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.

Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

04.2023.3512

Name (last, first, middle):	MD. SHAMSUZZAMAN	Company ID :	20416T
Date of birth (DD/MMM/YYYY):	01/02/1971	Gender (Female / Male):	MALE
Home address:	497, H.S. ROAD-8, AVE-3, MIRPUR DOHS, PALLABI, DHAKA-1216, BANGLADESH		
Passport No.:	EF0564791	Discharge Book No.:	C/O/34841
Type of ship (LNG / Petroleum / Chemical tanker):	PETROLEUM	Nationality:	BANGLADESH
Trade area (e.g., coastal, worldwide):	WORLDWIDE	Rank:	CENGR

Sect.	Items	Result(s)		Remark(s)
		Positive	Negative	
A	**Alcohol**			
B	**Drug**			
	Amphetamine		✓	
	Cannabinoids		✓	
	Cocaine		✓	
	Opiates		✓	
	Phencyclidine		✓	
	Benzodiazepine		✓	
	MDMA (Ecstasy)		✓	

Sect.	Items	Normal	Abnormal	Remark(s)
C	**Spirometer (Pulmonary Function Test)**	✓		
Sect.	**Items**	**Normal**	**Abnormal**	**Remark(s)**
D	**Audiometry Test**	✓		
E	**Blood Test**	✓		
	1. Full Blood Picture, CBC, Blood typing, blood chemistry.	✓		
Sect	**ITEMS**	**Normal**	**Abnormal**	**Remark(s)**
	2. Hepatitis A Screening	✓		
	3. Hepatitis B Screening	✓		
	4. Hepatitis C Screening	✓		

Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

	5. HIV Test	✓		
	6. VDRL	✓		
	7. SGPT	✓		32 u/L
	8. SGOT	✓		29 u/L
	9. Bilirubin	✓		0.7 mg/dL
	10. Alkaline phosphatase	✓		155 mg/dL
	11.BUN	✓		21 mg/dL
	12.Creatinine	✓		1.2 mg/dL
	13. FBS (Fasting Blood Sugar) & Post Prandial	✓		5.6 mmol/L
F	Blood Test (**Chemical Tankers only if carrying any of the below chemical**) *To test within 2 weeks of signing-off.* *Any other tests specified by DOSH (Department of Occupational Safety and Health) based on the specific chemical the vessel is carrying.*	Normal		
	1. Benzene	Negative		
	2. Xylene	Negative		
	3. Phenol	Negative		
	4. Ammonia	Negative.		
Sect.	**Items**	**Normal**	**Abnormal**	**Remark(s)**
G	ECG	✓		
H	USG (Full abdomen) + KUB ultrasound	✓		
I	Chest X-Ray (Digital)	✓		
J	Psychological Examination	✓		
K	Dental Examination	✓		
L	Stool Test (For Food Handlers Only)	✓		
M	Pregnancy (For Female Only)	✓		
N	Urinalysis *(Protein / Sugars)*	✓		
O	Treadmill test	✓		
Sect	**Items** (Medical standards**)	**Normal**	**Abnormal**	**Remark(s)**
P	1. Body Mass Index (BMI) Please enter weight and height below. Weight = 75 Kgs Height = 1.71 metres BMI =Weight (in kgs) ÷ (height in metres)2	Normal.		25.6

Medical Hospitals Ltd ★ As Per-MLC-2006 ★ Approved by Department of Shipping

	2. Lipid Profile (On treatment) ***Classification standard to NCEP ATP-III :*** ***i. Total Cholesterol*** < 5.2 : Desirable 5.2 – 6.2 : Borderline > 6.2 : High Risk ***ii. LDL Cholesterol*** < 2.58 : Optimal 2.58 – 3.34: Near optimal 3.35 – 4.11: Borderline 4.12 – 4.89: High > 4.9 : Very high	Normal		163 mg/dl 96 mg/dl
	3. Hypertension (With medication)	Normal		
	4. Diabetes Mellitus HbA1c (% of sugar for past 3 month) ***Classification standard for diabetes :*** 3.0 – 6.0% : Non-diabetic 6.1 – 7.0% : Good control 7.1 – 8.0% : Fair control > 8.1% : Poor control	Normal		5.4 %
	5. Asthma			

