

	NAAF MARINE SERVICES		NMS/F-04	Date	1 July 2012
	TITLE: - PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE			Issue No	00
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CONFIDENTIAL FORM

SURNAME	SHAIKH		GIVEN NAME(S)	MD ARIFUZZAMAN	
DATE OF BIRTH	MONTH 12 DAY 14 YEAR 1987		PLACE OF BIRTH	CITY BAGHERHAT COUNTRY B'DESH	
EXAMINATION FOR DUTY AS:	MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER (4th Engr) <input checked="" type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: _____) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT:	VILL: KALATALA, P.S: KALATALA, P.S: CHITALMARI, DIS: BAGHERHAT.	

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

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
5'6"	80KG	140/90MMHg	90/MIN.	16(MIN.)	GOOD.
VISION:	RIGHT EYE		LEFT EYE		HEARING:
WITHOUT GLASSES	6/6		6/6		RT. EAR NORMAL LEFT EAR NORMAL
WITH GLASSES	✓		✓		
COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input type="checkbox"/> CHECK IF COLOR TEST IS NORMAL - YELLOW <input checked="" type="checkbox"/> RED <input checked="" type="checkbox"/> GREEN <input 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			HEART (CARDIOVASCULAR)		
NORMAL			NORMAL		
LUNGS			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)		
CLEAR.			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 <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"/>					

SIGNATURE OF APPLICANT <u>Arif</u>		DATE <u>07 AUG 2022</u>	
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN			
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:		NAME OF APPLICANT <u>MD. Arifuzzaman Shaikh</u>	
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 checked="" type="checkbox"/> ENGINEERING OFFICER / <input 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		DR. MD. Ayubur Rahman	
ADDRESS		M.B.B.S. P.G.T (Medicine)	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY		Taher Chamber,	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE		10, Agrabad C/A, Chittagong	
SIGNATURE OF PHYSICIAN		BMDC Reg No: A-11820	
		AND APPROVED BY	
		DG Shipping	
		Govt. of Bangladesh	
		07 AUG 2022	
		DATE	

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