

MD RAV

HAQUE & SONS LTD.

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Accredited By : BMDC

HS4745FF

MEDICAL EXAMINATION CERTIFICATE

DNV	Accreditation No. A55144
am, Bangladesh.	
	PATIENT CONTROL NUMBERS

ACE AND DATE OF BIRTH CHITTAGONG Ze-Oct-1984 EB0562162 EB0562162 Passport Number Cod4745 Passport Number	DE AND DATE OF BIRTH HITTAGONO 28-0ct-1984 Male Female VESSEL TYPE CRURK OR, TAWKER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WORLD W. MANENT HOME ADDRESS CONTACT NUMBER TRADING AREA WO	RNAME	JALAL	FIRST NA		ИD		MIDDLE NAME	SHAH	
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Revision: 5.1

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Data off of					MAY ZUZ3					
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Head			9		Vario	cose veins				
Sinuses, nos	se, throat		ď		Vaso	ular (inc. pedal p	oulses)			
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ECG		mo	BILIRUBIN	× 3	0	2,8	Alcohol Test		Positive 42	Negative
	BLOOD R	/E	SGPT		11	32	URINE R/E		N	190)
DC(different		mo	SGOT		11	20)		OTH		<u></u>
HAEMOGLO		13.8		RUG AN	ND ALCOHO		HBsAg		Reactiv	
ESR (WEST	ERGREN)	07	Morphine			Negative	HIV / AIDS Test			
WBC		7200	Amphetamir		☐ Positive	Negative	VDRL	E	Reactiv 🖸	Nonreact
RANDOM	DD GLUCOS		Phencyclidir	_		Negative	Blood Type		OGO	50
HBA1C		5.6-1	Barbiturates Cocaine	-		Negative Negative	Psychological E Others(KUB Ult	_	1/1	15
Tidato		3-67.	Cocame		□ Ir ositive.	Piveganve	Others(NOD Oil	asoui	-//	
reby I declare	e that I am in	knowledge of t	he contents of	of the P	hysical exan	ninations:			2.5 MA	/ 2022
An	(MD SH	AH JALAL			L J ITA	2023
nature of Se	afarer			_		Seafarer			D	ate
		service at sea		clinica	Levamination	and the diagnos	stic test results re	corded a	hova I dacla	re the eve
dically:	the examine	e o personal de	olaration, my	Gill III Co	Chammado	, and the diagnot	and took reconits re	.001000	5010, 1 00010	ro uno ossa
		Fit	for lookout d	uties		0	Not fit for lo	ookout du	ties	
_		Dec	ck service		Engine s	ervice I	Catering ser	vice	Othe	er services
			6		0		Ö			
fit					0			2		
/				te to						
	Withou	ut restrictions		0	Wit	n restrictions				
ba Casta	from from	w madical t	tions Electric	here	renumber 2 h	onden et e	to render the sea	fores	for cost	vine t-
		r persons on bo		ne agg	gravated by s	ervice at sea or	to render the sea	narer unii	t for such ser	vice or to
• • • • • • • • • • • • • • • • • • • •		. porcono on oc	Yes		No				Also I	
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			0							
	tions (e.g.,	specific position	, type of ship.	trade	area):					
escribe restric	The state of the s				1000000 					
			orcall:		_/)				11.7
	medical ex	aminer (e.g., ref	erraij.							
tion taken by	A24		7 2023		No.	id Until ·	24	MAY 20	75	
	A24			_	-	id Until :	2 4	MAY 20	25	
tion taken by	A24			<	Tul-	id Until :	24	MAY 20.	25	