**Refer Guidance Notes page 8

Q	Vaccination History	Last Taken
	1. Oral Cholera	06 MAR 2023
	2. Yellow Fever	15/12/2020
	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		✓	

Medical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

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		✓	
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	✓		

Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

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

Sect.	Items			Remarks
S	**Vital Parameters**			
	1. Framingham score * (Please refer link to calculator on Page 9) **If Framingham score > 10.0 % provide lifestyle guidance**			
	2. Blood Pressure	130/80 mmHg.		
	3. Pulse Rate	76/m.		
	4. Vision Test	**Left**	**Right**	
	i. aided			
	ii. unaided	6/6	6/6.	
	5. Color Vision (Ishihara Plates): 24/38			

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. DR. MD. RAIHAN. (Approved Medical Examiner).

Signature of examinee:		Witnessed by: *(Signature)*	
Date (day/month/year):	06 MAR 2023	Witnessed by: (Name)	DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.

Radical Hospitals Ltd. As Per-MLC-2006 Approved by Department of Shipping

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

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

Place of examination: RADICAL HOSPITAL LIMITED Uttara, Dhaka, Bangladesh

Date of examination (day / month / year): 06 MAR 2023

Medical certificate's date of expiration (day / month / year): 05 MAR 2025

Official stamp:

Signature of medical examiner: _____

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

Name of medical examiner: (typed or printed) _____

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

Radical Hospitals Ltd. ★ As Per MLC-2006 ★ Approved by Department of Shipping

- Seafarer to undergo a Weight Management (WM) program for maximum 1year on Company's account to bring down the BMI till ≤ 35.
- Eaglestar will support the seafarer by assigning the approved medical insurance provider (WM) program.
- After 1 year the WM program and the PEME will be to the seafarer account.
- Seafarer service status will remain "active" for a period of one year. Subsequent employment is subject to vacancy.
- While onboard, Medical Officer will monitor the weight and update HR Sea and HSSE on a monthly basis.
- While ashore, seafarer will need to update HR Sea & Manning office on monthly basis the status of weight management program

Section P 1. - Body Mass Index (BMI)

BMI ≤ 35: Meet the standard
BMI 36 – 40: Do not meet the standard.*
Inform Manning Office. To be put under Weight Management program for 1 yr.
BMI > 40: Not cleared to sail

Section P 2. - Lipid Profile (On treatment)

Total Cholesterol < 6.2 mmol/L

LDL < 4.1 mmol/L

HDL > 1.5 mmol/L

Cholesterol level alone should not deem a person unfit for work. The Health Physician will have to assess other co-morbidities i.e. High Blood Pressure, Smoking history, Past history of Heart Attacks, etc

Section P 3. - Hypertension (With medication)

140/90 or below with medication

As a general rule, individuals with hypertension are acceptable, provided it is uncomplicated and well controlled by treatment.

Section P 4. – Diabetes Mellitus HbA1c (% of sugar for past 3 month)

< 8% & Non-Insulin dependent diabetes

- *If HbA1C >8%, doctor to review medication and repeat HbA1C after 3 months.*
- *To look at other co-morbidities i.e. Heart disease, obesity, Hypertension when certifying Fitness to Work.*

Insulin-dependent diabetes – Not fit for work seafarer's duty.

Section P 5. – Asthma

Not requiring the use of oral or inhaled steroids

- *Doctor to assess the frequency of asthma attack and medications.*
- *If asthma is un-controlled – Temporary Unfit. Doctor to re-assess fitness to work 3 to 6 monthly.*

If asthma is controlled without steroid medication use – Fit for work.

