

## 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):                       | MD. MOHSHEU SNIEDHO<br>HUSSAIN                               | Company ID :            | 20120421     |
| Date of birth (DD/MMM/YYYY):                      | 01/MAR/2023 1994                                             | Gender (Female / Male): | MALE.        |
| Home address:                                     | SEC: 14; ROAD: 19 ; HOUSE: 56(A-4).<br>UTRARA, DHAKA - 1230. |                         |              |
| Passport No.:                                     | B00017822                                                    | Discharge Book No.:     | 201321002899 |
| Type of ship (LNG / Petroleum / Chemical tanker): |                                                              | Nationality:            | BANGLADESH   |
| Trade area (e.g., coastal, worldwide):            |                                                              | Rank:                   | 4th ENG      |

| 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                                                                                                                                                                                                                                                              | /      |          | 20 U/L     |
|       | 9. Bilirubin                                                                                                                                                                                                                                                         | /      |          | 17 U/L     |
|       | 10. Alkaline phosphatase                                                                                                                                                                                                                                             | /      |          | 1.00 U/L   |
|       | 11. BUN                                                                                                                                                                                                                                                              | /      |          | 125 mg/dl  |
|       | 12. Creatinine                                                                                                                                                                                                                                                       | /      |          | 21 mg/dl   |
|       | 13. FBS (Fasting Blood Sugar) & Post Prandial                                                                                                                                                                                                                        | /      |          | 1.00 mg/dl |
| F     | <b>Blood Test (Chemical Tankers only if carrying any of the below chemical)</b><br>To test within 2 weeks of signing-off.<br>Any other tests specified by DOSH (Department of Occupational Safety and Health) based on the specific chemical the vessel is carrying. | /      |          | 5.9 mmol/L |
|       | 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)<br>Please enter weight and height below.<br>Weight = <u>96</u> Kgs<br>Height = <u>1.72</u> metres<br>$BMI = \text{Weight (in kgs)} \div (\text{height in metres})^2$                                                                        | /      |          | 29.0       |

|                                                                                                                                                                                                                                                                                                                                             |   |  |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|-----------|
| 2. Lipid Profile (On treatment)<br><b>*Classification standard to NCEP ATP-III :</b><br><b>i. Total Cholesterol</b><br>< 5.2 : Desirable<br>5.2 – 6.2 : Borderline<br>> 6.2 : High Risk<br><b>ii. LDL Cholesterol</b><br>< 2.58 : Optimal<br>2.58 – 3.34: Near optimal<br>3.35 – 4.11: Borderline<br>4.12 – 4.89: High<br>> 4.9 : Very high | ✓ |  | 138 mg/dL |
| 3. Hypertension (With medication)                                                                                                                                                                                                                                                                                                           |   |  |           |
| 4. Diabetes Mellitus HbA1c (% of sugar for past 3 month)<br><b>*Classification standard for diabetes :</b><br>3.0 – 6.0% : Non-diabetic<br>6.1 – 7.0% : Good control<br>7.1 – 8.0% : Fair control<br>> 8.1% : Poor control                                                                                                                  | ✓ |  | 5.0%      |
| 5. Asthma                                                                                                                                                                                                                                                                                                                                   |   |  |           |

\*\*Refer Guidance Notes page 8

| Q                                 | Vaccination History | Last Taken  |
|-----------------------------------|---------------------|-------------|
| 1. Oral Cholera                   |                     | 07 JUN 2023 |
| 2. Yellow Fever                   |                     | 07 JUN 2023 |
| 3. Typhoid (Catering Staff Only)  |                     |             |
| 4. Others (Please Specify): _____ |                     |             |

| R                                                  | <b>Examinee's personal declaration</b> (Assistance should be offered by medical staff) |     |    |                   |
|----------------------------------------------------|----------------------------------------------------------------------------------------|-----|----|-------------------|
| Have you ever had any of the following conditions? |                                                                                        |     |    |                   |
| No.                                                | Condition<br>(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<br>(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<br>(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?<br>(If yes, please list the medications taken and the purpose(s) and dosage(s).)<br>Please specify the quantity of each medicine carried. |  |  |  |
| 44 | Others Condition (Please Specify):                                                                                                                                                                         |  |  |  |

| Sect. | Items                                                                                                                                  | Remarks     |
|-------|----------------------------------------------------------------------------------------------------------------------------------------|-------------|
| S     | <b>Vital Parameters</b>                                                                                                                |             |
|       | 1. Framingham score * (Please refer link to calculator on Page 9)<br><b>If Framingham score &gt; 10.0 % provide lifestyle guidance</b> |             |
|       | 2. Blood Pressure                                                                                                                      | 110/70 mmHg |
|       | 3. Pulse Rate                                                                                                                          | 78 bpm      |
|       | 4. Vision Test                                                                                                                         | Left Right  |
|       | i. aided                                                                                                                               |             |
|       | ii. unaided                                                                                                                            | 6/6 6/6     |
|       | 5. Color Vision (Ishihara Plates): 24/38                                                                                               | NS NS       |