Revision Date : 24th July 2022

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

KEPUBLIC OF TE	IL MA	KSHALL	ISLAND	8		
JALAL JALAL	GIVEN N MOHAN	NAME(S) MMAD SHAH				
DATE OF BIRTH	PLACE C	OF BIRTH	272		SEX	
10 28 1984 MONTH DAY YEAR	CHATT	OGRAM	BANGLA COUNTRY	10000000000000000000000000000000000000	MALE	FEMALE
EXAMINATION FOR DUTY AS:	MAILING	G ADDRESS OF	APPLICANT:			
MASTER DECK OFFICER ENGINEERING OFFICER RADIO OFFICER RATING		B,SAJBARI,59 A, BANGLADE	/H-5,DARUSSA SH	LAM,SA	KHALEK RI	ES DIST-
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL EXAMINATION (SEE REVERSE SIDE SIDE SIDE SIDE SIDE SIDE SIDE SI	MEDICAL R	EQUIREMENTS	STATE DET.	AILS ON	REVERSE	SIDE
HEIGHT WEIGHT BLOOD PRESSURE PULSE 78	o/min	RESPIRATION	GENERA	L APPEAR	ANCE	
VISION: RIGHT, EYE LEFT EYE	1	HEARING:				
WITHOUT GLASSES 6(6 / 6(1)	•	RT. EAR	my	LEFT EA	R M	29
COLOR TEST TYPE: BOOK LANTERN IS CO	LOR TEST	NORMAL?	YES NO	O (IF "No	" EXPLAIN O	N PAGE 2)
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRE	D VISION ST	ANDARD?		No E		
HEAD AND NECK		HEART (CA	ARDIOVASCU	LAR)		
Normal				mm	1	
Nonm 1			ECK/NAVIGATIO			
EXTREMITIES:		-				
UPPER Norm		LOWER		No	nm)	33440
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMEND	DATIONS?	YES T	No 🗌			4+-
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVAT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOA IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF	RD?	YES No		ENDER HIM	HER UNFIT FO	OR SERVICE AT
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDI		YES 🗌	No			
And		2 5 MAY 20	23		2 4 MAY 2	2025
SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAM	MINING PHY	DATE OF EXAM SICIAN.	INATION		EXPIRY DATI	E - '('1,'2)
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION	WAS GIV	EN TO:			HAH JALAL	
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISI		The state of the s		NO NO		
SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY A RADIO OFFICER / RATING / CHIEF COOK / CORESTRICTIONS:	SA M	ASTER / DE	CK OFFICER / [ENGINE	ERING OFFIC	CER/
NAME AND DEGREE OF PHYSICIAN DR. MIR MD. RAIL	HAN; M.B.	B.S(D.U.), DF1	M , REG. NO. A-	-55144		
ADDRESS REDICAL HOSPITALS LIMITED 35, SHAH MA	KHDUM /	AVENUE SEC	TOR -12 UTTA	RA, DHAI	ζA-1230.	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY D	G SHIPPIN	NG BANGLAD	ESH	- V-T1:-1 =-		
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 06-05-2	014		111111111111111111111111111111111111111			
SIGNATURE OF PHYSICIAN		*		80	25 MA	Y 2023
	S2 10 100 100 100 100 100 100 100 100 100	Store and			DATE	
This certificate is issued by authority of the M	Maritime Adı	ministrator and in	compliance	e requireme	ents	40.450

This certificate is issued by authority of the Maritime Administrator and in compliance requirement of the Medical Examination (Seafarers) Convention 1946 (ILES)

DR. MIR. MD. RAIHAN

Rev. Jul/2017

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

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
 - · Scafarers 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 a form similar or dentical to the model provided in Appendix 1 of RMI MG-7-47-1).)

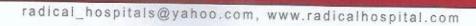
2 5 MAY 2023



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

CRW15 - CHEMICAL BLOOD TEST REPORT

AST NAME		FIRST NAME			POSITION OF	N BOARD		
JALAL		MOHAMMAD	SHAH	1	MASTER			
DATE OF BIRTH		OF BIRTH		SEX		JMENT NO		
28-10-1984	CHATTO		EL COM IE THE	LISTED TESTS ARE	C/O/474			
	(PCEAG	SE INDICATE BE	LOW IF THE	LISTED TESTS ARE	WITHIN THE REFE	RENCE LEVEL)		
TEST		YES	NO		TEST		YES	NO
WHITE BLOOD CELL COUNT (WBC)		4		LYMPHOCYTE CO	UNT		J	
RED BLOOD CELL COUNT (RBC)		Image: Control of the		MONOCYTE COUN	AT.		9	
PLATELET COUNT (PLT)		q		EOSINOPHIL COU	NT		8	
HAEMOGLOBIN (HGB)		Image: Control of the		BASOPHIL COUNT			G.	
HAEMOTOCRIT (HCT)		4		GRANULOCIYTE O	COUNT		B	
MEAN CORPUSCULAR VOLUME (MCV	V)	Ŏ		THROMBOCYTE C	COUNT			
MEAN CORPUSCULAR HAEMOGLOBI	IN (MCH)	6		BIOCHEMISTRY			YES	NO
MEAN CORPULSCULAR HB. CONC (M	MCHC)	A		ASPARTATE AMIN	OTRANSFERASE ((AST, SGOT)	1	
MEAN PLATELET VOLUME (MPV)		-5		ALANINE AMINOT	RANSFERASE (ALT	r, sgpt)	Ø	
RED BLOOD CELL DISTRIBTION WID	TH (RDW)	<u></u>		TOTAL BILIRUBIN			2	
NEUTORPHIL COUNT		9						
IF ANY OF THE ABOVE CHECMICA DETAILS BELOW. COMMENTS (fo			IDICATES NE	GATIVE RESPONSI	E TO CLINICAL TE	ST PARAMETE	RS, PLEASE 0	SIVE
4								1
Doctors Comments:						502		
	VO AL	mon	mele	eff	7 ou	va.		(4
/				ND BAIH	ΔN			
	_			MD. RAIH	16	20.04/2019 (20/20)		
4			Shipping t	Bangladesh Appro rat Physician Hospitals Limited	oved	2.5 MA	Y 2023	





