## SEAFARER'S MEDICAL EXAMINATION REPORT/ CERTIFICATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examination (Seafarers) convention 1946 (ILO No. 73), as amended, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006.

_			#*************************************	12
SURNAME: SHAKIR	GIVEN NAME (S	): MOHAMM	AD SAME	n
NATIONALITY: BANGLADESHI	ID DOCUMENT 1	NO: C/0/.	5225	
DATE OF BIRTH:	PLACE OF BIRTI	H: BARISHA	/ SEX:	
12 18 1987 MONTH DAY YEAR	CITY COUNT	TRY: BANGLADESH		( ) ( )
EXAMINATION FOR DUTY AS:	MAILING ADDR	ESS OF APPLICA	NT·	
MASTER -	CANDO RO			
DECK OFFICER ENGINEERING OFFICER	NOME! ELI	AA DAR	SHALL	
RADIO OFFICER RATING	Nome: CE	2111 600-	RAI	ASID A
KATING			Z LTD	150
DECLARATION OF APPROVED MEDICA			NO. A	5)
1 CONFIRM THAT IDENTIFICATION DO	CUMENTS WERE CHEC	CKED:	YES _	NO
MEDICAL EXAMINATION (SEE LAST PA	GE FOR MEDICAL RE	QUIREMENTS) ST	ATE DETAILS ON R	EVERSE SIDE
HEIGHT WEIGHT	BLOOD PRESSURE			ENERAL APPEARANCE
178 m 82 H.	120/8Vmg	18 5/m	19 Jui	henry.
VISION:		HEARING		7_
RIGHT EYE WITHOUT	LEFT EYE		RIGHT EAR	LEFT EAR
GLASSES 6/6	1 666			
V		w	WV)	$\sim$
WITH GLASSES	/			
COLOR TEST TYPE: BOOK LANTE NORMAL	RN <b>L</b> effeck if cold		LOW RED GREE	
DATE OF LAST COLOR VISION TEST:	7 1 OCT 2023	<b>←</b>		- ET
ARE GLASSES OR CONTACT LENSES NECE	-	OURED VISION STA	ANDARD? YES	NO D
HEAD AND NECK		ART (CARDIOVAS		1 11014
	nm		Nur	m1
LUNGS		EECH (DECK/NAVIG FICER)	ATIONAL OFFICER AT	ND RABIO
a her			ED FOR NORMAL VOICE	E In.
EXTREMITIES:	CO	MMUNICATION?	1	0
UPPER No	nm   IS CO	OWER	Non	n1
140	L.	> WER	1 40.	1
IS APPLICANT VACCINATED IN ACCOR			YES	NO
IS APPLICANT SUFFERING FROM ANY DI			YES	NO
WORKING ABOARD A VESSEL, OR TO RE OR LIKELY TO ENDANGER THE HEALTH			EA	
IS APPLICANT TAKING ANY NON-PRESC			S? YES□	NOM
clamely			2 1 OCT 20	193
SIGNATURE OF APPLICANT	DAT	E.	2 1 0 6 1 20	JLJ
The state of the s				
THIS SIGNATURE SHOULD BE AFFIXED IN THE I	PRESENCE OF THE EXAMIN	ING PHYSICIAN.		

