

NAAF MARINE SERVICES

NMS/F-04

D

Date

1 July 2012

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Other diagnostic test(s) and result(s):

Test 160, HIV, DEA

Result worner

Vaccination status recorded (optional, but recommended by Administrator): Yes No	
Vaccination status recorded (optional, but recommended by Administrator): Yes	Medical practitioner's comments and assessment of fitness, with reasons for any limitations:
Assessment of fitness for service at sea On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically: Fit for look-out duty Not fit for look-out duty	Fit For Duty on Board Ship
On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically: Fit for look-out duty Not fit for look-out duty	Vaccination status recorded (optional, but recommended by Administrator): Yes No
Tesults recorded above, I declare the examinee medically: Fit for look-out duty Not fit for look-out duty	Assessment of fitness for service at sea
Deck service Engine service Catering service Other services Fit	On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:
Without restrictions With restrictions Visual aid required Yes No Describe restrictions (e.g., specific positions, type of ship, trade area) Action taken by medical practitioner (e.g., referral): Medical certificate's date of expiration (day/month/year): Date of medical certificate issued (day/month/year): Number of medical certificate: O7-202/-0039 Official stamp: Signature of medical practitioner: Name of medical practitioner: Name of medical practitioner: Typea of practitioner: Name of medical practitioner: Typea of practitioner: Typea	Fit for look-out duty Not fit for look-out duty
Without restrictions With restrictions Visual aid required Yes No Describe restrictions (e.g., specific positions, type of ship, trade area) Action taken by medical practitioner (e.g., referral): Medical certificate's date of expiration (day/month/year): Date of medical certificate issued (day/month/year): Number of medical certificate: OF-2021-0039 Official stamp: Signature of medical practitioner: Name of medical practitioner: (Typed Market Chamber Chamb	Fit
Action taken by medical practitioner (e.g., referral): Medical certificate's date of expiration (day/month/year): Date of medical certificate issued (day/month/year): Number of medical certificate: 07-202(-0039) Official stamp: Signature of medical practitioner: Signature of medical practitioner: Taker Chamber License number of medical practitioner: Taker Chamber Taker Chamber Contingons	
Medical certificate's date of expiration (day/month/year): 12/JAN 2023 / Date of medical certificate issued (day/month/year): 13 JAN 2021 / Number of medical certificate: 07-202(-0039 Official stamp: Signature of medical practitioner: Typed off princed (Medicine) License number of medical practitioner: Taher Chamber (A Chittagong)	Describe restrictions (e.g., specific positions, type of ship, trade area)
Medical certificate's date of expiration (day/month/year): 12/JAN 2023 / Date of medical certificate issued (day/month/year): 13 JAN 2021 / Number of medical certificate: 07-202(-0039 Official stamp: Signature of medical practitioner: Typed off princed (Medicine) License number of medical practitioner: Taher Chamber (A Chittagong)	
Date of medical certificate issued (day/month/year): Number of medical certificate: 07-202(-0039 Official stamp: Signature of medical practitioner: (Typed off printed)(Medicine) License number of medical practitioner: Taher Chamber License number of medical practitioner: Taher Chamber CA Chittagong.	Action taken by medical practitioner (e.g., referral):
Number of medical certificate: 07-2021-0039 Official stamp: Signature of medical practitioner: Typed official practitioner: (Typed official practitioner: Taher Chamber Chamb	(ddy/month).
Official stamp: Signature of medical practitioner: Name of medical practitioner: (Typed off printed) (Medicine) License number of medical practitioner: Taher Chamber (A Chittagong)	Date of medical certificate issued (day/month/year):13 JAN 2021 //
Name of medical practitioner: (Type of printed) (Medicine) License number of medical practitioner: Taher Chamber (A Chittagong.	Official stamp:
License number of medical practitioner: Taher Cha Chittagong.	Name of medical practitioner: (TypeR-M-printed) Medicine)
10, Agram No. A-11820	License number of medical practitioner: Taher Chamber of Medical practitioner: Taher Chamber of C/A, Chittagong.
Address of medical practitioner: Authorized by: (competent authority)	Address of incured practitioner.

(CONTROLLED DOCUMENT)

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