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: +	-8802	27920	116, +	·88 (1955	5670	000.	EMAIL: r	adical_	hospitals	s@yah	100.CC	m		
Name: AHME	D	5	AJJA	D					ex: MAL	E Serial	No:			0	
Date of Birth: 2	5/1	0 1	First Nar	ne O	PP	CDC:	Middle	Initial 101-6422	2	_ Ra	nk: 3	3RD E	na.		
	BLUE	= NI				Type:	E	BULK/G.	Cango	Ro	ute:				
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Medical History				Р	lease	answe	er th	e following	to the b	est of voi	ır know	ledae.			
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Severe one-sided headaches (f Head Injury / Concussion / Lo	digraine)	omory		2019	/		5	Hemia / Hydro High / Low blo	coele / Appe	ndicitis			1		-
Fits / Epilepsy / Dizziness / Fa Eye / Vision Problems (Glasse	inting				4		V.	Asthama / Bron	chitis / Tube		c .		/		-
Hearing Impairment	syett.)				1		1	Allergy / Skin of Infection / Con	itagious Dise	ase	- 3		5	0	-
Ear / Nose / Throat problems Stomach / Bowel disorders		-			7		-	Addicition to a Fracture / Disk	Icohol / drug ocation / Ini	s / tobacco ury / Amoutati	00		7		
Gall stones / Kidney disorders Jaundice / Liver Disease		-		-	1		V	Major / Minor of Diabetes					5		J
Piles / Varicose veins Blood Disorder					4	\vdash	V	Nervous / Men					1		Ž
Female Disorder					1		5	Mallignant dise Signed off on r			Unfit		1		3
Notes Medical Examinati	ion					V					100				
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Distant Vision Uncom	ected 6	Corn	ected	Fie	Normal	sion	-0	Audiometry Right Ear	Mz 500		00 3000 2	4000	5000	6000	80
Left Eye	0/0				Abnorma	_		Left Ear	dB Zu	20 2	N			S. 69	
Colour Vision Other			lormal lormal	-		normal normal		Hearing		Right Ear	-		Left	ear	
Systemic Examina Head & Neck	tion	Normal	Abnorma	al			No	tes		1/			Norma	Abn	orma
Eyes'		5		⊐۱F	IT F	OR S	SEA	SERVI	CE	Respiratory Cardiovascu			5	1	No.
Ears / Nose / Throat Teeth / Oral Cavity				-11	AS 3	BRD	E	NOR		Per Abdome Genito-urina			==	7	
Musculo-Skeletal system Nervous system		->		-11	ASD	ER N	AL C	2006		Others Hemia / Hyd		7,00	5	4	
Reflexes Skin	- 3	3		그는	Lana	ad G	RD	Medicals	done	Varicose Vei	ns		-	1	
Investigations		100	7.44	1	anance	eu Or	1100	A STATE OF THE PARTY OF THE PAR	Alexander of the second	Fissure/Fist	ula/Piles			1	-
Blood		Resu				rmal		Urine		27					
Hemoglobin Total WBC count	13	300	jm% ≥ cu.mm		-16 gm % 00-11000		1 /	Colour Specific Gravity	y	Show					
Neu 66 % Lymp Malarial parasite	30	% Eos	02.	BaO	0 %	Mo D	2%			ווא		•			
ESR SGPT	205		n / 1st ho			/ hr		Sugar		dil		10	-		
S.Cholesterol	MIE	mg/dl		145	43 U / L 260 mg			Bile pigment Bile salts			100	1	3 6		
S.Triglycendes Blood Sugar	RBS /		PPBS		to 200 mi o 125 mg			RBC cells		11		1	-		
HbsAg HIV I & II	2	29	euc ne				-	Leucocytes Others				W			
VDRL Others		100	Ken	ic		GGTP U/I		Spiromet	rv: N	10	MD MD	*		1	
Blood Group						GGTP U/	_	Drugs of	1	12	His	11/11/11			
ECG: Nonm			TMT:		2	0		Abuse:	New	alwale	RADIC/	IL STATE	2		
X-Ray Chest:								USG:	Noni	n1 13	LTD	144			
Result of Medical										. 4	NO.	59			
On the basis of the exami		story, clin orarily u			n and dia manently				IR MD Rail		y declare t			dically	
Remarks /	remp	Orarny u	inc	ren	namenuy	y unit	336	Should be re-e	xamined in	Oč	ys / week	s / mont	ns.	-	-
Recommendations I, Doctor's Name: DR.MIR MD	RAIHAN	certify th	at all infor	mation	required (under An	nevure	E& EnfMS /N	fedical Evam	ination\ Dulae	2000 is inc	1	irCibio C	ndifficatio	_
L Doctor's Name: DR.MIR.MD This certificate is valid	till:	, 03	MAY 2	025	required	ander All	II CAUFE	C 0.1 01 14.3. (1-	redical Exam	inauon) kules	2000 15 1110	DEL A	an uns o	eruncade	
Candidate's Signature	Ectley	_				الدو	Resp	Takemp			Dag	tor's sign	nature:		
Date: N & MAY 20	123				Ĩ	Radio	2.100	Lannes *		MBB	R. MIR	 CCD (Bit 	rdem), PG	T (Ophi	N th)
	377					To look	CEANLE			H.87	Shinn no	Table 191	MO BC desh A	00	-