pg. 1



THIS IS TO CERTIFY THAT A PHYSICAL EX	XAMINATION WAS G	IVEN TO:	MOHAMMAD S	OMEER SHOWE
			NAME OF API	PLICANT
THIS APPLICANT IS CERTIFIED FREE OF C		EASE:	YES	NO
HEARING MEETS THE STANDARDS IN SEC	CTION A – 1/9:		YES	NO
UNAIDED HEARING SATISFACTORY:			YES	NO
VISUAL ACUITY MEETS STANDARDS IN S			YES	NO
COLOUR VISION MEETS STANDARDS IN S	SECTION A – 1/9:		YES	NO
TICK APPROPRIATE CHOICE: THE / SHE IS FOR OFFICER / PENGINEERING OFFICER / RADIO WITH THE FOLLOWING	IO OFFICER / DELECTE	NOT FIT FO JICAL ENGI	R DUTY AS A 🗖 M. NEER (ELECTRICIA)	ASTER / DECK N) / RATING
NAME AND DEGREE OF PHYSICIAN: <u>DR.</u>	MIR MD. RAIHAN	MBBS,(I	DU), DFM, Reg:	A-55144
ADDRESS OF MEDICAL CENTER: RADICA	AL HOSPITALS LIM	TED, SEC	TOR-12, UTTAR	A,DHAKA-1230
NAME OF PHYSICIAN'S CERTIFICATING /	AUTHORITY: <u>DG SHI</u>	PPING BA	NGLADESH	
DATE OF ISSUE OF PHYSICIAN'S CERTIFI	CATE: 06 MAY 2014	)		
SIGNATURE OF PHYSICIAN:		MBBS (DU), DI	R. MD. RAIHAI FM. CCD (Birdem), PGT (Opht 55144, MMC-BGD-016	h)
DATE OF EXAMINATION:	2 1 OCT 2023	Ge	g Bangladesh Approve meral Physician al Hospitals Limited.	d
	2 0 OCT 2025		1.12	
EXPIRY DATE OF CERTIFICATE:				
EXPIRY DATE OF CERTIFICATE:			23-8-3	
EXPIRY DATE OF CERTIFICATE:  SEAFARER ACKNOWLEDGEMENT:			9 1545 5 1545	



#### MEDICAL REQUIREMENTS

This physical examination must be carried out not more than 24 months prior next medical check for a seafarer older than 18 years old and considered to be fit for duty without any restrictions. In case of any restriction found not preventing seafarer to fulfill his duties this physical examination should be carried out not more than 12 months prior next medical check. The examination shall be conducted in accordance with the international Labor Organization World Health Organization, Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Scafarers (ILO 73/WHO/D.2/1997, STCW Convention, 1978 as amended and the Maritime Labor Convention, 2006. 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 (4.57m) and in poorer ear at 5 feet (1.52m).
- 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. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
  - 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. If the applicant wears glasses, he must have vision without glasses of at least 20/200 (0.10) in both eyes. 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 shall be vaccinated according to the requirements indicated in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and shall be given advice by the certified physician on immunizations. If new vaccinations are given, these shall be recorded.
- g) Diseases and Conditions
  - Applicants afflicted with any of the following diseases or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acenereal disease or neurosyphilis, AIDS, and/or the use of narcotic. Applicants diagnosed with, suspected of, or exposed to any communicable disease transmittable by food shall be restricted from working with food or in food related areas until symptom-free for at least 48 hours.
- h) Physical Requirements
  - Applicants for able seaman, bosun, GP-1, ordinary seaman and junior ordinary seaman must meet the physical requirements for a deck/ navigational officer's certificate.
  - Applicants for fireman/ water tender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

#### IMPORTANT NOTE

The seafarer must retain the original of the "Medical Examination Report/ Certificate" 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 fight of a copy to his 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 identified to the model provided – Medical Exam Form).

AS PO-MIC 2008

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.



## GOVERNMENT OF THE FIJI ISLANDS

### IMMIGRATION DEPARTMENT



#### MEDICAL REPORT FORM

#### IMPORTANT NOTES

- This medical certificate form must be completed in English by a Registered Medical Practitioner for each person applying to stay in the Fiji Islands for more than 6 months.
- This certificate must be under 3 months old at the time of lodgement.
- 3. Each applicant must produce evidence of identification, such as passport, to the Medical Examiner.
- Fees for the medical examination are payable by the applicant or their sponsor.

