

FR-HR22 Rev No: 1.1 Rev Date: 23.09.2020 Approved By: MR

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.

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Name (last, first, middle):	BHUMAN MOHAMMAN HABIBUR RAHMAN	Company ID :	20120019
Date of birth (DD/MMM/YYYY):	25/10/1976	Gender (Female / Male):	MALE
Home address:	H: 16, R: 20, S: 3, UT BANGLADESH		.30
Passport No.:	EE 00 67248	Discharge Book No.:	Clo/4307
Type of ship (LNG / Petroleum / Chemical tanker):	DIL TANKER	Nationality:	BANGLADESH
Trade area (e.g., coastal, worldwide):	WORDWIDE,	Rank:	MASTER

Sect.	Items	Res	ult(s)	
Sect.	items	Positive	Negative	Remark(s)
Α	Alcohol			
В	Drug			
	Amphetamine			E
	Cannabinoids			
	Cocaine		/	
	Opiates		~	
	Phencyclidine		1	4344
5	Benzodiazepine			
Kaniic sai	MDMA (Ecstasy)			

Sect.	Items	Normal	Abnormal	Remark(s)
С	Spirometer (Pulmonary Function Test)			
Sect.	Items	Normal	Abnormal	Remark(s)
D	Audiometry Test	Norman	Abilotillai	Remark(s)
	Additionally 1000			
E	Blood Test	1		
	Full Blood Picture, CBC, Blood typing, blood chemistry.	~		*2
Sect	ITEMS	Normal	Abnormal	Remark(s)
-	2. Hepatitis A Screening	/		
	3. Hepatitis B Screening	/		
	4. Hepatitis C Screening	7		

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	5. HIV Test			
	6. VDRL			
-	7. SGPT	/		00011
	8. SGOT			2901L 2701L
	9. Bilirubin	/		0.81 m/d/
	10. Alkaline phosphatase			131/11/12
	11.BUN			12 mm/
	12.Creatinine			000000
	13. FBS (Fasting Blood Sugar) & Post Prandial	_		219 mm
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.	Youml		
	1. Benzene	Negam		
	2. Xylene	Negor	,	589
	3. Phenol	deach		
4	4. Ammonia	Negara		
Sect.	Items	Normal	Abnormal	Remark(s)
G	ECG	/		
Н	USG (Full abdomen) + KUB ultrasound	/		
1	Chest X-Ray (Digital)	/		
J	Psychological Examination			
K	Dental Examination			
L	Stool Test (For Food Handlers Only)			-1.2
M	Pregnancy (For Female Only)			
Ν	Urinalysis (Protein / Sugars)			
0	Treadmill test			ā ·
Sect	Items (Medical standards**)	Normal	Abnormal	Remark(s)
Р	1. Body Mass Index (BMI) Please enter weight and height below. Weight = Kgs Height = Metres BMI = Weight (in kgs) + (height in metres)2	Young		29.1





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	Lipid Profile (On treatment) *Classification standard to NCEP ATP-III:		132 MM
	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	Mount	78 monde
	Hypertension (With medication)	youn)	
	4. Diabetes Mellitus HbA1c (% of sugar for past 3 month) *Classification standard for diabetes: 3.0 - 6.0%: Non-diabetic 6.1 - 7.0%: Good control 7.1 - 8.0%: Fair control > 8.1%: Poor control	Young	4.2%
	5. Asthma	round	1.65 23.0
**Refe	er Guidance Notes page 8		
Q	Vaccination History		Last Taken
	1. Oral Cholera		2.7 MAY 2023
	2. Yellow Fever		2.7 MAY 2023
	3. Typhoid (Catering Staff Only)		L I IIII LOCO
	4. Others (Please Specify):		

ave y	ou ever had any of the following conditions?			
No.	Condition (If answered "yes," please give details)	Yes	No	Remark(s)/Details
1	Eye/vision problem	W	1	
2	High blood pressure		1	
3	Heart/vascular disease			44
4	Heart surgery		/	
5	Varicose veins			
6	Asthma/bronchitis		/	
7	Blood disorder			
8	Diabetes		/	