Id No

: 0784

Date: 25-May-2023

D.Date: 25-May-2023

Patient's Name: MD SHAH JALAL

Age: 38Y 6M 27D

Gender: Male

Specimen

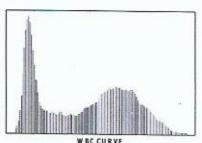
: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4745

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.8 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)	7,800 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		5,555 25,555,5511111
Neutrophils	63 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	32 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	03 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	156 /cumm	50-450/cumm
Total RBC Count	4.55 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	37.4 %	M: 40-54%, F:37-47%
MCV	82.2 fL	76 - 94 fL
MCH	30.3 pg	27 - 32 pg
MCHC	36.9 g/dL	29 - 34 g/dL
RDW	13.1 %	11 - 16 %
PDW	13.3 fL	35 - 56 fl
Total Platelete Count (PC)	2,31,000 /cumm	150,000-450,000/cumm
MPV	8.9 fL	7.0 - 11.0 fL
PCT	0.206 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



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

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23050784	Received Date	25/05/2023
Patient's Name	MD SHAH JALAL	·	*
Patient's Age	38Y 6M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),C	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/4745
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	6.0 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.8 mg/dl	0.2 - 1.1 mg/dl
Serum AST (SGOT)	29 U/L	Up to 37 U/L
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
HbA1C	5.6 %	4.2 - 6.7 %

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

The

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

		Received Date	25/05/2023
Bill No	DIA23050784	Received Date	2010012020
Patient's Name	MD SHAH JALAL		
Patient's Age	38Y 6M 27D	Patient's Sex	Male .
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(E	BIRDEM),PGT(Eye),DFM	CDC NO:C/O/4745
Sample	BLOOD		

SEROLOGYCAL REPORT

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

OOD GROUPINGResult	
ABO Blood Group	"O" (+ve)
Rh(D)Factor	Positive

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 hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23050784	Received Date	25/05/2023
Patient's Name	MD SHAH JALAL		
Patient's Age	38Y 6M 27D	Patient's Sex	Male :
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(E	IRDEM),PGT(Eye),DFM	CDC NO:C/O/4745
Sample	urine		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	and the same of th	Pus Cells	0-2/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
2000	MUC	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	DIA-23050784	Received Date	25/05/2023
Patient's Name	MD SHAH JALAL		
Patient's Age	38Y 6M 27D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)	,PGT(Eye),DFM	CDC NO:C/O/4745
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result	
Drug Level of Urine		
Cocaine	Negative	7

Negative
Negative

Checked By

-Ah

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



radical_hospitals@yahoo.com, www.radicalhospital.com

REF: MT. FAIR WINDS

DATE: 25/05/2023

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: MD SHAH JALAL RANK: MASTER CDC NO: C/O/4745 VISUAL ACUITY: RIGHT LEFT 616 616 UNAIDED

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

	P	Sinus rhythm
Mal & C. I cars	PR : 168 ms QRS : 88 ms QT/QTc : 352/421 m	Normal ECG
	P/QRS/T : 50/21/38 ° RV5/SV1 : 1.040/1.003 mV	Report Confirmed by:
ave A		
a VII.		

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050784 Receive:25/05/2023 Print: 25/05/2023

Patient's Name : MD SHAH JALAL

Age : 38 Yrs Sex : M

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

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.

C-P angles are clear.

Heart : Normal in T.D.

Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Prof. Dr. Md. Mojibor Rahman

MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

This report has been electronically signed.

Page of 1

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth 28-OCT-1984 Sex MALE

MOHAMMAD SHAH JALAL (C/0/4745)

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
SINTER	DR. MIR. MD. RAJHAN MBBS IDU: DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	L NO CO DAYAR IN	35, Shah Makhdum Avenus Utara, Dhoka & BANGLADESH
2	,		
3		1/2/1/16	3 4
4		CS NAME OF THE PARTY OF THE PAR	

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This is to certify that whose signature follows Date of birth 28-0CT-1984 Sex MALE

MOHAMMAD SHAH JALAL (C/0/45)

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approve	d Stamp
254	DR. MHR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth), BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	12	
2		CANGLADE!	
			The second second
3		3	4
4			Met (constitue respect
5		resident i geran 5 kg seam of the year before	and an once of the sun
6			6
7		7	8
8			Contract Contract

Continued overleaf Suite our erso