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: PRINCE (Surname) NEYAZ (First Name) MURSHED (Middle Initial) Sex: M Serial No:

Date of Birth: 28 / 10 / 1991 PP/CDC: C10/7544 Rank: 3/O

Vessel: MT. TROMSO Type: OIL & CHEMICAL Route: WORLDWIDE

Home Address: VILL: KAMALPUR, P.O: BHAIRAB BAZAR-2350
P.S: BHAIRAB, DIST: KISHOREGANJ

Company Name: WORLD TANKERS MANAGEMENT

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		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one sided headaches (Migraine)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓	High / Low blood pressure / Heart disease		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓	Asthama / Bronchitis / Tuberculosis		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓	Allergy / Skin disease		✓		✓
Hearing Impairment		✓		✓	Infection / Contagious Disease		✓		✓
Ear / Nose / Throat problems		✓		✓	Addiction to alcohol / drugs / tobacco		✓		✓
Stomach / Bowel disorders		✓		✓	Fracture / Dislocation / Injury / Amputation		✓		✓
Gall stones / Kidney disorders		✓		✓	Major / Minor Operation		✓		✓
Jaundice / Liver Disease		✓		✓	Diabetes		✓		✓
Piles / Varicose veins		✓		✓	Nervous / Mental disease / Sleep disorder		✓		✓
Blood Disorder		✓		✓	Malignant disease (Cancer)		✓		✓
Female Disorder		✓		✓	Signed off on medical grounds / Declared Unfit		✓		✓

Notes

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
177cm	87kg	42-41 cm	120/70 mm	78b/min	18b/min	Good

Distant Vision	Unaided	Corrected	Field of Vision
Right Eye	6/6		Normal
Left Eye	6/6		Abnormal

Colour Vision			
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
	4	4

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 3RD OFF
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	Urine	
Hemoglobin	12.1 gm%	14-16 gm %	Colour	Straw
Total WBC count	6,600 cu.mm	4000-11000 / cu.mm	Specific Gravity	N.I
Neu 67 % Lymp 28 % Eos 02 Ba 00 % Mo 02 %			pH	N
Malarial parasite	Not Found		Albumin	N
ESR	10 mm / 1st hour	1- - 15 mm / hr	Sugar	N
SGPT	NIE U/L	9 -43 U / L	Bile pigment	N
S.Cholesterol	NIE mg/dl	145--260 mg / dl	Bile salts	N
S.Triglycerides	NIE mg/dl	upto 200 mg /dl	Occult blood	N
Blood Sugar	RBS 5.5 PPBS	upto 125 mg %	RBC cells	N
HbsAg	Negative		Leucocytes	N
HIV I & II	Negative		Others	
VDRL	Non Reactive			
Others		GGTP U/L	Spirometry:	Normal
Blood Group			Drugs of Abuse:	Negative

ECG : Normal TMT: NIE

X-Ray Chest: Normal USG: NIE

DR. MIR MD RAIHAN RADICAL HOSPITALS LTD REG. NO. A-55144

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, MBBS, MD, MS, 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: 04 SEP 2025

Candidate's Signature: Neyaz Murshed

Date: 05 SEP 2023

Official Stamp: Radical Hospitals Ltd. Approved by Department of Shipping As Per MLC-2006

Doctor's signature:

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

04.2023.4721

Annex III: Draft Format of a Seafarer Medical Certificate

SEAFARER MEDICAL CERTIFICATE

(issued under the authority of authorising country details.)

*This Medical Certificate has been issued in accordance with the provisions of the(International Convention on Standards of Training, Certification and Watch-keeping for Seafarers STCW 1978, as amended (STCW) Regulation I/9, Maritime Labour Convention 2006 (MLC 2006) Regulation 1.2 and regulation xxx of the authorising country)*as applicable*

SEAFARER INFORMATION

Surname: PRINCE	Given Name (s): NEYAZ MURSHED	
Date of Birth (*dd/mm/yyyy*): 28/10/1991	Nationality: BANGLADESHI ID Document no: C/0/7544	Gender: Male/~~Female~~
Capacity that the seafarer will serve onboard serve in: 3/0 Deck: Engineer GMDSS Rating Catering Other		

DECLARATION OF APPROVED** MEDICAL PRACTITIONER

I confirm that identification documents were checked: YES / NO

Does the seafarers hearing meet medical standards*? YES / NO

Is unaided hearing satisfactory*? YES / NO

Vision acuity meets medical standards*? YES / NO

Colour vision meets standard*? YES / NO

Date of last colour vision test? (*dd/mm/yyyy*) 05 SEP 2023

Is the seafarer fit for lookout duties: YES/NO/Not applicable

Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on board? YES/NO

Is the seafarer fit for service? YES/ NO

Are there any limitations or restrictions on fitness? If so specify the limitation.

