

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

CONFIDENTIAL FORM

SURNAME ASADUZZAMAN	GIVEN NAME(S) MD
DATE OF BIRTH MONTH 10 DAY 21 YEAR 1990	PLACE OF BIRTH CITY BARGUNA COUNTRY BD SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input checked="" type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: (C/O)) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: KALIBARY, WARD-09, HATCHUNAKHALI, AMTALI, BARGUNA

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

HEIGHT 181cm	WEIGHT 75kg	BLOOD PRESSURE 130/80mmHg	PULSE 84/min	RESPIRATION 16/min	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/12 6/6	LEFT EYE 6/12 6/6	HEARING: RT. EAR NORMAL LEFT EAR NORMAL	
COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input checked="" type="checkbox"/> CHECK IF COLOR TEST IS NORMAL - YELLOW <input type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/>					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
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 <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"/>					

MD Asaduzzaman
SIGNATURE OF APPLICANT

05 MAR 2024

DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **MD ASADUZZAMAN**

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. MD. Ayubur Rahman**
ADDRESS **M.B.B.S., P.G.T (Medicine)
Taher Chamber,
10, Agrabad C/A, Chittagong**
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY **BMDC Reg. No. A-11820**
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE **05 MAR 2024**
SIGNATURE OF PHYSICIAN **DR. MD. Ayubur Rahman** DATE

DR. MD. Ayubur Rahman
M.B.B.S., P.G.T (Medicine)
Taher Chamber,
10, Agrabad C/A, Chittagong
BMDC Reg. No. A-11820
AND APPROVED BY
DG Shipping
Govt. of Bangladesh

This certificate is in compliance with the requirements
of the Maritime Labour Convention 1946 (ILO No. 73, STCW 19/A)
AND APPROVED BY
DG Shipping
Govt. of Bangladesh

(CONTROLLED DOCUMENT)

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



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