

HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A 55144

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880 31 716214-6, Fex: +880 31 710530

PATIENT CONTROL NUMBER: H227

MEDICAL EXAMINATION CERTIFICATE

C. NO.				
SURNAME	FIRST NAME.		MIDDLE NAME	77 MARINE MARINE
RAHMAN LACE AND DATE OF BIRTH		MD.		AZIZUR
LAKSHMIPUR 1-Jul-1985	PASSPORT NUMBE		SEAMAN'S BOO	
ATIONALITY: BANGLADESHI SEX:		924469		CO4595
ERMANENT HOME ADDRESS :	☑ Male ☐ Femal	e VESSEL TYPE	CHEM. TANKER TRA	DING AREA: WORLD WIL
L: RATANER KHIL (RASHID MIAR BARI)	PO CHARCHAMITA		ONTACT NUMBER :	+8801716605900 (SELF
KSHMIPUR. DIST, LAKSHMIPUR. BANG	LADESH.	R/	NK:	1ST ASST ENGINEER
U				
Have you ever had any of the following cor	iditions?			
Condition	YES NO	Condition		YES NO
1 Eye/vision problem	0 61	18 Sleep proble	ms	
2 High blood pressure		19 Do you smol		
3 Heart/vascular disease		20 Operation/su		
4 Heart surgery		21 Epilepsy/seiz		0 1/
5 Varicose veins		22 Dizziness/fai		0 6/
6 Asthma/bronchitis		23 Loss of cons		0 1/
7 Blood disorder		24 Psychiatric p	roblems	
8 Diabetes		25 Depression		0 7
9 Thyroid problem		26 Attempted si	uicide	- 6/
10 Digestive disorder		27 Loss of mem		
11 Kidney problem		28 Balance prot		
12 Skin problem	0 4	29 Severe head		5
13 Allergies			oat problems	- V1
14 Infectious/contagious diseases	D AV	31 Restricted m		
15 Hemia		32 Back probler		
16 Genital disorders		33 Amputation		0 0//
17 Pregnancy	O NA	34 Fractures/dis	slocations	
36 Have you ever been hospitalised? 37 Have you ever been declared unfi 38 Has your medical certificate ever t 39 Are you aware that you have any t 40 Do you feel healthy and fit to p	t for sea duty? been restricted or revoke medical problems, disea erform the duties of yo	ses or illnesses?	Voccupation?	
41 Are you allergic to any medication.	s?			0 4
Comments: FIT	FOR DUTY ON BO	DARD SHIP		
THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	S TANGET AND A STATE OF THE STA			
42 Are you taking any non-prescription	n or prescription medica	ntions?		0 1
If yes, please list the medications taken and	the purpose(s) and dos	sage(s)		
hereby authorize the release of all my pre-	vious medical records for	om any health profess	ionale, haalth institution	an and a bear and a bear
to Dr. Will Wid, Kainan (approved medical pr	'actioner) I also certify th	at my history containe	ed above is true and an	v false statement will
disqualify me from my employment, benefit	s and claims.		a a a a a a a a a a a a a a	y laise statement will
11-0				
4500				
Signature of Seafarer	•			
DICAL EXAMINATION				
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learing meets the standards as laid down i	n STCW Code Section	A-1/9 ? YES	NO NO	
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Vear	000	000				Lefteye			
	meets the star	ndard laid dow	n in STCW Cod	le Seet	ion/A-1/9	YES IN	0		
	n as per STCW			Nor	mal	Doubtful	□ Def	fective	
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	OBIN (HGB))	14.1	DRUG		ALCOHOL		HBsAg		activ I Nonreactiv
The state of the s	TERGREN)	011	Morphine		Positive	Negative	HIV / AIDS Test	Control of the second	eactiv Norreactiv
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In Accordance with Medical Examination of Shipping Burigladesh Approved and STCW 1978/ General Physician Radical Hospitals Limited.

