

FR-HR22 Rev No: 1.1 Rev Date: 23.09.2020

Approved By: MR

### Pre Employment Medical Examination (PEME)

#### Medical Standard-Implementation

| Applicability                              | Seafarers<br>Age           | PEME<br>Frequency | Standard  | *Framingham<br>Test Score |
|--|----------------------------|-------------------|---|---------------------------|
| All Sea Staff<br>(no medical<br>condition) | <45 years old              | 2 yearly          | Flagstate-<br>STCW/MLC2006                      | N.A                       |
| All Sea Staff                              | @ 45 Years                 | 1 time screening  | Flagstate-<br>STCW/MLC2006 +<br>UK P&I standard | Yes                       |
| All Sea Staff<br>(no medical<br>condition) | Age > 45 < 50<br>years old | 2 yearly          | Flagstate-<br>STCW/MLC2006                      | Yes                       |
| All Sea Staff                              | ≥ 50 Years old             | Yearly            | Flagstate-<br>STCW/MLC2006 +<br>UK P&I standard | Yes                       |
| All Sea Staff<br>with medical<br>condition | All<br>Age Group           | Yearly            | Flagstate-<br>STCW/MLC2006 +<br>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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| Name (last, first, middle):                             | Md. Riasat Hossain                               | Company ID :               | 206233                    |
|---|--|----------------------------|---------------------------|
| Date of birth (DD/MMM/YYYY):                            | 23/oct/1965                                      | Gender (Female /<br>Male): | Male                      |
| Home address:   | Flat no: B-4. House no<br>Road no: 13, Sector no | : 31, Dom-In               | na Rucello,<br>Dhaka 1230 |
| Passport No.:   | B 00003994                                       | Discharge Book No.:        | c/0/1301                  |
| Type of ship (LNG /<br>Petroleum / Chemical<br>tanker): | Petroleum  | Nationality:               | Bangladeshi               |
| Trade area (e.g., coastal,<br>worldwide):               | Worldwide  | Rank:                      | Chief Engineer            |

| Sect. | Items          | Res      | ult(s)   |           |  |
|-------|----------------|----------|----------|-----------|--|
| OCCL. | items          | Positive | Negative | Remark(s) |  |
| Α     | Alcohol        |          |          |           |  |
| В     | Drug           |          |          |           |  |
|       | Amphetamine    |          |          |           |  |
|       | Cannabinoids   |          | //       |           |  |
|       | Cocaine        |          | 1        |           |  |
|       | Opiates        |          |          |           |  |
|       | Phencyclidine  |          |          | 4         |  |
|       | Benzodiazepine |          | 1        |           |  |
|       | MDMA (Ecstasy) |          |          |           |  |

| Sect. | Items   | Normal | Abnormal | Remark(s) |
|-------|---|--------|----------|-----------|
| С     | Spirometer (Pulmonary Function Test)                    |        | 1        |           |
| Sect. | Items   | Normal | Abnormal | Remark(s) |
| D     | Audiometry Test   |        |          |           |
|       |   |        |          |           |
| E     | Blood Test  |        | h        |           |
|       | Full Blood Picture, CBC, Blood typing, blood chemistry. |        |          |           |
| Sect  |   |        |          |           |
| Sect  | ITEMS   | Normal | Abnormal | Remark(s) |
| Sect  | ITEMS  2. Hepatitis A Screening                         | Normal | Abnormal | Remark(s) |
| Sect  | TTEINO  | Normal | Abnormal | Remark(s) |