#### PART VIII: PERSONAL DETAILS OF THE APPLICANT

wormal

SHAKIR	MOHAMMAD SAMETR	
(Surname)	(Given names)	
ender: Male Female	4. Date of birth: 18 - DEC	1987
tionality as on passport: BANG	LADESHI	
ssport number: B00 68 (	1868	
Give reasons why you need to do this med		
THE RESIDENCE OF A PROPERTY OF THE PROPERTY OF	### ### ### ### ### ### ### ### ### ##	
JOINING MEDI		
ECTION A: APPLICANT'S MEDICAL R		
Has the applicant ever been hospitalized or underg	Panta and 841, 44 and 1	(es   No
	insurance, military service or entry to another country on medical ground	
Does the applicant have any history of dependency	on drugs, alcohol or other controlled substances:	Yes No
** ** ** ** ** ** ** ** ** ** ** ** **	ever suffered from any mental disorder, fits or epilepsy:	Yes No
Has the applicant or any member of bis/ner family		Yes No
Has the applicant ever suffered from the HIV/AIDS	syndrome or any other sexually transmitted disease:	
	The state of the s	

	Lungs:		Α.	
		N	mm1,	
	Kidney:			
		N	anmy	
	Liver:		Imm	
	HIV and STD Tests:			
	miv and STD Tests:		Norm	
	X-Ray:		1.	
			1mm1	
Otl	her observations found not normal, e.g. diabe	tic, high blood p	pressure, pregnancy,	etc.
		,g p	, court, pregnancy,	10.
L				
RT	X: APPLICANT'S DECLARATION			
I d	declare that the details given by me on this form t			AND ASSESSMENT OF STREET
I de I aq De I au	declare that the details given by me on this form to gree that I will undergo, at my expense, any furth epartment.	her medical exan	ninations that may be r	equired by the Immigration
I de I aq De I ac	declare that the details given by me on this form to gree that I will undergo, at my expense, any furth epartment.	her medical exam es this form to re to this examinati	ninations that may be r	equired by the Immigration
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BMDC A-55144, MMC-BGD-016
DG Shipp.ng Bangladesh Approved
General Physician
Radical Hospitals Limited.

COMPANY STAMP/SEAL:

9



## CHEMICAL BLOOD SCREENING CERTIFICATE

Sea	ifarer's Name (Last, First, Middle)	Sex (Male/Female)			
St	HALLE MOHAMMAD SAMEER	MALE			
	e of Birth (Day/Month/Year)	Nationality			
ŧ	8-DEC-1987	BANGLADES	н)		
	is to confirm that the above-mentioned sea				
rot	up managed chemical Carriers has undergor s on chemical exposure either,	ne a complete chemica	al blood scree	ning to p	rovide an
1	rior to joining vessel				
		8 S SW			
	fter signing off from chemical cargoes carried	d onboard (see attache	ed form V-CCI	H-003 – E	Blood Test
fo	r Chemicals")				
	Declaration of the re	cognized medical prac	titioner		
			Yes	, No	N/A
1	Identification documents were checked at the poin	t of examination?	V	-	
2	All values within reference level?  If "No", please specify.				
3	Is the seafarer free from any medical condition (Bas Blood Screening) likely to be aggravated by service seafarer unfit for such service or endanger the life of	at sea or to render the		7	
4	Date of chemical blood test (Day/Month/Year)		210	CT 2023	
5	Expiry of certificate (Day/Month/Year)**		8770 Y-12		
	** Maximum one year validity from date when test	s have been taken	20 OC	T 2024	
	OCT 2023	(Specify Rank)	R, MIR, MI 88 (DU), DFM, CCD ( MDC A-55144, I 6 Shipping Bang General P	MMC-BGD	-016

Seafarer's Information

Date/ Place

Signature of Authorised Person

Radical Hospitals Limited. Official Stamp of Issuing Authority

(Name, Address etc.)

#### FOR SEAFARER

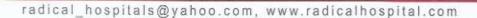
have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

A medical examination report containing the medical history, clinical findings and other diagnostic tests and results of the seafarer is contained in a separate document.

If you are sick for more than 30 days or your medical fitness changes significantly during your leave, you should contact an approved doctor (preferably the one who issued the certificate) for medical review and inform your local crewing office.







