


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


Signature of examinee: 

Date (day/month/year): 25/10/20


Witnessed by: (Signature) 

Name: (typed or printed): DR. MD. AYUBUR RAHMAN, M.B.B.S, P.G.T, B.C.S (Health)
DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Latter Chamber
10, Agrabad C/A, Chittagong.

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: 

Date (day/month/year): 25/10/20

Witnessed by: (Signature) 

Name: (Typed or printed): Dr. Md. Ayubur Rahman, M.B.B.S, P.G.T, B.C.S (Health)
DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
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						Visual fields		
	Unaided			Aided			Eye	Normal	Defective
	Right eye	Left Eye	Binocular	Right eye	Left Eye	Binocular	Right	Left	
Distant	6/6	6/6	6/6				✓		
Near	✓	✓	✓				✓		

Color vision: Not tested Normal Doubtful Defective

Hearing

Ear	Pure tone and audiometry (threshold values in DB)						Speech and whisper test (meters)		
	500 HZ	1,000 Hz	2,000 Hz	3,000 Hz			Ear	Normal	Whisper
Right	✓	✓	✓	✓			Right	✓	✓
Left	✓	✓	✓	✓			Left	✓	✓

Clinical Findings

Height: 176 (cm) Weight: 62 (kg)
 Pulse rate: 72 (/Minute) Rhythm: REGULAR
 Blood pressure: Systolic: 120 (mmHg) Diastolic: 80 (mmHg)
 Urinalysis: Glucose: NIC Protein(Albumin) NIC Blood: NIC