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 MAKHDUM AVENUE, UTTARA, DHAKA-1230.
TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: AZIM (Surname) ABDULHA (First Name) AL ALIUL (Middle Initial) Sex: MALE Serial No:

Date of Birth: 27 / 11 / 1993 PP/CDC: C/0/8838 Rank: 4th Engineer

Vessel: Type: CONTAINER Route: WORLDWIDE

Home Address: VILL: ROTONDIA P.S: KALUKHALI DIST: RAJBARI

Company Name :

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		✓		✓
Head Injury / Concussion / Loss of Memmory		✓		✓
Fits / Epilepsy / Dizziness / Fainting		✓		✓
Eye / Vision Problems (Glasses, etc)		✓		✓
Hearing Impairment		✓		✓
Ear / Nose / Throat problems		✓		✓
Stomach / Bowel disorders		✓		✓
Gall stones / Kidney disorders		✓		✓
Jaundice / Liver Disease		✓		✓
Piles / Varicose veins		✓		✓
Blood Disorder		✓		✓
Female Disorder		✓		✓
Notes				

	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Hernia / Hydrocoele / Appendicitis		✓		✓
High / Low blood pressure / Heart disease		✓		✓
Asthama / Bronchitis / Tuberculosis		✓		✓
Allergy / Skin disease		✓		✓
Infection / Contagious Disease		✓		✓
Addicition to alcohol / drugs / tobacco		✓		✓
Fracture / Dislocation / Injury / Amputation		✓		✓
Major / Minor Operation		✓		✓
Diabetes		✓		✓
Nervous / Mental disease / Sleep disorder		✓		✓
Mallignant disease (Cancer)		✓		✓
Signed off on medical grounds / Declared Unfit		✓		✓

Medical Examination

Height	Weight in Kgs	Chest Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp.Rate / min	General Condition
168cm	80Kg.	43-41 cms	120/70 mm	78/m	19/m	Good

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

Colour Vision		Normal	Abnormal
	Ishihara	Normal	Abnormal
	Other	Normal	Abnormal

Field of Vision: Normal / Abnormal

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

Hearing	Right Ear	Left ear
	✓	✓

Systemic Examination

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

Notes

FIT FOR SEA SERVICE
AS ~~Able Engg.~~
AS PER MLC 2006
Enhanced GARD Medicals done

	Normal	Abnormal
Respiratory system	✓	
Cardiovascular system	✓	
Per Abdomen	✓	
Genito-urinary system	✓	
Others	✓	
Hernia / Hydrocoele	✓	
Varicose Veins	✓	
Fissure/Fistula/Piles	✓	

Investigations

Blood	Result	Normal
Hemoglobin	17.7 gm%	14-16 gm %
Total WBC count	10,300 cu.mm	4000-11000 / cu.mm
Ncu 66 % Lymp 28 % Eos 02 Ba 02 % Mo 02 %		
Malarial parasite	NOT FOUND	
ESR	05 mm / 1st hour	1- - 15 mm / hr
SGPT	19 U/L	9--43 U / L
S.Cholesterol	N/E mg/dl	145--260 mg / dl
S. Triglycerides	N/E mg/dl	upto 200 mg /dl
Blood Sugar	RBS PPBS	upto 125 mg %
HbsAg		
HIV I & II		
VDRL		
Others		GGTP U/L
Blood Group		

Urine	
Colour	Saw
Specific Gravity	
pH	
Albumin	Nil
Sugar	Nil
Bile pigment	
Bile salts	
Occult blood	
RBC cells	Nil
Leucocytes	
Others	

Spirometry: N/D

Drugs of Abuse: Negative

USG: Normal

ECG : Normal **TMT:** N/D

X-Ray Chest: Normal

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I,Dr. MIR MD Raihan , hereby declare the examinee medically

Fit Unfit Temporarily unfit Permanently unfit Should be re-examined in days / weeks / months.

Remarks / Recommendations

I, Dr. MIR MD RAIHAN certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate

This certificate is valid till: 10 SEP 2025

Candidate's Signature

Date: 11-09-2023

Official Stamp

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

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.

