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-II

Name of the candidate: MOHAMMAD MUKTAR ALI MIAH. P.port/C.D.C No:T/30580 Sex: MALE

D/B: 14/02/1965 Married / Unmarried: Height: 5'8''

Identification mark: A BLACK MOLE ABOVE THE NOSE.

MEDICAL HISTORY

Weight:72KG

Candidate Signature

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

or the rono m		
Yes/Nov	n)Parasitic infestation of G.I system	Yes/No V
Yes/Nor	o)Varicose venis	Yes/Nov
Yes/No	p) Veneral disease	Yes/No
Yes/NoV	q) Skin disease	Yes/No
Yes/No	r) Epilepsy of any kind	Yes/No
Yes/No/	s) Addicted to alcohol/drugs	Yes/No
Yes/No/	t) Allergy to any food/drugs	Yes/Nor
Yes/Nov	u) Are you on any medication	Yes/No
Yes/Nov	v) Urinary tract infection	Yes/No
Yes/Nov	w) Past accident/operation	Yes/No
Yes/No	x) Backache/Sciatica	Yes/No
Yes/Nov	y) Piles/Fissues	Yes/No 🗸
Yes/No	z) Have you ever been signed off on	Yes/No 🖌
199	medical ground	
	Yes/Nov Yes/Nov Yes/Nov Yes/Nov Yes/Nov Yes/Nov Yes/Nov Yes/Nov Yes/Nov Yes/Nov	Yes/Novn)Parasitic infestation of G.I systemYes/Novo)Varicose venisYes/Novp) Veneral diseaseYes/Novq) Skin diseaseYes/Novr) Epilepsy of any kindYes/Novs) Addicted to alcohol/drugsYes/Novt) Allergy to any food/drugsYes/Novu) Are you on any medicationYes/Novv) Urinary tract infectionYes/Novw) Past accident/operationYes/Novx) Backache/SciaticaYes/Novy) Piles/FissuesYes/Novz) Have you ever been signed off on

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 :

MEDICAL EXAMINE REPORT

				No. of Concession, Name of			
Height : 5'8" Weight: 72 KG BP: 140/80 mm hg Pulse: 96/min Resp: 16/min Gen. App: GOOD							
Vision: Right Eye:	Left Eye:	Rig	ht ear: NORMAL	Left ear: N	ORMAL		
Without glass: 6/24 6/24 Inspection: NORMAL		NORMAL					
With glass: 6/6	6/6	Hearing:	NORMAL	NOI	RMAL		
Color test by book : NA	D Yello	w: NAD	Red: NAD	Green: NAD	Blue: NAD		
Oral cavity & teeth : Cl	LEAR & HE	ALTHY	Throat: CLEAR	Nervous syst	tem: NAD	2	
Cardiovascular system:	NAD		Endocrine syst	tem: NAD			

Per-MLC-200

