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

**CONFIDENTIAL FORM**

|  |  |   |  |
|--|--|---|--|
| SURNAME<br><b>HASAN</b>  | GIVEN NAME(S)<br><b>MAHAMUDUL</b>  |   |  |
| DATE OF BIRTH<br>MONTH <b>01</b> DAY <b>15</b> YEAR <b>1999</b>  | PLACE OF BIRTH<br>CITY _____ COUNTRY _____   | SEX<br><input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |  |
| EXAMINATION FOR DUTY AS:<br>MASTER <input type="checkbox"/><br>DECK OFFICER <input type="checkbox"/><br>ENGINEERING OFFICER <input type="checkbox"/><br>RATING <input checked="" type="checkbox"/><br>OTHERS (RANK: <b>05</b> ) <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT:<br><b>DURGAPUR, BITARA, KACHUA, CHANDPUR<br/>BANGLADESH.</b> |   |  |

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

|   |                       |  |   |                              |                                   |
|---|-----------------------|--|---|------------------------------|-----------------------------------|
| HEIGHT<br><b>5'9"</b>   | WEIGHT<br><b>92KG</b> | BLOOD PRESSURE<br><b>130/85MMHG</b>                      | PULSE<br><b>84/MIN</b>  | RESPIRATION<br><b>16/MIN</b> | GENERAL APPEARANCE<br><b>GOOD</b> |
| VISION:<br>WITHOUT GLASSES<br>RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b><br>WITH GLASSES <b>r</b> <b>v</b>  |                       | HEARING:<br>RT. EAR <b>NORMAL</b> LEFT EAR <b>NORMAL</b> |   |                              |                                   |
| COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input checked="" type="checkbox"/> CHECK IF COLOR TEST IS NORMAL - YELLOW <input checked="" type="checkbox"/> RED <input checked="" type="checkbox"/> GREEN <input checked="" 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<br><b>NORMAL</b>  |                       |  | HEART (CARDIOVASCULAR)<br><b>NORMAL</b>   |                              |                                   |
| LUNGS<br><b>clear</b>   |                       |  | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)<br>IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>YES</b> |                              |                                   |
| EXTREMITIES:<br>UPPER <b>NORMAL</b> LOWER <b>NORMAL</b>   |                       |  |   |                              |                                   |
| 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?<br>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"/>   |                       |  |   |                              |                                   |

|   |  |                            |
|---|--|----------------------------|
| <b>Mahamud Hasan</b><br>SIGNATURE OF APPLICANT  |  | <b>23 DEC 2020</b><br>DATE |
| THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN   |  |                            |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <b>MAHAMUDUL HASAN</b><br>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 type="checkbox"/> DECK OFFICER / <input type="checkbox"/> ENGINEERING OFFICER / <input checked="" 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 <b>DR. M. AYUBUR RAHMAN</b><br>ADDRESS <b>M.B.B.S. P.G.T (Medicine)</b><br><b>SABA DIAGNOSTIC CENTRE</b><br><b>TAHER CHAMBER</b><br><b>10 AGRABAD C/A, CHITTAGONG.</b><br><b>BMDC AND CG SHIPPING</b><br><b>GOVT. OF BD</b><br><b>23-02-1984</b>   |  |                            |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY<br>DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE<br>SIGNATURE OF PHYSICIAN <b>DR. MD. AYUBUR RAHMAN</b><br><b>M.B.B.S. P.G.T (Medicine)</b><br><b>TAHER CHAMBER</b><br><b>10 AGRABAD C/A, CHITTAGONG.</b><br><b>BMDC AND CG SHIPPING</b><br><b>GOVT. OF BD</b><br><b>23-02-1984</b>  |  |                            |
|   |  | <b>23 DEC 2020</b><br>DATE |

This 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