Pre Employment Medical Examination (PEME)

Medical Standard- Implementation

Applicability	Seafarers Age	PEME Frequency	Standard	*Framingham Test Score
All Sea Staff (no medical condition)	<45 years old	2 yearly	Flagstate-STCW/MLC2006	N.A
All Sea Staff	@ 45 Years	1 time screening	Flagstate-STCW/MLC2006 + UK P&I standard	Yes
All Sea Staff (no medical condition)	Age > 45 < 50 years old	2 yearly	Flagstate-STCW/MLC2006	Yes
All Sea Staff	≥ 50 Years old	Yearly	Flagstate-STCW/MLC2006 + UK P&I standard	Yes
All Sea Staff with medical condition	All Age Group	Yearly	Flagstate-STCW/MLC2006 + UK P&I standard	Yes

***Framingham test (Link on page 9 of Guidance notes)- Analysis of 10 year risk of coronary heart disease.**

Notes: For staff under medication, the medicine should be available for the full contract duration + two month. The seafarer is required to inform the Master if he/she is under medication and show the medicines carried.

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04.2024.6010

Name (last, first, middle):	RASHID, MAMUNUR	Company ID :	20100334
Date of birth (DD/MMM/YYYY):	20/10/1976	Gender (Female / Male):	MALE
Home address:	HOUSE-637 (CHAYABITHI), FOLCBARIA BRAHMAN BARIA - 3400		
Passport No.:	B00648 68	Discharge Book No.:	C/01/3788
Type of ship (LNG / Petroleum / Chemical tanker):	TANKER	Nationality:	BANGLADESHI
Trade area (e.g., coastal, worldwide):		Rank:	MASTER

Sect.	Items	Result(s)		Remark(s)
		Positive	Negative	
A	**Alcohol**		✓	
B	**Drug**		✓	
	Amphetamine		✓	
	Cannabinoids		✓	
	Cocaine		✓	
	Opiates		✓	
	Phencyclidine		✓	
	Benzodiazepine		✓	
	MDMA (Ecstasy)		✓	

Sect.	Items	Normal	Abnormal	Remark(s)
C	**Spirometer (Pulmonary Function Test)**	✓		
Sect.	**Items**	**Normal**	**Abnormal**	**Remark(s)**
D	**Audiometry Test**	✓		
E	**Blood Test**			
	1. Full Blood Picture, CBC, Blood typing, blood chemistry.	✓		
Sect	**ITEMS**	**Normal**	**Abnormal**	**Remark(s)**
	2. Hepatitis A Screening	✓		
	3. Hepatitis B Screening	✓		
	4. Hepatitis C Screening	✓		

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	5. HIV Test	✓		
	6. VDRL	✓		
	7. SGPT	✓		30 U/L
	8. SGOT	✓		26 U/L
	9. Bilirubin	✓		0.7 mg/dl
	10. Alkaline phosphatase	✓		155 U/L
	11.BUN	✓		21 mg/dl
	12.Creatinine	✓		0.8 mg/dl
	13. FBS (Fasting Blood Sugar) & Post Prandial	✓		5.0 mmol/L
F	Blood Test (**Chemical Tankers only if carrying any of the below chemical**) *To test within 2 weeks of signing-off.* *Any other tests specified by DOSH (Department of Occupational Safety and Health) based on the specific chemical the vessel is carrying.*	✓		
	1. Benzene	✓		
	2. Xylene	✓		
	3. Phenol	✓		
	4. Ammonia	✓		
Sect.	**Items**	**Normal**	**Abnormal**	**Remark(s)**
G	ECG	✓		
H	USG (Full abdomen) + KUB ultrasound	✓		
I	Chest X-Ray (Digital)	✓		
J	Psychological Examination	✓		
K	Dental Examination	✓		
L	Stool Test (For Food Handlers Only)	✓		
M	Pregnancy (For Female Only)	✓		
N	Urinalysis *(Protein / Sugars)*	✓		
O	Treadmill test	✓		
Sect	**Items** (Medical standards**)	**Normal**	**Abnormal**	**Remark(s)**
P	1. Body Mass Index (BMI) Please enter weight and height below. Weight = 77 Kgs Height = 1.80 metres BMI =Weight (in kgs) ÷ (height in metres)2			23.7

