# INTERNATIONAL LABOUR ORGANIZATION

## Sectoral Activities Programme

See text links below.

ILO/WHO/D.2/1997

# Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers

### Part 6

### Annex D

### Minimum requirements for the medical examination of seafarers

Name (last, first, middle): RAHMAN K M TARIQUR

Date of birth (day/month/year): 10 / 10/ 1982 Sex: ☑ male • ☐ female

Home address: BHARATKHATI, NALCHHITI, NALCHITY
JHALAKATI, BANGLADESH.

Passport No./Discharge Book No.: B00752643 / CDC NO: C/O/5040

Type of ship (container, tanker, passenger, fishing):

Trade area (e.g., coastal, tropical, worldwide):

**Examinee's personal declaration**
*(Assistance should be offered by medical staff)*
Have you ever had any of the following conditions•

| | Condition | Yes | No | | Condition | Yes | No |
|---|---|---|---|---|---|---|---|
| 1. | Eye/vision problem | ☐• | ☑• | 18. | Sleep problems | ☐• | ☑• |
| 2. | High blood pressure | ☐• | ☑• | 19. | Do you smoke? | ☐• | ☑• |
| 3. | Heart/vascular disease | ☐• | ☑• | 20. | Operation/surgery | ☐• | ☑• |
| 4. | Heart surgery | ☐• | ☑• | 21. | Epilepsy/seizures | ☐• | ☑• |
| 5. | Varicose veins | ☐• | ☑• | 22. | Dizziness/fainting | ☐• | ☑• |
| 6. | Asthma/bronchitis | ☐• | ☑• | 23. | Loss of consciousness | ☐• | ☑• |

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| | | | | | |
|---|---|---|---|---|---|
| 7. | Blood disorder | ☐ | 24. | Psychiatric problems | ☐ |
| 8. | Diabetes | ☐ | 25. | Depression | ☐ |
| 9. | Thyroid problem | ☐ | 26. | Attempted suicide | ☐ |
| 10. | Digestive disorder | ☐ | 27. | Loss of memory | ☐ |
| 11. | Kidney problem | ☐ | 28. | Balance problem | ☐ |
| 12. | Skin problem | ☐ | 29. | Severe headaches | ☐ |
| 13. | Allergies | ☐ | 30. | Ear/nose/throat problems | ☐ |
| 14. | Infectious/contagious diseases | ☐ | 31. | Restricted mobility | ☐ |
| 15. | Hernia | ☐ | 32. | Back problems | ☐ |
| 16. | Genital disorders | ☐ | 33. | Amputation | ☐ |
| 17. | Pregnancy | ☐ | 34. | Fractures/dislocations | ☐ |

If any of the above questions were answered "yes", please give details.

**Additional questions**

| | Yes | No |
|---|---|---|
| 35. Have you ever been signed off as sick or repatriated from a ship? | ☐ | ☐ |
| 36. Have you ever been hospitalized? | ☐ | ☐ |
| 37. Have you ever been declared unfit for sea duty? | ☐ | ☐ |
| 38. Has your medical certificate ever 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 medications? | ☐ | ☐ |

Comments:

FIT FOR DUTY ON BOARD SHIP

42. Are you taking any non-prescription or prescription medications? ☐ ☐

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If yes, please list the medications taken and the purpose(s) and dosage(s).

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____ Date (day/month/year): 21 OCT 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)*

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.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MIR MD. RAIHAN (the approved medical examiner).