I hereby certify that the personal declaration above is a true statement to the best of my knowledge, and that I am not suffering from any disease likely to aggravate by working aboard a vessel or to render me unfit for service at Sea or endangering the health of other personnel on board. Non disclosure of pre existing conditions will prejudice all my benefits under the CBA or Company's terms and

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to DR. MIR MD RAIHAN MBBS (DU), DFM (Approved Medical Examiner).

|                        |                                                                                     |                           |                                                                                                                                                                                     |
|------------------------|-------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature of examinee: |  | Witnessed by: (Signature) |                                                                                                |
| Date (day/month/year): | 07 JUN 2023                                                                         | Witnessed by: (Name)      | DR. MIR. MD. RAIHAN<br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>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                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |         |
| 2   | Deck Service                     | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 3   | Engine Service                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |         |
| 4   | Catering Service                 | <input type="checkbox"/>            | <input type="checkbox"/> |         |
| 5   | Other Services (Please Specify): | <input type="checkbox"/>            | <input type="checkbox"/> |         |

| No. | Describe Restrictions (e.g., specific positions, type of ship, trade area) | Remarks            |
|-----|----------------------------------------------------------------------------|--------------------|
|     | <b>No Restrictions</b>                                                     | <b>Fit To Sail</b> |

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

Place of examination: **RADICAL HOSPITAL LIMITED**

Uttara, Dhaka, Bangladesh

Date of examination (day / month / year): **07 JUN 2023**

Medical certificate's date of expiration (day / month / year): **06 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  $\leq 35$ .
- 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  $\leq 35$ : 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.



## MARITIME AND PORT AUTHORITY OF SINGAPORE

## SEAFARER'S MEDICAL CERTIFICATE

M P A  
SINGAPORE

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) <b>MD. MOHZEU SNEEDAO HUSSAIN</b> |                                 | Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female |
| Date of Birth: (Day/month/year) <b>01/MAR/1994</b>                        | Nationality: <b>BANGLADESHI</b> | Place of Birth: <b>NAOGAON</b>                                                     |

Declaration of the recognized medical practitioner:

|                                                                                                                                                                                      | Yes                                 | No                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| 1 Identification documents were checked at the point of examination?                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 Hearing meets the standards in STCW Code Section A-I/9?                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 Unaided hearing satisfactory?                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 Visual acuity meets the standards in STCW Code Section A-I/9?                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 Colour vision meets the standards in STCW Code Section A-I/9?                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Date of last colour vision test: <b>07 JUN 2023</b>                                                                                                                                  |                                     |                          |
| 6 Fit for look-out duty?                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8 No limitations or restrictions on fitness?                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "no" specify limitations or restrictions                                                                                                                                          |                                     |                          |
| 9 Date of examination: (day/month/year)                                                                                                                                              | <b>07 JUN 2023</b>                  |                          |
| 10 Expiry of certificate: (day/month/year)                                                                                                                                           | <b>06 JUN 2025</b>                  |                          |
| <small>** Maximum two years from date of examination unless the seafarer is under the age of 18</small>                                                                              |                                     |                          |

07 JUN 2023

Date

Signature of Authorised  
Medical Practitioner

**DR. MIR. MD. RAIHAN**  
 MBBS (DU), DPM, CCD (Biom), 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



04.2023.4160


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

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

|                                                                                                                              |                                                                         |                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Seafarer's Name : (Last, first, middle)<br>(BLOCK CAPITALS) <b>MD. MOHSHEU SNIGIDHO HUSSAIN</b>                              |                                                                         | Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female* |
| Date of Birth: day/month/year<br><b>01/MAR/1994</b>                                                                          | Place of Birth:<br><b>NADGAON</b>                                       | Nationality:<br><b>DANGLADESPT.</b>                                                 |
| *Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners:<br><b>D00017822</b> | Dept: Deck / Engine / Catering / others<br>Rank:<br><b>4TH ENGINEER</b> | Type of ship:<br><b>TANKER</b>                                                      |
| Home Address:<br><b>SER. 14 : ROAD. 19, HOUSE: 56 (A-4), UTTARA, DHAKA-1230</b>                                              | Routine and emergency duties:                                           | Trading area: e.g. coastal / worldwide<br><b>worldwide</b>                          |

