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: GS.

P.port/C.D.C No: T/33283 Name of the candidate: MD. RASEL. Sex: MALE

D/B: 15/01/2002 Married / Unmarried:

Height: 163 cm

Weight: 58 kg

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) Veneral disease	Yes/No
d) Chest pain/Angina pectoris	Yes/No	q) Skin disease	Yes/No V
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 V	t) Allergy to any food/drugs	Yes/Nor
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/Nov
k) Diabetes mellitus	Yes/No	x) Backache/Sciatica	Yes/No~
l) Renal calculi	Yes/No	y) Piles/Fissues	Yes/No V
m) Illness/accident requiring prolong	Yes/Nov	z) Have you ever been signed off on	Yes/No
Hospitalization	×*	medical ground	1

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

MEDICAL EXAMINE REPORT

Height: 163 cm Weight	: 58 kg BP: 1	15/70 mm l	ng Pulse:100/min	Resp: 16/min G	en. App: GOOD
Vision: Right Eye:	Left Eye:	Righ	t ear: NORMAL	Left ear:	NORMAL
Without glass: 6/6	6/6 Inspe	ection: NO	RMAL		NORMAL
With glass: 6/6	6/6 I	Hearing:	NORMAL	600 0	NORMAL
Color test by book: NA	D Yellow	: NAD	Red: NAD	Green: NAD	Blue: NAD
Oral cavity & teeth: C	LEAR & HEA	ALTHY	Throat: CLE	AR Nervous	system: NAD
Cardiovascular system:	NAD		Endocrine sys	tem: NAD	