



Accredited By : BMDC Acoreditation No. A 22539

PATIENT CONTROL NUMBER HST29207

Revision Date: 24th July 2022

HAQUE & SONS LTD.

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## **MEDICAL EXAMINATION CERTIFICATE**

	RAHMAN	FIRST NA		MMA	D		MIDDLE NAME	MAHBUBUR		
가는 시작하다 있다.	ND DATE OF BIRTH	MOHAMMAD PASSPORT NUMBER B00059359					SEAMAN'S BOOK NUMBER T29207			
ATIONA		Male	Female			PE : CH	EM. TANKER TR	ADING AREA: WO	ORLD WI	
	NT HOME ADDRESS :	maio	Tullialo	-122			CT NUMBER :	01824-012687		
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NGLAD	ESH.			86		RANK	1	CHIEF	JOOK	
Have vo	ou ever had any of the following cor	ditions?		-			7 19			
		Service Service								
-1	Condition	YES	NO	18	Conditie			YES	NO	
2	Eye/vision problem High blood pressure	Ö	8	19	Sleep pr	7				
3	The state of the s		3	20	Do you s					
4	Heart/vascular disease					n/surgen				
88563	Heart surgery			21	101/08/1005	/seizures				
5	Varicose veins			22		s/fainting			2	
6	Asthma/bronchitis		<u>n</u>	23		conscious				
7	Blood disorder			24	THE RESERVE	ric proble	ems		o o	
8	Diabetes	4		25	Depress				3	
9	Thyrold problem		8	26	400	ed suicide	9		2	
10	Digestive disorder		8	27	Loss of	nemory			5	
11	Kidney problem		8	28	Balance	problem			15	
12	Skin problem			29	Severe I	neadache	5		A	
13	Allergies		D-	30	Ear/nose	hroat p	problems		G.	
14	Infectious/contagious diseases		6	31	Restricte	ed mobilit	у			
15	Hemia.		<b>d</b>	32	Back pro	blems	7		(A)	
16	Genital disorders		5	33	Amputat	ion			5	
17	Pregnancy N/A			34	Fracture	s/disloca	tions		0	
35	nal questions Have you ever been signed off as		riated from a	ship?				YES	NO Y	
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Left eye	Right e	ye Left ey		ye	Left eye			INOIII	iai.	Delective
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Date of last colour vision test: Date (day/month/year)			m		my	Left e		-	7.0	1000
Date of last colour vision test: Date (day/month/year)								_		
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Head   Variose veins   Variose veins   Walter   Vascular (inc. pedal pulses)   Walter   Wal						_		- //-	- 1	- 72
Head    Varioses veins   Varioses   Varioses			Normal Al	norm	al		12 12		No	rmal Abnormal
Sinuses, nose, throat	Hoad		2.1-2.1-2.1-2.1-2.1-2.1-2.1-2.1-2.1-2.1-		Var	innso veins au	lost			
Mouthheeth Ears (general) Burs (general) Abdomen and viscorer Burs (general) Anus (not rectal exam)  Cyper and lower extremities Bysis C(S, TS and L(S)  Cyper and lower extremities Bysis C(S, TS and L(S)  Cyper and lower extremities Bysis C(S, TS and L(S)  Cyper and lower extremities Bysis C(S, TS and L(S)  Cyper and lower extremities Bysis C(S, TS and L(S)  Cyper and lower extremities Bysis C(S, TS and L(S)  Cyper and lower extremities Breat examination  Bursus Company Compan					Var	cular (inc. nedal	pulses)		-	
Ears (general)			1							1 St. 1000
Tympanic membrane  Eyes  Great Manus (not rectal exam)  Great			10 To 100 C 100 C				+			
Eyes Opthalmoscopy Opthalmosco	2010 H 1200 C. D. S. L. D.		1 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200	.00		m)			
Opthalmoscopy Pupils   Spline (C/S, T/S and L/S)   Spline (C/S, T/S) and L/S)   Spline (T/S, T/S) and L/S	- A A		202 CO.				any			
Pupils  Eye movement Lungs and chest  Preast examination  Reactive Amount Algorithms  Broad Examination  Broad Examination  BRODD RVE BGOT  General appearance  BLODD RVE BGOT  GENERAL ALGORD ALCOHOL TEST  HEARD URINE RVE  HAEMOGLOBIN (HGB)  DRUG AND ALCOHOL TEST  HEARD Reactive Amount Algorithms  BRODD RVE BGOT  HAEMOGLOBIN (HGB)  DRUG AND ALCOHOL TEST  HEARD Reactive Amount Algorithms  BRODD RVE BRODD	1985 MM MODEL A 17 5,0-570		3.00 A				Iromitiae			
