

## NAAF MARINE SERVICES

NMS/F-04

Date 1 July 2012

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

Other diagnostic test(s) and result(s):

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:    Fit For Duty on Board Ship	Test HIV, DOATEST. Result NORMAL Q WEGATINE.
Vaccination status recorded (optional, but recommended by Administrator):     Ves   No	
Vaccination status recorded (optional, but recommended by Administrator):     Ves   No	
Vaccination status recorded (optional, but recommended by Administrator): Yes No  Assessment of fitness for service at sea  On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:    Fit for look-out duty   Not fit for look-out duty   Deck service   Engine service   Catering service   Other services	Medical practitioner's comments and assessment of fitness, with reasons for any limitations:
Vaccination status recorded (optional, but recommended by Administrator): Yes No  Assessment of fitness for service at sea  On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:    Fit for look-out duty   Not fit for look-out duty   Deck service   Engine service   Catering service   Other services	
Assessment of fitness for service at sea  On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:    Fit for look-out duty   Not fit for look-out duty   Deck service   Engine service   Catering service   Other services	Fit For Duty on Board Ship
Assessment of fitness for service at sea  On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:    Fit for look-out duty   Not fit for look-out duty   Deck service   Engine service   Catering service   Other services	
On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:    Fit for look-out duty	Vaccination status recorded (optional, but recommended by Administrator): Yes No
Fit for look-out duty   Not fit for look-out duty	Assessment of fitness for service at sea
Deck service Engine service Catering service Other services    Tit	On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:
Without restrictions With restrictions Visual aid required Yes No  Describe restrictions (e.g., specific positions, type of ship, trade area)  Action taken by medical practitioner (e.g., referral):  Medical certificate's date of expiration (day/month/year):  Date of medical certificate issued (day/month/year):  Number of medical certificate:  Official stamp:  Signature of medical practitioner:  Official stamp:  Name of medical practitioner:  (Typed inspiritual) (Medicine)	Fit for look-out duty Not fit for look-out duty
Without restrictions With restrictions Visual aid required Yes No  Describe restrictions (e.g., specific positions, type of ship, trade area)  Action taken by medical practitioner (e.g., referral):  Medical certificate's date of expiration (day/month/year):  Date of medical certificate issued (day/month/year):  Number of medical certificate:  OF-2022-1046  Official stamp:  Signature of medical practitioner:  OR. MIL AYUBUR RAHMAN  Name of medical practitioner: (Typed INPIRITED) (Medicine)	Cutching services Other services
Without restrictions With restrictions Visual aid required Yes No  Describe restrictions (e.g., specific positions, type of ship, trade area)  Action taken by medical practitioner (e.g., referral):  Medical certificate's date of expiration (day/month/year):  Date of medical certificate issued (day/month/year):  Number of medical certificate:  OF-2022-1046  Official stamp:  Signature of medical practitioner:  OR. MICAYUBUR RAHMAN  Name of medical practitioner: (Typed unpathona) (Medicine)	
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Action taken by medical practitioner (e.g., referral):  Medical certificate's date of expiration (day/month/year):  Date of medical certificate issued (day/month/year):  Number of medical certificate:  O7-2022-1046  Official stamp:  Signature of medical practitioner:  OR. MICAYUBUR RAHMAN  Name of medical practitioner: (Typed in partial of the discine)  OR. MICAYUBUR RAHMAN  Name of medical practitioner: (Typed in partial of the discine)	Without restrictions With restrictions Visual aid required Yes No
Medical certificate's date of expiration (day/month/year):  Date of medical certificate issued (day/month/year):  Number of medical certificate:  OF-2022-1046  Official stamp:  Signature of medical practitioner:  OR. MIC AYUBUR RAHMAN  Name of medical practitioner: (Typed preprinted) T (Medicine)  Name of medical practitioner: (Typed preprinted) T (Medicine)	Describe restrictions (e.g., specific positions, type of ship, trade area)
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Number of medical certificate: 07-2022-1046  Official stamp: Signature of medical practitioner: (Typed in printed) T (Medicine)  Name of medical practitioner: (Typed in printed) T (Medicine)	Medical certificate's date of expiration (day/month/year): 2 1 AUG 2024
Official stamp:  Signature of medical practitioner:  Name of medical practitioner: (Typed in printed) Typed in printed) Typed in printed typed typed in printed typed typed typed typed in printed typed ty	Date of medical certificate issued (day/month/year): 2 2 AUG 2022
Signature of medical practitioner:    DR. MIC AYUBUR RAHMAN   DR. MIC AYUBUR R	Number of medical certificate: 07-2022-1046
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	Authorized hou

(CONTROLLED DOCUMENT)

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