

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



CONFIDENTIAL FORM

SURNAME AWAL	GIVEN NAME(S) ABDUL
DATE OF BIRTH MONTH 04 DAY 12 YEAR 1969	PLACE OF BIRTH CITY CHARTTOGRAM COUNTRY BANESH
SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input checked="" type="checkbox"/> OTHERS (RANK: Fitter) <input checked="" type="checkbox"/>	MAILING ADDRESS OF APPLICANT: South Hali Shahar, Fazar Ali s Barre, W-39 EPZ, Chittagong sailors colony - 4218 Chittagong, Bangladesh.

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

HEIGHT 5'8"	WEIGHT 87KG	BLOOD PRESSURE 135/85mmHg	PULSE 84/min	RESPIRATION 16/min	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES WITH GLASSES	RIGHT EYE 6/12 6/6	LEFT EYE 6/12 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 type="checkbox"/> BLUE <input type="checkbox"/>					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? Yes <input checked="" type="checkbox"/> No <input 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"/>					

Signature of Applicant

26 DEC 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:

Abdul Awal

NAME OF APPLICANT

Fit For Duty on Board Ship

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐

SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☐ ENGINEERING OFFICER / ☒ RATING / ☐ CHIEF COOK / ☐ COOK / ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN DR. MD. Ayubur Rahman M.B.B.S. P.G.T (Medicine)	DATE 26 DEC 2021
ADDRESS Taher Chamber, 10, Agrabad C/A, Chittagong	
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY BMDC Reg No: A-11820 AND APPROVED BY DG Shipping Govt. of Bangladesh	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	
SIGNATURE OF PHYSICIAN DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong	DATE 26 DEC 2021

This certificate is in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

(CONTROLLED DOCUMENT)

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