

FR-HR22 Rev No: 1.1 Rev Date: 23.09.2020

Approved By: MR

Pre Employment Medical Examination (PEME)

Medical Standard-Implementation

Applicability	Scafarers 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.

As Per-MLC-20

IMS-FC-HRS



FR-HR22

Rev No: 1.1 Rev Date: 23.09.2020 Approved By: MR

Name (last, first, middle):	MD SORWAR ISBAL	Company ID :	20169782
Date of birth (DD/MMM/YYYY):	31.12.1988	Gender (Female / Male):	MALE
Home address:	NORTH ASHPAFPUR,		ADAR SOUTH,
Passport No.:	B00326831	Discharge Book No.:	4584100420A
Type of ship (LNG / Petroleum / Chemical tanker):	LNG	Nationality:	BandrapesHI
Trade area (e.g., coastal, worldwide):	MORLDWIDE	Rank:	SECOND ENGINE

Sect.	Items	Result(s)		
	items	Positive	Negative	Remark(s)
Α	Alcohol			
В	Drug		1	
	Amphetamine			
	Cannabinoids			
	Cocaine			
	Opiates			
	Phencyclidine			
	Benzodiazepine			
	MDMA (Ecstasy)			

Sect.	Items	Normal	Abnormal	Remark(s)
С	Spirometer (Pulmonary Function Test)			Toman (o)
Sect.	Items	Normal	Abnormal	Remark(s)
D	Audiometry Test			
Е	Blood Test			DECEMBER OF STREET
E	Blood Test 1. Full Blood Picture, CBC, Blood typing, blood chemistry.	/		
	Full Blood Picture, CBC, Blood typing, blood chemistry.	Normal	Abnormal	Remark(s)
E Sect	Full Blood Picture, CBC, Blood typing, blood chemistry.	Normal	Abnormal	Remark(s)
	Full Blood Picture, CBC, Blood typing, blood chemistry. ITEMS	Normal	Abnormal	Remark(s)

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Rev Date: 23.09.2020 Approved By: MR

	5. HIV Test			
	6. VDRL			- C.
	7. SGPT			32000
	8, SGOT			20012
	9. Bilirubin			020011
	10. Alkaline phosphatase			17200111
	11.BUN			21 20110
	12.Creatinine			21001C
	13. FBS (Fasting Blood Sugar) & Post Prandial			5.50000
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	Negeri		
	2. Xylene	Negahi		
	3. Phenol	Negalie		
rue conse	4. Ammonia	Negati	4	
Sect.	Items	Normal	Abnormal	Remark(s)
G	ECG			
Н	USG (Full abdomen) + KUB ultrasound			
1	Chest X-Ray (Digital)	1		
J	Psychological Examination			
K	Dental Examination	1		
L	Stool Test (For Food Handlers Only)	1		
М	Pregnancy (For Female Only)			
Ν	Urinalysis (Protein / Sugars)	1		
0	Treadmill test	,/		
Sect	Items (Medical standards**)	Normal	Abnormal	Remark(s)
Р	1. Body Mass Index (BMI) Please enter weight and height below. Weight = Kgs Height = Metres BMI = Weight (in kgs) + (height in metres)2	✓		26.7

Page 3 of State As Per-MLC-2006



Rev Date: 23.09.2020 Approved By: MR

	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	Young	265 mille
	3. Hypertension (With medication)	Young	
	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	Young	5.4%
	5. Asthma		
**Refe	er Guidance Notes page 8		
Q	Vaccination History		Last Taken
	1. Oral Cholera		1 0 JAN 2023
	2. Yellow Fever		
	3. Typhoid (Catering Staff Only)		
	4. Others (Please Specify):		

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

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Page 4 of 8 Cal Hospitalo As Per-MLC-2006 As Per-MLC-2006



Rev Date: 23.09.2020 Approved By: MR

9	Thyroid problem	1855	1	
10	Digestive disorder		1	T)
11	Kidney problem			
12	Skin problem		1	
13	Allergies		1./	
14	Infectious/contagious diseases		1	
15	Hernia		1	
16	Genital disorders			
17	Pregnancy	Λ	10F	
18	Sleeping problems			
19	Lungs and Chest problems			
20	Operation/surgery		1	
21	Epilepsy/seizures		1	
22	Dizziness/fainting	= = 3 := 3	1	
23	Loss of consciousness		1	
24	Psychiatric problems/ Depression		1	
25	Problems in the Breast		V	
26	Attempted suicide		1	
27	Loss of memory		1	
28	Balance problem		1	
29	Severe headaches		1	
30	Ear/nose/throat problems			
No.	Condition	Yes	No	Remark(s)/Details
24	(If answered "yes," please give details)		1	
31	Restricted mobility		-	
32	Back/ Spine problems	-	/	4
33	Neurologic problems		1	
34	Fractures/dislocations		1	
35	Relevant Family Medical History (E.g. Diabetes, stroke, heart disease, high blood pressure)		1	
36	Have you ever been signed off as sick or repatriated from a ship?		1	
37	Have you ever been hospitalized?	S-11-1	./	
38	Have you ever been declared unfit for sea duty?		1	
38	Has your medical certificate ever been restricted or revoked?		1	
40	Are you aware that you have any medical problems, diseases or illnesses?		1	
41	Do you feel healthy and fit to perform the	1	7	

