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: RAKIB MD KARIMUL HAQUE Sex: M Serial No:
(Surname / First Name / Middle Initial)

Date of Birth: 17 / 07 / 1992 PP/CDC: C1017101 Rank: GAS ENGR

Vessel: LNG/C GLOBAL STAR Type: LNG/C Route:

Home Address: SOYADHANGORA, KAZIPUR ROAD. SIRAJGANG.

Company Name : NAKILAT SHIPPING QATAR LIMITED.

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
Severe one-sided headaches (Migraine)		✓		
Head Injury / Concussion / Loss of Memmory		✓		
Fits / Epilepsy / Dizziness / Fainting		✓		
Eye / Vision Problems (Glasses, etc)		✓		
Hearing Impairment		✓		
Ear /Nose / Throat problems		✓		
Stomach / Bowel disorders		✓		
Gall stones / Kidney disorders		✓		
Jaundice / Liver Disease		✓		
Piles / Varicose veins		✓		
Blood Disorder		✓		
Female Disorder		✓		
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		
High / Low blood pressure / Heart disease		✓		
Asthama / Bronchitis / Tuberculosis		✓		
Allergy / Skin disease		✓		
Infection / Contagious Disease		✓		
Addicition to alcohol / drugs / tobacco		✓		
Fracture / Dislocation / Injury / Amputation		✓		
Major / Minor Operation		✓		
Diabetes		✓		
Nervous / Mental disease / Sleep disorder		✓		
Mallignant disease (Cancer)		✓		
Signed off on medical grounds / Declared Unfit		✓		

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
170 cms	78 kg	43-41 cms	120/80 mm Hg	78 b/m.	19 b/m	Good

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

Colour Vision		Normal	Abnormal
Ishihara		✓	
Other		Normal	Abnormal

Field of Vision: Normal / Abnormal

Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Ear	dB	25	20	20					
Left Ear	dB	25	20	20					

Hearing: Right Ear: 4 Left ear: 4

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
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	15.1 gm%	14-16 gm %
Total WBC count	7200 cu.mm	4000-11000 / cu.mm
Neu 50 % Lymp 46 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	09 mm / 1st hour	1- - 15 mm / hr
SGPT	26 U/L	9--43 U / L
S.Cholesterol	NIE mg/dl	145--260 mg / dl
S.Triglycerides	NIE mg/dl	upto 200 mg /dl
Blood Sugar	RBS Negative PPBS Negative	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Non Reactive	
Others		
Blood Group		GGTP U/L

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

ECG : Normal **TMT:** N/D

X-Ray Chest: Normal

Spirometry: N/D

Drugs of Abuse: Negative

USG: Normal

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, Doctor's Name: DR.MIR MD. RAIHAN 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: 27 MAY 2025

Candidate's Signature

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-RGH-848
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Date: 28 MAY 2023

04.2023.4078

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME: RAKIB	GIVEN NAME(S): MD KARIMUL HAQUE
DATE OF BIRTH: 07 (MONTH) 17 (DAY) 1992 (YEAR)	PLACE OF BIRTH: CITY SIRAJGANJ, BANGLADESH (COUNTRY)
SEX: ☑ MALE ☐ FEMALE	
EXAMINATION FOR DUTY AS: ☐ MASTER ☐ DECK OFFICER ☑ ENGINEERING OFFICER ☐ RADIO OFFICER ☐ RATING	MAILING ADDRESS OF APPLICANT: SOYADHANGORA, KAZIPUR ROAD, SIRAJGANJ-6700.

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
170 CM	78 KG	120/80 mm/g	78 b/min	19 b/min	Good

VISION: RIGHT EYE / LEFT EYE
WITHOUT GLASSES: 6/6 / 6/6
WITH GLASSES: /

HEARING: RT. EAR: Normal LEFT EAR: Normal

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	EXPIRY DATE
	28 MAY 2023	27 MAY 2025

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: RAKIB MD KARIMUL HAQUE
NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

FIT FOR DUTY ON BOARD SHIP

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: _____ DATE: 28 MAY 2023

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 (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Radical Hospitals Ltd. ★ ASIPER-MLC-2006 ★ Approved by Department of Shipping

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/Navigational 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/navigational 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).

28 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

GLOBAL OCEAN SHIPPING SERVICES LTD.

