



NAAF MARINE SERVICES

NMS/F-04

Date

1

TITLE: - PRE-JOINING MEDICAL EXAMINATION
REPORT/CERTIFICATE

Issue No

Page No

CONFIDENTIAL FORM



| | |
|--|--|
| SURNAME RAHMAN | GIVEN NAME(S) KH MOSHIUR |
| DATE OF BIRTH MONTH 12 DAY 04 YEAR 1991 | PLACE OF BIRTH CITY TANGAIL COUNTRY B'DESH SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input checked="" type="checkbox"/> OTHERS (RANK: (WR)) <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT: DHAWRA, VAURA, MIRZAPUR TANGAIL |

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

| | | | | | |
|--|------------------------|--|------------------------|------------------------------|-----------------------------------|
| HEIGHT 160 CM | WEIGHT 74 KG | BLOOD PRESSURE 120/80 MM Hg | PULSE 78/MIN | RESPIRATION 16/MIN | GENERAL APPEARANCE GOOD |
| VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6 WITH GLASSES <input checked="" type="checkbox"/> ✓ <input checked="" type="checkbox"/> ✓ | | HEARING: RT. EAR NORMAL LEFT EAR NORMAL | | | |

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 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 ☐ No ☒IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒**✓ KH MOSHIUR RAHMAN**

SIGNATURE OF APPLICANT

20 AUG 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**KH MOSHIUR RAHMAN**

NAME OF APPLICANT

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. M. AYUBUR RAHMAN M.B.B.S.; P.G.T. (Medicine) | ADDRESS SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10, AGRABAD C/A, CHITTAGONG. BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984 |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DR. MD. AYUBUR RAHMAN M.B.B.S.; P.G.T. (Medicine) Taher Chamber | DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 20 AUG 2023 |
| SIGNATURE OF PHYSICIAN DR. MD. AYUBUR RAHMAN M.B.B.S.; P.G.T. (Medicine) Taher Chamber | DATE |

10, Agrabad C/A, Chittagong. Reg. No. 11820
This certificate is in compliance with the requirements
of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

(CONTROLLED DOCUMENT)

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