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9	Thyroid problem			
10	Digestive disorder		/	
11	Kidney problem		/	77.
12	Skin problem		/	
13	Allergies		/	
14	Infectious/contagious diseases	Top of	-	
15	Hernia			
16	Genital disorders		1	*
17	Pregnancy	N	m	7
18	Sleeping problems	1.7	~	
19	Lungs and Chest problems			
20	Operation/surgery			-
21	Epilepsy/seizures		-	* 1
22	Dizziness/fainting		_	
23	Loss of consciousness			
24	Psychiatric problems/ Depression		-	
25	Problems in the Breast		-	
26	Attempted suicide	1	,	
27	Loss of memory			
28	Balance problem		-	
29	Severe headaches		1	
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?		/	*2.
20	Has your medical certificate ever been restricted or revoked?			
38	restricted of revoked?			
40	Are you aware that you have any medical problems, diseases or illnesses?			

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	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	070		
	Framingham score * (Please refer link to calculator on Page 9) If Framingham score > 10.0 % provide lifestyle guidance			
	2. Blood Pressure	120	gu mm).	
	3. Pulse Rate		8 Sprin	
	4. Vision Test	Left	Right	
	i. aided			
	ii. unaided	6/6	66.	
	5. Color Vision (Ishihara Plates): 24/38	20	nm1	

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

Signature of examinee:		Witnessed by: (Signature)	Kuis
Date (day/month/year):	2 7 MAY 2023	Witnessed by: (Name)	DR. MIR. MD. RAIHAN M88S (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved

General Physician hazidal hospitals Limited

Assessment of fitness for service at sea

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

No.	Assessment of Fitness	Fit	Unfit	Chamber 1971
1	Look-Out Duty	- 1"	Unfit	Remarks
2	Deck Service	-		
3	Engine Service			
	Catering Service			
	Other Services (Please Specify):			

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

Place of examination: RADICAL HOSPITAL LIMITED Ultara, Dhaka, Bangladesh One of examination (day / month / year:	2.7 MAY 2023
Medical certificate's date of expiration (day / month / year:	2 6 MAY 2024
Official stamp:) — —
Signature of medical examiner:	DR. MIR. MD. RAIHAN MBBS (DU), DFM. CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016
Name of medical examiner: (typed or printed)	OG Shipping Bangladesh Approved General Physician
	LAS GIA (Semestral III

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
- The seafarer can adequately and safely perform his job functions.
- The seafarer has the appropriate level of fitness for general mobility (including climbing stairs repetitively).
- The seafarer has the appropriate level of fitness to respond to emergency situations and is able to successfully take part in evacuations without compromising their own safety and that of others.
- The seafarer is able to escape from a helicopter through a standard sized escape hatch



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

Section P 1. - Body Mass Index (BMI)

BMI ≤ 35: Meet the standard

BMI 36 - 40*: Do not meet the standard.

Inform Manning Office. To be put under Weight Management program for 1 yr.

BMI > 40: Not cleared to sail

Section P 2. - Lipid Profile (On treatment)

Total Cholesterol < 6.2 mmol/L

 $LDL < 4.1 \, mmol/L$

HDL > 1.5 mmol/L

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

Section P 3. - Hypertension (With medication)

140/90 or below with medication

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

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 Filness 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 MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the 2010 Manila amendments to the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978 (STCW Convention) and the Maritime Labour Convention, 2006.

	TARET'S NAME IN FUII HAMMAD HABIBUR I	RAHMAN BHULYAN		(Male	Fema	le
Dațe	e of Birth: day/month/year 25/10 [1976	Nationality: BANGLADES H	Passport/	NRIC No.: -		
Decl	aration of the recognized	medical practitioner			Yes	No
1	Identification documents w	ere checked at the point of	examination?			
2	Hearing meets the standar	ds in STCW Code Section	A-I/9?			+57
3	Unaided hearing satisfactor	ry?				
4	Visual acuity meets the sta	indards in STCW Code Sec	tion A-I/9?			
5	Colour vision meets the sta	andards in STCW Code Sec	ction A-I/9?		/	ijez:
	Date of last colour vi	sion test:	2.7 MAY	2023	/	
6	Fit for look out duty?				/	·
7	The state of the s	ny medical condition likely t for such service or endang			/	
8	No limitations or restriction	s on fitness?			/	
9	If "no" specify limitations of Date of examination: (day)		2	7 MAY 2023		Sic.
10	Expiry of certificate: (day/r ** Maximum two years from date	nonth/year) e of examination unless the seafa	rer is under the age of 18	2.6 MAY 2024		+
2	7 MAY 2023	MBSS (DU). I BMDC A DG Shipp	IR. MD. RAIHAN DEM. CCD (Birdem), PGT (Ophth) 55144, MMC-BGD-016 ng Bangladesh Approved seneral Physician cal Hospitals Limited.			
	Date Signature Medical Pr		actitioner's Official stamp nce number, address etc)	E-	-	ta.