GOSSL	Revision No:	00
	Issue Date:	18.03.2018
	Page	Page 1 of 3
Crew Manning Agency Quality Manual (FORM)		GOSSL-F-12

Part A. APPLICANT'S PARTICULARS

Name in Full (as in Passport, BLOCK LETTERS): MD KARINUL HAQUE RAKIB					
Address: SOYADHANGORA, KAZIPUR ROAD, SIRAJGANJ-6700					Tel No;
Passport No B 00010515	Date of Birth 17-07-1992	Country of Birth BANGLADESH	Nationality BANGLADESHI	Sex: Male/Female	Dept: Deck/Engine Rank:

PART B. APPLICANTS DECLARATION (Please tick)

1. Have you Ever had	yes	No	If Yes give description
a. Occasions to be admitted to hospital for whatever reason at all in the past?		✓	
b. an Operation?		✓	
c. an accident needing hospital treatment?		✓	
d. Tuberculosis or abnormal chest X-ray?		✓	
e. sexually transmitted disease? (e.g. Syphilis, gonorrhea, aids,etc)		✓	
f. mental ill ness like depression,schizophrenia, other psychosis or neurosis?		✓	
g. convulsions, fits or epilepsy?		✓	
h. ear or hearing problem?		✓	
i. high blood pressure?		✓	
j. chest pain at rest or on exertion, or other heart trouble?		✓	
k. asthma or wheezing attacks, or pneumothrox (air in the chest)?		✓	
l. stomach/duodenal ulcer,'gastric', blood in the vomit or stool?		✓	
m. kidney disease or problem passing urine?		✓	
n. pain in the spine ,back or any joint?		✓	
o. occasion to wear contact lens or glass?		✓	
p. allergic reactions to food or drugs etc?		✓	
q. diabetics or sugar in the urine?		✓	
2. Social habits- Do you take alcohol, drug or smoke?		✓	
3. Has any member of your family or relative ever had mental illness,epilepsy,blood disorder,diabetics, tuberculosis, heart trouble or any other disorder?		✓	
4.Have you had any medical attention (e.g. consulted a doctor for anything at all during the last 12 months?		✓	
5. Do you have a medical or other condition not already mentioned above?		✓	

I declare that the information given above is correct to the best of my knowledge. I consent to the examining doctor to endorse my medical information on the Medical fitness certificate.(To be signed only in the presence of the examining doctor.)

Date 28-05-2023

Signature of the Applicant

PART B. RESULTS OF EXAMINATION:

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

1.Height/Weight	170	meters	78	Kilos			
2.Hearing		NAD			Right	Left	
3. Eyesight (with out aids)	NAD	Right	6/6	Left	6/6		
Eyesight (with aids)		Right		Left			Colour vision
4. Urinalysis		Microscopy		Sugar	NIL		Albumin NIL
5. Full Blood count	15.1	Hb	7200	WBC	217000		Pltelts
6. VDRL		Negative		Positive			
7. Chest X-ray (last X-ray within 2 months)		Normal		Abnormal			
8. Electrodiagram (ECG) (EDG)		Normal		Abnormal			
9.Pulse		Per min	78/-				
10. Blood Pressure		mmHg	120/80 mm.				
11. cardiovascular system		Normal		Abnormal	If abnormal give details		
12. Respiratory system		Normal		Abnormal	If abnormal give details		
13. central nervous system		Normal		Abnormal	If abnormal give details		
14.Digestive system		Normal		Abnormal	If abnormal give details		
15.Gastrointestinal system (e.g.hernia)		Normal		Abnormal	If abnormal give details		
16. Locomotor system (e.g Spine and limbs)		Normal		Abnormal	If abnormal give details		
17.Intelligence, mental state		Normal		Abnormal	If abnormal give details		
18.Physique- Deformities		Normal		Abnormal	If abnormal give details		
19. Skin (including varicosities)		Normal		Abnormal	If abnormal give details		
20. Urogenital system (e.g hydrocoele)		Normal		Abnormal	If abnormal give details		
21. Endocrine system(e.g. Thyroid)		Normal		Abnormal	If abnormal give details		
22. Mouth/teeth		Normal		Abnormal	If abnormal give details		
23. Ears/nose/Throat		Normal		Abnormal	If abnormal give details		
24.Eyes		Normal		Abnormal	If abnormal give details		

C. DOCTOR'S REMARKS:

FIT/UNFIT subject to the following restrictions

Date: 28 MAY 2023

Signature of the 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

PART C: **Medical Fitness certificate:**

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

MEDICAL FITNESS CERTIFICATE

NAME IN FULL: MD KARIMUL HAQUE RAKIB

SEAMAN BOOK NO/PP NO. C/0171011B0001051S

I certify that have examined the person named above to the Medical Standards of the .....
And have found * him/her *FIT/UNFIT.

