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: Ahmed (Surname) Hasan (First Name) Murad (Middle Initial) Sex: M Serial No:

Date of Birth: 02/01/1997 PP/CDC: T/339521 Rank: 2n engineer

Vessel: Twing Tug Type: Tug Route:

Home Address: Khulia Nagar, Asimpara Karnaphuli chattogram

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		✓		✓
Addiction 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
167cm	68kg	40-40	100/70mm	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					NC
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 2ND ENG. 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	14.5 gm%	14-16 gm %
Total WBC count	6500 cu.mm	4000-11000 / cu.mm
Neu 61 % Lymp 34 % Eos 02 Ba 00 % Mg 02 %		
Malarial parasite	NOT FOUND	
ESR	05 mm / 1st Hour	1- - 15 mm / hr
SGPT	NIE U/L	9 - 43 U / L
S.Cholesterol	NIE mg/dl	145 - 260 mg / dl
S.Triglycerides	NIE mg/dl	upto 200 mg /dl
Blood Sugar	RBS 5.0 PPBS	upto 125 mg %
Hbs/Ag	Negative	
HIV I & II	Negative	
VDRL	Negative	
Others		
Blood Group		GGTP U/L

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

ECG : Normal TMT: NIE

X-Ray Chest: Normal

Spirometry: Normal

Drugs of Abuse: Negative

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, [illegible] 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: 12 SEP 2025

Candidate's Signature

Date: 13 SEP 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.

04.2023.4758

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

1) Nama pemegang sijil (seperti dalam passport): / *Name of holder of Certificate (as in passport):*
Family Name: Ahmed
Given Name(s): Hasan Murad

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

3) Warganegara: / *Nationality:* Bangladeshi

4) No. Kad Pelaut: / *Seaman Card No.:* T/39521

5) No. Kad Pengenalan/Passport: / *Identity Card No/Passport.:* A07952786

6) Tarikh Lahir (dd/mm/yyyy): / *Date of Birth:* 01/01/1997

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:* 13 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 223044

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: 13 SEP 2023

11) Tarikh luput sijil (dd/mm/yyyy):
Expiry date of certificate: 12 SEP 2025

12) Tandatangan pelaut:
Signature of seafarer:

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

14) Tandatangan pengamal perubatan:
Signature of 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.

15) Pendaftaran MMC:
MMC Registration:

16) Cop rasmi:
Official stamp:

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

- *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 *I have examined* Hasan Murad Ahmed No. KP/Paspot: *IC/Passport No:* A07952786

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*	1.67 metres	68 kg
Pendengaran *Hearing*	kanan *right*	kiri *left*
Penglihatan *Eyesight*	6/6 kanan *right*	6/6 kiri *left*
Penglihatan dgn kacamata *Eyesight with visual aids*	— kanan *right*	— kiri *left*
Penglihatan Warna *Colour Vision*	Normal	
Ujian Kencing *Urinalysis*	Nil gula *sugar*	Nil albumin
Nadi *Pulse*	78 /min	
Tekanan darah *Blood pressure*	120/80 mmHg	
Chest X-ray	Normal/Abnormal	X-ray Number: 2309050
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 *This certificate is valid until* 12 SEP 2025

Tarikh *Date* 13 SEP 2023

Radical Hospitals Ltd. ★ Approved by Department of Shipping ★ As Per-ML-C-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 Shipping 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 folowing:

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

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: T/39521
Applicants signature *Seaman Card No:*

Nama(dlm huruf besar): Hasan Murad Ahmed No. Kad Pengenalan: A07952786
Name (in capital letters) *NRIC/Passport Number*

Disaksikan oleh: (Dr) DR MD. RAIHAN.
Witnessed by

Official Stamp of Medical Practitioner

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
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General Physician
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Radical Hospitals Ltd. ★ Approved by DG Department of Shipping ★ MSPer-MLC-2006

RADICAL HOSPITAL LIMITED

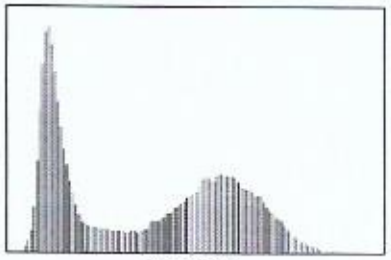
radical_hospitals@yahoo.com, www.radicalhospital.com

Id No : 23090550	**Date :** 13-Sep-2023	**D.Date :** 13-Sep-2023
Patient's Name : HASAN MURAD AHMED	**Age :** 26Y 8M 12D	**Gender:** Male
Specimen : Blood		
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO: T/39521		