11 SEP 2023

04.2023.4747

KERAJAAN MALAYSIA
GOVERNMENT OF MALAYSIA

Marine Headquarters, Marine Department Malaysia, P.O Box 12, 42007 Port Klang
Tel: 03 – 3346 7777, Fax: 03 – 3168 5289, E-mail: kpgr@marine.gov.my Website: http://www.marine.gov.my

SIJIL PEMERIKSAAN PERUBATAN
MEDICAL EXAMINATION CERTIFICATE

	Family Name	Given Name(s)
1) Nama pemegang sijil (seperti dalam passport): *Name of holder of Certificate (as in passport):*	AZIM	ABDULHA AL ALIUL

2) *Jantina: Lelaki / Wanita
Gender: Male / Female

3) Warganegara: *Nationality:* BANGLADESHI

4) No. Kad Pelaut: *~ Seaman Card No.:* 0500084152

5) No. Kad Pengenalan/Passport: *Identity Card No/Passport.:* A12287332

6) Tarikh Lahir (dd/mm/yyyy): *Date of Birth:* 27/12/2993

7) Jawatan: *Profession:* SEAMAN

8) Pengakuan oleh Pengamal Perubatan yang Diiktiraf:
Declaration of the Recognized Medical Practitioner:

	Yes/Ya	No/Tidak
8.1 Pengesahan dokumen pengenalan telah disemak ketika pemeriksaan *Confirmation that identification documents were checked at the point of examination*	☑	☐
8.2 Pendengaran menepati piawaian mengikut seksyen A-I/9 Konvensyen STCW 78 seperti dipinda *Hearing meets the standards in section A-I/9 of the STCW 78 as amended*	☑	☐
8.3 Pendengaran memuaskan tanpa apa-apa bantuan? *Unaided hearing satisfactory?*	☑	☐
8.4 Ketajaman penglihatan menepati piawaian mengikut seksyen A-I/9 Konvensyen STCW 78 seperti dipinda? *Visual acuity meets standards in section A-I/9 of the STCW 78 as amended?*	☑	☐
8.5 Penglihatan warna menepati piawaian mengikut seksyen A-I/9 Konvensyen STCW 78 seperti dipinda? *Colour vision meets standards in section A-I/9 of the STCW 78 as amended?*	☑	☐
- Tarikh terakhir ujian penglihatan warna: *Date of last colour vision test:* 11 SEP 2023		
8.6 Layak untuk tugas peninjauan? *Fit for look-out duties?*	☑	☐
8.7 Tiada had atau sekatan dari aspek kecergasan? *No limitations or restriction on fitness?*	☑	☐
Jika "Tidak", nyatakan had dan sekatan: *If "No", specify limitations or restrictions:*		
8.8 Adakah pelaut bebas dari apa-apa keadaan perubatan yang mungkin dimudharatkan melalui perkhidmatan laut atau boleh menyebabkan seseorang pelaut tidak layak untuk perkhidmatan sedemikian atau mungkin membahayakan kesihatan mana-mana orang di atas kapal? *Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the of other persons on board?*	☑	☐

JL/HEPP/D/09 - 1

No: JLM 223043

Saya mengesahkan bahawa saya telah memeriksa pelaut seperti di atas mengikut standard perubatan dan penglihatan Malaysia
I certify that I have examined the above-named seafarer to standards of the medical and eyesight of Malaysia
sepertimana dalam Kaedah-Kaedah Perkapalan Saudagar (Pemeriksaan Perubatan) 1999 seperti pindaan,
as in the Merchant Shipping (Medical Examination) Rules 1999 as amended,
dan didapati beliau *layak atau ~~tidak~~ layak untuk menjalankan tugas pelaut dengan pembatasan-pembatasan berikut:
*and have found him to be *fit or ~~unfit~~ for seafaring subject to the following restrictions:*

FIT FOR DUTY ON BOARD SHIP

9) Kategori Kecergasan Perubatan:
Category of Medical Fitness: "A"

10) Tarikh pemeriksaan (dd/mm/yyyy):
Date of Examination: 11 SEP 2023

11) Tarikh luput sijil (dd/mm/yyyy):
Expiry date of certificate: 10 SEP 2025

12) Tandatangan pelaut:
Signature of seafarer:

13) Nama pengamal perubatan:
Name of medical practitioner: DR. MIR MD. RAIHAN MBBS DU

14) Tandatangan pengamal perubatan:
Signature of medical practitioner:

15) Pendaftaran MMC:
MMC Registration:

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.