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	2. Lipid Profile (On treatment) ***Classification standard to NCEP ATP-III :*** ***i. Total Cholesterol*** < 5.2 : Desirable 5.2 – 6.2 : Borderline > 6.2 : High Risk ***ii. LDL Cholesterol*** < 2.58 : Optimal 2.58 – 3.34: Near optimal 3.35 – 4.11: Borderline 4.12 – 4.89: High > 4.9 : Very high	✓		165 mg/dl 92 mg/dl
	3. Hypertension (With medication)	✓		
	4. Diabetes Mellitus HbA1c (% of sugar for past 3 month) ***Classification standard for diabetes :*** 3.0 – 6.0% : Non-diabetic 6.1 – 7.0% : Good control 7.1 – 8.0% : Fair control > 8.1% : Poor control	✓		5.9 %
	5. Asthma	✓		

***Refer Guidance Notes page 8*

Q	Vaccination History	Last Taken
	1. Oral Cholera	
	2. Yellow Fever	
	3. Typhoid (Catering Staff Only)	
	4. Others (Please Specify): _____	

R	**Examinee's personal declaration** *(Assistance should be offered by medical staff)*			
Have you ever had any of the following conditions?				
No.	**Condition (If answered "yes," please give details)**	**Yes**	**No**	**Remark(s)/Details**
1	Eye/vision problem		✓	
2	High blood pressure		✓	
3	Heart/vascular disease		✓	
4	Heart surgery		✓	
5	Varicose veins		✓	
6	Asthma/bronchitis		✓	
7	Blood disorder		✓	
8	Diabetes		✓	

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No.	Condition (If answered "yes," please give details)	Yes	No	Remark(s)/Details
9	Thyroid problem		✓	
10	Digestive disorder		✓	
11	Kidney problem		✓	
12	Skin problem		✓	
13	Allergies		✓	
14	Infectious/contagious diseases		✓	
15	Hernia		✓	
16	Genital disorders		✓	
17	Pregnancy	N/A		
18	Sleeping problems		✓	
19	Lungs and Chest problems		✓	
20	Operation/surgery		✓	
21	Epilepsy/seizures		✓	
22	Dizziness/fainting		✓	
23	Loss of consciousness		✓	
24	Psychiatric problems/ Depression		✓	
25	Problems in the Breast		✓	
26	Attempted suicide		✓	
27	Loss of memory		✓	
28	Balance problem		✓	
29	Severe headaches		✓	
30	Ear/nose/throat problems		✓	
31	Restricted mobility		✓	
32	Back/ Spine problems		✓	
33	Neurologic problems		✓	
34	Fractures/dislocations		✓	
35	Relevant Family Medical History (E.g. Diabetes, stroke, heart disease, high blood pressure)		✓	
36	Have you ever been signed off as sick or repatriated from a ship?		✓	
37	Have you ever been hospitalized?		✓	
38	Have you ever been declared unfit for sea duty?		✓	
38	Has your medical certificate ever been restricted or revoked?		✓	
40	Are you aware that you have any medical problems, diseases or illnesses?		✓	
41	Do you feel healthy and fit to perform the	✓		

	duties of your designated position/occupation?			
42	Are you allergic to any medications?			
43	Are you taking any non-prescription or prescription medications? (If yes, please list the medications taken and the purpose(s) and dosage(s).) Please specify the quantity of each medicine carried.			
44	OthersCondition (Please Specify): _____			

