

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.

Name (last, first, middle):	IMTIAZ ASIF	Company ID :	20100679.
Date of birth (DD/MM/YY):	21/01/1992	Gender (Female / Male):	MALE.
Home address:	2ND FLOOR, HOUSE NO-556, AVN NO-03, ROAD NO-08, MIRPUR DOHS, DHAKA.		
Passport No.:	EA0278005	Discharge Book No.:	C10/10599
Type of ship (LNG / Petroleum / Chemical tanker):	TANKER.	Nationality:	BANGLADESHI
Trade area (e.g., coastal, worldwide):	WORLDWIDE.	Rank:	3/E.

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	✓		

Sect.	Items	Normal	Abnormal	Remark(s)
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	✓		



	5. HIV Test	✓		
	6. VDRL	✓		
	7. SGPT	✓		
	8. SGOT	✓		270u
	9. Bilirubin	✓		180u
	10. Alkaline phosphatase	✓		0.9 mg/dL
	11. BUN	✓		135 mg/dL
	12. Creatinine	✓		270 mg/dL
	13. FBS (Fasting Blood Sugar) & Post Prandial	✓		0.8 mg/dL
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.	✓		5.8 mm
	1. Benzene	✓		
	2. Xylene	✓		
	3. Phenol	✓		
	4. Ammonia	✓		
Sect.	Items	Normal	Abnormal	Remark(s)
G	ECG	✓		
H	USG (Full abdomen) + KUB ultrasound	✓		
I	Chest X-Ray (Digital)	✓		
J	Psychological Examination	✓		
K	Dental Examination	✓		
L	Stool Test (For Food Handlers Only)	✓		
M	Pregnancy (For Female Only)	✓		
N	Urinalysis (Protein / Sugars)	✓		
O	Treadmill test	✓		
Sect	Items (Medical standards**)	Normal	Abnormal	Remark(s)
P	1. Body Mass Index (BMI) Please enter weight and height below. Weight = <u>75</u> Kgs Height = <u>1.65</u> metres BMI = Weight (in Kgs) ÷ (height in metres) ²	Normal		27.6

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			
3. Hypertension (With medication)			
4. Diabetes Mellitus HbA1c (% of sugar for past 3 month)			
*Classification standard for diabetes :			
3.0 – 6.0% : Non-diabetic			
6.1 – 7.0% : Good control			
7.1 – 8.0% : Fair control			
> 8.1% : Poor control			
5. Asthma			

**Refer Guidance Notes page 8

Q	Vaccination History	Last Taken
1.	Oral Cholera	19 JUN 2023
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		☒	

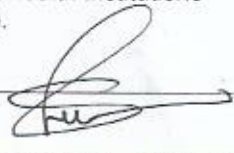
9	Thyroid problem		✓	
10	Digestive disorder		✓	
11	Kidney problem		✓	
12	Skin problem		✓	
13	Allergies		✓	
14	Infectious/contagious diseases		✓	
15	Hernia		✓	
16	Genital disorders		✓	
17	Pregnancy	N/A	✓	
18	Sleeping problems		✓	
19	Lungs and Chest problems		✓	
20	Operation/surgery		✓	
21	Epilepsy/seizures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

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

Sect.	Items	Remarks
S	Vital Parameters	
	1. Framingham score * (Please refer link to calculator on Page 9) If Framingham score > 10.0 % provide lifestyle guidance	
	2. Blood Pressure	120/80 mm.
	3. Pulse Rate	78 b/m.
	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:		Witnessed by: (Signature)	
Date (day/month/year):	19 JUN 2023	Witnessed by: (Name)	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.

Assessment of fitness for service at sea

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

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

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

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

Place of examination: **RADICAL HOSPITAL LIMITED**

Uttara, Dhaka, Bangladesh

Date of examination (day / month / year): **19 JUN 2023**

Medical certificate's date of expiration (day / month / year): **18 JUN 2025**

Official stamp:

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

Signature of medical examiner: _____

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

Authorized by: DG SHIPPING BANGLADESH (competent authority)

Remarks: The maximum validity of this certificate,

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

**** Guidance Notes:**

BMI 36 – 40:

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

- 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 1 year 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.

