



Accredited By : BMOC Accorditation No. A 22539

H366

PATIENT CONTROL NUMBER:

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

MEDICAL EXAMINATION CERTIFICATE

SURNAME CHOWDHURY		FIRST NAME MOHAMMED					MIDDLE NAME KAPIL UDDIN			
LACE AND DATE OF BIRTH NOAKHALI 3-Feb-1976 ATIONALITY: BANGLADESHI SEX:		PASSPORT NUMBER B00068441					SEAMAN'S BOOK NUMBER CO3997			
		ERMANENT HOME ADDRESS : L. NORTH SHAHPUR, P.O. SENBAG, P.S						CONTAC	T NUMBER :	01786-490262 (SELF)
. SENBAG, DIST. NOAKHALI.				RANK :		2ND ASST ENGINEER				
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2	High blood pressure			19	Do you s				Lar	
3	Heart/vascular disease		10	20		in/surgery			0	
4	Hearl surgery		B	21		/seizures		0	W	
5	Varicose veins	0	2	22	100000000000000000000000000000000000000	s/fainting			8	
6	Asthma/bronchitis		Carrie	23			252		N. Carlot	
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	Blood disorder		Te-	24		ric problen	15		2104620	
8	Diabetes		10.000	25	Depress				N.	
9	Thyroid problem		3	26		ed suicide			12	
10	Digestive disorder		2	27	Loss of r	nembry			2	
11	Kidney problem		ar_	28	Balance	problem			0	
12	Skin problem		8	29		neadaches			(B"	
13	Allergies		2	30		/throat pro	hloms		10	
14	Infectious/contagious diseases		a ·	31		d mobility	Dienia	5	0	
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