

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER

As per Merchant Shipping (Medical Examination) Amendment Rules, 2000 and ILO IMO/JMS/2011/2012
(In Compliance with MLC 2006 & ISM/STCW 2010, Code 1/9)

Name: RANA MOHAMMAD SOHAEL Sex: MALE Serial No.: _____
Date of Birth: 31-12-1973 PP/CDC No.: B00798222 / C/O/2871 Nationality: BANGLADESHI
Rank: MASTER Vessel: M.V. CORAL LEADER Type: PCTC Route: W.W.
Home Address: HOUSE-26 RD-3, BLK-E, BONGSREE, PHAKA-1219, BANGLADESH
Company Name & Address: WALLEN SHIPMANAGEMENT, HONG KONG.

Medical History: Please answer the following to the best of your knowledge

Is there any past/present history of any of the following?	Candidate Declaration		Examiner Record		Is there any past/present history of any of the following?	Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-side headaches (Migraine)		☒		☒	Hernia / Hydrocoele / Appendicitis		☒		☒
Head Injury / Concussion / Loss of Memory		☒		☒	High/Low Blood Pressure / Heart Disease		☒		☒
Fits / Epilepsy / Dizziness / Fainting		☒		☒	Asthma / Bronchitis / Tuberculosis		☒		☒
Eye / Vision / Problems (Glasses etc)		☒		☒	Allergy / Skin Disease		☒		☒
Hearing Impairment		☒		☒	Infection / Contagious Disease		☒		☒
Ear / Nose / Throat Problem		☒		☒	Addiction to alcohol / drugs / tobacco		☒		☒
Stomach / Bowel Disorders		☒		☒	Fracture / Dislocation / Injury / Amputation		☒		☒
Gall Stones / Kidney Disorders		☒		☒	Major / Minor Operation		☒		☒
Jaundice / Liver Disease		☒		☒	Diabetes		☒		☒
Piles / Venicose veins		☒		☒	Nervous / Mental disease / Sleep disorder		☒		☒
Blood Disorder		☒		☒	Malignant Disease (Cancer)		☒		☒
Female Disorders		☒		☒	Signed off on medical ground/Declared Unfit		☒		☒

Candidate's Declaration: I, My signature below acknowledges that all statements provided by me in this application are true & correct to the best of my knowledge and belief and I further authorise & consent to the release of any/all of my medical records from any source including Insurance offices, Doctors, Hospitals or other institutions and public authorities. This general medical release will also authorize the release of any/all of my psychological records. If I am being tested for HIV virus, I consent to have the result revealed to my employer. I declare the above statements to be correct.

Date: 23-10-2023

M. Sohael
Candidate's Signature

Medical Examination:

Height in cms		Weight in Kgs		Blood Pressure in mm of Hg		Pulse-beats/min		Resp. Rate/min		General Appearance						
170		81		130/80 mmHg		78 b/min		19 b/min		HEALTHY						
Compliant with MLC2006, STCW 2010 STANDARD A-1/9	Distant Vision (Snellen's Chart)		Uncorrected	Corrected	Field Of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000	Compliant with MLC2006, STCW 2010 STANDARD A-1/9
	Right Eye		6/6	6/6	Normal	Right Ear	dB	20	20	20	Not Indicated					
	Left Eye		6/6	6/6	Abnormal	Left Ear	dB	20	20	20	Whispered Voice					
						*Hearing		Normal Voice								
								4 METER				2 METER				
Colour Vision	Ishihara		Normal	Abnormal	Right Ear	4 METER				2 METER						
	Others		Normal	Abnormal	Left Ear	4 METER				2 METER						

Systemic Examination	Norm	Abnor	Notes	Norm	Abnor
Head & Neck	☒		FIT FOR SEA SERVICE AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory System	☒
Eyes	☒			Cardiovascular System	☒
Ear / Nose / Throat	☒			Per Abdomen	☒
Teeth / Oral Cavity	☒			Genito-urinary System	☒
Musculo-Skeletal System	☒			Others	☒
Nervous System	☒			Hernia / Hydrocoele	☒
Reflexes	☒			Venicose Veins	☒
Skin	☒			Fistula / Piles	☒

Investigations:

Blood	Result	Normal	Urine	Result	PHOTO
Hemoglobin	<u>14.2</u>	M: 13-17 F: 12-15 gm%	Colour	<u>SW</u>	
Total WBC Count	<u>5710</u>	4000 - 10000 / cu.m	Specific Gravity		
Neu 49% Lym 35% Eos 05% Mo 1%			pH		
ESR	<u>05</u>	1 - 10 mm/hr	Albumin	<u>NIT</u>	
SGOT	<u>NIT</u>	0 - 35 IU / L	Sugar	<u>NIT</u>	
SGPT	<u>23</u>	10 - 60 IU / L	Bile Pigment		
S. Cholesterol	<u>185</u>	130 - 220 mg / dl	Bile Salt		
S. Triglycerides	<u>93</u>	upto 200 mg / dl	Occult Blood		
Blood Sugar	<u>7.19</u>	upto 140 mg %	RBC Cells	<u>NIT</u>	
Creatinine	<u>1.11</u>	upto 1.5 mg / dl	Leucocytes		
GGT	<u>NIT</u>	upto 55 IU / L	Spirometry	<u>Normal</u>	
HbsAg	<u>Negative</u>		Drug of Abuse	<u>Negative</u>	
HIV I & II	<u>Negative</u>		TMT	<u>Normal</u>	
VDRL	<u>Non Reactive</u>		ECG	<u>Normal</u>	
Others			USG	<u>Normal</u>	
Blood Group	<u>A (POS)</u>		XRy (Chest PA)	<u>Normal</u>	

Result Of Medical Examination

On the basis of the history, clinical examination & diagnostic tests, I, _____ hereby declare the above examinee has been found medically, **FIT**

Remarks / Recommendation: *Unaided Hearing: Satisfactory

I, _____ certify that all information required under Annexure E & F of M.S (Medical Examination) Rules 2000 are incorporated in this certificate.

