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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04.2024.6938

Name (last, first, middle):	MD SHAMSUZZAMAN	Company ID :	204167
Date of birth (DD/MMM/YYYY):	01/02/1971	Gender (Female / Male):	MALE
Home address:	497, RO-8, AVE3, MIRPUR DOHS PALLABI, DHAKA-1216		
Passport No.:		Discharge Book No.:	C0/3484
Type of ship (LNG / Petroleum / Chemical tanker):	PETROLEUM	Nationality:	BANGLADESHI
Trade area (e.g., coastal, worldwide):	WORLDWIDE	Rank:	CENGR

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	Negative		
	6. VDRL	Non Reactive		
	7. SGPT	Normal		28
	8. SGOT	Normal		26
	9. Bilirubin	Normal		0.57
	10. Alkaline phosphatase	Normal		181
	11.BUN	Normal		20
	12.Creatinine	Normal		0.93
	13. FBS (Fasting Blood Sugar) & Post Prandial	Normal		4.8
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	Negative		
	2. Xylene	Negative		
	3. Phenol	Negative		
	4. Ammonia	Negative.		
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 = 75 Kgs Height = 1.77 metres BMI =Weight (in kgs) ÷ (height in metres)2	✓		25.6

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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	Normal		159 87
	3. Hypertension (With medication)	Normal		
	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	Normal		5.4 %
	5. Asthma			

**Refer Guidance Notes page 8

Q	Vaccination History	Last Taken
	1. Oral Cholera	06-07-2024
	2. Yellow Fever	06-06-2029
	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		✓	

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	✓		

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	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	130/60 mmg		
	3. Pulse Rate	78 b/m.		
	4. Vision Test	**Left**	**Right**	
	i. aided	6/6	6/6.	
	ii. unaided			
	5. Color Vision (Ishihara Plates): 24/38	NS	NS	

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)*	
Date (day/month/year):	6/7/2024	Witnessed by: (Name)	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

Assessment of fitness for service at sea

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

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): 06 JUL 2024

Medical certificate's date of expiration (day / month / year): 05 JUL 2026

Official stamp:

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited

Signature of medical examiner: _____

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.

ID No:

UK P&I CLUB

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

MEDICAL CERTIFICATE

Surname	Other Names	Position applied for
SHAMSUZZAMAN	MD	C/ENGR

Date of Birth	Sex	Nationality	ID (Passport/Discharge book) No:
01/02/1971	MALE	BANGLADESHI	C/0/3484

Ship Name: M.T. EAGLE HANOVER

I have evaluated the above-named examinee according to UK CLUB (national law, regulation or other requirement), and on the basis of the examinee's personal declaration, my clinical examination, and the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, in my opinion this employee **DOES / DOES NOT** meet the physical requirement for this job.

Restrictions applied: None/.....

If unfit state reason: FIT FOR DUTY ON BOARD SHIP

Visual aid required (specify) Yes/No Informed spares necessary Yes/No Fit for lookout duty Yes/No

Expiry date: 05 JUL 2026

Signed:

Name: 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

Authorizing body:

Clinic stamp:

Date: 06 JUL 2024

I acknowledge that I have been advised of the content of the medical examination form.

Examinee's signature:

A copy of this certificate should be kept by the examining physician, and a copy sent to the UK P & I club. The original should be given to the seafarer.

INTERNET NC

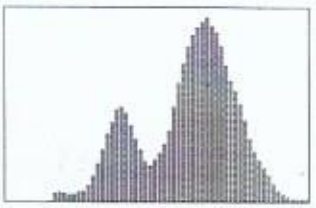
Radical Hospital Ltd. As Per MLC 2006 DG Shipping Bangladesh Approved

ID NO	**: 24070154**	**Date**	**: 06/07/2024**
Patient's Name	**: MD SHAMSUZZAMAN**	**Age**	**: 53Y5M5D**
Ref. By	**: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/3484**	**Sex**	**: Male**
Specimen	**: Blood**		

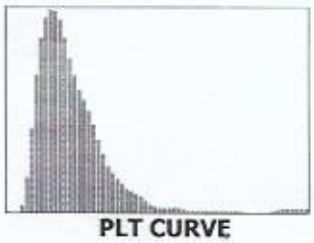
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

