

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

**CONFIDENTIAL FORM**

SURNAME <b>AZAD</b>		GIVEN NAME(S) <b>MD</b>	
DATE OF BIRTH MONTH <b>10</b> DAY <b>15</b> YEAR <b>1981</b>		PLACE OF BIRTH CITY <b>CHATTOGRAM</b> COUNTRY <b>B'ESH</b>	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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: <b>(ETR)</b> ) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <b>SOUTH HALISHAHAR, WARD-39, EP2, CHITTAGONG SAILORS COLONY-428, CHITTAGONG</b>	

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

HEIGHT <b>5'11"</b>	WEIGHT <b>77KG</b>	BLOOD PRESSURE <b>125/75MMHG</b>	PULSE <b>66/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 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 <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? <b>YES</b>		
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 		DATE <b>16 MAY 2023</b>	
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN			
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <b>MD AZAD</b>		NAME OF APPLICANT	
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		<b>DR. M. AYUBUR RAHMAN</b> M.B.B.S; P.G.T (Medicine) <b>SABA DIAGNOSTIC CENTRE</b> TAHER CHAMBER 10 AGRABAD C/A, CHITTAGONG BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984	
ADDRESS			
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY			
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE			
SIGNATURE OF PHYSICIAN 		DATE <b>16 MAY 2023</b>	

**DR. MD. AYUBUR RAHMAN**  
M.B.B.S; P.G.T (Medicine)

TaHER Chamber  
10, Agrabad C/A, Chittagong  
Regn. No. A-11820  
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