



HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A16713

PATIENT CONTROL NUMBER: H031038

Rummana Haque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh.

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MEDICAL EXAMINATION CERTIFICATE

SURNAME AZAM KHAN		FIRST NAME.				MIDDLE NAME GIASH UDDIN			
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9 AUG 2024 Date
Other services
Other services

In Accordance with Medical Examination (Seafarers) Convention 1946 (No. 18 and 67 kW 1978/1996 as Amended, MLC 2006

Revision: 5.1

Seafarers Medical Practitioner Revision Date: 24th July 2022

SURNAME: AZAM KHAN				GIVEN NAME (S): A. B. M. GIASH UDDIN				
DATE OF BIRTH				PLACE (OF BIRTH	1	SEX -	
	MONTH 9	YEAR	1981	CITY	CHITTAGONG COUNTRY	BANGLADESH	MALE FEMALE	
POSITION ON BOAR			i i	MAILIN	G ADDRESS OF APPLICANT			
MASTER				1/2, C.E	A COLONY, MEHEDIBAG,	CHITTAGONG		
DECK OFFICER								
ENGINEERING OFFI	ICER 🗹							
RADIO OPERATOR				BANGL	ADESH.			
RATING			<u>_</u>					
DECLARATION OF	THE AUTHORIZED) PHYSIC	IAN		OOL OD TEST TYPE		HEARING	
	VISION				COLOR TEST TYPE			
	WITHOUT GLA	SSES	WITH GLAS	SSES	ВООК		· CaDadas	
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Confirmation that ide		2372	hecked at the	point of	examination: YES NO			
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Hearing meets the st		-	Ction A-1/9? 1	E3 [3 NO 1 NOTTHE			
Unaided hearing satis			Ц		7			
Visual acuity meets s	standards in STCW	/ Code, Se	ection A-1/9?	YES	NO D			
Colour vision meets	standards in STCV	V Code, S	ection A-1/9?	YES	M NO [
(the visual test it is re	equired every six ye	ears)	1 (B ALIA	2024			
Date of the last colou			ar)	AUI	3 , 2024			
Are glasses or contain				ision sta	andards? YES NO			
Able for watchkeepin				inna? VI	s MNO П			
Is applicant taking ar	ny non-prescription	or prescri	ption medicati	OHS? TE	a contract the	seafarers unfit for	r such service or to	
Is the seafarer free fr	of other persons or	n boardy Y	JES NO		by service at sea or to render the			
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endanger the health o	t I am in knowledge				AZAM KHAN	1 9 AL	IG 2024	
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Hereby I declare that	4 Applicant	A. B.	M. GIASH U	JDDIN	AZAM KHAN ——ant	Date	•	
Hereby I declare that Signature of	f Applicant	A. B.	M. GIASH L	JDDIN of Applic	ant	Date	e / DECK OFFCIER /	
Hereby I declare that Signature of	f Applicant	A. B.	M. GIASH L	JDDIN of Applic	ant	Date	e / DECK OFFCIER /	
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MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD