



HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A-55144

PATIENT CONTROL NUMBER HSL-004396

Tel: +880-2-333316214-6, Fax: +880-2-333310530

RNAME		FIRST NAME AND	-210		MIDDLE NAME		
ACE AN	ISLAM ND DATE OF BIRTH	PASSPORT NUMBER	IIDUL		OCAMANIO DOOK	NU OMETETS	
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Have yo	ou ever had any of the following con	ditions?					-
	Condition	YES NO	Conditi	on		YES	NO.
1	Eye/vision problem		18 Sleep pr	roblems			XX
2	High blood pressure	11 1/1	19 Do you	smoke?			11
3	Heart/vascular disease	Π T/.	20 Operation	on/surge	ry	1.1	VI
4	Heart surgery		21 Epilepsy	//seizure	s		1/1
5	Varicose veins	TJ ///	22 Dizzines	ss/faintin	9	П	14
6	Asthma/bronchitis	D 1/2	23 Loss of	consciou	usness		61/
7	Blood disorder		24 Psychia	tric probl	lems		11
8	Diabetes		25 Depress				41
9	Thyroid problem	TI //	26 Attempt	ed suicid	ie		17
10	Digestive disorder		27 Loss of	memory		D	NY
11	Kidney problem		28 Balance	problem	n		M
12	Skin problem		29 Severe	headach	nes		M
13	Allergies	II No	30 Ear/nos	e/throat	problems		N
14	Infectious/contagious diseases		31 Restrict	ed mobil	ity		18
15	Hernia	U /1/	32 Back pr	oblems			211
16	Genital disorders	II V	33 Amputa	tion			11
17	Pregnancy	1 NO	34 Fracture	es/disloc	ations		
36 37 38 39	Have you ever been hospitalised? Have you ever been declared unfi Has your medical certificate ever Are you aware that you have any	t for sea duty? been restricted or revoke				0 0 0	
40	Do you feel healthy and fit to p				cupation?	1	
41	Are you allergic to any medication	ns?	200				1
Comme	ents:	OR DUTY ON BOA	Pala name				
42						- 0	_/
-	Are you taking any non-prescription			0 Ca (FC) 30			
ir yes, p	please list the medications taken an	a the purpose(s) and do:	sage(s)				
						-	11000
l hereb	y authorize the release of all my pre	vious medical records fr	om any health pr	ofession	als, health institutions	and public auti	horities
	Mir Md. Raihan (approved medical		hat my history or	ontained	above is true and any	false statemer	nt will
disqual	lify me from my employment, benefi	ts and claims.					
	Arid						
_	1/-	-					
DIOM	Signature of Seafarer						
DICAL	EXAMINATION			,			
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Visual acuit	y meets the	standard	laid do	own in STCM	/ Code	See	tion A-1	19		NO NO			
Colour visio	n as per ST	CW COD	E Sect	tion A-1/9:		No		L			EL D	efective	
Date of last	colour visio	in test: Da	ite (day	//month/year	05	OC	T 2023	_			1777, 1788		
			0	Normal	Abno	rmal	0						rmal Abnorm
Head				Xn			Vai	ricose ve	ins			NO	Abnorm
Sinuses, no				41			Va	scular (in	c. pedal	pulses)		/	
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ESR (WEST	ERGREN)	05		Morphine		10	Positive	New New	ative	HIV / AIDS T	est		tiv Nonreacti
WBC		5.7	00	Amphetamin	ne		Positive	Z Kieg	ative	VDRL	oot		iv Nonreacti
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fit he Seafarer fre	ee from any lith of other ons (e.g., sp	medical o persons o pecific pos	condition on boar ition, ty	Yes	e aggr	1	ed by se	ervice at	sea or to	render the se	eafarer	unfit for su	ch service or to
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the Seafarer fredanger the hea	ee from any lith of other ons (e.g., sp	medical o persons o pecific pos	condition on boar ition, ty	Yes 11 vpe of ship, tr	e aggr	1	ed by se	2	sea or to	render the se		unfit for su	
he Seafarer fre danger the hea scribe restriction	ee from any lith of other ons (e.g., sp	medical of persons of persons of pecific pos	condition on boar ition, ty , referr	Yes 11 vpe of ship, tr	e aggr	1	ed by se	2	sea or to	render the se		1 9/	

