## DR. M. AYUBUR RAHMAN Saba Diagnostic Centre Taher Chamber ( Ground Floor), ( To the west of James Finlay Office) 10, Agrabad Commercial Area, CTG. TEL: 031-715678, Mobile: 01727690222

Seafarar's pre & post employment healthcare medical examination done in accordance with regulation 1.9 of the STCW convention 1995 & convention C73 ( under ILO convention adapted on 29/06/1983)

#### **Medical Officer**

#### JF ( BANGLADESH) LIMITED

Name of the company : JF ( BANGLADESH) LTD. Name of ship: MV "AL MESSILAH" Rank: DY GREASER.

Name of the candidate: KHELENDRA KUMAR SINGHA. P.port/C.D.C No: T/31022 Sex: MALE

D/B: 23/10/1968 Married / Unmarried: Height: 5'6'' Weight: 60KG

Identification mark: ONE CUT MARK ON LEFT KNEE.

#### **MEDICAL HISTORY**

Have you ever had or do now have any of the following (strike off whichever not applicable).

a) Frequent headache/ Fainting	Yes/NoV	n)Parasitic infestation of G.I system	Yes/No
b) Colour blindness/ Loss of vision	Yes/No	o)Varicose venis	Yes/No
c) High/ Low blood Pressure	Yes/No∨	p) Veneral disease	Yes/No
d) Chest pain/Angina pectoris	Yes/Nov	q) Skin disease	Yes/No
e) Breathlessness/ Spitting blood	Yes/No 🗸	r) Epilepsy of any kind	Yes/No 🗸
f) Rheumatic fever/ Arthritis	Yes/No	s) Addicted to alcohol/drugs	Yes/No ∽
g)Asthma/Bronchitis	Yes/No	t) Allergy to any food/drugs	Yes/No ∽
h) Tuberculosis	Yes/No	u) Are you on any medication	Yes/No
i) Pep.ulcer/Jaundice/Haematemesis	Yes/NoV	v) Urinary tract infection	Yes/No/
j) Hernia/Hydrocele	Yes/No	w) Past accident/operation	Yes/No
k) Diabetes mellitus	Yes/No-	x) Backache/Sciatica	Yes/Nov
1) Renal calculi	Yes/No	y) Piles/Fissues	Yes/No-
m) Illness/accident requiring prolong	Yes/Nou	z) Have you ever been signed off on	Yes/No
Hospitalization		medical ground	

## **IF YES, GIVE DETAILS ON THE REVERSE**

I affirm that I am not suffering from any other diseases, which can be concealed and not reveled by me I agree and declare the above statement shall be the basis of my medical test report and that I personally stand responsible for any action the company may take, if prove, otherwise.

### Details on above of required:

Chittagong :

# **Candidate Signature**

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	MED	ICAL EXAMINI	E REPORT		
Height : 5'6" Weight: 6	) KG BP: 120/80	mm hg Pulse: 84	/min Resp:	16/min Gen. A	App: GOOD
Vision: Right Eye:	Left Eye:	<b>Right ear: NOI</b>	RMAL	Left ear: N	ORMAL
Without glass: 6/6	6/6 Inspect	ion: NORMAL	a ca	ľ	NORMAL
With glass: 6/6	6/6 He	aring: NORMAI	_	NOI	RMAL
Color test by book : NA		NAD Red: ]	NAD G	reen: NAD	Blue: NAD
Oral cavity & teeth : C	LEAR & HEALT	HY Throat:	CLEAR	Nervous sys	tem: NAD
Cardiovascular system:	NAD	Endoc	crine system	: NAD	

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