Signature of Seafarer

AsPer-MLG-2006 *
Page 1 of Departments is

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

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - March 2020



MARITIME AND PORT AUTHORITY OF SINGAPORE SHIPPING DIVISION

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Date of Birth: day/month/year \[\text{Type of ID documents: NRIC No. / Passport No.: EE 006 72 49 \\ Home Address: H:16, R: 20 \\ S: 3, U77ARA, DHAMA-1230 \\ Have you ever had any of the following conditions? Yes No 1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease 4. Heart Surgery 5. Varicose veins/piles 6. Asthma/bronchitis 7. Blood disorder 8. Diabetes 9. Thyroid problem 12. Kidney problem 13. Allergies 14. Infectious / contagious diseases 15. Herria 16. Genital disorder 17. Pregnancy If you answer "yes" to any of the above questions, please provide details: Passport No. Passport No. Pash (Land Esh) Passport No. Rank: MASTER Diller (Catering / others) Rank: MASTER Diller (Trank Esh) Rank:	e/Female	Sex:	HMAN BHUYAN	SUR	ABIR	Seafarer's Name in Full BLOCK CAPITALS) MOHAMMAD
Type of ID documents: NRIC No. / Passport No.: EE 0067248 Home Address: H.16, R. 20 S: 3, UTTARA, DHAKA-123c Seafarer's Declarations (please tick) Have you ever had any of the following conditions? Yes No 1. Eye/vision problem 2. High blood pressure 3. Heart/vascular disease 4. Heart Surgery 5. Varicose veins/piles 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 disorder 17. Pregnancy Additional questions 15. Have you ever been signed off as sick or repatriated from a ship? Additional questions 36. Have you ever been hospitalized?		llity:	Nationa	of Bi	lace o	Date of Birth: day/month/year
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8. Diabetes 9. Thyroid problem 10. Digestive disorder 11. Kidney problem 12. Skin Problem 13. Allergies 14. Infectious / contagious diseases 15. Hernia 16. Genital disorder 17. Pregnancy 18. Diabetes 26. Attempted suicide 27. Loss of memory 28. Balance problem 29. Severe headaches 30. Ear(hearing, tinnitus/nose/throat problem) 31. Restricted mobility 32. Back or joint problem 33. Amputation 34. Fracture/dislocations 35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?			TO DAY COUNTY OF THE PARTY OF T	11/12		Asthma/bronchitis
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9. Thyroid problem 10. Digestive disorder 27. Loss of memory 28. Balance problem 29. Severe headaches 30. Ear(hearing, tinnitus/nose/throat problem 41. Infectious / contagious diseases 31. Restricted mobility 32. Back or joint problem 33. Amputation 34. Fracture/dislocations 35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?	-		10000	20	-	3. Diabetes
10. Digestive disorder 11. Kidney problem 12. Skin Problem 13. Allergies 14. Infectious / contagious diseases 15. Hernia 16. Genital disorder 17. Pregnancy 18. Balance problem 29. Severe headaches 30. Ear(hearing, tinnitus/nose/throat problem) 31. Restricted mobility 32. Back or joint problem 33. Amputation 34. Fracture/dislocations 15 you answer "yes" to any of the above questions, please provide details: Additional questions 35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?				2 70	1	9. Thyroid problem
11. Kidney problem 12. Skin Problem 13. Allergies 14. Infectious / contagious diseases 15. Hernia 16. Genital disorder 17. Pregnancy 18. Balance problem 29. Severe headaches 30. Ear(hearing, tinnitus/nose/throat problem) 31. Restricted mobility 32. Back or joint problem 33. Amputation 34. Fracture/dislocations 15 you answer "yes" to any of the above questions, please provide details: Additional questions 35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?	7:0			-	-	
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13. Allergies 14. Infectious / contagious diseases 15. Hernia 16. Genital disorder 17. Pregnancy 18. Yes" to any of the above questions, please provide details: Additional questions 30. Ear(hearing, tinnitus/nose/throat problem 31. Restricted mobility 32. Back or joint problem 33. Amputation 34. Fracture/dislocations Additional questions 35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?						12. Skin Problem
14. Infectious / contagious diseases 31. Restricted mobility 15. Hernia 32. Back or joint problem 16. Genital disorder 33. Amputation 17. Pregnancy 34. Fracture/dislocations If you answer "yes" to any of the above questions, please provide details: Additional questions 35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?		pat problem			+1	13. Allergies
15. Hernia 16. Genital disorder 17. Pregnancy 32. Back or joint problem 33. Amputation 34. Fracture/dislocations If you answer "yes" to any of the above questions, please provide details: Additional questions 35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?		or problem				14. Infectious / contagious diseases
16. Genital disorder 17. Pregnancy 33. Amputation 34. Fracture/dislocations If you answer "yes" to any of the above questions, please provide details: Additional questions 35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?			The state of the s	-		2000 000
17. Pregnancy 34. Fracture/dislocations If you answer "yes" to any of the above questions, please provide details: Additional questions 35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?						16. Genital disorder
If you answer "yes" to any of the above questions, please provide details: Additional questions 35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?					10	17. Pregnancy
Additional questions 35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?		- 1-			1	
36. Have you ever been hospitalized?		1	provide details:	ons,	questi	f you answer "yes" to any of the abov
35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?						
35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?	-152					
35. Have you ever been signed off as sick or repatriated from a ship? 36. Have you ever been hospitalized?						energy vs. CM4
36. Have you ever been hospitalized?	Yes No					
36. Have you ever been hospitalized? 37. Have you ever been declared unfit for sea duty Hospitalis			from a ship?	repa	ck or i	
37. Have you ever been declared unfit for sea duta (1991)	- 6					36. Have you ever been hospitalized?
			% Z	dyt	or sea	37. Have you ever been declared unfi
RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - March-2020			anas) *	+ R	1	