\*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                |                                     | <input checked="" type="checkbox"/> | 18. Sleep problem                              |     | <input checked="" type="checkbox"/> |
| 2. High blood pressure               |                                     | <input checked="" type="checkbox"/> | 19. Do you smoke, use alcohol or drugs?        |     | <input checked="" type="checkbox"/> |
| 3. Heart/vascular disease            |                                     | <input checked="" type="checkbox"/> | 20. Operation/surgery                          |     | <input checked="" type="checkbox"/> |
| 4. Heart Surgery                     |                                     | <input checked="" type="checkbox"/> | 21. Epilepsy/seizures                          |     | <input checked="" type="checkbox"/> |
| 5. Varicose veins/piles              |                                     | <input checked="" type="checkbox"/> | 22. Dizziness/fainting                         |     | <input checked="" type="checkbox"/> |
| 6. Asthma/bronchitis                 |                                     | <input checked="" type="checkbox"/> | 23. Loss of consciousness                      |     | <input checked="" type="checkbox"/> |
| 7. Blood disorder                    |                                     | <input checked="" type="checkbox"/> | 24. Psychiatric problems                       |     | <input checked="" type="checkbox"/> |
| 8. Diabetes                          |                                     | <input checked="" type="checkbox"/> | 25. Depression                                 |     | <input checked="" type="checkbox"/> |
| 9. Thyroid problem                   |                                     | <input checked="" type="checkbox"/> | 26. Attempted suicide                          |     | <input checked="" type="checkbox"/> |
| 10. Digestive disorder               |                                     | <input checked="" type="checkbox"/> | 27. Loss of memory                             |     | <input checked="" type="checkbox"/> |
| 11. Kidney problem                   |                                     | <input checked="" type="checkbox"/> | 28. Balance problem                            |     | <input checked="" type="checkbox"/> |
| 12. Skin Problem                     |                                     | <input checked="" type="checkbox"/> | 29. Severe headaches                           |     | <input checked="" type="checkbox"/> |
| 13. Allergies                        |                                     | <input checked="" type="checkbox"/> | 30. Ear(hearing, tinnitus/nose/throat problem) |     | <input checked="" type="checkbox"/> |
| 14. Infectious / contagious diseases |                                     | <input checked="" type="checkbox"/> | 31. Restricted mobility                        |     | <input checked="" type="checkbox"/> |
| 15. Hernia                           |                                     | <input checked="" type="checkbox"/> | 32. Back or joint problem                      |     | <input checked="" type="checkbox"/> |
| 16. Genital disorder                 |                                     | <input checked="" type="checkbox"/> | 33. Amputation                                 |     | <input checked="" type="checkbox"/> |
| 17. Pregnancy                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 34. Fracture/dislocations                      |     | <input checked="" type="checkbox"/> |

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?                         |                                     | <input checked="" type="checkbox"/> |
| 36. Have you ever been hospitalized?                                                          |                                     | <input checked="" type="checkbox"/> |
| 37. Have you ever been declared unfit for sea duty?                                           |                                     | <input checked="" type="checkbox"/> |
| 38. Has your medical certificate even been restricted or revoked?                             |                                     | <input checked="" type="checkbox"/> |
| 39. Are you aware that you have any medical problems, diseases or illnesses?                  |                                     | <input checked="" type="checkbox"/> |
| 40. Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 41. Are you allergic to any medication?                                                       |                                     | <input checked="" type="checkbox"/> |
| 42. Are you using any non-prescription or prescription medication?                            |                                     | <input checked="" type="checkbox"/> |

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

No

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

07/JUN/2023  
Date

  
Signature of Seafarer

  
**DR. MIR. MD. RAIHAN**  
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)  
BMDC A-55144, MMC-BGD-016  
DG Shipping Bangladesh Approved  
General Physician  
Radical Hospitals Limited.  
Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. DR. MIR. MD. RAIHAN.

07/JUN/2023  
Date

  
Signature of Seafarer

  
**DR. MIR. MD. RAIHAN**  
MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)  
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General Physician  
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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      | 6/6      | 6/6       | 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                          | 172 (cm)        | Weight            | 86 (kg) |
| Pulse rate                      | (per minute) 78 | Rhythm            | Regular |
| Blood Pressure Systolic (mm Hg) | 110             | Diastolic (mm Hg) | 70      |
| 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): 07 JUN 2023

Results: Normal CXR

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

Test: Bloodwork 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.)