Sect.	Items			Remarks
S	**Vital Parameters**			
	1. Framingham score * (Please refer link to calculator on Page 9) **If Framingham score > 10.0 % provide lifestyle guidance**			
	2. Blood Pressure	120/80 mmHg		
	3. Pulse Rate	78 bpm		
	4. Vision Test	**Left**	**Right**	
	i. aided			
	ii. unaided	6/6	6/6	
	5. Color Vision (Ishihara Plates): 24/38	NO	NO	

I hereby certify that the personal declaration above is a true statement to the best of my knowledge, and that I am not suffering from any disease likely to aggravate by working aboard a vessel or to render me unfit for service at Sea or endangering the health of other personnel on board. Non disclosure of pre existing conditions will prejudice all my benefits under the CBA or Company's terms and

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to DR. MIR MD RAIHAN MBBS (DU), DFM (Approved Medical Examiner).

Signature of examinee:		Witnessed by: *(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
Date (day/month/year):	27 FEB 2024	Witnessed by: (Name)	

Assessment of fitness for service at sea

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

No.	Assessment of Fitness	Fit	Unfit	Remarks
1	Look-Out Duty	✓		
2	Deck Service	✓		
3	Engine Service			
4	Catering Service			
5	Other Services (Please Specify): _____			

No.	Describe Restrictions (e.g., specific positions, type of ship, trade area)	Remarks
	No Restrictions	Fit To Sail

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

Place of examination: RADICAL HOSPITAL LIMITED
Uttara, Dhaka, Bangladesh

Date of examination (day / month / year): 27 FEB 2024

Medical certificate's date of expiration (day / month / year): 26 FEB 2026

Official stamp:

Signature of medical examiner: _____

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.

Name of medical examiner: (typed or printed) DR. MIR MD. RAIHAN MBBS (DU), DFM

Authorized by: DG SHIPPING BANGLADESH (competent authority)

Remarks: The maximum validity of this certificate,

- *For age <50 Years with no medications – 2 Years*
- *For≥ 50 Years – 1 Year .*
- *For all age groups with medications – 1 Year .*
- *Tests prescribed should be in accordance with local laws.*
- *Seafarer under medication to carry prescription and medicines for the tenure of the contract + 1 month.*

***** Guidance Notes:***

BMI 36 – 40:

- BMI alone should not be a restricting fact for determining medical fitness, other comorbidities needs to be considered.
- The seafarer can adequately and safely perform his job functions.
- The seafarer has the appropriate level of fitness for general mobility (including climbing stairs repetitively).
- The seafarer has the appropriate level of fitness to respond to emergency situations and is able to successfully take part in evacuations without compromising their own safety and that of others.

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- The seafarer is able to escape from a helicopter through a standard sized escape hatch
- Seafarer to undergo a Weight Management (WM) program for maximum 1year on Company's account to bring down the BMI till ≤ 35.
- Eaglestar will support the seafarer by assigning the approved medical insurance provider (WM) program.
- After 1 year the WM program and the PEME will be to the seafarer account.
- Seafarer service status will remain "active" for a period of one year. Subsequent employment is subject to vacancy.
- While onboard, Medical Officer will monitor the weight and update HR Sea and HSSE on a monthly basis.
- While ashore, seafarer will need to update HR Sea & Manning office on monthly basis the status of weight management program

Section P 1. - Body Mass Index (BMI)

BMI ≤ 35: Meet the standard
BMI 36 – 40: Do not meet the standard.*
Inform Manning Office. To be put under Weight Management program for 1 yr.
BMI > 40: Not cleared to sail

Section P 2. - Lipid Profile (On treatment)

Total Cholesterol < 6.2 mmol/L

LDL < 4.1 mmol/L

HDL > 1.5 mmol/L

Cholesterol level alone should not deem a person unfit for work. The Health Physician will have to assess other co-morbidities i.e. High Blood Pressure, Smoking history, Past history of Heart Attacks, etc

Section P 3. - Hypertension (With medication)

140/90 or below with medication

As a general rule, individuals with hypertension are acceptable, provided it is uncomplicated and well controlled by treatment.