38 Has your	medical certific	ate even heen r	estricted or revo	kad2			1
	The second secon		al problems, dise	C. In The Control of	262	-	W 1100
					tion/occupation?	-	~
	allergic to any m		duties of your t	resignated posi	tion/occupation?		-
			escription medic	ation?		-	-
	aonig any non p	recompaint of pr	coonption medic	auon			
If you answe	r "yes", please I	ist the medication	ons taken, the pu	irpose(s) and th	e dosage:		
I hereby dec	lare that the pe	ersonal declara	ation above is a	true statemer	nt to the best of my	/ knowle	edg
27 MAY	2023			2	MR. MR. MD. MBS (DU) DEM. CCD (Badd BMDC A 55144), MM		16
Date		Signature of S	eafarer	Name an	d Signature of Wit	-	
	rom any health D. PANS				uding my last Sea authorities to Dr. THA MIR MD. F MBSS (DIS), DFM, CCD (Birden BMDC A 55144, MMC DG Shipping Banglader DG Shipping Banglader General Physic	RAIHAI	N sh) s
Date	_	Signature of S	eafarer	Name an	d Signature of Wit	Limiteo.	1
Part B – R	esult of med	ical examina	tions				
Eyesight Use of glass	es or contact I	enses					
☐ No							EDIA
Yes	Туре		Purpose	*********	******		
Visual Acui	ty						
	Unaided			Aided			
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular	7/5	
Distant	6/6	610	Distant				
Near	NS	NS	Near				
Visual field:	s			- 14.			

Defective

RECORD OF MEDICAL EXAMINATIONS OF SEAFARERS - March-2020

Right eye Left eye Normal

Colour Vision Not tes Hearing	n (please tick)	Normal	Doubtful	Defective
Pur	e tone and au	idiometry (thre	eshold values in	n dB)
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	2.1	27.	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	4	9
Left ear	ч	4

Clinical Findings

Height 164	(cm)		Weight &	(kg)	
Pulse rate (per min	nute)	78	Rhythm	No.	regular
Blood Pressure Systolic (mm	Hg)	120	Diastolic	(mm Hg)	W.
Urinalysis: Glucose: All	Pro	tein: 🗸	11 1	Blood;	NII

	Normal	Abnormal
Head		
Sinus, nose, throat		
Mouth/teeth		
Ears (general)		790.
Tympanic membrane	رس ا	W. 19
Eyes		
Ophthalmoscopy		1999
Pupils		
Eye movement		
Lungs and chest		
Breast examination	MA	
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)	1	
Psychiatric		
General appearance		



