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: KABIR (Surname) EKRAMUL (First Name) Middle Initial Sex: M Serial No:

Date of Birth: 08/02/1992 PP/CDC: C/0/7914 Rank: C/OFF

Vessel: M.T CHEM Type: OIL/CHEMICAL Route: GULF AREA

Home Address: HA 042, TEKNAGARARA, BLOCK-A, CHANDONA-1702, GAZIPUR SADAR, GAZIPUR

Company Name :

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
170cm	70kg	41 40"	120/80mm	78/min	18/min	Good

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

Field of Vision: Normal ✓ / Abnormal

Colour Vision		Normal / Abnormal
	Ishihara	Normal ✓ / Abnormal
	Other	Normal ✓ / Abnormal

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

Hearing	Right Ear	Left ear
	✓	✓

Systemic Examination

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

Notes

FIT FOR SEA SERVICE
AS
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	15.9 gm%	14-16 gm %
Total WBC count	7,200 cu.mm	4000-11000 / cu.mm
Neu 70 % Lymp 24 % Eos 02 Ba 00 % Mo 02 %		
Malarial parasite	Not Found	
ESR	05 mm / 1st hour	1- - 15 mm / hr
SGPT	27 U/L	9--43 U / L
S.Cholesterol	N/E mg/dl	145--260 mg / dl
S.Triglycerides	N/E mg/dl	upto 200 mg /dl
Blood Sugar	RBS N/ PPBS .	upto 125 mg %
HbsAg	Negative	
HIV I & II	Negative	
VDRL	Not Found	
Others		
Blood Group		GGTP U/L

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

Spirometry: Normal

Drugs of Abuse: Negative

USG: Normal

ECG : Normal TMT: N/E

X-Ray Chest: 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: 06 OCT 2025

Candidate's Signature

Date: 07-10-2023

Radical Hospital Ltd. As Per MLC-2006 Shipping Bangladesh Approved

Doctor's signature:

DR. MIR MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BCD-016
DG Shipping Bangladesh Approved
General Physician

07 OCT 2023

04.2023.4922

COOK ISLANDS
PHYSICAL EXAMINATION
REPORT / CERTIFICATE

Ship Registration
FORM. 31
v.3

Surname	KABIR	Given Name(s)	EKRAMUL
Date of Birth	Day 08	Month 02	Year 1992
Place of birth	City GAZIPUR	County **BANGLADESH**	

Examination for Duty As		Mailing Address of Applicant
Master	☐	H#042, TEKNAGAPARA, BLOCK-A, CHANDONA-1702, GAZIPUR SADAR, GAZIPUR.
Deck Officer	☑	
Engineering Officer	☐	
Radio Officer	☐	
Rating	☐	

(affix ph

DR. MIR MD RA... RADICAL HOSPITALS LTD. REG. NO. A-55...

Medical Examination
See reverse side of medical requirements

Height	Weight	Blood pressure	Pulse	Respiration	General appearance
170 cm	70 kg	120/80mm	78b/m	18b/m	Good

Vision	Right Eye	Left Eye	Hearing	Right Ear	Left Ear
With Glasses					
Without Glasses	6/6	6/6		Nil	Nil

Dental		
The applicant is free from visual infections of the mouth cavity or gums	Yes ☑	No ☐

Colour Test			
Book ☑		Lantern ☐	
Red ☑	Yellow ☑	Blue ☑	Green ☑
Are glasses or contact lenses required to meet the required vision standard		Yes ☐	No ☑

Head and Neck	Heart (Cardiovascular)
Normal	Normal
Lungs	Speech Deck/Navigational – Officer/Radio Officer Speech must be unimpaired for normal voice communication
Normal	Normal
Upper extremities	Lower extremities
	Normal

Radical Hospital Ltd. As Per-MLC-2006

Is applicant vaccinated in accordance with WHO requirements **	Yes ☑	No ☐
Is the 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?		
NO.		
Is the applicant taking any non-prescription or prescription medications If yes please describe below	Yes ☐	No ☑

Ekrul — 07-10-2023

Signature of Applicant — Date

To be affixed in the presence of the examining physician

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

EKRAMUL KABIR — who is / not* certified to be free of communicable disease

Name of applicant

She / he* is found to be fit / not fit* for duty as a Master / Deck Officer / Engineering Officer / Radio Officer / Rating * without / with the following restrictions:*

FIT FOR DUTY ON BOARD SHIP

*delete as appropriate

PHYSICIAN NAME : **DR. MIR MD RAIHAN MBBS,(DU), DFM**

ADDRESS: **RADICAL HOSPITALS LIMITED UTTARA, DHAKA-1230, BANGLADESH**

PHYSICIANS CERTIFICATING AUTHORITY: **DG SHIPPING BANGLADESH**

LICENCE NUMBER: **A-55144**

DATE OF ISSUE*: 07 OCT 2023

DATE OF EXPIRY*: 06 OCT 2025

**of this certificate*

Signature of Physician — 07 OCT 2023 — Date

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 Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

INSTRUCTIONS

All applicants for an officer certificate, endorsement, seaman's book or certification of special qualifications shall be required to have a physical examination, by a certified physician.

