

MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

SURNAME RAHMAN	GIVEN NAME(S) MD ZAHIDUR	
DATE OF BIRTH MONTH 05 DAY 25 YEAR 1988	PLACE OF BIRTH SIRAJGANJ CITY BANGLADESH COUNTRY	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input checked="" type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OFFICER <input type="checkbox"/> RATING <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: ANDERCOCHA PARA POST & P.S.: SHAHHEADPUR DIST: SIRAJGANJ	

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 170CM	WEIGHT 78KG	BLOOD PRESSURE 130/80MMHg	PULSE 80/MIN	RESPIRATION 16/MIN	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES WITH GLASSES	RIGHT EYE 6/6 <input checked="" type="checkbox"/>	LEFT EYE 6/6 <input checked="" type="checkbox"/>	HEARING: RT. EAR NORMAL LEFT EAR NORMAL		
COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input checked="" type="checkbox"/> IS COLOR TEST NORMAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF "NO" EXPLAIN ON PAGE 2)					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARD? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
HEAD AND NECK NORMAL			HEART (CARDIOVASCULAR) NORMAL		
LUNGS CLEAR			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? YES		
EXTREMITIES: UPPER NORMAL LOWER NORMAL					
IS APPLICANT VACCINATED IN ACCORDANCE WITH WHO RECOMMENDATIONS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE BOTTOM OF ON PAGE 2					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

SIGNATURE OF APPLICANT

20 DEC 2022
DATE OF EXAMINATION

19 DEC 2024
EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

MD. ZAHIDUR RAHMAN

NAME OF APPLICANT (SURNAME, GIVEN NAME(S))

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES NO

SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY AS A MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OFFICER / RATING / CHIEF COOK / COOK WITHOUT ANY RESTRICTIONS / WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN

DR. M. AYUBUR RAHMAN

ADDRESS

M.B.B.S. P.G.T. (Medicine)
SABA DIAGNOSTIC CENTRE
TAHER CHAMBER
10 AGRABAD C/A, CHITTAGONG.
BMDC AND DG SHIPPING
GOVT. OF BD
23-02-1984

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE

SIGNATURE OF PHYSICIAN

DR. MD. AYUBUR RAHMAN

20 DEC 2022
DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended, and the Maritime Labour Convention, 2006, as amended.

Regn. No. A-11820