Chest X-	ray				
Not	performed	_	Performe	d on (day/m	onth/year):
3			Results:/	vormal	em xiRas
Other dia	agnostic tes	st(s) and res	sult(s):		
Test . B	1000-1	word		Results: /	Normal.
Medical practitioner's comments and assessment of fitness, with reasons for any limitations. FIT FOR DUTY ON BOARD SHIP					
Other diagnostic test(s) and result(s): Test Bush Mark 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 Engine Service Service Service Fit Unfit Without restrictions With restrictions					
		FIT FOR	DUTY ON BUY	ARD SHIP	
	21 527(5)(3)				
			and commence to the transfer of the transfer	204000000000000000000000000000000000000	
On the bar	asis of the se	eafarer's per	sonal declara	tion, my clin	ical examination and diagnostic test
		_			
Fit f	or look out o	luty	Unfit for I	ookout duty	
☐ Visu	ual aid requi	red	Visual aid	not require	d
	5).		_		
	Deck	Engine	Catering	Other	
	Service	45 C A C C C C C C C C C C C C C C C C C	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	000	<u>6.</u>
		-			_
Cinic		- 3			
∫ With	hout restricti	ons [With rest	rictions	
	nout resulted	Olio [Vitariost	rictions	
Descrip	tion of rootri	otiono (o a o	nacifia nacitia	a home of all	do to dia a series de la la
Descrip	uon on resum	ctions (e.g. s	pecilic positio	iii, type of sr	ilp, trading area etc.)
1					
)	DR. M	pett CCD (Birdam), PGT (Option)
27	MAY 2023	1	2		A-55144, MMC-BGD-016 p.ng Bangladesh Approved General Physician
		Cull		Ra	dical Hospitals Limited.
D	ate	Signature of	f N	Medical Prac	titioner's name, licence number, address
12/16	88/40	Medical Pra			a riamo, nocino fidilibor, address

AS PERTINGENERS



Id No : 0847 Date : 27-May-2023 D.Date : 27-May-2023

Patient's Name: MOHAMMAD HABIBUR RAHMAN BHUIYAN Age: 47Y 2M 13D Gender: Male

Specimen : Blood

Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/4307

Haematology Report

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

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	14.1 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)	05 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	8,200 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	66 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	30 %	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	164 /cumm	50-450/cumm
Total RBC Count	4.13 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	33.4 %	M: 40-54%, F:37-47%
MCV	80.9 fL	76 - 94 fL
MCH	29.3 pg	27 - 32 pg
MCHC	36.2 g/dL	29 - 34 g/dL
RDW	14.6 %	11 - 16 %
PDW	15.3 fL	35 - 56 fl
Total Platelete Count (PC)	2,04,000 /cumm	150,000-450,000/cumm
MPV	7.5 fL	7.0 - 11.0 fL
PCT	0.303 %	0.1 - 0.%
Bledding Time(BT)	%	10 - 18 %
Cloting Time(CT)	%	0.1- 0.2 %

Checked By Medical Technologist 20

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



Bill No	DIA23050847	Received D	ate 27/05/	2023	
Patient's Name	IOHAMMAD HABIBUR RAHMAN BHUIYAN				
Patient's Age	47Y 2M 13D Patient's Sex Male				
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD	(BIRDEM),PGT(Eye),DFM	CDC NO	C/O/4307	
Sample	BLOOD			*	

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Fasting Blood Sugar (FBS) HbA1C Serum (BUN) Serum Creatinine	4.9 mmol/l 4.2 % 18 mg/dl 0.9 mg/dl	4.2 – 6.4 mmol/l 4.0- 6.0 % 7-23 mg/dl 0.3 - 1.3 mg/dl
Liver Function Test Serum Bilirubin (Total) Serum ALT (SGPT) Serum AST (SGOT) Serum Alkaline Phosphatase	0.81 mg/dl 19 U/L 27 U/L 131 U/L	0.2 - 1.1 mg/dl Up to 40 U/L Up to 37 U/L 98 - 279 U/L
Lipid profile Serum Cholesterol Serum HDL- Cholesterol Serum Triglyceride Serum LDL- Cholesterol	133mg/dl 42 mg/dl 141 mg/dl 78 mg/dl	up to 200 mg/dl >35 mg/dl upto 220 mg/dl <130 mg/dl