Date of Medical Exam: 23 OCT 2023
Date of Medical Fitness: 23 OCT 2023
Validity of Medical Certificate: 22 OCT 2025



DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birm), PGD (Ophth)
BMDC A-55144, MMC-BGD-016

General Physician
Radical Hospitals Limited.

IDENTITY OF CANDIDATE CONFIRMED WITH

04.2023.5051

WALLEM SHIPMANAGEMENT(INDIA) PVT. LTD.

Form : MHRS 08

Prepared by : MR

Approved by : MD

Issued : Feb '08

Revised : Mar '17

REQUISITION FOR SEAFARER'S MEDICAL EXAMINATION

(Confidential Document)

From :

(Please write Name, Address & Contact Details of Manning Centre)

RADICAL HOSPITAL LIMITED

To :

Uttara, Dhaka, Bangladesh

(Please write Name, Address & Contact Details of the Doctor/ Clinic/Examiner)

Please carry out medical examination of the seafarer, the details and requirements for

Date : /
23 OCT 2023

(Name & Signature of Responsible Person from Manning Centre)

Examinee's Details :

Full Name : RANA MOHAMMAD SOHAEL Address : HOUSE-26, RD-3, BLK-E BONDOSREE, RAMPURA
DHAKA-1219, BANGLADESHDate of Birth : 31-12-1973 Rank : MASTER Name of vessel to be assigned : M-V. CORAL LEADERType of vessel : PCTC Trade area : IN. W

(Container, Tanker, Passenger etc) (e.g. Coastal, Tropical, Worldwide) :

CDC No. : C/O/2871 Passport No. : B00798222 Crew ID.(from Compas) : 987Position Offered/ Applied for : MASTER Routine & Emergency Duties (if known) : MASTER

As per requirements of applicable P&I club :

- ☐ West of England P&I ☐ UK P&I ☐ Steamship Mutual Underwriting Association
- ☐ Britannia P&I ☐ Skuld P&I ☐ North of England Association P&I
- ☐ Standard P&I ☐ Gard P&I ☐ London Steamships P&I
- ☒ Japan P&I ☐ American Steamships P&I ☐ Others : _____

As per requirements of applicable Flag State :

- ☐ Liberian ☐ NIS ☐ Panamanian ☐ Marshall Islands ☐ Malta
- ☐ Danish ☐ ILO ☐ UK ☒ Others : BAHAMAS

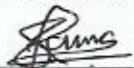
Medical Examination Module (as applicable): _____ (Please refer to "Annex 1" of WSM(I)'s Quality Manual)

FOR SEAFARERS : Please write any past medical history [Injury or Illness] in detail; any history of allergy to drugs should be mentioned in the box provided below :

NONE

Please read and sign the following statement :-

"I certify that my past medical history will be/has been fully declared to the Company Doctor and any false statement or undisclosed material and/or information in regard to past or present illness and/or medical condition(s) will disqualify me from any employment benefits and claims."

M. 

Seafarer's Signature

Date : 23-10-2023

Doctor's Signature

Date : 23 OCT 2023

Original: Doctor & Copy : Manning Centre

Remark: The document to be uploaded into CMS under "Medical - Tab."

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

04.2023.5051

MEDICAL CERTIFICATE FOR FITNESS FOR SERVICE AT SEA

FIT FOR DUTY ON BOARD SHIP

Last/Family Name

RANA

First & Middle /Given Name

MOHAMMAD SOHAEL

Position applied for

MASTER

Date of Birth

31-12-1973

Sex

MALE

Nationality

BANGLADESHI

ID (Passport/Discharge book) No.

B00798222 / 40/2871

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of MLC 2006 Reg 1.2; STCW 2010 & the guidance for the conduct of medical examination issued by the Directorate, as amended from time to time. On the basis of the seafarer's personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is -

(a) that the hearing meets the required standards for his rank:-

Unaided hearing is satisfactory

Yes ☒ No ☐
Yes ☒ No ☐

(b) Visual acuity meets the required standards for his rank

Colour Vision meets the the required standard

that he is fit for look out duty

Yes ☒ No ☐
Yes ☒ No ☐
Yes ☒ No ☐

(c) that he needs visual aids / informed to carry spares

Yes ☒ No ☐

(d) that he is taking regular medication & seafarer does require to take same during his tenure on board vessel

Yes ☐ No ☒

(e) that the seafarer is not suffering from any disease likely to be aggravated by, or render him unfit for, service at sea or likely to endanger the health of other persons on board ships

Yes ☒ No ☐

(f) this seafarer is **FIT FOR DUTY** without restrictions* as mentioned below

** This Medical Certificate is issued with following restrictions

** Reasons for being unfit

Physician Signature:

Physician Name Printed:

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

Clinic Stamp



Date:

23 OCT 2023

Valid Till:

22 OCT 2025

Authorizing body of Medical Examiner: Directorate General of Shipping, Govt. of Bangladesh

I acknowledge, that I have been advised of the content of the medical certificate & of the rights for a review and my obligations.