Revision: 5.1

Revision Date: 24th July 2022

PHYSICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

DEPURITO OF THE MARSHALL ISLANDS

	THE MAKSHALL ISLANDS	
SURNAME	GIVEN NAME(S)	
RAHMAN	MD. AZIZUR	
DATE OF BIRTH	PLACE OF BIRTH	SEX
7 1 1985	LAKSHMIPUR BANGLADESH	and the same of th
MONTH DAY YEAR	CITY COUNTRY	☑ MALE ☐ FEMALE
EXAMINATION FOR DUTY AS:	MAILING ADDRESS OF APPLICANT:	
MASTER	329/A, SENPARA PARBATA, 3RD FLOOR,	
DECK OFFICER	MIRPUR-10, DIST: DHAKA,	
ENGINEERING OFFICER	BANGLADESH.	
RADIO OFFICER	BANGLADESH,	
RATING		
	FOR MEDICAL REQUIREMENTS) STATE DETAIL	S ON REVERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE	PULSE RESPIRATION GENERAL	APPEARANCE
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WITH GLASSES	RT. EAR ALLE	EFT EAR
COLOR TEST TYPE: BOOK LANTERN DE	COLOR TEST NORMAL.? Yes A No (IF "NO"	EXPLAIN ON PAGE 2)
ARE GLASSES OR CONTACT LENSES NECESSARY T	O MEET THE REQUIRED VISION STANDARD? Yes	No 1
HEAD AND NECK	HEART (CARDIOVASCUL	AR)
Nonna	- Old	17.11111
LUNGS	SPEECH(DECK/NAVIGATIONA	L OFFICER AND RADIO
LUNGS NOTHING	OFFICER)	1
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EXTREMITIES: UPPER VAIVO	LOWER NOW	mal
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO	D RECOMMENDATIONS? Yes No []	
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE A	GGRAVATED BY WORKING ABOARD A VESSEL, OR TO REN.	DER HIM/HER UNFIT FOR SERVICE
OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS OF	N BOAR Yes No	
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE	BOTTOM OF ON PAGE 2	
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPT	ION MEDICATION Yes	
Acres	0.7.050.0000	2 6 SEP 2025
SIGNATURE OF APPLICANT	2.7 SEP 2023 DATE OF EXAMINATION	EXPIRY DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF		EAPIR'I DATE
		MANAGE TELEVISION
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINAT		AHMAN
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THIS APPLICANT IS CERTIFIED FREE OF COMMUNICA	BLE DISEASE (OR VIRUSES FOR COOKS): Yes	No D
SEAFARER IS FOUND TO BE FITE D NOT FIT FO	OR DUTY AS A MASTER / DECK OFFICER	1 ENGINEERING OFFICER /
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☐ WITH THE FOLLOWING RESTRICTIONS:	2 cook y minor arranging	nons, c
	BAULAN M B B C/B U A BEC NO A COLLEGE	
	. RAIHAN; M.B.B.S(D.U.), REG. NO. A-55144	
ADDRESS RADICAL HOSPITALS LIMITED 35, SHAH M	MAKHDUM AVENUE ,SECTOR-12 UTTARA, DHAKA-1	230. BANGLADESH
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	DG SHIPPING BANGLADESH	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 6-May	-2014	
SIGNATURE OF PHYSICIAN		2 7 SEP 2023
- Liv	Hospin	DATE
This certificate is issued by authority of	the Maritime Administrator and in compressive with the p	equirements

DR. MIRIA M Dicara Inform (Scafarers) Convert (ARMIC 2005) 50. 73)

MBBS (DU), DFM. CCD (Birdem), PGT (Ophth)

BMDC A-55144, MMC-BGD-016

DG Shipp, ng Bangladesh Approved

General Physician

Radical Hospitals 1 imited

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 physical 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 physical examination must be carried out within the 24 months immediately preceding application for an officer certificate, certification of special qualifications or a Scafarer'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 car 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.L.E. Standard 1; those serving on vessels less than 500 gross tons must comply with C.L.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
 - Scafarers must be free from infections of the mouth cavity or gums.
- (d) Blood Pressure
 - An applicant's blood pressure must fall within an average range, taking age into consideration.
- (c) 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 scafarer, bosun, GP-1, ordinary scafarer and junior ordinary scafarer 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 a form similar or identical to the model provided in Appendix 1 of RMI MG-7-47-1).)