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) IMTIAZ ASIF		Gender: ☒ Male / ☐ Female*
Date of Birth: (Day/month/year) 21/01/1992	Nationality: BANGLADESHI	Place of Birth: DHAKA

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:		19 JUN 2023	
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)	19 JUN 2023	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	18 JUN 2025	

19 JUN 2023

Date

Signature of Authorised
Medical Practitioner

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

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

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

Signature of Seafarer

* delete as appropriate

**MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION**
RECORD OF MEDICAL EXAMINATIONS OF SEAFARER
MPA
SINGAPORE

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

Seafarer's Name : (Last, first, middle) (BLOCK CAPITALS) IMTIAZ ASIF		Gender: Male/Female* Male
Date of Birth: day/month/year 21/01/1992	Place of Birth: DHAKA	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: EA0278005	Dept: Deck / <u>Engine</u> / Catering / others Rank: 3/E	Type of ship: AFFRAMAX, CRUDE TANKER
Home Address: 2ND FLOOR, RAH HOUSE NO - 556, ROAD NO - 08 MIRPUR DOHS.	Routine and emergency duties: INCHARGE OF GENERATORS & M/E MOUNTINGS.	Trading area: e.g. coastal <u>(worldwide)</u>

*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. Epilepsy/seizures		☒
5. Varicose veins/piles		☒	22. Dizziness/fainting		☒
6. Asthma/bronchitis		☒	23. Loss of consciousness		☒
7. Blood disorder		☒	24. Psychiatric problems		☒
8. Diabetes		☒	25. Depression		☒
9. Thyroid problem		☒	26. Attempted suicide		☒
10. Digestive disorder		☒	27. Loss of memory		☒
11. Kidney problem		☒	28. Balance problem		☒
12. Skin Problem		☒	29. Severe headaches		☒
13. Allergies		☒	30. Ear/hearing, tinnitus/nose/throat problem		☒
14. Infectious / contagious diseases		☒	31. Restricted mobility		☒
15. Hernia		☒	32. Back or joint problem		☒
16. Genital disorder		☒	33. Amputation		☒
17. Pregnancy		☒	34. Fracture/dislocations		☒

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



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.

19/06/2023

Date



Signature of Seafarer

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Opth)
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. MR. DR. RAIHAN.

19/06/2023

Date



Signature of Seafarer

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

Name and Signature of Witness



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	165 (cm)	Weight	75 (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	✓	



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): 19 JUN 2023

Results: Normal chest x-ray

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

Test: Blood Urea Nitrogen

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				



☒ Without restrictions

☐ With restrictions

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

19 JUN 2023

Date



Signature of
Medical Practitioner

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

Medical Practitioner's name, licence number, address



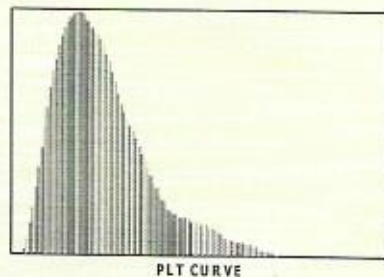
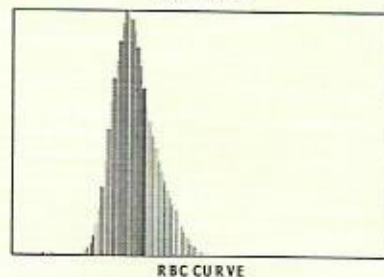


Id No : 0499 **Date** : 19-Jun-2023 **D.Date** : 19-Jun-2023
Patient's Name : ASIF IMTIAZ **Age** : 31Y 4M 29D **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO:**C/O/10599

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	13.3 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Infant: (One year):8-10 gm/dl. Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	5,900 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	41 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	53 %	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	118 /cumm	50-450/cumm
Total RBC Count	4.59 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	35.0 %	M: 40-54%, F:37-47%
MCV	76.3 fL	76 - 94 fL
MCH	29.0 pg	27 - 32 pg
MCHC	38.0 g/dL	29 - 34 g/dL
RDW	14.0 %	11 - 16 %
PDW	17.6 fL	35 - 56 fL
Total Platelete Count (PC)	2,02,000 /cumm	150,000-450,000/cumm
MPV	8.6 fL	7.0 - 11.0 fL
PCT	0.174 %	0.1 - 0.4 %



Checked By
Medical Technologist



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

Bill No	DIA23060499	Received Date	19/06/2023
Patient's Name	ASIF IMTIAZ		
Patient's Age	31Y 4M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10599
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	5.8 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.2 %	4.0- 6.0 %
Serum (BUN)	27 mg/dl	7-23 mg/dl
Serum Creatinine	0.8 mg/dl	0.3 - 1.3 mg/dl
Liver Function Test		
Serum Bilirubin (Total)	0.9 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	27 U/L	Up to 40 U/L
Serum AST (SGOT)	18 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	135 U/L	98 - 279 U/L
Lipid profile		
Serum Cholesterol	139mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	44 mg/dl	>35 mg/dl
Serum Triglyceride	125mg/dl	upto 220 mg/dl
Serum LDL- Cholesterol	99mg/dl	<130 mg/dl

Checked By

Medical Technologis
Radical Hospitals Ltd.