Seafarers signature with Date:-

23-10-2023

Delete whatever is not applicable

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: <u>RANA</u>		GIVEN NAME (S): <u>MOHAMMAD SOHAEL</u>	
DATE OF BIRTH: <u>31-12-1973</u> DAY MONTH YEAR		PLACE OF BIRTH CITY <u>GAIBANDHA</u> COUNTRY <u>BANGLADESH</u>	SEX MALE ☒ FEMALE ☐
POSITION ON BOARD: MASTER ☒ DECK OFFICER ☐ ENGINEERING OFFICER ☐ RADIO OPERATOR ☐ RATING ☐		MAILING ADDRESS OF APPLICANT: <u>HOUSE-26, RD-3, BLK-E,</u> <u>BONGSREE, RAMPURA, DHAKA-1219</u> <u>BANGLADESH</u>	

DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION			COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES		
RIGHT EYE	—	<u>6/6</u>	☐ BOOK ☐ LANTERN YELLOW <u>MM</u> RED <u>MM</u> GREEN <u>MM</u> BLUE <u>MM</u>	RIGHT EAR <u>MM</u>
LEFT EYE	—	<u>6/6</u>		LEFT EAR <u>MM</u>

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) 10 / 10 / 2023

Are glasses or contact lenses necessary to meet the required vision standards? YES ☒ NO ☐

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

M. Sams

Signature of Applicant

MOHAMMAD SOHAEL RANA 23-10-2023

Name of Applicant

Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

FIT FOR DUTY ON BOARD SHIP

NAME AND DEGREE OF PHYSICIAN: DR. MIR. MD. RAIHAN, MBBS, DFM, CCD
ADDRESS: RADICAL HOSPITAL LIMITED, UTTARA
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: DG SHIPPING BANGLADOSH
DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 06 MAY 2024

SIGNATURE OF PHYSICIAN: [Signature] STAMP OF PHYSICIAN:  DATE: 23 OCT 2023

EXPIRY DATE OF CERTIFICATE: 22 OCT 2025

This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55444, MMC-BGD-010
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

MEDICAL FITNESS CERTIFICATE

LAST NAME OF APPLICANT RANA		FIRST NAME MOHAMMAD SOHAEL		MIDDLE INITIAL
DATE OF BIRTH 12 / 31 / 1973 MONTH / DAY / YEAR		PLACE OF BIRTH GAIBANDHA CITY		
		COUNTRY BANGLADESH		
EXAMINATION FOR DUTY AS : MASTER ☒ MATE ☐ ENGINEER ☐ RADIO OFF ☐ SEAMAN ☐		MAILING ADDRESS OF APPLICANT HOUSE-26, RD-3, BLK-E, BONOSREE, DHAKA-1219 BANGLADESH		
MEDICAL EXAMINATION				
HEIGHT 170 cm	WEIGHT 82 kg	BLOOD PRESSURE 130/80 mmHg	PULSE 78 8/min	RESPIRATION 19 6/min
VISION:			GENERAL APPEARANCE Good	
RIGHT EYE 6/6			HEARING:	
LEFT EYE 6/6			RIGHT EAR MM LEFT EAR MM	
WITHOUT GLASSES				
WITH GLASSES				
COLOR TEST TYPE : BOOK ☐ LANTERN ☒ Check if color test is normal			YELLOW MM RED MM GREEN MM BLUE MM	
HEAD AND NECK Normal			HEART (CARDIOVASCULAR) Normal	
LUNGS Normal				
SPEECH : Is speech unimpaired for normal voice communication? No				
EXTREMITIES: UPPER Normal LOWER Normal				
Is applicant suffering from any disease likely to be aggravated by, or to render him unfit for, service at sea or likely to endanger the health of other persons onboard? No				
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO :				
AND HE / SHE IS FOUND TO BE FIT FOR SEA SERVICE FROM				
NAME AND DEGREE OF PHYSICIAN DR. MIR. MD. RAIHAN MBBS. DDM. CCD (PLEASE PRINT)				
ADDRESS RADICAL HOSPITAL LIMITED. UTARA				
NAME OF PHYSICIAN'S LICENSING AUTHORITY Dh SHIPPING BANGLADESH				
DATE OF ISSUE OF PHYSICIAN'S LICENSE 06 May 2014				
				SIGNATURE OF PHYSICIAN

This certificate is issued in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73)



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

WALLEM	SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 1 of 7

Pre-Sea Exam: ☒	Periodic Exam: ☐	Other: ☐
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Examination for duty as: Master: ☒ Y/N: ☐ Deck Officer: ☐ Y/N: ☐ Eng Officer: ☐ Y/N: ☐ Ratings: ☐ Y/N: ☐ Cook: ☐ Y/N: ☐ Other: ☐ Y/N: ☐ Please specify _____		Fit to perform the duties he/she is to carry out.	Fit to perform the duties he/she is to carry out with the prescribed medicines which will not affect seafarer's health while onboard.	Temporarily unfit to perform the duties he/she is to carry out.	Permanently unfit to perform the duties he/she is to carry out.
		☐	☐	☐	☐

To be filled by Manning Centres					
Name, Address with Contact details of Manning Centre:					
Vessel to be assigned:	M.V. CORAL LEADER	Routine & Emergency Duties (if known):	MASTER	Position Offered/ Applied for:	MASTER
Type of vessel (Container, Tanker, Passenger etc):	PCTC				
Trade area (e.g. Coastal, Tropical, Worldwide):	Cosatal ☐ Tropical ☐ WorldWide ☒				

Part I - Examinee's Personal Declaration with Medical History (Examinee is to be answer the following to the best of examinee's knowledge) (Assistance should be offered by medical staff)

In case of any wrongful Act or misrepresentation/ suppression of material fact(s) of information or infringement the concerned seafarer shall be fully responsible/ liable for the consequences/ damages / penalties as per the provisions or the applicable laws.

