Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Name (last, first, middle): RABBE, MOHAMMAD SHAHIDUZZAMAN

Date of birth (day/month/year): 12 / 01 / 1994 Sex: ☑ male ☐ female

Home address: VILL:- HALISHAHAR MONIR NAGAR, 07 WORD, P.O: BANDAR-4100
P.S:- BANDAR, DISIT:- CHATTOGRAM

Passport No./Discharge Book No.: EK0174359 / T/34658

Department (deck/engine/radio/food handling/other): DECK

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

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