Signature of examinee: _____ Date (day/month/year): 21 OCT 2023

Witnessed by: *(Signature)* _____ Name: *(Typed or printed)*

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

**Medical examination**

☑ Pre-sea ☐ Periodic ☐ Other

**Sight**

| | Visual acuity | | | | | |
|---|---|---|---|---|---|---|
| | Unaided | | | Aided | | |
| | Right eye | Left eye | Binocular | Right eye | Left eye | Binocular |
| Distant | 6/6 | 6/6 | ✓ | | | |
| Near | 6/6 | 6/6 | ✓ | | | |

| | Visual fields | |
|---|---|---|
| | Normal | Defective |
| Right eye | ✓ | |
| Left eye | ✓ | |

**Colour vision:** ☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

**Hearing**

Pure tone and audio metry (threshold values in dB)

| | 500 Hz | 4,000 Hz | 2,000 Hz | 3,000 Hz | 4,000 Hz | 6,000 Hz |
|---|---|---|---|---|---|---|
| Right ear | 20 | 20 | 20 | | | |
| Left ear | 20 | 20 | 20 | | | |

Speech and whisper test (metres)

| | Normal | Whisper |
|---|---|---|
| Right ear | 4 | 4 |
| Left ear | 4 | 4 |

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Height: 173 (cm) Weight: 74 (kg)

Pulse rate: 78 (/(minute) Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Urinalysis: Glucose: Nil Protein: Nil

| | Normal | Abnormal | | Normal | Abnormal |
|---|---|---|---|---|---|
| Head | ☑ | ☐ | Varicose veins | ☑ | ☐ |
| Sinuses, nose, throat | ☑ | ☐ | Vascular (inc. pedal pulses) | ☑ | ☐ |
| Mouth/teeth | ☑ | ☐ | Abdomen and viscera | ☑ | ☐ |
| Ears (general) | ☑ | ☐ | Hernia | ☑ | ☐ |
| Tympanic membrane | ☑ | ☐ | Anus (not rectal exam.) | ☑ | ☐ |
| Eyes | ☑ | ☐ | G-U system | ☑ | ☐ |
| Opthalmoscopy | ☑ | ☐ | Upper and lower extremities | ☑ | ☐ |
| Pupils | ☑ | ☐ | Spine (C/S, T/S and L/S) | ☑ | ☐ |
| Eye movement | ☑ | ☐ | Neurologic (full brief) | ☑ | ☐ |
| Lungs and chest | ☑ | ☐ | Psychiatric | ☑ | ☐ |
| Breast examination | N/A | ☐ | General appearance | ☑ | ☐ |
| Heart | ☑ | ☐ | | | |
| Skin | ☑ | ☐ | | | |

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 21 OCT 2023

Results: Normal

Other diagnostic test(s) and result(s):

Test Blood Urine Result Normal.

Medical examiner's comments:

FIT FOR DUTY ON BOARD SHIP

Vaccination status recorded: • ☑ Yes • ☐ No

**Assessment of fitness for service at sea**

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

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• ☑ Fit for look-out duty • ☐ Not fit for look-out duty

| | Deck service | Engine service | Catering service | Other services |
|---|---|---|---|---|
| Fit | ☑ | ☐ | ☐ | ☐ |
| Unfit | ☐ | ☐ | ☐ | ☐ |

Without restrictions ☐ • With restrictions ☐ •

Describe restrictions (e.g., specific position, type of ship, trade area)

Action taken by medical examiner (e.g., referral):

Place of examination: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh Date of examination (day/month/year): 21 OCT 2023

Medical certificate's date of expiration (day/month/year): 20 OCT 2025

Official stamp (also print name of medical examiner if not legible):

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.

Signature of medical examiner: _____

Authorized by: DG SHIPPING BANGLADESH (competent authority)



For further information, please contact the Sectoral Activities Department (SECTOR)
at Tel: Fax: or email: sector@ilo.org



*This page was created by BR/PL. It was approved by BW/BKN. It was last updated Tues, 17 Jun 1999.*

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# MEDICAL EXAMINATION REPORT/CERTIFICATE

## MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

## REPUBLIC OF THE MARSHALL ISLANDS

| | |
|---|---|
| SURNAME<br>RAHMAN | GIVEN NAME(S)<br>K M TARIQUR |
| DATE OF BIRTH<br>10 (MONTH) 10 (DAY) 1982 (YEAR) | PLACE OF BIRTH<br>BARISAL (CITY) BANGLADESH (COUNTRY)<br>SEX ☑ MALE ☐ FEMALE |
| EXAMINATION FOR DUTY AS:<br>MASTER ☐<br>DECK OFFICER ☑<br>ENGINEERING OFFICER ☐<br>RADIO OFFICER ☐<br>RATING ☐ | MAILING ADDRESS OF APPLICANT:<br>BHARATKHATI, NALCHHITI, NALCHITY JHALAKATI, BANGLADESH. |

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

| HEIGHT | WEIGHT | BLOOD PRESSURE | PULSE | RESPIRATION | GENERAL APPEARANCE |
|---|---|---|---|---|---|
| 173cm | 74kg | 120/80mmHg | 78b/min | 18b/min | Good |

VISION:
WITHOUT GLASSES — RIGHT EYE 6/6 / LEFT EYE 6/6
WITH GLASSES — RIGHT EYE / LEFT EYE

HEARING:
RT. EAR Nil LEFT EAR Nil

COLOR TEST TYPE: BOOK ☐ LANTERN ☑ IS COLOR TEST NORMAL? ☑ YES ☐ NO (IF "NO" EXPLAIN ON PAGE 2)

ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES ☐ NO ☑

| | |
|---|---|
| HEAD AND NECK<br>Normal | HEART (CARDIOVASCULAR)<br>Normal |
| LUNGS<br>Normal | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? |

EXTREMITIES:
UPPER Normal LOWER Normal

IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES ☑ NO ☐

IS 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? YES ☐ NO ☑
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES ☐ NO ☑

| SIGNATURE OF APPLICANT | DATE OF EXAMINATION | EXPIRY DATE |
|---|---|---|
| | 21 OCT 2023 | 20 OCT 2025 |

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO RAHMAN K M TARIQUR (NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

**FIT FOR DUTY ON BOARD SHIP**

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☑ NO ☐

SEAFARER IS FOUND TO BE ☑ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☑ DECK OFFICER / ☐ ENGINEERING OFFICER / ☐ RADIO OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK ☑ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN: DR. MIR MD RAIHAN MBBS, DFM

ADDRESS: RADICAL HOSPITALS LIMITED 35, SHAH MAKHDUM AVENUE SECTOR-12, UTTARA, DHAKA-1230

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPING BANGLADESH

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: 06 MAY 2014

SIGNATURE OF PHYSICIAN — DATE: 21 OCT 2023

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Rev. Mar/2022

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

MI-105M

## MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Record Book or certification of special qualifications shall be required to have a medical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer's certificate, application for Seafarer's Identification and Record Book, or application for certification of special qualifications. This medical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Seafarer's Identification and Record Book. The examination shall be conducted in accordance with RMI MG-7-47-1. Such proof of examination must establish that the applicant is in satisfactory physical and mental condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession.

In conducting the examination, the certified physician should, where appropriate, examine the seafarer's previous medical records (including vaccinations) and information on occupational history, noting any diseases, including alcohol or drug-related problems and/or injuries. In addition, the following minimum requirements shall apply:

(a) Hearing

- All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in better ear at 15 feet (4.57 m) and in poorer ear at 5 feet (1.52 m).

(b) Eyesight

- Deck officer applicants must have (either with or without glasses) at least 20/20(1.00) vision in one eye and at least 20/40 (0.50) in the other. Applicants for deck officer and deck ratings who will serve on vessels of 500 gross tons or more must have normal color perception that complies with C.I.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.I.E. Standards 1 or 2.
- Engineer and radio officer applicants must have (either with or without glasses) at least 20/30 (0.63) vision in one eye and at least 20/50 (0.40) in the other. Applicants for engineering officer or rating and for radio operator must comply with C.I.E. Standards 1, 2, or 3. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.

(c) Dental

- Seafarers must be free from infections of the mouth cavity or gums.

(d) Blood Pressure

- An applicant's blood pressure must fall within an average range, taking age into consideration.

(e) Voice

- Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.