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| 5. HIV Test   |  | ,  |   |
|---|--|--|---|
| 6. VDRL   |  |  |   |
| 7. SGPT   | //   | ,  | 321,12  |
| 8. SGOT   | /  |  | 29111   |
| 9. Bilirubin  | 1  |  | p.zminil.   |
| 10. Alkaline phosphatase  |  |  | 175mml  |
| 11.BUN  | /  |  | 2/2001  |
| 12.Creatinine   |  |  | 1.2000  |
| 13. FBS (Fasting Blood Sugar) & Post Prandial   |  |  | 15.4mm-   |
| 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  | ***   |
| 2. Xylene   | //   |  |   |
| 3. Phenol   |  | ,  |   |
| 4. Ammonia  |  |  |   |
| Items   | Normal   | Abnormal   | Remark(s)   |
| ECG   | /  |  |   |
| USG (Full abdomen) + KUB<br>ultrasound  | 1  |  |   |
| Chest X-Ray (Digital)   | 1  | 100  |   |
| Psychological Examination   | 1  |  |   |
| Dental Examination  | //   | 7  |   |
| Stool Test (For Food Handlers Only)   |  | ,  |   |
| Pregnancy (For Female Only)   | /  |  |   |
| Urinalysis (Protein / Sugars)   |  |  |   |
| Treadmill test  | /  | 7  | IN The Manney I   |
| Items (Medical standards**)   | Normal   | Abnormal   | Remark(s)   |
| Body Mass Index (BMI)     Please enter weight and height below.     Weight = Kgs     Height = Metres  | /  | 7  | 26.2.   |
|   | 7. SGPT  8. SGOT  9. Bilirubin  10. Alkaline phosphatase  11.BUN  12.Creatinine  13. FBS (Fasting Blood Sugar) & Post Prandial  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  Items  ECG  USG (Full abdomen) + KUB ultrasound  Chest X-Ray (Digital)  Psychological Examination  Dental Examination  Stool Test (For Food Handlers Only)  Pregnancy (For Female Only)  Urinalysis (Protein / Sugars)  Treadmill test  Items (Medical standards**)  1. Body Mass Index (BMI)  Please enter weight and height below.  Weight = Kgs | 7. SGPT 8. SGOT 9. Bilirubin 10. Alkaline phosphatase 11.BUN 12.Creatinine 13. FBS (Fasting Blood Sugar) & Post Prandial 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  Items Normal ECG USG (Full abdomen) + KUB ultrasound Chest X-Ray (Digital) Psychological Examination Dental Examination Stool Test (For Food Handlers Only) Pregnancy (For Female Only) Urinalysis (Protein / Sugars)  Treadmill test  Items (Medical standards**)  Normal  1. Body Mass Index (BMI) Please enter weight and height below. Weight = Kgs | 7. SGPT  8. SGOT  9. Bilirubin  10. Alkaline phosphatase  11.BUN  12. Creatinine  13. FBS (Fasting Blood Sugar) & Post Prandial  Blood Test (Chemical Tankers only if carrying any of the below chemical)  70 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  Items  Normal  ECG  USG (Full abdomen) + KUB ultrasound  Chest X-Ray (Digital)  Psychological Examination  Dental Examination  Stool Test (For Food Handlers Only)  Urinalysis (Protein / Sugars)  Treadmill test  Items (Medical standards**)  1. Body Mass Index (BMI)  Please enter weight and height below.  Weight = Kgs |

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|       | Lipid Profile (On treatment)     Classification standard to NCEP     ATP-III:  |   | company.   |
|-------|--|---|--|
|       | i. Total Cholesterol < 5.2 : Desirable 5.2 - 6.2 : Borderline  |   | 165 mgrde  |
|       | > 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   |   | 96 monde   |
|       | 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 |   | 5.4%   |
|       | 5. Asthma  |   |  |
| **Ref | er Guidance Notes page 8   |   | - FA   |
| Q     | Vaccination History  |   | Last Taken   |
|       | 1. Oral Cholera  |   |  |
|       | 2. Yellow Fever  |   | to the second se |
|       | 3. Typhoid (Catering Staff Only)   |   |  |
|       | 4. Others (Please Specify):  | *************************************** |  |

| 0000  |  |     |    |    |                   |
|-------|--|-----|----|----|-------------------|
| ave y | ou ever had any of the following conditions?       |     |    |    |                   |
| No.   | Condition (If answered "yes," please give details) | Yes | No | J- | Remark(s)/Details |
| 1     | Eye/vision problem                                 |     | /  | 5  |                   |
| 2     | High blood pressure                                |     | /  |    |                   |
| 3     | Heart/vascular disease                             |     | /  | 1  |                   |
| 4     | Heart surgery                                      |     | 1  | 5  |                   |
| 5     | Varicose veins                                     |     | 1  | 1  |                   |
| 6     | Asthma/bronchitis                                  |     | 1  | 1  |                   |
| 7     | Blood disorder                                     |     | /  | P  |                   |
| 8     | Diabetes   |     | 1  |    |                   |

