
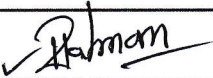
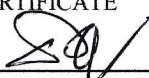
	NAAF MARINE SERVICES		NMS/F-04	
	TITLE: - PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE			
<b>CONFIDENTIAL FORM</b>				
SURNAME: <b>RAHMAN</b>		GIVEN NAME(S): <b>HABIBUR</b>		
DATE OF BIRTH: MONTH <b>01</b> DAY <b>01</b> YEAR <b>1978</b>		PLACE OF BIRTH: CITY <b>CHATTOGRAM</b> COUNTRY <b>B'DESH</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 type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <b>EAST FERROJSHAH COLONY, FERROJSHAH COLONY, KHULSHI, CHATTOGRAM</b>		
<b>MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE</b>				
HEIGHT: <b>5'6"</b>	WEIGHT: <b>82 KG</b>	BLOOD PRESSURE: <b>135/85 mmHg</b>	PULSE: <b>84 /min</b>	RESPIRATION: <b>16 /min</b>
VISION: WITHOUT GLASSES: RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b> WITH GLASSES: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		HEARING: RT. EAR <b>NORMAL</b> LEFT EAR <b>NORMAL</b>		
COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input 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: 		DATE: <b>30 OCT 2020</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>HABIBUR RAHMAN</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>				
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: <b>SABA DIAGNOSTIC CENTRE</b>				
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE: <b>23-02-1984</b>				
SIGNATURE OF PHYSICIAN: 		DATE: <b>30 OCT 2020</b>		
<b>DR. MD. AYUBUR RAHMAN</b> M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. BMDC AND DG SHIPPING GOVT. OF BD				

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