DR. M. AYUBUR RAHMAN M.B.B.S (Reg. No: A-1182

Authorized Medical Practitioner for seafarer by Department of Shipping, Govt. of

Saba Diagnostic Centre

Taher Chamber (Ground Floor),10 Agrabad Commercial Area, Chittagong, Bangl

Tel: 0088-031-715678, E-mail: sdc-ctg@yahoo.com , www.drayubur.com

Certifica

REPORT OF MEDICAL FITNESS EXAMINATION

MEDICAL EXAMINATION UNDER MERCHANT SHIPPING RULES-2000, ISM CODE G.2 / STCW CODE 1/9 AND ILO CONVENTION NO 73.

Name in full: **MOHAMMAD MAHABUBUL ALAM**	
Rank: **CHIEF ENGINEER**	Sex: **MALE**
Date of birth: **16/07/1979**	Nationality: **BANGLADESHI**
Passport No: **B00021206**	CDC No.: **C/O/3688**

APPLICANT'S DECLARATION

Have you ever had any of the following conditions? (Please tick yes or no, if needed give details)

	Yes	No	
01. Hospitalize for whatever reason at all in the past?	☐	✓	
02. An operation?	☐	✓	
03. Tuberculosis or abnormal chest X-Ray?	☐	✓	
04. Sexually transmitted diseases?	☐	✓	
05. Mental illness?	☐	✓	
06. Convulsions, Fits, or Epilepsy?	☐	✓	
07. Ear or hearing problem?	☐	✓	
08. High blood pressure?	☐	✓	
09. Chest pain or heart trouble?	☐	✓	
10. Asthma or chronic bronchitis?	☐	✓	
11. Peptic ulcer or blood in the vomit or stool?	☐	✓	
12. Urinary problems?	☐	✓	
13. Pain in the joints or back?	☐	✓	
14. Diabetes?	☐	✓	
15. Allergic to any drugs or foods or any others?	☐	✓	
16. Problem in vision?	☐	✓	
17. Do you take alcohol, drugs or smoke?	☐	✓	
18. Have you any medical consultation for any things At all during the last six months?	☐	✓	
19. Do you have a medical or others condition Not already mentioned above?	☐	✓	

I declare that the information given above is correct to the best of my knowledge. I consent to the examining doctor to endorse any medical information on the medical fitness certificate.

Signature of the applicant	✓

BSS18
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07-2022-0946