The completed medical certificate must accompany the application for officer certificate, endorsement, seaman's book or certification of special qualifications.

The physical examination must be carried out not more than 12 months prior to the date of making an application for officer certificate, endorsement, and certification of special qualifications or seaman's book.

The examination shall be conducted in accordance with the International Labour Organization, World Health Organization *Guidelines for Conducting Pre-Sea and Periodic Medical Fitness Examinations for Seafarers (ILO/WHO/D.2/1997)*. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken by the applicant, and that he/ she is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conduction the examinations, the certified physician should, where appropriated, examine the seafarers 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:

1) Hearing
   a) 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 poor ear at 5 feet (1.52m)

2) Eyesight
   a) 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 eye. If the applicant wears glasses, he must have vision without glasses of at least 20/160 (0.13) in both eyes.
   b) Deck officer applicants must also have normal colour perception and be capable of distinguishing the colours red, green, blue and yellow
   c) 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 colours red, yellow and green.

3) Dental
   a) Seafarers must be free from infections of the mouth cavity or gums

4) Blood Pressure
   a) An applicant's blood pressure must fall within an average range

Radical Hospital Ltd. As Per-MLC 2006 Seafarers Bangladesh Approved

5) Voice
   a) Deck /Navigational officer applicants and radio officer applicants must have speech which is unimpaired for normal voice communications.

6) Vaccinations
   a) All applicants shall be vaccinates according to the requirements indicated in the WHO publication, International travel and Health, Vaccinations and Requirements and Health Advice (Available at http://www.who.int/ith/chapters/ith2012en_chap6.pdf) and shall be given advice by the certified physicians on immunizations. If new vaccinations are given these shall be recorded.

7) Disease or Conditions
   a) Applicants afflicted with any of the following disease or conditions shall be disqualified: epilepsy, insanity, senility, alcoholism, tuberculosis, acute venereal disease or neurosyphilis, AIDS, and / or the use of narcotics.

8) Physical Requirements
   a) Applicants for able seafarer, bosom, GP-1 ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
   b) Applicants for fire/water tender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officers certificate.

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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): EKRAMUL KABIR					
Address: H # 042, TEKNAGAPARA, BLOCK-A, CHANDONA- 1702, GAZIPUR					Tel No: 01911984023
Passport No B0006486O	Date of Birth 08-02-1992	Country of Birth BANGLADESH	Nationality BANGLADESHI	Sex: Male/Female ✓	Dept: Deck/Engine ✓ Rank: C/OF F

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 07-10-2023

Signature of the Applicant

PART B. RESULTS OF EXAMINATION:

Radical Hospital Ltd. As Per MLC-2006 DG Shipping Bangladesh Approved

1.Height/Weight	170	meters	70	Kilos			
2.Hearing					Right	Left	
3. Eyesight (with out aids)	6/6	Right	6/6	Left			
Eyesight (with aids)		Right		Left			Colour vision
4. Urinalysis	NIL	Microscopy	NIL	Sugar	NIL		Albumin
5. Full Blood count	15.6	Hb	7,300	WBC	171000		Pltelts
6. VDRL		Negative		Positive			
7. Chest X-ray (last X-ray within 2 months)		Normal		Abnormal			
8. Electrodiagram (ECG) (EDC)		Normal		Abnormal			
9.Pulse	76	Per min					
10. Blood Pressure	120/80	mmHg					
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: 07 OCT 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 Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

MEDICAL FITNESS CERTIFICATE

NAME IN FULL: EKRAMUL KABIR

SEAMAN BOOK NO/PP NO. C1017914

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 07 OCT 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)

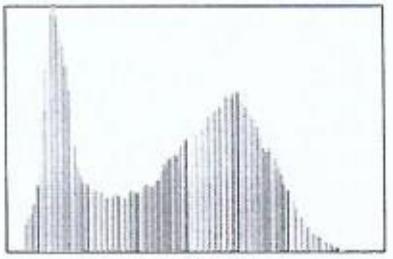
Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

Id No : 23100251	**Date :** 07-Oct-2023	**D.Date :** 07-Oct-2023
Patient's Name : EKRAMUL KABIR	**Age :** 31Y 7M 29D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/7914		

