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.

04.2024.6264

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Name (last, first, middle):	HASAN MOHAMMAD MAHMUDUL	Company ID :	
Date of birth (DD/MMM/YYYY):	31-12-1979	Gender (Female / Male):	MALE
Home address:	HOUSE # F-0/3, SHAIRSHA HOUSING ESTATE, P.O + P.S: BAYZID BOSTAMEY. CHATTOGRAM-4210		
Passport No.:	EF0772276	Discharge Book No.:	C/O/8064
Type of ship (LNG / Petroleum / Chemical tanker):	Chemical Tanker / Crude oil Tanker	Nationality:	BANGLADESHI
Trade area (e.g., coastal, worldwide):	WORLD WIDE	Rank:	ETO

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
	8. SGOT	✓		26
	9. Bilirubin	✓		0.59
	10. Alkaline phosphatase	✓		178
	11.BUN	✓		26
	12.Creatinine	✓		1.03
	13. FBS (Fasting Blood Sugar) & Post Prandial	✓		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.*	Normal.		
	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 = 70 Kgs Height = 170 metres BMI =Weight (in kgs) ÷ (height in metres)2	Normal.		24.2

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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		160 148 90
	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.		5.1%
	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	✓		

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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	130/80 mmHg.		
	3. Pulse Rate	78 b/min		
	4. Vision Test	**Left**	**Right**	
	i. aided			
	ii. unaided	6/6	6/6.	
	5. Color Vision (Ishihara Plates): 24/38	Normal.		

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:	M. Shahul Hasan	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):	30 MAR 2024	Witnessed by: (Name)	

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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): 30 MAR 2024

Medical certificate's date of expiration (day / month / year): 29 MAR 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.

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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*) HASAN – MOHAMMAD MAHMUDUL			Gender: Male/Female*
Date of Birth: (*Day/month/year*) 31-12-1979	Nationality: BANGLADESHI	Place of Birth: CHANDPUR	

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: 30 MAR 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*) 30 MAR 2024		
10	Expiry of certificate: (*day/month/year*) ** *Maximum two years from date of examination unless the seafarer is under the age of 18* 29 MAR 2026		

30 MAR 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

Date	Signature of Authorised Medical Practitioner	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

04.2024.6264

ANNEX L

MPA SINGAPORE

MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION

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*) HASAN MOHAMMAD MAHMUDUL (BLOCK CAPITALS)			Gender: Male/Female*
Date of Birth: day/month/year 31-12-1979	Place of Birth: CHANDPUR	Nationality: BANGLADESHI	
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: EF0772276	Dept: Deck / Engine / Catering / others Rank: ETO		Type of ship: CRUDE OIL TANKER
Home Address: HOUSE # F-0/3, SHALK-SHA HOUSING ESTATE, P.O+P.S: BAIZID BOSTAMEY, CHATTOGRAM-4210	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	N/A		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.

30 MAR 2024
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. DR. MD. RAIHAN.

30 MAR 2024
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 DG Shipping Bangladesh 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	170 (cm)		Weight 70 (kg)	
Pulse rate	(per minute)	78	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): 30 MAR 2024

Results: Normal chest x-ray

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				

Radical Hospital Ltd. As Per MLC 2006

☑ Without restrictions ☐ With restrictions

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

30 MAR 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

Date | Signature of Medical Practitioner | Medical Practitioner's name, licence number, address

****

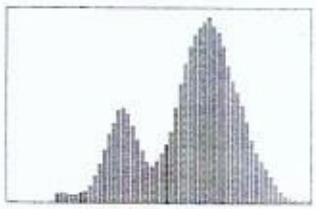
Radical Hospital Ltd. As Per-MLC-2006 DG Shipping Bangladesh Approved

ID NO	: 24030830	**Date**	: 30/03/2024
Patient's Name	: MOHAMMAD MAHMUDUL HASAN	**Age**	: 44Y2M30D
Ref. By	: DR.MIR MD.RAIHAN MBBS,(DU),CCD(BIRDEM),PGT(EYE),DFM-C/O/8064	**Sex**	: Male
Specimen	: Blood		