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|     | I  |      | -/ | 2                                     |       |
|-----|--|------|----|---------------------------------------|-------|
| 9   | Thyroid problem  |      | -/ | 2                                     |       |
| 10  | Digestive disorder   |      | // |                                       |       |
| 11  | Kidney problem   |      | // |                                       | 1     |
| 12  | Skin problem   |      | -  | <u></u>                               |       |
| 13  | Allergies  |      | /  | 7                                     |       |
| 14  | Infectious/contagious diseases   |      | /  | 2                                     |       |
| 15  | Hernia   |      | /  |                                       | 40    |
| 16  | Genital disorders  |      | /  | 1 10                                  |       |
| 17  | Pregnancy  | NI   | m  | 7                                     | ,     |
| 18  | Sleeping problems  | / '  | /  |                                       |       |
| 19  | Lungs and Chest problems   |      | /  |                                       |       |
| 20  | Operation/surgery  |      | 1  |                                       |       |
| 21  | Epilepsy/seizures  |      | -/ | 7                                     |       |
| 22  | Dizziness/fainting   |      | -  |                                       |       |
| 23  | Loss of consciousness  |      | 1  |                                       |       |
| 24  | Psychiatric problems/ Depression   |      | 1  |                                       |       |
| 25  | Problems in the Breast   |      | /  |                                       |       |
| 26  | Attempted suicide  |      | /  |                                       | -     |
| 27  | Loss of memory   |      | /  |                                       |       |
| 28  | Balance problem  |      | 1  |                                       |       |
| 29  | Severe headaches   | 1000 | 1  |                                       |       |
| 30  | Ear/nose/throat problems   |      | /  |                                       |       |
| No. | Condition (If answered "yes," please give details)                       | Yes  | No | Remark(s)/Details                     | V.103 |
| 31  | Restricted mobility  |      | /  |                                       |       |
| 32  | Back/ Spine problems   |      | 1  |                                       |       |
| 33  | Neurologic problems  | 1    |    |                                       |       |
| 34  | Fractures/dislocations   | 1    | 1  |                                       |       |
| 35  | Relevant Family Medical History  |      | 1  | (                                     |       |
|     | (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? |      | /  |                                       |       |
|     |  | 1    |    | · · · · · · · · · · · · · · · · · · · |       |

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|    | duties of your designated position/occupation?   |                |
|----|--|----------------|
| 42 | Are you allergic to any medications?   | all the second |
| 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  |      |       |         |
|       | Framingham score * (Please refer link to calculator on Page 9)  If Framingham score > 10.0 % provide lifestyle guidance |      |       |         |
|       | 2. Blood Pressure   | 120  | Om    | 773_    |
|       | 3. Pulse Rate   | 788  | 3/5   | 20      |
|       | 4. Vision Test  | Left | Right | *. 3:   |
|       | i. aided  | 616  | 6/1   |         |
|       | ii. unaided   |      | 0, 0  | 100     |
|       | 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. (Approved Medical Examiner).

| Signature of examinee: | Caroll      | Witnessed by: (Signature)   |    |
|------------------------|-------------|---|----|
| Date (day/month/year): | 28 Feb/2023 | Witnessed by: (Name)  DR. MIR. MD. RAIHAN MBS (DU), DFM, CCD (Bridem), PGT (Ophth | 1) |

DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited

Assessment of finess 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                    |     |       | 1       |
| 2   | Deck Service                     |     | h     |         |
| 3   | Engine Service                   |     | 1     |         |
| 4   | Catering Service                 |     |       |         |
| 5   | Other Services (Please Specify): |     |       |         |
|     |                                  |     |       |         |

| No. | Describe Restrictions (e.g., specific positions, type of ship, trade area)   | Remarks |  |
|-----|--|---------|--|
|     | The second secon |         |  |
|     |  |         |  |
|     |  |         |  |
|     |  |         |  |
|     |  |         |  |
|     |  |         |  |

| Place of examination:         | RADICAL HOSPITAL LIMITED             | 2.0 EED 2002  |
|-------------------------------|--------------------------------------|---|
| Date of examination (day /    | month / years of Day ( month / years | Z/8 FEB ZUZJ  |
| Medical certificate's date of | of expiration (day / month / year:   |   |
| Official stamp:               | 4                                    | DR. MIR. MD. RAIHAN MBS (DU), DFM, CCD (Birdem), PGT (Ophth)                        |
| Signature of medical exan     | niner:                               | BMDC A-55144, MMC-BGD-016     DG Shipping Bangladesh Approved     General Physician |
| Name of medical examine       | r: (typed or printed)                | Radical Hospitals Limited   |

### Remarks: The maximum validity of this certificate,

- For age <50 Years with no medications 2 Years</li>
- 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.
- The seafarer is able to escape from a helicopter through a standard sized escape hatch

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- 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 comorbidities 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.