- 1. COMPLETE PHYSICAL EXAMINATION, INCLUDING HEARING TEST.
- PATHOLOGICAL EXAMINAT A) Complete Blood Count. B) Blood Sugar Estemation C) Serological Test VDRI/.

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

DR. MIR. MD. RAIHAN BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved General Physician

Radical Hospitals Limited

PHYSICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

	Ren obele of	THE MAKSHALL	ISLAMO	
SURNAME		GIVEN NAME(S)		
RAHMAN		MD. AZIZUR		
DATE OF BIRTH		PLACE OF BIRTH		
7 1	1985	LAKSHMIPUR	BANGLADESH	SEX
MONTH DAY	YEAR	CITY	COUNTRY	☑ MALE ☐ FEMALE
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DECK OFFICER		MIRPUR-10, DIST: DHAK	Α,	
ENGINEERING OFFIC		BANGLADESH.		
RADIO OFFICER		BANGLADESH.		
RATING				
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OR LIKELY TO ENDANGER THE HEA	ALTH OF OTHER PERSONS ON	BOAR Yes D No		
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□ WITH THE FOLLOWING	RESTRICTIONS:			
NAME AND DEGREE OF PHYSIC	TAN DR. MIR MD.	RAIHAN; M.B.B.S(D.U.), REG.	NO. A-55144	
ADDRESS RADICAL HOSPITA	ALS LIMITED 35, SHAH M	IAKIIDUM AVENUE "SECTOR-12	UTTARA, DHAKA-I	230. BANGLADESH
NAME OF PHYSICIAN'S CERTIFIC	CATING AUTHORITY	DG SHIPPING BANGLADESH		
DATE OF ISSUE OF PHYSICIAN'S	CERTIFICATE 6 May	-2014	- Williams	* * TW_3 TWSW
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This certificate is issued by authority of the Maritime Administrator and in Appliance with the requirements MBBs (DU) stall company (Seafarers) Convention 194

BMDC A-55144, MMC-BGD-016

DG Shipping Bangladesh Approved

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

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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
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- 3. X RAY EXR PA VIEW
- 4. E.C.G. TEST
- 5. EYE EXAMINATION FOR V/A & C/V

MBBS (DU), DFM, CCD (Birdem), PGT (Upmm) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved

General Physician Radical Hospitals Limited

27 SEP 2023



HAQUE & SONS LTD.



Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +88 02333316214-6

Name	MD. AZIZUR RAHMAN	Date	27-Sep-2023
Age	38	Sex	MALE
Passport No	A03924469	CDC No	CO4595
Sample	BLOOD	Rank	1ST ASST ENGINEER

BIOCHEMISTRY REPORT COMPARE

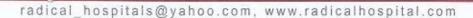
Vessel Name:	GINGA LEOPARD	FURANO GALAXY	
	After Sign-Off	Before Sign-On	Reference Range
Date of Report	18/08/2023	27-09-2023	
Serum Bilirubin	07	0.7	0.2 - 1.1 mg/dl
Serum S.G.O.T/A.S.T	25	22	Up to 37 U/L
Serum S.G.P.T.	22_	27	Up to 42 U/L

DOCTOR'S REMARKS:

No Restrictions

Doctor Seal & 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 HospitaRevisitedDate: 24th July 2022





Id No : 1221 Date : 27-Sep-2023 D.Date : 27-Sep-2023

Patient's Name: MD. AZIZUR RAHMAN Age: 37Y 7M 0D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/4595