07 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

\*\*\*\*\*

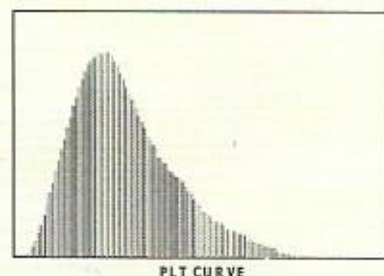
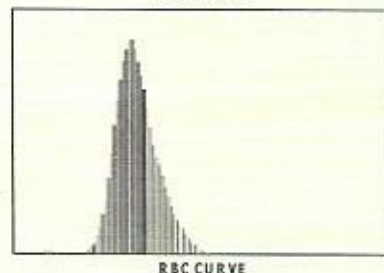
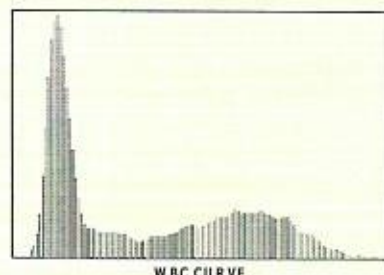


**Id No** : 0170 **Date** : 07-Jun-2023 **D.Date** : 07-Jun-2023  
**Patient's Name** : MD MOHSHEU SNIGDHO HUSSAIN **Age** : 29Y 10M 10 **Gender** : Male  
**Specimen** : Blood  
**Doctor Name** : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM **CDC NO**:201321002899

### Haematology Report

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

| Parameter Name                     | Results               | Reference Range                                                                                    |
|------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------|
| <b>Hemoglobin (Hb)</b>             | <b>15.7</b> gm/dl     | M:13-18 gm/dl. F:11.5-16.5 gm/dl.<br>Child:10-13 gm/dl.                                            |
| <b>ESR(Westergreen)</b>            | <b>05</b> mm/1st hr   | Infant: (One year):8-10 gm/dl.<br>Male:0-10, F:0-20 mm/1st hr.                                     |
| <b>Total WBC Count(TC)</b>         | <b>6,100</b> /cumm    | Adult: 4000 - 11000/cumm.<br>Children: 5,000-15,000/cumm<br>Infant(One Year):<br>6,000-18,000/cumm |
| <b>Differential WBC Count (DC)</b> |                       |                                                                                                    |
| Neutrophils                        | <b>53</b> %           | Child: 25-66 %, Adult: 40-75 %                                                                     |
| Lymphocytes                        | <b>42</b> %           | Child: 52-62 %, Adult: 20-50 %                                                                     |
| Monocytes                          | <b>03</b> %           | Child: 03-07 %, Adult: 02-10 %                                                                     |
| Eosinophils                        | <b>02</b> %           | Child: 01-03 %, Adult: 01-06 %                                                                     |
| Basophils                          | <b>00</b> %           | Adult: 00-01 %                                                                                     |
| Total Cir. Eosinophils             | <b>122</b> /cumm      | 50-450/cumm                                                                                        |
| <b>Total RBC Count</b>             | <b>5.49</b> m/ul      | M: 4.5-6.5, F:3.8-5.8 m/ul                                                                         |
| HCT/PCV                            | <b>42.1</b> %         | M: 40-54%, F:37-47%                                                                                |
| MCV                                | <b>76.7</b> fL        | 76 - 94 fL                                                                                         |
| MCH                                | <b>28.6</b> pg        | 27 - 32 pg                                                                                         |
| MCHC                               | <b>37.3</b> g/dL      | 29 - 34 g/dL                                                                                       |
| RDW                                | <b>13.7</b> %         | 11 - 16 %                                                                                          |
| PDW                                | <b>13.8</b> fL        | 35 - 56 fL                                                                                         |
| <b>Total Platelete Count (PC)</b>  | <b>2,51,000</b> /cumm | 150,000-450,000/cumm                                                                               |
| MPV                                | <b>10.3</b> fL        | 7.0 - 11.0 fL                                                                                      |
| PCT                                | <b>0.259</b> %        | 0.1 - 0.4 %                                                                                        |
| Bleeding Time(BT)                  | %                     | 10 - 18 %                                                                                          |
| 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        | DIA23060170                                           | Received Date | 07/06/2023   |
| Patient's Name | MD MOHSHEU SNIGDHO HUSSAIN                            |               |              |
| Patient's Age  | 29Y 10M 10                                            | Patient's Sex | Male         |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | 201321002899 |
| Sample         | BLOOD                                                 |               |              |

### BIOCHEMISTRY REPORT

| Test Name                 | Result     | Reference Range  |
|---------------------------|------------|------------------|
| Fasting Blood Sugar (FBS) | 5.9 mmol/l | 4.2 – 6.4 mmol/l |
| HbA1C                     | 5.0 %      | 4.0- 6.0 %       |
| Serum (BUN)               | 21 mg/dl   | 7-23 mg/dl       |
| Serum Creatinine          | 1.0 mg/dl  | 0.3 - 1.3 mg/dl  |

