DR. M. AYUBUR RAHMAN

Saba Diagnostic Centre

Taher Chamber (Ground Floor), (To the west of James Finlay Office)
10, Agrabad Commercial Area, CTG. TIL: 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: M/V AL MESSILAH. Rank: SM-III

Name of the candidate: SAIFUL ISLAM. P.port / C.D.C No: T/32238. Sex: MALE

D/B: 20/10/1999. Married / Unmarried:

Height: 5'5"

Weight: 56KG

Identification mark: A BLACK SPOT ON THE LT CHEST.

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/N | |
|---------------------------------------|----------|---|----------|
| b) Colour blindness/ Loss of vision | Yes/No | o)Varicose venis | Yes/No~ |
| c) High/ Low blood Pressure | Yes/No 🗸 | p) Veneral disease | Yes/No 🗸 |
| d) Chest pain/Angina pectoris | Yes/No 🗸 | q) Skin disease | Yes/No 🗸 |
| e) Breathlessness/ Spitting blood | Yes/No ? | r) Epilepsy of any kind | Yes/No 🗸 |
| f) Rheumatic fever/ Arthritis | Yes/No V | s) Addicted to alcohol/drugs | Yes/No ~ |
| g)Asthma/Bronchitis | Yes/No / | t) Allergy to any food/drugs | Yes/No 🗸 |
| h) Tuberculosis | Yes/No | u) Are you on any medication | Yes/No 🗸 |
| i) Pep.ulcer/Jaundice/Haematemesis | Yes/No 🗸 | v) Urinary tract infection | Yes/No~ |
| j) Hernia/Hydrocele | Yes/No ✓ | w) Past accident/operation | Yes/No 🖊 |
| k) Diabetes mellitus | Yes/No | x) Backache/Sciatica | Yes/No 🗸 |
| 1) Renal calculi | Yes/No | y) Piles/Fissues | Yes/No |
| m) Illness/accident requiring prolong | Yes/No | 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:

Candidate Signature

MEDICAL EXAMINE REPORT

| WEDICIE EMMINICE TELL CALL | | | | | | | |
|--------------------------------------|--------------|--|--|--|--|--|--|
| ht: 56 KG. | BP: 120/80 r | nm hg. Pulse: 72/1 | min Resp: 16/mi | n Gen. App: GOOD | | | |
| Left Eye: | | | Left ear: I | NORMAL | | | |
| 6/6 | Inspection | n: NORMAL | | NORMAL | | | |
| 6/6 | Hearing: | NORMAL | 1 | NORMAL | | | |
| D Yello | w: NAD | Red: NAD | Green: NAD | Blue: NAD | | | |
| Oral cavity & teeth: CLEAR & HEALTHY | | Throat: CLEAR Nervous system: NAD | | ystem: NAD | | | |
| Cardiovascular system: NAD | | | Endocrine system: NAD | | | | |
| | Left Eye: | Left Eye: Right 6/6 Inspection 6/6 Hearing: D Yellow: NAD LEAR & HEALTHY | Left Eye: Right ear: NORMAL 6/6 Inspection: NORMAL 6/6 Hearing: NORMAL D Yellow: NAD Red: NAD LEAR & HEALTHY Throat: CLEAR | 6/6 Inspection: NORMAL 6/6 Hearing: NORMAL D Yellow: NAD Red: NAD Green: NAD LEAR & HEALTHY Throat: CLEAR Nervous s | | | |