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

Bill No	DIA23060499	Received Date	19/06/2023
Patient's Name	ASIF IMTIAZ		
Patient's Age	31Y 4M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10599
Sample	BLOOD		

SEROLOGICAL REPORT

Test Name

Result

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

Checked By


Medical Technologis
Radical Hospitals Ltd.



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

Bill No	DIA23060499	Received Date	19/06/2023
Patient's Name	ASIF IMTIAZ		
Patient's Age	31Y 4M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10599
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	1-3/HPF

CHEMICAL EXAMINATIONCASTS / LPF

Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologist
Radical Hospitals Ltd.

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

Bill No	DIA23060499	Received Date	19/06/2023
Patient's Name	ASIF IMTIAZ		
Patient's Age	31Y 4M 29D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/10599
Sample	URINE		

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

Patient's Name	:	ASIF IMTIAZ	ID NO	:	23060499
Age	:	31 Yrs	Date	:	19/06/2023
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 Hygiene : Normal

Comments : Normal



Dr. Mir Md. Raihan

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

AUDIOLOGICAL REPORT

Patient Name : ASIF IMTIAZ

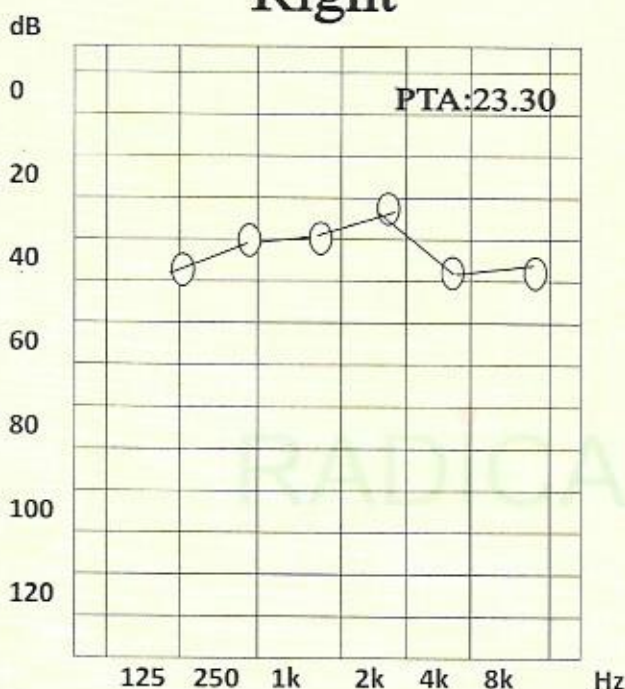
19/06/2023

Age : 31 Yrs

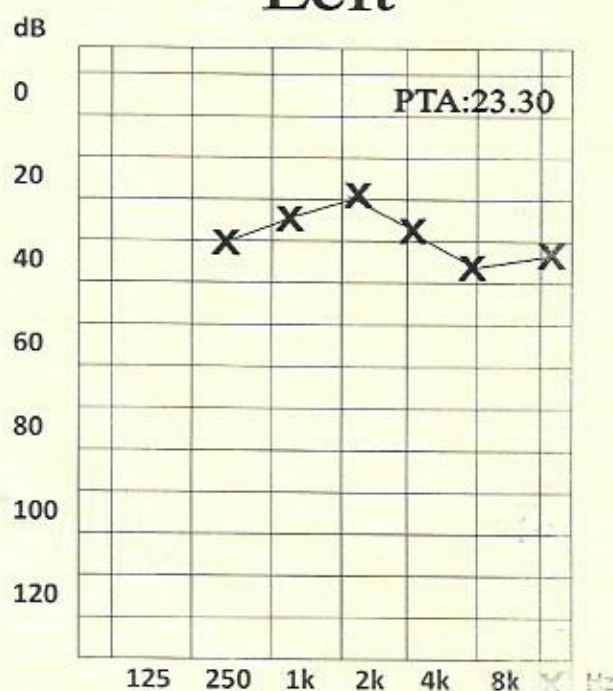
Address : RHL, UTTARA

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		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060499 Receive: Print: 19/06/2023
Patient's Name : ASIF IMTIAZ
Age : 31 YRS Sex : M
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate : 79 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