|   | MEDICAL CERTIFI   |  | RSONNEL SERVICE ON<br>OF PANAMA  | BOARD  |
|---|---|--|--|--|
| SURNAME: Cho  | wdhury  | GIVEN  | NAME (S): Md. Rias   | at Hossain   |
| DATE OF BIRTH:<br>DAY 23 MONTH  | 10 YEAR 196   | F1040015772  | OF BIRTH Chuloa COUNTRY Bong   | SEX  Cades MALE FEMALE                                     |
| POSITION ON BOARD:<br>MASTER<br>DECK OFFICER<br>ENGINEERING OFFICE<br>RADIO OPERATOR<br>RATING  |   | Flat<br>Sed  | ig ADDRESS OF APPLICANT:<br>#8-4, House #31,<br>for no 3, Uttora M<br>oka 1230   |  |
| DECLARATION OF TH   | E AUTHORIZED PHYSICIA   | AN   |  | · · · · · · · · · · · · · · · · · · ·                      |
|   | VISION  |  | COLOR TEST TYPE  | HEARING  |
| RIGHT EYE   | WITHOUT GLASSES   | WITH GLASSES   | LANTERN PELLOW MELLOW SILVET MELLOW M | BIGHT EAR MAD  |
| Confirmation that identif   | fication documents were ch  | ecked at the point of  | examination: YES NO  | 1  |
| Hearing meets the stand   | dards in STCW Code Secti  | on A-1/9? YES  | NO ☐ NOT APLIC   | ABLE [   |
| Unaided hearing satisfa   | octory? YES NO  |  |  |  |
| Visual acuity meets star  | ndards in STCW Code, Sec  | tion A-1/9? YES  | NO [   |  |
| (the visual test it is requ   | indards in STCW Code, Sec<br>lired every six years)<br>vision test: (Day/Month(Year   | 2 8 FEB 2023   | NO [   |  |
|   |   | ne required vision sta   | indards? YES NO  |  |
| Are glasses or contact I  | lenses necessary to meet the  |  | Name and American  |  |
| Are glasses or contact in Able for watchkeeping?  | YES NO 🗆  | tion modications? VE   | ES D NO D  |  |
| Are glasses or contact I<br>Able for watchkeeping?<br>Is applicant taking any<br>Is the seafarer free from  | YES NO In N | ly to be aggravated b  | es NO NO NO render the se  | afarers unfit for such service or to                       |
| Are glasses or contact I Able for watchkeeping? Is applicant taking any I Is the seafarer free fron endanger the health of Hereby I declare that I a Signature CIRCLE APPROPIATE                    | non-prescription or prescrip in any medical condition like other persons on board? Yil am in knowledge of the con of Applicant  E CHOICE: (HE / SHE)  ER RADIO OPERATOR /   | In to be aggravated be NO tents of the Physical Name IS FOUND TO BE RATING) (WITHOUT | examination.  Chowle by Grand Service at sea or to render the se  Examination.  Chowle by Grand Service  Of Applicant  (FIT / NOT FIT) FOR DUTY AS TANY/WITH THE FOLLOWING) F  | 28-62-2023  Date  S A (MASTER / DECK OFFCIER               |
| Are glasses or contact I Able for watchkeeping? Is applicant taking any I Is the seafarer free fron endanger the health of Hereby I declare that I i Signature CIRCLE APPROPIATE ENGINEERING OF SEC | non-prescription or prescrip many medical condition like other persons on board? Yf am in knowledge of the con of Applicant E CHOICE: (HE / SHE) ER / RADIO OPERATOR /  | tents of the Physical  Research  Name IS FOUND TO BE RATING) (WITHOUT                | examination.  Chowle by Grand Service at sea or to render the se  Examination.  Chowle by Grand Service  Of Applicant  (FIT / NOT FIT) FOR DUTY AS TANY/WITH THE FOLLOWING) F  | 28-62-2023  Date  S A (MASTER / DECK OFFCIER RESTRICTIONS: |

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: DG SHIPPLING BANGLADESH

DATE OF ISSUE PHYSICIAN'S CERTIFICATE:

06-MAY-2014

SIGNATURE OF PHYSICIAN

DATE: 2 8 FEB 2023

250

EXPIRY DATE OF CERTIFICATE:

2.7 FEB 2024

This certificate is issued by the Panama Maritime Authority in compiling with the resimplements of the STCW Convention, 1978, as amended and the Maritime Labour Dones and 1906.

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



Id No : 0803 Date: 01-Mar-2023 D.Date: 01-Mar-2023

Patient's Name: MD RIASAT HOSSAIN CHOWDHURY Age: 57Y 4M 4D Gender: Male

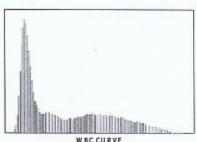
Specimen : Blood

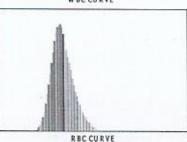
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/1301

