

HAQUE & SONS LTD.

Tel: +880 31 716214-6, Fex: +880 31 716530

Accredited By BMLR Accreditation No. 316,

PATIENT CONTROL NUMBER <NO>

MEDICAL EXAMINATION CERTIFICATE

| SURNAME KHAN | | FIRST NAME | | | | MIDDLE NAME | | |
|---|--|---|---|--|--------------|--|---------------------------------------|---|
| PLACE AND DATE OF BIRTH | | PASSPORT NUMBER | | | | JUNAYED | | |
| | MANBARIA 3-Jan-2002 | PASSPO | | | | SEAMAN'S BOOK NUMBER | | |
| | IALITY: BANGLADESHI SEX: | ✓ Male | Female | 563210 | (05 01151 | | T34545 | |
| ERMAI | NENT HOME ADDRESS : | [Wale | remale | VESSEL II | | M. TANKER TRA | | |
| | AMPAKNAGAR, PO. NOORPUR - 3 | 450, PS. BI | JOYNAGAR | DIST | CONTAC | I NUMBER : | 019398821 | 92 (SELF |
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| ,,, | | | | | | | | |
| Have | you ever had any of the following cor | nditions? | | | | | | |
| | Condition | YES | NO I | Condition | <u> </u> | | VI | S NO |
| 1 | Eye/vision problem | | CS/ | 18 Sleep pr | | | '' | |
| 2 | High blood pressure | | (J) | 19 Do you s | | * * | | |
| 3 | Heart/vascular disease | | 0/ | | n/surgery | | | |
| 4 | Heart surgery | | | 21 Epilepsy | | | | |
| 5 | Varicose veins | | S / | _pepoy. | | | | |
| 6 | Asthma/bronchitis | | d | | | | - | |
| 7 | Blood disorder | | D√ | | onsciousne | | ~ \ | 4 |
| 8 | Diabetes | | 0 | | ric problem: | S | | |
| 9 | Thyroid problem | | 4 | 25 Depressi | | - | IN | 1 12 |
| 10 | Digestive disorder | | | 26 Attempte | | 110 | IN Z | 1 Com |
| 11 | Kidney problem | | | 27 Loss of m | | | 1170 | |
| 12 | | | Ø, | 28 Balance | | 111 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| 13 | Skin problem | | | | eadache | 11 1 | | Ø |
| | Allergies | | d, | | throat prol | plems | | ~ |
| 14 | Infectious/contagious diseases | | D. | Restricted | mobility | 1 | | *O/ |
| 15 | Hernia | | | 32 Back prot | elems |) | | |
| 16 | Genital disorders | | | 83 Amputatio | | | | ď |
| 17 | Pregnancy N A the above questions were answered | P1 | I Jul | | /dislocation | s | | 1 |
| | nal questions Have you ever been signed offas si | ickortepatria | ated from a s | / | | | YES | |
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YES

NO

Hearing meets the standards as laid down in STCW Code Section A-1/9 ?

| i | | | Couples :: | | | | Views | I fields |
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| F | 7.5 | v | /Isual acuity Aided | | | Visua | i fields | |
| F | Right eye | Left ey | e Righ | | Left eye | | Normal | Defective |
| Distant | SI L | - III | e ixigii | Leye | Lait aye | Right eye | V | |
| Near | NS | 1 0/5 | | | | Left eye | J | |
| Visual acuity i | | ndard laid d | own in STCV | / Code 3 | Section A-1/9 | YES / NO | | |
| | | | | | Normal | □ Doubtful | ☐ Defective | |
| Colour vision | | | | | | | L Delective | |
| Data of look a | olovic vicion to | et: Data (da | y/month/year | 2 2 | 2 OCT 20 | 124 | | |
| Date of last co | Jioui vision le | St. Date (da) | y/morningear, | | <u> </u> | <i>,</i> _ : | | |
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| | The same of the sa | | | | | | | |
| | | | Normal | Abnorn | nal | | N | lormal Abnorma |
| Head | | | | | Varicose | veins | | b |
| Sinuses, nose | throat | | ⊠′ | | | r (inc. pedal pulses) | | |
| and the same of the same | , unout | | B | | | n and viscera | | √ 2 □ |
| Mouth/teeth | | | ₫. | | | II allu viscela | | |
| Ears (general) | | | | | Hernia | | | |
| Tympanic mer | mbrane | | 8/ | | 0.000,000,000,000,000,000 | ot rectal exam) | | - / |
| Eyes | | | N N | | G-U sys | | | |
| Opthalmoscop | у | | | | Upper a | nd lower extremities | | D D |
| Pupils | 190 | | ⊌ . | | Spine (C | /S, T/S and L/S) | | |
| Eye movemen | ıt | | D D | - 🗆 | F-12-767-600H 1070 | gic (full brief) | | |
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| Chest X-Ray | | ORMAL | | VIICAL (| LIVER FUNCTION | | | |
| ECG | | NAD | BILIRUBIN | | 0.55 | Aldohol | | itive Negative |
| | BLOOD R/E | | SGPT | | 37.0 | URME | | VAD |
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| HAEMOGLOBI | | 4.1 | DR | UG AN | ALCOHOLTE | HBsAg | | activ |
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| SURNAME: KHAN | | | GIVEN NAME (S) MD JU | JNAYED | |
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| | ONTH 1 YEAR | | LACE OF BIRTH | | SEX |
| POSITION ON BOARD: | JATT T TEAR | | ITY BRAHMANBARIA COUNT | | DESH MALE FEMAL |
| MASTER | | | AILING ADDRESS OF APP ILL. CHAMPAKNAGAR, PO | | 450 |
| DECK OFFICER | | | S. BIJOYNAGAR, DIST. BR | | |
| ENGINEERING OFFICE | R 🔲 | | , | | DANGED CON. |
| RADIO OPERATOR RATING | | B | ANGLADESH. | | |
| DECLARATION OF THE | AUTHORIZED PHYSIC | IAN | | | - |
| | VISION | IAN | | | |
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| RIGHT EYE | ElG | WITH GLASS | | | |
| CIOTI ETE | - JB | | LANTERN | RIGHT EA | R -NORMAL |
| | 6/6 | | YELLOW AND RED A | | R -NORMAL -NORMAL |
| EFT EYE | | | GREEN NAD BLUE | | -NORMAL |
| | | | nt of examination: YES | NO 🗆 | |
| earing meets the standar | ds in STCW Code, Sect | ion A-1/9? YES | M NO □ NOT APL | ICABLE | |
| naided hearing satisfacto | nry? YES 🗹 NO | | | **** | |
| isual acuity meets standa | rds in STCW Code, Sec | tion A-1/9? YES | M NO I | | |
| olour vision meets standa | ards in STCW Code, Sec | tion A-1/9? YES | | | |
| ne visual test it is required | | | | | |
| ate of the last colour vision | | 22,0 | CT, 2024 | | |
| e glasses or contact lense | | | | | |
| ole for watchkeeping? YES | | e required vision | standards? YES NO | <u> </u> | |
| applicant taking any non- | | | 5 50 | | |
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