#### Liver Function Test

|                            |           |                 |
|----------------------------|-----------|-----------------|
| Serum Bilirubin (Total)    | 1.0 mg/dl | 0.2 - 1.1 mg/dl |
| Serum ALT (SGPT)           | 29 U/L    | Up to 40 U/L    |
| Serum AST (SGOT)           | 17 U/L    | Up to 37 U/L    |
| Serum Alkaline Phosphatase | 125 U/L   | 98 - 279 U/L    |

#### Lipid profile

|                        |          |                 |
|------------------------|----------|-----------------|
| Serum Cholesterol      | 138mg/dl | up to 200 mg/dl |
| Serum HDL- Cholesterol | 45 mg/dl | >35 mg/dl       |
| Serum Triglyceride     | 127mg/dl | upto 220 mg/dl  |
| Serum LDL- Cholesterol | 99mg/dl  | <130 mg/dl      |

Checked By

Medical Technologist  
Radical Hospitals Ltd.

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

|                |                                                       |               |              |
|----------------|-------------------------------------------------------|---------------|--------------|
| Bill No        | DIA23060170                                           | Received Date | 07/06/2023   |
| Patient's Name | MD MOHSHEU SNIGDHO HUSSAIN                            |               |              |
| Patient's Age  | 29Y 10M 10                                            | Patient's Sex | Male         |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | 201321002899 |
| 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 Technologist  
 Radical Hospitals Ltd.



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

|                |                                                       |               |              |
|----------------|-------------------------------------------------------|---------------|--------------|
| Bill No        | DIA23060170                                           | Received Date | 07/06/2023   |
| Patient's Name | MD MOHSHEU SNIGDHO HUSSAIN                            |               |              |
| Patient's Age  | 29Y 10M 10                                            | Patient's Sex | Male         |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | 201321002899 |
| Sample         | URINE                                                 |               |              |

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

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

#### CHEMICAL EXAMINATIONCASTS / LPF

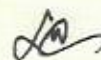
|              |        |            |     |
|--------------|--------|------------|-----|
| Reaction     | Acidic | R B C      | Nil |
| Albumin      | NIL    | W B C      | Nil |
| Sugar        | NIL    | Epithelial | Nil |
| Ex.Phosphate | Nil    | Granular   | Nil |
|              |        | Hyaline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



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Associate Professor  
Dept. of Microbiology  
East West Medical College and Hospital

|                |                                                       |               |              |
|----------------|-------------------------------------------------------|---------------|--------------|
| Bill No        | DIA23060170                                           | Received Date | 07/06/2023   |
| Patient's Name | MD MOHSHEU SNIGDHO HUSSAIN                            |               |              |
| Patient's Age  | 29Y 10M 10                                            | Patient's Sex | Male         |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | 201321002899 |
| Sample         | URINE                                                 |               |              |

### DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

| Test Name | Result |
|-----------|--------|
|-----------|--------|

Drug Level of Urine

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

Checked By

Medical Technologist  
Radical Hospitals Ltd.

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

|                |                                                       |               |              |
|----------------|-------------------------------------------------------|---------------|--------------|
| Bill No        | DIA23060170                                           | Received Date | 07/06/2023   |
| Patient's Name | MD MOHSHEU SNIGDHO HUSSAIN                            |               |              |
| Patient's Age  | 29Y 10M 10                                            | Patient's Sex | Male         |
| Ref. by        | Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM | CDC NO        | 201321002899 |
| Sample         | URINE                                                 |               |              |

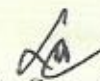
**URINE EXAMINATION****Test Name****Result**

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

RADICAL


 Checked By

 Medical Technologist  
 Radical Hospitals Ltd.

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

|              |                                       |               |            |
|--------------|---------------------------------------|---------------|------------|
| Patient ID   | 23060170                              | Voucher No    |            |
| Test Name    | USG OF WHOLE ABDOMEN                  | Delivery Date | 07/06/2023 |
| Patient Name | <b>MD MOHSHEU SNIGDHO<br/>HUSSAIN</b> |               |            |
| Age          | 29 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-8.7cm, LK-9.0cm The cortical echogenicity are normal with clear cortico-medullary 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**

|              |                                  |           |            |     |      |
|--------------|----------------------------------|-----------|------------|-----|------|
| Patient ID   | 23060170                         | Test Date | 07/06/2023 |     |      |
| Patient Name | MD MOHSHEU SNIGDHO HUSSAIN       | Age       | 29 YRS     | Sex | Male |
| Ref. By      | Dr. Mir Md. Raihan MBBS (DU),DFM |           |            |     |      |

### BMI REPORT

$$\begin{aligned}
 \text{Body Mass Index} &= \frac{\text{Weight in kg}}{(\text{Height in Meter})^2} \\
 &= \frac{86 \text{ kg}}{(1.72)^2} \\
 &= 29.0
 \end{aligned}$$