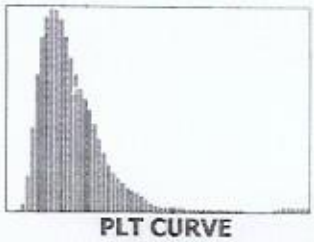
(Relevent estimations were carried out by KT -44 Haematology Analyzer with checked manually)

HAEMATOLOGY REPORT

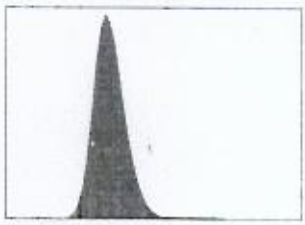
Parameter	Results		Reference Values	Histogram
Haemoglobin(Hb)	**14.8**	**g/dl**	M:12-16, F:10-14.0 g/dl	
ESR(Westergren)	**05**	**mm/1st hr**	M:0-10, F:0-20 mm/1st hr	
TOTAL WBC COUNT	**7,800**	**/cumm**	4,000 - 11,000 /cumm	
DIFFERENTIAL COUNT				
Neutrophils	65	%	(40 - 75)%	
Lymphocytes	25	%	(20-45)%	
Monocytes	06	%	(2-10)%	
Eosinophils	04	%	(1-6)%	
Basophil	00	%	0-1 %	
TOTAL CIR. EOSIONOPHIL COUNT	**312**	**/cumm**	40 - 450 /cumm	
TOTAL PLATELET COUNT(PC)	**257,000**	**/cumm**	1,50,000-4,50,000 /cumm	
MPV	9.3	fL	7.0 -11.0 fL	
PDW-CV	16.9	%	10 - 18 %	
PCT	0.24	%	0.10 - 0.28	
P-LCR	24.6	%	9.00 - 45.00%	
P-LCC	63	x10^3/uL	13 - 129 x10^3/uL	
RBC COUNT	**5.24**	**m/ul**	M: 4.5-6.5, F: 3.8-5.8 m/ul	
HCT/PCV	46.2	%	M: 40-54%, F: 37-47%	
MCV	88.2	fL	76-94 fL	
MCH	28.2	pg	27-32 pg	
MCHC	32	g/dL	29-34 g/dL	
RDW SD	50	fL	30.0-57.0 fL	
RDW CV	16.9	%	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.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA24030830	Received Date	30/03/2024
Patient's Name	MOHAMMAD MAHMUDUL HASAN		
Patient's Age	44Y 2M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8064
Sample	**BLOOD**		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	4.8 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.1%	<6.5 %
Serum Creatinine	1.03 mg/dl	0.3 - 1.3 mg/dl
Serum (BUN)	26 mg/dl	7-23 mg/dl
Liver Function Test		
Serum Bilirubin (Total)	0.59 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	30.0 U/L	Up to 40 U/L
Serum AST (SGOT)	26.0 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	178 U/L	Up to 270 U/L
Lipid profile		
Serum Cholesterol	160 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	40 mg/dl	35-55 mg/dl
Serum Triglyceride	148 mg/dl	50 - 150 mg/dl
Serum LDL- Cholesterol	90 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_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA24030830	Received Date	30/03/2024
Patient's Name	MOHAMMAD MAHMUDUL HASAN		
Patient's Age	44Y 2M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8064
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
HAV (Method : (ICT)	Negative

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Bill No	DIA24030830	Received Date	30/03/2024
Patient's Name	MOHAMMAD MAHMUDUL HASAN		
Patient's Age	44Y 2M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8064
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	0-1/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

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Bill No	DIA24030830	Received Date	30/03/2024
Patient's Name	MOHAMMAD MAHMUDUL HASAN		
Patient's Age	44Y 2M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8064
Sample	**URINE**		

URINE EXAMINATION

Test Name	Result
Xylene	Negative

Checked By

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Bill No	DIA24030830	Received Date	30/03/2024
Patient's Name	MOHAMMAD MAHMUDUL HASAN		
Patient's Age	44Y 2M 30D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/8064
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	:	**MOHAMMAD MAHMUDUL HASAN**	ID NO	:	**24030830**
Age	:	**44 Yrs**	Date	:	**30/03/2024**
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 : 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

