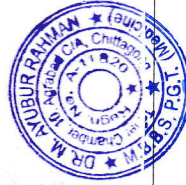


A 2-20

SEAFARER MEDICAL CERTIFICATE



Dr. Md. Ayubur Rahman
M.B.B.S, P.G.T, B.C.S (HEALTH)
Saba Diagnostic Centre
Taher Chamber, 10 Agrabad C/A
Chittagong
Tel: 031-715678
Cell: 01727-690222

CONFIDENTIAL FORM

Consultant Doctor: Shipping & Crew Manning Agencies: M/S A Z Shipping Services

This Certificate is issued by the undersigned authorized Medical practitioner By the Director General, Department of Shipping, Dhaka, Bangladesh, to the named seafarer in compliance with requirements of regulation 1/9, Section A-1/9 and section B-1/9, of the STCW 95 convention as amended in 2010, Guideline B.I.2.1 of the MLC 2006 and Guidelines on the medical examination of seafarer's 2013 Published by ILO.

FORMAT FOR RECORDING MEDICAL EXAMINATIONS OF SEAFARERS

Name (last, first, middle): MAHBUB MD ATIK

Date of birth (day/month/year): 26 11 1997 Sex: Male Female

Home address: MOHISHAKUNDI, MOHISHAKUNDI-7052, DAULATPUR, KUSHTIA

Passport No./Seafarer's book No: C/0111827

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

Rank: JR. ETO

Routine and emergency duties (if known): BOTH

Type of ship (e.g. container, tanker, passenger, bulk): BULK

Trade area (e.g., coastal, tropical, worldwide): 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7.	Blood disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	High blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8.	Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Heart/vascular disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9.	Thyroid problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Heart surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10.	Digestive disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Varicose veins/piles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11.	Kidney problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Asthma/bronchitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12.	Skin problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>