***Framingham Score Calculator**
https://www.mdcalc.com/framingham-risk-score-hard-coronary-heart-disease

Seafarers with high risk scores(>10%) should be counselled aggressively about social factors contributing to their risk (smoking, exercise, weight, diet etc) and also managed with blood pressure and lipid evaluation.

JL/HEPP/D/16

JABATAN LAUT MALAYSIA
Ibu Pejabat Laut Semenanjung Malaysia, Peti Surat 12, 42007 Pelabuhan Klang
Tel: 03-3695100, Fax: 03-3685289, E-mail: kpgr@marine.gov.my http://www.marine.gov.my

LAPORAN PENGAMAL PERUBATAN
MEDICAL PRACTITIONER'S REPORT

Saya telah memeriksa *I have examined* MD. SHAMSUZZAMAN No. KP/Paspot: *IC/Passport No:* EF0564791
mengikut standard perubatan Jabatan Laut Malaysia JL/P/02/98 dan keputusannya adalah berikut:
as per the Malaysian Marine Department medical standards JL/P/02/98 and the results are as follows:

Tinggi/Berat *Height/Weight*	1.71 metres	75 kg
Pendengaran *Hearing*	NAD kanan *right*	NAD kiri *left*
Penglihatan *Eyesight*	6/6 kanan *right*	6/6 kiri *left*
Penglihatan dgn kacamata *Eyesight with visual aids*	N/A kanan *right*	N/A kiri *left*
Penglihatan Warna *Colour Vision*	Normal	
Ujian Kencing *Urinalysis*	Nil gula *sugar*	Nil albumin
Nadi *Pulse*	78 /min	
Tekanan darah *Blood pressure*	130/80 mmHg.	
Chest X-ray	Normal/Abnormal	X-ray Number: _____
ECG	Normal/Abnormal	

KEPUTUSAN PEPERIKSAAN *EXAMINATION RESULTS*

- **LAYAK** *FIT* ☑
- **TIDAK LAYAK** *UNFIT* ☐
- **TIDAK LAYAK SEMENTARA** *TEMPORARILY UNFIT* ☐

		Normal	Abnormal	Remarks
1	Infectious diseases	☑	☐	
2	Malignant Neoplasm	☑	☐	
3	Endocrine and Metabolic Disease	☑	☐	
4	Disease of the blood and blood forming organs	☑	☐	
5	Mental Disorders	☑	☐	
6	Central Nervous system	☑	☐	
7	Cardiovascular system	☑	☐	
8	Respiratory system	☑	☐	
9	Digestive system	☑	☐	
10	Genito-Urinary System	☑	☐	
11	Pregnancy	No	Yes	(week _____)
12	Skin	☑	☐	
13	Musculo-skeletal system	☑	☐	
14	Speech Defects	☑	☐	
15	Ears/Nose/Throat	☑	☐	
16	Eyes	☑	☐	

Perakuan ini sah sehingga *This certificate is valid until* 05 MAR 2025

Tarikh *Date* 06 MAR 2023

Radical Hospitals Ltd. Per-MLC-2006 Department of Shipping

Signature of Medical Practitioner
MMC No:

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.

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

Sila jawab soalan-soalan berikut berhubung dengan sejarah kesihatan anda. Tandakan X dalam kotak ruangan yang sesuai 'Ya' atau 'Tidak'. Jika 'Ya' jelaskan dalam ruangan catitan.
Please answer the following with reference to your health. Tick X in the appropriate 'Yes' or 'No' column. If ticked 'Yes' please elaborate in the remarks column.