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.6 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)	084 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	10,300 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	68 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	26 %	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	206 /cumm	50-450/cumm
Total RBC Count	4.64 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	42.0 %	M: 40-54%, F:37-47%
MCV	78.0 fL	76 - 94 fL
MCH	23.2 pg	27 - 32 pg
MCHC	33.1 g/dL	29 - 34 g/dL
RDW	14.2 %	11 - 16 %
PDW	16.1 fL	35 - 56 fl
Total Platelete Count (PC)	2,64,000 /cumm	150,000-450,000/cumm
MPV	7.5 fL	7.0 - 11.0 fL
PCT	0.198 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By Medical Technologist

Dr. Sumalya Khatun

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



Bill No	DIA23091221	Received Date	27/09/2023
Patient's Name	MD. AZIZUR RAHMAN		
Patient's Age	37Y 7M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	DEM),PGT(Eye),DFM	CDC NO:C/O/4595
Sample	BLOOD	7900 V	

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27.0U/L	Up to 40 U/L
Serum AST (SGOT)	22.0 U/L	Up to 37 U/L
HbA1C	5.4 %	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 Technologis Radical Hospitals Ltd. Dr. Sunfarya Khatun

BBS, MD (Microbiology)

Associate Professor

Dept. of Microbiology

East West Medical College and Hospital



Test Name

Bill No	DIA23091221	Received Date	27/09/2023
Patient's Name	MD. AZIZUR RAHMAN		
Patient's Age	37Y 7M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BI	RDEM),PGT(Eye),DFM	CDC NO:C/O/4595
Sample	BLOOD		

SEROLOGYCAL REPORT

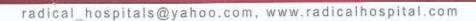
10001101110	1.000
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method: (ICT)	Negative
VDRL Test	Non-reactive

Result

LOOD GROUPINGResult	, ΔΙ
ABO Blood Group	"A" (+ve)
Rh(D)Factor	Positive

Checked By

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





Bill No	DIA23091221	Received Date	27/09/2023
Patient's Name	MD. AZIZUR RAHMAN		
Patient's Age	37Y 7M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CC	D(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/4595
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	2-3/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	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. Sumalya Khatun MBBS, MD (Microbiology) Associate Professor

Dept. of Microbiology East West Medical College and Hospital

Test Name



Bill No	DIA23091221	Received Date	27/09/2023
Patient's Name	MD. AZIZUR RAHMAN		
Patient's Age	37Y 7M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU)),CCD(BIRDEM),PGT(Eye),DFM	CDC NO:C/O/4595
Sample	URINE		77

Result

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Checked By

Medical Pechnologis 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

REF: MT. FURANO GALAXY DATE: 27/09/2023

M/S. HAQUE & SONS LTD. RUMMANA HAQUE TOWER 1267/A, GOSHAIL DANGA AGRABAD C/A, CHITTAGONG.

EYE EXAMINATION REPORT

NAME: MD AZIZUR RAHMAN

RANK: 1A/ENG

CDC NO: C/O/4595

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

616

COLOUR VISION:

NORMAL / BLIND>

OPINION

AIDED

UNFIT/FIT FOR EMPLOYMENT ON BOARD

Dr. Mir Md. Raihan MBBS, PGT (Ophthalmology) Assistant Registrar (EX)

East west Medical College & Hospital

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			Information: hythm rd axis line ECG onfirmed by:	Diagnosis Informa Sinus rhythm Leftward axis Borderline ECG	ms o	27-09-2023 15:27:32 HR : 77 bpm (P : 106 ms PR : 144 ms QRS : 100 ms QT/QTc : 360/408 P/QRS/T : 47/-27/15 RV5/SV1 : 1.053/0.320	27-09 HR PR QRS QT/Q P/QR RV5	A Sh	(D: 23091365 Male Years	K / E



DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

230901221

Receive:27/09/2023

Print: 27/09/2023

Patient's Name

MD AZIZUR RAHMAN

Age

38 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



Patient ID	23091221	Voucher No		
Test Name	USG OF KUB	D.E. D.		
Patient Name	MD. AZIZUL RAHMAN	Delivery Date	27/09/2023	
Age	38 Yrs	Sex		
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length -9.7 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 - 10.9 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, volume is 21.5 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Suggestive of Normal study .

