

HAQUE & SONS LTD

(SNV)

ue Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880 31 716214-6, Fex: +880 31 710530 Accredited By : BMOC Accreditation No. A16713

PATIENT CONTROL NUMBER: H030961

MEDICAL EXAMINATION CERTIFICATE

SURNAME MOLLA	FIRST NAME	RAV	MIDDLE NAME			
PLACE AND DATE OF BIRTH	PASSPORT NUMBER	NAV	SEAMAN'S BOOK	NUMBER -		
PABNA 28-Jan-2002	A111	63136	The second second	T33533		
NATIONALITY: BANGLADESHI SEX:	✓ Male	VESSEL TYPE : CI	HEM. TANKER TRADIT		LD WIDE	
PERMANENT HOME ADDRESS :		CONT	ACT NUMBER :	8801789333661 (SELF)/	
ILL. KULONIA, PO. DOGACHI, PS. PABNA	MESSMAN					
Have you ever had any of the following cor	nditions?					
One distant	VER NO.	——Condition				
Condition 1 Eye/vision problem	YES NO	Condition 18 Sleep problems		YES	NO S	
2 High blood pressure	_ S	19 Do you smoke?			5/	
3 Heart/vascular disease		20 Operation/surge		_	5/	
4 Heart surgery	□ √√ ,	21 Epilepsy/seizure	1.5	ā	<u>s</u> /	
5 Varicose veins	□ s ⁄	22 Dizziness/faintin		A	5	
6 Asthma/bronchitis		23 Loss of conscion	•		8	
7 Blood disorder	□ ₫	24 Psychiatric prob		✓ ₱/	8	
'8 Diabetes	□ S 7	25 Depression		1/4/		
9 Thyroid problem	O	26 Attempted suicid		11> F/		
10 Digestive disorder	. 🗆 💇	27 Loss of memory	/(11		S/	
11 Kidney problem	,,, D , EQ , ~.	28 Balance probler	\sim \sim	! } · □	S/	
12 Skin problem		29 Severe meadach	ed II			
13 Allergies	- -	30 Earlings of throat	problems		4	
14 Infectious/contagious diseases		81 Restricted mobil	ity /		~	
15 Hemia		30 Back problems	\sim			
16 Genital disorders		3 Amputation			S	
17 Pregnancy	\$/ \P/	34 Fractures/disloc	ations		₹	
If any of the above questions were answere	ed yes, please give detail	1)	AND THE RESERVE			
01	111111					
Additional questions	12/10					
				YES	NO	
35 Have you ever been signed of as	sick or repatriated from a	ship?			5	
36 Have you ever been hospitalised?				. 🖳	8	
37 Have you ever been declared unfi					★	
Has your medical certificate ever t					⊡ ✓	
Are you aware that you have any	medical problems, disease	es or illnesses?	a letter	_	₽	
40 Do you feel healthy and fit to p		designated position/occ	cupation?	<u> </u>		
41 Are you allergic to any medication	s?	and the second second			S	
Comments: Fit Fo	r Duty On Board	Ship				
42 Are you taking any non-prescription				0	S	
If yes, please list the medications taken and	d the purpose(s) and dosa	ge(s)				
I hereby authorize the release of all my pro-	vious medical records from	any health professions	als, health institutions a	nd public authoriti	es to	
I hereby authorize the release of all my prev Dr. Paritosh Chakraborty (approved medi						
Dr. Paritosh Chakraborty (approved medi	ical practioner) I also certif					
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Dr. Paritosh Chakraborty (approved medidisqualify me from my employment, benefits Signature of Seafarer	ical practioner) I also certif s and claims.		ned above is true and a	ny false statemen	t will	
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Revision: 5.1

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Revision Date : 24th July 2022



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In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 78) #MSC RECIPIES Amended, MLC 2006

Revision: 5.1 Seafarers Medical Practitoner
Approved by D.G. Shipping Dhakit.

Revision Date: 24th July 2022



DICAL CER	TIFICATE	FOR I	PERSONNEL SERVICE	ON BOARD					
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Signature of Applicant Name of Applicant Date									
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SICIAN: Dr. Par	tosh Chakra	aborty.	MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)					
162, SK. Mujib	Road, Mos	tafa Pla	za (2/F), Badamtoly Mazir G	ate, Agrabad C/A, Chattogram.					
IFICATING AUT	HORITY: BAN	NGLADE	SH MEDICAL AND DENTAL	COUNCIL (B.M.D.C.)					
CERTIFICATE:	20-05-1986								
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