### 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's Name | : | MD MOHSHEU SNIGDHO HUSSAIN           |                     |              |
| Age            | : | 29Yrs                                | Date                | : 07/06/2023 |
| Sex            | : | Male                                 | CDC NO:201321002899 |              |
| Referred by    | : | Dr. Mir Md. Raihan - MBBS, (DU), DFM |                     |              |

## Psychometric Test

| Test Name                                           | Remarks                               |
|-----------------------------------------------------|---------------------------------------|
| <b>1.APTITUDE TEST</b>                              |                                       |
| 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      |
| <b>2.Skill Test</b>                                 | Poor /Good /very good /excellent      |
| <b>3.Personality Test</b>                           | INFJ / ENFJ / ISFJ / ENTP/ ESFJ /ESFP |
| <b>4.Watson Glaser test(Critical Thinking Test)</b> |                                       |
| 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      |
| <b>5.Situational Judgment Test.</b>                 | 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's Name     | : MD MOHSHEU SNIGDHO HUSSAIN        | ID NO | : 23060170   |
| Age                | : 29 Yrs                            | Date  | : 07/06/2023 |
| 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

ID: 0097

07-06-2023 13:43:41

Mr. Mervin Singh

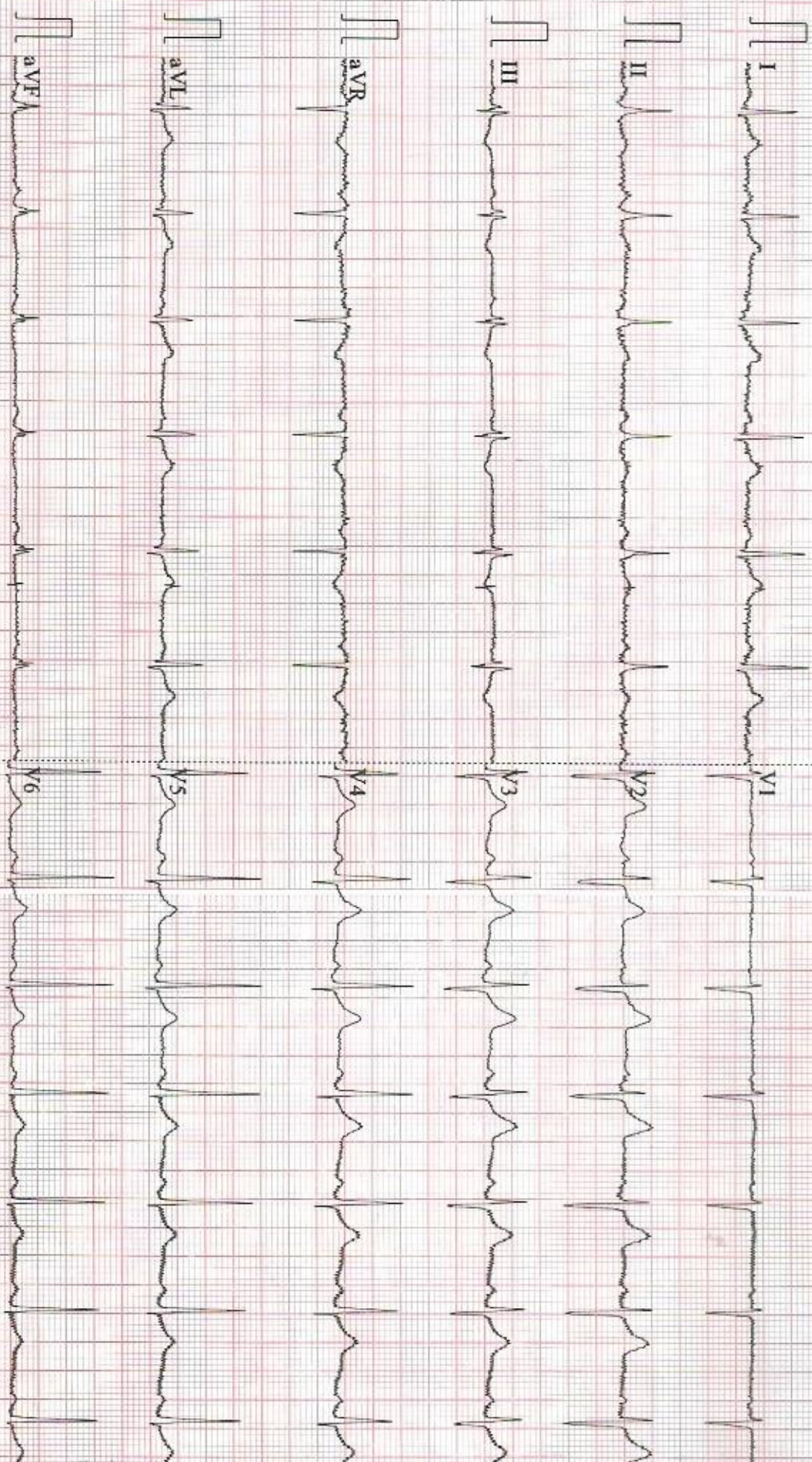
Male 28 Years (HSE)

