
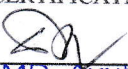
	NAAF MARINE SERVICES		NMS/F-04	Date	1 July 2012
	TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE			Issue No	00
				Page No	1 of 6

## CONFIDENTIAL FORM

SURNAME <u>HOSSAIN</u>	GIVEN NAME(S) <u>AMZAD</u>	
DATE OF BIRTH MONTH <u>03</u> DAY <u>01</u> YEAR <u>1971</u>	PLACE OF BIRTH CITY <u>CHATTGRAM</u> COUNTRY <u>BANGLADESH</u>	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: <u>(FTR)</u> ) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <u>SOUTH HALISHAHAR, WARD-39, EP2,</u> <u>CHITTAGONG, SAILORS COLONY-4218,</u> <u>CHATTGRAM</u>	

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

HEIGHT <u>165CM</u>	WEIGHT <u>74KG</u>	BLOOD PRESSURE <u>140/90MMHG</u>	PULSE <u>84/MIN</u>	RESPIRATION <u>16/MIN</u>	GENERAL APPEARANCE <u>GOOD</u>
VISION: WITHOUT GLASSES RIGHT EYE <u>6/9</u> LEFT EYE <u>6/9</u> WITH GLASSES <u>6/6</u> <u>6/6</u>		HEARING: RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>			
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 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 checked="" type="checkbox"/> No <input type="checkbox"/>					
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 <u>NORMAL</u> LOWER <u>NORMAL</u>					
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 JAN 2024	
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:		<u>AMZAD HOSSAIN</u>	
<u>Fit For Duty on Board Ship</u>		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		<u>DR. MD. Ayubur Rahman</u>	
ADDRESS		<u>M.B.B.S., P.G.T (Medicine)</u> <u>Taher Chamber,</u>	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY		<u>10, Agrabad C/A, Chittagong</u> <u>BMDC Reg No: A-11820</u>	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE		<u>AND APPROVED BY</u> <u>DG Shipping</u> <u>Govt. of Bangladesh</u>	
SIGNATURE OF PHYSICIAN		11 JAN 2024	
		DATE	
<u>DR. MD. Ayubur Rahman</u> <u>M.B.B.S., P.G.T (Medicine)</u> <u>Taher Chamber,</u> <u>10, Agrabad C/A, Chittagong</u> <u>BMDC Reg No: A-11820</u> <u>AND APPROVED BY</u> <u>DG Shipping</u> <u>Govt. of Bangladesh</u>			

As per compliance with the requirements  
of the International Convention 1946 (ILO No. 73, STCW I 9/A)

## (CONTROLLED DOCUMENT)

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



07-2024-0066