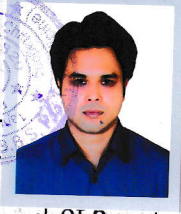


(4)



	NAAF MARINE SERVICES	NMS/F-04	Date
	TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE		Issue No
			Page No

CONFIDENTIAL FORM

SURNAME CHOWDHURY	GIVEN NAME(S) ATM ABDULLAH		
DATE OF BIRTH MONTH 10 DAY 10 YEAR 1986	PLACE OF BIRTH CITY BRAHMANBARIA COUNTRY BDESH	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input checked="" type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: _____) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: CHINAIR, BRAHMANBARIA, SADAR, BHATSHLA 3450, BRAHMANBARIA, BANGLADESH.		

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

HEIGHT 5'7"	WEIGHT 75KG	BLOOD PRESSURE 125/80mmHg	PULSE 72/min	RESPIRATION 16/min	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR NORMAL LEFT EAR NORMAL	
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"/>					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
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 WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

	11 NOV 2021
SIGNATURE OF APPLICANT	DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: ATM ABDULLAH CHOWDHURY	
NAME OF APPLICANT	
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
SEAFARER IS FOUND TO BE <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> NOT FIT FOR DUTY AS A <input type="checkbox"/> MASTER / <input checked="" type="checkbox"/> DECK OFFICER / <input type="checkbox"/> ENGINEERING OFFICER / <input type="checkbox"/> RATING / <input type="checkbox"/> CHIEF COOK / <input type="checkbox"/> COOK / <input checked="" type="checkbox"/> WITHOUT ANY RESTRICTIONS / <input type="checkbox"/> WITH THE FOLLOWING RESTRICTIONS:	
NAME AND DEGREE OF PHYSICIAN DR. MD. Ayubur Rahman	
ADDRESS M.B.B.S. P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY BMDC Reg No: A-11820	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE AND APPROVED BY DG Shipping Govt. of Bangladesh	
SIGNATURE OF PHYSICIAN	11 NOV 2021
DATE	

This Certificate is in compliance with the requirements
of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW 19/A)

(CONTROLLED DOCUMENT)

Quality Manual: Naaf Marine Services, Chittagong, Bangladesh: July 2012