Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Name (last, first, middle): CHOWDHURY. MD. SOHAL.

Date of birth (day/month/year): 01-02-1992 Sex: ☑ male ☐ female

Home address: _____

Passport No./Discharge Book No.: T/33733

Department (deck/engine/radio/food handling/other): FITTER.

Type of ship: Multi-Purpose cargo/Container/Bulk Carrier/Tanker (Oil/Product/Chemical/Crude)
Trade area: Worldwide

Examinee's personal declaration
(Assistance should be offered by medical staff)
Have you ever had any of the following conditions:

	Condition	Yes	No
1.	Eye/vision problem	☐	☑
2.	High blood pressure	☐	☑
3.	Heart/vascular disease	☐	☑
4.	Heart surgery	☐	☑
5.	Varicose veins/piles	☐	☑
6.	Asthma/bronchitis	☐	☑
7.	Blood disorder	☐	☑
8.	Diabetes	☐	☑
9.	Thyroid problem	☐	☑
10.	Digestive disorder	☐	☑
11.	Kidney problem	☐	☑
12.	Skin problem	☐	☑
13.	Allergies	☐	☑
14.	Infectious/contagious diseases	☐	☑
15.	Hernia	☐	☑
16.	Genital disorders	☐	☑
17.	Pregnancy N/A.	☐	☐
18.	Sleep problem	☐	☑

	Condition	Yes	No
19.	Do you smoke, use alcohol or drugs	☐	☑
20.	Operation/surgery	☐	☑
21.	Epilepsy/seizures	☐	☑
22.	Dizziness/fainting	☐	☑
23.	Loss of consciousness	☐	☑
24.	Psychiatric problems	☐	☑
25.	Depression	☐	☑
26.	Attempted suicide	☐	☑
27.	Loss of memory	☐	☑
28.	Balance problem	☐	☑
29.	Severe headaches	☐	☑
30.	Ear (hearing/tinnitus)/ nose/throat problems	☐	☑
31.	Restricted mobility	☐	☑
32.	Back or joint problem	☐	☑
33.	Amputation	☐	☑
34.	Fractures/dislocations	☐	☑

If any of the above questions were answered "yes," please give details.