Section P 4. – Diabetes Mellitus HbA1c (% of sugar for past 3 month)

< 8% & Non-Insulin dependent diabetes

- *If HbA1C >8%, doctor to review medication and repeat HbA1C after 3 months.*
- *To look at other co-morbidities i.e. Heart disease, obesity, Hypertension when certifying Fitness to Work.*

Insulin-dependent diabetes – Not fit for work seafarer's duty.

Section P 5. – Asthma

Not requiring the use of oral or inhaled steroids

- *Doctor to assess the frequency of asthma attack and medications.*
- *If asthma is un-controlled – Temporary Unfit. Doctor to re-assess fitness to work 3 to 6 monthly.*

If asthma is controlled without steroid medication use – Fit for work.

***Framingham Score Calculator**
https://www.mdcalc.com/framingham-risk-score-hard-coronary-heart-disease

Seafarers with high risk scores(>10%) should be counselled aggressively about social factors contributing to their risk (smoking, exercise, weight, diet etc) and also managed with blood pressure and lipid evaluation.

ANNEX C

MPA
SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the **Maritime and Port Authority of Singapore** and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(*Last, first, middle*) RASHID, MAMUNUR		Gender: ~~Male~~/Female*
Date of Birth: (*Day/month/year*) 20/10/1976	Nationality: BANGLADESHI	Place of Birth: BRAHMANBARIA

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	✓	
2	Hearing meets the standards in STCW Code Section A-I/9?	✓	
3	Unaided hearing satisfactory?	✓	
4	Visual acuity meets the standards in STCW Code Section A-I/9?	✓	
5	Colour vision meets the standards in STCW Code Section A-I/9?	✓	
	Date of last colour vision test: 27 FEB 2024		
6	Fit for look-out duty?	✓	
7	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 endanger the life of person onboard?	✓	
8	No limitations or restrictions on fitness?	✓	
	If "**no**" specify limitations or restrictions		
9	Date of examination: (*day/month/year*) 27 FEB 2024		
10	Expiry of certificate: (*day/month/year*) 26 FEB 2026 ** *Maximum two years from date of examination unless the seafarer is under the age of 18*		

27 FEB 2024
Date

Signature of Authorised 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

Medical Practitioner's Official stamp
(*name, licence number, address etc*)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

* delete as appropriate

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

SEAFARER MEDICAL CERTIFICATE – March 2020

04.2024.6010

ANNEX B

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

MPA SINGAPORE

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name :(*Last, first, middle*) (BLOCK CAPITALS) RASHID, MAMUNUR		Gender: Male/Female*
Date of Birth: day/month/year 20/10/1976	Place of Birth: BRAHMANBARIA	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: B0064868	Dept: Deck / Engine / Catering / others Rank: MASTER	Type of ship: TANKER
Home Address: HOUSE-637 (CHAYABITHI) FOLLBARIA, BRAHMANBARIA	Routine and emergency duties:	Trading area: e.g. coastal / worldwide

*For identity verification purpose

Seafarer's Declarations *(please tick)*

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		✓	18. Sleep problem		✓
2. High blood pressure		✓	19. Do you smoke, use alcohol or drugs?		✓
3. Heart/vascular disease		✓	20. Operation/surgery		✓
4. Heart Surgery		✓	21. Epilesy/seizures		✓
5. Varicose veins/piles		✓	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(hearing, tinnitus/nose/throat problem		✓
14. Infectious / contagious diseases		✓	31. Restricted mobility		✓
15. Hernia		✓	32. Back or joint problem		✓
16. Genital disorder		✓	33. Amputation		✓
17. Pregnancy		✓	34. Fracture/dislocations		✓

If you answer "yes" to any of the above questions, please provide details:

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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 even 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 medication?		✓
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

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

27/02/24
Date

Signature of Seafarer

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

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr.

27/02/24
Date

Signature of Seafarer

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

Name and Signature of Witness

Radical Hospital Ltd. As Per-MLC-2006 Approved

Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☑ No

☐ Yes Type ..... Purpose .....