(f) Vaccinations

- All applicants should be vaccinated according to the recommendations provided in the WHO publication, International Travel and Health, Vaccination Requirements and Health Advice, and should be given advice by the certified physician on immunizations. If new vaccinations are given, these should be recorded.

(g) Diseases or Conditions

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

(h) Physical Requirements

- Applicants for able seafarer, bosun, GP-1, ordinary seafarer and junior ordinary seafarer must meet the physical requirements for a deck/navigational officer's certificate.
- Applicants for fire/watertender, oiler/motor, pump technician, electrician, wiper, tanker rating and survival craft/rescue boat crewmember must meet the physical requirements for an engineer officer's certificate.

## IMPORTANT NOTE:

A copy of the MI-105M must accompany the application. The applicant must retain the original of the MI-105M as evidence of physical qualification while serving on board a vessel.

An applicant who has been refused a medical certificate or has had a limitation imposed on his/her ability to work, shall be given the opportunity to have an additional examination by another medical practitioner or medical referee who is independent of the shipowner or of any organization of shipowners or seafarers.

Medical examination reports shall be marked as and remain confidential with the applicant having the right of a copy to his/her report. The medical examination report shall be used only for determining the fitness of the seafarer for work and enhancing health care.

## DETAILS OF MEDICAL EXAMINATION

To be completed by examining physician; alternatively, the examining physician may attach an equivalent form. (See RMI MG-7-47-1, §3.3).

21 OCT 2023

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

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

| | | | |
|---|---|---|---|
| Bill No | DIA23100773 | Received Date | 21/10/2023 |
| Patient's Name | K M TARIQUR RAHMAN | | |
| Patient's Age | 41 Y 0M 0D | Patient's Sex | MALE |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO | C/O/5040 |
| Sample | Blood | | |

## SEROLOGYCAL REPORT

| Test Name | Result |
|---|---|
| HIV 1 & 2 (Method : (ICT) | Negative |

**Checked By**

Medical Technologist,
Radical Hospitals Ltd.
Uttara, Dhaka.

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

| | | | |
|---|---|---|---|
| Bill No | DIA23100773 | Received Date | 21/10/2023 |
| Patient's Name | K M TARIQUR RAHMAN | | |
| Patient's Age | 41Y 0M 0D | Patient's Sex | MALE |
| Ref. by | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC | C/O/5040 |
| 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 Technologist,
Radical Hospitals Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

| Patient ID | 23100773 | Voucher No | |
|---|---|---|---|
| Test Name | USG OF WHOLE ABDOMEN | Delivery Date | 21/10/2023 |
| Patient Name | K M TARIQUR RAHMAN | | |
| Age | 41 YRS | Sex | Male |
| Refd. By | DR. MIR MD. RAIHAN MBBS,(DU),DFM | | |

**THANK YOU FOR THE COURTESY OF THIS REFERRAL**

**LIVER** :- Is normal in size 13.0cm shape and 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.

**CBD &** Intrahepatic biliary trees are not dilated. Diameter of CBD is normal.

**PANCREASE :-** Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

**SPLEEN :-** Is normal in size and shape uniform in echo-texture.

**BOTH KIDNEYS :-** Are normal in size. RK-10.2cm, LK-11.2cm 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 within normal limit. No intravesicle lesion is seen

**Prostate:** Normal size regular in shape. Echogenicity is homogenous.

**COMMENT: Normal Study.**

**Sonologist**

**Dr. Asma Ahmed**
**MBBS,CMU,DMU**
**PGT(Gynae & obs)**
**Advanced Training in TVS**

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

# TREADMILLSTRESS TEST

| Patient ID | 23100773 | Test Date | 21-10-2023 | | |
|---|---|---|---|---|---|
| Patient Name | K M TARIQUR RAHMAN | Age | 41 Yrs | Sex | Male |
| Attending Dr. | Dr. ROSEYAT PERVEEN | | | | |