Revision Date : 24th July 2022

PHYSICAL EXAMINATION REPORT/CERTIFICATE DEPUTY COMMISSIONER OF MARITIME AFFAIRS

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT	FIRST NAME		MIDDLE INITIAL
ISLAM	JAHIDUL		
DATE OF BIRTH	PLACE OF BIRTI	I	SEX
8 25 1989	CUMILLA	BANGLADESH	
MONTH DAY YEAR	CITY	COUNTRY	MALE FEMALE
EXAMINATION FOR DUTY AS:		MAILING ADDRESS OF APPLIC	CANT
MASTER RATING		VILL- KAILAIR KANDI, PO- (JOAL MARI, PS- DAUDKANDI
MATE MOU DEC	к 🗌	DIST- CUMILLA., 3516	
ENGINEER MOUENG	INE	Halle on the Control of the Control	
RADIO OFF SUPERNU	MERARY [BANGLADESH.	
MEDICAL EXAMINATION (SEE PAG	E 2) STATE DETAIL	S ON PAGE 2	
HEIGHT WEIGHT BLOOD	PRESSURE	PULSE RESPIRATION	GENERAL APPEARANCE
276cm 8515 190	10mm 70	Bn. Idn	11000
VISION: RIGHT LYL	LINET FY!	,	
WITHOUT GLASSES 6	166-	6	
WITH GLASSES	1		
DATE OF LAST COLOR VISION TEST (M	onth/Day/Year) 05 (CT 2023 Testing Require	ed every 6 years
COLOR VISION MEETS STANDARDS IN			NO TO
COLOR TEST TYPE: BOOK - LANTERN - CHI	CK IF COLOR TEST IS N	IORMAL YELLOW	RED GREEN BLUE
HEARING RT. EAR	10	LEFT YEAR	200
HEAD AND NECK	mal	IFART (CARDIOVASCULAR)	Nannel
LUNGS DEPT	nn	PEECH (DECK/NAVIGATIONAL OF	30 C (11 4 C C C C C C C C C C C C C C C C C C
112100		S SPEECH UNIMPAIRED FOR NOR!	MAI, VOICE COMMUNICATION
EXTREMITIES VOTO	nel	LOWER	Netomel
IS APPLICANT SUFFERING FROM ANY I OR LIKELY TO ENDANGER THE HEALT EXAMINATION ON PAGE 2			
(Attical		5-Oct-2023	0 4 OCT 2025
SIGNATURE OF APPLICANT		DATE OF EXAM	EXPIRY DATE
	ILD BE AFFIXED IN T	HE PRESENCE OF THE EXAMINING	G PHYSICIAN
THIS IS TO CERTIEV THAT A PHYSICAL	ENAMINATION WAS	GIVENTO	AHIDUL ISLAM
Į.	IT FOR DUTY O	N BOARD SHIP INAMEDRA	PPLICANT)
ME) (SHE) IS FOUND TO BE ATT) (NOT:			
NAME AND DEGREE OF PHYSICIAL	V DR, MD, AYU	BUR RAHMAN M.B.B.S; P.G.	T. (MEDICINE)
		IBER(G/F), 10- AGRABAD C/A, CF	
ADDRESS SABA DIAGNOSTIC CE			
ADDRESS SABA DIAGNOSTIC CE NAME OF PHYSICIAN'S CERTIFICA		BANGLADESH MEDICAL ANI	D DENTAL COUNCIL (B.M.D.C.)
	TING AUTHODITY	BANGLADESH MEDICAL ANI 3-Feb-84	D DENTAL COUNCIL (B.M.D.C.)

