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|  | NAAF MARINE SERVICES | NMS/F-04 | Date | 1 July 2012 |
| | TITLE: - PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE | | Issue No | 00 |
| | | | Page No | 1 of 6 |

CONFIDENTIAL FORM

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| SURNAME FAYES | GIVEN NAME(S) JONAYET SHAHRIAR |
| DATE OF BIRTH MONTH 01 DAY 20 YEAR 2001 | PLACE OF BIRTH CITY CHATTOGRAM COUNTRY B'DESH SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input checked="" type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: DECK CADET) <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT: UKIL PARA, EAST MURADPUR, W-8, SITAKUNDA-4310, CHATTOGRAM |

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

| | | | | | |
|--|-----------------------|---|---|--|-----------------------------------|
| HEIGHT 5'6" | WEIGHT 70kg | BLOOD PRESSURE 130/70mm Hg | PULSE 81/MIN | RESPIRATION 16/MIN | GENERAL APPEARANCE GOOD |
| VISION: WITHOUT GLASSES WITH GLASSES | | RIGHT EYE 6/6 LEFT EYE 6/6 | | HEARING: RT. EAR NORMAL LEFT EAR NORMAL | |
| COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input type="checkbox"/> CHECK IF COLOR TEST IS NORMAL - YELLOW <input type="checkbox"/> RED <input type="checkbox"/> GREEN <input 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 NORMAL | | | HEART (CARDIOVASCULAR) NORMAL | | |
| LUNGS CLEAR | | | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? YES | | |
| EXTREMITIES: UPPER NORMAL LOWER NORMAL | | | | | |
| 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 | | 16 AUG 2022 DATE |
| THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN | | |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: JONAYET SHAHRIAR FAYES Fit For Duty on Board Ship | | 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 checked="" type="checkbox"/> DECK OFFICER / <input type="checkbox"/> ENGINEERING OFFICER / <input 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 | | DR. MD. Ayubur Rahman |
| ADDRESS | | M.B.B.S. P.G.T (Medicine) |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY | | Taher Chamber, |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE | | 10, Agrabad C/A, Chittagong |
| SIGNATURE OF PHYSICIAN | | BMDC Reg No: A-11820 |
| | | AND APPROVED BY |
| | | DG Shipping |
| | | Govt. of Bangladesh |
| | | 16 AUG 2022 |
| | | DATE |

The certificate is in compliance with the requirements of the Medical Examination of Seafarers Convention 1946 (ILO No. 73, STCW I 9/A)

(CONTROLLED DOCUMENT)

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