Glecked By

Medical Technologis Radical Hospitals Ltd. 00





Bill No	DIA23050847	Received Dat	e 27/05/2	023
Patient's Name	HAMMAD HABIBUR RAHMAN BHUIYAN			
Patient's Age	47Y 2M 13D	Patient's Sex		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PG	ST(Eye),DFM	CDC NO	C/O/4307
Sample	BLOOD			

SEROLOGYCAL REPORT

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

Shecked By

Medical Technologis Radical Hospitals Ltd. La





Bill No	DIA23050847	Received Date		27/05/2023	
Patient's Name	MOHAMMAD HABIBUR RAHMAN BHUI	D HABIBUR RAHMAN BHUIYAN		2000000000	
Patient's Age	47Y 2M 13D	2M 13D Patient's		s Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PO	GT(Eye),DFM	С	DC NO	C/O/4307
Sample	URINE				
1					

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATIONMICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Colo	Straw	RBC	Nil
Appearance	Clear	Pus Cells	1-3/HPF
Sediment	Nil	Epithelial	2-3/HPF

CHEMICAL EXAMINATIONCASTS / LPF

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

ON REQUESTCRYSTALS & OTHERS

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

Checked By

Medical Technologis Radical Hospitals Ltd.



Test Name

Alcohol

Benzodiazepines



Bill No	DIA23050847	Received Date		2023
Patient's Name	MOHAMMAD HABIBUR RAHMAN BHUIYAN			CONTRACTOR INC.
Patient's Age	47Y 2M 13D	Patient		Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(E	ye),DFM	CDC NO	C/O/4307
Sample	URINE			

Result

Negative

Negative

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative

Methadone Negative
Propoxyphene Negative

Checked By

Medical Technologis Radical Hospitals Ltd.

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

Bill No	DIA23050847	Received Date 27/05		5/2023	
Patient's Name	MOHAMMAD HABIBUR RAHMAN BH			100000000	
Patient's Age	47Y 2M 13D	1 13D Patient's S		Male	
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM)),PGT(Eye),DFM	CDC NO	C/O/4307	
Sample	URINE	Т.			

URINE EXAMINATION

Test Name

Result

Xylene	Negative

RADICAL (IV)

Checked By

Medical Technologis Radical Hospitals Ltd. 00



AUDIOLOGICAL REPORT

Patient Name : MOHAMMAD HABIBUR RAHMAN BHUIYAN

27/05/2023

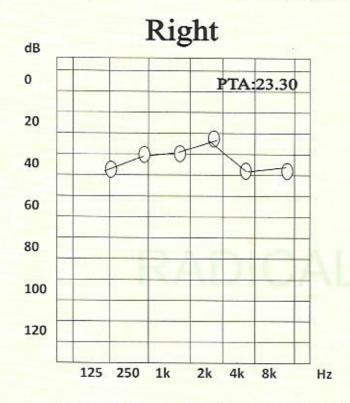
Age

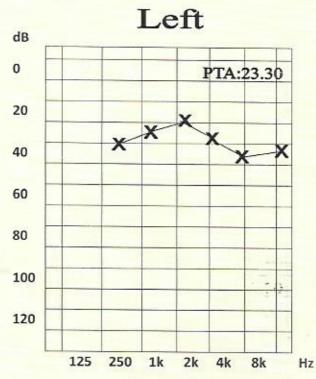
: 47 Yrs

Address

: RHL, UTTARA

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





0-25= Normal Hearing.

26-40= Mild Hearing Loss.

41-55= Moderate Hearing Loss.

56-70= Moderately Severe Hearing Loss.

71-90= Severe Hearing Loss.