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant		
Near	N5	N5	Near		

Visual fields

	Normal	Defective
Right eye	✓	
Left eye	✓	

Colour Vision *(please tick)*

☐ Not tested ☑ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	4
Left ear	4	4

Clinical Findings

Height	180 (cm)	Weight	77 (kg)
Pulse rate	(per minute) 72	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	120	Diastolic (mm Hg)	80
Urinalysis: Glucose :	Nil	Protein: Nil	Blood: Nil

	Normal	Abnormal
Head	✓	
Sinus, nose, throat	✓	
Mouth/teeth	✓	

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Ears (general)	✓	
Tympanic membrane	✓	
Eyes	✓	
Ophthalmoscopy	✓	
Pupils	✓	
Eye movement	✓	
Lungs and chest	✓	
Breast examination	N/A	
Heart	✓	
Skin	✓	
Varicose Vein	✓	
Vascular (inc. pedal pulse)	✓	
Abdomen and viscera	✓	
Hernia	✓	
Anus (not rectal exam)	✓	
G-U system	✓	
Upper and lower extremities	✓	
Spine (C/s, T/S, L/S)	✓	
Neurologic (full/brief)	✓	
Psychiatric	✓	
General appearance	✓	

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year): 27 FEB 2024

Results: Normal

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

Test ..Blood Urine.. Results: ..Normal..

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea *(please tick)*

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

☒ Fit for look out duty ☐ Unfit for lookout duty

☐ Visual aid required ☒ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	✓			
Unfit				

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☑ Without restrictions ☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

27 FEB 2024

Date

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.

Medical Practitioner's name, licence number, address

****

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Id No	: 0672	**Date :** 27-Feb-2024	**D.Date :** 27-Feb-2024
Patient's Name :	MAMUNUR RASHID	**Age :** 47Y 4M 0D	**Gender:** Male
Specimen	: Blood		
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM-C/O/3788		

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.5** 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)	**9500** /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	**28** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**02** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**190** /cumm	50-450/cumm
Total RBC Count	**4.9** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**42** %	M: 40-54%, F:37-47%
MCV	**78** fL	76 - 94 fL
MCH	**30** pg	27 - 32 pg
MCHC	**31** g/dL	29 - 34 g/dL
RDW	**12** %	11 - 16 %
PDW	**36** fL	35 - 56 fl
Total Platelete Count (PC)	**295000** /cumm	150,000-450,000/cumm
MPV	**8.0** fL	7.0 - 11.0 fL
PCT	**0.1** %	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	DIA24020672	Received Date	27/02/2024
Patient's Name	MAMUNUR RASHID		
Patient's Age	47Y 4M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3788
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	5.0 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.2 %	4.2 - 6.7 %
Liver Function Test		
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	30 U/L	Up to 40 U/L
Serum AST (SGOT)	26 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	155 U/L	98 - 279 U/L
Lipid profile		
Serum Cholesterol	165 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	41 mg/dl	>35 mg/dl
Serum Triglyceride	138 mg/dl	50 - 150 mg/dl
Serum LDL- Cholesterol	96 mg/dl	<130 mg/dl
Renal Funtion Test		
Serum (BUN)	21 mg/dl	7-23 mg/dl
Serum Creatinine	0.8 mg/dl	0.3 - 1.3 mg/dl

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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24020672	Received Date	27/02/2024
Patient's Name	MAMUNUR RASHID		
Patient's Age	47Y 4M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3788
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
HCV (Method : (ICT)	Negative
HAV (Method : (ICT)	Negative
VDRL	Non-reactive

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	DIA24020672	Received Date	27/02/2024
Patient's Name	MAMUNUR RASHID		
Patient's Age	47Y 4M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3788
Sample	URINE		

URINE EXAMINATION

Test Name	Result
Xylene	Negative

Checked By

Medical Technologist.
Radical Hospital Ltd.