Radical Hospitals Limited.

04.2023.3874



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.

	farer's Name :(Last, first, mid	ale) AHM	D. SAJJAD		972	ender: lale/Fem	ale*
ate	e of Birth: (Day/month/year)	Nationality:		Place of Bi	irth:		
	25/10/1990	Banglad	eshi	Noakl	nali		
cla	ration of the recognized me	edical practition	oner:			Yes	No
1	Identification documents wer	re checked at t	the point of examina	ation?		V	1
2	Hearing meets the standards	s in STCW Co	de Section A-I/9?			/	1
3	Unaided hearing satisfactory	/?				-	
4	Visual acuity meets the stand	dards in STCV	V Code Section A-I/	9?		-	-
5	Colour vision meets the stan	ndards in STCV	V Code Section A-I	/9?			,
	Date of last colour	vision test:		0.4 MAY	2023		
6	Fit for look-out duty?			USIIAL	rurd	-	-
7	Is the seafarer free from any to render the seafarer unfit for		7000			or	1
3	No limitations or restrictions	on fitness?				7	1.
	If "no" specify limitations or i	restrictions					
			,				
9	Date of examination: (day/m	nonth/year)			0 4 MAY 202	3	-
0	Expiry of certificate: (day/mo	onth/year)	less the seafarer is unde	er the age of 18	0 3 MAY 20	25	
1 4	MAY 2023	2 :	DR. MIR. MD. RA MBBS (DU). DFM. CCD (Birdem), I BMDC A-55144, MMC-B DG Shipp.ng Bangladesh General Physiciar Radical Hospitals Lim	AIHAN PGT (Ophth) GD-016 Approved	E.		200

I have been informed of the content of the certificate and of the right to a review.

Signature of Authorised

Medical Practitioner

Signature of Seafarer



Date



Medical Practitioner's Official stamp

(name, licence number, address etc)



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) AHM (BLOCK CAPITALS)			Gender: Male/Female*
Date of Birth: day/month/year 25/10/1998	Place of Birth: NoaKhali	Nationality:	leshi .
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners:	Pank: 3PD ENG	ering / others	Type of ship: BULK/On-Cango
Home Address: 30/14 Pallabi, Mippur 11 /2 Phaka Bangladesh.	Routine and emergency d	uties:	Trading area: e.g. coastal / worldwide

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
Eye/vision problem		V	18. Sleep problem		-
2. High blood pressure			19. Do you smoke, use alcohol or drugs?		-
3. Heart/vascular disease			20. Operation/surgery	-	-
Heart Surgery			21. Epilesy/seizures	1	-
5. Varicose veins/piles			22. Dizziness/fainting	1	773
6. Asthma/bronchitis			23. Loss of consciousness	1	
7. Blood disorder			24. Psychiatric problems		
8. Diabetes		,	25. Depression	-	-
Thyroid problem		0	26. Attempted suicide		7
10. Digestive disorder		1	27. Loss of memory	1	111
11. Kidney problem		1	28. Balance problem		
12. Skin Problem			29. Severe headaches	1	-
13. Allergies		1	30. Ear(hearing, tinnitus/nose/throat problem		-
14. Infectious / contagious diseases			31. Restricted mobility		
15. Hernia			32. Back or joint problem		
16. Genital disorder			33. Amputation		
17. Pregnancy	N	10	34. Fracture/dislocations		

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



^{*}For identity verification purpose

Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		-
36. Have you ever been hospitalized?		1
37. Have you ever been declared unfit for sea duty?		-
38. Has your medical certificate even 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 medication?		/
42. Are you using any non-prescription or prescription medication?		-

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.

D & MAY 2023

Date

Signature of Seafarer

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

0 4 MAY 2023

Date

Signature of Seafarer

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.