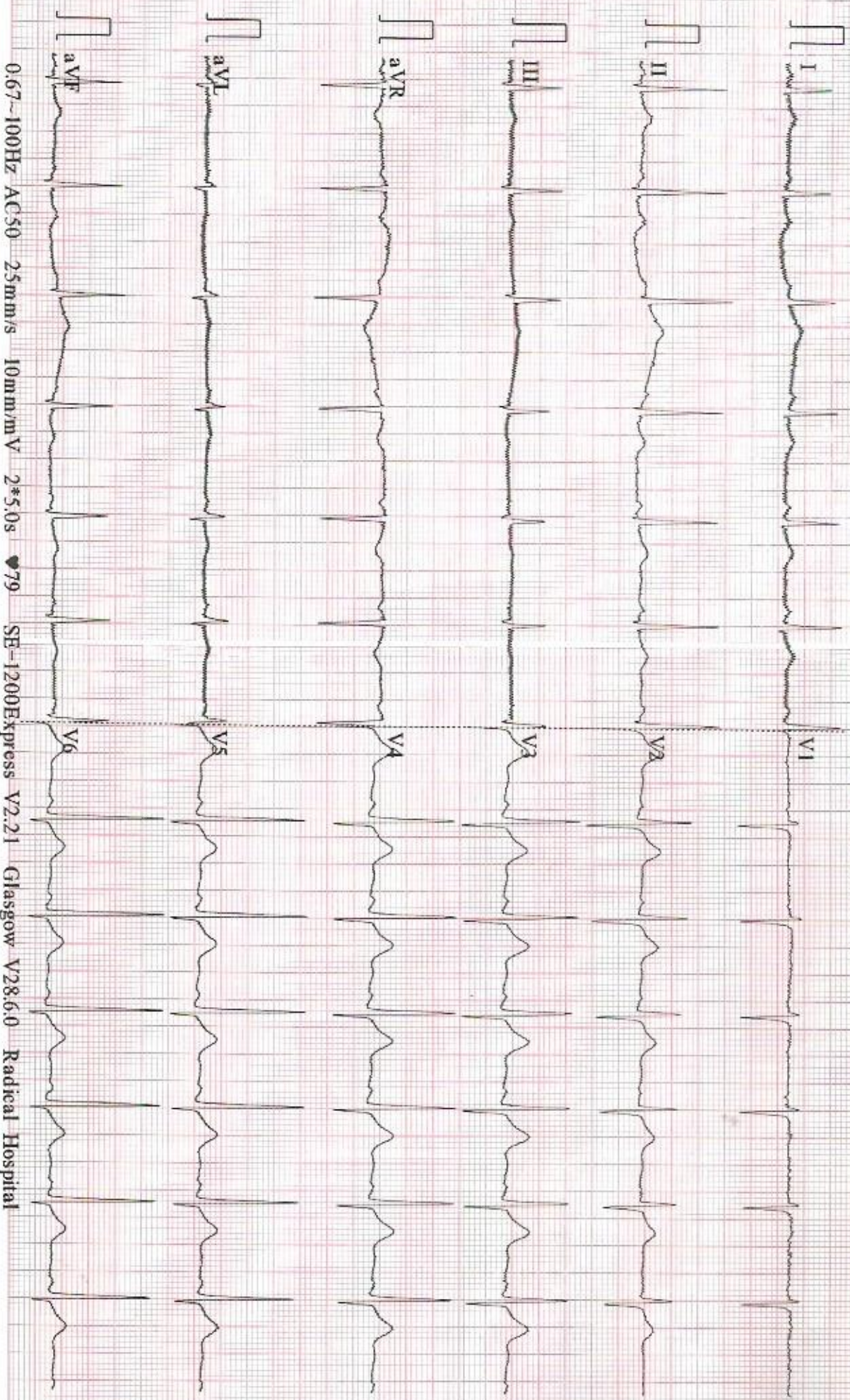
ID: 0045
Dr. J. M. H. H. H.
Male 32 Years

