



# HAQUE & SONS LTD.



Accreditation No. A16713

Remita Haque Tower, 1267/A, Goshaldanga, Agrabad C/A, Chattogram, Bangladesh.  
Tel: +880 31 716214-6, Fax: +880 31 710530

PATIENT CONTROL NUMBER:  
H171

## MEDICAL EXAMINATION CERTIFICATE

SURNAME <b>SANY</b>	FIRST NAME <b>REASON PRASHAD</b>	MIDDLE NAME <b>BARUA</b>
PLACE AND DATE OF BIRTH <b>CHITTAGONG 24-Oct-1988</b>	PASSPORT NUMBER <b>A05445292</b>	SEAMAN'S BOOK NUMBER <b>CO6072</b>
NATIONALITY: <b>BANGLADESHI</b> SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	VESSEL TYPE: <b>CHEM. TANKER</b>	TRADING AREA: <b>WORLD WIDE</b>
PERMANENT HOME ADDRESS: <b>VILL. ABURKHIL (TALUKDAR PARA), P.O. GUJARA (B.O.), P.S. RAOJAN, DIST. CHITTAGONG.</b>	CONTACT NUMBER: <b>01819-806479, 016736-691</b>	RANK: <b>1ST ASST ENGINEER</b>

Have you ever had any of the following conditions?

Condition	YES	NO	Condition	YES	NO
1 Eye/vision problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18 Sleep problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 High blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19 Do you smoke?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Heart/vascular disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20 Operation/surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Heart surgery	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21 Epilepsy/seizures	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Varicose veins	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22 Dizziness/fainting	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Asthma/bronchitis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23 Loss of consciousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Blood disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24 Psychiatric problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25 Depression	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Thyroid problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26 Attempted suicide	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Digestive disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27 Loss of memory	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Kidney problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28 Balance problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Skin problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29 Severe headaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	30 Ear/nose/throat problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 Infectious/contagious diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31 Restricted mobility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Hernia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32 Back problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Genital disorders	<input type="checkbox"/>	<input checked="" type="checkbox"/>	33 Amputation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Pregnancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	34 Fractures/dislocations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If any of the above questions were answered "yes", please give details.

### Additional questions

Question	YES	NO
35 Have you ever been signed on as sick or repatriated from a ship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Have you ever been hospitalised?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Have you ever been declared unfit for sea duty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Has your medical certificate ever been restricted or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39 Are you aware that you have any medical problems, diseases or illnesses?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40 Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 Are you allergic to any medications?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

**Fit For Duty On Board Ship**42 Are you taking any non-prescription or prescription medications?  YES  NO

If yes, please list the medications taken and the purpose(s) and dosage(s)

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Paritosh Chakraborty (approved medical practitioner) I also certify that my history contained above is true and any false statement will disqualify me from my employment, benefits and claims.

Signature of Seafarer

### MEDICAL EXAMINATION

Weight **76kg** Height (cm) **182cm** BM **22** Blood Pressure: Systolic- **120mmHg** Diastolic **80mmHg** PULSE: **72/min**

Ear	Hearing by Audiometry
Right	<input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate
Left	<input checked="" type="checkbox"/> Adequate <input type="checkbox"/> Inadequate

Audiometry			
500	1000	2000	3000
N/A			

Hearing by Whisper Test	
<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate
<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate

Hearing meets the standards as laid down in STCW Code Section A-1/9? YES  NO

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: <b>SANY</b>	GIVEN NAME (S): <b>REASON PRASHAD BARUA</b>	
DATE OF BIRTH: DAY <b>24</b> MONTH <b>10</b> YEAR <b>1988</b>	PLACE OF BIRTH CITY <b>CHITTAGONG</b> COUNTRY <b>BANGLADESH</b>	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input checked="" type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>DEWANHAT C.S.D COLONY, HOUSE NO. 23, DOUBLE MOORING, DIST. CHITTAGONG. BANGLADESH.</b>	

### DECLARATION OF THE AUTHORIZED PHYSICIAN

	VISION		COLOR TEST TYPE		HEARING
	WITHOUT GLASSES	WITH GLASSES	<input checked="" type="checkbox"/> BOOK		
RIGHT EYE	<i>EL6</i>	—	<input checked="" type="checkbox"/> LANTERN		RIGHT EAR — <i>NORMAL</i>
LEFT EYE	<i>SL6</i>	—	YELLOW <i>NAD</i> RED <i>NAD</i>		LEFT EAR — <i>NORMAL</i>
			GREEN <i>NAD</i> BLUE <i>NAD</i>		

Confirmation that identification documents were checked at the point of examination: YES  NO

Hearing meets the standards in STCW Code, Section A-1/9? YES  NO  NOT APPLICABLE

Unaided hearing satisfactory? YES  NO

Visual acuity meets standards in STCW Code, Section A-1/9? YES  NO

Colour vision meets standards in STCW Code, Section A-1/9? YES  NO   
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **24, OCT, 2024**


Are glasses or contact lenses necessary to meet the required vision standards? YES  NO

Able for watchkeeping? YES  NO

Is applicant taking any non-prescription or prescription medications? YES  NO

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES  NO

Hereby I declare that I am in knowledge of the contents of the Physical Examination.

  
Signature of Applicant

**REASON PRASHAD BARUA SANY**  
Name of Applicant

**24 OCT 2024**  
Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

**Fit For Duty On Board Ship**


**No Restrictions**

NAME AND DEGREE OF PHYSICIAN: **Dr. Paritosh Chakraborty, MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)**

ADDRESS: **Ideal Pathology, 162, SK. Mujib Road, Mostafa Plaza (2/F), Badamtoly Mazir Gate, Agrabad C/A, Chattogram.**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY: **BANGLADESH MEDICAL AND DENTAL COUNCIL (B.M.D.C.)**

DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **20-05-1986**

SIGNATURE OF PHYSICIAN: 

**Dr. Paritosh Chakraborty**  
MBBS (CU), DMU (SUB), CCD (Birdem), CCCD (Heart Foundation)  
BMDG REG No. **A16713**  
Seafarers Medical Practitioner  
Approved by: **D.C. Shipping Dhaka**  
<http://www.bmdc.gov.bd>

DATE: **24 OCT 2024**

EXPIRY DATE OF CERTIFICATE: **23 OCT 2026**