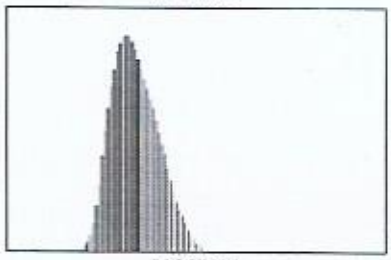
Haematology Report

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

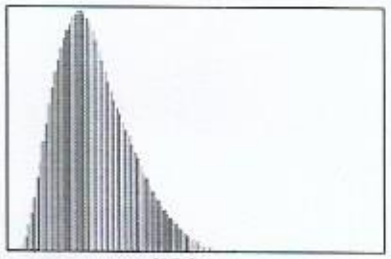
Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**14.5** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**05** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**6,800** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**61** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**34** %	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	**136** /cumm	50-450/cumm
Total RBC Count	**4.69** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**37.9** %	M: 40-54%, F:37-47%
MCV	**80.8** fL	76 - 94 fL
MCH	**30.9** pg	27 - 32 pg
MCHC	**38.3** g/dL	29 - 34 g/dL
RDW	**16.8** %	11 - 16 %
PDW	**16.1** fL	35 - 56 fl
Total Platelete Count (PC)	**3,30,000** /cumm	150,000-450,000/cumm
MPV	**8.1** fL	7.0 - 11.0 fL
PCT	**0.267** %	0.1 - 0.%



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.

Bill No	DIA23090550	Received Date	13/09/2023
Patient's Name	HASAN MURAD AHMED		
Patient's Age	26Y 8M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/39521
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Random Blood Sugar (RBS)	5.0 mmol/l	4.2 – 6.4 mmol/l
Serum ALT (SGPT)	22.0 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	DIA23090550	Received Date	13/09/2023
Patient's Name	HASAN MURAD AHMED		
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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/39521
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HBsAg (Method : (ICT)	Negative

RADICAL HOSPITAL LIMITED

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

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Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/39521
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

Bill No	DIA23090550	Received Date	13/09/2023
Patient's Name	HASAN MURAD AHMED		
Patient's Age	26Y 8M 12D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/39521
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.	:	23090550	Receive: Print: 13/09/2023		
Patient's Name	:	**HASAN MURAD AHMED**			
Age	:	26 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

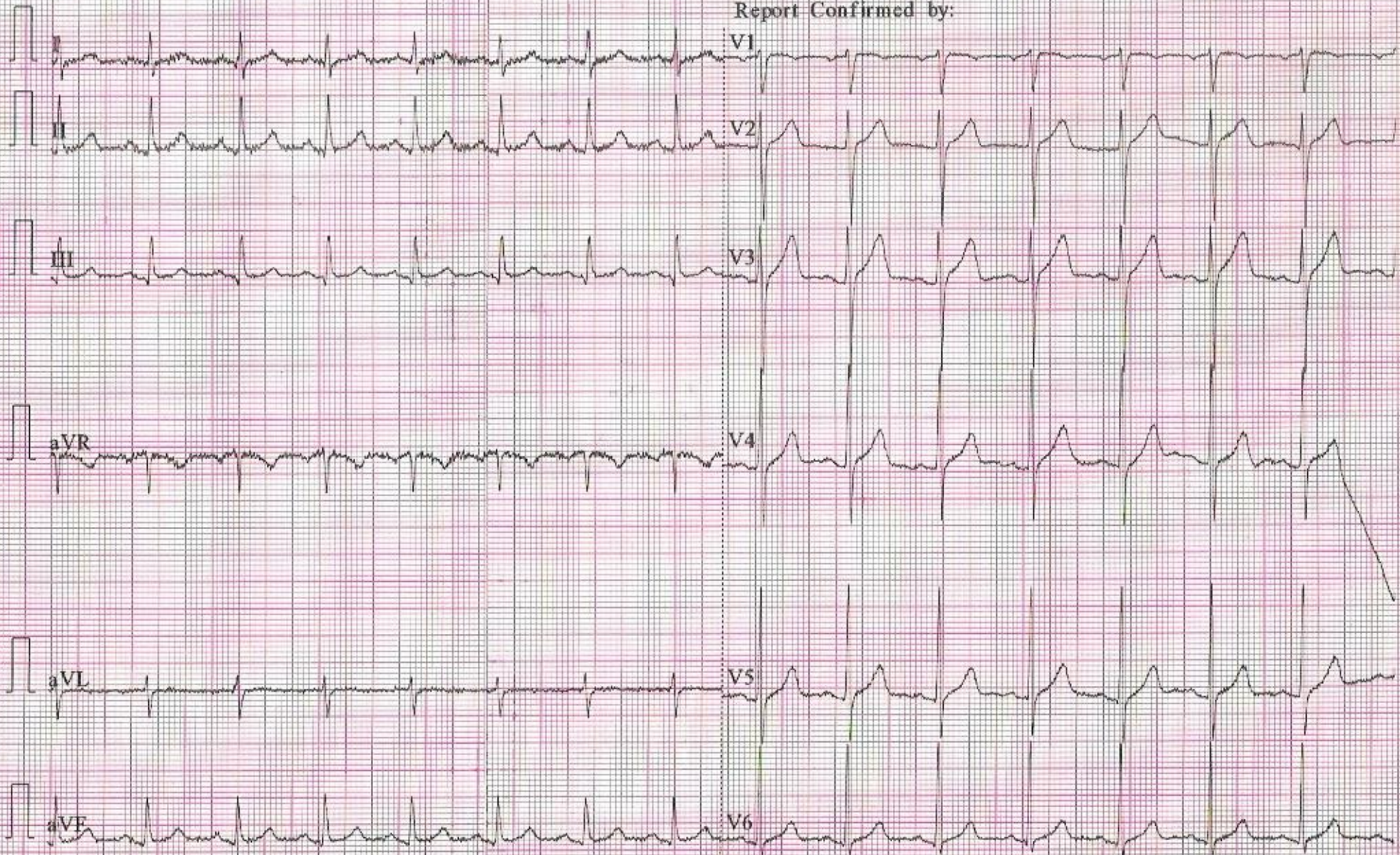
ID: 208
Hasnain Murad Ahmed
Male 26 Years