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Rev Date: 23.09.2020 Approved By: MR

	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			0-20-7	
	Framingham score * (Please refer link to calculator on Page 9) If Framingham score > 10.0 % provide lifestyle guidance				
	2. Blood Pressure	120	180mg		
	3. Pulse Rate	-	186/m		
Service Dec. 1	4. Vision Test	Left	Right		
5	i. aided				
	ii. unaided	616	616.		
	5. Color Vision (Ishihara Plates): 24/38	NS	15		

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:

Darl

Witnessed by: (Signature)

Date (day/month/year):

1 D JAN 2023

Witnessed by: (Name)

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

DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited

Assessment of fitness for service at sea

IMS-FC-HRS





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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		7	
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		
	produce the second			

Action taken by medical examiner (e.g., referral): RADICAL HOSPITAL LIMITED	
Place of examination: Ultara, Dhaka, Bangladesh	
Date of examination (day / month / year:	/1 0 JAN 2023
Medical certificate's date of expiration (day / month / year:	
Official stamp:	DR. MIR. MD. RAIHAN
Signature of medical examiner:	MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016
Name of medical examiner: (typed or printed)	DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.

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.
- The seafarer is able to escape from a helicopter through a standard sized escape hatch

Page 7 of a As Per-MLC-2006 *



Rev Date: 23.09.2020 Approved By: MR

- 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.



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



Date

10 JAN 2023

JABATAN LAUT MALAYSIA

Tel: 03-3695100, Fax: 03-3685289, E-mail: kpgr@marine.gov.mv http://www.marine.gov.mv

LAPORAN PENGAMAL PERUBATAN

MEDICAL PRACTITIONER'S REPORT

	telah memeriksa MD S e examined	DRWAR	103		. KP/Pasp		831
men	gikut standard perubatan Jabatar r the Malaysian Marine Departmen	n Laut Malay t medical star	sia JL/P/0 dards JL/P	2/98 dan kepur	tusannya	adalah berikut:	
	gi/Berat ht/Weight	173	netres	80 kg		KEPUTUSAN PEPEI EXAMINATION RESUL	
Pend Hear	lengaran ing	kanan right		kiri left		LAYAK	
Peng Eyesi	dihatan ght	kanan right		kiri lefi		FIT	-0
Peng Evesi	glihatan dgn kacamata ight with visual aids	kanan right	_	M/kiri left	-	TIDAK LAYAK UNFIT	
Peng	elihatan Warna Pur Vision	N	onne	1		TIDAK LAYAK SEM TEMPORARILY UNFIT	IENTARA 🗆
	n Keneing Urinalysis	NIL gu	la sugar	Ni (alb	umin	The contract of the contract o	
Nadi	Pulse		min	Service Servic	in the		
0.000	nan darah d pressure		20/80	molty	_		
Che	st X-ray	Normal/A		X-ray Nu	mber: 2	3010175	_
ECC	j.	Normal/A	bnormal				
			Normal	Abnormal		Remarks	
1	Infectious diseases		8		2		
2	Malignant Neoplasm				-		
3	Endocrine and Metabolic Disc				1		
4	Disease of the blood and bloo organs	d forming					
5	Mental Disorders				_		
6	Central Nervous system			, P =			
7	Cardiovascular system				_		
8	Respiratory system		D				-
9	Digestive system				_		
10	Genito-Urinary System		Q.				
11	Pregnancy		No	Yes	(wee	k)	2 19
12	Skin		D/				
13	Musculo-skeletal system		8				
14	Speech Defects		8		-		
15	Ears/Nose/Throat		0/99				7
16	Eyes		9			1	>
	kuan ini sah schingga09 J certificate is valid until	AN 2025				Trub	> '
Tari	kh	//	cal Hosp	Ditalo		Signature of Medic MMC No:	al Practitioner

PENGAKUAN PELAUT YANG INGIN MENJALANI PEMERIKSAAN PERUBATAN TESTIMONIAL OF SEAMAN UNDERGOING MEDICAL EXAMINATION

Sila jawab soalan-soalan berikut berhubung dengan sejarah kesihatan anda. Tandakan X dalam kotak ruangan yang sesuai 'Ya' atau 'Tidak'. Jika 'Ya' jelaskan dalam ruangan catitan.