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DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	24030830	Receive:30/03/2024	Print: 30/03/2024
Patient's Name	:	MOHAMMAD MAHMUDUL HASAN		
Age	:	44 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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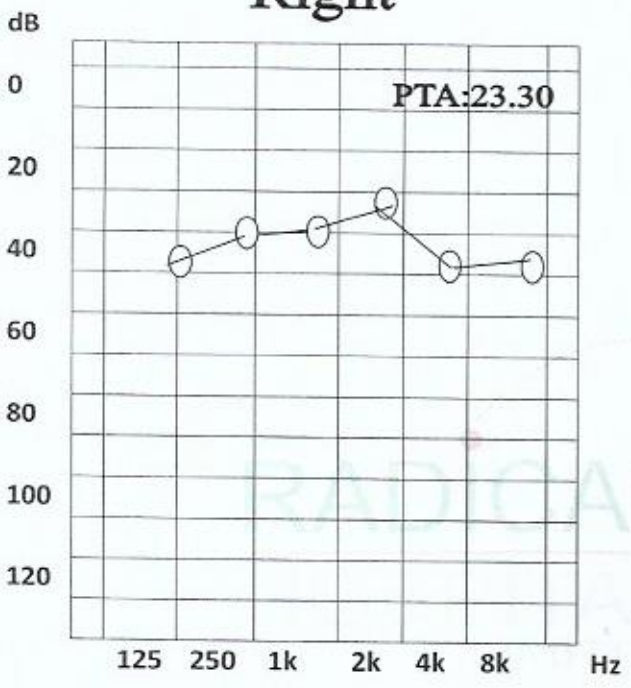
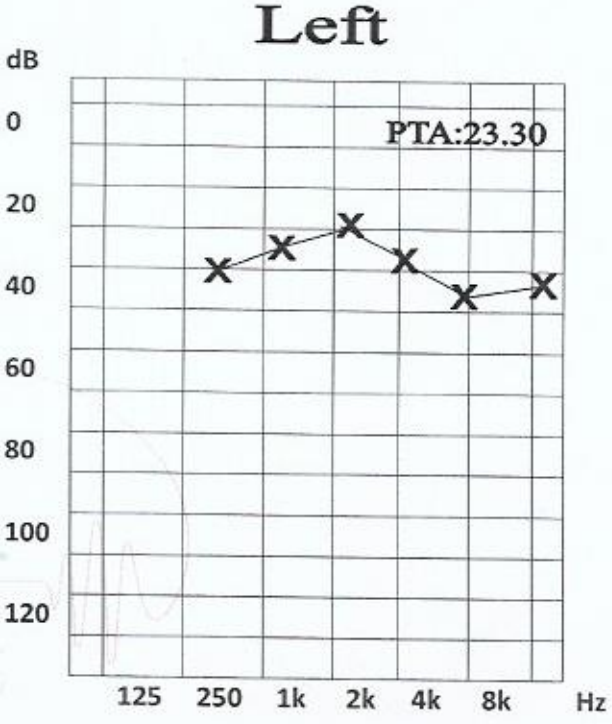
AUDIOLOGICAL REPORT

Patient Name : MOHAMMAD MAHMUDUL HASAN 30/03/2024
Age : 44 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.	:	24030830	Receive: Print: 30/03/2024		
Patient's Name	:	**MOHAMMAD MAHMUDUL HASAN**			
Age	:	44 YRS	*Sex*	:	M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	82 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: 24020579 30-03-2024 12:41:01