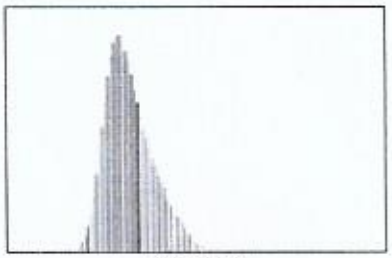
Haematology Report

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

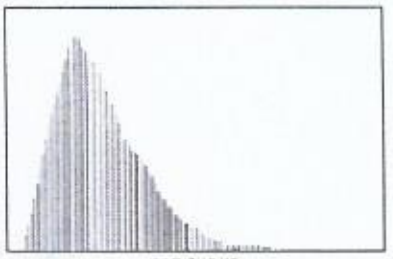
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.9** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**7,300** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**70** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**24** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**04** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**146** /cumm	50-450/cumm
Total RBC Count	**5.08** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**39.3** %	M: 40-54%, F:37-47%
MCV	**77.4** fL	76 - 94 fL
MCH	**31.3** pg	27 - 32 pg
MCHC	**40.5** g/dL	29 - 34 g/dL
RDW	**15.7** %	11 - 16 %
PDW	**14.3** fL	35 - 56 fl
Total Platelete Count (PC)	**1,71,000** /cumm	150,000-450,000/cumm
MPV	**8.9** fL	7.0 - 11.0 fL
PCT	**0.152** %	0.1 - 0.%



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.

Bill No	DIA23100251	Received Date	07/10/2023
Patient's Name	EKRAMUL KABIR		
Patient's Age	31Y 7M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7914
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Serum Bilirubin (Total)	0.63 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27.U/L	Up to 40 U/L
Serum Alkaline Phosphatase	153 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

Bill No	DIA23100251	Received Date	07/10/2022
Patient's Name	EKRAMUL KABIR		
Patient's Age	31Y 7M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:	C/O/ 7914
Sample	Urine		

URINE TEST FOR BENZENE

Test Name	Result	Reference Range
BENZENE	NOT DETECTED	1.2-35.6Mg/L
PHENOL	NOT DETECTED	1.2-35.6Mg/L

Checked By
Medical Technologist,
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

RADICAL HOSPITAL LIMITED

Bill No	DIA23100251	Received Date	07/10/2023
Patient's Name	EKRAMUL KABIR		
Patient's Age	31Y 7M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7914
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative

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	DIA23100251	Received Date	07/10/2023
Patient's Name	EKRAMUL KABIR		
Patient's Age	31Y 7M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/7914
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Test Name	Result
Drug Level of Urine	
Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23100251	Receive:07/10/2023	Print: 07/10/2023
Patient's Name	:	**EKRAMUL KABIR**		
Age	:	31 Yrs	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : **Normal chest skiagram.**