**Total Exercise Time** : 09:1 Min

**% of max.pred. hR** : 98 %

**Maximum BP** : 160/90 mmHg.

**Indication** : Screening for IHD.

**Risk Factors** :

**Reason for Termina** : Attainment of THR.

**Test Profile** : BRUCE

**Symptoms** :

**Max.HR attained** : 166 bpm.

**Max. Pred HR** : 166 bpm.

**Max. work load attained** :13.10METS.

**Summary Result ⇒** **NEGATIVE**

**Comments** :

- **K M TARIQUR RAHMAN** performed stress test in Bruce protocol for the evaluation of IHD (angina pectoris).
- Exercise capacity was good.
- Inotropic and chronotropic responses were normal.
- Stress test was terminated because of Attainment of THR
- ECG at rest showed no abnormality.
- ECG during exercise & Recovery showed no significant ST-T changes.

**Conclusion** : Stress test is **NEGATIVE** for ECG evidence of promotable myocardial ischemia.

**Dr. ROSEYAT PERVEEN**
MBBS, MD (Cardiology), NICVD, Dhaka
Consultant, IBN SINA D-Lab, Uttara, Dhaka

ID: 44

Km Ravinder Ram.

Male 42 Years

20-10-2023 12:54:41

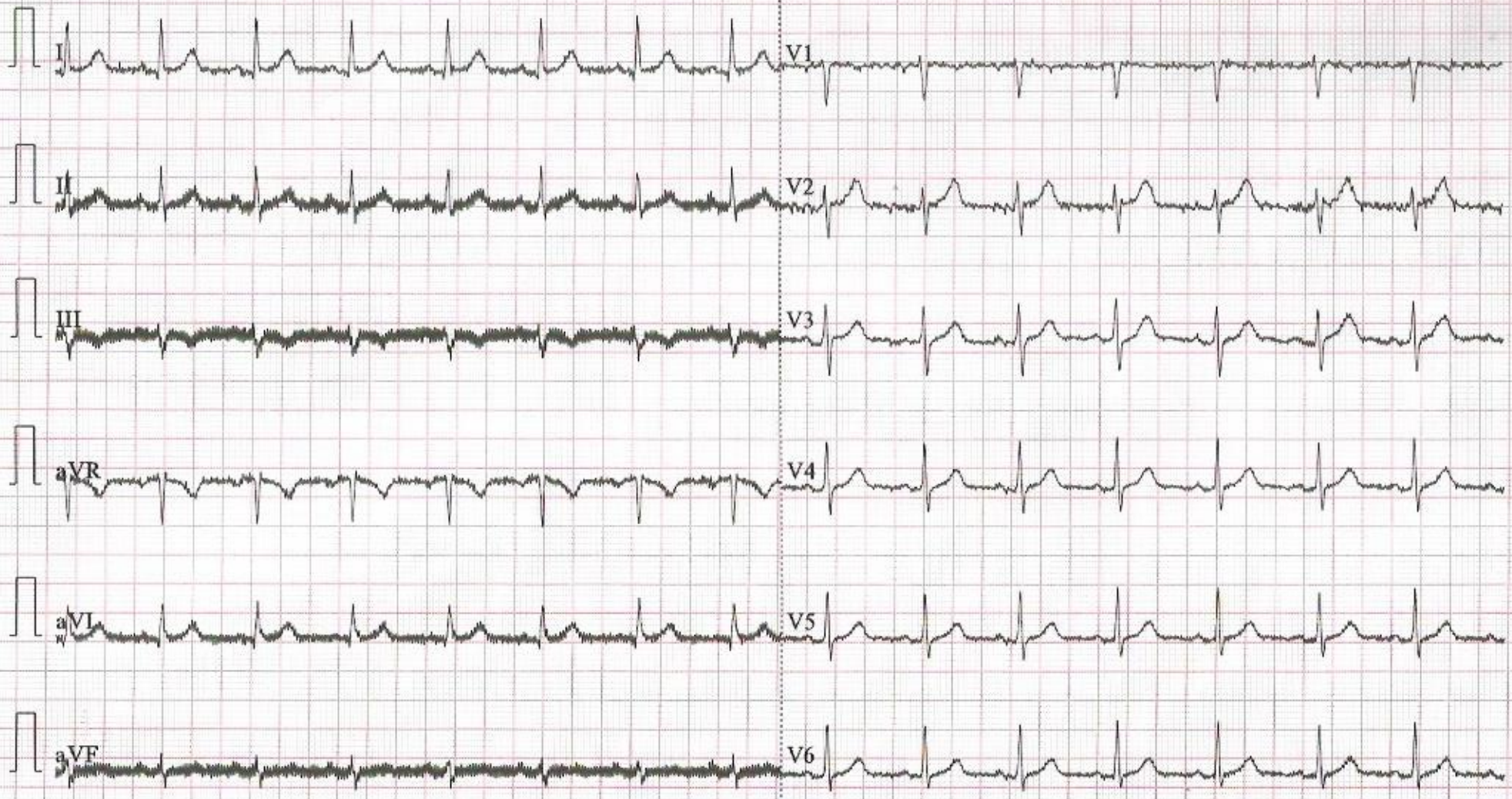
| | | |
|---|---|---|
| HR | : 90 | bpm |
| P | : 90 | ms |
| PR | : 150 | ms |
| QRS | : 84 | ms |
| QT/QTc | : 340/416 | ms |
| P/QRS/T | : 38/8/6 | ° |
| RV5/SV1 | : 0.834/0.589 | mV |