Examinee's Personal Details								
Name of Examinee (Family/ last, first, middle):			RANA MOHAMMAD SOHAEL					
Home/ Permanent Address:			HOUSE-26, RD-3 BLK-E, BONOSREE, RAMPURA, DHAKA-1219 BANGLADESH					
Mailing Address:			SAME AS HOME ADDRESS					
Date of birth (day/month/year):		31	1	12	1	1973	Sex:	MALE
Place of Birth:	City: GAIBANDHA	Nationality:	BANGLADESHI	Rank:	MASTER			
Civil Status:		MARRIED						
Identity Docs/ Passport /Discharge Book No:		B0079822 Hospital 10/28/						

Is there any past / present history of any of the following 04.2023.5051	Examinee	Examiner	Is there any past / present history of any of the following	Examinee	Examiner's
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**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
BY AN APPROVED EXAMINER**

In accordance with:

STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended

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WALLEM

	Declaration		Record			Declaration		Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Loss of Consciousness/ Fits / Head Injury / Dizziness / Loss of Memory		✓		✓	Malignant Disease (Cancer) including Lymphoma, Leukaemia and related conditions Recurrence – especially Acute Complications, e.g. Harm to Self from Bleeding and to others from Seizures / Tumor		✓		✓
Neuropsychiatric diseases or Depression/ Suicidal Tendency/ Psychosis		✓		✓	Stomach / Bowel Disorders/ Digestive Disorder		✓		✓
Ear (Hearing, tinnitus) Problems / Impairment		✓		✓	Gall Stones/ Jaundice / Kidney Disorders		✓		✓
Mental Diseases, Breakdown / Sleep Disorder		✓		✓	Severe/ Frequent/ One Sided Headaches (Migraine)		✓		✓
Fractures / Dislocations / Injury / Amputation/ Restricted Mobility		✓		✓	Back / Joint Problems/ Wrist Problems/ Slipped Disc		✓		✓
Eye/ Vision Problems (Whether using Glasses/ Contact lenses)		✓		✓	Hernia / Hydrocoele / Appendicitis		✓		✓
Balance Problem		✓		✓	Piles / Varicose Veins		✓		✓
Sinuses/ Nose/ Throat Problems		✓		✓	Allergies / Rash/ Skin Disease		✓		✓
Thyroid Problem		✓		✓	Female Disorders	N/A		N/A	
High / Low Blood Pressure/ Blood Disorder		✓		✓	Major / Minor Operation/ Surgery		✓		✓
Heart Disease, Surgery / Chest Pain/ Vascular Disease (inc. Pedal Pulses)		✓		✓	Contagious Diseases/ Gastrointestinal infection / Other Infections		✓		✓
Chronic Cough/ Asthma / Bronchitis / Tuberculosis/		✓		✓	Sexually Transmitted Disease/ Infections		✓		✓
Shortness of Breath		✓		✓	Addiction to Alcohol/Drugs/Cigarettes /Tobacco.		✓		✓
Rheumatic Fever		✓		✓	Diabetes		✓		✓
for Male Examinee	Yes	No	If "Yes", give details			for Female Examinee	Yes	No	
Prostate Problems/ Testicular Lumps		✓				Breast Lumps/ Menstrual Problems			✓
Penile Discharge		✓				Pregnancy		N/A	
Multiple Partners		✓				Multiple Partners			✓
If "Yes", to any of the above, please explain:									

Additional questions :	Yes	No
Have you ever been signed off on medical grounds, declared unfit or repatriated from a ship?		✓
Have you ever been hospitalized?		✓
Have you ever been declared unfit for sea duty?		✓
Has your medical certificate ever been restricted or revoked?		✓
Are you aware that you have any medical problems, diseases or illnesses?		✓
Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
Are you currently under a doctor's care/ medication?		✓
Are you allergic to any medications?		✓
Malaria, Typhoid, Viral fever (Dengue, Chikungunya, etc)		✓
Liver diseases (Hepatitis A, B, C & E, Amoebic Abscess)		✓



WALLEM	SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED BY AN APPROVED EXAMINER In accordance with: STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and Merchant Shipping (Medical Examination) Rules of DG Shipping, Govt. of India as amended (Confidential Document)	Form: OHF 48 Version: 01 Date: 18 Aug 21 Page: 3 of 7
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Arthritis, Spondylosis (Osteoarthritis, Rheumatoid) & Gout		✓
In the last one week have you consumed any of these Drugs/ Medication		✓
Cough Syrup, Sleeping Tablets, Cold, Action 500 etc.		✓
Pain Killers, If Yes, Please State name of Drug Crocin/ Aspirin/ Fortwin etc.		✓
Corticosteroids, Anti-epileptic Drugs, Nasal Drops etc.		✓
Any Medicine/ Injections from your family Doctor		✓
To What Extent Do You Use: Alcohol: <u>NIL</u> , Cigarettes: <u>NIL</u>		
Tobacco: <u>NIL</u> , Drugs: <u></u>		
Are you taking any non-prescription or prescription medications?		✓
If yes, please list the medications taken and the purpose(s) and dosage(s).		
Date and contact details for previous medical examination (if known):		
Are you coming from or have travelled through high risk areas? If yes, please mention the names of countries that you have been to (including ports of call in your last vessel). <u>NO</u>		
Family History :		
Diabetes	Yes	No
Blood Pressure/ Heart Disease		✓
Mental Illness/ Epilepsy/ Seizure		✓
Cancer		✓
If "Yes", to any of the above, please explain:		