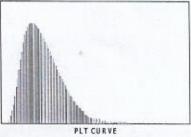
## **Haematology Report**

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

| Parameter Name              | Results             | Reference Range  |
|-----------------------------|---------------------|--|
| Hemoglobin (Hb)             | <b>17.3</b> gm/dl   | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.<br>Infant: (One year):8-10 gm/dl.          |
| ESR(Westergreen)            | <b>07</b> mm/1st hr | Male:0-10, F:0-20 mm/1st hr.   |
| Total WBC Count(TC)         | 10,700 /cumm        | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| Differential WBC Count (DC) |                     |  |
| Neutrophils                 | 53 %                | Child: 25-66 %, Adult: 40-75 %   |
| Lymphocytes                 | 41 %                | Child: 52-62 %, Adult: 20-50 %   |
| Monocytes                   | 04 %                | Child: 03-07 %, Adult: 02-10 %   |
| Eosinophils                 | 02 %                | Child: 01-03 %, Adult: 01-06 %   |
| Basophils                   | 00 %                | Adult: 00-01 %   |
| Total Cir. Eosinophils      | 214 /cumm           | 50-450/cumm  |
| Total RBC Count             | 6.19 m/ul           | M: 4.5-6.5, F:3.8-5.8 m/ul   |
| HCT/PCV                     | 49.3 %              | M: 40-54%, F:37-47%  |
| MCV                         | 79.6 fL             | 76 - 94 fL   |
| MCH                         | <b>27.9</b> pg      | 27 - 32 pg   |
| MCHC                        | 35.1 g/dL           | 29 - 34 g/dL   |
| RDW                         | 14.0 %              | 11 - 16 %  |
| PDW                         | 13.8 fL             | 35 - 56 fl   |
| Total Platelete Count (PC)  | 2,82,000 /cumm      | 150,000-450,000/cumm   |
| MPV                         | 8.1 fL              | 7.0 - 11.0 fL  |
| PCT                         | 0.228 %             | 0.1 - 0.%  |
| Bledding Time(BT)           | %                   | 10 - 18 %  |
| Cloting Time(CT)            | %                   | 0.1- 0.2 %   |







4h

Checked By Medical Technologist a

Dr. Sumaiya Khatun

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



|                | tabiA23020803°m, www.radicall   | Received Date           | 28/02/2023      |
|----------------|---------------------------------|-------------------------|-----------------|
| Patient's Name | MD RIASAT HOSSAIN CHOWDHI       | JRY                     | 1-0.72-02-0     |
| Patient's Age  | 57Y 4M 4D                       | Patient's Sex           | Male            |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),Co | CD(BIRDEM),PGT(Eye),DFM | CDC NO:C/O/1301 |
| Sample         | BLOOD                           |                         |                 |

## BIOCHEMISTRY REPORT

| Test Name                 | Result     | Reference Range  |
|---------------------------|------------|------------------|
| Fasting Blood Sugar (FBS) | 4.3 mmol/l | 4.2 – 6.4 mmol/l |
| HbA1C                     | 5.4 %      | 4.2 - 6.7 %      |

| Liver Function Test     |           |                 |
|-------------------------|-----------|-----------------|
| Serum Bilirubin (Total) | 0.7 mg/dl | 0.2 - 1.1 mg/dl |
| Serum ALT (SGPT)        | 32 U/L    | Up to 40 U/L    |

| Serum ALT (SGPT) | 32 U/L | Up to 40 U/L |
| Serum AST (SGOT) | 29 U/L | Up to 37 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</td>

 Renal Funtion Test

 Serum (BUN)
 21 mg/dl
 7-23 mg/dl

 Serum Creatinine
 1.2 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



| Bill No        | DIA23020803                                  | Received Da |                       | ate 28/02/2023 |          |
|----------------|--|-------------|-----------------------|----------------|----------|
| Patient's Name | MD RIASAT HOSSAIN CHOWDHURY                  |             | Date                  | 20/02/2        | .023     |
| Patient's Age  | 57Y 4M 4D                                    | 4D          |                       | Male           |          |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT |             | I ANNOUNCE TO SERVICE | DC NO          | C/O/1301 |
| Sample         | BLOOD  | x=2=21=1300 |                       | 00 110         | C/O/1301 |

# 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. 2

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



| Sample         | URINE                           | 1.5                     |                 |
|----------------|---------------------------------|-------------------------|-----------------|
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),C0 | CD(BIRDEM),PGT(Eye),DFM | CDC NO:C/O/1301 |
| Patient's Age  | 57Y 4M 4D                       | Patient's Sex           | Male            |
| Patient's Name | MD RIASAT HOSSAIN CHOWDHU       | JRY                     |                 |
| Bill No        | DIA23020803                     | Received Date           | 28/02/2022      |

#### URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATION

## MICROSCOPIC EXAMINATION

| Quantity   | Sufficient | CELLS / HPF |         |
|------------|------------|-------------|---------|
| Color      | Straw      | RBC         | NIL     |
| Appearance | Clear      | Pus Cells   | 5-7/HPF |
| Sediment   | Nil        | Epithelial  | 1-2/HPF |

### CHEMICAL EXAMINATION

#### CASTS / LPF

| Reaction     | Acidic | RBC        | 0-1 /HPF |
|--------------|--------|------------|----------|
| Albumin      | Nil    | WBC        | Nil      |
| Sugar        | NIL    | Epithelial | Nil      |
| Ex.Phosphate | Nil    | Granular   | Nil      |
|              |        | Hyaline    | Nil      |