|         |                 |    |          |
|---------|-----------------|----|----------|
| P       | : 114 ms        | HR | : 77 bpm |
| PR      | : 154 ms        |    |          |
| QRS     | : 76 ms         |    |          |
| QT/QTc  | : 366/415 ms    |    |          |
| P/QRS/T | : 22/36/-11 °   |    |          |
| RV5/SV1 | : 1.62/0.820 mV |    |          |

## Diagnosis Information:

Sinus rhythm  
Inferior ST-T abnormality is nonspecific  
Borderline ECG

Report Confirmed by:



**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23060170 Receive: Print: 07/06/2023  
Patient's Name : MD MOHSHEU SNIGDHO HUSSAIN  
Age : 29 YRS Sex : M  
Refd. by : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM

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

Rate : 77 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

## AUDIOLOGICAL REPORT

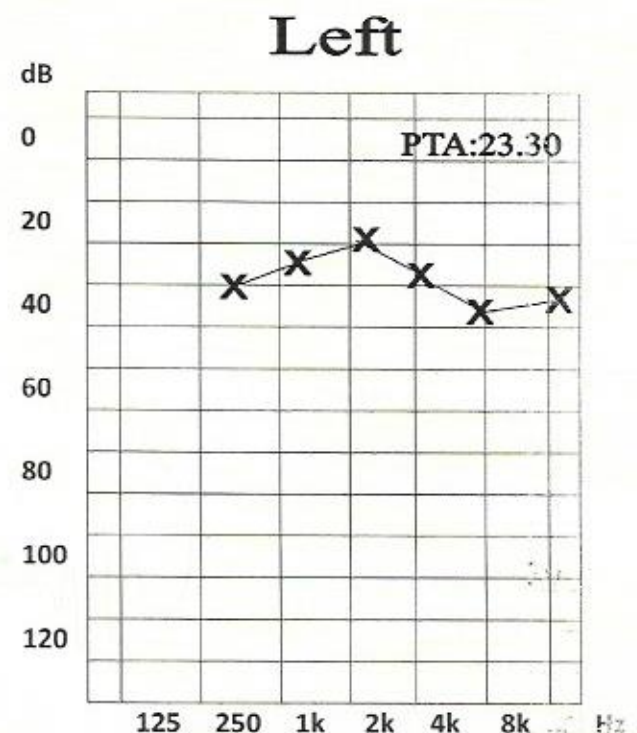
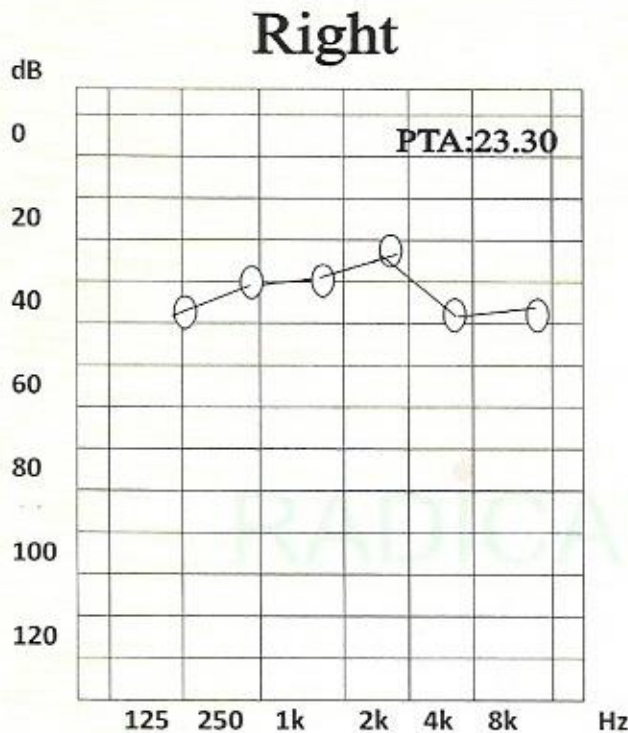
Patient Name : MD MOHSHEU SNIGDHO HUSSAIN

07/06/2023

Age : 29 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   |           |          |
| Air Masking OX   |           |          |
| Bone Masking ΔΔ  |           |          |