16) Cop rasmi:
Official stamp:

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

- *This certificate is issued by the Government of Malaysia in compliance with the requirements of Title 1.Regulation 1.2 under Maritime Labour Convention (2006)*
- *The maximum validity of this certificate is only two (2) years*

**** strikethrough whichever not applicable***

JL/HEPP/D/16

JABATAN LAUT MALAYSIA
Ibu Pejabat Laut Semenanjung Malaysia, Peti Surat 12, 42007 Pelabuhan Klang
Tel: 03-3695100, Fax: 03-3685289, E-mail: kpgn@marine.gov.my http://www.marine.gov.my

LAPORAN PENGAMAL PERUBATAN
MEDICAL PRACTITIONER'S REPORT

Saya telah memeriksa ABDULHA AL ALIUL AZIM No. KP/Paspot: A11287332
I have examined *IC/Passport No:*
mengikut standard perubatan Jabatan Laut Malaysia JL/P/02/98 dan keputusannya adalah berikut:
as per the Malaysian Marine Department medical standards JL/P/02/98 and the results are as follows:

Tinggi/Berat *Height/Weight*	1.68 metres	80 kg
Pendengaran *Hearing*	kanan *right* N/M	kiri *left* N/M
Penglihatan *Eyesight*	kanan *right*	kiri *left*
Penglihatan dgn kacamata *Eyesight with visual aids*	kanan *right* 6/6	kiri *left* 6/6
Penglihatan Warna *Colour Vision*	Normal	
Ujian Kencing *Urinalysis*	Nil gula *sugar*	Nil albumin
Nadi *Pulse*	78 /min	
Tekanan darah *Blood pressure*	120/80 mm.	
Chest X-ray	Normal/Abnormal	X-ray Number: 23090482
ECG	Normal/Abnormal	

KEPUTUSAN PEPERIKSAAN *EXAMINATION RESULTS*
- LAYAK *FIT* ☑
- TIDAK LAYAK *UNFIT* ☐
- TIDAK LAYAK SEMENTARA *TEMPORARILY UNFIT* ☐

		Normal	Abnormal	Remarks
1	Infectious diseases	☑	☐	
2	Malignant Neoplasm	☑	☐	
3	Endocrine and Metabolic Disease	☑	☐	
4	Disease of the blood and blood forming organs	☑	☐	
5	Mental Disorders	☐	☐	
6	Central Nervous system	☑	☐	
7	Cardiovascular system	☑	☐	
8	Respiratory system	☑	☐	
9	Digestive system	☑	☐	
10	Genito-Urinary System	☑	☐	
11	Pregnancy	No	Yes	(week)
12	Skin	☑	☐	
13	Musculo-skeletal system	☑	☐	
14	Speech Defects	☑	☐	
15	Ears/Nose/Throat	☑	☐	
16	Eyes	☑	☐	

Perakuan ini sah sehingga 10 SEP 2025
This certificate is valid until

Tarikh 11 SEP 2023
Date

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

Signature of Medical Practitioner
MMC No:

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.

PENGAKUAN PELAUT YANG INGIN MENJALANI PEMERIKSAAN PERUBATAN
TESTIMONIAL OF SEAMAN UNDERGOING MEDICAL EXAMINATION

Sila jawab soalan-soalan berikut berhubung dengan sejarah kesihatan anda. Tandakan X dalam kotak ruangan yang sesuai 'Ya' atau 'Tidak'. Jika 'Ya' jelaskan dalam ruangan catitan.
Please answer the following with reference to your health. Tick X in the appropriate 'Yes' or 'No' column. If ticked 'Yes' please elaborate in the remarks column.

Adakah anda mempunyai sejarah atau sedang mengalami penyakit berikut:
Do you have any history or are undergoing treatment in any of the following:

No	Perihal *Regarding*	Ya *Yes*	Tidak *No*	Catitan *Remarks*
1	Masalah mata *Eye disorders*			
	- Katarak *Cataract*			
	- Pandangan monocular *Monocular sight*			
	-Lain-lain yang menyebabkan halangan pandangan *-Other factors which hinder vision*			
2	Buta warna *Colour blind*			
3	Sukar melihat dalam gelap *Night blindness*			
4	Apa-apa jenis sawan atau kekejangan *Convulsion or fits*			
5	Kecederaan berat dikepala *Heavy injuries to head*			
6	Serangan pening atau pening *Dizziness*			
7	Sakit kepala yang berat atau 'migraine' *Severe headache or migraine*			
8	Pembedahan otak yang 'major' *Major brain operation*			
9	Kencing manis dalam rawatan insulin *Diabetis undergoing insulin treatment*			
10	Penyakit mental *Mental Disorder*			
11	Penyalahgunaan arak/dadah dalam masa 5 tahun yang lalu *Misuse of alcohol/drugs within last 5 years*			
12	Kecacatan tulang belakang *Spinal disformity*			
13	Penyakit jantung/tekanan darah tinggi/debaran jantung *Heart disease/ hypertension/ heart palpitations*			
14	Sesak nafas/muntah darah/batuk kronik *Breathing difficulty/ blood vomitting/ chronic cough*			
15	Pekak *Deafness*			
16	Penyakit buah pinggang *Kidney disease*			
17	Apa-apa rawatan yang berulang *Any regular medical treatment*			
18	Apa-apa penyakit/kecederaan yang tidak dinyatakan diatas *Any injury/disease not stated above*			

