

	<b>NAAF MARINE SERVICES</b>	NMS/F-04	Date
	<b>TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE</b>		Issue No
			Page No



**CONFIDENTIAL FORM**

SURNAME <b>SUBHAN</b>	GIVEN NAME(S) <b>AZOM</b>
DATE OF BIRTH MONTH <b>06</b> DAY <b>14</b> YEAR <b>1983</b>	PLACE OF BIRTH CITY <b>SYLHET</b> COUNTRY <b>B'DESH</b>
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: _____) <input checked="" type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>TURUK KHOLA, 09NO DAUDPUR UNION PARISHAD, MOGLABAZAR, SYLHET</b>

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

HEIGHT <b>5'5"</b>	WEIGHT <b>83KG</b>	BLOOD PRESSURE <b>120/80mmHg</b>	PULSE <b>72/min</b>	RESPIRATION <b>16/min.</b>	GENERAL APPEARANCE <b>Good.</b>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b>		HEARING: RT. EAR <b>NORMAL</b> LEFT EAR <b>NORMAL</b>	
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 <b>NORMAL</b>			HEART (CARDIOVASCULAR) <b>NORMAL</b>		
LUNGS <b>CLEAR</b>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>yes.</b>		
EXTREMITIES: UPPER <b>NORMAL</b> LOWER <b>NORMAL</b>					
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 <b>V/S</b>	DATE <b>01 NOV 2021</b>
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <b>AZOM SUBHAN</b>	
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 <b>DR. MD. Ayubur Rahman</b>	
ADDRESS <b>M.B.B.S., P.G.T. (Medicine)</b>	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <b>Taher Chamber,</b>	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <b>10, Agrabad C/A, Chittagong</b>	
SIGNATURE OF PHYSICIAN <b>BMDC Reg No: A-11820</b>	
DATE <b>01 NOV 2021</b>	

DR. MD. AYUBUR RAHMAN  
 M.B.B.S., P.G.T. (Medicine)  
 Taher Chamber  
 10, Agrabad C/A, Chittagong  
 BMDC Reg. No. A-11820  
 This certificate is in compliance with the requirements  
 of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW 19/A)

**(CONTROLLED DOCUMENT)**

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