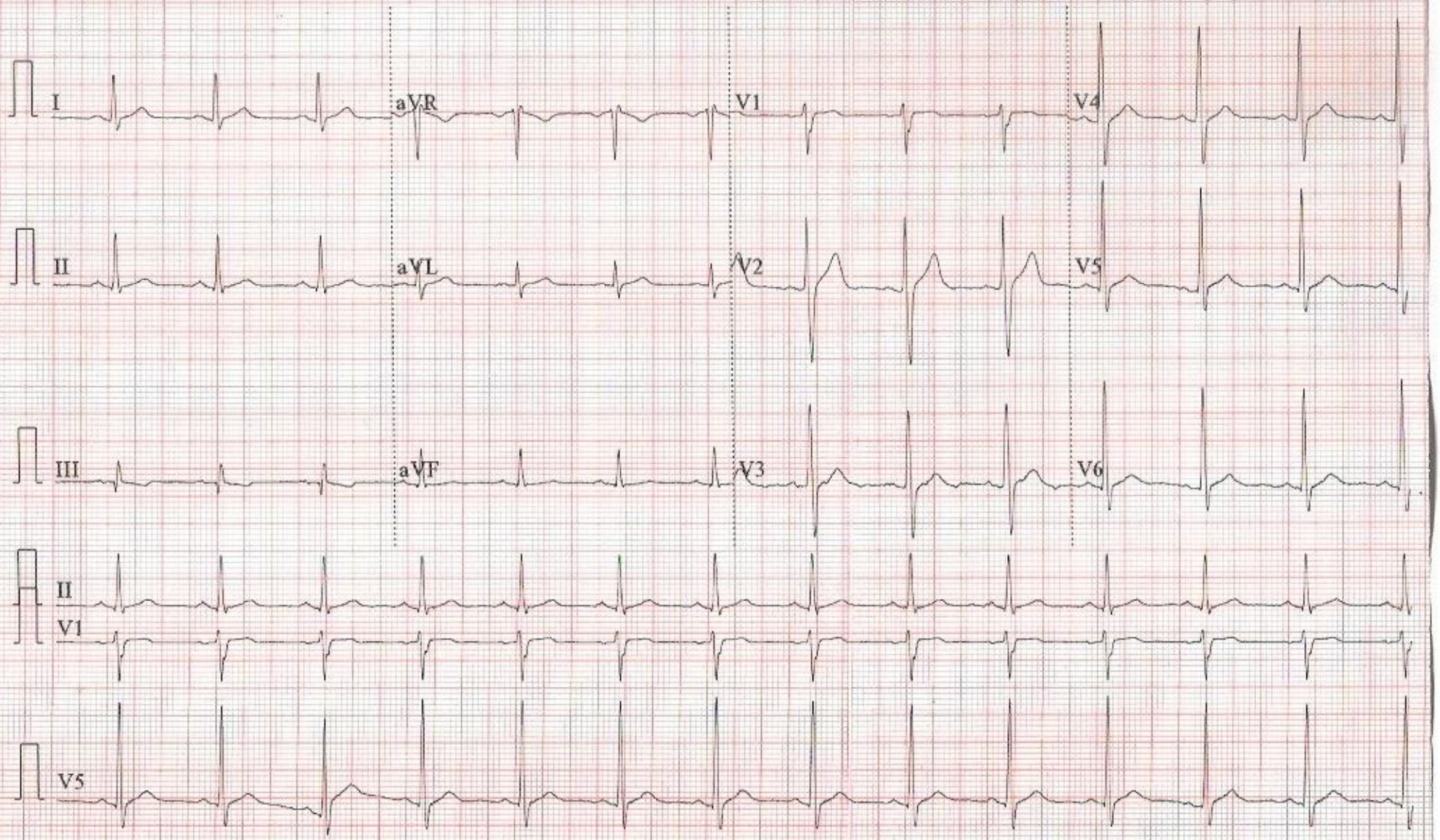
Mohammad Mahmudul Hasan.

Male 44. Years

HR	: 82	bpm
P	: 112	ms
PR	: 142	ms
QRS	: 94	ms
QT/QTc	: 344/402	ms
P/QRS/T	: 42/42/13	°
RV5/SV1	: 1.855/0.697	mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



0.67~100Hz AC50 25mm/s 10mm/mV 4*2.5s+3r ♥82 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

20.383

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Patient's Name	:	**MOHAMMAD MAHMUDUL HASAN**	ID NO	:	24030830
Age	:	**44 Yrs**	Date	:	30/03/2024
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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Patient's Name	:	MOHAMMAD MAHMUDUL HASAN			
Age	:	44 Yrs	Date	:	30/03/2024
Sex	:	Male	CDC NO:C/O/8064		
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

Dr. Mir Md. Raihan
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Patient ID	24030830	Test Date	30/03/2024		
Patient Name	MOHAMMAD MAHMUDUL HASAN	Age	44 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MBBS (DU),DFM				

BMI REPORT

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

$$= \frac{70 \text{ kg}}{(1.70)^2}$$

$$= 24.2$$

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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Patient ID	24030830	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	30/03/2024
Patient Name	MOHAMMAD MAHMUDUL HASAN		
Age	44 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Is normal in size 13.5cm shape and position. The echogenicity of the parenchyma is normal. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER :- Normal size regular in shape. **Lumen is normal**.