Any other major conditions?	<u>NIL</u>
Would you say that your health is: Excellent * Good * Fair *	
I <u>RANA MOHAMMAD SHAHEL</u> holding Passport/Seaman Book no. <u>492871</u> hereby declare that I have made full disclosure of all of my medical history to the doctors and staff of this clinic. I am aware that the information supplied by me forms the basis upon which I will be offered employment as a seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due to me under the Contract of Employment or under any Collective Bargaining Agreement. I also hereby consent to my medical records being made available upon demand to my employers and / or the owners and / or Insurers of the vessel or their authorized representatives. I hereby also certify that the personal declaration above is a true statement to the best of my knowledge and I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to	
Dr. _____	(the approved medical practitioner carrying out the medical examinations).
Signature of Examinee:	<u>M. Shaheer</u> Date(day/month/year): <u>23/10/2023</u>

Height in cms: <u>170</u>	Weight in Kg: <u>81</u>	Blood Pressure	Systolic <u>130</u> (mmHg)	Diastolic <u>80</u> (mmHg)
BMI:	Temperatures: <u>98.5 °F</u>	Pulse Rate:	<u>78</u>	Respiratory rate
Chest:	Insp: <u>43</u>	Rhythm:	<u>Good</u>	<u>19 b/min</u>
	Exp: <u>41</u>	Oral Health	<u>Good</u>	General Condition
				<u>Good</u>

Part II - Medical Examination

The Company has set the following BMI limits:
A seafarer with a BMI: 18 or below; or 30 or above is considered temporarily unfit.
 For seafarers from Northern Europe, the Indian subcontinent, Russia, Ukraine & Romania with a BMI of between 30 and 35 and where this, in the Government (DGS) approved medical examiner's opinion, is attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat and no co-morbid complications (eg. Diabetes, Hypertension, Dyslipidemia), the seafarer in question MUST undergo a stress/ treadmill test.

If the results of the stress/ treadmill test are average or above, seafarer can be considered "fit to work", however, the seafarer MUST always be counselled on weight loss and ways/measures to improve their health.



**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
BY AN APPROVED EXAMINER**

WALLEM

In accordance with:
STCW Convention, 1978, as amended, MLC 2006,
ILO/IMO/JMS/2011/12 Guidelines on the Medical Fitness Examinations of Seafarers and
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BMI MUST also be taken into consideration during the seafarer's pre-employment medical examination and it is the responsibility of each manning centre to instruct their accredited clinic(s) to ensure that a seafarer's BMI is taken during the medical examination, the Company standards applied and if outside the limits, the manning centre must be notified, who will then seek further guidance from the Crewing Dept.

	Visual acuity						Visual fields		
	Unaided			Aided			Normal	Defective	
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular			
Distant	6/9	6/9	↗	6/6	6/6	↗	✓		
Near	N5	N5	↗	N5	N5	↗	✓		

Are glasses or contact lenses necessary to meet the required vision standard? Yes / No
If yes, specify which type and for what purpose:

Colour vision:

Date of last colour vision test:	Type:								
	Book *	Lantern *	Ishihara *	CIE-43-2001 *					
Check if colour test is Normal:	Yellow *	Red *	Green *	Blue *					
Colour Vision:	Not tested *	Normal *	Doubtful *	Defective *					

Hearing:

Pure tone and audiometry (threshold values in dB)							Speech and Whisper Test (Meters)		
Audiometry	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz	Normal	Whisper	
Right ear	20	20	20				4	4	
Left ear	20	20	20				4	4	

Speech (Deck/Navigational Officer): Is speech unimpaired for normal voice communication?

yes

	Normal	Abnormal		Normal	Abnormal
Head	✓		Varicose Veins	✓	
Eyes	✓		Vascular (Inc. Pedal Pulses)	✓	
Eye Movement/Pupils	✓		Abdomen and Viscera	✓	
Ophthalmoscopy	✓		Hernia	✓	
Ears, Tympanic Membrane	✓		Anus (Not Rectal Exam.)	✓	
Sinuses, Nose, Throat	✓		G-U System	✓	
Mouth/Teeth/Gums	✓		Upper & Lower Extremities	✓	
Nervous System	✓		Spine (C/S, T/S and L/S)	✓	
Heart	✓		Neurologic (Full Brief)	✓	
Lung and Chest	✓		Psychiatric	✓	
Breast Examination	✓		Pupils	✓	
Skin	✓		Musculoskeletal System	✓	

Cardiovascular System:

	Normal	Abnormal		Normal	Abnormal
Ischaemic Heart Disease	✓		Hypertension	✓	
Dysrhythmia/ Pacemaker	✓		Congenital Heart Disease	✓	
Valvular Heart Disease	✓		Peripheral Circulation	✓	
Cardiomyopathy	✓		Pulmonary Circulation/ TB	✓	
Aneurysms	✓				

Chest X-ray (PA) Not performed *
Performed * on (day/month/year): Normal Hospital Approved
Result: Normal Chest X-ray



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

Test:

Result:

Investigation:

