
	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 <b>HOGUE</b>	GIVEN NAME(S) <b>MD ENAMUL</b>	
DATE OF BIRTH MONTH <b>08</b> DAY <b>25</b> YEAR <b>1977</b>	PLACE OF BIRTH CITY <b>CHATTOGRAM</b> COUNTRY <b>BD/DESA</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>BOSSUN</b> ) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>DARO MAJIR DARI, SAILOR'S COLONY EP2, CHATTOGRAM, BANGLADESH</b>	

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

HEIGHT <b>165 CM</b>	WEIGHT <b>65 KG</b>	BLOOD PRESSURE <b>135/80 mmHg</b>	PULSE <b>81 MIN</b>	RESPIRATION <b>16 MIN</b>	GENERAL APPEARANCE <b>GOOD</b>
VISION: WITHOUT GLASSES RIGHT EYE <b>6/12</b> LEFT EYE <b>6/12</b> WITH GLASSES <b>6/6</b> <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 checked="" type="checkbox"/> BLUE <input checked="" 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 <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		<b>21 JUN 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>MD ENAMUL HOGUE</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 type="checkbox"/> RATING / <input type="checkbox"/> CHIEF COOK / <input type="checkbox"/> COOK / <input checked="" type="checkbox"/> WITHOUT ANY RESTRICTIONS / <input checked="" type="checkbox"/> WITH THE FOLLOWING RESTRICTIONS:			
NAME AND DEGREE OF PHYSICIAN		<b>DR. MD. Ayubur Rahman</b> <b>M.B.B.S; P.G.T (Medicine)</b> <b>Taher Chamber,</b> <b>10, Agrabad C/A, Chittagong</b> <b>BMDC Reg No: A-11820</b> <b>AND APPROVED BY</b> <b>DG Shipping</b> <b>Govt. of Bangladesh</b>	
ADDRESS			
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY			
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE			
SIGNATURE OF PHYSICIAN		<b>21 JUN 2022</b> DATE	

DR. MD. AYUBUR RAHMAN  
M.B.B.S; P.G.T (Medicine)  
Taher Chamber  
10, Agrabad C/A, Chittagong

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