Adakah anda mempunyai sejarah atau sedang mengalami penyakit berikut:
Do you have any history or are undergoing treatment in any of the following:

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

Saya dengan ini mengisytiharkan bahawa saya telah dengan teliti mengambilkira kenyataan yang dibuat diatas dan saya percaya ianya lengkap dan tepat. Saya seterusnya mengisytiharkan bahawa saya tidak menyembunyikan apa-apa maklumat atau membuat apa-apa kenyataan palsu yang boleh menjejaskan prestasi kerja saya. Saya memberi izin kepada pengamal perubatan yang memeriksa untuk berkomunikasi dengan mana-mana pengamal perubatan yang memeriksa saya dan Jabatan Laut, dalam hal-hal yang boleh memberikan kesan ke atas kesesuaian untuk bekerja diatas kapal.
I declare that the information given above is correct to the best of my knowledge. I further declare that I have not hidden any information or made false statement which can jeopardize my work. I do give permission for the medical practitioner to communicate with any other medical practitioners or the Marine Department in any matters which can affect my placement on board a vessel.

Tandatangan pemohon: ..... No Kad Pelaut: 20112302063 8
Applicants signature *Seaman Card No:*

Nama(dlm huruf besar) : MD. SHAMSUZZAMAN No. Kad Pengenalan: EF0564791
Name (in capital letters) *NRIC/Passport Number*

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

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.

Official Stamp of Medical Practitioner

Radical Hospitals Ltd. ★ As Per-MLC-2006 ★ Approved by Department of Shipping

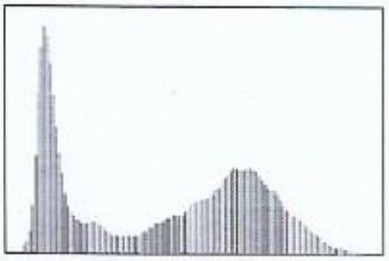
RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

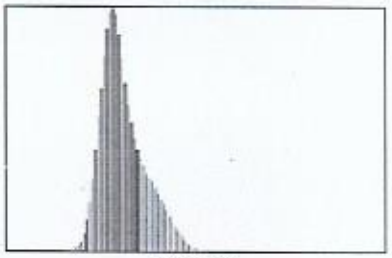
Id No	: 0151	**Date :** 06-Mar-2023	**D.Date :** 06-Mar-2023
Patient's Name :	MD SHAMSUZZAMAN	**Age :** 52Y 1M 5D	**Gender:** Male
Specimen	: Blood		
Doctor Name	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/3484

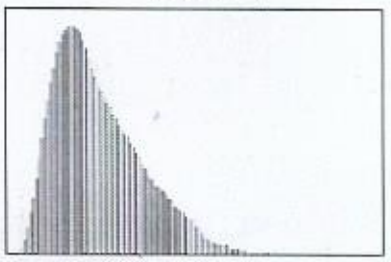
Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	**15.7** gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	**08** mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	**9,300** /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	**65** %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	**31** %	Child: 52-62 %, Adult: 20-50 %
Monocytes	**02** %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	**02** %	Child: 01-03 %, Adult: 01-06 %
Basophils	**00** %	Adult: 00-01 %
Total Cir. Eosinophils	**186** /cumm	50-450/cumm
Total RBC Count	**5.62** m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	**41.4** %	M: 40-54%, F:37-47%
MCV	**73.7** fL	76 - 94 fL
MCH	**27.9** pg	27 - 32 pg
MCHC	**37.9** g/dL	29 - 34 g/dL
RDW	**12.7** %	11 - 16 %
PDW	**15.4** fL	35 - 56 fl
Total Platelete Count (PC)	**2,18,000** /cumm	150,000-450,000/cumm
MPV	**8.8** fL	7.0 - 11.0 fL
PCT	**0.192** %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %


WBC CURVE


RBC CURVE


PLT CURVE

Checked By
Medical Technologist

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030151	Received Date	06/03/2023
Patient's Name	MD SHAMSUZZAMAN		
Patient's Age	52Y 1M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3484
Sample	BLOOD		

