

Results:

NAAF MARINE SERVICES

NMS/F-04

Date Issue No

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form

	CONFIDENTIAL FORM										
Sight				V.		.:C. whic	ah tune	and for	what ouro	ose)	
Sight Use of glasses or contact lenses: Yes / No (if yes, specify which type and for what purpose) Visual fields											
			Visual	acuity	cuity					Defective	
	Unaided	Aided				D:-1-4		Defective			
	Right	Left	Binocular	Right	Left	Binocu	lar	Right	-		
	eye	eye		eye	eye		_	eye Left			
Distant	~		_					eye			
				-						Description of the Control of the Co	
Near	V	1	1						,0		
			· 1	D'N	Vormal	Γ	Doul	otful	☐ De	fective	
Color v	ision:		ot tested		VOITILAI	L					
Hearin	g										
Pure tone and audio metry (threshold values in dB) Speech and whisper in the speech and whisper is the speech and white speech									test (metres)		
	500		0 2,000	3,000	4,000	6,000			Normal	Whisper	
	Hz	Hz	Hz	Hz	Hz	Hz	Гр	ight oor			
Right	ear 🗸	~				-	K	ight ear			
						-	L	eft ear	~	-	
Left e	ar /								<u> </u>		
Weight: 4 (kg)									;)		
Height. Reaven											
Pulse rate: 6 (/minute) Rilyumi. 25 (mm										(mm Hg)	
Height: 173 (cm) Weight: 74 (kg) Pulse rate: 62 (/minute) Rhythm: Require Blood pressure: Systolic: 125 (mm Hg) Diastolic: 96 (mm Hg)											
Hrinal	ucie.	Glucose	NI	1	Protein:						
Urinalysis: Glucose: Normal Abnormal Normal Abnormal											
	OTHIAI	Skin									
Head		님	Varicose veins				9				
Sinuses, nose, throat				님	Vascular (inc. pedal pulses)						
Mouth/teeth					Abdomen and viscera				9		
Ears (general)					Hernia				P		
Tympanic membrane									P		
Eyes				\sqsubseteq	Anus (not rectal exam.)					-	
Opthalmoscopy					G-U system				마		
Pupils					Upper and lower extremities					- H	
Eye movement					Spine (C/S, T/S and L/S)				<u> </u>		
Lungs and chest					Neurologic (full brief)					/	
Breast examination N (4					Psychiatric					/ L	
Heart					General appearance				19	Ц	
Derformed on (day/month/year): 0 2/MAY 2023										AY 2023	
Ches	Chest X-ray: Not performed Performed on (day/month/year).										

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(CONTROLLED DO CUMENT)

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