91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
	Right Ear	Left Ear
Air MaskingOX	1,750	- 1
Bone Masking $\Delta\Delta$		1 14

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

DR. MR. MD. RAIHAN

DR. MR. MD. RAIHAN

M888 (DUI-DPM, CCD (Birdem), PGT (Ophth)

M888 (DUI-DPM, CCD (Birdem), PGT (Diph)

M888 (DUI-DPM, CC



Patient's Name	:	MOHAMMAD HABIBUR RAHMAN BHUIYAN	ID NO	:	23050847
Age .	:	47 Yrs	Date	1.	27/05/2023
Sex	:	Male		2"	21/00/2025
Referred by	:	Dr. Mir Md. Raihan - MBBS (DU), DFM			-
Nature of Specimen	:	(~ =), = =			

Dental Examination Reports

On Examination

1. Dental Caries : Absent

2. Calculus : Absent

3. Missing : Absent

4. Gum Condition : Normal

5. Filling : No

6. Root Canal Treatment : No

7. Any Bridge/Denture/Crown : No

8. Oral Hygine : Normal

Comments: Normal

Dr. Mir Md. Raihan

MBBS (DU,) CCD (Birdem), PGT (opth)

Reg- A55144 BGD-016(MMC)

DG Shipping Bangladesh Approved Malaysian Medical Council Approved

General Physician

Radical Hospitals Limited

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23050847

Receive: 27/05/2023

Print: 27/05/2023

Patient's Name

MOHAMMAD HABIBUR RAHMAN BHUIYAN

Age

47 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

RADICAL HOSPITAL

radical_hospitals@yahoo.com, www.radicalhospital.com

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.

23050847

Receive: Print: 27/05/2023

Patient's Name

MOHAMMAD HABIBUR RAHMAN BHUIYAN

Age

47 YRS

Sex

M

Refd. by

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

ELECTROCARDIOGRAM (E.C.G) REPORT

Rate

64 b/min

Rhythm

Regular

P-Wave

: Normal

P-R Interval

Normal

QRS Complex

Normal

ST. Segment

Is electric

T. Wave

Normal

Impression

Findings are within normal limit.

Dr. Debashish Paul

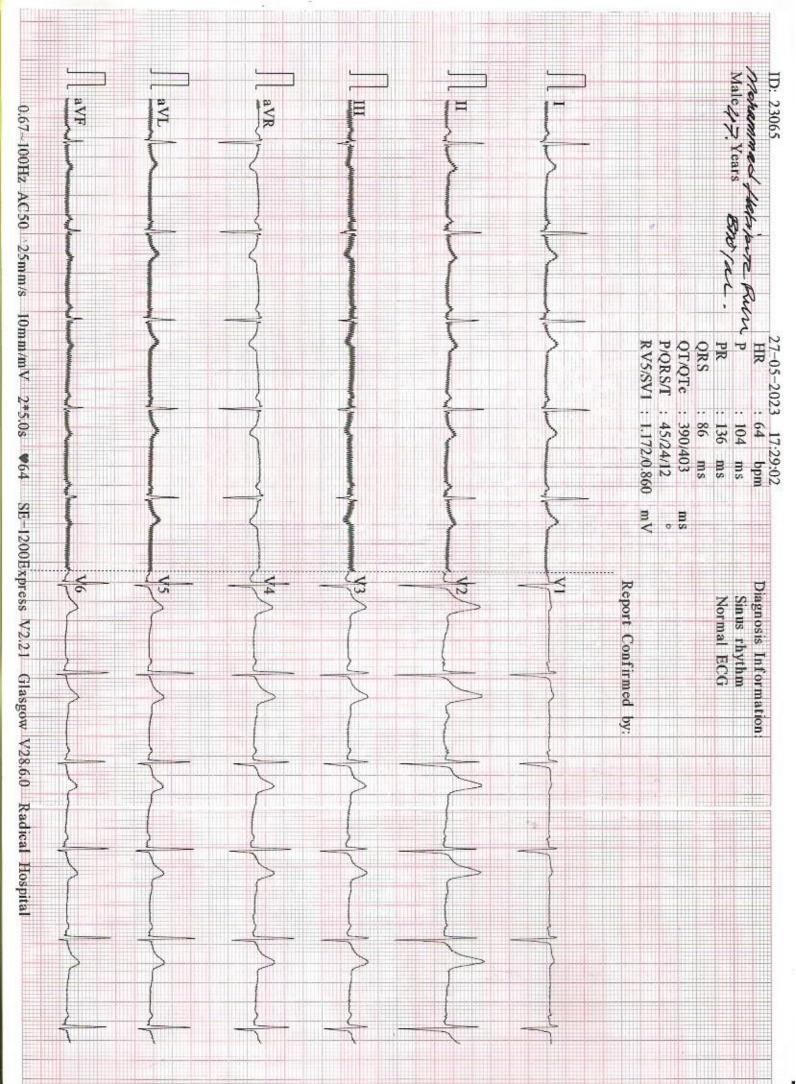
MBBS, MD (Cardiology) Associate Professor