Remarks If any:

.....

.....

Signature And Name of Approved Medical Practitioner

Date of Examination 28 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

Registered Number: .....

Official Stamp:

- Delete as appropriate

This Certificate Has been issued in accordance with following:

- STCW95/2010 Regulation A-I/9 - Medical Status – Issue and Registration of Certificates, and Section – B-I/9 Paragraph 11 "Notwithstanding this position, the Administration may require higher standards then those given in table – B- I/9 -1 or – B- I/9-2 below"
- ILO/WHO/A. 2/1997- Guidelines for the medical fitness review of seafarers previous. to embankment and periodic , of the international Labour Organization (ILO) and the World Health Organization (WHO)

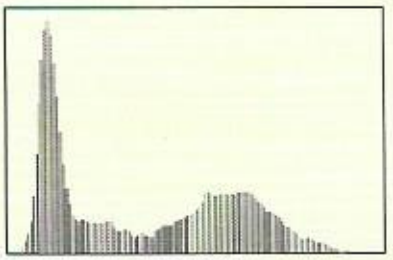
Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

Id No : 0874	**Date** : 28-May-2023	**D.Date** : 28-May-2023
Patient's Name : MD KARIMUL HAQUE RAKIB	**Age** : 30Y 0M 0D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7101

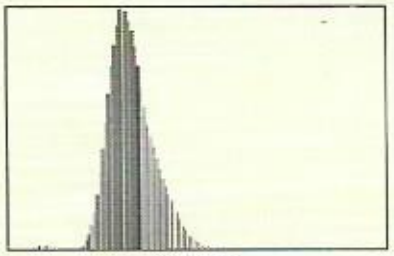
Haematology Report

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

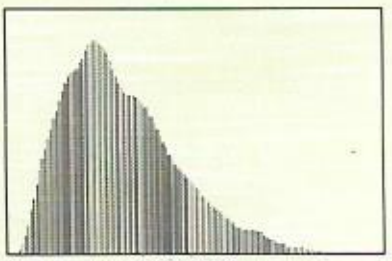
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.1** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**09** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**7,200** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**50** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**46** %	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	**144** /cumm	50-450/cumm
Total RBC Count	**5.26** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**40.9** %	M: 40-54%, F:37-47%
MCV	**77.8** fL	76 - 94 fL
MCH	**29.5** pg	27 - 32 pg
MCHC	**37.9** g/dL	29 - 34 g/dL
RDW	**13.9** %	11 - 16 %
PDW	**16.0** fL	35 - 56 fl
Total Platelete Count (PC)	**2,17,000** /cumm	150,000-450,000/cumm
MPV	**10.5** fL	7.0 - 11.0 fL
PCT	**0.210** %	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	DIA23050874	Received Date	28/05/2023
Patient's Name	MD KARIMUL HAQUE RAKIB		
Patient's Age	30Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7101
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	26 U/L	Up to 40 U/L
Serum Alkaline Phosphatase	132 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 Technologis
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

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Sample	BLOOD		

SEROLOGYCAL REPORT

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

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RADICAL HOSPITAL LIMITED

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7101
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.

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7101
Sample	Urine		

URINE EXAMINATION

Test Name		Result
Urinary Phenol	:	Negative
Urinary Benzene	:	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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23050874	Receive: Print: 28/05/2023		
Patient's Name	:	**MD KARIMUL HAQUE RAKIB**			
Age	:	30 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	89 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: 23074

28-05-2023 16:35:01

Md. Kamrul Hasan Rakib

Male 30, Years

HR	: 89	bpm	
P	: 104	ms	
PR	: 166	ms	
QRS	: 94	ms	
QT/QTc	: 338/412	ms	
P/QRS/T	: 50/37/3	°	
RV5/SV1	: 0.990/0.966	mV	