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MBBS, MD (Microbiology)
Associate Professor
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East West Medical College and Hospital.

Bill No	DIA24020672	Received Date	27/02/2024
Patient's Name	MAMUNUR RASHID		
Patient's Age	47Y 4M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3788
Sample	BLOOD		

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	0-2/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
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Dr. Sumaiya Khatun
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Associate Professor
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Bill No	DIA24020672	Received Date	27/02/2024
Patient's Name	MAMUNUR RASHID		
Patient's Age	47Y 4M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3788
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

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Patient's Name	:	**MAMUNUR RASHID**	ID NO	:	**24020672**
Age	:	**47 Yrs**	Date	:	**27/02/2024**
Sex	:	**Male**			
Referred by	:	**Dr. Mir Md. Raihan - MBBS (DU), DFM**			
Nature of Specimen	:				

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygine : Normal

Comments : Normal

Dr. Mir Md. Raihan
MBBS (DU), DFM, CCD (Birdem), PGT(opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

ID: 24020574 27-02-2024 17:05:51

Male 47 Years

HR	: 92	bpm	
P	: 82	ms	
PR	: 126	ms	
QRS	: 86	ms	
QT/QTc	: 356/441	ms	
P/QRS/T	: 76/23/70	°	
RV5/SV1	: 1.043/0.449	mV	

Diagnosis Information:

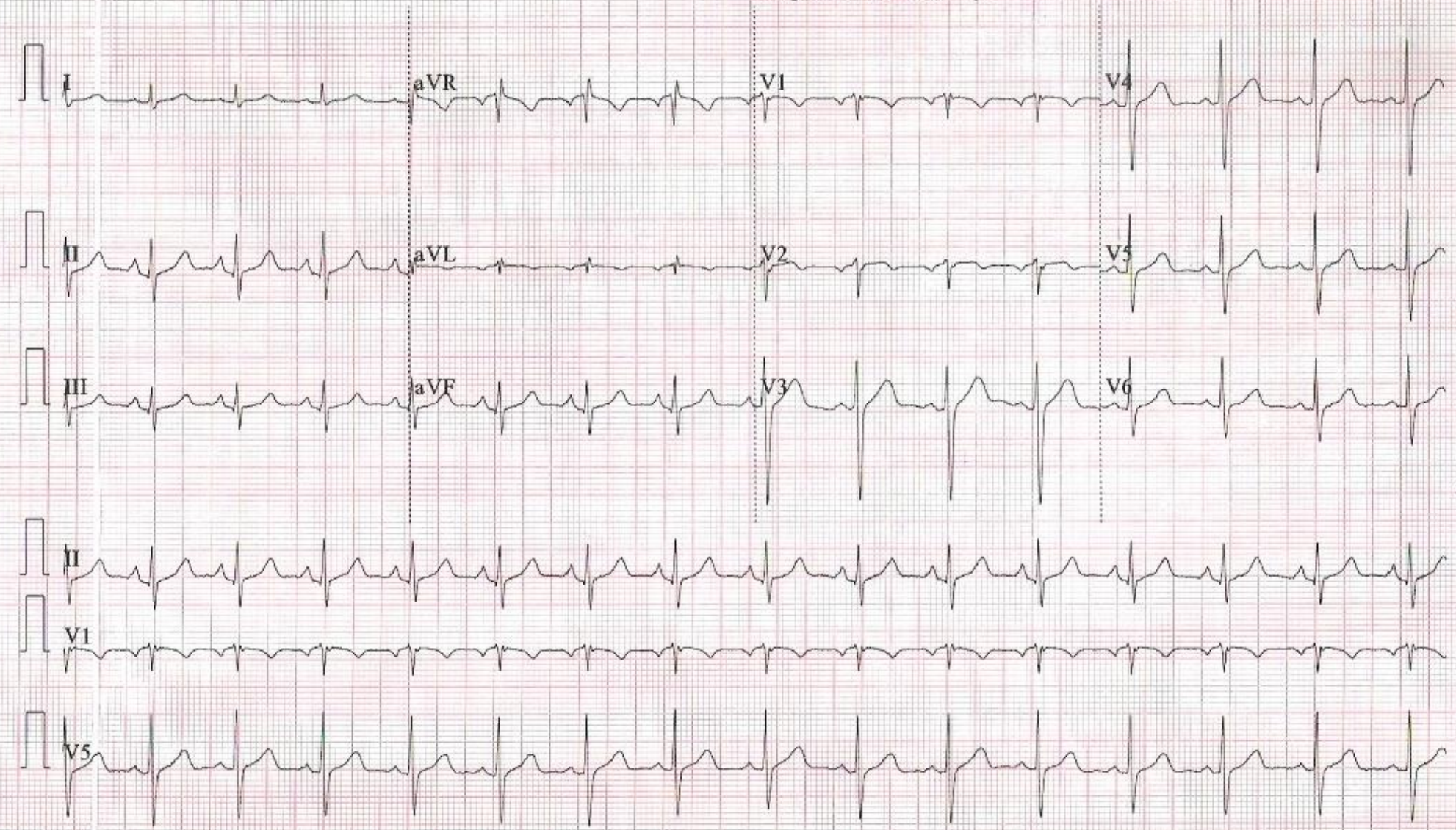
Sinus rhythm

Possible left atrial abnormality

Septal T wave abnormality is nonspecific

Borderline ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥92 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24020672	Receive:27/02/2024	Print: 27/02/2024
Patient's Name	:	**MAMUNUR RASHID**		
Age	:	47 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.

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AUDIOLOGICAL REPORT

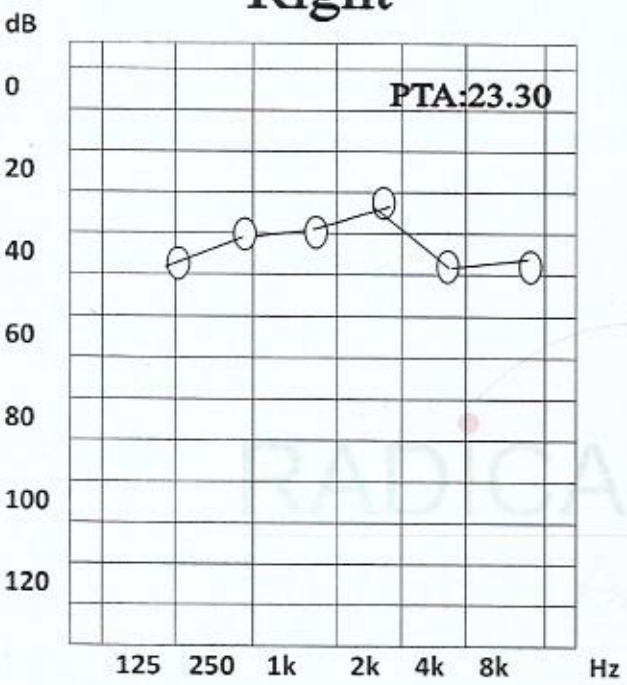
Patient Name : **MAMUNUR RASHID** 27/02/2024