Name and Signature of Witness



Eyesight Use of glasses or contact lenses No					ons	aminati	ical ex	sult of medi	Part B – Res
Yes Type									yesight
Unaided Right eye Left eye Binocular Right eye Left eye Right eye Left eye									No
Unaided Right eye Left eye Binocular Right eye Left eye Near Right eye Left eye Dolour Vision (please tick) Not tested Normal Doubtful Defective earing Pure tone and audiometry (threshold values in dB) 500 Hz 1,000 Hz 2,000 Hz 3,000 Hz Right ear 20 20 20 20 20 20 20 20 20 20 20 20 20	****)	Purpose		******		
Right eye Left eye Binocular Right eye Left eye Near Near Near Near Near Near Near Nea									isual Aculty
Distant Near Near Near Near Normal Defective Right eye Left eye Diour Vision (please tick) Not tested Normal Doubtful Defective Pure tone and audiometry (threshold values in dB) 500 Hz 1,000 Hz 2,000 Hz 3,000 Hz Right ear Left ear Normal Normal Whisper Right ear Left ear Normal Normal Normal Normal Whisper Right ear Left ear Normal Normal Normal Normal Right ear Left ear Normal Normal Normal Normal Normal Right ear Left ear Normal Normal Normal Normal Normal Right ear Left ear Dinical Findings Height (cm) Near Defective Normal		!	Aided				_		Dielet
Normal Defective Right eye Left eye Doubtful Defective Pure tone and audiometry (threshold values in dB) Soo Hz 1,000 Hz 2,000 Hz 3,000 Hz Right ear 20 20 20 Left ear 20 20 20 Defective Pure tone and audiometry (threshold values in dB) Soo Hz 1,000 Hz 2,000 Hz 3,000 Hz Right ear 20 20 20 Defective Pure tone and audiometry (threshold values in dB) Soo Hz 1,000 Hz 2,000 Hz 3,000 Hz Right ear 20 20 20 20 Defective Pure tone and audiometry (threshold values in dB) Soo Hz 1,000 Hz 2,000 Hz 3,000 Hz Right ear 20 20 20 20 20 20 20 20 20 20 20 20 20	ocular	Bino	Left eye				Bin	0 . 1	and we have a second or the second
Normal Defective					Distant	26.		6/6	
Right eye Left eye Not tested Normal Doubtful Defective Paring Pure tone and audiometry (threshold values in dB) 500 Hz 1,000 Hz 2,000 Hz 3,000 Hz Right ear 20 20 20 Left ear 90 90 90 90 90 90 90 90 90 90 90 90 90					Near	5	/	NS	Near
Right eye Left eye Dolour Vision (please tick) Not tested Normal Doubtful Defective earing Pure tone and audiometry (threshold values in dB) 500 Hz 1,000 Hz 2,000 Hz 3,000 Hz Right ear 20 20 20 Left ear 90 Normal Whisper Right ear 4 Pulse rate (per minute) Formula (per minut				_	efective		nal .	Norm	
Doubtful Defective Doubtful Doubtful Defective Doubtful Do					, cicotive		/	.,,,,,,,	Right eye
Not tested Normal Doubtful Defective				-					
Right ear									
Right ear 20 20 20 20 Left ear 20 20 20 20 Deech and whisper test (metres) Normal Whisper Right ear 4 Left ear 4 Inical Findings Height 277 (cm) Weight 85 (kg) Pulse rate (per minute) 78 Rhythm Blood Pressure Systolic (mm Hg) 120 Diastolic (mm Hg) 80								e tone and a	Pur
Deech and whisper test (metres) Normal Whisper Right ear Left ear		Z	3,000 Hz	+	The state of the s		1,		Right ear
Normal Whisper Right ear Left ear Left ear Weight S (kg) Pulse rate (per minute) 7 8 Rhythm Blood Pressure Systolic (mm Hg) 120 Diastolic (mm Hg)				-			+		2200
Normal Right ear Left ear Left ear Mhisper Weight 85 (kg) Pulse rate (per minute) 78 Rhythm Blood Pressure Systolic (mm Hg) 120 Diastolic (mm Hg)						<i>1</i> 0		10	con car
Right ear Left ear Inical Findings Height							(metres	hisper test (eech and w
Height 177 (cm) Weight 8 (kg) Pulse rate (per minute) 7 8 Rhythm Blood Pressure Systolic (mm Hg) 120 Diastolic (mm Hg) 8000			per	hisp	W		ormal	No	
Height 27 (cm) Weight 85 (kg) Pulse rate (per minute) 78 Rhythm Blood Pressure Systolic (mm Hg) 120 Diastolic (mm Hg) 8000			9				4		
Height 177 (cm) Weight 85 (kg) Pulse rate (per minute) 78 Rhythm Blood Pressure Systolic (mm Hg) 120 Diastolic (mm Hg)	F .	- 0	4				4		Left ear
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Urinalysis: Glucose: 11 Protein: 11 Blood: 11.		711.	ilood:] Blo	INI	riotein:	11	Jidoose . /\	-mayora, C
Normal Abnormal				I		Normal			El avant
Head Hospital					Hospita	1		throat	The state of the s
Sinus, nose, throat Mouth/teeth ★ AsPer-MLG-2006 ★				+	1/8/	700		uiroat	