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Scafarers.

The Medical Certificate shall be valid for no more than two (2) years from the date of the Ex amination for those over 18 years of age and for no more than one (1) year for those under 18 years of age

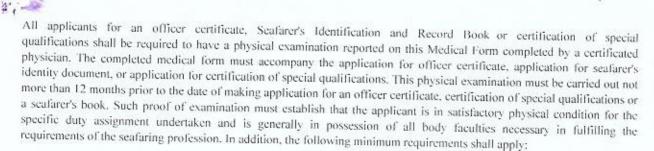
RLM-I05M (REV. 12/17)DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A 55144, MMC-BGD-018

DG Shipp.ng Bangladesh Approved General Physician

Radical Hospitals Limited.



MEDICAL REQUIREMENT



- (a) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer car at 5 feet.
- Deck officer applicants must have (either with or without glasses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/160 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 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- (d) An applicant's blood pressure must fall within an average range, taking age into consideration.
- (e) 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.
- (f) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- (g) 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.
- (h) Applicants for fireman/watertender, oiler/motorman, pumpman, electrician, wiper, tankerman and survival craft/rescue boat crewman must meet the physical requirements for an engineer officer's certificate.

DETAILS OF MEDICAL EXAMINATION

(To be completed by examining physician)

1. COMPLETE PHYSICAL	EXAMINATION INCLU	DING HEARING TEST.
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PATHOLOGICAL EXAMINATION: A) Complete Blood Count., B) Blood Sugar Estimation,

C) Serological Test(VDR) D) Hepatitis B Sarface Antegen Test (HbsAg).

E) Urinlysis F) Drug Test G) Alcohol Test.

3. X - RAY EXR PA VIEW

4. E.C.G. TEST

5. EYE EXAMINATION FOR V/A & C/V

05 OCT 2023

RLM-I05M (REV. 12/17)

As Po-MBC-2008

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.

GOODWOOD PRE-EMPLOYMENT MEDICAL EXAMINATION GUIDELINES The following document shall be updated by the Approved Medical examiner Date The document shall be reviewed by the executive while updating the embarkation checklist 5/10/2023 Seafarer details Name Passport Number JAHIDUL ISLAM EF0488528 Sr. No. TESTS TO BE CONDUCTED Passed Failed Basic Tests: Medical History & Physical Examination 2 Optical Test For Visual Acuity 3 Dental Examination & Oral Hygene Report (issued by a dentist) 4 CBC (Compelte Blood Count) with differential count 5 Urine Analysis - with microscopic examination 6 Chest X-Ray PA View Blood Type (A, B, O, Rh Factor) 8 Phychological Evaluation (to be done by an accredited psychologist) 9 Hearing Test / Audiometry 10 VDL/RPR 11 HIV Screening HbsAg (Hepatitis B virus screening) 12 13 Colour Vision Test (Ishihara Test) 14 ECG (Electro Cardiograph) 15 Fasting Blood Sugar (FBS) 16 Creatinine (Kidney Function Test) 17 BUA (Blood Uric Acid) (Only for seaferers 40 years of age and older) 18 Triglycerides (Only for seaferers 40 years of age and older) Total Cholesterol (Only for seaferers 40 years of age and older) 19 20 BMI - Less than 30 **Enhanced Medical Examination:** 21 22 2 Hours Post Pranial Test 23 SGOT 24 SGPT 25 (KUB) Kidney Uretter Bladder Abdominal Radiograph 26 Peak Flow Meter Malarial Smear Drug & Alcohol Test Screening (Methampethamine, Cannabinoids & Alcohol 28 BUN (Kidney Fucntion Test) 29 30 Ultrasound (Liver, Gallbladder, Hepato-Biliary Tree, Kidney, Ureters, 31 Urinary Bladder) by a qualified radiologist 32 Stool Culture (Only for food handlers) Optional Tests (Cost of optional tests are borne by the seafarer) 33 TPHA - (If Positive for VDRL) 34 HbeAg - (if positive for HbsAg but with normal liver enzymes) NOTE: In addition to above the flag state requirements must be complied with. Medical examiner's declaration Upon review of the findings of the above mentioned tests; I hereby declare the seafarer Remarks by medical examiner Fit Unfit