Saya dengan ini mengisytiharkan bahawa saya telah dengan teliti mengambilkira kenyataan yang dibuat diatas dan saya percaya ianya lengkap dan tepat. Saya seterusnya mengisytiharkan bahawa saya tidak menyembunyikan apa-apa maklumat atau membuat apa-apa kenyataan palsu yang boleh menjejaskan prestasi kerja saya. Saya memberi izin kepada pengamal perubatan yang memeriksa untuk berkomunikasi dengan mana-mana pengamal perubatan yang memeriksa saya dan Jabatan Laut, dalam hal-hal yang boleh memberikan kesan ke atas kesesuaian untuk bekerja diatas kapal.
I declare that the information given above is correct to the best of my knowledge. I further declare that I have not hidden any information or made false statement which can jeopardize my work. I do give permission for the medical practitioner to communicate with any other medical practitioners or the Marine Department in any matters which can affect my placement on board a vessel.

Tandatangan pemohon: ..... No Kad Pelaut: 960008452
Applicants signature *Seaman Card No:*

Nama(dlm huruf besar) : ABDULHA AL ALIUL AZIM No. Kad Pengenalan: A11287332
Name (in capital letters) *NRIC/Passport Number*

Disaksikan oleh: (Dr) : .....
Witnessed by

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

Official Stamp of Medical Practitioner

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

Id No : 0482	**Date :** 11-Sep-2023	**D.Date :** 11-Sep-2023
Patient's Name : ABDULHA AL ALIUL AZIM	**Age :** 29Y 9M 15D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/8838		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**17.7** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**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	**66** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**28** %	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	**5.92** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**47.2** %	M: 40-54%, F:37-47%
MCV	**79.7** fL	76 - 94 fL
MCH	**29.9** pg	27 - 32 pg
MCHC	**37.5** g/dL	29 - 34 g/dL
RDW	**12.6** %	11 - 16 %
PDW	**13.3** fL	35 - 56 fl
Total Platelete Count (PC)	**1,95,000** /cumm	150,000-450,000/cumm
MPV	**9.9** fL	7.0 - 11.0 fL
PCT	**0.193** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By
Medical Technologist

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

Bill No	DIA23090482	Received Date	11/09/2023
Patient's Name	ABDULHA AL ALIUL AZIM		
Patient's Age	29Y 9M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8838
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	4.6 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	19.0 U/L	Up to 40 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

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

Bill No	DIA23090482	Received Date	11/09/2023
Patient's Name	ABDULHA AL ALIUL AZIM		
Patient's Age	29Y 9M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8838		
Sample	**Blood**		

SEROLOGYCAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative

Checked By

Medical Technologist,
Radical Hospitals Ltd.
and Hospital

Dr. SumaiyaKhatun
MBBS, MD (Microbiology)
Assistant Professor
Dept. of Microbiology
East West Medical College

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

Bill No	DIA23090482	Received Date	11/09/2023
Patient's Name	ABDULHA AL ALIUL AZIM		
Patient's Age	29Y 9M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8838		
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	NIL
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATION

CASTS / 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 REQUEST

CRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Cal. Oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Tripple Phos	Nil

Checked By

Medical Technologist,

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

Bill No	DIA23090482	Received Date	11/09/2023
Patient's Name	ABDULHA AL ALIUL AZIM		
Patient's Age	29Y 9M 15D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8838		
Sample	**URINE**		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23090482	Receive:11/09/2023	Print: 11/09/2023
Patient's Name	:	**ABDULHA AL ALIUL AZIM**		
Age	:	29 Yrs	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm	:	Both hemidiaphragm are normal in position. C-P angles are clear.
Heart	:	Normal in T.D.
Lung	:	Lung fields are clear.
Bony thorax	:	Reveals no abnormality.
Comments	:	**Normal chest skiagram.**

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

This report has been electronically signed.