Blood	Result	Normal	Urine	Result	Additional Tests	Result	Normal
Haemoglobin "Hb"	14.2 g/dl	13 - 18 gm/dl	Colour	Sw	(HbA1c)	5.5	4.0 % - 6.5 %
Total WBC count	5710	4,000 - 11,000 / cu.mm	Specific Gravity		RBS/ FBS (Blood test)	7.19	
Neu 49 %, Lymph 35 %, Eos 0.5 %, Bas 0.4 %, Mo 14 %			pH		Total Bilirubin	1.02	0.1 - 1.0 mg/dl
Blood Group & Rh factor (tested only once, need not be repeated)			Albumin	Nil	Direct Bilirubin	Nil	0.0 - 2.5 mg/dl
BI ESR	05	1 - 15 mm/hr	Sugar	Nil	Indirect Bilirubin	Nil	0.0 - 0.75 mg/dl
Platelets	210000	1.50-4.00 Lakh/ul	Bile Pigment		SGPT	23	9 - 43 U/L
Fasting Lipid Profile			Bile Salt		SGOT	Nil	0 - 40 IU/L
S. Triglycerides	92	25-200 mg/dl	Occult Blood	Nil	SGGT	24	0 - 49 IU/L
Cholesterol Serum	185	130-220 mg/dl	RBC Cells	Nil	Blood Urea	Nil	10 - 50 mg/dl
HDL Cholesterol Serum	47	35-65 mg/dl	Leucocytes		S. Creatinine	1.11	0.8 - 1.4 mg/dl
LDL Cholesterol Serum	92	85-150 mg/dl	Stool Test	Result	BUN	15	5-23 mg/dl
VLDL Cholesterol Serum	Nil	07-35 mg/dl	Bacteriological	Nil	PSA	Nil	Less than 4.00 ng/ml
Total / HDL Cholesterol	3.94	3.0-5.0	Parasitical	Nil	Malarial Parasite	Nil	
LDL / HDL Cholesterol		2.5-3.5	Others		Uric Acid	5.41	2.4 - 7.5 mg/dl
Hepatitis B	Positive	Negative	HIV I & II	Negative			
Hepatitis C	Positive	Negative	VDRL	Non Reactive			

Drugs: Method:

Results:

Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids Urine *	Cocaine / Urine *	Opiates & Morphine *
Cut Off Limit	(1000 ng/ ml)	(200 ng/ ml)	50 ng/ ml	(300 ng/ ml)	
Not Detected	Amphetamines/ Urine *	Barbiturate/ Urine *	Marijuana, THC, Cannabinoids / Urine *	Cocaine / Urine *	Opiates & Morphine *
Spirometry	Normal	TMT	Normal	Drugs of Abuse	Negative
ECG	Normal	ECHO	Normal	Ultrasound (USG) of the Abdomen & Pelvis	Normal

Part III - Result of Medical Examination

Is applicant vaccinated in accordance with WHO requirements? Yes / No

Vaccination status recorded: Yes / No Satisfactory * to be renewed *



WALLEM

**SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED
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Details:

Describe restrictions (e.g. specific positions, type of ship, trade area):

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

Examination	Results of the examination		Examination	Results of the examination	
	Pass	Fail		Pass	Fail
Medical History	✓		Fecalysis (food service/ handlers only)	✓	
Physical Examination	✓		Hep B Antigen	✓	
Dental Examination	✓		Hep C Antibodies	✓	
Psychological Test	✓		Stress Test	✓	
Visual Test	✓		Diabetes	✓	
Colour Vision	✓		Ultrasound Examination (Presence of gall & Kidney Stones)	✓	
Audiometry	✓		Alcohol/ Drug Test	✓	
EKG	✓		2D echo Doppler study (for heart patient) Psychometric evaluation	✓	

If failed in any above mentioned examinations and examinations report attached to this form, please provide reasons with examination number:

This examinee is certified free of communicable disease (or viruses for cooks): Yes / No

I have evaluated the above-named seafarer after establishing his identity as per the documents mentioned above and in compliance with the medical standards of STCW Convention, 1978, as amended, MLC 2006, ILO/IMO/JMS/2011/12- Guidelines on the Medical Examinations of Seafarers and also Merchant Shipping (Medical Examination) Rules by the Government (DGS), as amended from time to time. On the basis of the examinee's history, personal declaration, my clinical examination, the diagnostic test results obtained, and in consideration of the essential requirements of the position applied for, my opinion is

- (a) that the hearing meets the required standards for his / her rank and detect any audible alarms/ Unaided hearing is satisfactory
- (b) Visual acuity meets the required standards for his/her rank /Colour Vision meets the required standard (testing only required every 6 years unless considered necessary)/ that he / she is fit / unfit for look out duty
- (c) that he / she needs / does not need visual aids / informed to carry spares
- (d) that he/she is/is not taking regular medication & seafarer does /does not require to take same during his tenure onboard vessel that he/she is/is not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties onboard?
- (e) that the seafarer is not suffering from any disease, medical condition, disorder or impairment which renders him/her that will prevent the effective and safe conduct or likely to be aggravated by, or unfit for, routine and emergency service at sea or likely to endanger the health of other persons onboard ships.

	Deck service	Engine service	Catering service	Other services (training/ examination)
Fit:	*	*	*	*
Unfit:	*	*	*	*

this seafarer is **UNFIT FOR DUTY**** / **FIT FOR DUTY with/ without restrictions*** as mentioned below,

* This Medical Certificate is issued with following restrictions (e.g., specific position, type of ship, trade area & other as applicable):

** Reasons for being unfit



WALLEM

SEAFARER'S PRE-SEA AND PERIODIC MEDICAL FITNESS EXAMINATIONS CERTIFIED

BY AN APPROVED EXAMINER

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This is to certify RANA MOHAMMAD SHAEL was physically examined and he/she is found to
be FIT for sea service/ look-out duty for the period from 23 OCT 2023 to 22 OCT 2025 Date of medical examination: 23 OCT 2023 Place of medical
examination: Radical Hospital Limited Medical
certificate validity date (day/month/year): 22 OCT 2025 Name of Examiner (Please Print): Radical Hospital Limited

(Validity should not be more than 2 years)

Degree: _____ Address: Radical Hospital Limited

Tel./Fax/Email: Radical Hospital Limited

Name of Medical Examiner/ Physician Certificate /License Issuing Authority: Radical Hospital Limited

Date of issue of Medical Examiner/Physician Certificate/ License: _____ Registration No.: _____

M. Rana

Examinee's Signature

(This signature is affixed in the presence of the Medical Examiner

(print name of medical examiner if not legible) and I acknowledge, that

I have been advised of the content of the medical certificate & of the
right to a review in accordance with paragraph (6) of section A-1/9 of STCW
Code and my obligations.)

