

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: SM-III

Name of the candidate: MD.FARHAD ALI SHEIKH. P.port/C.D.C No:T/32376. Sex: MALE

D/B: 20/10/1997 Married / Unmarried: Height: 5'6" Weight: 59KG

Identification mark: NIL

MEDICAL HISTORY

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

| | | | |
|---|----------|--|----------|
| a) Frequent headache/ Fainting | Yes/No ✓ | 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) Venereal disease | Yes/No ✓ |
| d) Chest pain/Angina pectoris | Yes/No ✓ | 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/No ✓ | 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/No ✓ |
| l) Renal calculi | Yes/No ✓ | y) Piles/Fissures | Yes/No ✓ |
| m) Illness/accident requiring prolong Hospitalization | Yes/No ✓ | z) Have you ever been signed off on medical ground | Yes/No ✓ |

IF YES, GIVE DETAILS ON THE REVERSE

I affirm that I am not suffering from any other diseases, which can be concealed and not revealed 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

MEDICAL EXAMINE REPORT

| | | | | | |
|---|--------------------|---------------------------|------------------------------|----------------------------|--|
| Height : 5'6" Weight: 59 KG BP: 120/80 mm hg Pulse: 72/min Resp: 16/min Gen. App: GOOD | | | | | |
| Vision: | Right Eye: | Left Eye: | Right ear: NORMAL | Left ear: NORMAL | |
| Without glass: 6/6 | 6/6 | Inspection: NORMAL | NORMAL | | |
| With glass: 6/6 | 6/6 | Hearing: NORMAL | NORMAL | | |
| Color test by book : NAD | Yellow: NAD | Red: NAD | Green: NAD | Blue: NAD | |
| Oral cavity & teeth : CLEAR & HEALTHY | | | Throat: CLEAR | Nervous system: NAD | |
| Cardiovascular system: NAD | | | Endocrine system: NAD | | |