Please answer the following with reference to your health. Tick X in the appropriate 'Yes' or 'No' column. If ticked 'Yes' please elaborate in the remarks column.

Adakah anda mempunyai sejarah atau sedang mengalami penyakit berikut:

Do you have any history or are undergoing treatment in any of the following

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

Saya dengan ini mengisytiharkan bahawa saya telah dengan teliti mengambilkira kenyataan yang dibuat diatas dan saya percaya ianya lengkap dan tepat. Saya seterusnya mengisytiharkan bahawa saya tidak menyembunyikan apa-apa maklumat atau membuat apa-apa kenyataan palsu yang boleh menjejaskan prestasi kerja saya. Saya memberi izin kepada pengamal perubatan yang memeriksa untuk berkomunikasi dengan mana-mana pengamal perubatan yang memeriksa saya dan Jabatan Laut, dalam hal-hal yang boleh memberikan kesan ke atas kesesuaian untuk bekerja diatas kanal

I declare that the information given above is correct to the best of my knowledge. I further declare that I have not hidden any information or made false statement which can jeopardize my work. I do give permission for the medical practitioner to communicate with any other medical practitioners or the Marine Department in any matters which can affect my placement on board a vessel.

Tandatangan pemohon:. Applicants signature

No Kad Pelaut:... Seaman Card No:

Nama(dlm huruf besar):

SORWAR

No. Kad Pengenalan: B003268 NRIC/Passport Number

Name (in capital letters)

Disaksikan oleh: (Dr): ... Witnessed by

Official Stamp of Medical Practition MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipp.ng Bangladesh Approved General Physician Radical Hospitals Limited.







Id No : 0175

Date: 10-Jan-2023

D.Date: 10-Jan-2023

Patient's Name: MD SORWAR IQBAL

Age: 34Y 0M 0D

Gender: Male

Specimen : Blood

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

CDC NO: 4584100420A

Haematology Report

Parameter Name	Results	Reference Range	
Hemoglobin (Hb) ESR(Westergreen)	13.6 gm/dl 07 mm/1st hr	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.	
Total WBC Count(TC)	7,500 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm	
Differential WBC Count (DC)			adliba.
Neutrophils	57 %	Child: 25-66 %, Adult: 40-75 %	
Lymphocytes	39 %	Child: 52-62 %, Adult: 20-50 %	
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %	W BC CURVE
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %	
Basophils	00 %	Adult: 00-01 %	l A
Total Cir. Eosinophils	150 /cumm	50-450/cumm	- 4
Total RBC Count	4.65 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul	
HCT/PCV	37.4 %	M: 40-54%, F:37-47%	
MCV	80.4 fL	76 - 94 fL	AND A
MCH	29.2 pg	27 - 32 pg	
MCHC	36.4 g/dL	29 - 34 g/dL	R B C CU R V E
RDW	13.4 %	11 - 16 %	at collin
PDW	14.4 fL	35 - 56 fl	
Total Platelete Count (PC)	1,13,000 /cumm	150,000-450,000/cumm	
MPV	11.2 fL	7.0 - 11.0 fL	
PCT	0.127 %	0.1 - 0.%	
Bledding Time(BT)	%	10 - 18 %	I I I I I I I I I I I I I I I I I I I
Cloting Time(CT)	%	0.1- 0.2 %	

Checked By Medical Technologist

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



Bill No	DIA23010175	Received Date	10/01/2023
Patient's Name	MD SORWAR IQBAL		10.0112020
Patient's Age	34Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIR	DEM),PGT(Eye),DFM	CDC NO:4584100420A
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result		Reference Range
Fasting Blood Sugar (FBS)		5.5 mmol/l	4.2 - 6.4 mmol/l
HbA1C		5.4 %	4.2 - 6.7 %
Liver Function Test Serum Bilirubin (Total) Serum ALT (SGPT)		0.7 mg/dl 32 U/L	0.2 - 1.1 mg/dl Up to 40 U/L
Serum AST (SGOT)		29 U/L	Up to 37 U/L
Gamma GT Total Protein		34 U/L 6.4 g/dl	Adult Males : <55 6.3-7.9 g/dl
Lipid profile Serum Cholesterol		165 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol		41 mg/dl	>35 mg/dl
Serum Triglyceride		138 mg/dl	50 - 150 mg/dl
Serum LDL- Cholesterol		96 mg/dl	<130 mg/dl
Renal Funtion Test			
Serum (BUN) Serum Creatinine		21 mg/dl 1.2 mg/dl	7-23 mg/dl 0.3 - 1.3 mg/dl

Checked By

Medical Technologis Radical Hospitals Ltd.