Date: 23 OCT 2023

Original: Master & Crewing Dept
cc: Seafarer

Official Stamp & Signature with Govt. (DGS) Approval/
No. of Medical Examiner

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

Remark: This form is to be uploaded in Crew Management System, Medical tab by the Manning centre.





10

IMMUNOLOGY REPORT



ID No : **D276295** Bill on : 19/10/23, 12:26 PM Print. on : 19/10/23, 04:33 PM Deliv. on : 19/10/23, 09:00 PM
Name : MOHAMMAD SOHAEL RANA Age : 49 Y 0 M 0 D Sex : M
Ref.by : Universal Shipping Services.
Specimen: Blood Collected on : 19/10/23, 12:31 PM Received on : 19/10/23, 01:22 PM

Estimations are carried out by Atellica Solution

Parameter	Test Result	Reference Value	Method
Anti-HCV	Negative Cut off rate: 1.00 Sample rate: 0.05		
HIV	Negative Cut off rate: 1.00 Sample rate: 0.16		
HBsAg	Negative Cut off rate: 1.00 Sample rate: < 0.10		

Checked by


MD. NASIR UDDIN SARKER
B.Sc (Hons), M.Sc (Biochemistry &
Molecular Biology) N.U
Biochemist
Ibn Sina Diagnostic & Imaging Center



10

HAEMATOLOGY REPORT



ID No :D276295

Bill on : 19/10/2023, 12:26 PM Print. on : 19/10/2023, 03:24 PM Deliv. on : 19/10/2023, 09:00 PM

Name : MOHAMMAD SOHAEL RANA

Age : 49 Y 0 M 0 D Sex : M

Ref.by : Universal Shipping Services.

Specimen : Blood

Collected on : 19/10/2023, 12:31 PM Received on : 19/10/2023, 01:17 PM

Estimations are carried out by Automated Haematology Analyzer Sysmex XN2000 / XN1000 & checked manually

Parameter	Result	Reference Value
Red Blood Cells		
* Haemoglobin	14.2 g/dl	Adult: Men: 15.0±2.0, Women: 13.5±1.5 At birth: 13.5-19.5, 3 Days: 14.5-22.5 1 Month: 11-17, 2-6 Months: 9.5-13.5 2-6 Years: 11-14, 6-12 Years: 11.5-15.5 Men: 5.0±0.5, Women: 4.3±0.5
* Total RBC	4.69 million/Cmm.	
ESR	05 mm (Auto Analyzer)	Men: 0-10, Women: 0-20
* PCV/HCT	0.42 l/l	Men: 0.45 ± 0.05, Women: 0.41 ± 0.05
MCV	90 fl	92±9
MCH	30 pg	29.5 ±2.5
MCHC	34 g/dl	33.0±1.5
RDW-CV	13 %	12.8±1.2
NRBC	0.0 %	0.0
White Blood Cells		
* Total WBC	5,710 /Cmm.	Child: 5,000-15,000 Adult: 4,000-11,000 Infant: 6000-18,000 At birth: 10,000-25,000 50-500
Circulating Eosinophils	228 /Cmm.	
Differential Count		
Neutrophils	49 %	Child: 20-50 Adult: 40-75
Lymphocytes	35 %	Child: 40-75 Adult: 20-40
Monocytes	05 %	2-10
Eosinophils	04 %	2-6
Basophils	01 %	0-1
Others	00 %	
Platelet Count:		
* Total Platelet Count	2,10,000 /Cmm	1,50,000-4,50,000
MPV	8.7 fl	8.0-9.5

* ISO 15189:2012 accredited parameter.


Md. Fakhruddin Islam
Sr. Medical Technologist (Lab.) G-II
Ibn Sina Diagnostic & Imaging Center


DR. AKLIMA KHANAM
MBBS, MD (Haematology)
Consultant Haematology
Ibn Sina Diagnostic & Imaging Center



10

BLOOD GROUP REPORT



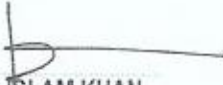
ID No : D276295 Bill on : 19/10/2023, 12:26 PM Print on : 19/10/2023, 02:07 PM Delv. on : 19/10/2023, 09:00 PM
Name : MOHAMMAD SOHAEL RANA Age : 49 Y 0 M 0 D Sex : M
Ref.by : Universal Shipping Services.
Specimen : Blood Collected on : 19/10/2023, 12:31 PM Received on : 19/10/2023, 01:17 PM

Parameter

Test Result

Blood Group (ABO)

"A" Rh(D) Positive


SHIRAZUL ISLAM KHAN
Medical Technologist
Ibn Sina Diagnostic & Imaging Center


DR. FARHANA AFROZ
MBBS, M.Phil (Clinical Pathology)
Consultant, Pathologist
Ibn Sina Diagnostic & Imaging Center



ID. No	: D276295	Received date : 19 Oct 2023	Printed date: 19 Oct 2023 05:06PM
Patient Name:	MOHAMMAD SOHAEL RANA		Age : 49 y(s)
Ref. By	Universal Shipping Services.		

Thanks for your kind referral.

Report:

Chest X-Ray – PA View

Diaphragm : Normal in position & outline.
Heart : Normal in TD & contour.
Trachea : Normal in position.
Lungs : Both lung fields are clear.
Bony thorax : Apparently normal.

Δ Normal findings.



Dr. Md. Mainul Ahsan

MBBS, M.Phil, MD (radiology & imaging)

Associate Professor,

Dept. of Radiology & Imaging

BSM Medical University, Dhaka.