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Fore (general)						
Ears (general)						
Tympanic membrane						
Eyes						
Ophthalmoscopy						
Pupils						
Eye movement				- 9		
Lungs and chest		11.6				
Breast examination		NA				
Heart						
Skin						
Varicose Vein						
Vascular (inc. pedal p	oulse)	1				
Abdomen and viscera	1					
Hernia		2				
Anus (not rectal exan	1)					
G-U system	-					
Upper and lower extr	emities					
Spine (C/s, T/S, L/S)						
Neurologic (full/brief)						
Psychiatric		-				
General appearance						
Other diagnostic test Test <i>BIOOJ</i>		sources a	Results://C	VIIII.	/ .	1 13 1 13 1 13 1 13
Medical practitioner's	comments	and assessn	ent of fitness,	with reasons	for any limitation	ns.
	FIT	FOR DUTY ON	BOARD SHIP			
Assessment of fitnes	s for service	ce at sea (ple	ase tick)		No.	
On the basis of the searesults recorded above Fit for look out du Visual aid require	, I declare t	he seafarer m Unfit for lo		examination	and diagnostic t	est
Deck	Engine	Catering	Other			
Service	Service	Service	Service tuspitals			
Fit		/iscal	Splitals .			
Unfit		P. C.	151			
		★ As-P	er-MLG-2006 (*)			

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - September 2021

Without restrictions	With restrictions	
Description of restrictions (e.g. specific position, type of ship, trading area etc.)	

0 4 MAY 2023

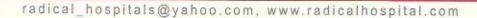
Date

Signature of Medical Practitioner

DR. MIR. 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.

Medical Practitioner's name, licence number, address







Id No : 0127 Date : 04-May-2023 D.Date : 04-May-2023

Patient's Name: SAJJAD AHMED Age: 32Y 6M 9D Gender: Male

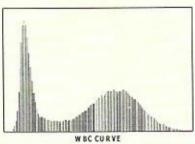
Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6422

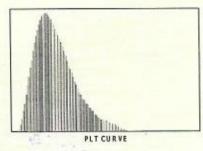
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb) ESR(Westergreen)	15.1 gm/dl 05 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	15,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	66 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	30 %	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	306 /cumm	50-450/cumm
Total RBC Count	4.52 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.0 %	M: 40-54%, F:37-47%
MCV	88.5 fL	76 - 94 fL
MCH	33.4 pg	27 - 32 pg
MCHC	37.8 g/dL	29 - 34 g/dL
RDW	13.3 %	11 - 16 %
PDW	15.9 fL	35 - 56 fl
Total Platelete Count (PC)	3,02,000 /cumm	150,000-450,000/cumm
MPV	8.5 fL	7.0 - 11.0 fL
PCT	0.257 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



RBCCURVE



Checked By

Medical Technologist

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





Bill No	DIA23050127	Receive	ed Date	04/05/2	2023
Patient's Name	SAJJAD AHMED				
Patient's Age	32Y 6M 9D		Patient's	s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PC	GT(Eye),DFI	и с	DC NO	C/O/6422
Sample	BLOOD				

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.6 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	29 U/L	Up to 40 U/L
Serum AST (SGOT)	21 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	182 U/L	98 - 279 U/L

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







Bill No	DIA23050127	Received	d Date	04/05/2	2023
Patient's Name	SAJJAD AHMED				
Patient's Age	32Y 6M 9D		Patient's	Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),F	PGT(Eye),DFM	C	DC NO	C/O/6422
Sample	BLOOD	42			

SEROLOGYCAL REPORT

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

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	DIA23050127	Received Date		04/05/2023	
Patient's Name	SAJJAD AHMED				=//:
Patient's Age	32Y 6M 9D		Patient's Sex Ma		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	IRDEM),PGT(Eye),DFM CDC NO		C/O/6422	
Sample	BLOOD				

CHEMICAL TEST

TEST NAME RESULTS

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

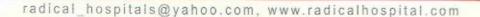
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Medical Technologis Radical Hospitals Ltd.



