



# HAQUE & SONS LTD.



Mumtaz Haque Tower, 1267/A, Goshaldanga, Agrabad C/A, Chattogram, Bangladesh.  
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Accredited By : BMDC  
Accreditation No. A 11820

PATIENT CONTROL NUMBER:  
HST29146

## MEDICAL EXAMINATION CERTIFICATE

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| SURNAME<br><b>RAHMAN</b>  |  | FIRST NAME<br><b>MOHAMMED</b>  |  | MIDDLE NAME<br><b>SHAHINUR</b>                                     |  |
| PLACE AND DATE OF BIRTH<br><b>KUSHTIA 12-Feb-1969</b>                           |  | PASSPORT NUMBER<br><b>BT0541191</b>  |  | SEAMAN'S BOOK NUMBER<br><b>T29146</b>                              |  |
| NATIONALITY : <b>BANGLADESHI</b>  |  | SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |  | VESSEL TYPE : <b>CHEM. TANKER</b> TRADING AREA : <b>WORLD WIDE</b> |  |
| PERMANENT HOME ADDRESS :  |  |  |  | CONTACT NUMBER : <b>01719-970818</b>                               |  |
| <b>C/O. : LT. ROWSHAN ALI(DR.), VILL : NOWDA KHADIM PUR, P.O : BAHAL BARIA,</b> |  |  |  | RANK : <b>CHIEF COOK</b>   |  |
| <b>P.S. : MIRPUR, DIST : KUSTIA, BANGLADESH.</b>                                |  |  |  |  |  |

Have you ever had any of the following conditions?

| Condition                         | YES                      | NO                                  | Condition                   | YES                      | NO                                  |
|-----------------------------------|--------------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|
| 1 Eye/vision problem              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18 Sleep problems           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 High blood pressure             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19 Do you smoke?            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 Heart/vascular disease          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20 Operation/surgery        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 Heart surgery                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21 Epilepsy/seizures        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Varicose veins                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22 Dizziness/fainting       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 Asthma/bronchitis               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23 Loss of consciousness    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 Blood disorder                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24 Psychiatric problems     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Diabetes                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25 Depression               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9 Thyroid problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26 Attempted suicide        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10 Digestive disorder             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27 Loss of memory           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 Kidney problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28 Balance problem          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12 Skin problem                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29 Severe headaches         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13 Allergies                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 Ear/nose/throat problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14 Infectious/contagious diseases | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31 Restricted mobility      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15 Hernia                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32 Back problems            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16 Genital disorders              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33 Amputation               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17 Pregnancy <i>NA</i>            | <input type="checkbox"/> | <input type="checkbox"/>            | 34 Fractures/dislocations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If any of the above questions were answered "yes", please give details.

### Additional questions

| Question   | YES                                 | NO                                  |
|--|-------------------------------------|-------------------------------------|
| 35 Have you ever been signed off as sick or repatriated from a ship?                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 36 Have you ever been hospitalised?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 37 Have you ever been declared unfit for sea duty?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 38 Has your medical certificate ever been restricted or revoked?                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 39 Are you aware that you have any medical problems, diseases or illnesses?                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 41 Are you allergic to any medications?  | <input type="checkbox"/>            | <input type="checkbox"/>            |

Comments:

**Fit For Duty on Board Ship**

|  |                          |                                     |
|--|--------------------------|-------------------------------------|
| 42 Are you taking any non-prescription or prescription medications?        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, please list the medications taken and the purpose(s) and dosage(s) |                          |                                     |

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. MD Ayubur Rahman (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

*[Signature]*  
Signature of Seafarer

### MEDICAL EXAMINATION

Weight **60KG** Height (cm) **161cm** BM **23.1** Blood Pressure: Systolic-**135mm** Diastolic **90mm** PULSE: **90/min**

| Ear   | Hearing by Audiometry                        |                                     |
|-------|--|-------------------------------------|
| Right | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| Left  | <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |

| Audiometry |      |      |      |
|------------|------|------|------|
| 500        | 1000 | 2000 | 3000 |
|            |      |      |      |
| <i>NA</i>  |      |      |      |

| Hearing by Whisper Test                      |                                     |
|--|-------------------------------------|
| <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |
| <input checked="" type="checkbox"/> Adequate | <input type="checkbox"/> Inadequate |

Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES  NO