10

URINE ROUTINE EXAMINATION



ID No : D276295 Voucher Time 19/10/2023, 12:26 PM Delivery on : 19/10/2023, 09:00 PM
Name : MOHAMMAD SOHAEL RANA Age : 49 Y 0 M 0 D Sex : M Printed on : 19/10/2023, 02:05 PM
Ref.by : Universal Shipping Services. Received on : 19/10/2023, 01:14 PM
Specimen : Urine Collected on : 19/10/2023, 12:31 PM

Relevant estimations are carried out by Automated Urine Analyzer(LabUMat 2 + Urised 3, Hungary) & checked manually.

PHYSICAL EXAMINATION	Result	Reference Value
Colour	Pale Yellow	Pale Yellow /Straw
Appearance	Clear	Clear
Specific Gravity	1.012	1.010 - 1.022
CHEMICAL EXAMINATION		
PH	6.5	4.5 - 8.0
Protein	Nil	Nil
Glucose	Nil	Nil
Acetone (Ketone body)	Nil	Nil
Bilirubin	Absent	0.2 mg/dL
Urobilinogen	Absent	0.1 - 1.8 mg/dL
Nitrite	Nil	Nil
Leukocyte	Nil	Nil
MICROSCOPIC EXAMINATION		
Epithelial Cells	1-2	1-5/HPF
Pus Cells	0-2	0-5/HPF
RBC	Nil	0-2/HPF
Dismorphic RBC	Nil	Nil
Trichomonas	Nil	Nil
Yeast/Candida	Nil	Nil
Spermatozoa	Nil	Nil
Cast		
Hyaline Cast	Nil	0-2/LPF
Granular Cast	Nil	Nil
Cellular Cast	Nil	Nil
RBC Cast	Nil	Nil
WBC Cast	Nil	Nil
Waxy cast	Nil	Nil
Crystal		
Calcium-Oxalate	Nil	Nil
Amorphous Phosphate	Nil	Nil
Uric Acid	Nil	Nil
Urates	Nil	Nil
Triple Phosphate	Nil	Nil
Others	Nil	Nil

Ref: Clinical diagnosis and managements by laboratory methods (John Bernard Henry)

Checked by

DR. FARHANA AFROZ

MBBS, M.Phil (Clinical Pathology)
Consultant, Pathologist
Ibn Sina Diagnostic & Imaging Center



10

SEROLOGY REPORT



ID No : **D276295** Bill on : 19/10/23, 12:26 PM Print. on : 19/10/23, 02:09 PM Deliv. on : 19/10/23, 09:00 PM
Name : MOHAMMAD SOHAEL RANA Age : 49 Y 0 M 0 D Sex : M
Ref.by : Universal Shipping Services.
Specimen: Blood Collected on : 19/10/23, 12:31 PM Received on : 19/10/23, 01:22 PM

Parameter	Test Result	Reference Value	Method
VDRL	Non-Reactive		

Checked by

SHIRAZUL ISLAM KHAN

Medical Technologist
Ibn Sina Diagnostic & Imaging Center

DR. FARHANA AEROZ

MBBS, M.Phil (Clinical Pathology)
Consultant, Pathologist
Ibn Sina Diagnostic & Imaging Center



10

BIOCHEMISTRY REPORT



ID No : D276295 Bill on : 19/10/23, 12:26 PM Print. on : 19/10/23, 05:40 PM Deliv. on : 19/10/23, 09:00 PM
Name : MOHAMMAD SOHAEL RANA Age : 49 Y 0 M 0 D Sex : M
Ref.by : Universal Shipping Services.
Specimen: Blood Collected on : 19/10/23, 04:01 PM Received on : 19/10/23, 04:29 PM

Estimations are carried out by ADVIA 1800, Vitros 5600/Dimension EXL 200/ Dimension EXL with LM/D-10, Atellica Solution

Parameter	Test Result	Reference Value	Method
* Plasma Glucose Random	7.19 mmol/L	<11.11	
HbA1C	5.5 %	Normal : <5.7 Prediabetes : 5.7 to 6.4 Diabetes : ≥6.5	
BUN	15 mg/dl	7-18	
* S. Creatinine	1.11 mg/dl	Male: 0.70-1.30 Female: 0.50-1.10 Child: 0.30-0.70	
* S. Uric Acid	5.41 mg/dl	Male: 3.70 - 7.70 Female: 2.50 - 6.20	Uricase/ Peroxidase
* S. Bilirubin (Total)	1.02 mg/dl	Adult: 0.30-1.20 Neonatal: 1.50-12.00	Vanadate Oxidation
* S. ALT (SGPT)	23 U/L	Adult Male: <45 Adult Female: <34	Modified IFCC
S. Total Protein	7.51 g/dl	Adult: 6.40 - 8.20 Newborn: 4.40 - 7.60 Child: 6.00 - 8.00	
S. Gamma GT	24 U/L	* Male: 15-85 Female: 5-55	
* Lipid Profile (Fasting)			
S. Cholesterol (Total)	185 mg/dL	<200	Enzymatic method
S. Triglyceride	93 mg/dL	<150	GPO- trinder without serum blank
S. HDL Cholesterol	47 mg/dL	>40	Elimination/Catalase
Non-HDL-Cholesterol	118 mg/dL	<130	
S. LDL Cholesterol	93 mg/dL	<100	Elimination/Catalase
T.Cholesterol-HDL Ratio	3.94	Low risk: <4.0 High risk: >6.0	

* ISO 15189:2012 accredited parameter.


Checked by


Md. Yusuf Ali
B.Sc (Hons), M.Sc (Biochemistry) RU
Biochemist
Ibn Sina Diagnostic & Imaging Center