13-09-2023 10:57:47

HR	: 90	bpm
P	: 110	ms
PR	: 166	ms
QRS	: 84	ms
QT/QTc	: 356/436	ms
P/QRS/T	: 61/70/60	°
RV5/SV1	: 2.063/0.669	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

20.383

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23090550	Receive:13/09/2023	Print: 13/09/2023
Patient's Name	:	**HASAN MURAD AHMED**		
Age	:	26 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.

HASAN MURAD AHMED

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST CHOLERA

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to Certify that
je soussigne (e) certifie que } _____ Date of Birth 01.01.1997 sex M
whose signature follows
dont la signature suit. } _____ ne (e) le _____ Sexe _____

has on the date indicated been vaccinated or revaccinated against Cholera
a etc. vaccination (e) contre la fievер jaune la date indique.

Date	Signature and Professional Status of vaccinator Signature et qualitc Prof. essioundle du vaccinateur	Approved Stamp Cachet d' authentification	
1 10 SEP 2023	Dr. Md. Ariful Islam MBBS (CMC) BCS (Health) FCPS (MEDICINE) HI,CCD BMDC Reg. No. 62563 DG Shipping Approved (BD) Seafarer's Medical Officer, Chittagong, Bangladesh	CENTER FOR VACCINATION ★ BANGLADESH ★ Dr. Md. Ariful Islam Halishahar Housing Estate, Chittagong	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs
2			

3		3	4
4			
5		5	6
6			
7		7	8
8			

Continued overleaf Suite our erso

HASAN MURAD AHMED

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST YELLOW-FEVER

CERTIFICATE INTERNATIONAL DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVER JANUE

This is to Certifie that
je soussigne (e) certifie que } _____ Date of Blrth 01.01.1997 sex M

whose signature follows
dont la signature suit. } _____ ne (e) le _____ Sexe _____

has on the date indicated been vaccinated or revaccinated against Yellow-Fever a etc. vaccination (e) on contre la fiever jaune la date indique.

Date	Signature and Professional Status of vaccinator Signature el qualitc Prof. essioundlle du vaccinateur	Origin and batch no, of vaccine origine du vaccin Employe et u merco du lot	Official stamp of vaccination centre. cachet Official du Center de vaccination
1	10 SEP 2023 Dr. Md. Ariful Islam MBBS (CMC) BCS (Health) FCPS (MEDICINE) HI,CCD BMDC Reg. No. 52563 DG Shipping Approved (BD) Seafarer's Medical Officer, Chittagong, Bangladesh	YELLOW FEVER VACCINATION L NO DAKAR 13133	1 2 CENTER FOR VACCINATION Dr. Md. Ariful Islam Halishahar Housing Estate, Chittagong BANGLADESH
2			
3			3 4
4			

This certificate is valid on only if the vaccine used hs been approved by the World Health Organization and if the vaccinating centre has been designated by 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 or failure to complete any part of it, may render it invalid.

Ce certificate n est valadble que si jevaccine employe a etc. approve part organisation mondiate de la sant. Et sit c de vaccination a etc habilite part administration du territorie de s lequcl ce centre est situe.

Le validity de ce certificate conure une periode de six ans ommencent dix Jours apres la date de la vaccination ou da s le casd une revaccination on cours de cettee periode de dix aus. e Jour de cette; revaccination.

Toute correction ou rature sur Ie certificate au omission d'un quelonque desmentions nd il comporte peul affector su validite.