



NAAF MARINE SERVICES

NMS/F-04

Date

1 July 2012

TITLE: - PRE-JOINING MEDICAL EXAMINATION  
REPORT/CERTIFICATE

Issue No

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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	6/12	6/12	6/12	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: 165 (cm)

Weight: 84 (kg)

Pulse rate: 90 (/minute)

Rhythm: REGULAR

Blood pressure: Systolic: 130 (mm Hg)

Diastolic: 80 (mm Hg)

Urinalysis: Glucose: (+)

Protein: 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 M/A	<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): 30 JUN 2022

Results: NORMAL & CLEAR

**(CONTROLLED DOCUMENT)**

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