Bill No	DIA221010175	15 : 15	
Patient's Name	MD SORWAR IQBAL	Received Date	10/01/2023
Patient's Age			
r attent's Age	34Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(E	BIRDEM) PGT(Eve) DEM	CDC NO.45044004004
Sample	BLOOD	- Craye, Or (Lye), Dr W	CDC NO:4584100420A

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 Technologist, Radical Hospitals Ltd.

Bill No	DIA23010175	Received Date	10/01/2023
Patient's Name	MD SORWAR IQBAL		
Patient's Age	34Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	EM),PGT(Eye),DFM	CDC NO:4584100420A
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-2/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	RBC	Nil
Albumin	NIL	WBC	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By

Medical Technologis Radical Hospitals Ltd.





Bill No	DIA23010175	Received Date 10/01/2023		
Patient's Name	MD SORWAR IQBAL			
Patient's Age	34Y 0M 0D	Patient's Sex		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRD	DEM),PGT(Eye),DFM	CDC NO	45841004 20A
Sample	URINE			

URINE EXAMINATION

Result
Negative

Checked By

Medical Technologis Radical Hospitals Ltd.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Test Name

Bill No	DIA23010175	Received Date	10/01/2023
Patient's Name	MD SORWAR IQBAL		
Patient's Age	34Y 0M 0D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),Co	CD(BIRDEM),PGT(Eye),DFM	CDC NO:4584100420A
Sample	URINE		

Result

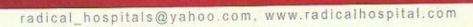
DRUG ABUSE TEST

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.





Patient's Name	:	MD SORWAR IQBAL	ID NO	:	23010175
Age	1:	34 Yrs	Date	:	10/01/2023
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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23010175 Receive:10/01/2023 Print: 10/01/2023

Patient's Name : MD SORWAR IQBAL

Age : 34 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

This report has been electronically signed.

AUDIOLOGICAL REPORT

Patient Name : MD SORWAR IQBAL

10/01/2023

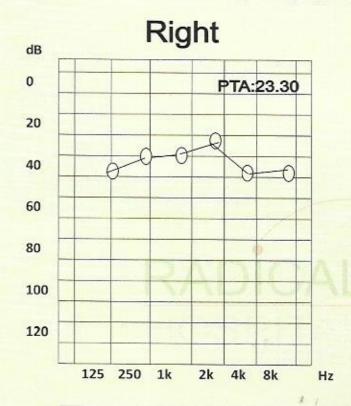
Age

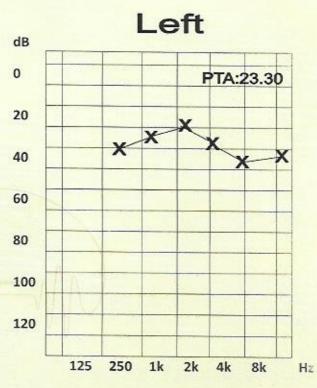
: 34 Yrs

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 OX Bone Unmasking Right Ear Left Ear Air MaskingOX Bone Masking AA

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

RADICAL HOSPITAL

: M

Sex

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DEPARTMENT OF RADIOLOGY & IMAGING

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Patient's Name : MD SORWAR IQBAL

Age : 34 YRS

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 95 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	1	MD SORWAR IQBAL	ID NO	1	23010175
Age	:	34 Yrs	Date	:	10/01/2023
Sex	2	Male		-	10/01/2020
Referred by	:	Dr. Mir Md. Raihan MBBS,(DU), DFM			
Nature of Specimen	1:	X //			

PULMONARY FUNCTION TEST (SPIROMETRY)

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

Comments: Normal Lung Function

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RADICAL HOSPITAL

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Patient's Name	:	MD SORWAR IQBAL	7		
Age	:	34 Yrs	Date	: 10/01/2023	
Sex	:	Male	CDC N	CDC NO:4584100420A	
Referred by	:	Dr. Mir Md. Raihan - MBBS, (DU), DF	The second secon		

Psychometric Test

Test Name	Remarks	
1.APTITUDE TEST		
Numerical Reasoning test	Poor /Good /yery 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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General Physician

