



HAQUE & SONS LTD.



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Accreditation No. A16713

PATIENT CONTROL NUMBER: H031179

MEDICAL EXAMINATION CERTIFICATE

SURNAME		FIRST NAME	AWAR MAHMUD		MIDDLE NAME		
JAWAD PLACE AND DATE OF BIRTH CHATTOGRAM 29-Sep-2001 JATIONALITY: BANGLADESHI SEX:		PASSPORT NU		SEAMAN'S BOC	SEAMAN'S BOOK NUMBER		
		PASSPORTING	A00503820		CO11746		
		✓ Male F	emale VESSEL TYPE	: CHEM. TANKER TRA	DING AREA: WORLD W		
	ENT HOME ADDRESS :	V Wale	C	ONTACT NUMBER :	+8801716-565382 (Sel		
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, MIDDI	LE YEARUB NAGAR, SOOTH TER	LIAL, I O OITAIN	IR.	ANK:	DECK CADE:		
AKUND	DA, CHATTOGRAM						
11	ou ever had any of the following cor	aditions?					
Have y	ou ever had any of the following ber	10,0110					
	Condition	YES NO	Condition		YES NO		
1	Eye/vision problem	o b	18 Sleep probl	ems			
2	High blood pressure		19 Do you smo	oke?			
3	Heart/vascular disease		20 Operation/s	surgery			
4	Heart surgery		21 Epilepsy/se	izures			
	Varicose veins		22 Dizziness/fa	ainting			
5			23 Loss of cor	sciousness	(d) (d)		
6	Asthma/bronchitis		24 Psychiatric		V Ala		
7	Blood disorder			State State Commission of the			
8	Diabetes Thursid problem			W 10	1 Della		
9	Thyroid problem				N. W.		
10	Digestive disorder			2 M L B			
11	Kidney problem		29 Severa-hea	adather 1	0 0		
12	Skin problem		30 Far/nose/ti	noat problems	0 8		
13	Allergies		31 Kestrioted				
14	Infectious/contagious diseases						
15	Hernia Genital disorders		33 Amputation				
16	. 1 ^	Da Ti	34 Fractures/o	dislocations			
17	Pregnancy N · H of the above questions were answer	ed "yes", please giv					
35 36 37 38 39	Have you ever been silved on a Have you give been loopitalised they you ever been declared un Has you medical certificate ever Are you aware that you have any Do you feel realthy and fit to	? In for sea duty? been restricted or r medical problems, perform the duties	evoked? diseases or illnesses?	on/occupation?			
47	Are you allergic to any medication	ns?					
Comm	ents:	For Duty On	Roard Chin				
	FIL	rei Duty Off	אוווכ חומסח				
40	Are you taking any non-prescripti	on or prescription	nedications?				
42 If you	please list the medications taken ar	d the nurnose(s) a	nd dosage(s)				
n yes,	piease list the medications taken at	pa.pooc(o) ai					
i hereb	by authorize the release of all my pre	evious medical reco	rds from any health profes	ssionals, health institutio	ns and public authorities		
to Dr. F	by authorize the release of all my pro Paritosh Chakraborty (approved m	nedical practioner) l	rds from any health profes also certify that my histor	ssionals, health institutio y contained above is true	ns and public authorities e and any false statement		
to Dr. F	by authorize the release of all my pro Paritosh Chakraborty (approved m qualify me from my employment, be	nedical practioner) l	rds from any health profes also certify that my history	ssionals, health institutio y contained above is true	ns and public authorities e and any false statement		
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MEDICAL EXAMINATION REPORT/CERTIFICATE