NO.

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved For Department of Shipping

I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO *Guidelines on the Medical Examinations of Seafarers* and the national guidelines of the authorising Administration.

Name of 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.

Signature of Approved** Medical Practitioner:

Date of Examination (*dd/mm/yyyy*) : 05 SEP 2023

Stamp/Seal

Radical Hospitals Ltd. ★ As Per MLC-2006 ★ Approved by Department of Shipping

Expiry date of certificate (*dd/mm/yyyy*): 04 SEP 2025

SEAFARER ACKNOWLEDGEMENT

I *Name of seafarer* confirm that I have been informed of the content of certificate and the right to get a review***.

Signature: Nayas Murshed Date: (*dd/mm/yyyy*) 05 SEP 2023

** For persons who are assigned shipboard safety, security or environmental protection duties, the medical standards referenced on the certificate are the standards as specified in STCW Regulation I/9 and any other standards as specified by the authorizing Administration. For any other persons serving onboard, the medical standards shall be as specified by ILO and the authorizing Administration.*

*** The Medical Practitioner shall be approved by the national Administration, after inspection of medical facilities/recordkeeping, to carry out STCW/ILO medical examination.*

**** The review shall be carried out by a body/Medical Practitioner authorized by national Administration and this information should be made available to the seafarer*

Annex II - Medical Examination Form

CONFIDENTIAL FORM

Pre-sea Exam ☑ Periodic Exam ☐

Name (last, first, middle): PRINCE, NEYAZ MURSHED

Date of birth (day/month/year): 28 / 10 / 1991 Sex: ☑ male ☐ female

Nationality BANGLADESHI

Home address: BD KISHOREGANJ Identity document No.: C/0/7544

Type of ship (e.g. container, tanker, passenger, fishing): TANKER

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

Contact: stcw@bahamasmaritime.com
mlc@bahamasmaritime.com
+44 20 7562 1300

Approved by Department of Health

14.	Infectious/contagious diseases	☐	31.	Restricted mobility	☐ ☑
15.	Hernia	☐ ☑	32.	Back problems	☐ ☑
16.	Genital disorders	☐ ☑	33.	Amputation	☐ ☑
17.	Pregnancy	☐ N/A	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? ☐ ☑

Contact: stcw@bahamasmaritime.com mlc@bahamasmaritime.com +44 20 7562 1300

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): 05 SEP 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 Shipp.ng 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. _ (the approved medical practitioner carrying out the medical examinations).

Signature of examinee: _____ Date (day/month/year): 05 SEP 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 Shipp.ng 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	N5	N5	✓			

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Color 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	✓	
Left ear	✓	

Height: 177 (cm) Weight: 87 (kg)

Pulse rate: 78 (/minute) Rhythm: Regular

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 70 (mm Hg)

Approved by Department of Health

Contact: stcw@bahamasmaritime.com mlc@bahamasmaritime.com +44 20 7562 1300

Urinalysis: Glucose: Nil Protein: Nil

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

Chest X-ray: ☐ Not performed ☑ Performed on (day/month/year): 05 / SEP / 2023

Results: Normal.

Radical Hospitals Ltd. Consultant Physician Department

Contact: stcw@bahamasmaritime.com
mlc@bahamasmaritime.com
+44 20 7562 1300

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

Test Blood+Urine *Result* Normal.

Medical practitioner'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:

☑ 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 positions, 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): 05 SEP 2023

Medical certificate's date of expiration (day/month/year): 04 SEP 2025

Official stamp: Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

Signature of medical practitioner: _____

Name of medical practitioner: *(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.

Authorized by: DG SHIPPING BANGLADESH

RADICAL HOSPITAL LIMITED

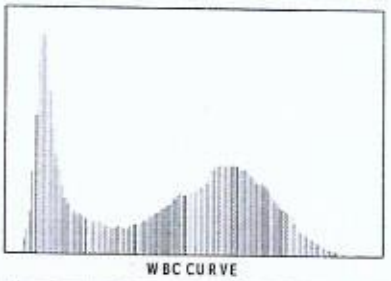
radical_hospitals@yahoo.com, www.radicalhospital.com

Id No : 0199		**Date :** 05-Sep-2023	**D.Date :** 05-Sep-2023
Patient's Name : NEYAZ MURSHED PRINCE		**Age :** 31Y 10M 8D	**Gender:** Male
Specimen : Blood			
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/7544			

