

	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 AZAD	GIVEN NAME(S) MD
DATE OF BIRTH MONTH 10 DAY 15 YEAR 1981	PLACE OF BIRTH CITY CHATTOGRAM COUNTRY BDESH
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input checked="" type="checkbox"/> OTHERS (RANK: (FTR)) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: SOUTH HALISHAHAR, WARD-39, EP2, SAILORS COLONY-4218, CHATTOGRAM

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

HEIGHT 5'11"	WEIGHT 75 KG	BLOOD PRESSURE 120/80 mmHg	PULSE 68/min.	RESPIRATION 16/min	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES WITH GLASSES	RIGHT EYE 6/6	LEFT EYE 6/6	HEARING: RT. EAR NORMAL LEFT EAR NORMAL		
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 type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input 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 NORMAL			HEART (CARDIOVASCULAR) NORMAL		
LUNGS CLEAR			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? NO		
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 	DATE 03 APR 2024
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MD AZAD	
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 DR. MD. Ayubur Rahman M.B.B.S. P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong	NAME OF APPLICANT MD AZAD
ADDRESS _____	BMDC Reg. No. A-11820 AND APPROVED BY DG Shipping Govt. of Bangladesh
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY _____	DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 03 APR 2024
SIGNATURE OF PHYSICIAN 	DATE 03 APR 2024

This certificate is in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)
 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

(CONTROLLED DOCUMENT)