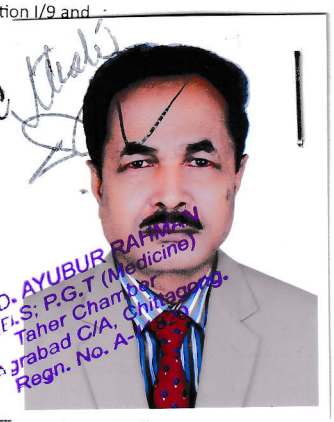
Pre-Employment and Periodic Medical Fitness Certificate of Seafarers

Form No: Med 01/2013

Issued In accordance with Maritime Labor Convention – 2006 as amended, and STCW 1978 as amended regulation I/9 and ILO/WHO Guidelines for conducting pre-sea and periodic medical fitness examinations for seafarers



Name: (last, first, middle)	ISLAM. MD. RAFIQUL.	Date of birth (day/month/year):	01-04-1959
Gender: (male/female)	MALE.	Nationality:	BANGLADESHI
Home address:	KUDALPUR, GOSHAIRHAT. SARIATPUR.		
Passport No:	BA0176661	Discharge book No.:	C/0/01259.
Type of ship: (e.g. container, tanker, passenger, fishing)		Trade area: (coastal, tropical, worldwide)	WORLD WIDE.
Department: (Deck / Engine / Catering, Other)	ETO		

DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820

Have you, or have you ever had, any of the following medical conditions?	Yes	No	Have you, or have you ever had, any of the following medical conditions?	Yes	No
1. Eye/vision problem		✓	18. Sleep problem		✓
2. High blood pressure		✓	19. Do you smoke, use alcohol or drugs?		✓
3. Heart/vascular disease		✓	20. Operation/surgery		✓
4. Heart surgery		✓	21. Epilepsy/seizures		✓
5. Varicose veins/piles		✓	22. Dizziness/fainting		✓
6. Asthma/bronchitis		✓	23. Loss of consciousness		✓
7. Blood disorder		✓	24. Psychiatric problems		✓
8. Diabetes		✓	25. Depression		✓
9. Thyroid problem		✓	26. Attempted suicide		✓
10. Digestive disorder		✓	27. Loss of memory		✓
11. Kidney problem		✓	28. Balance problem		✓
12. Skin problem		✓	29. Severe headaches		✓
13. Allergies		✓	30. Ear (hearing, tinnitus)/nose/throat problem		✓
14. Infectious/contagious diseases		✓	31. Restricted mobility		✓
15. Hernia		✓	32. Back or joint problem		✓
16. Genital disorder		✓	33. Amputation		✓
17. Pregnancy N/A			34. Fractures/dislocations		✓

If you answered "yes" to any of the above questions, please give details:

Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		✓
36. Have you ever been hospitalized?		✓
37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even been restricted or revoked?		✓
39. Are you aware that you have any medical problems, diseases or illnesses?		✓
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
41. Are you allergic to any medication?		✓

Comments:

Fit For Duty on Board Ship

42. Are you taking any non-prescription or prescription medications?		✓

If you answered "yes" to any of the above questions, please give details:

I hereby certify that the personal declaration above is a true statement to the best of my knowledge. I am fully aware that if I withhold any information, this pre-employment examination will be considered null and void. 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 am aware of the results of this checkup and my rights to a review in case the result is unfit or fit with any limitations.

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. DR. MD. AYUBUR RAHMAN (the approved medical practitioner).

Signature of examinee: ✓

Witnessed by: (Signature)

DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong.
Regn. No. A-11820

VALID FOR TWO YEARS

Date (day/month/year) 26 SEP 2020

Name: (typed or printed)

DR. M. AYUBUR RAHMAN ★ Taher Chamber ★ Agrabad C/A, Chittagong ★ M.B.B.S, P.G.T (Medicine)