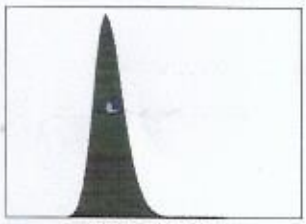
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**15.2**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**05**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**10,000**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	63	%	(40 - 75)%	
Lymphocytes	30	%	(20-45)%	
Monocytes	04	%	(2-10)%	
Eosinophils	03	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**300**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**256,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	10.6	fL	7.0 -11.0 fL	
PDW-CV	16.2	%	10 - 18 %	
PCT	0.27	%	0.10 - 0.28	
P-LCR	30.3	%	9.00 - 45.00%	
P-LCC	78	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.78**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	49.2	%	M: 40-54%, F: 37-47%	
MCV	85.1	fL	76-94 fL	
MCH	26.2	pg	27-32 pg	
MCHC	30.8	g/dL	29-34 g/dL	
RDW SD	46	fL	30.0-57.0 fL	
RDW CV	16.8	%	10-16%	



WBC CURVE



PLT CURVE



RBC CURVE

Checked By.....
Medical Technologist.
Redical Hospital Ltd.
Uttara,Dhaka.

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

Bill No	DIA24070154	Received Date	06/07/2024
Patient's Name	MD SHAMSUZZAMAN		
Patient's Age	53Y 5M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3484
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	4.8 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.04%	<6.5 %
Serum Creatinine	0.93 mg/dl	0.3 - 1.3 mg/dl
Serum (BUN)	20 mg/dl	7-23 mg/dl
Liver Function Test		
Serum Bilirubin (Total)	0.57 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	28.0 U/L	Up to 40 U/L
Serum AST (SGOT)	26.0 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	181 U/L	Up to 270 U/L
Lipid profile		
Serum Cholesterol	159mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	40 mg/dl	35-55 mg/dl
Serum Triglyceride	158 mg/dl	50 - 150 mg/dl
Serum LDL- Cholesterol	87 mg/dl	<130 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 HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070154	Received Date	06/07/2024
Patient's Name	MD SHAMSUZZAMAN		
Patient's Age	53Y 5M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3484
Sample	**BLOOD**		

SEROLOGICAL REPORT

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

Checked By

Medical Technologist.
Radical Hospital Ltd.

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

Bill No	DIA24070154	Received Date	06/07/2024
Patient's Name	MD SHAMSUZZAMAN		
Patient's Age	53Y 5M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3484
Sample	BLOOD		

SEROLOGYCAL REPORT

Test Name	Result
Xylene (ICT)	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

Bill No	DIA24070154	Received Date	06/07/2024
Patient's Name	MD SHAMSUZZAMAN		
Patient's Age	53Y 5M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3484
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-3/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 Technologist.
Radical Hospital 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

Bill No	DIA24070154	Received Date	06/07/2024
Patient's Name	MD SHAMSUZZAMAN		
Patient's Age	53Y 5M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3484
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromato graphic 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 Technologist.
Radical Hospital Ltd.

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East West Medical College and Hospital.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24070154	Received Date	06/07/2024
Patient's Name	MD SHAMSUZZAMAN		
Patient's Age	53Y 5M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3484
Sample	STOOL		

STOOL ANALYSIS

Physical Examination:

Color	: Brown
Consistency	: Soft
Worm	: Nil
Mucus	: Nil
Blood	: Nil

Chemical Examination:

Reaction	: Acid
Occult Blood Test (OBT)	: Not done
Reducing Substance (RS)	: Not done

Microscopic Examination:

Ova	: Not found	Mucus flakes	: Nil
Cyst	: Not found	Cyst of Giardia	: Not found
Protozoa (Trophozoite)	: Not found	Macrophage	: Not found
Larva	: Not found	Fat Globules	: Nil
Epithelial Cell	: 1-2	Vegetable Cell	:Nil
Pus Cell	: 0-1	Starch	: Nil
RBC	: Nil	Muscle fibre	: Nil

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24070154	Receive:06/07/2024	Print: 06/07/2024
Patient's Name	:	MD SHAMSUZZAMAN		
Age	:	53 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.

Patient's Name	:	MD SHAMSUZZAMAN	ID NO	:	**24070154**
Age	:	**53 Yrs**	Date	:	**06/07/2024**
Sex	:	**Male**			
Referred by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD (BIRDEM),PGT(Eye),DFM**			

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 : Yes
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

Patient's Name	:	MD SHAMSUZZAMAN	ID NO	:	24070154
Age	:	**53 Yrs**	Date	:	06/07/2024
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

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Patient's Name	:	MD SHAMSUZZAMAN			
Age	:	**53 Yrs**	**Date**	:	**06/07/2024**
Sex	:	**Male**	**CDC NO:C/O/3484**		
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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ID:

Md. Shamsuzzaman.

