VANGUARD MARITIME LIMITED
MEDICAL HISTORY QUESTIONNAIRE

Dr.'s Initials

Name:	MD. FAROQUE HOSSAIN	Date of Birth :	
Address :	V(K) EMAMKALI		
PO: Boalea (PS) Bakergong	Seaman Certificate No.: T/30910	Phone :	01712457722
Employer :	Vessel : MV BRAVERO	Job Title :	GS
In Emergency, Notify :	Relationship :	Ph. :	
Personal Physician or Clinic :			
Address :			
	Physician's Phone :	031-715678	

Date : 25 OCT 2021

ALLERGIES:

Family History Has anyone in your family ever had :

	Yes	No		Yes	No		Yes	No
Diabetes		✓	Heart Disease		✓	Mental Illness		✓
High Blood Pressure		✓	Cancer		✓	Epilepsy/Seizure		✓

If "Yes", to any of the above, please explain:

Any other major conditions?

MALES ONLY	Yes	No	If yes, give details :	FEMALES ONLY	Yes	No
Prostate Problems		✓		Pregnancy		
Testicular Lumps		✓		Breast Lumps		
Penile Discharge		✓		Menstrual Problems		

Are you currently under a doctor's care? ☐ Yes ☑ No

If Yes, for what problem(s)?

Physician(s) Name/Address (if different than noted on page 1):

History of surgeries/hospitalizations : ☐ Yes ☑ No Date :

If yes, give details :

Date of last tetanus Vaccination:		(dd/mm/yyyy)
Other Vaccinations , Mention :		
Date of last dental cleaning:		(dd/mm/yyyy)
Date of recent dental work:		(dd/mm/yyyy)

Do you have or have received treatment for the following:

	YES	NO		YES	NO
Diabetes		✓	Jaundice or Hepatitis		✓
Heart Trouble		✓	Dizziness		✓
High Blood Pressure		✓	Back Problems		✓
Shortness of Breath		✓	Slipped Disc		✓
Chest Pain		✓	Wrist Problems		✓
Chronic Cough		✓	Fractured Vertebrae		✓
Asthma		✓	Arthritis / Gout		✓
Tuberculosis		✓	Kidney Problems		✓
Rheumatic Fever		✓	Cancer / Tumor		✓
Frequent Headaches		✓	Rash or Skin Problem		✓
Vision Problems		✓	Hernia / Hydrocele		✓
20/20 Vision		✓	Varicose Veins		✓
Epilepsy		✓	Drug Problems		✓
Hearing Problems		✓	Mental Breakdown		✓
Psychological Impairment, Depression or Mental Illness					✓
Sexually Transmitted Disease					✓

	Yes	No		
Do you or did you smoke?		✓	How long?	
			Packs per day?	
Do you use alcoholic beverages?		✓	How much/often?	
Do you use or take any drugs?		✓	Mention drugs used below :	

Are you presently on any medication : ☐ Yes ☑ No

If yes, Please list prescription and over the counter medications you take regularly:

Would you say that your health is (please check one): ☐ **Excellent** ☑ **Good** ☐ **Fair**

DECLARATION

I, MD. FAROQUE HOSSAIN, Seaman's Number T/30910, **Hereby Declare that** I have made full disclosure of all of my medical history to the Doctors and staff of this Clinic. I am aware that the information supplied by forms the basis upon which I will be offered employment as a Seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due under the Contract of Employment or under any Collective Bargaining Agreement. **I Also Hereby** consent to my medical records being made available upon demand to my employers and/or the Owners and/or Insurance of the Vessel or their authorized representatives.