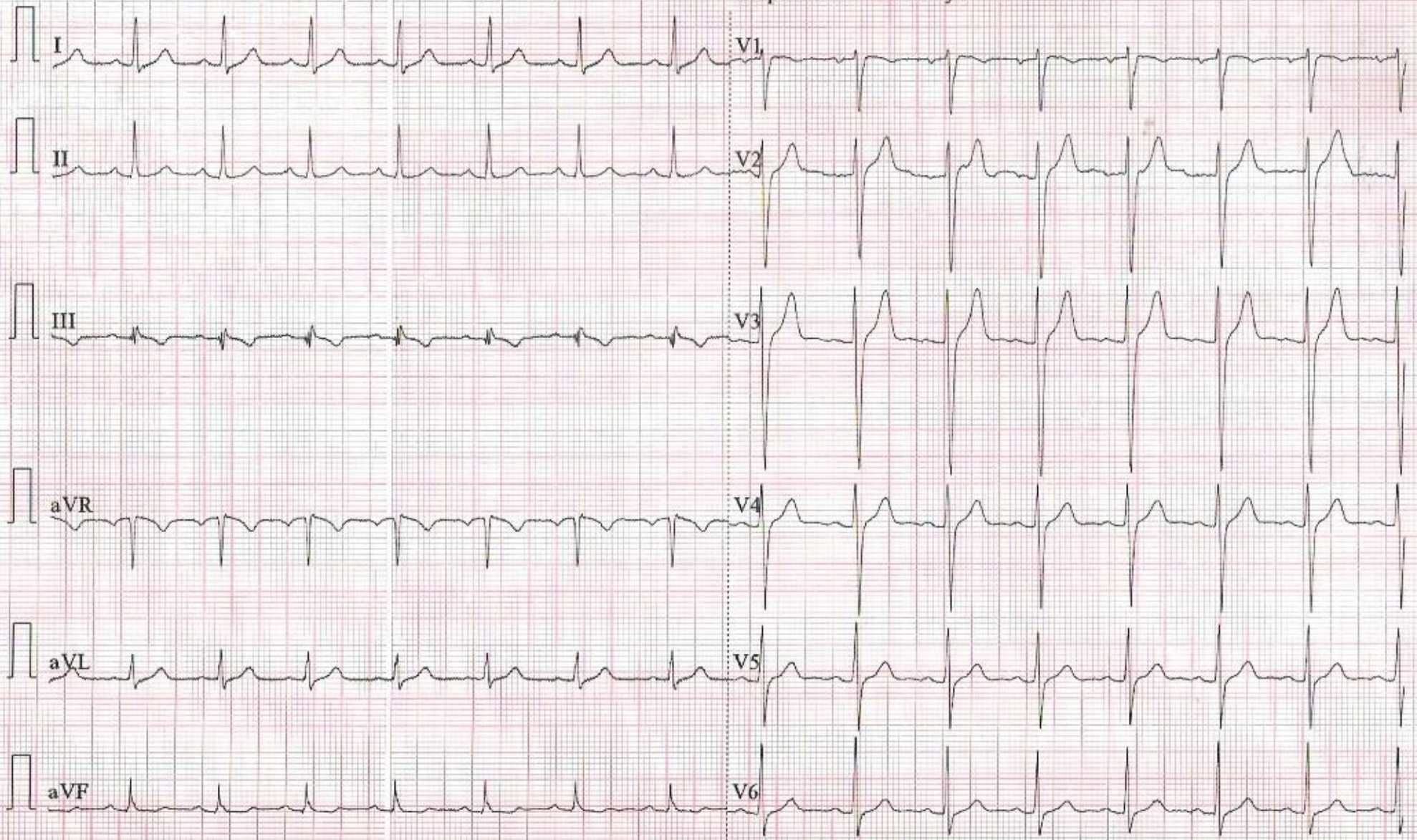
Diagnosis Information:

Sinus rhythm

Inferior T wave abnormality is nonspecific

Borderline ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥89 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

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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 AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OÙ DE REVACCINATION CON IRE LE CHOLERA

This is to certify that / JE Soussigne' (e) certifie que _____ date of birth / no' (e) le _____ Sex / sexe _____

Whose signature follows / dont la signature suit _____

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	28 MAY 2023	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
3		
4		

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

CENTER FOR VACCINATION
35, Shah Mokhdum Avenue
Mirpur, Dhaka
BANGLADESH

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 ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim,.tins certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvre unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cettc revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin le present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection;

De cachet d' authentificalion doit etre c_anforme au modele present per l, administration sanitaite du territoire ou la vaccination est effectuee. j

Toutc correction ou rahfe sur le certificate ou I o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST YELLOW FEVER
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that JE Soussigne' (e) certifie que _____ date of birth no' (e) le _____ Sex sexe _____

Whose signature follows don't la signature suit _____

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
1	28 MAY 2023	YELLOW FEVER VACCINE L. NO DAKAR	CENTER FOR VACCINATION 35, Shah Mokhdom Avenue Uttara, Dhaka BANGLADESH
2	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Cphth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.		
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih organization and vaccinating.centre has been designated by health administration for the territory in which that centre Is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccinalion.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for die signature.

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

Ce certificate n' est avalable que si Ic vaccina employe" a c-' tc,' a approve" par l' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.