.	Pregnancy	☐ N/A		34. Fractures/dislocations	☐ ☑

If any of the above questions were answered "yes," please give details.

Additional questions

		Yes	No
35.	Have you ever been signed off as sick or repatriated from a ship?	☐	☑
36.	Have you ever been hospitalized?	☐	☑
37.	Have you ever been declared unfit for sea duty?	☐	☑
38.	Has your medical certificate ever been restricted or revoked?	☐	☑
39.	Are you aware that you have any medical problems, diseases or illnesses?	☐	☑
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☑	☐
41.	Are you allergic to any medications?	☐	☐

Comments.

FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription or prescription medications? ☐ ☑

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If yes, please list the medications taken and the purpose(s) and dosage(s).

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

Signature of examinee: _____ Date (day/month/year): 02 MAY 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* 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.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _ (the approved medical practitioner carrying out the medical examinations).

Signature of examinee: _____ Date (day/month/year): 02 MAY 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)* DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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Medical examination

☑ Pre-sea ☐ Periodic ☐ Other

Sight

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	✓			
Near	N5	N5	✓			

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Color vision: ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Unaided	Aided	Normal	Defective

Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	20	20	20			
Left ear	20	20	20			

Speech and whisper test (metres)

	Normal	Whisper
Right ear	✓	✓
Left ear	✓	✓

Height: 170 (cm) Weight: 72 (kg)

Pulse rate: 78 (/minute) Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 70 (mm Hg)

Contact: stcw@bahamasmaritime.com mlc@bahamasmaritime.com +44 20 7562 1300

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Urinalysis: Glucose: Nil Protein: Nil

	Normal	Abnormal		Normal	Abnormal
Head	☑	☐	Skin	☑	☐
Sinuses, nose, throat	☑	☐	Varicose veins	☑	☐
Mouth/teeth	☑	☐	Vascular (inc. pedal pulses)	☑	☐
Ears (general)	☑	☐	Abdomen and viscera	☑	☐
Tympanic membrane	☑	☐	Hernia	☑	☐
Eyes	☑	☐	Anus (not rectal exam.)	☑	☐
Opthalmoscopy	☑	☐	G-U system	☑	☐
Pupils	☑	☐	Upper and lower extremities	☑	☐
Eye movement	☑	☐	Spine (C/S, T/S and L/S)	☑	☐
Lungs and chest	☑	☐	Neurologic (full brief)	☑	☐
Breast examination	N/A	☐	Psychiatric	☑	☐
Heart	☑	☐	General appearance	☑	☐

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 02 / MAY / 2023

Results: Normal CXR

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Contact: stcw@bahamasmaritime.com mlc@bahamasmaritime.com +44 20 7562 1300

Other diagnostic test(s) and result(s):

Test Blood Urine *Result* Normal.

Medical practitioner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: ☑ 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:

☑ Fit for look-out duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☑	☐	☐	☐
Unfit	☐	☐	☐	☐

Without restrictions ☑ With restrictions ☐

Describe restrictions (e.g., specific positions, type of ship, trade area)

Contact: stcw@bahamasmaritime.com mlc@bahamasmaritime.com +44 20 7562 1300

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Action taken by medical examiner (e.g., referral): _____

Place of examination: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh

Date of examination (day/month/year): 02 / MAY / 2023

Medical certificate's date of expiration (day/month/year): 01 / MAY / 2025

Official stamp: Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

Signature of medical practitioner: _____

Name of medical practitioner: *(Typed or printed)* 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

Authorized by: DG SHIPPING BANGLADESH

Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

Contact: stcw@bahamasmaritime.com
mlc@bahamasmaritime.com
+44 20 7562 1300

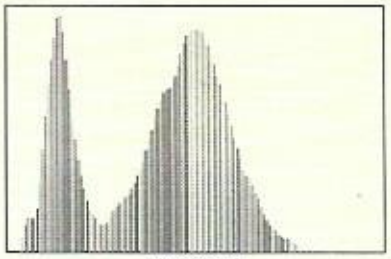
RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