Wall thickens is normal.

CBD & Intrahepatic biliary trees are not dilated. Diameter of CBD is normal.

PANCREASE :- Is normal in size margin are regular parenchyma show normal echo-texture pancreatic duct is not dilated. No focal area of altered echogenicity or calcification is seen.

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

BOTH KIDNEYS :- Are normal in size. RK-10.0cm, LK-11.0cm The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

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

Prostate: Normal size regular in shape. Echogenicity is homogenous.

COMMENT: Normal Study.

Sonologist

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA
CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

This is to certify that MOHAMMAD MAHMUDUL HASAN. date of brith 31.12.79 Sex M
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 cte vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionelle Vaccinateure	Approved Stamp Cechet d'authentification	
1 19 JUL 2016	Dr. Md. Golam Mostafa Registration No. BMDC, A-9486 Seafarer's Medical Officer Chittagong, Bangaldesh	ORAL CHOLERA "DUKORAL" Valid Upto 2 Yrs.	CENTRE FOR VACCINATION AGRABAD C/A CTG BANGLADESH
2 30 MAR 2021	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Stirdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited	ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs	CENTER FOR VACCINATION 35, Shah Mokhdum Avenue Uttara, Dhaka BANGLADESH

The validity of this certificate shall extend for a period of six months, beginning six days after the first injection of vaccine or in the event of a revaccination within such period of six months, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this 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 from prescribed by the health adminstration of the territory in which the vaccination is perfomed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validity dece certificate couvre une period de six mois commencent six Jours a pres is premiere injection du vaccin ou, dans le cas d'une revaccination au cours de cette period de six mois jour de cette revaccination.

Nonobstant les despositions ci-dessus dans le cas d'un pelerin le present certificate doitlaire mention de duex injections partiquees a sept jours d intervalle et sa validire commence le jour de la seconde injection.

De cachet d authentification doit etre canforme au modele present perl administration sanitaite du territoire ou la vaccination est eifectuee.

Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t effecter sa validite.

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

This is to certify that / JE soussigne' (e) certifie que } MOHAMMAD MAHMUDUL HASAN. date of birth / ne(e) le } 31.12.79 sex / sexe } M.

Whose signature follows / dont la signature suit } M. Mahmudul Hasan

has on the Date indicated been vaccinated or revaccinated against yellow fever
a e' tc' vaccine (e) ou revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et numne' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination	
1	12 JUL 2016 Dr. Md Golam Mostafa Registration No. BMDC, A-9486 Seafarer's Medical Officer Chittagong, Bangaldesh	YELLOW FEVER VACCINATION 1313 DAKAR		CENTRE FOR VACCINATION AGRABAD C/A CTG BANGLADESH
2				

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been disignated by the health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning ten days after the date of vaccination or, in the event of a revaccination within such period of ten years, from the date of that revaccinatio.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or crasure, or failure to complete any part of it, may render it invalid.

Ce certificate n' est valable que si le vaccin employe' a e' tc" a approve" par I' Organisation Mondiale de la Sante" et sile centre de vaccination ae' tc' habilite parl' adminstration sanitaire du territoire dans lcquel' ce centre est siture'

La validite' de ce certificat couvre une pe' riodc de dix ans commencant dix joursapres la date de la vaccinatio ou. dans le cas dunce revaccinatio au cours de cette pe' riodc dc dix ans, le jour de cette revaccination.

Ce certificate do it etre signc' par un me' decin dc sa propre main. son cachet official ne pouvant ctre conside' re' comme lcnant licu de signature.

Toute correction ou rature sur le certificate ou l ' omission d' une quelconque des mentions qu' il comporte peut affecter sa validite.