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





Bill No	DIA23050127	Received Date 04/05		04/05/2	/2023	
Patient's Name	SAJJAD AHMED				· V	
Patient's Age	32Y 6M 9D	F	Patient's Sex		Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEN	N),PGT(Eye),DFM	C	DC NO	C/O/6422	
Sample	URINE	A 72				

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	0-2/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

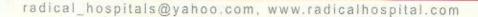
Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

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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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Bill No	DIA23050127	Received Date 04/05/		05/2023	
Patient's Name	SAJJAD AHMED				
Patient's Age	32Y 6M 9D	Patient's Sex		Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		/ C	DC NO	C/O/6422
Såmple	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

Sho

Medical Technologis Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology

East West Medical College and Hospital



Date: 04/05/2023

EYE EXAMINATION REPORT

NAME:	SAJJAD AHMED		
AGE:	32 YRS	RANK: 3 RD ENG	CDC NO:C/O/6422

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6

6/6-

AIDED

COLOUR VISION:

NORMAL / BLIND

OPINION

UNFIT / FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX) East west Medical College & Hospital



AUDIOLOGICAL REPORT

Patient Name : SAJJAD AHMED

04/05/2023

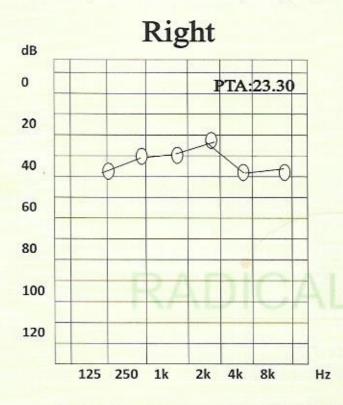
Age

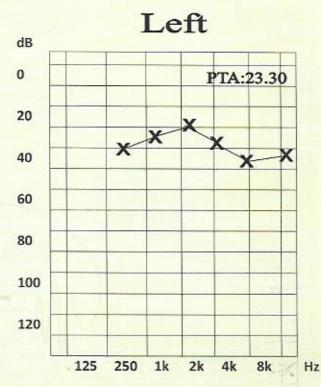
: 32 Yrs

Address

: RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM





0-25= Normal Hearing.

26-40= Mild Hearing Loss.

41-55= Moderate Hearing Loss.

56-70= Moderately Severe Hearing Loss.

71-90= Severe Hearing Loss.

91-120= Profound Hearing Loss.

Left Ear Right Ear

Air Unmasking OX

Bone Unmasking

Right Ear Left Ear

Air MaskingOX

Bone Masking $\Delta\Delta$

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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.

Hz



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23050127 Receive:04/05/2023 Print: 04/05/2023

Patient's Name : SAJJAD AHMED

Age : 32 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 AGAINEST CHOLERA CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

This is to certify that JE Soussigne' (e) certifie que	Sajjad Ahmedate of birth no' (e) le	25/10/1000	Sex sexe	male.
Whose signature follows dont la signature suit	teatly			

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

Date	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cechet d'authentification		
2	DR. MIR. D. RAIHAN M88S (DO), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shippang Bangladesh Approved General Physician Radigal Hoppinsis Limited	SS, Sheh Multidum Avenus Littera, Ohela WGLADESS AVIII Valid Upto 2 yrs		
3	10.00			
4				

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 performed.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

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

Nonobstant les, despositions ci-dessue dans le cas d'un pelerin le present certificate dottlaire mention de deux injections partiquees a sept jours d', intervaile et sa validite cofilmence lejour de la seconde, injection:

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

Toute correction ou rahfe sur le certificate ou 1 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 qu	60170d Ahmadate of birth no' (e) le	25/10/1990	Sex sexe	Mole
Whose signature follows don't la signature suit	Alothy_			- 451
	en vaccinated or revaccinated ne' (e) contre le fievre jaune a la			

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 official du centre de vaccination
DF MBB 2BN 2DG	MIR. MD. RAIHAN DO A-55144, MMC-BGD-016 Shinping Bangladesh Approve General Physician	FEVER L NO L NO DAMAGE TO TO T	35, Shah Makhdum S Avenus Utisza, Dhaka
3		*	

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 revaccination.

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 lc 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-aminstralion sanitaire du (erriloire dans lcgucl'œ centre est siture;

La validité de ce certificat couvrc une période de dix ans començant dix joursapres la date de,la vaccination ou, dans le cas dune relaccination u ou, a,-citte lie,iio,i. a" dix ans. lejour de cette revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar no pouvant cue conside' commo Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il