Radical Hospitals Limited



Patient ID	23010175	Test Date		10/01/2	023	
Patient Name	MD SORWAR IQBAL		Age		100 PM	Male
Ref. By	Dr. Mir Md. Raihan MBBS	(DU),DFM	. 60	1011110	JCA	ividic

BMI REPORT

Body Mass Index =	Weight in kg	BMI Categories
body Wass Muex -	(Height in Meter) ²	❖ Under Weight in = <18.5
	80kg	Normal Weight= 18.5 - 24.9
=		❖ Over Weight=25 - 29.9
	$(1.73)^2$	❖ Obeshyz = BMI of 30 or greater.
=	26.7	

Dr. Mir Md. Raihan

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Patient ID	23010175	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	10/01/2023
Patient Name	MD SORWAR IQBAL		10/01/2020
Age	34 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Normal in size 13.5cm, regular in shape and normal 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. No echogenic structure is seen within lumen. CBD is not dilated.

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

SPLEEN: Is normal in size (8.8X2.1)cm and uniform in echo-texture.

2023

BOTH KIDNEYS: - Are normal in size RK-10.2cm, LK-10.4cm regular in shape. 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 normal. No intravesicle lesion is seen

PROSTATE: Normal in size and volume is 14.3cd, regular in shape. Echogenicity is homogenous.

No area of calcification is seen.

IMPRESSION: Normal Study.

Dr. Asma Anmed MBBS,CMU,DMU PGT(Gynae & obs)

Advanced Training on TVS Consultant Sonologist

INTERNATIONAL CERTIFICATE OF VACCINATION OF REVACCINATION AGINST CHOLERA

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTER LE CHOLERA

This is to certify that
Je soussigne (e) certifie que

Date	Signature and Professional Status of Vaccinator	Official stam of vaccinating	g centre
Date	Signature et qualite Professionnelle du vaccinateur	Cachet officiel du-centre de vaccination	
1	Bary Bardly Bars	1 OPA	L CHOLERA
DEC 202	DR. BASU BANDHU BARUA	240	O"DUKORA"
3	Specialist Physician MaxHospital & Diagnostic Center Ltd.	Bangiau (S)	7
2	No. Mikugh-Home ridg. No: BGD003		
3	Aus	11.2	DRAL CHOLER
JAN 2	DR. MIR. MD. RAIF MBBS (DU), DFM, CCD (Birden), PGT (BMDC A-55144, MMC-BGD- DG Shipp-ng Bangladesh Appr General Physician Radical Hospitals Limited.		/alid Upto 2 y
5	•	5	6
6			
	1	65	

INTERNATIONAL CERTIFICATE OF VACCINATION OF REVACCINATION AGINST YELLOW FEVER

CERTIFICAT INTERNATIONAL DE VACCINATION OU DE REVACCINATION
CONTER LA FIEVRE JAINE

This is to certify that Je soussigne (e) certifie que	MD. SORWER	LABAL	
Whose signature follows dont la signature suit	,	31-12-1988 sex	Male.
dont la signature suit	ne (e) Le	sexe .	S

has on the date indicated been vaccinated or revaccinated against Yellow fever. a ete vaccine (e) ou revaccine (e) contre la fievre jaune a la date indiquec.

Date	Signature and Professional Status of Vaccinator Signature et qualite	Origin and batch No. of vaccine Origine du vaccin	Official stam of vaccinating centre
1 79	Professionnelle du vaccinateur	employe et numero du lot	Cachet more de vaccination
ort !	MBBS. DCH, DTM&H, Specialist Physician	RUAS DAKAR S	Bangladash Suos
	Cig. Seile Vue Led	M CO - TELLETS	Man Road
	on, angheed Tejudein	ACTOM CONTRACTOR	Forani, Maha
2	Travellers' Clinic ICDOR, P 68, Shaheed Tejuddin	given an i	Travellers' Clini ICDDR,8 68, Shahaed Taladd
3	68, Shaheed Teludate	DUMMAL given on i	ICDDM'B

This certificate is valid only if the vaccine used has been approved by the World Health Organisation and if the vaccinating centre has been designated by the health administration for the rerritory 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 enent of a revaccination within such period of ten years, from the date of the revaccination. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que is le vaccin employe a ete approuve par l'Organisation mondiale de la Sante si la centre de vaccination a ete habilite nar l'administration sanitaire du territoire dans Iequel ce centre est situe. La validite de ce certificat couvre une periode de dix ans commencant dix jours apres la date de la vaccination ou, dans le cas d'une revaccination au cours de cette periode de dix ans, le jour de cette revaccination.

Toute corretion ou rature sur la certificat ou l'omission d'une quelconque d es mentions qu'il comporte peut affecter sa validite.