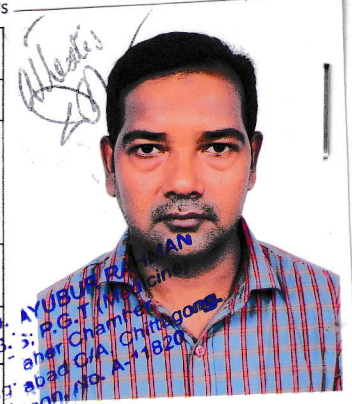


Pre-Employment and Periodic Medical Fitness Certificate of Seafarers

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) SHAJAHAN MOHAMMED	Date of birth (day/month/year): 15-03-1977
Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female MALE	Nationality: BANGLADESHI
Home address: MOHADEBPUR. SITA KUNDA. CHATTOGRAM. BANGLADESH.	
Passport No: A02954430	Discharge book No.: T/3A 877
Type of ship: (e.g. container, tanker, passenger, fishing)	Trade area: (coastal, tropical, worldwide) M. WIDE.
Department: <input checked="" type="radio"/> Deck, <input type="radio"/> Engine, <input type="radio"/> Catering, <input type="radio"/> Other AB	



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

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

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. _____ (the approved medical practitioner).

Signature of examinee: *[Signature]*
 Witnessed by: (Signature) *[Signature]*

DR. MD. AYUBUR RAHMAN
 20 MAY 2023
 (Typed or printed)

DR. MD. AYUBUR RAHMAN
 M.B.B.S: P.G.T (Medicine)
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