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 TAREK. P.port/C.D.C No: T/34516 Sex: MALE

D/B: 21/03/1989 Married / Unmarried: Height: 170 cm Weight: 98 kg

Identification mark: A CUT MARK ON THE BACK OF THE SCALP. MEDICAL HISTORY

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

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Yes/No	n)Parasitic infestation of G.I system	Yes/No V
Yes/No	o)Varicose venis	Yes/No
Yes/No√	p) Veneral disease	Yes/No 🗸
Yes/No 🗸	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/No
Yes/No 🗸	u) Are you on any medication	Yes/No
Yes/No	v) Urinary tract infection	Yes/No V
Yes/No	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
17. 18. 19. 19. A 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	medical ground	
	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No	Yes/No√n)Parasitic infestation of G.I systemYes/No√o)Varicose venisYes/No√p) Veneral diseaseYes/No√q) Skin diseaseYes/No√r) Epilepsy of any kindYes/No√s) Addicted to alcohol/drugsYes/No√t) Allergy to any food/drugsYes/No√u) Are you on any medicationYes/No√v) Urinary tract infectionYes/No√w) Past accident/operationYes/No√y) Piles/FissuesYes/No√y) Piles/FissuesYes/No√z) 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

Height : 170 cm Weight:98 kg BP:130/80 mm hg Pulse:80 /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 NORMAL NORMAL **Hearing:** 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**

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07-2023-0290

Candidate Signature