



NAAF MARINE SERVICES

NMS/F-04

Date

1 July 2012

TITLE:- PRE-JOINING MEDICAL EXAMINATION  
REPORT/CERTIFICATE

Issue No

00

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Appendix I

Medical Exam Form

CONFIDENTIAL FORM

**Sight**

Use of glasses or contact lenses: Yes / No (if yes, specify which type and for what purpose)

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	6/6			
Near	✓	✓	✓			

	Visual fields	
	Normal	Defective
Right eye	✓	
Left eye	✓	

Color vision:

☐ Not tested☒ Normal☐ Doubtful☐ Defective**Hearing**

Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	✓	✓	✓	✓	✓	✓
Left ear	✓	✓	✓	✓	✓	✓

Speech and whisper test (metres)

	Normal	Whisper
Right ear	✓	✓
Left ear	✓	✓

Height: 5'2" (cm)Weight: 52 (kg)Pulse rate: 72 (/minute)Rhythm: REGULARBlood pressure: Systolic: 120 (mm Hg)Diastolic: 80 (mm Hg)Urinalysis: Glucose: NILProtein: NIL

	Normal	Abnormal
Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinuses, nose, throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mouth/teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast examination <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Normal	Abnormal
Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Varicose veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vascular (inc. pedal pulses)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abdomen and viscera	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Anus (not rectal exam.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G-U system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Upper and lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spine (C/S, T/S and L/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Neurologic (full brief)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>
General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 23/ NOV 2020Results: NORMAL & CLEAR

(CONTROLLED DOCUMENT)

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