FIT FOR DUTY ON BOARD SHIP

08.61.00.003.01
PRE-EMPLOYMENT MEDICAL EXAMINATION GUIDELINES

2

3

For sea service

select applicable box

Seafarer's declaration on personal consumption of prescribed medicines

Employee's Family Name: ISLAM Date of Birth: 25-Aug-1989
First and Middle Name: JAHIDUL Position: 2ND ENGINEER

Medical Certificate No.: 04.2023.4904 Expiry Date: 04 007 2025

I declare that I am consuming the following medication prescribed by my family doctor to treat my pre-existing illness and that I am not carrying any other medication during this contract.

No psychotropic drugs have been prescribed and / or will be consumed.

Name of Drug	Dosage	Type of pre-existing illness

I have considered the possible safety risk related to the consumption of the above-mentioned medicines whilst on duty & confirm that the above medicines will not have adverse efects.

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

Date 05 OCT 2023

Name of Doctor Medical clinic rubber stamp

Signature of Doctor





Id No : 23100181 Date: 05-Oct-2023 D.Date: 05-Oct-2023

Patient's Name: JAHIDUL ISLAM Age: 34Y 1M 10D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/6024

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb) ESR(Westergreen)	14.2 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)	5,700 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)	E9.0/	Child: 25 66 9/ Adult: 40 75 9/
Neutrophils	58 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	37 %	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	114 /cumm	50-450/cumm
Total RBC Count	5.88 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	40.3 %	M: 40-54%, F:37-47%
MCV	68.5 fL	76 - 94 fL
MCH	24.1 pg	27 - 32 pg
MCHC	35.2 g/dL	29 - 34 g/dL
RDW	13.3 %	11 - 16 %
PDW	14.5 fL	35 - 56 fl
Total Platelete Count (PC)	3,57,000 /cumm	150,000-450,000/cumm
MPV	6.6 fL	7.0 - 11.0 fL
PCT	0.236 %	0.1 - 0.%

Checked by Medical Technologist

Dr. Sumaiya Khatun

MBBS,MD(Gold Medalist) (BSMMU)

Associate Professor

Dept. Of Microbiology

East West Medical College & Hospital.



Bill No	DIA23100181	Received Date	05/10/2023
Patient's Name	JAHIDUL ISLAM		
Patient's Age	34Y 1M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(E	BIRDEM),PGT(Eye),DFM	CDC NO:C/O/6024
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	5.2 mmol/l	4.2 - 6.4 mmol/l
Serum Creatinine	0.84 mg/dl	0.3 - 1.3 mg/dl
Serum ALT (SGPT)	27 U/L	Up to 40 U/L
Serum AST (SGOT)	24.0 U/L	Up to 37 U/L
HbA1C	5.0 %	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

Medical Lonnologis Radical Mospitals Ltd. Dr. Sumarya Khatun

M BBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital



Bill No	DIA23100181	Received Date	05/10/2023
Patient's Name	JAHIDUL ISLAM		
Patient's Age	34Y 1M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/6024
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name

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

BLOOD GROUPINGResult

ABO Blood Group "B" (+ve)

Rh(D)Factor Positive

Result

Checked By

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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23100181	Received Date	05/10/2023
Patient's Name	JAHIDUL ISLAM		1
Patient's Age	34Y 1M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRE	DEM),PGT(Eye),DFM	CDC NO:C/O/6024
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	0-1/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
	T(}-\ []	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