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:




0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥90 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

CUBE EVERTRACE CE0123 Size: 210mmX30m

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

## DEPARTMENT OF RADIOLOGY & IMAGING

| | | | | | |
|---|---|---|---|---|---|
| *ID. No.* | : | 23100773 | Receive: Print: 21/10/2023 | | |
| *Patient's Name* | : | **K M TARIQUR RAHMAN** | | | |
| *Age* | : | 41 YRS | *Sex* | : | M |
| *Refd. by* | : | **Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM** | | | |

# ELECTROCARDIOGRAM (E.C.G) REPORT

| | | |
|---|---|---|
| **Rate** | : | 90 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

RADICAL HOSPITAL LIMITED

Date: 21/10/2023

# EYE EXAMINATION REPORT

| | | | |
|---|---|---|---|
| NAME: | K M TARIQUR RAHMAN | | |
| AGE: | 41 YRS | RANK: 2ND OFF | CDC NO:C/O/5040 |

| 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

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION**
**AGAINEST YELLOW FEVER**
**CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION**
**CONTRE LA FIEVRE JAUNE**

KM TARIQUR RAHMAN

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le 26/09/1987 | Sex / sexe MALE

Whose signature follows / don't la signature suit

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

| 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 officicl du centre de vaccination |
|---|---|---|---|
| 1 | 21 OCT 2023 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-015 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited | YELLOW FEVER VACCINE L. NO DAKAR | CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH |
| 2 | | | |
| 3 | | | |
| 4 | | | |

This certificate is valid only if the vaccine used has been approved by the world I lcalih 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 revaccinalion.

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-aminsIralion sanitaire du (erriloire dans lcqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc lie,iio,i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet offiiciar nc pouvant cue conside' commc lcnant lieu de signature.

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

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION**
**AGAINEST CHOLERA**
**CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION**
**CON IRE LE CHOLERA**

KM TARIQUR RAHMAN

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le 06/12/1992 | Sex / sexe MALE

Whose signature follows / dont la signature suit

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

| Date | Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur | Approved Stamp Cechet d'authentification |
|---|---|---|
| 1 | 21 OCT 2023 | ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs |
| 2 | 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 | CENTER FOR VACCINATION 85, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH |
| 3 | | TYPHOID VACCINATION "TYPHERIX" VALID UPTO ONE YEARS |
| 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 perfomed.
Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

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

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

De cachet d' authentificalion 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 I o. mission d' unc quelconquc des mantions qu il comporte pc ut effectersa validite.