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

ID: 23091423

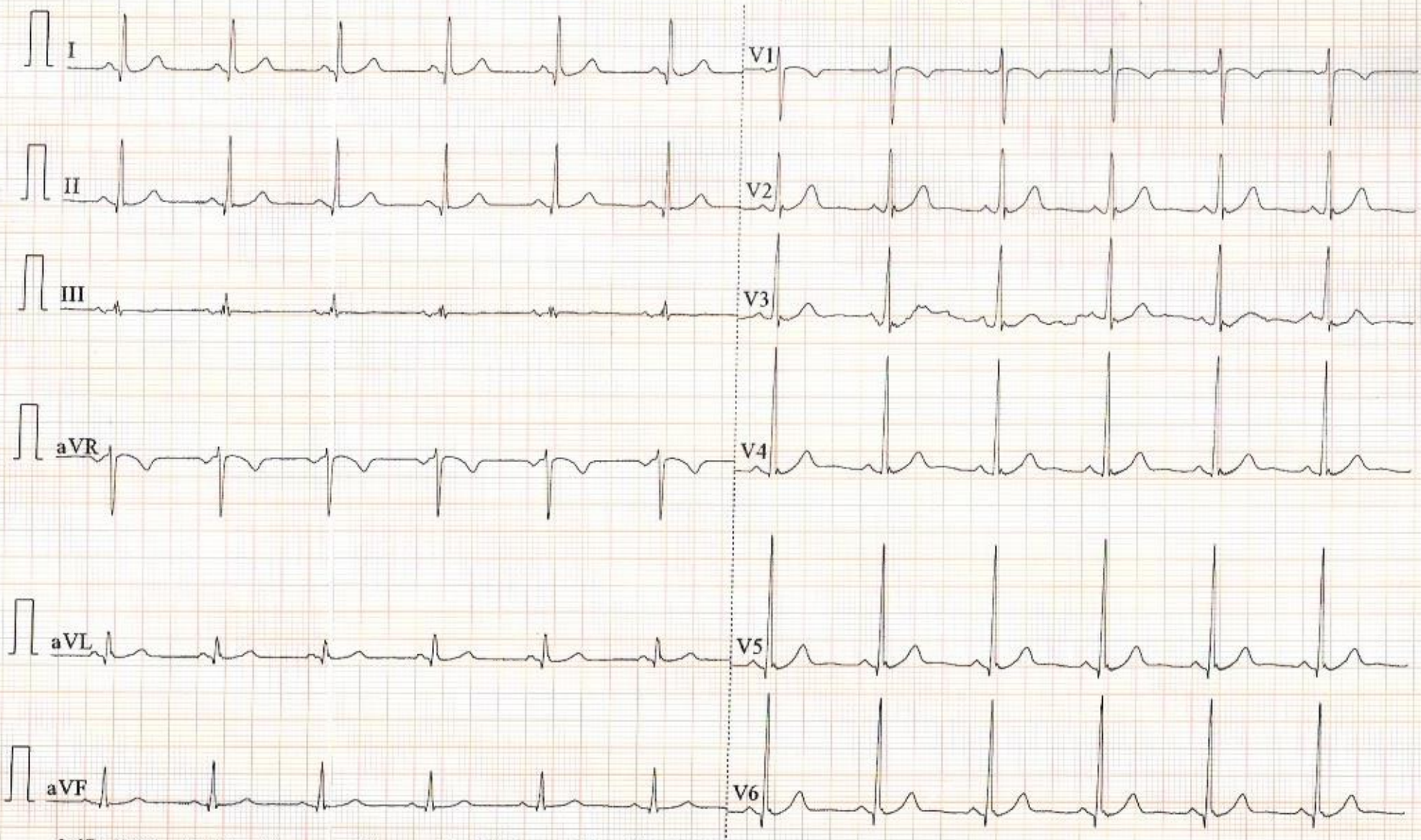
Male 21 Years

07-10-2023 10:54:32

HR	: 73	bpm	
P	: 106	ms	
PR	: 124	ms	
QRS	: 90	ms	
QT/QTc	: 378/417	ms	
P/QRS/T	: 30/40/34	°	
RV5/SV1	: 2.320/0.967	mV	

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥73 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23100251	Receive: Print: 07/10/2023		
Patient's Name	:	**EKRAMUL KABIR**			
Age	:	31 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

This report has been electronically signed

radical_hospitals@yahoo.com, www.radicalhospital.com

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Patient ID	23100251	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	07/10/2023
Patient Name	EKRAMUL KABIR		
Age	31 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is **normal in size 12.1cm, regular in shape and normal position. The echogenicity of the parenchyma is normal** . Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : Normal size regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated.

SPLEEN :- Is normal in size (9.9x 3.6)cm and uniform in echo-texture.

BOTH KIDNEYS :-Are normal in size RK-8.7cm, LK-9.7cm regular in shape. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

URINARY BLADDER : Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE: Normal in size and volume is 9.0cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Suggestive of Normal study.

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

7.10.23

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that / JE Soussigne (e) certifie que | EKRAMUL KABIR | date of brith / no (e) le | 08-02-92 | Sex / sexe | MALE

Whose signature follows / dont la signature suit | Ekr

has on the Date indicated been vaccinated or revaccinated against Cholera
a ete vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateure	Approved Stamp Cechet d'authentification	
31 AUG 2023	Sabrina DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka.	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.	CENTRE FOR VACCINATION AGRABAD C/A, CTG. BANGLADESH

2			

The validity of this certificate shall extend for a period of Two Years, beginning six days after the first injection of vaccine of in the event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 from prescribed by the health adminstration of the territory in which the vaccinationis perfomed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant lex despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou I o. mission d' une quelconque des mentions qu il comporte pe u.t effecter sa 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' (c) certific que } EKRAMUL KABIR date of brith / no' (e) le } 08-02-1992 Sex / sexe } MALE

Whose signature follows / dont la signature suit } Ekr

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nunne' or du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1 24 AUG 2023	Sabrina DR. SABRINA MOSTAFA MBBS (D.U) Reg. No. BMDC, Dhaka A-68208 Seafarer's Medical Practitioner Approved by, D.G. Shipping, Dhaka	YELLOW FEVER VACCINATION L. NO DAKAR 1313	CENTRE FOR VACCINATION AGRABAD C/A, CTG. BANGLADESH
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of tne years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccinatio.

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

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

Ce certificate n' est valable que si le vaccin employe' a c' tc" a approve" par l' Organisation Mondiale de la Sante" et sile centre de vaccination ae' tc' habilite parl' adminstration sanitaire du territoire dans lequel' ce centre est siture'

La validite' de ce certificat couvre une pe' riode de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificate do it etre signe' par un me' decin de sa propre main. son cachet official ne pouvant ctre conside' re' comme lenant lieu de signature.

Toute correction ou rature sur le certificate ou l ' omission d' une quelconque des mentions qu' il comporte peut affecter sa validite.