

**DR. MD. AYUBUR RAHMAN**

**Saba Diagnostic Centre**

**Taher Chamber ( Ground Floor), ( To the west of James Finlay Office)  
10, Agrabad Commercial Area, CTG. TEL: 02-333313678, 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: MD. SHOHANUR RAHMAN. P.port/C.D.C No: T/32329 Sex: MALE**

**D/B: 22-10-1998 Married / Unmarried: Height: 163 cm Weight: 60 kg**

**Identification mark: A CUT MARK ON THE LT EYE BROW.**

**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**

<b>Height : 163cm Weight: 60kg BP: 135/85 mm hg Pulse:108/min Resp: 16/min Gen. App: GOOD</b>					
<b>Vision:</b>	<b>Right Eye:</b>	<b>Left Eye:</b>	<b>Right ear: NORMAL</b>	<b>Left ear: NORMAL</b>	
<b>Without glass: 6/6</b>	<b>6/6</b>	<b>Inspection: NORMAL</b>		<b>NORMAL</b>	
<b>With glass: 6/6</b>	<b>6/6</b>	<b>Hearing: NORMAL</b>		<b>NORMAL</b>	
<b>Color test by book : NAD</b>		<b>Yellow: NAD</b>	<b>Red: NAD</b>	<b>Green: NAD</b>	<b>Blue: NAD</b>
<b>Oral cavity &amp; teeth : CLEAR &amp; HEALTHY</b>			<b>Throat: CLEAR</b>	<b>Nervous system: NAD</b>	
<b>Cardiovascular system: NAD</b>			<b>Endocrine system: NAD</b>		