

	NAAF MARINE SERVICES	NMS/F-04	Date
	TITLE: - PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE		Issue No
CONFIDENTIAL FORM			Page No

SURNAME ISLAM		GIVEN NAME(S) KAMRUL	
DATE OF BIRTH MONTH 09 DAY 10 YEAR 1994		PLACE OF BIRTH	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY		COUNTRY	
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: AB) <input checked="" type="checkbox"/>		MAILING ADDRESS OF APPLICANT: RAHIMER KANDI, VATERCHAR, BELABO, NARSINGDI, BANGLADESH	

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE					
HEIGHT 5'7"	WEIGHT 52kg	BLOOD PRESSURE 120/80 mmHg	PULSE 72/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 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 Kamrul			DATE 23 NOV 2020		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN					
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: KAMRUL ISLAM					
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. M. AYUBUR RAHMAN ADDRESS M.B.B.S. P.G.T (Medicine) SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10 AGRABAD C/A, CHITTAGONG. BMDC AND DG S. HIRING GOVT. OF BD 23-02-1984					
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE SIGNATURE OF PHYSICIAN DR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) Taher Chamber 10 Agrabad C/A, Chittagong. Regn. No. A-11820					
DATE 23 NOV 2020					

(CONTROLLED DOCUMENT)

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

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