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

**DEPARTMENT OF RADIOLOGY & IMAGING**

ID. No. : 23060170 Receive: 07/06/2023 Print: 07/06/2023  
Patient's Name : MD MOHSHEU SNIGDHO HUSSAIN  
Age : 29 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

|                    |   |                                     |       |   |            |
|--------------------|---|-------------------------------------|-------|---|------------|
| Patient's Name     | : | MD MOHSHEU SNIGDHO HUSSAIN          | ID NO | : | 23060170   |
| Age                | : | 29 Yrs                              | Date  | : | 07/06/2023 |
| 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

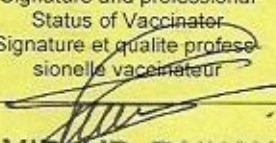


**Dr. Mir Md. Raihan**

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

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION  
AGAINST CHOLERA  
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION  
CONTRE LE CHOLERA**

MD. MOHSHEU SNIGDHO HUSSAIN  
This is to certify that JE Soussigne (e) certifie que \_\_\_\_\_ date of birth / no' (e) le 02.03.1994 Sex / sexe MALE  
Whose signature follows / dont la signature suit \_\_\_\_\_  
has on the Date indicated been vaccinated or revaccinated against cholera / a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

|                            |                                                                                                                                                                                           |                                                                                                                                  |                                                             |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Date<br><b>07 JUN 2023</b> | Signature and professional Status of Vaccinator<br>Signature et qualite professionnelle du vaccineur<br> | Approved Stamp<br>Cachet d'authentification<br> | <b>ORAL CHOLERA</b><br><b>"DUKORAL"</b><br>Valid Upto 2 yrs |
| 1                          | <b>DR. MIR. MD. RAIHAN</b><br>MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited |                                                                                                                                  |                                                             |
| 2                          |                                                                                                                                                                                           |                                                                                                                                  |                                                             |
| 3                          |                                                                                                                                                                                           |                                                                                                                                  |                                                             |
| 4                          |                                                                                                                                                                                           |                                                                                                                                  |                                                             |

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, 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 form 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 it invalid.

La validite de ce certificat couvre une periode de six mois commençant six jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination, au cours de la periode de six mois qui suit la date de cette revaccination.

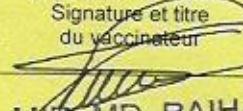
Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificat doit faire mention de deux injections partielles a sept jours d'intervalle et sa validite commence le jour de la seconde injection.

Le cachet d'authentification doit etre conforme au modele present per l'administration sanitaire du territoire ou la vaccination est effectuee.

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

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

*IND. MOHSHEUS MGD HOTAIBAN*  
This is to certify that / JE Soussigne (e) certifie que | date of birth / no' (e) le 01-03-1994 Sex / sexe MALIE  
Whose signature follows / don't la signature suit |   
has on the Date indicated been vaccinated or revaccinated against cholera  
a e'te' vaccine (e) ar revaccine' (e) contre le fièvre jaune a la date indiquée.

|                            |                                                                                                                                                                                  |                                                                                            |                                                                                   |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Date<br><b>07 JUN 2023</b> | Signature and professional<br>Stahtus of Vaccinator<br>Signature et titre<br>du vaccinateur<br> | Manufactürer<br>and batch<br>no of vaccine<br>Fabricant du<br>vaccin et numc'<br>ro du lot | Official sump of vaccinating centre<br>Cachet officiel du centre de vaccination   |
| 1                          | <b>DR. MIR. MD. RAIHAN</b>                                                                                                                                                       |           |  |
| 2                          | MBBS (DU), DFM, CCD (Birdem), PGT (Ophtht)<br>BMDC A-55144, MMC-BGD-016<br>DG Shipping Bangladesh Approved<br>General Physician<br>Radical Hospitals Limited.                    |                                                                                            |                                                                                   |
| 3                          |                                                                                                                                                                                  |                                                                                            |                                                                                   |
| 4                          |                                                                                                                                                                                  |                                                                                            |                                                                                   |

This certificate is valid only if the vaccine used has been approved by the world I Calah organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of his certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within sch period often years, from the date of the revaccination.

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

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

Ce certificate n' est avalable que si le vaccina employe" a c-' to, 'a approve" par l' organisa\_ tion Mondiale de la sanc" et sile centre a" uailif, ailion ae" tc'ra6fiiiie pali-aminsiraton sanitaire du (erriloire dans l'qucl'ce centre est siture;.

La validite' de ce certilicat couvré une pe'riode de dix ans comencant dix joursaprcs la date de la vaccination ou, dans le cas dune reiaaccinaion u. ou., a- cttc lie, iio, i. a" dix ans. lejour de cettc revaccination.

Ca certificate do it ctrc signc' uq1 un me'decin de sa propre main, son cachet officiar nc pouvant cue conside' commc lcnant lieu de signature.

Toute eorecion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il