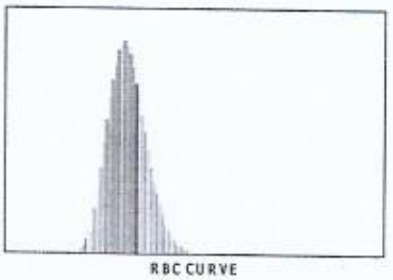
Haematology Report

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

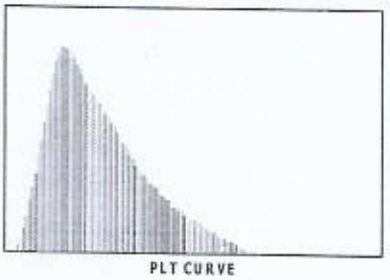
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**12.1** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**10** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,600** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**67** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**28** %	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	**132** /cumm	50-450/cumm
Total RBC Count	**4.61** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**34.8** %	M: 40-54%, F:37-47%
MCV	**75.5** fL	76 - 94 fL
MCH	**26.2** pg	27 - 32 pg
MCHC	**34.8** g/dL	29 - 34 g/dL
RDW	**14.0** %	11 - 16 %
PDW	**14.3** fL	35 - 56 fl
Total Platelete Count (PC)	**1,90,000** /cumm	150,000-450,000/cumm
MPV	**8.9** fL	7.0 - 11.0 fL
PCT	**0.151** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %



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.

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23090199	Received Date	05/09/2023
Patient's Name	NEYAZ MURSHED PRINCE		
Patient's Age	31Y 10M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7544
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/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	DIA23090199	Received Date	05/09/2023
Patient's Name	NEYAZ MURSHED PRINCE		
Patient's Age	31Y 10M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7544
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
VDRL	Non-reactive

Checked By

Medical Technologis
Radical Hospitals Ltd.

Dr. Sumaiya Khatun
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RADICAL HOSPITAL LIMITED

Bill No	DIA23090199	Received Date	05/09/2023
Patient's Name	NEYAZ MURSHED PRINCE		
Patient's Age	31Y 10M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7544
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
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RADICAL HOSPITAL LIMITED

Bill No	DIA23090199	Received Date	05/09/2023
Patient's Name	NEYAZ MURSHED PRINCE		
Patient's Age	31Y 10M 8D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/7544
Sample	Urine		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23090199	Receive: Print: 05/09/2023		
Patient's Name	:	**NEYAZ MURSHED PRINCE**			
Age	:	31 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	72 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 HOSPITAL LIMITED | DIAGNOSTIC & CONSULTATION CENTRE
35, Shah Makhdum Avenue, Sector-12, Uttara, Dhaka, Phone : +880255087281- 2, Mobile: 01955567000- 3