Age : **47 Yrs**

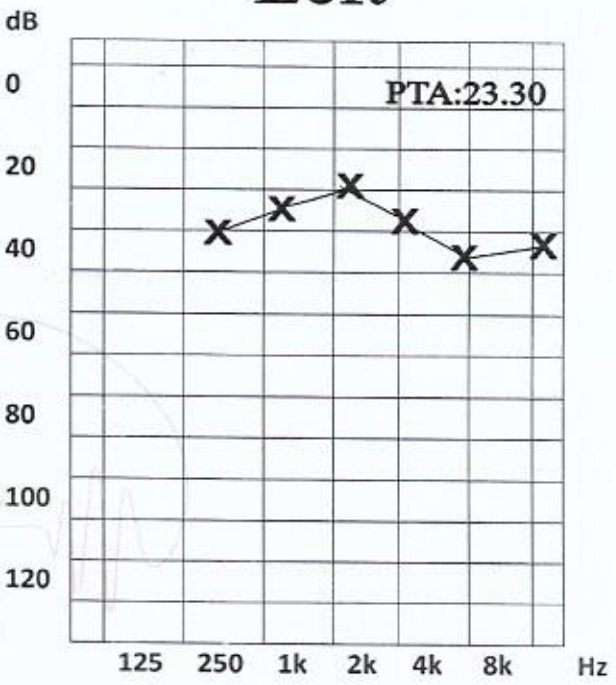
Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
	Right Ear	**Left Ear**
Air MaskingOX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24020672	Receive: Print: 27/02/2024		
Patient's Name	:	**MAMUNUR RASHID**			
Age	:	47 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	92 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

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Patient's Name	:	**MAMUNUR RASHID**	ID NO	:	24020672
Age	:	**47 Yrs**	Date	:	27/02/2024
Sex	:	Male			
Referred by	:	**Dr. Mir Md. Raihan MBBS,(DU), DFM**			
Nature of Specimen	:				

PULMONARY FUNCTION TEST (SPIROMETRY)

FVC	= 6
FEV	= 5
FEV/FVC	= 80%

Comments: Normal Lung Function

Dr. Mir Md. Raihan
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General Physician
Radical Hospitals Limited

Patient's Name	:	**MAMUNUR RASHID**			
Age	:	**47 Yrs**	**Date**	:	**27/02/2024**
Sex	:	**Male**	**CDC NO:C/O/3788**		
Referred by	:	**Dr. Mir Md. Raihan - MBBS, (DU), DFM**			

Psychometric Test

Test Name	Remarks
1.APTITUDE TEST	
Numerical Reasoning test	Poor /Good /very good /excellent
Verbal Reasoning test	Poor /Good /very good /excellent
Inductive reasoning test	Poor /Good /very good /excellent
Diagrammatic Reasoning test	Poor /Good /very good /excellent
Logical Reasoning test.	Poor /Good /very good /excellent
Error checking test	Poor /Good /very good /excellent
2.Skill Test	Poor /Good /very good /excellent
3.Personality Test	INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFP
4.Watson Glaser test(Critical Thinking Test)	
Arguments	Poor /Good /very good /excellent
Assumptions	Poor /Good /very good /excellent
Deductions	Poor /Good /very good /excellent
Interpreting Information's	Poor /Good /very good /excellent
Inferences	Poor /Good /very good /excellent
5.Situational Judgment Test.	Poor /Good /very good /excellent

Poor: <6 Good: 6-7 very good: 7-8 excellent: 8-10

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

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Patient ID	24020672	Test Date		27/02/2024		
Patient Name	MAMUNUR RASHID	Age	47 YRS	Sex	Male	
Ref. By	Dr. Mir Md. Raihan MBBS (DU),DFM					

BMI REPORT

$$\text{Body Mass Index} = \frac{\text{Weight in kg}}{(\text{Height in Meter})^2}$$

$$= \frac{77 \text{ kg}}{(1.80)^2}$$

$$= 23.7$$

BMI Categories

- Under Weight in = <18.5
- Normal Weight= 18.5 - 24.9
- Over Weight=25 - 29.9
- Obeshyz = BMI of 30 or greater.

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Radical Hospitals Limited

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

This is to certify that MAMUNUL RASHID date of birth 20/10/1978 Sex MALE
JE Soussigne' (e) certifie que no' (e) le sexe

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	27 FEB 2024 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 DATE	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 MANZURUR RASHID Date of birth 26/10/1974 Sex MALE
JE Soussigne' (e) certifie que 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 quelite profes-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	27 FEB 2024	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
2	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
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 cv6nt 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 couvrc unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d:.gtte period do six mois jour de cettc 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 l, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou l o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.