VANGUARD MARITIME LIMITED
MEDICAL HISTORY QUESTIONNAIRE

Dr.'s Initials

Name:	MOHAMMAD FAISAL AZAM			Date of Birth :	18.07.1994
Address :	NORTH DELPARA, P.O: KUTUBPUR, P.S: FATULLAH, DIST: NARAYANGONJ				
		Seaman Certificate No.:	C107534	Phone :	01680622676
Employer :	VANGUARD MARITIME LTD	Vessel :	MV. BRAVE ROYAL	Job Title :	4TH ENGR
In Emergency, Notify :	MD. SAIMON HASSAN	Relationship :	BROTHER	Ph. :	01715603578
Personal Physician or Clinic :					
Address :					
				Physician's Phone :	

Date : 15.07.2021

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 :

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				☐	☑

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)**

	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, MOHAMMAD FAISAL AZAM, Seaman's Number C107534, **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.