MARITIME ADMINISTRATOR

CONFIDENTIAL DOCUMENT

REPUBLIC OF THE MARSHALL ISLANDS

	THE REAL PROPERTY.	IN ACADIAI (DO	
SURNAME	GIVEN NAME(S)		
JAWAD	MUNAWAR MAHMUD		
DATE OF BIRTH	PLACE OF BIRTH		SEX
9 29 2001	CHATTOGRAM	BANGLADESH	SEA
MONTH DAY YEAR	CITY	COUNTRY	☑ MALE ☐ FEMALI
EXAMINATION FOR DUTY AS:	MAILING ADDRESS OF		
MASTER	666, MIDDLE YEAKUB	NAGAR, SOUTH TEI	REIAL, PO-SITAKUNDA
DECK OFFICER	PS- SITAKUNDA, CHA	TTOGRAM	
ENGINEERING OFFICER			
RADIO OFFICER	BANGLADESH.		
RATING			
MEDICAL EXAMINATION (SEE REVERSE S	IDE FOR MEDICAL REQUIREMENTS	STATE DETAILS OF	N REVERSE SIDE
HEIGHT WEIGHT BLOOD PRESSURE	PULSE RESPIRA	ΩI .	APPEARANCE
Transit O I (I O I	72/M 1 1.	8m	9000
VISION: RIGHT EYE LEFT EYE	HEARIN	G:	
WITHOUT GLASSES WITH GLASSES WITH GLASSES	2_	. 1 1	C A
National Property of the Control of	RT. EAR	NORMAL LEI	FTEAR NORMAL
COLOR TEST TYPE: BOOK MANTERN			"EXPLAIN ON PAGE 2)
ARE GLASSES OR CONTACT LENSES NECESSARY	TO MEET THE REQUIRED VIS	ION STANDARD? Ye	Nor
HEAD AND NECK NAD		(CARDIOVASCULA	
		(cimero intocolar	
LUNGS CLEAR			
LUNGS	SPEECH (I	DECK/NAVIGATIONAL OFF	TICER AND RADIO OFFICER)
	IS SPEECH UN	IMPAIRED FOR NORMAL VO	DICE COMMUNICATION?
EXTREMITIES:		ſ	
UPPER NOKMA	LOWER	NORMAI	
IS APPLICANT VACCINATED IN ACCORDANCE WITH WH	O RECOMMENDATIONS? Yes	No	
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE A SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OI	AGGRAVATED BY WORKING ABOAT THER PERSONS ON BOARD? YES	RD A VESSEL, OR TO REND	DER HIM/HER UNFIT FOR
IF YES, PLEASE ENTER EXPLANATION IN THE SECTION AT THE		, [] 110	
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPT		NOIY	
1 2-			7 007 0000
CIGNATURE OF A DRUGAN	08_QCT	2024 4	17 001 2026
SIGNATURE OF APPLICANT	DATE OF EXAM	MINATION	EXPIRY DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF			
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINAT	ION WAS GIVEN TO:	MUNAWAR MAHMUD	JAWAD
	-	NAME OF APPLICA	ANT
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICA	BLE DISEASE (OR VIRUSES FOR	COOKE VEELS N	П
SEAFARER IS FOUND TO BE FIT / NOT FIT FOR D	NETY AS A THANK TO DO	COOKS). 1ES_ NC	
RADIO OFFICER / RATING / CHIEF COOK /	DOON WELLOUE AND DEC	K OFFICER / ENGINE	ERING OFFICER /
RESTRICTIONS: No Restriction	OOK WITHOUT ANY REST	RICTIONS / WITH TH	IE FOLLOWING
	nakraborty, MBBS (CU), DMU (S		
ADDRESS Ideal Patholozy. 162, SK. Mujib Road, Mosta			
JAME OF PHYSICIAN'S CERTIFICATING			
	BANGLADESH MEDICAL Dr. Paritosh Ch	AND DENTAL COUR	NCIL (B.M.D.C.)
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 20-Ma	y-1986 MBBS (CU), DMU (SUE) CCCD (Heart Fe	CCD (Mindern)	
IGNATURE OF PHYSICIAN	CCCD (Heart Fo	oundation) le A16713	8 OCT 2024
-	Sectarors Medical	Tractitione:	DATE
	Approved by D.C. Sh	ipping Dhake	DATE

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the International Convention on Standards of Training,

Certification and Watchkeeping for Seafarers 1978, as amended, and the Maritime Labour Convention, 2006, as amended.