#### ON REQUEST

## CRYSTALS & OTHERS

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

Checked By

Medical Technologist,

Dr. Sumaiya Khatun

MBBS, MD (Microbiology) Assistant Professor

Dept. of Microbiology

East West Medical College and Hospital

radical\_hospitals@yahoo.com, www.radicalhospital.com

**Test Name** 

| Bill No        | DIA23020803   | Received Date | te 28/02/2022 |  |  |
|----------------|---|---------------|---------------|--|--|
| Patient's Name | MD RIASAT HOSSAIN CHOWD   | HURY          |               |  |  |
| Patient's Age  | 57Y 4M 4D   | Patient's Sex | Male          |  |  |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/1301 |               |               |  |  |
| Sample         | URINE   |               |               |  |  |

Result

## DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

| Cocaine         | Negative |
|-----------------|----------|
| Morphine        | Negative |
| Marijuana       | Negative |
| Barbiturates    | Negative |
| Amphetamines    | Negative |
| Phencyclidine   | Negative |
| Alcohol         | Negative |
| Benzodiazepines | Negative |
| Methadone       | Negative |
| Propoxyphene    | Negative |

Checked By

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



| Bill No        | DIA23020803                            | Received Date   | Date 20/02/2023 |          |  |
|----------------|--|-----------------|-----------------|----------|--|
| Patient's Name | MD RIASAT HOSSAIN CHOWDHURY            |                 |                 |          |  |
| Patient's Age  | 57Y 4M 4D Patient                      |                 | t's Sex         | Male     |  |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDE | M),PGT(Eye),DFM | CDC NO          | C/O/1301 |  |
| Sample         | URINE                                  | - 12 10 10      |                 |          |  |

# URINE EXAMINATION

Test Name Result

| Xylene | Negative |
|--------|----------|
|        |          |



Checked By

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

radical\_hospitals@yahoo.com, www.radicalhospital.com

# **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23020803 Receive:28/02/2023 Print: 28/02/2023

Patient's Name : MD RIASAT HOSSAIN CHOWDHURY

Age : 57 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.

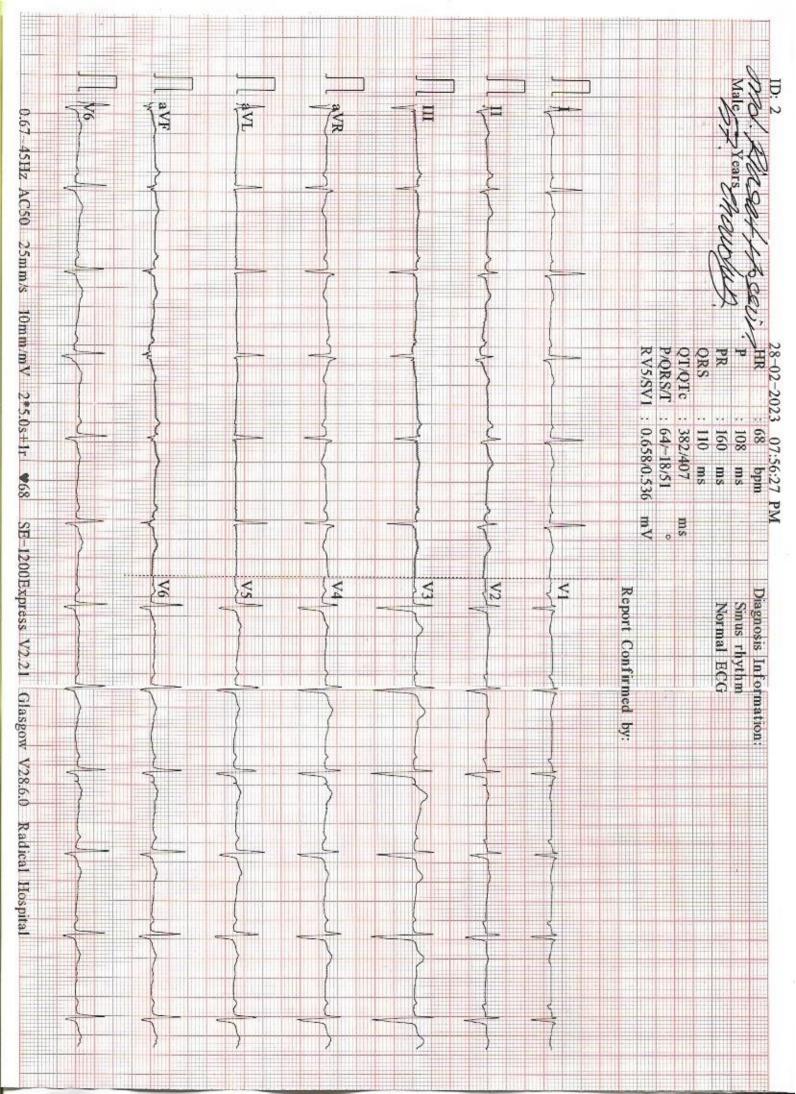
Lung fields are clear.

