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-III

Name of the candidate: MUKARRAM HOSSAIN. P.port/C.D.C No: T/33392 Sex: MALE

D/B: 08/03/2002 Married / Unmarried:

Height: 5'5"

Weight: 60KG

Identification mark: NIL

MEDICAL HISTORY

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

Thave you even had of do now have any of the following (surke off whichever not appreade).								
Γ	a) Frequent headache/ Fainting	Yes/No W	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) Veneral disease	Yes/NoV				
	d) Chest pain/Angina pectoris	Yes/NoV	q) Skin disease	Yes/Nor				
	e) Breathlessness/ Spitting blood	Yes/No 🗸	r) Epilepsy of any kind	Yes/NoV				
	f) Rheumatic fever/ Arthritis	Yes/No √	s) Addicted to alcohol/drugs	Yes/No ✓				
	g)Asthma/Bronchitis	Yes/No V	t) Allergy to any food/drugs	Yes/Nov				
	h) Tuberculosis	Yes/No 🗸	u) Are you on any medication	Yes/No 🗸				
	i) Pep.ulcer/Jaundice/Haematemesis	Yes/No 🗸	v) Urinary tract infection	Yes/Nov				
Γ	j) Hernia/Hydrocele	Yes/No V	w) Past accident/operation	Yes/NoV				
F	k) Diabetes mellitus	Yes/NoV	x) Backache/Sciatica	Yes/No V				
	I) Renal calculi	Yes/NoV	y) Piles/Fissues	Yes/No V				
	m) Illness/accident requiring prolong	Yes/Nov	z) Have you ever been signed off on	Yes/No				
	Hospitalization		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

Height : 5'5" Weight: 60 KG BP: 130/75 mm hg Pulse: 72/min Resp: 16/min Gen. App: GOOD								
Vision: Right Eye:	Left Ey	ye: Rigl	nt ear: NORMAL	Left ear: N	ORMAL			
Without glass: 6/6	6/6	Inspection: NO	RMAL	NORMAL				
With glass: 6/6 6/6 Hearing:		NORMAL	NORMAL					
Color test by book : NAI	D Y	ellow: NAD	Red: NAD	Green: NAD	Blue: NAD			
Oral cavity & teeth : CLEAR & HEALTHY			Throat: CLEAR	Nervous sys	tem: NAD			
Cardiovascular system: NAD			Endocrine syst	em: NAD				

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Candidate Signature