

NAAF MARINE SERVICES

NMS/F-04

Date

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TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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			CONFID	ENT	TAL FORM		80 110	7 01 0
SURNAME MOJUMDER				GIVEN NAME(S) JADU LAL				
DATE OF BIRTH				PLACE OF BIRTH SEX				
MONTH 05 DAY 05 YEAR 1972				ITY /	VOAKHALI cour	NTRY B DESH	MALE	FEMALE
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RATING OTHERS (RANK:				MAILING ADDRESS OF APPLICANT: CHARPER BATI, WARD NO - 05 COMPANISON, BASHUR HAT- 2850, NOAKHLI				
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE								
HEIGHT WEIGHT BLOOD PRESSURE PULSE 100/H11					RESPIRATION GENERAL APPEARANCE GOOD.			
VISION: RIGHT EYE LEFT EYE WITHOUT GLASSES 6/12 / 6/12					HEARING:			
WITH GLASSES GLE / 66					RT. EAR NOMAL LEFT EAR NOMAL			
COLOR TEST TYPE: BOOK LANTERN CHECK IF COLOR TEST IS NORMAL - YELLOW RED GREEN BLUE								
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? YES ✓ NO □								
HEAD AND NECK WORMAL					HEART (CARDIOVASCULAR) WOLMA C			
LUNGS CLEAR.					SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? YES			
EXTREMITIES: NORMAL					LOWERNORMAC			
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 \(\sigma\) No \(\sigma\)								
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES NO V								
SIGNATURE OF APPLICANT 2 5 OCT 2023 DATE								-
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN								
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: Fit For Duty on Board Ship THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES NO SEAFARER IS FOUND TO BE FIT / NOT FIT FOR DUTY AS A MASTER / DECK OFFICER / ENGINEERING OFFICER / RATING / CHIEF COOK / COOK / WITHOUT ANY RESTRICTIONS / WITH THE FOLLOWING RESTRICTIONS:								
NAME AND DEGREE OF PHYSICIAN DR. MD. Ayubur Rahman								
ADDRESS M.B.B.S., P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong								
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY BMDC Reg. No. A-11820 AND APPROVED BY								
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE Govt. of Baneladesh								
SIGNATURE OF PHYSICIAN 2 5 OCT 2023								
DR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine)								

Taher Chamber

10 Agrabad CNA Continuous compliance with the requirements
of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)