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



radical\_hospitals@yahoo.com, www.radicalhospital.com

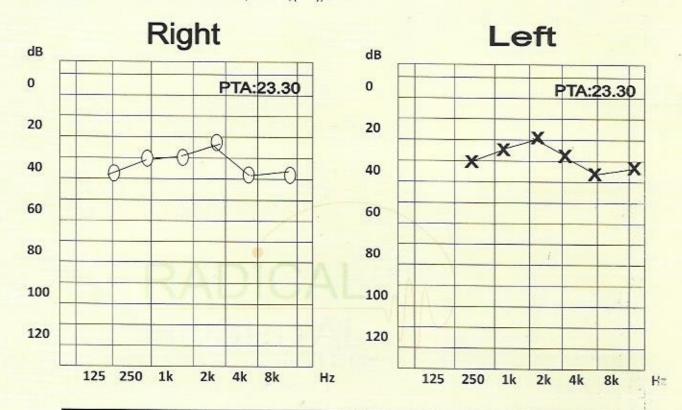
# **AUDIOLOGICAL REPORT**

Patient Name : MD RIASAT HOSSAIN CHOWDHURY 28/02/2023

Age : 57 Yrs

Address : RHL, UTTARA

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



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 O | X         |          |
| Bone Unmasking  |           |          |
|                 | Right Ear | Left Ear |
| Air MaskingOX   |           |          |
| Bone Masking A  | 1         |          |

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

radical\_hospitals@yahoo.com, www.radicalhospital.com

# **DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No.

23020803

Receive: Print: 28/02/2023

Patient's Name

MD RIASAT HOSSAIN CHOWDHURY

Age

57 YRS

Sex

: M

Refd. by

Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

# **ELECTROCARDIOGRAM (E.C.G) REPORT**

Rate

68 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

Page 1 of 1



| Patient's Name     |   | MD RIASAT HOSSAIN CHOWDHURY       | ID NO | :   | 23020803   |
|--------------------|---|-----------------------------------|-------|-----|------------|
| Age                | : | 57 Yrs                            | Date  | 100 | 28/02/2023 |
| Sex                | : | Male                              | Date  | Ŀ   | 2010212023 |
| 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

Checked By

Dr. Mir Md. Raihan

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

radical\_hospitals@yahoo.com, www.radicalhospital.com

| Patient's Name | - 1 | MD RIASAT HOSSAIN CHOWDHURY          | 9 5  | 1,40         |
|----------------|-----|--------------------------------------|------|--------------|
| Age            | :   | 57 Yrs                               | Date | : 28/02/2023 |
| Sex            | :   | Male                                 |      | O:C/O/1301   |
| Referred by    | :   | Dr. Mir Md. Raihan - MBBS, (DU), DFM |      | 0.0/0/1301   |

# Psychometric Test

| Poor /Good /very good /excellent Poor /Good /very good /excellent Poor /Good /very good /excellent |  |  |  |
|--|--|--|--|
| Poor /Good /very good /excellent   |  |  |  |
| Poor /Good /very good /excellent   |  |  |  |
|  |  |  |  |
| Poor /Good /very good /excellent   |  |  |  |
| Poor /Good /very good /excellent   |  |  |  |
| Poor /Good /wery good /excellent   |  |  |  |
| Poor /Goød /very good /excellent   |  |  |  |
|  |  |  |  |
| Poor /Good /very good /excellent   |  |  |  |
| 7  |  |  |  |
| IFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFF   |  |  |  |
|  |  |  |  |
| Poor /Good /very good /excellent   |  |  |  |
| Poor /Good /very good /excellent   |  |  |  |
| Poor /Good /very good /excellent   |  |  |  |
| Poor /Good /very good /excellent   |  |  |  |
| Poor /Goød /very good /excellent   |  |  |  |
|  |  |  |  |
| Poor /Good /very good /excellent   |  |  |  |
|  |  |  |  |

COMMENTS: HE IS MENTALLY FIT FOR SHIP JOB

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 ID   | 23020803 Test Date MD RIASAT HOSSAIN CHOWDHURY Age |  | - Ta   | 28/02/2 | 023  | 19-18  |
|--------------|--|--|--------|---------|------|--------|
| Patient Name |  |  | 57 YRS | Sex     | Male |        |
| Ref. By      | Dr. Mir Md. Raihan MBBS (DU),DFM                   |  |        |         | JOCK | Triuic |

