

	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 <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 checked="" type="checkbox"/> OTHERS (RANK: <u><b>OILER</b></u> ) <input 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' 4 1/2"</b>	WEIGHT <b>83KG</b>	BLOOD PRESSURE <b>130/80MM HG</b>	PULSE <b>76/MIN</b>	RESPIRATION <b>16/MIN</b>	GENERAL APPEARANCE <b>GOOD</b>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <b>6/9</b> <b>6/6</b>		LEFT EYE <b>6/9</b> <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 checked="" type="checkbox"/> No <input 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>11 JAN 2023</b> DATE
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. M. AYUBUR RAHMAN</b> ADDRESS <b>M.B.B.S; P.G.T (Medicine)</b> <b>SABA DIAGNOSTIC CENTRE</b> <b>TAHER CHAMBER</b> <b>10, AGRABAD C/A, CHITTAGONG.</b> <b>DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE</b> <b>23-02-1984</b> <b>GOVT. OF BD</b>		
SIGNATURE OF PHYSICIAN  <b>DR. MD. AYUBUR RAHMAN</b> <b>M.B.B.S; P.G.T (Medicine)</b> <b>Taher Chamber</b> <b>10, Agrabad C/A, Chittagong</b>		<b>11 JAN 2023</b> DATE

This certificate is in compliance with the requirements of Regulation 19 of the International Convention (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

**(CONTROLLED DOCUMENT)**

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