

NAAF MARINE SERVICES

NMS/F-04

1 July 2012

Issue No

Date

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TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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CONF	FIDENT	IAL FORM	3	5 5		
SURNAME MOTUMDER	GIVEN	NAME(S)	ULAL		3	
DATE OF BIRTH	PLACE	OF BIRTH		SEX		
MONTH 05 DAY 05 YEAR 1972	СІТУ	CONTRACT COUN	TRY BOESH	MALE	FEMALE	
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RATING OTHERS (RANK: OLE)		MAILING ADDRESS OF APPLICANT:				
		CHARPERBATI, BASURHAT, COMPANIGANJ				
		NOAKHALI, BANGLADESH.				
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE						
HEIGHT WEIGHT BLOOD PRESSURE PULSE 88/MIN		RESPIRATION PERMIT	GENERAL APPEADANCE G100込 ,			
VISION: RIGHT EYE LEFT EYE	HEARING:					
WITHOUT GLASSES WITH GLASSES WITH GLASSES WITH GLASSES RT. EAR NORMAL LEFT EAR NORMAL						
COLOR TEST TYPE: BOOK LANTERN CHECK IF COLOR TEST IS NORMAL - YELLOW RED GREEN BLUE D						
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? YES 🗹 NO 🗌						
HEAD AND NECK NORMAC		HEART (CARDIOVASCULAR)				
LUNGS	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) Is speech unimpaired for normal voice communication?					
EXTREMITIES: WARAL		LOWERNORMAL				
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 \(\subseteq\) No \(\vec{\subset}\)						
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MED	ICATIONS?	YES NO NO	a			
~ adelal			0 1 FEB 2023			
SIGNATURE OF APPLICANT			DATE			
THIS IS TO CERTIEY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:						
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 IN 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	M AY	UBUR RAHMA				
ADDRESS M.B.B.S. NOSTIC CENTRE						
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY TAHER CA. CHITTAGONG.						
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE BMDC AND DG SHIPPING						
SIGNATURE OF PHYSICIAN OR. MD. AYUBUR RAHMAI	\	23-02-100-	01	FEB 202	3	
DR. MD. AYUBUN RAFINAL DATE M.B.B.S; P.G.T (Medicine)						

Taher Chamber

10, Agrabad Crais Chithane 19 in compliance with the requirements of the Magaical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW 19/A)

(CONTROLLED DOCUMENT)
Quality Manual: Naaf Marine Services, Chittagong, Bangladesh: July 2012