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Lungs and chest Breast examination Heart	CONTRACTOR DOS		200							
Breast examination Heart							1			Table 100
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BIO CHEMICAL (LIVER FUNCTION TEST)   Marijuana   Positive   Pegative   Pegative   Positive   Pegative   Pega	SULTS OF ANCILLAR	Y EXAMINATIO	NS		****			8	-3525	
BILODD R/E SGPT Y URINE R/E DC(differential count) HAEMOGLOBIN (HGB) GORD BRUCH SGPT Y URINE R/E DRUG AND ALCOHOL TEST HBSAG Reactiv L/Nonreactiv ESR (WESTERGREN) HAMphetamine Positive R/Negative WBC Y Amphetamine Positive R/Negative WBC Positive R/Negative WBC Positive R/Negative WBC HEATOM RAMPHETAMINE BLOOD GLUCOSE LEVEL Phencyclidine Positive R/Negative Positi		IN		CAL (I	IVER FUN	(CTION TEST)	Marijuan	а	Posi	tive 12 Negative
BLOOD R/E  DC(differential count)  SGOT  DRUG AND ALCOHOL TEST HBsAg  Reactiv L*Nonreactiv ESR (WESTERGREN)  Morphine  Positive Reactiv L*Nonreactiv WBC  Amphetamine Peritive Reactiv L*Nonreactiv WBC  HIV / AIDS Test Reactiv L*Nonreactiv Positive Reactiv L*Nonreactiv Reactiv L*Nonr		4				1	-			
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BLOOD GLUCOSE LEVEL Phencyclidine Positive Negative Blood Type RANDOM Hype A Mile Barbiturates Positive Negative Psychological Exam HBA1C W W Cocaine Positive Physical examinations:  MOHAMMAD MAHBUBUR RAHMAN Name of Seafarer Name of Seafarer Date  Ressment of fitness for service at sea: the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically:  Fit for lookout duties Not fit for lookout duties  Deck service Engine service Catering service Other services  Without restrictions  With restrictions  With restrictions  With restrictions  Order Persons on board?  Yes No  On taken by medical examiner (e.g., referral):		4						O TEST		
Barbiturates   Positive   Negative   Psychological Exam   Psychological Exam   Psychological Exam   Positive   Psychological Exam   Psy	A Committee of the Comm	SELEVEL					The second second	ne	- jixea	
eby I declare that I am in knowledge of the contents of the Physical examinations:    MOHAMMAD MAHBUBUR RAHMAN   30 NOV 202									177	And I
MOHAMMAD MAHBUBUR RAHMAN  Anature of Seafarer  Name of Seafarer  Name of Seafarer  Name of Seafarer  Note the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically:  Fit for lookout duties  Not fit for lookout duties  Not fit for lookout duties  Not fit for lookout duties  Without restrictions  With restrictions  With restrictions  With restrictions  With restrictions  Note of seafarer unfit for such service or to anger the health of other persons on board?  Yes  No  No  No  No  No  No  No  No  No  N					_					4
MOHAMMAD MAHBUBUR RAHMAN Name of Seafarer Name of Seafarer Name of Seafarer Name of Seafarer Date    Comparison of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the minee medically:		1								
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Fit for lookout duties    Deck service   Engine service   Catering service   Other services		e's personal de	claration, my cli	nical e	xamination	and the diagnor	stic test re	sults record	ed above	, I declare the
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on taken by medical examiner (e.g., referral):				F	No					
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on taken by medical examiner (e.g., referral):	cribe restrictions (e.a. s	pecific position	type of shin tra	de are	a):					
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In Accordance with Medical Examination (Seafarers) Convention (946 No. 78) and ELGW 1978/1998 as Amended, MLC 2006

Revision Date: 24th July 2022

Revision: 5.1