Sonologist Dr. Asma Ahmed

MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS

Consultant Sonologist

RADICAL HOSPITAL LTD

HOUSE # 35, SECTOR -12, SHAH MAKHDUM AVENUE, UTTARA, DHAKA.

ULTRASOUND REPORT

Patient Name:

MD AZIZUL RAHMAN 38Y

KUB

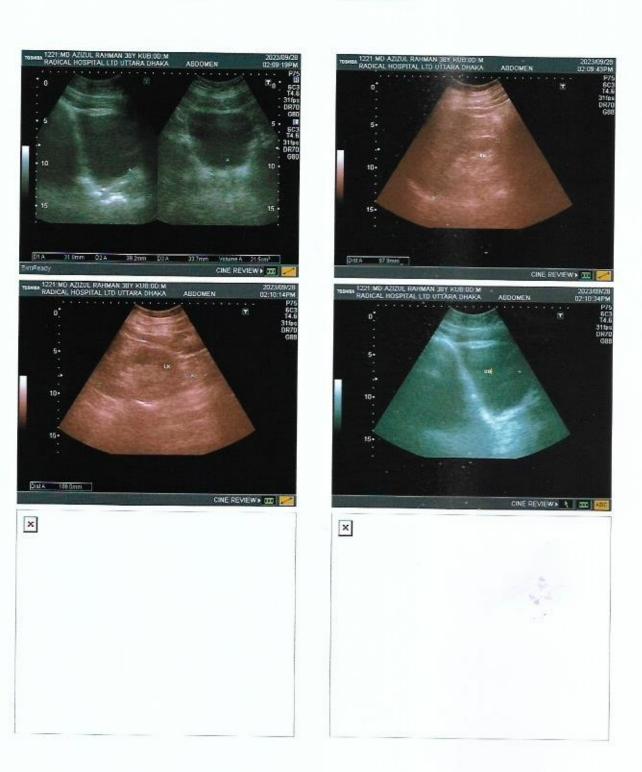
Study ID:

20230928134443

Patient ID:

1221

Patient Birthday



INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

This	is	to	certify	that	
who	se	sig	nature	follows	

Date of birth 01-07-1985 Sex M

has on the date indicated been vaccinated or revaccinated against Cholera

Date	Signature and Professional status of vaccinator	Approved Stamp
07	Dr. Md. To Cholere Dr. Md. To Gul Islam M.B.B.S. M. Garber	Second Parcella
2	Seatarer's Medicar Pacific Approved By D.G. Snipping Dh. a. Rego No. A 22539 Rego N	ST N30 HOUSE STATE
3	Radical No.	S ANGLADEST
4	DR. MR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-018	35, Shuh Makhdum Annaun Utam, Dhaka
5	DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	FOR VACCO
69	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth BMDC A-55144, MMC-BGD-016 DO Shipping Bangladesh Approved	35, Shah Malihrium Avenus Ultare, Dhalas
7	General Physician Radical Hospitals Limited.	RANGLADE ST
128.	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved	St. Shah Makhdun Avenus Bearn, Oliuka
-	DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited	Captifued overleaf Suite our erso

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

This is to certify that whose signature follows $\left. \begin{array}{c} \text{Date of birth} & 01-07-1985 \\ \end{array} \right. \text{Sex} \quad \left. \begin{array}{c} \text{N} \\ \text{N} \end{array} \right.$

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
07 A	Dr. Md. Rafiqui Islam Dr. Md. Rafiqui Islam M.B.B.S; A.MC (Part-1) Seafarer's Medical Prochitioner Seafarer's Medical Prochitioner Approved By D.G. Shipping Dhaka. Approved By D.G. Shipping Phase Regd No : A 22539	Stanmark L 5856 3	T SWINGO
2	· ·		1 166 B M
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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.