## **BMI REPORT**

| Body Mass Index =   | Weight in kg                    | BMI Categories   |
|---------------------|---------------------------------|--|
| body iviass fluex = | (Height in Meter) <sup>2</sup>  | ❖ Under Weight in = <18.5  |
|                     | $\frac{74 \text{kg}}{(1.68)^2}$ | <ul> <li>Normal Weight= 18.5 - 24.9</li> <li>Over Weight=25 - 29.9</li> <li>Obeshyz = BMI of 30 or greater.</li> </ul> |
| =                   | 26.2                            |  |

Dr. Mir Md. Raihan

MBBS (DU,) 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 RIASAT HOSSAIN CHOWDHURY         | ID NO | : | 23020803   |
|--------------------|---|-------------------------------------|-------|---|------------|
| Age                | : | 57 Yrs                              | Date  | : | 28/02/2023 |
| 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,) CCD (Birdem), PGT (opth) Reg- A55144 BGD-016(MMC) DG Shipping Bangladesh Approved Malaysian Medical Council Approved General Physician

Radical Hospitals Limited





| Patient ID   | 23020803                        | Voucher No     |            |
|--------------|---------------------------------|----------------|------------|
| Test Name    | USG OF KUB                      | Delivery Date  | 20/02/2022 |
| Patient Name | MD RIASAT HOSSAIN CHOWDHURY     | Delivery Date  | 28/02/2023 |
| Age          | 57 Yrs                          | Sex            | Male       |
| Refd. By     | Dr. Mir Md. Raihan MBBS,(DU),CC | D(BIRDEM) PGT( | Eve) DFM   |

# THANK YOU FOR THE COURTESY OF THIS REFERRAL

RT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 10.2 cm. 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.

LT KIDNEY: - Is normal in size regular in shape and position. Bipolar length – 11.2 cm. 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.

URETER: There is no dilatation in both ureter .

URINARY BLADDER: Is well filled. Wall thickness is regular and within normal limit.

No intravesicle lesion is seen

PROSTATE: Normal in size, volume is 23.5 cc, regular in shape. Echogenicity is homogenous. No area of calcification is seen.

COMMENT: Suggestive of normal study .

Sonologist

Dr. Asma Ahmed

MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS

Consultant Sonologist

#### INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA CHOLERA

Md Riasal-Hossain

Radical Hospitals Limited

date of birth 23/10/1965 Sex Male This is to certify that JE Soussigne (e) certifie que no (e) le Whose signature follows dont la signature suit has on the Date indicated been accinated or revaccinated against Cholera a ctc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee. Signature and professional Approved Stamp Status of Vaccinator Date Cechet Signature et qualite d'authentification professionelle Vaccinateure 03 111 2020 ORAL CHOLERA "DUKORAL" MIR. MD. RAIHAN 5. Sheh Makhdu MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 Avenue alid Upto 2 yrs Utters, Dhoks DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited ORAL CHOLERA 35, Shah Wakhdur DR. MIR. MD. RAIHAN "DUKORAL" MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) Utiera, Dhaka Valid Upto 2 Vrs BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician

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 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 administration of the territory in which the vaccination is perforned.

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 effectuee.

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 CERTIFICATE INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CONTRE LA FIEVRE JAUNE

This is to certify that

JE Soussigne (e) certifie que

Md. Riasaf Hossain
date of birth
23/10/1965 Sex
sexe

Male

Showdhury no (e) le

Whose signature follows
dont la signature suit

has on the Date indicated been vaccinated or revaccinated against yellow fever

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

|          | Date | Signature and professional<br>Status of Vaccinator<br>Signature et titre<br>du vaccinatour   | Manufacturer<br>and batch<br>no of vaccine<br>Fabricant<br>du vaccin et nume' ro<br>du lot  | Official stamp of vaccinating centre<br>Cachet officiel du centre de vaccination |
|----------|------|--|---|--|
| 13 1111. | 1000 | R. IMIR. D. RAIHAN BS (DU), DFM, CCD (Birdem), PGT (Ophth) MDC A- 55144, MMC- BGD- 016 S Shipping Bangladesh Approved General Physician Radical Hospitals Limited. | L NO DAKAR OF THE PROPERTY OF | SS, Sinh Malkhdun Arrang Utiara, Dhaka *   |
|          | 2    |  |   |  |

This certificate is want only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been diagrated 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 execut of a revaccination within such period of ten years, from the date of that l'evaccinatio.

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 l' Organisation Mondiale de la Sante" et sile centre de vaccination e' te' habilite parl' adminstration sanitaire du territoire dans lequel ce cenite est siture'

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

Ce certificate do it etre signe' par un me' decin de sa propre main, son cachet official ne pouvant etre conside' re' comme Icnant lieu de signature.

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