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS)	5.5 mmol/l	4.2 – 6.4 mmol/l
HbA1C	5.4%	4.2 - 6.7 %
Serum Creatinine	1.2 mg/dl	0.3 - 1.3 mg/dl
Serum (BUN)	21 mg/dl	7-23 mg/dl
Liver Function Test		
Serum Bilirubin (Total)	0.7 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	32 U/L	Up to 40 U/L
Serum AST (SGOT)	29 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	155 U/L	98 - 279 U/L
Lipid profile		
Serum Cholesterol	165 mg/dl	up to 200 mg/dl
Serum HDL- Cholesterol	41 mg/dl	>35 mg/dl
Serum Triglyceride	138 mg/dl	50 - 150 mg/dl
Serum LDL- Cholesterol	96 mg/dl	<130 mg/dl

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23030151	Received Date	06/03/2023
Patient's Name	MD SHAMSUZZAMAN		
Patient's Age	52Y 1M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3484
Sample	BLOOD		

SEROLOGYCAL REPORT

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

Checked By

Medical Technologis
Radical Hospitals Ltd.

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

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23030151	Received Date	06/03/2023
Patient's Name	MD SHAMSUZZAMAN		
Patient's Age	52Y 1M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3484
Sample	**URINE**		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	R B C	Nil
Appearance	Clear	Pus Cells	1-2/HPF
Sediment	Nil	Epithelial	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 Technologis
Radical Hospitals Ltd.

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

Bill No	DIA23030151	Received Date	06/03/2023
Patient's Name	MD SHAMSUZZAMAN		
Patient's Age	52Y 1M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3484
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 Technologis
Radical Hospitals Ltd.

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

radical_hospitals@yahoo.com, www.radicalhospital.com

RADICAL HOSPITAL LIMITED

Bill No	DIA23030151	Received Date	06/03/2023
Patient's Name	MD SHAMSUZZAMAN		
Patient's Age	52Y 1M 5D	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/3484
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

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	**MD SHAMSUZZAMAN**	ID NO	:	**23030151**
Age	:	**52 Yrs**	Date	:	**06/03/2023**
Sex	:	**Male**			
Referred by	:	**Dr. Mir Md. Raihan - MBBS (DU), DFM**			
Nature of Specimen	:				

Dental Examination Reports

On Examination

1. Dental Caries : Absent
2. Calculus : Absent
3. Missing : Absent
4. Gum Condition : Normal
5. Filling : No
6. Root Canal Treatment : No
7. Any Bridge/Denture/Crown : No
8. Oral Hygine : Normal

Comments : Normal

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

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23030151	Receive:06/03/2023	Print: 06/03/2023
Patient's Name	:	**MD SHAMSUZZAMAN**		
Age	:	52 Yrs	*Sex*	: M
Refd. by	:	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm	:	Both hemidiaphragm are normal in position. C-P angles are clear.
Heart	:	Normal in T.D.
Lung	:	Lung fields are clear.
Bony thorax	:	Reveals no abnormality.
Comments	:	**Normal chest skiagram.**

Prof. Dr. Md. Mojibor Rahman
MBBS. DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical COllege Hospital

This report has been electronically signed.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

AUDIOLOGICAL REPORT

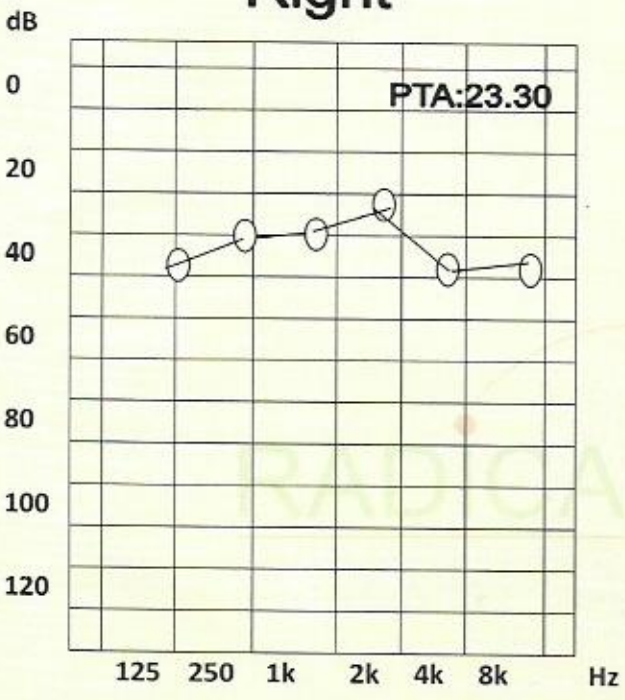
Patient Name : **MD SHAMSUZZAMAN** **06/03/2023**