Id No : 23100782

Date: 21-Oct-2023

D.Date: 21-Oct-2023

Patient's Name: MOHAMMAD SAMEER SHAKIR

Age: 35Y 10M 3D

Gender: Male

Specimen

: Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/5225

### **Haematology Report**

(Relevant estimations were carried out by Mythic-One Auto H:

Parameter Name	Results	Reference Range	
Hemoglobin (Hb)  ESR(Westergreen)	15.9 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)	6,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)			antBh.
Neutrophils	65 %	Child: 25-66 %, Adult: 40-75 %	all like
Lymphocytes	31 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %	WBCCURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	
Total Cir. Eosinophils	120 /cumm	50-450/cumm	
Total RBC Count	5.23 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	43.7 %	M: 40-54%, F:37-47%	lk.
MCV	83.6 fL	76 - 94 fL	
MCH	<b>30.4</b> pg	27 - 32 pg	lillh.
MCHC	36.4 g/dL	29 - 34 g/dL	RBCCURVE
RDW	13.6 %	11 - 16 %	я
PDW	14.8 fL	35 - 56 fl	III.
Total Platelete Count (PC)	1,62,000 /cumm	150,000-450,000/cumm	
MPV	11.4 fL	7.0 - 11.0 fL	
PCT	0.144 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	
Cloting Time(CT)	%	0.1- 0.2 %	

Checked By Medical Technologist

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



Bill No	DIA23100782	Received Date	21/10/2023
Patient's Name	MOHAMMAD SAMEER SHAK	IR	
Patient's Age	35Y 10M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU	),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5225
Sample	BLOOD		

### SEROLOGYCAL REPORT

Test Name

Result

VDRL Non-reactive

RADICAL

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	DIA23100782	Received Date	21/10/2023
Patient's Name	MOHAMMAD SAMEER SHAK	IR	
Patient's Age	35Y 10M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU	J),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5225
Sample	URINE		

#### URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-2/HPF

### CHEMICAL EXAMINATION CASTS / LPF

Reaction	Acidic	RBC	Nil	
Albumin	NIL	WBC	Nil	
Sugar	NIL	Epithelial	Nil	
Ex.Phosphate	Nil	Granular	Nil	
	MAL	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 Technologist. Radical Hospitals Ltd. Dr. Sumaiya Khatun MBBS, MD (Microbiology) Associate Professor Dept. of Microbiology East West Medical College and Hospital.



Bill No	DIA23100782	Received Date	21/10/2023
Patient's Name	MOHAMMAD SAMEER SHAKIR		
Patient's Age	35Y 10M 3D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/5225
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	

Methadone Negative
Propoxyphene Negative

Checked By

Medical Technologist. Radical Hospitals Ltd.

Alcohol

Benzodiazepines

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

Negative

Negative



Patient's Name	:	MOHAMMAD SAMEER SHAKIR	ID NO		23100782
Age	:	36 Yrs	Date	1.	21/10/2023
Sex	:	Male		10.7	
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	1:	(),			

# **Dental Examination Reports**

No

No

## On Examination

1. Dental Caries Absent

2. Calculus Absent

Missing Absent

4. Gum Condition Normal

5. Filling No

7. Any Bridge/Denture/Crown

8. Oral Hygine Normal

Comments: Normal

6. Root Canal Treatment

Dr. Mir Md. Raihan

MBBS (DU,) CCD (Birdem), PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited



Date: 21/10/2023

# EYE EXAMINATION REPORT

NAME:	MOHAMMAD SAMEER SHAKIR		
AGE:	36 YRS	RANK: 2 <sup>ND</sup> OFF	CDC NO:C/O/5225

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

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

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	MOHAMMAD SAMEER SHAKIR			
Age	:	36 Yrs	Date	1:	21/10/2023
Sex	:	Male	CDC N	CDC NO:C/O/5225	
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DFM			

# Psychometric Test

Test Name	Remarks			
1.APTITUDE TEST				
Numerical Reasoning test	Poor /Good /very good /excellent			
Verbal Reasoning test	Poor /Good /very good /excellent			
Inductive reasoning test	Poor /Good /very good /excellent			
Diagrammatic Reasoning test	Poor /Good /very good /excellent			
Logical Reasoning test.	Poor /Good /yery good /excellent			
Error checking test	Poor /Good /very good /excellen			
2.Skill Test	Poor /Good /very good /excellent			
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFI			
4.Watson Glaser test(Critical Thinking Test)				
Arguments	Poor /Good /very good /excellent			
Assumptions	Poor /Good /very good /excellen			
Deductions	Poor /Good /yery good /excellent			
Interpreting Information's	Poor /Good /very good /excellent			
Inferences	Poor /Good /very good /excellent			
5. Situational Judgment Test.	Poor /Good /very good /excellent			