19-06-2023 11:21:43

HR : 79 bpm
P : 106 ms
PR : 124 ms
QRS : 86 ms
QT/QTc : 366/420 ms
PQRS/T : 36/55/45 °
RV5/SV1 : 1.949/0.906 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

Report Confirmed by:



Patient's Name	: ASIF IMTIAZ	ID NO	: 23060499
Age	: 31 Yrs	Date	: 19/06/2023
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

Checked By



Dr. Mir Md. Raihan

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

Patient's Name	:	ASIF IMTIAZ		
Age	:	31 Yrs	Date	: 19/06/2023
Sex	:	Male	CDC NO:	C/O/10599
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

MBBS (DU), DFM, CCD (Birdem), PGT (ophth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved

Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

Patient ID	23060499	Test Date	19/06/2023		
Patient Name	ASIF IMTIAZ	Age	31 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MBBS (DU),DFM				

BMI REPORT

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

= $\frac{75 \text{ kg}}{(1.65)^2}$

= 27.5

BMI Categories

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



Dr. Mir Md. Raihan

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

Patient ID	23060499	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	19/06/2023
Patient Name	ASIF IMTIAZ		
Age	31 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 13.0cm 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-9.0cm, LK-10.0cm 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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No. : 23060499 Receive: 19/06/2023 Print: 19/06/2023
Patient's Name : **ASIF IMTIAZ**
Age : 31 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

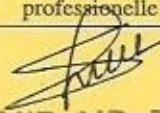
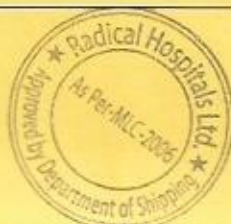
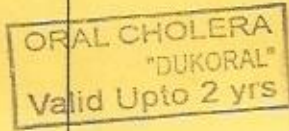
**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICATE INTERNATIONUAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA CHOLERA**

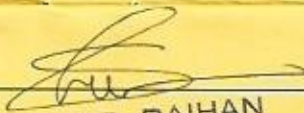
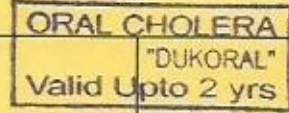
This is to certify that ASIF IMTIAZ date of birth 21/10/1992 Sex M
JE Soussigne (e) certifie que no (e) le sexe

Whose signature follows
dont la signature suit



has on the Date indicated been vaccinated or revaccinated against Cholera
a etc vaccine (e) ar revaccine (e) contre le Cholera a la date indiquee.

Date	Signature and professional Status of Vaccinator Signature et qualite professionnelle Vaccinateur	Approved Stamp Cachet d'authentification
10 DEC 2022	 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.	 

19 JUN 2023	 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.	 
-------------	---	--

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 performed.

Any amendment of this certificate or erasure or failure to complete any part, of it, may render in invalid. La validite 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.

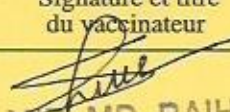
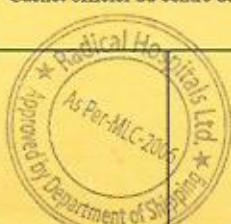
Toute correction ou rature sur le certificate ou l o. mission d' une quelconque des mentions qu il comporte pe u.t effecter sa validite.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICATE INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that } ASIF IMTIAZ date of birth } 21.01.1992 Sex } M
JE Soussigne (e) certifie que } no (e) le } sexe }

Whose signature follows } [Signature]
dont la signature suit }

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

Date	Signature and professional Status of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot	Official stamp of vaccinating centre Cachet officiel du centre de vaccination
1	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Biderm), PGT (Ophth) BMDC A-55144 MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.		
2			

This certificate is valid only if the vaccine used has been approved by the world Health Organization and vaccinating centre has been designated 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 revaccination.

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 erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n' est valable que si le vaccin employe' a e' te' a approuve' par l' Organisation Mondiale de la Sante' et si le centre de vaccination e' te' habilite par l' administration sanitaire du territoire dans lequel ce centre est situe'.

La validite de ce certificat couvre une pe' riode de dix ans commençant dix jours apres la date de la vaccination ou, dans le cas d'une revaccination au cours de cette pe' riode de dix ans, le jour de cette revaccination.

Ce certificat doit e' tre signe' par un me' decin de sa propre main. son cachet officiel ne pouvant e' tre considere' comme l'equivalent de la signature.

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