

	NAAF MARINE SERVICES	NMS/F-04	Date	1 July 2012
	TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE		Issue No	00
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CONFIDENTIAL FORM

SURNAME	HAMJA	GIVEN NAME(S)	AMIR
DATE OF BIRTH	MONTH 02 DAY 10 YEAR 1981	PLACE OF BIRTH	CITY CHATTOGRAM COUNTRY B'DESH
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: (03)) <input type="checkbox"/>	SEX	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		MAILING ADDRESS OF APPLICANT:	
		WEST BAGKHALI, WARD-05, SITAKUNDA SHEKHHER HAT- 4311, CHATTOGRAM	

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

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
5'6"	74 KG	140/85 MM/Hg	96 K/S	16/MIN	GOOD.
VISION:	RIGHT EYE	LEFT EYE	HEARING:		
WITHOUT GLASSES	6/6	6/6	RT. EAR NORMAL LEFT EAR NORMAL		
WITH GLASSES	✓	✓			
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			HEART (CARDIOVASCULAR)		
NORMAL			NORMAL		
LUNGS			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)		
CLEAR			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 OCT 2023
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:	
AMIR HAMJA	
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 type="checkbox"/> DECK OFFICER / <input type="checkbox"/> ENGINEERING OFFICER / <input checked="" 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	26 OCT 2023
DATE	

DR. MD. AYUBUR RAHMAN
M.B.B.S. P.G.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong

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