

## HAQUE & SUNS LID.

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laque Tower, 1267/A, Goshaildanga, Agrabad C/A, Chattogram, Bangladesh. Tel: +880 31 716214-6, Fex: +880 31 710530

PATIENT CONTROL NUMBER

Accreditation No. A16713

## **MEDICAL EXAMINATION CERTIFICATE**

	IE .	FIRST NAME		MIDDLE NAME		
	KABIR		MD.	I manage and transfer and transfer and	SHAJAHAN	
LACEA	ND DATE OF BIRTH	PASSPORT NUMBE	ER	SEAMAN'S BOO	K NUMBER	
	TOGRAM 20-Apr-1980	A0*	7809320		T30049	
	ALITY: BANGLADESHI SEX:	✓ Male Fema		: CHEM. TANKER TRAI	DING AREA: WO	RLD WID
	ENT HOME ADDRESS:			ONTACT NUMBER :	01712267777 (	SELF) /01
	R & SONS, MAIN GURD ROOM, E		ATENGA, R	ANK:	AB	
:WIIDDL	E PATENGA, DIST. CHITTAGONO	i, BANGLADESH.				
Have v	ou ever had any of the following con	clitions?				
	and the second s					
	Condition	YES NO	Condition		YES	NO
1	Eye/vision problem		18 Sleep proble	ems		0
2	High blood pressure		19 Do you smo	ke?		0
3	Heart/vascular disease		20 Operation/s	urgery		5/
4	Heart surgery		21 Epilepsy/sei			0
5	Varicose veins		22 Dizziness/fa	inting		9
6	Asthma/bronchitis		23 Loss of con	sciousness		8
7	Blood disorder		24 Psychiatric	oroblems	~ b/	4
8	Diabetes		25 Depression		MICH	100
9	Thyroid problem		26 Attempted s	uicide	11701	De
10	Digestive disorder		27 Loss of men			DV
11	Kidney problem		28 Balance pro			DV
12	Skin problem		29 Severe hear		10 -	8
13	Allergies			oat problems		D/
14	Infectious/contagious diseases		31 Restricted in			M
15	Hernia		32 Back proble			V
16	Genital disorders		33 Amputation			100
17	Pregnancy N.A	an Id	34 Fractures/di			19
35 36	Have you ever been signed off as: Have you ever been hospitalised?	sick or repatriated from	a ship?		YES	NO BY
37	Have you ever been declared unfit					D'
25	"Has your medical certificate ever b	en restricted or revoke	ed?			
38						
38		edical problems, disea	ses or illnesses?			D/
39 40	Are you aware that you have any m			/occupation?		
39		rform the duties of yo		/occupation?		
39 40 41	Are you aware that you have any m Do you feet healthy and fit to pe Are you allergic to any medications his:	rform the duties of yo	ur designated positior	v/occupation?	ο.	
39 40 41	Are you aware that you have any m Do you feet healthy and fit to pe Are you allergic to any medications his:	rform the duties of yo	ur designated positior	n/occupation?		
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## MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

RNAME: KABIR	GIVE	NAME (S): MD. SHAJAH	AIN	
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TE OF BIRTH: DAY 20 MONTH 4 YEAR 1980	CITY	CHATTOGRAM COUNTRY		MALE FEMALE
OSITION ON BOARD:	MAILIN	G ADDRESS OF APPLICAN	Γ: 200M	
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learing meets the standards in STCW Code, Section A-1/	19? YES	NO LI NOTTE LOS		
Inaided hearing satisfactory? YES TO NO				
isual acuity meets standards in STCW Code, Section A-	1/9? YES	NO D		
Colour vision meets standards in STCW Code, Section A-	1/9? YES	☑ NO ∐		
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	n F, SF	P, 2024.		
Are glasses or contact lenses necessary to meet the requ	ired vision s	tandards? FES [] NO []		
Able for watchkeeping? YES YOU NO		ref		
Is applicant taking any non-prescription or prescription me	edications?	YES NO T	eferere unfit	for such service or to
Is applicant taking any non-prescription of prescription files is the seafarer free from any medical condition likely to be endanger the health of other persons on board? YES	e aggravated NO	I by service at sea or to render to	e sealarers urinc	10. 000.
Hereby I declare that I am in knowledge of the contents of	of the Physic	al Examination.		
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	N. Jamahand	MERS (CII) DMII (SUB), CC	D (Birdem), CCC	D (Heart Foundation)
NAME AND DEGREE OF PHYSICIAN: Dr. Paritosh C	hakrabori	DISTO (2/E) Radamtoly Mazi	r Gate, Agraba	ad C/A, Chattogram.
NAME AND DEGREE OF PHYSICIAN: Dr. Paritosh C ADDRESS: Ideal Patholozy. 162, SK. Mujib Road NAME OF PHYSICIAN'S CERTIFICATING AUTHORIT	Moctara	Playa (ZII I, Dadanito)		
NAME OF PHYSICIAN'S CERTIFICATING AUTHORIT	Y: BANGLA	UESH MEDICAL AND DEN		
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DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 20-05		Dr. Paritosh Chal	craborty	
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DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 20-05-	STA	MSBS (CU), DMU (SUS), C MP OFPREIGNEART FOU BMDC REG No.	CD (Birdem) ndation) - A16713 ractitioner	DATE: <u>05 SEP</u>
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DATE OF ISSUE PHYSICIAN'S CERTIFICATE: 20-05- SIGNATURE OF PHYSICIAN:  EXPIRY DATE OF CERTIFICATE: 14 SEP	2026	MSBS (CU), DMU (SUS), C MP OFPREIGNEART FOU BMDC REG No.	CD (Birdem) ridation) - A16713 ractitioner ping Dhake ments	