Test Name

Bill No	DIA23100181	Received Date	05/10/2023
Patient's Name	JAHIDUL ISLAM		
Patient's Age	34Y 1M 10D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)	CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/6024
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Result

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By

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



Patient's Name	:	JAHIDUL ISLAM	ID NO	:	23100181
Age	1:	34 Yrs	Date	1:	05/10/2023
Sex	:	Male			
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			
Nature of Specimen	:	7			

Dental Examination Reports

On Examination

1. Dental Caries : Absent

2. Calculus : Absent

3. Missing : Absent

4. Gum Condition : Normal

5. Filling : No

6. Root Canal Treatment : No

7. Any Bridge/Denture/Crown : No

8. Oral Hygine : Normal

Comments: Normal

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: 05/10/2023

EYE EXAMINATION REPORT

NAME:	JAHIDUL ISLAM		
AGE:	34 YRS	RANK: 2 ND ENG	CDC NO:C/O/6024

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

666 CA 666

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



Patient ID	23100181	Test Date		05/10/2023		
Patient Name	JAHIDUL ISLAM		Age	34 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MB	BS (DU),DFM				

BMI REPORT

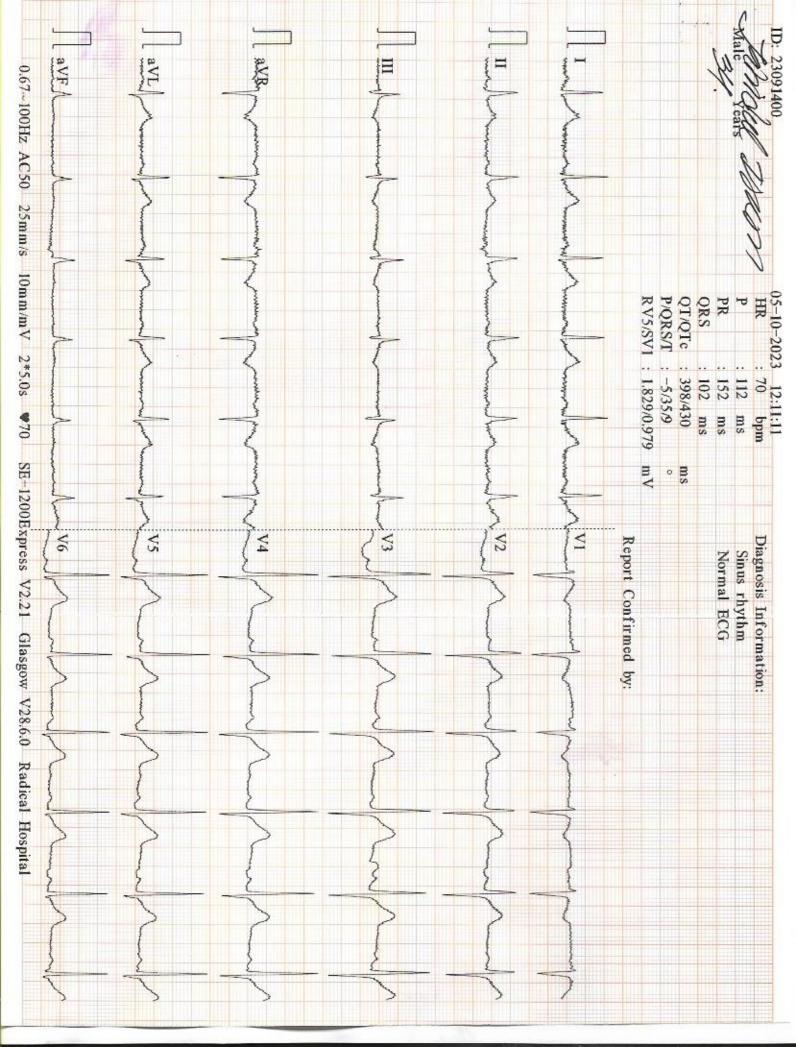
Dady Mass Inday	Weight in kg
Body Mass Index =	(Height in Meter) ²
	85 kg
=	(1.76) ²
	2740100

BMI Categories

- Under Weight in = <18.5</p>
- ❖ Normal Weight= 18.5 24.9
- ❖ Over Weight=25 29.9
- Obeshyz = BMI of 30 or greater

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





Patient's Name	:	JAHIDUL ISLAM		
Age	;	34 Yrs	Date	: 05/10/2023
Sex	:	Male	CDC N	O:C/O/6024
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DI	FM	

Psychometric Test

Remarks
1
Poor /Good /very good /excellent
Poor /Good /very good /excellent
Poor /Good /yery good /excellent
Poor /Good /yery good /excellent
Poor /Good /very good /excellent
Poor /Good /very good /excellent
Poor /Good /very good /excellent
INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFI
Poor /Good /wery good /excellent
Poor /Good /very good /excellent
Poor /Good /very good /excellent
Poor /Good /very good /excellent
Poor /Goød /very good /excellent
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





Patient ID	23100181	Voucher No	
Test Name	USG OF KUB	Delivery Date	05/10/2023
Patient Name	JAHIDUL ISLAM		0011012020
Age	34 Yrs	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU)	,CCD(BIRDEM),PGT(E	

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 11.1 cm. 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.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length 11.3 cm. 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.

URETER: There is no dilatation in both ureter.

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size, and shape. Echogenicity is homogenous.

No area of calcification is seen.

COMMENT: Normal study.

Dr. Asma Ahmed 5. 0.23

MBBS,CMU,DMU
PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist



AUDIOLOGICAL REPORT

Patient Name : JAHIDUL ISLAM

05/10/2023

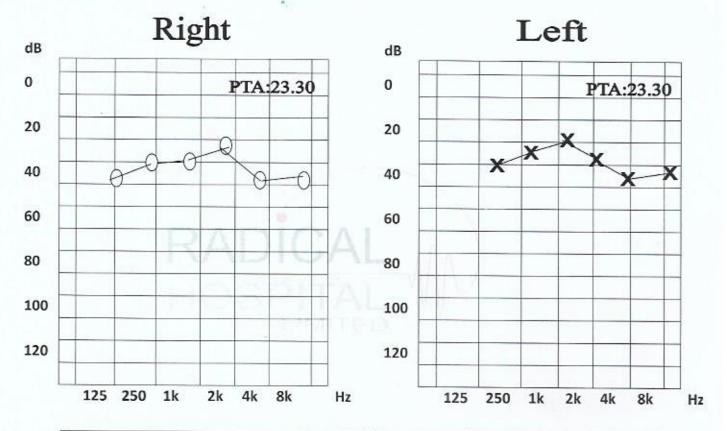
Age

: 34 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.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
The second scholar brains	Right Ear	Left Ear
Air MaskingOX		
Bone Masking $\Delta\Delta$		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

RADICAL HOSPITAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23100181

Receive:05/10/2023

Print: 05/10/2023

Patient's Name

JAHIDUL ISLAM

Age

34 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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION THID UL ISLANGAINST YELLOW-FEVER

This is to certify that whose signature follows

Date of birth 25-AUG-1989 Sex MALE

(Abul

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
SOLING	DR. W.D. RAIHAN MB8S (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.	L NO DAKAR	St. Shah Maihhdum Aveneo Ultara, Dhoha
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2			
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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 TRANSPORT AGAINST CHOLERA

This is to certify that whose signature follows	Date of birth 25-AUG-1989sex_

has on the date indicated been vaccinated or revaccinated against Cholera

RAIHAN h), PgT (Ophth) i-BgD-016 h Approved lan Limited	35, Shah Makhdum Avenus Uttere, Dhaka *	
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