# **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

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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: S/H/MAN

Name of the candidate: MOHAMMED OMAR FARUQUE. P.port/C.D.C No: T/34401 Sex: MALE

D/B: 10/08/1987 Married / Unmarried:

Height: 157 cm

Weight: 66 KG

Identification mark: A BLACK MOLE ON THE FACE.

MEDICAL HISTORY							
Have you ever had or do now have any of the following (strike off whichever not applicable).							
a) Frequent headache/ Fainting	Yes/Nov	n)Parasitic infestation of G.I system	Yes/No V				
b) Colour blindness/ Loss of vision	Yes/NoV	o)Varicose venis	Yes/Nov				
c) High/ Low blood Pressure	Yes/Nov	p) Veneral disease	Yes/No V				
d) Chest pain/Angina pectoris	Yes/No V	q) Skin disease	Yes/No ✓				
e) Breathlessness/ Spitting blood	Yes/Nov	r) Epilepsy of any kind	Yes/Nov				
f) Rheumatic fever/ Arthritis	Yes/No V	s) Addicted to alcohol/drugs	Yes/Nov				
g)Asthma/Bronchitis	Yes/Nov	t) Allergy to any food/drugs	Yes/No 🖌				
h) Tuberculosis	Yes/Nov	u) Are you on any medication	Yes/No V				
i) Pep.ulcer/Jaundice/Haematemesis	Yes/No	v) Urinary tract infection	Yes/No ₽				
j) Hernia/Hydrocele	Yes/NoV	w) Past accident/operation	Yes/No 🗸				
k) Diabetes mellitus	Yes/No ✓	x) Backache/Sciatica	Yes/Nor				
1) Renal calculi	Yes/Nov	y) Piles/Fissues	Yes/No 🗸				
m) Illness/accident requiring prolong	Yes/No V	z) Have you ever been signed off on	Yes/Nor				
Hospitalization	S.J. 19.	medical ground					

### **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

**Candidate Signature** 

Height : 157 cm Weight	t: 66 KG BP: 130/90	mm hg Pulse:78/mir	Resp: 16/min Ger	n. App: GOOD
Vision: Right Eye:				
Without glass: 6/6	6/6 Inspectio	n: NORMAL	1	NORMAL
With glass: 6/6	6/6 Heari	ng: NORMAL	NORMAL	
Color test by book : NA	AD Yellow: NA	D Red: NAD	Green: NAD	Blue: NAD
Oral cavity & teeth : CLEAR & HEALTHY		IY Throat: CL	EAR Nervous s	ystem: NAD
Cardiovascular system: NAD		Endocrine s	ystem: NAD	

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