

HAQUE & SONS LTD.



Accredited By : BMDC Accreditation No. A 22539

PATIENT CONTROL NUMBER: HS4178FF

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

MEDICAL EXAMINATION CERTIFICATE

PLACE AND DATE OF BIRTH CHITTAGONN 21-Dec-1992 PASSPORT NUMBER B00005690 NTONALITY: BANGLAGERII SEX: Male Female VESSELTYPE: CHEM. TANKET TRADING AREA: WORLD W PERMANENT HOW ADDRESS: IRLL: BASANTAPUR, P.S.: FULGAZI, P.O.: AMIADHAT, DIST: FENI. Have you ever had any of the following conditions? Condition YES NO Condition 18 Steep problem 19 Doyou snoke? 19 Doyou snoke? 19 Doyou snoke? 2 High blood pressure 2 High blood pressure 3 Heart surgery 4 Heart surgery 5 Various everins 5 Various everins 6 Ashtmabrononhils 7 Blood disorder 7 Blood disorder 8 Diabetes 9 Diabetes 9 Typicidi problem 10 Digestive disorder 10 Digestive disorder 11 Kidney problem 12 Sikin problem 13 Allergian 14 Intectious contaiguous diseases 15 Allergian 16 Cental disorders 17 Allergian 18 Allergian 19 Have you ever been signed off as sick or repatriated from a ship? 31 Have you ever been hospitalised? 32 Have you ever been nepticalised or revoked? 33 Amputation 34 Are you allergic to any medications? FIFED Data Doad Ship 14 Interchous containing any non-prescription or prescription or prescript	SURNAME RAHMAN	FIRST NA	ME	o.	MIDDLE NAME	SHARIAR	
NATIONALITY: BANGLABSHI SEX: Maile Female VESSELTYPOTATE VESSELTYPOTATE VESTION VESTION					SEAMAN'S BO		
PERMARKENT FORKE ADDRESS: CONTACT NUMBER: 01716-644658 RANK: MASTER Have you ever had any of the following conditions? Condition YES NO Eyelwision problem 18 Sieep problems PES NO Eyelwision problem 18 Sieep problems PES NO Eyelwision problem 19 Sieep problems PES NO Eyelwision eyelwision problems PES NO E					TANKER TANKER TO		DI DIM
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1 Seperation problem	Condition	YES	NO	Conditio	n	YES	NO
Heart viracular disease	1 Eye/vision problem		4	18 Sleep pro	blems		
4 Heart surgery	2 High blood pressure		Ø	19 Do you si	moke?		0
Solution	3 Heart/vascular disease		8	20 Operation	n/surgery		8
Asthmatorochilis				21 Epilepsyl	seizures		1954A 1945
Post					VII. 10 (10 (10 (10 10))		
8 Diabetes			01/22				100
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10 Digestive disorder			5		non		3000
11 Kidney problem					d suicide		
2 Skin problem							22.00
Additional questions 30 Ear/nose/throat problems					oroblem		050(0
14			100000				
18 Hernia			0.000		throat problems		
16 Genital disorders			2000				(SEC)
If any of the above questions were answered 'yes', please give details. Additional questions YES NO 36 Have you ever been signed off as sick or repatriated from a ship? 37 Have you ever been hospitalised? 38 Has you reduced certificate ever been restricted or revoked? 39 Are you aware that you have any medical problems, diseases or illnesses? 40 Do you feel healthy and fit to perform the duties of your designated position/occupation? 41 Are you allergic to any medications? Comments: Riffor Duty on Board Ship 42 Are you taking any non-prescription or prescription medications? 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. MG Rafiqul Islam [approved medical gractioner] I also certify that my history contained above is true and any false statement will disqualify me from my engioyment, benefits and claims. PULSE: Adequate Diastolic PULSE: Adequate Inadequate Pulse: Adequate Inadequate Adequate Inadequate Pulse: Adequate Inadequate Inadequate	15 Hernia		2000 m	32 Back prob	olems		1727 C Gary
If any of the above questions were answered "yes", please give details. Additional questions Additional questions	16 Genital disorders		≥	33 Amputation	on	-	4
Additional questions 35	17 Pregnancy N/A			34 Fractures	/dislocations		A
Are you taking any non-prescription or prescription medications? If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and the purpose(s) and dosage(s) If yes, please list the medications taken and heads professionals, health institutions and public authorities to purpose the purpose taken and public authorities to purpose taken	40 Do you feel healthy and 41 Are you allergic to any me	d fit to perform the du edications?	uties of your d	designated positi	ion/occupation?	_	
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. Md Rafiqul Islam (approved medical gractioner) 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 EDICAL EXAMINATION Weight 7 Height (cm) / 6 BM / 7 Blood Pressure: Systolic / 10 If Diastolic PULSE: Full Pulse: If Pulse:		Fit For Duty	OU ROSIG C	my			
I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. Md Rafiqul Islam (approved medical gractioner) 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 EDICAL EXAMINATION Weight 7 Height (cm) 6 BM 7 Blood Pressure: Systolic 7 Diastolic PULSE: PULSE: Pulse Pulse: Pu	42 Are you taking any non-p	rescription or prescript	ion medication	ns?			N
Dr. Md Rafiqul Islam (approved medical practioner) I also certify that my history contained above is true and any false statement will disqualify me from my enprioryment, benefits and claims. Signature of Seafarer IEDICAL EXAMINATION Weight 7 Street Hearing by Audiometry Right Adequate Inadequate Left Adequate Inadequate Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES NO To be cont'd on page 2 Revision Date: 24th Jul	If yes, please list the medications t	aken and the purpose	(s) and dosage	e(s)			
Hearing by Audiometry Hearing by Audiometry Hearing by Whisper Test Hearing meets the standards as laid down in STCW Code Section A-1/9 ? YES NO	Dr. Md Rafiqul Islam (approved me	edical practioner) I also					ies to
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In Accordance with Medical Examination (Seafarers) Convention 1946 (Mg. 78) and STOW 1978; 996 as Amended, MLC 2006

Seafarer's Medical Convention Date: 24th July 2022

Approved By D.G.Shipping Dhukes

Revision Date: 24th July 2022

Regd No : A 22539