



NAAF MARINE SERVICES

NMS/F-04

Date

1 July 2012

TITLE:- PRE-JOINING MEDICAL EXAMINATION  
REPORT/CERTIFICATE

Issue No

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## CONFIDENTIAL FORM

SURNAME <b>ALAM</b>	GIVEN NAME(S) <b>MD. ASHRAFUL</b>
DATE OF BIRTH 02 16 1991 MONTH DAY YEAR	PLACE OF BIRTH CITY <b>KURIGRAM</b> COUNTRY: <b>BANGLADESH</b> <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: _____) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>VILL: PURBO-DHONIRAM, PO: NEW BAROVITA UP/PO: PHULBARI, DIST: KURIGRAM.</b>

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

HEIGHT <b>167 cm</b>	WEIGHT <b>72 kg</b>	BLOOD PRESSURE <b>120/80 mmHg</b>	PULSE <b>72/min</b>	RESPIRATION <b>16/min</b>	GENERAL APPEARANCE <b>GOOD</b>
VISION: WITHOUT GLASSES WITH GLASSES	RIGHT EYE <b>6/6</b> ✓	LEFT EYE <b>6/6</b> ✓	HEARING: 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 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 <b>NORMAL</b>			HEART (CARDIOVASCULAR) <b>NORMAL</b>		
LUNGS <b>CLEAR</b>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?		
EXTREMITIES: 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? 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	<b>03 JAN 2022</b> 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>Fit For Duty on Board Ship</b>	
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 <b>DR. MD. Ayubur Rahman</b> M.B.B.S, P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong BMDC Reg No: A-11820	NAME OF APPLICANT
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	AND APPROVED BY DG Shipping Govt. of Bangladesh
SIGNATURE OF PHYSICIAN  <b>DR. MD. AYUBUR RAHMAN</b> M.B.B.S; P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong Regn. No. A-11820	<b>03 JAN 2022</b> DATE

This certificate is in compliance with the requirements  
of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW 19/A)

(CONTROLLED DOCUMENT)

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