Age : **52 Yrs**

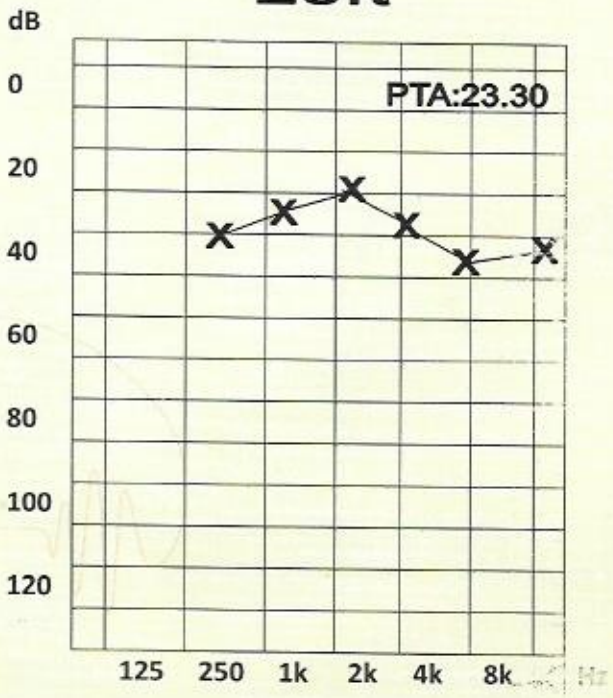
Address : RHL, UTTARA

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

Right



Left



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
	Right Ear	**Left Ear**
Air MaskingOX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	:	23030151	Receive: Print: 06/03/2023		
Patient's Name	:	**MD SHAMSUZZAMAN**			
Age	:	52 YRS	*Sex*	:	M
Refd. by	:	**Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM**			

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate	:	70 b/min
Rhythm	:	Regular
P-Wave	:	Normal
P-R Interval	:	Normal
QRS Complex	:	Normal
ST. Segment	:	Is electric
T. Wave	:	Normal

Impression : **Findings are within normal limit.**

Dr. Debashish Paul
MBBS, MD (Cardiology)
Associate Professor
Department of Cardiology
Sylhet Women's Medical College Hospital

This report has been electronically signed

ID: 23030147 06-03-2023 08:43:15 PM

Md Shamsuzzaman.

