



# HAQUE & SONS LTD.



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

PATIENT CONTROL NUMBER:  
H1008

## MEDICAL EXAMINATION CERTIFICATE

SURNAME <b>ISLAM</b>	FIRST NAME AND <b>SYED</b>	MIDDLE NAME <b>SHAHIDUL</b>
PLACE AND DATE OF BIRTH <b>CHATTOGRAM 22-Sep-1993</b>	PASSPORT NUMBER <b>BW0084821</b>	SEAMAN'S BOOK NUMBER <b>CO8483</b>
NATIONALITY : <b>BANGLADESHI</b>	SEX : <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESEL TYPE : <b>TANKER</b>
PERMANENT HOME ADDRESS : <b>EAST SUABIL, BAIDDERHAT, SHUABIL, BHUJPUR, CHATTOGRAM.</b>		TRADING AREA : <b>WORLD WIDE</b>
		CONTACT NUMBER : <b>01819-102961 (SELF)</b>
		RANK : <b>2ND OFFICER</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 <b>NIA</b>	<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 checked="" type="checkbox"/>

Comments:

**Fit For Duty on Board Ship**

42 Are you taking any non-prescription or prescription medications?  YES  NO

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.

*Shahidul*

Signature of Seafarer

### MEDICAL EXAMINATION

Weight **80KG** Height (cm) **169cm** BM **28.0** Blood Pressure: Systolic **120mm** Diastolic **80mm** PULSE: **72/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

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