

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: ✓ KMS

Date (day/month/year): 23 MAR 2021

Witnessed by : (Signature) [Signature]
DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)

Name: (typed or printed): Dr. Md. Ayubur Rahman, M.B.B.S, P.G.T, B.C.S (Health)
10, Agrabad C/A, Chittagong.
Regn. No. A-11820

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, M.B.B.S, P.G.T, B.C.S (Health)

Signature of examinee: ✓ KMS

Date (day/month/year): 23 MAR 2021

Witnessed by : (Signature) [Signature]
DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)

Name: (Typed or printed): Dr. Md. Ayubur Rahman, M.B.B.S, P.G.T, B.C.S (Health)
10, Agrabad C/A, Chittagong.
Regn. No. A-11820

Date and contact details for previous medical examination (if known): _____

MEDICAL EXAMINATION

SIGHT

Use of glasses or contact lenses: Yes/No (if yes, specify which type and for what purpose) ✓

	Visual acuity					
	Unaided			Aided		
	Right eye	Left Eye	Binocular	Right eye	Left Eye	Binocular
Distant	6/9	6/9	6/9	6/6	6/6	6/6
Near	✓	✓	✓	✓	✓	✓

Eye	Visual fields	
	Normal	Defective
Right	✓	
Left	✓	

Color vision

Not tested Normal Doubtful Defective

Hearing

Ear	Pure tone and audiometry (threshold values in DB)				
	500 HZ	1,000 Hz	2,000 Hz	3,000 Hz	
Right	✓	✓	✓	✓	
Left	✓	✓	✓	✓	

Speech and whisper test (meters)

Ear	Normal	Whisper
Right	✓	✓
Left	✓	✓

Clinical Findings

Height: 55 (cm) Weight: 79 (kg)
Pulse rate: 84 (/Minute) Rhythm: REGULAR
Blood pressure: Systolic: 140 (mmHg) Diastolic: 90 (mmHg)
Urinalysis: Glucose: NIL Protein(Albumin) NIL Blood: NIL