Male 52 Years

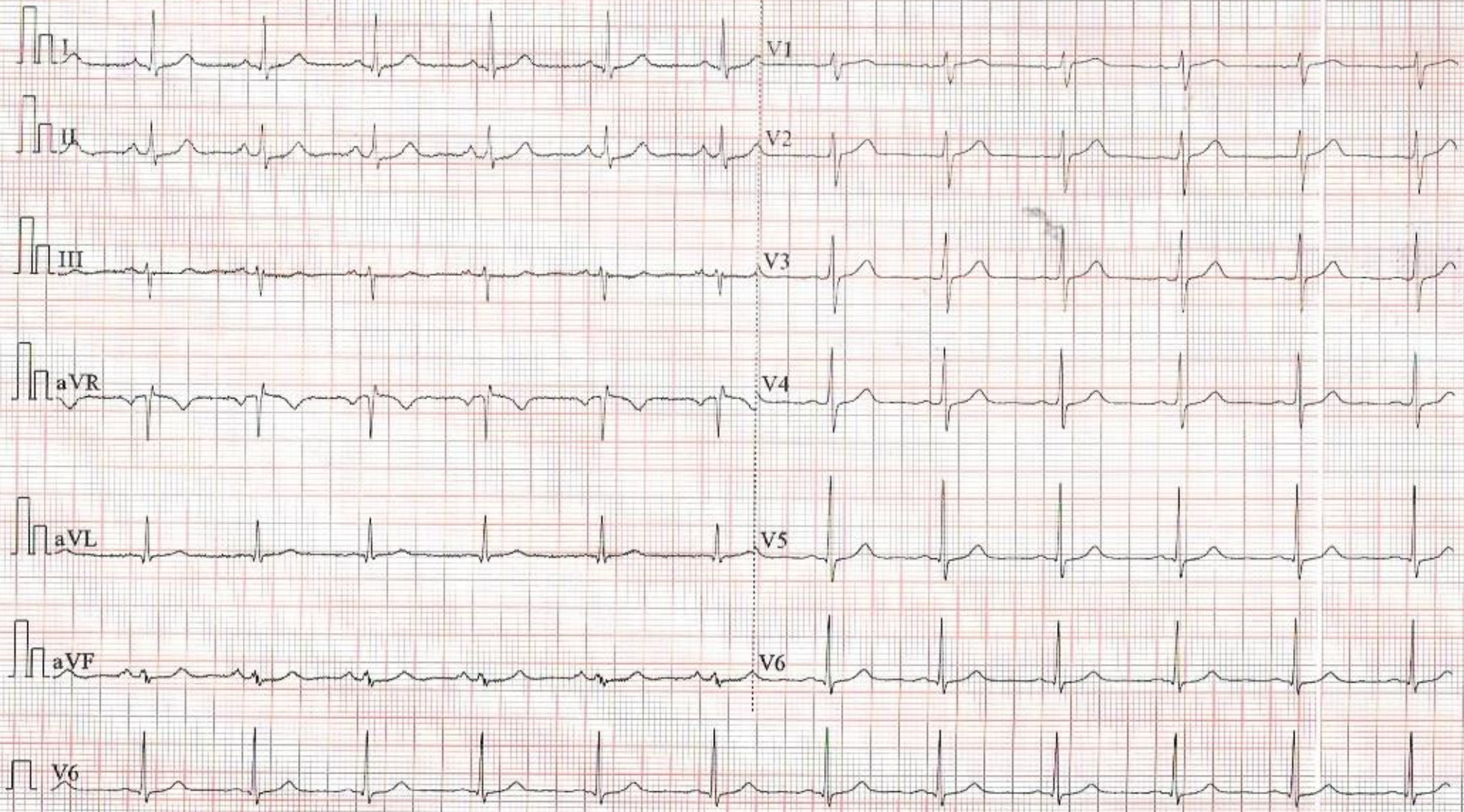
HR	: 72	bpm	
P	: 110	ms	
PR	: 152	ms	
QRS	: 92	ms	
QT/QTc	: 388/425	ms	
P/QRS/T	: 56/3/36	°	
RV5/SV1	: 2.653/0.735	mV	

Diagnosis Information:

Sinus rhythm

Normal ECG

Report Confirmed by:



0.67~45Hz AC50 25mm/s 10/5mm/mV 2*5.0s+1r ♥72 SE-1200Express V2.21 Glasgow V28.6.0 Radical Hospital

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	**MD SHAMSUZZAMAN**	ID NO	:	23030151
Age	:	**52 Yrs**	Date	:	06/03/2023
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 (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

RADICAL HOSPITAL LIMITED
radical_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	MD SHAMSUZZAMAN			
Age	:	52 Yrs	Date	:	06/03/2023
Sex	:	Male	CDC NO:C/O/3484		
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 (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

RADICAL HOSPITAL LIMITED

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient ID	23030151	Test Date	06/03/2023		
Patient Name	MD SHAMSUZZAMAN	Age	52 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MBBS (DU),DFM				

