

**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**

Seafarer'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: SUKANTA BARUA. P.port/C.D.C No: T/33216 Sex: MALE****D/B: 04/11/1982 Married / Unmarried: Height: 167cm Weight: 58KG****Identification mark: A SCAR MARK ON THE RT HAND.****MEDICAL HISTORY**

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

|   |         |  |         |
|---|---------|--|---------|
| a) Frequent headache/ Fainting                        | Yes/No✓ | 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/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✓ | 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✓ |
| l) Renal calculi                                      | Yes/No✓ | y) Piles/Fissues                                   | Yes/No✓ |
| m) Illness/accident requiring prolong Hospitalization | Yes/No✓ | z) Have you ever been signed off on medical ground | Yes/No✓ |

**IF YES, GIVE DETAILS ON THE REVERSE**

I affirm that I am not suffering from any other diseases, which can be concealed and not revealed 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**

|  |                            |                    |                              |                            |                  |
|--|----------------------------|--------------------|------------------------------|----------------------------|------------------|
| <b>Height : 167cm Weight: 58KG BP: 120/75 mm hg Pulse:80/min Resp: 16/min Gen. App: GOOD</b> |                            |                    |                              |                            |                  |
| <b>Vision:</b>   | <b>Right Eye:</b>          | <b>Left Eye:</b>   | <b>Right ear:</b>            | <b>NORMAL</b>              | <b>Left ear:</b> |
| <b>Without glass:</b>  | <b>6/6</b>                 | <b>6/6</b>         | <b>Inspection:</b>           | <b>NORMAL</b>              | <b>NORMAL</b>    |
| <b>With glass:</b>   | <b>6/6</b>                 | <b>6/6</b>         | <b>Hearing:</b>              | <b>NORMAL</b>              | <b>NORMAL</b>    |
| <b>Color test by book :</b>  | <b>NAD</b>                 | <b>Yellow: NAD</b> | <b>Red: NAD</b>              | <b>Green: NAD</b>          | <b>Blue: NAD</b> |
| <b>Oral cavity &amp; teeth :</b>   | <b>CLEAR &amp; HEALTHY</b> |                    | <b>Throat: CLEAR</b>         | <b>Nervous system: NAD</b> |                  |
| <b>Cardiovascular system:</b>  | <b>NAD</b>                 |                    | <b>Endocrine system: NAD</b> |                            |                  |