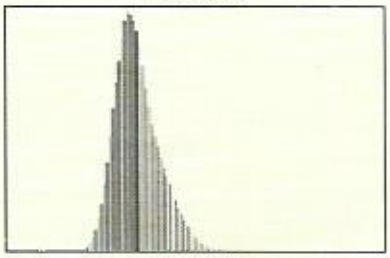
Id No	: 0054	**Date :** 02-May-2023	**D.Date :**	02-May-2023
Patient's Name :	MD ANOWAR HOSSAIN	**Age :** 29Y 11M 11D	**Gender:**	Male
Specimen	: Blood			
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8562			

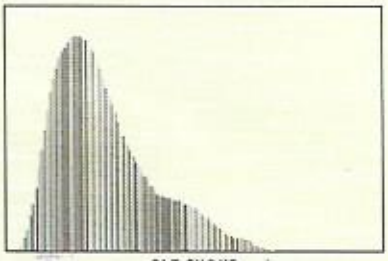
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**16.4** 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)	**7,100** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**66** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**28** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**04** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**142** /cumm	50-450/cumm
Total RBC Count	**4.93** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**40.7** %	M: 40-54%, F:37-47%
MCV	**82.6** fL	76 - 94 fL
MCH	**33.3** pg	27 - 32 pg
MCHC	**40.3** g/dL	29 - 34 g/dL
RDW	**12.9** %	11 - 16 %
PDW	**14.9** fL	35 - 56 fl
Total Platelete Count (PC)	**2,07,000** /cumm	150,000-450,000/cumm
MPV	**9.2** fL	7.0 - 11.0 fL
PCT	**0.190** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %


WBC CURVE


RBC CURVE


PLT CURVE

Checked By
Medical Technologist

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23050054	Received Date	02/05/2023
Patient's Name	MD ANOWAR HOSSAIN		
Patient's Age	29Y 11M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8562
Sample	**BLOOD**		

SEROLOGYCAL REPORT

HIV 1 & 2 (Method : (ICT)	Negative
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

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23050054	Received Date	02/05/2023
Patient's Name	MD ANOWAR HOSSAIN		
Patient's Age	29Y 11M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8562
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

Bill No	DIA23050054	Received Date	02/05/2023
Patient's Name	MD ANOWAR HOSSAIN		
Patient's Age	29Y 11M 11D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8562
Sample	urine		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
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 Technologis
Radical Hospitals Ltd.

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

RADICAL HOSPITAL LIMITED
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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23050054	Receive: Print: 02/05/2023		
Patient's Name	:	**MD ANOWAR HOSSAIN**			
Age	:	30 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	96 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

