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MERCANTILE SHIPPING LINES LTD

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DR. M. AYUBUR RAHMAN M.B.B.S. P.G.T. (Medicine) 10, Agrabad C/A, Chittagong No. A-11820

MEDICAL/ EXAMINATION (SEA FAREAR) CONVENTION 1946 (ILO NO.73)

Name: APURBA KUMAR BISWAS Rank: A/B Name of the Vessel: M.V. MEGHNA ROSE	Identification : CUT MARK ON BELLY Date of Birth : 28 - NOV - 1996 Place of Birth: BARISHAL	FIT/UNFIT

Medical History Have you ever had or do you now have any of following If yes please give details

	Yes	No		Yes	No
1. Frequent headaches/Fainting		✓	13.Enteric Fever/Malaria /Filaria		✓
2.Colour Blindness /Loss of Vision		✓	14.Skin Diseases		✓
3.Hypertension		✓	15. Venereal diseases		✓
4. Chest pain /angina pectoris		✓	16.Urinary Tract Infection		✓
5.Dyspnoea/shortness of Breath		✓	17. Prostate Gland disease		✓
6. Rheumatic Fever/ Arthritis		✓	18. Past Accidents /Operations		✓
7.Ashma / Bronchitis / Allergy		✓	19.Epilcpsy /Mental Illness		✓
8. Tuberculosis /Haemoptysis		✓	20.Diabetes Mellitus		✓
9.Peptic ulcer /jaundice/ Haemetemesis		✓	21. Renal Calculi		✓
10.Ear infection /Sinusitis/Vertigo		✓	22.Backache /Sciatica		✓
11.Hemial/Hydrocele/Piles/Fissures/sf Fistula in And /Appendicitis/Varicocele		✓	23.Allergy to food/drugs		✓
12. Parasitic infections of the Gastrointestinal		✓	24. Have you ever been signed of On medical grounds?		✓

Remarks THERE IS NO SYMPTOM OF COVID-19

Are you using any artificial aids?] NO.

Are you on any medication? If yes explain NO.

DR. MD. AYUBUR RAHMAN
M.B.B.S. P.G.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong.
Regn. No. A-11820

I affirm that I am not suffering from any other diseases which can be concealed and not revealed by I agree and declare that the above statement shall be the basis of my medical test report and that I personally stand responsible for any action taken by the company.

Chittagong 14 JUN 2021
Place and date of examination

Apurba
Signature of the applicant

Height:	Weight:	Blood Pressure:	Pulse:	Respiration	(General Appearance)
5'7"	66KG	110/75MMHG	72/MIN.	16/MIN	GOOD.
Vision	**Right Eye**	**Left Eye**	**Ears**	**Right Ear**	**Left Ear**
Without glasses	6/6	6/6	Inspection		
With glasses	✓	✓	Hearing		

07-2021-0526