Poor: <6

**Good:** 6-7

very good: 7-8

excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

Dr. Mir Md. Raihan

MBBS (DU), DFM, CCD (Birdem), PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved General Physician Radical Hospitals Limited

RADICAL HOSPITAL

radical\_hospitals@yahoo.com, www.radicalhospital.com

## **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No.

23100782

Receive: Print: 21/10/2023

Patient's Name

MOHAMMAD SAMEER SHAKIR

Age

36 YRS

Sex

M

Refd. by

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

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

Rate

: 73 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.

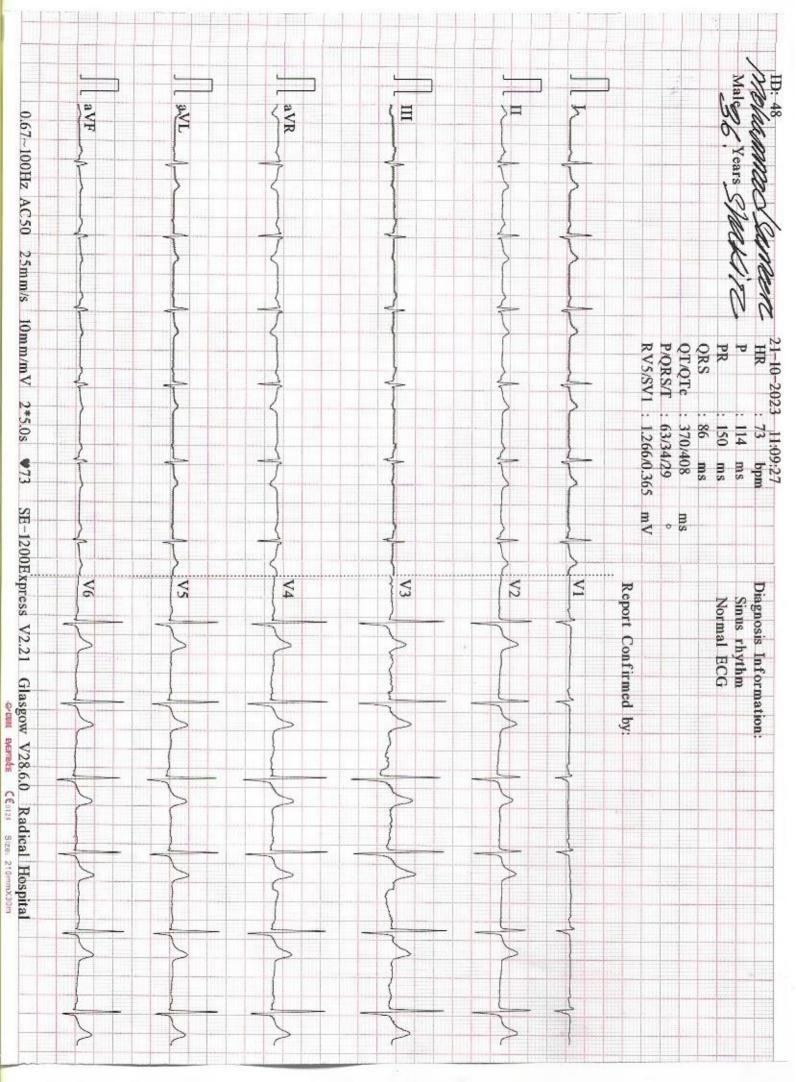
Dr. Debashish Paul

MBBS, MD (Cardiology)

Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital





## DEPARTMENT OF RADIOLOGY & IMAGING

Print: 21/10/2023

ID. No. : 23100782 Receive:21/10/2023

Patient's Name : MOHAMMAD SAMEER SHAKIR

Age : 36 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