ID: 589 02-05-2023 07:10:23 PM

Md. Anowar Hossain

Male 30 Years

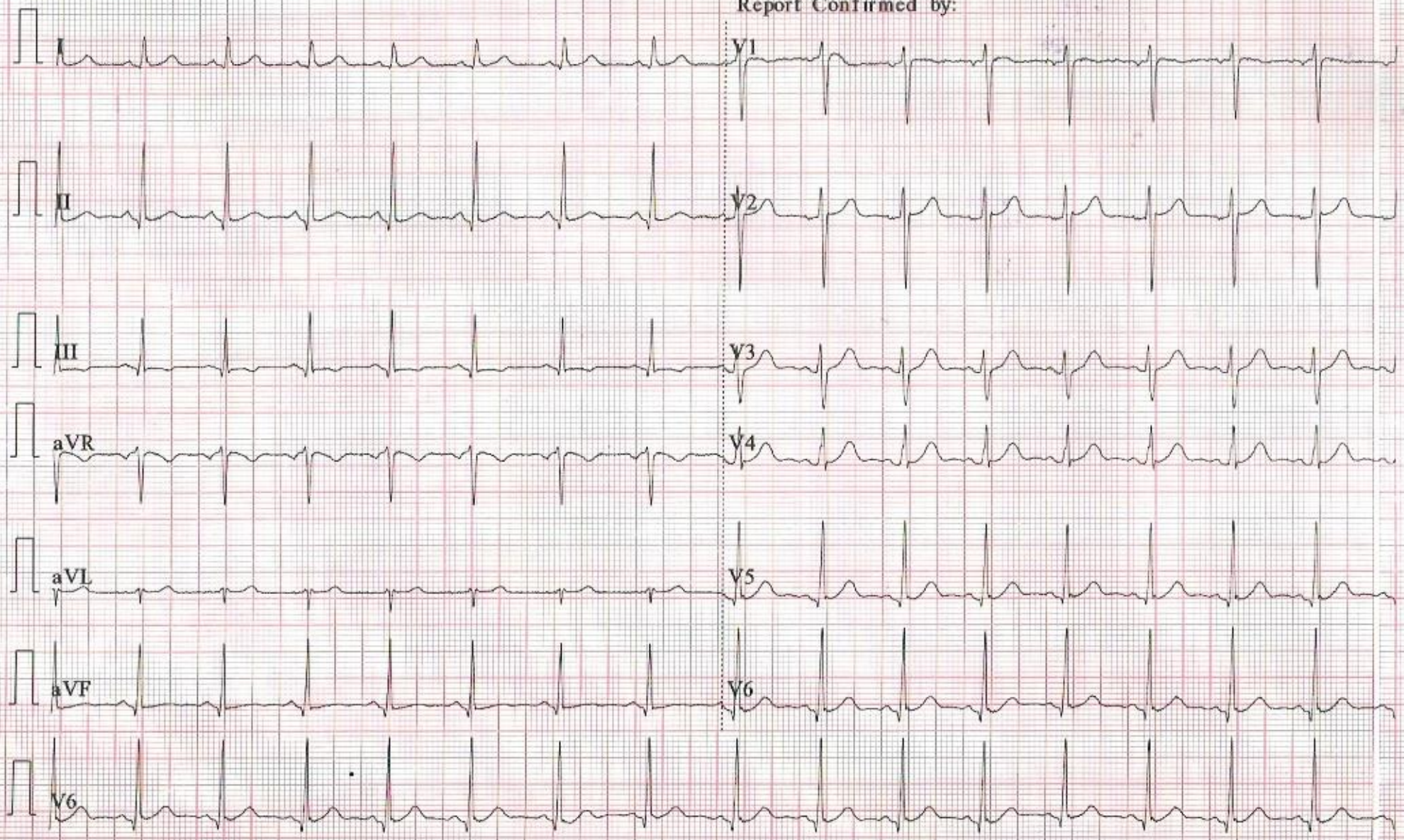
HR	: 96	bpm
P	: 88	ms
PR	: 112	ms
QRS	: 90	ms
QT/QTc	: 340/430	ms
P/QRS/T	: 59/69/25	°
RV5/SV1	: 1.416/1.137	mV

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~45Hz AC50 25mm/s 10mm/mV 2*5.0s+1r ♥96 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23050054	Receive:02/05/2023	Print: 02/05/2023
Patient's Name	:	**MD ANOWAR HOSSAIN**		
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 : 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

Name : Md. Anowar Hossain

This is to certify that whose signature follows } Date of birth 21-03-1993 Sex M

Anowar

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
1 07 AUG 2022	DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-31820	CENTER FOR VACCINATION 74 SHAHID ROAD AGRABAD CTG BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.
2 02 MAY 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.	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
3		3 4
4		
5		5 6
6		
7		7 8
8		

Continued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that } *Name :* Md. Anowar Hossain
whose signature follows } *Date of birth* 21-03-1993. *Sex* M

Anowar

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

Date	*Signature and Professional status of vaccinator*	*Origin and batch no of Vaccine*	*Official stamp of vaccination centre*
1 07 AUG 2022	DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820	YELLOW-FEVER VACCINE NO 1313	1 2 CENTER FOR VACCINATION BANGLADESH
2			
3			3 4
4			

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 cerfificate, or ensure, of failure to complete any part of it may render it invalid.