
	NAAF MARINE SERVICES	NMS/F-04	Date <u>13 JAN 2021</u>
	TITLE: - PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE		Issue No _____ Page No _____



CONFIDENTIAL FORM

SURNAME <u>AMRAN</u>		GIVEN NAME(S) <u>ABU</u>	
DATE OF BIRTH MONTH <u>09</u> DAY <u>11</u> YEAR <u>1999</u>		PLACE OF BIRTH <u>CHATTOGRAM</u> <u>BANGLADESH</u> CITY COUNTRY	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 type="checkbox"/> OTHERS (RANK: <u>OS</u>) <input checked="" type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <u>CHARKIDIRPUR, WEST GOMDANDI</u> <u>BOALKHALI, CHATTOGRAM, BANGLADESH</u>	

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

HEIGHT <u>167 cm</u>	WEIGHT <u>74 kg</u>	BLOOD PRESSURE <u>120/80 mmHg</u>	PULSE <u>72/min</u>	RESPIRATION <u>16/min</u>	GENERAL APPEARANCE <u>GOOD</u>
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VISION: WITHOUT GLASSES RIGHT EYE <u>6/6</u> LEFT EYE <u>6/6</u> WITH GLASSES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		HEARING: RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>	
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COLOR TEST TYPE: BOOK ☒ LANTERN ☒ CHECK IF COLOR TEST IS NORMAL - YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒

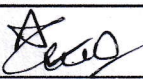
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? Yes ☐ No ☒

HEAD AND NECK <u>NORMAL</u>	HEART (CARDIOVASCULAR) <u>NORMAL</u>
LUNGS <u>CLEAR</u>	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>YES</u>

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 ☐ No ☒

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒



SIGNATURE OF APPLICANT

13 JAN 2021

DATE

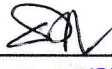
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: ABU AMRAN 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	<u>DR. M. AYUBUR RAHMAN</u>
ADDRESS	<u>M.B.B.S. P.G.T. (Medicine)</u> <u>SABA DIAGNOSTIC CENTRE</u> <u>TAHER CHAMBER</u> <u>10 AGRABAD C/A, CHITTAGONG.</u> <u>BMDC AND DG SHIPPING</u> <u>GOVT. OF BD</u> <u>23-02-1984</u>
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	
SIGNATURE OF PHYSICIAN	 <u>13 JAN 2021</u> DATE

DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong.
Regn. No. A-1122

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

07-2021-0039