BMI REPORT

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

$$= \frac{75\text{kg}}{(1.71)^2}$$

$$= 25.6$$

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 (opth)
Reg- A55144 BGD-016(MMC)
DG Shipping Bangladesh Approved
Malaysian Medical Council Approved
General Physician
Radical Hospitals Limited

Patient ID	23030151	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	06/03/2023
Patient Name	MD SHAMSUZZAMAN		
Age	52 YRS	Sex	Male
Refd. By	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER :- Enlarged in size 15.3cm, regular in shape and normal position. The echogenicity of the parenchyma is increased. Intrahepatic biliary channel are not dilated. No focal lesion is seen.

GALL BLADDER : Normal size regular in shape. Lumen is normal. Wall thickens is normal. No echogenic structure is seen within lumen. CBD is not dilated.

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

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

BOTH KIDNEYS :- Are normal in size RK-10.1cm, LK-11.7cm regular in shape. The cortical echogenicity are normal with clear cortico–medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

A cortical cyst of (3.0 x 3.0)cm is noted in left kidney.

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

PROSTATE: Normal in size and volume is 21.4cc,regular in shape. Echogenicity is homogenous. No area of calcification is seen.

IMPRESSION: Fatty change in liver. Grade -2.

6.3.23

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA

CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

MD. SHAMSUZZAMAN

This is to certify that / JE Soussigne' (e) certifie que | date of birth / no' (e) le | 01/02/1971 | Sex / sexe | M

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 fievre jaune a ia datc indiquee.

	Date	Signature and professional Status of Vaccinator Signature et qualite profess-sionelle vaccinateur	Approved Stamp Cechet d'authentiftcation
1	06 MAR 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.	CENTER FOR VACCINATION 36, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs
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 ev6nt of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim,.tins 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 perfomed.

Any amendment of this certificate or erasure or failure to complete any pan of it. May render in invalid.

La validity dece certificate couvrc unc period de six mois commencent six Jours a prea is premiere injection du vaccin ou, dans le cai a" une revaccination a, cour. d;;gtte period do six mois jour de cettc revaccination.

Nonobstant les. despositions ci-dessue dans le cas d' un pelerin lc present certificate dottlalre mention de deux injections partiquees a sept jours d'. intervaile et sa validite cofllmence lejour dc la seconde. injection:

De cachet d' authentificalion doit etre c_anforme au modele present per l, administration sanitaite du territoire ou la vaccination est effectuee. j

Toute correction ou rahfe sur le certificate ou l o. mission d' une quelconque des mantions qu il comporte pe ut effectersa validite.

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

MD. SHAMSUZZAMAN

This is to certify that
JE Soussigne' (e) certifie que

date of birth
no' (e) le 01/02/1971

Sex
sexe M

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 fievre jaune a ia datc indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunnc' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
15 DEC 2020	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.	YELLOW FEVER VACCINE L NO DAKAR	CENTER FOR VACCINATION 35, Shah Makhdum Avenue Uttara, Dhaka BANGLADESH
2			
3			
4			

This certificate is valid only if the vaccine used has been approved by the world I Icalih 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 revaccinalion.

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 Ic vaccina employe" a c-' tc,' a approve" par I' organisa_ tion Mondiale de la santc" et sile centre a" uaiiif,aiion ae" tc'tra6fiiiie pali-aminsIralion sanitaire du (erriloire dans Icqucl'ce centre est siture;.

La validite' de ce certilicat couvrc une pe'riodc de dix ans comencant dix joursaprcs la date de,la vaccination ou, dans le cas dune reiaccinaiion.u .ou., a.-cittc 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 offiiciar nc pouvant cue conside' commc Icnant lieu de signature.

Toute eoreciion ou rahire sur le certificate ou l'omission d' une quelconque des mentions qu'il comporte pent allectcr sa validite.