Male Years

/ mmHg

06-07-2024 22:24:06

HR	: 71	bpm	
P	: 112	ms	
PR	: 158	ms	
QRS	: 96	ms	
QT/QTc	: 390/424	ms	
P/QRS/T	: 62/16/21	°	
RV5/SV1	: 2.041/0.695	mV	

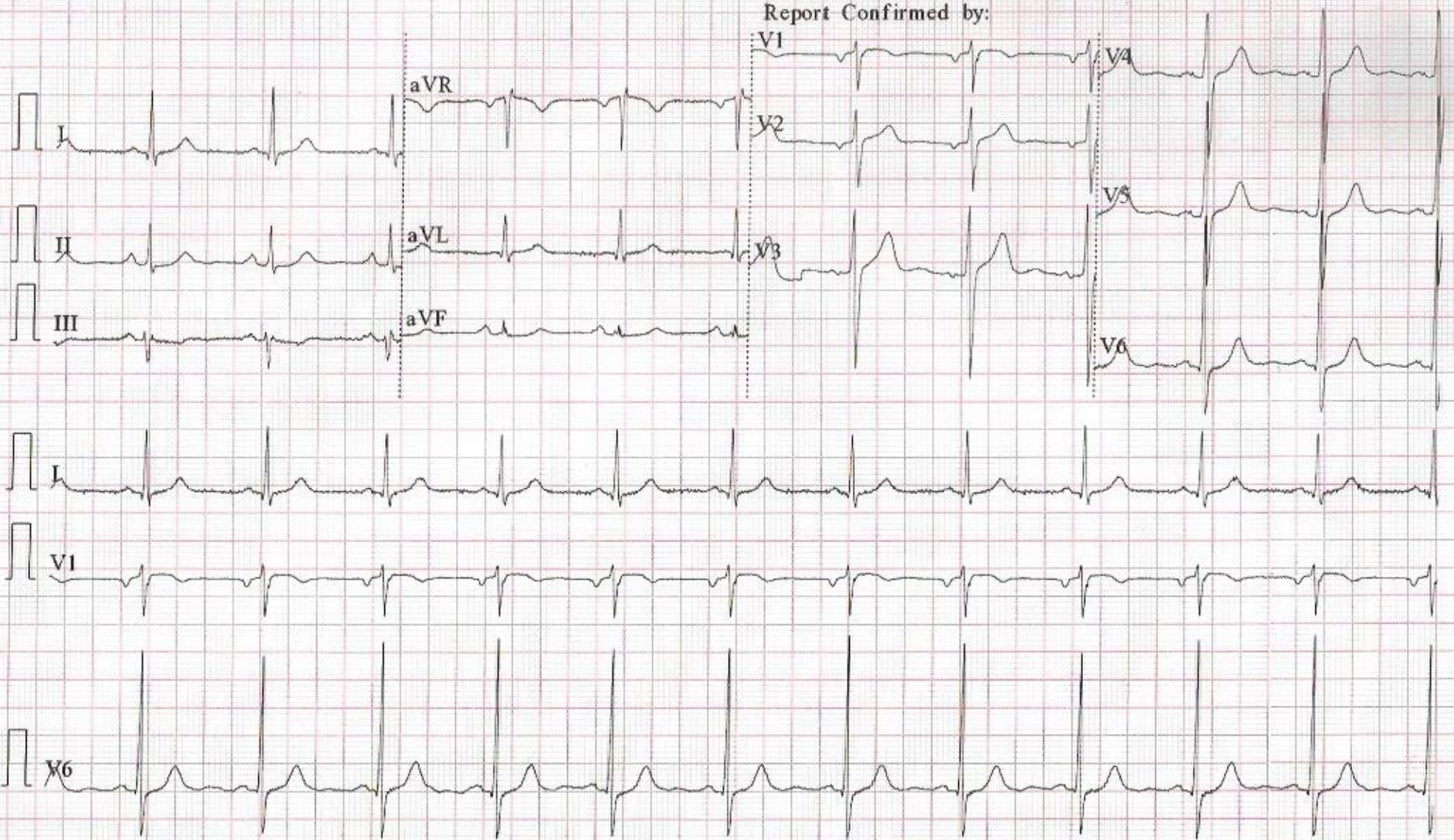
Diagnosis Information:

Sinus rhythm

Possible left atrial abnormality

Borderline ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥71 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

CE 0123 Size: 210mmX30m

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Patient ID	24070154	**Voucher No**	
Test Name	USG OF WHOLE ABDOMEN	**Delivery Date**	06/07/2024
Patient Name	**MD. SHAMSUZZAMAN**		
Age	53 YRS	**Sex**	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.8 cm, regular in shape and normal position.

The echogenicity of the parenchyma is increased .

Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER :- **Contracted (Postprandial) .**

PANCREASE :- Normal size regular in shape. Echogenecity is homogenous. PD not dilated

SPLEEN :- Is normal in size and uniform in echo-texture.

BOTH KIDNEYS :- Are normal in size RK-9.1 cm, LK-9.2 cm regular in shape. The cortical chogenicity 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. **A cyst of (3.2 x 3.0) cm is noted in of left kidney.**

URINARY BLADDER:- Is well filled. Wall thickness is normal. No intravesicle lesion is seen

PROSTATE :- Is normal in size , volume is 22.7 cc & regular in shape.

Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION :- **Suggestive of – Fatty change in liver. Grade-1.**

6.7.24

Dr. Asma Ahmed
MBBS,CMU,DMU
PGT(Gynae & obs)
Advanced Training on TVS
Consultant Sonologist

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Patient ID	24070154	Test Date	06/07/2024		
Patient Name	MD SHAMSUZZAMAN	Age	53 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MBBS (DU),DFM				

BMI REPORT

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

$$= \frac{75 \text{ kg}}{(1.71)^2}$$

$$= 25.6$$

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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AUDIOLOGICAL REPORT

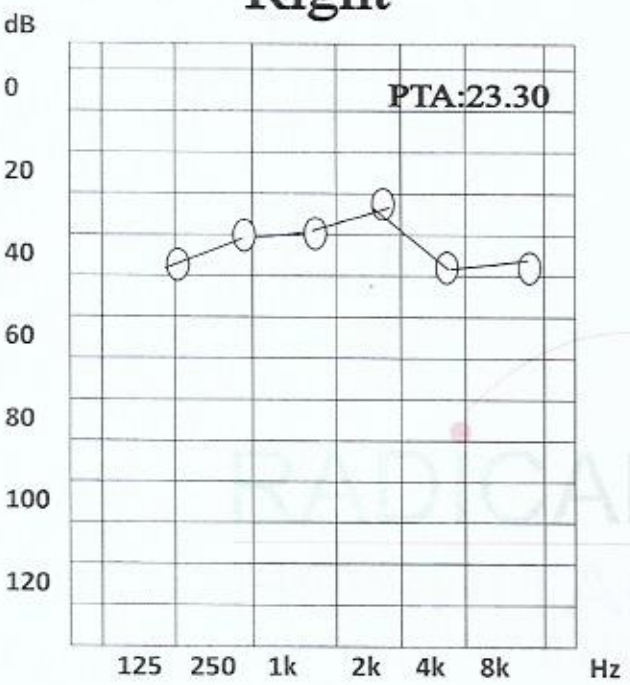
Patient Name : MD SHAMSUZZAMAN 06/07/2024

Age : 53 Yrs

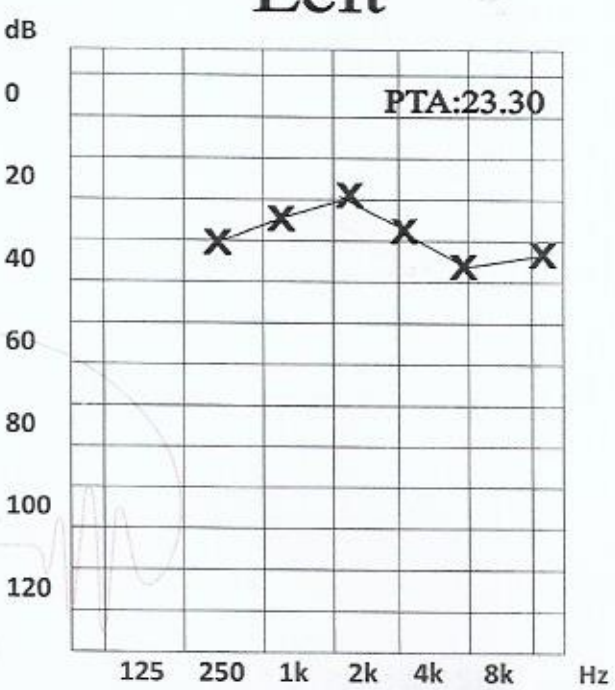
Address : RHL, UTTARA

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.

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

MD. SHAMSUZZAMAN

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le 01/02/1971 | Sex / sexe MALE

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	06 JUL 2024	CENTER FOR VACCINATION 36, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH — 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	
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 ev6nt 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 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 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.

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

MD SHAMSUZZAMAN

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le: 01/02/1971 | 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 Cachef officicl du centre de vaccination
1	06 JUN 2023 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144 MMC-BGD-016 DC Shipping Bangladesh Approved General Physician	YELLOW FEVER VACCINES 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 I' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminslralion 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