

**PHYSICAL EXAMINATION REPORT/CERTIFICATE
DEPUTY COMMISSIONER OF MARITIME AFFAIRS**

ANNEX 2

THE REPUBLIC OF LIBERIA

LAST NAME OF APPLICANT PALASH	FIRST NAME IBRAHIM KHALIL	MIDDLE INITIAL ULLAH.
DATE OF BIRTH MONTH 02 DAY 16 YEAR 1984	PLACE OF BIRTH NOAKHALI. CITY COUNTRY LIB.	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> RATING <input type="checkbox"/> MATE <input type="checkbox"/> MOU DECK <input type="checkbox"/> ENGINEER <input checked="" type="checkbox"/> MOU ENGINE <input type="checkbox"/> RADIO OFF <input type="checkbox"/> SUPERNUMERARY <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: CHARKHALI. CHAR FOKRA. COMPANIGANJ. NOAKHALI.

MEDICAL EXAMINATION (SEE PAGE 2) STATE DETAILS ON PAGE 2

HEIGHT 168 CM	WEIGHT 55 KG	BLOOD PRESSURE 120/70 MMHG	PULSE 84 /MIN	RESPIRATION 16 /MIN	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6	LEFT EYE 6/6		
DATE OF LAST COLOR VISION TEST (Month/Day/Year) 23 FEB 2023 Testing Required every 6 years					
COLOR VISION MEETS STANDARDS IN STCW CODE, TABLE A-1/9?				YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input checked="" type="checkbox"/> CHECK IF COLOR TEST IS NORMAL			YELLOW <input checked="" type="checkbox"/>	RED <input checked="" type="checkbox"/>	GREEN <input checked="" type="checkbox"/> BLUE <input checked="" type="checkbox"/>
HEARING: RT. EAR NORMAL		LEFT EAR NORMAL			
HEAD AND NECK NORMAL		HEART (CARDIOVASCULAR) NORMAL			
LUNGS CLEAR		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? YES.			
EXTREMITIES: UPPER NORMAL		LOWER NORMAL			
IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IF YES, EXPLAIN IN DETAILS OF MEDICAL EXAMINATION ON PAGE 2. NO					

PALASH
SIGNATURE OF APPLICANT

23 FEB 2023
DATE OF EXAM

22 FEB 2025
EXPIRY DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **IBRAHIM KHALIL ULLAH PALASH.**
(NAME OF APPLICANT)

Fit For Duty on Board Ship

(HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER, RATING, MOU DECK, MOU ENGINE or SUPERNUMERARY). IF EMPLOYED AS A WATCHSTANDER (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR LOOKOUT DUTIES?

NAME AND DEGREE OF PHYSICIAN DR. M. AYUBUR RAHMAN	M.B.B.S; P.G.T (Medicine)
ADDRESS SABA DIAGNOSTIC CENTRE	TAHER CHAMBER
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY AGRABAD C/A, CHITTAGONG.	BMDC AND DG SHIPPING
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	GOVT. OF BD 23-02-1984
SIGNATURE OF PHYSICIAN DR. M. AYUBUR RAHMAN	DATE OF EXAMINATION 23 FEB 2023

This certificate is issued by authority of the Deputy Commissioner of Maritime Affairs, R.L. and in compliance with the requirements of the Maritime Labour Convention, 2006 for the Medical Examination of Seafarers.
The Medical Certificate shall be valid for no more than two (2) years from the date of the Examination for those over 18 years of age and for no more than one (1) year for those under 18 years of age.