Medical Examination of Seafarers Examinee's Declaration

Name (last, first, middle):	CHOWDHURY MD. RAHAT				
Date of birth (day/month/year):	21-12-1983				
Sex: Male / Female	MALE				
Home address:	GG/B/4, ALLISTAR, PLAT-H/7, RD-01				
	BL-E, S. KHULSHI, ZAKIR HOSSAIN ROAD, CTG.				
Passport No./Discharge book No.:	EG 6350559 C/0/4430				
Department (Deck/Engine/Radio/Food handling/other):	ENGINE				
Rank:	CH. ENGR.				
Routine and emergency duties (if known):	BOTH				
Type of ship (Cargo, Tanker, Passenger):	TANKER				
Trade area (coastal, tropical, worldwide):	WORLDWIDE				

Seafarer's Personal Declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

	Condition	Yes	No		Condition	Yes	No
1	Eye/vision problem		~	18	Sleep problem	100	
2	High blood pressure		V	19	Do you smoke, use alcohol or drugs?		1
3	Heart/vascular disease		V	20	Operation/surgery		1
4	Heart surgery		V	21	Epilepsy/seizures		1
5	Varicose veins/piles		v	22	Dizziness/fainting		1
6	Asthma/bronchitis		V	23	Loss of consciousness		0
7	Blood disorder		V	24	Psychiatric problems		1
8	Diabetes		V	25	Depression/Hepatitis		V
9	Thyroid problem		V	26	Attempted suicide		V
10	Digestive disorder		v	27	Loss of memory		1
11	Kidney problem		-	28	Balance problem		V
12	Skin problem	Carlo San Carlo	V	29	Severe headaches		~
13	Allergies		V	30	Ear (hearing, tinnitus)/nose/throat problem		✓
14	Infectious/contagious diseases		V	31	Restricted mobility		~
15	Hernia		V	32	Back or joint problem		1
6	Genital disorder		V	33	Amputation		1
17	Pregnancy with			34	Fractures/dislocations		1