

	NAAF MARINE SERVICES	NMS/F-04
	TITLE: - PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE	

**CONFIDENTIAL FORM**

SURNAME <b>HABUE</b>	GIVEN NAME(S) <b>MD EMDADUL</b>
DATE OF BIRTH MONTH <b>05</b> DAY <b>07</b> YEAR <b>2001</b>	PLACE OF BIRTH CITY <b>PABNA</b> COUNTRY <b>B' DESI</b>
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: <b>DECK CADET</b> ) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>VILL:- BETUAN, P.O:- BETUAN, P.S:- DANBURA</b> <b>DIST:- PABNA, BANGLADESH</b>

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

HEIGHT <b>5'8"</b>	WEIGHT <b>73 KG</b>	BLOOD PRESSURE <b>120/75 mmHg</b>	PULSE <b>81/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"/>					

<u><b>MD Emdad</b></u> SIGNATURE OF APPLICANT	<b>14 JUL 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: <u><b>MD. EMDADUL HAQUE</b></u> 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 checked="" type="checkbox"/> DECK OFFICER / <input 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)
ADDRESS	Taher Chamber, 10, Agrabad C/A, Chittagong
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	BMDC Reg No: A-11820 AND APPROVED BY
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	DG Shipping Govt. of Bangladesh
SIGNATURE OF PHYSICIAN	<b>14 JUL 2022</b> 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

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