ID: 201

Male 20 Years

11-09-2023 13:59:46

HR	: 79	bpm	
P	: 84	ms	
PR	: 122	ms	
QRS	: 66	ms	
QT/QTc	: 370/425	ms	
P/QRS/T	: 41/70/-7	°	
RV5/SV1	: 1.793/0.759	mV	

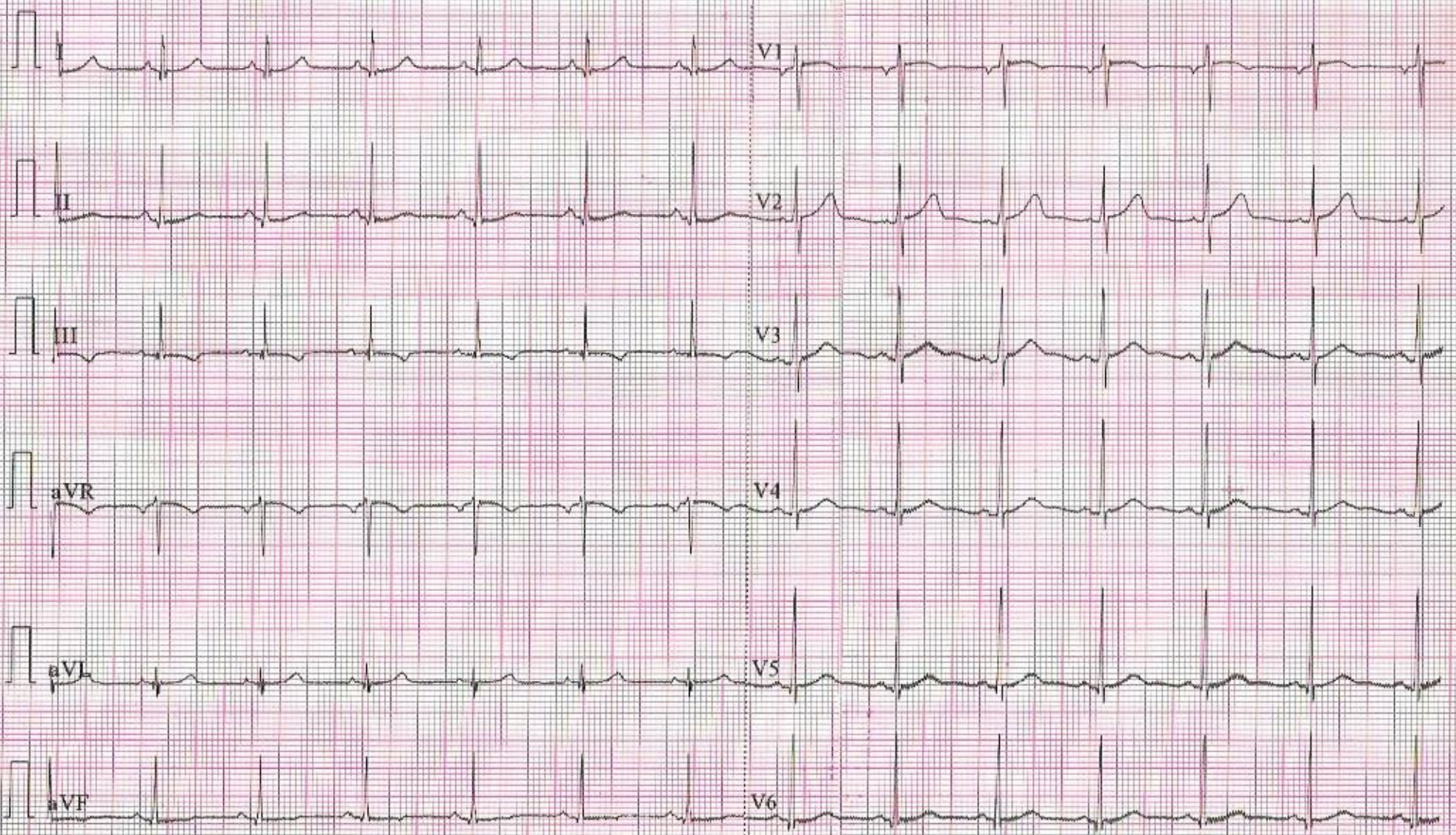
Diagnosis Information:

Sinus rhythm

Inferior T wave abnormality is nonspecific

Borderline ECG

Report Confirmed by:



0.67-100Hz AC50 25mm/s 10mm/mV 2*5.0s ♥79 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23090482	Receive: Print: 11/09/2023		
Patient's Name	:	**ABDULHA AL ALIUL AZIM**			
Age	:	29 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	79 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

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

ABDULLAH AL ALIUL AZIM

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le 27/12/1993 | 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	11 SEP 2023 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	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 Icalih 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 Ic 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 Icqucl'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 Icnant 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

This is to certify that ABDULLAH AL AMIN
JE Soussigne' (e) certifie que

date of birth 27/12/2002 Sex MALE
no' (e) le sexe

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'authentiftcation
1 11 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	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2		
3		
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 evónt 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 une period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" ane revaccination a, cour. d;;gtte 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' une quelconque des mantions qu il comporte pe ut effectersa validite.