ID: 178

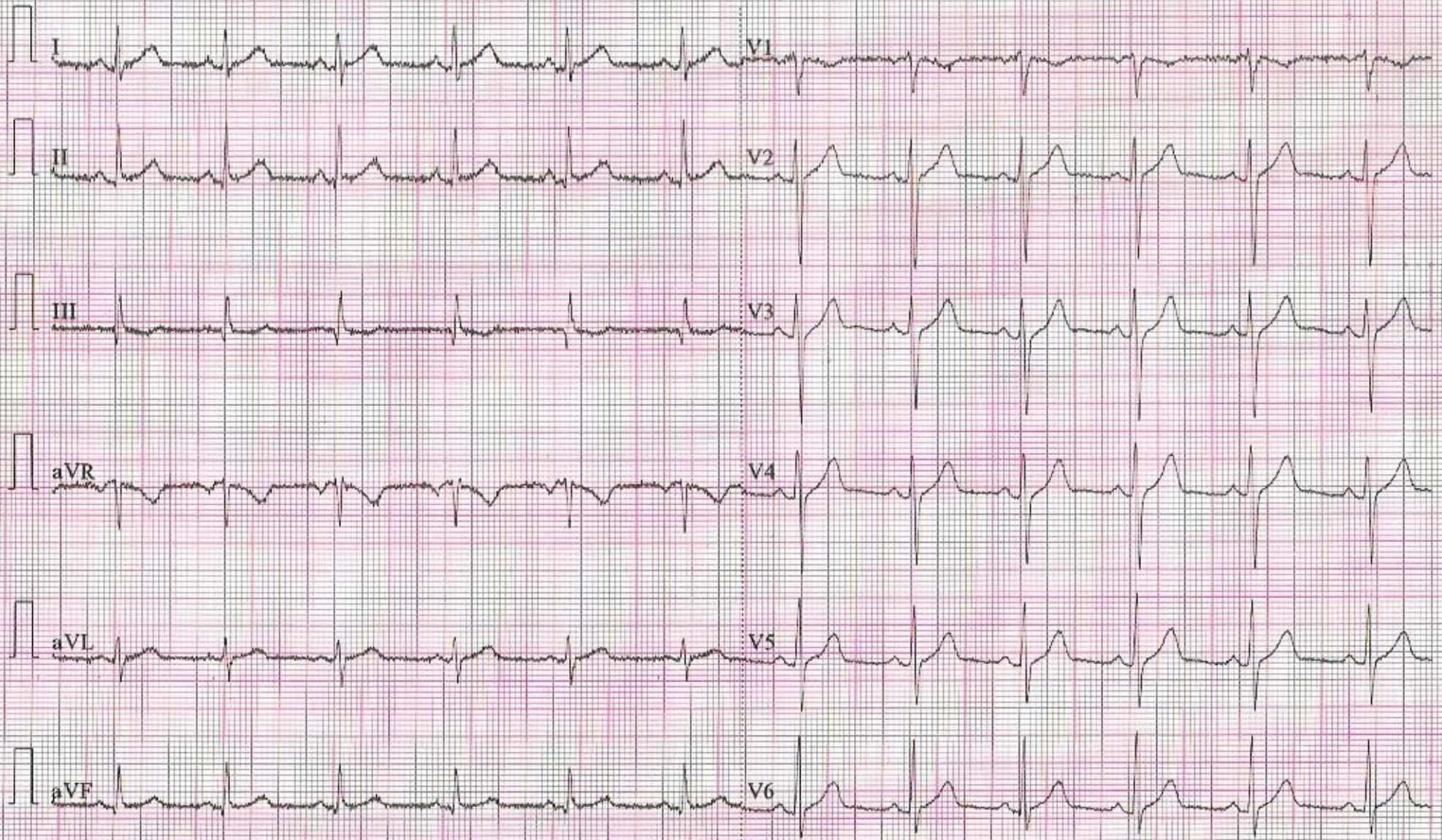
Male 29 Years

05-09-2023 12:44:41

HR	: 72	bpm
P	: 110	ms
PR	: 148	ms
QRS	: 96	ms
QT/QTc	: 388/425	ms
P/QRS/T	: 28/56/24	°
RV5/SV1	: 1.206/0.675	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥72 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.	:	23090199	Receive:05/09/2023	Print: 05/09/2023
Patient's Name	:	**NEYAZ MURSHED PRINCE**		
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.

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) certific que | NEYAZ MURSHED PRINCE | date of birth no' (e) le | 28·10·91 | sex sexe | M

Whose signature follows
dont la signature suit ✓ Neyaz Murshed

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

Date	Signature and professional Status of Vaccinator Signature of qualite professionelle Vaccinateure	Approved Stamp Cechet d'authentification	
1 12 SEP 2023	Sabrina DR. SABRINA MOSTAFA MBBS (D.U) Reg No- BMDC, Dhaka. A 68208 Seafarer's Medical Practitioner Approveed by D.G. Shipping, Dhaka.	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.	CENTRE FOR VACCINATION AGRABAD C/A CTG. BANGLADESH
2 05 SEP 2023	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	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH

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

Notwithstanding the above provisin in the case of a pilgrim, this certificate shall indicate that two injections have bee given at an interval of seven days and its validity shall commence from the date of the second injection.

The apporved stamp mentioned above must be in a from prescribed by the health addminstration of the territory in which the vaccination is perfomed.

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

Nonobstant les 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 conforme au modele present perl administration sanifaite du territoie ou la vaccination est effectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t effecter sa validite.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONU AX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVER JAUNE

This is to certify that / JE soussigne' (e) certifie que } NEYAZ MURSHED PRINCE Date of birth / no' (e) le } 28·10·91 Sex / sexe } M

Whose signature follows / dont la signature suit } Neyaz Murshed

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'ro du lot	Official stamp of vaccinating centre Cachet officiel du centre dc vaccination	
1	12 SEP 2019 Sabrina DR. SABRINA MOSTAFA MBBS (D.U) Reg No- BMDC, Dhaka. A 08208 Seafarer's Medical Practitioner Approved by D.G. Shipping	YELLOW FEVER VACCINATION 1313 DAKAR	— —	CENTRE FOR VACCINATION AGRABAT C.A. CTG. BANGLADESH
2				

This certificate is valid only if the vaccine used has beeb approved by the world healh Organization and vaccinating centre has been disignated by the health administration for the territo

The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or, in the event of a revaccination within such preiod 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 e' tc" approvc" par l' Organisationion Mondiale de la Sante" et sile centre dc vaccination ae' tc' habilite parl' administration sanitaire du territoire dans lcquel" ce centre est Siture'

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

Ce certofocate do it etre signc' par un me' decin dc sa propre main. son cacht occiial ne pouvant ctre conside' re' comme Icnant Iicu de signature.

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