Department of Cardiology

Sylhet Women's Medical College Hospital

This report has been electronically signed

Page 1 of 1





Patient's Name	į	MOHAMMAD HABIBUR RAHMAN BHUIYAN	ID NO	:	23050847
Age	:	47 Yrs	Date		27/05/2023
Sex	:	Male		-	2110012020
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

radical_hospitals@yahoo.com, www.radicalhospital.com

Patient's Name	:	MOHAMMAD HABIBUR RAHMAN BHUIYAN			
Age		47 Yrs	Date	: 27/05/2023	
Sex	;	Male		C NO:C/O/4307	
Referred by		Dr. Mir Md. Raihan - MBBS, (DU			

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 / SFJ / ENTP/ ESFJ / ESFF
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



Patient ID	23050847	Test Dat	e	27/05/2023		
Patient Name	MOHAMMAD HABIBUR RA	HMAN BHUIYAN	Age	47 YRS	Sex	Male
Ref. By	Dr. Mir Md. Raihan MB	BS (DU),DFM				1.000

BMI REPORT

Pody Mass Inday	Weight in kg
Body Mass Index =	(Height in Meter) ²
	65 kg
_	(1.64) ²
=	24 1

BMI Categories

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

: 9

- der.

Tider.

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	23050847	Voucher No	
Test Name	USG OF WHOLE ABDOMEN	Delivery Date	27/05/2023
Patient Name	MOHAMMAD HABIBUR RAHMAN BHUIYAN		2110012020
Age	47 YRS	Sex	Male
Refd. By	DR. MIR MD. RAIHAN MBBS,(DU),DF	A STATE OF THE STA	1000

THANK YOU FOR THE COURTESY OF THIS REFERRAL

LIVER: Is normal in size 13.1cm 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-8.9cm, LK-9.2cm The cortical echogenicity are normal with clear cortico-medullar differentiation. The cortical thicknesses are normal. The renal sinus shows normal echogenicity and thickness. P-C systems are not dilated.

URINARY BLADDER: Is well filled. Wall thickness is within normal limit. No intravesicle lesion is seen
Prostate: Normal size regular in shape. Echogenicity is homogenous.

COMMENT: Normal Study.

Sonologist

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

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

MOHAMMAD HAD	BIBOR RAMMAN	
This is to certify that JE Soussigne' (e) certifie que	840/19 Mate of birth 25/10/1974	Sex MALE
Whose signature follows		

has on the Date indicated been vaccinated or revaccinated against cholera a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la datc indiquee.

	Date 100	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricanl du vaccin et nunno' ro du lot	Official sump of vaccinating centre Cachet officicl du centre de vaccination
3	1 D	R. MR. MD. RAIHA BS. BIII PTV CC RIMERS ESTION MDC A-55144. MMC-BGO-01 Shipping Bangsadesh Approx General Physician Ragic 31 nospitals Limited	O L NO DO DAKAR JA	35, Shah Waldrum Davens Utum, Dhaka
	3			4
	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 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 lc vaccina employe" a c-' tc,' a approve" par l' organisa_tion Mondiale de la santc" et sile centre a" ualiif,alion ae" tc'tra6fiille pali-aminstralion sanitaire du (erriloire dans lcqucl'ce centre est siture;

La validite' de ce certilicat couvrc une pe'riodo de dix ans comencant dix joursapros la date de la vaccination ou, dans le cas dune relaccination.u.ou., a.-citto lie,iio,i. a" dix ans, lejour de cetto revaccination.

Ca certificate do it ctrc signc'uq1 un me'decin de sa propre main, son cachet officiar no pouvant cue conside' commo Icnant lieu de signature.

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

INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINEST CHOLERA CERTIFICAT INTERNATIONUAX DE VACCINATION OU DE REVACCINATION CON IRE LE CHOLERA

MOHAMMAP HABIS	WE RAMMAN
This is to certify that JE Soussigne' (e) certifie que	BHUNDNESSE OF birth 25/10/1976 Sex 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 fievre jaune a la date indiquee.



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 performed.

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

La validity dece certificate couvre une 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 cette revaccination.

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

De cachet d' authentification doit etre c_anforme au modele present per I, 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.