

	NAAF MARINE SERVICES	NMS/F-04	Date _____ Issue _____ Page _____
TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE			
CONFIDENTIAL FORM			
SURNAME FARUQUE		GIVEN NAME(S) MD	
DATE OF BIRTH MONTH 12 DAY 30 YEAR 1986		PLACE OF BIRTH CITY NOAKHALI COUNTRY BANGLADESH	
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input checked="" type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: _____) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: BEHIRGAON, WARD#05, AMISHA PARA, SONAIMURI, NOAKHALI	
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE			
HEIGHT 168 CM	WEIGHT 65 KG	BLOOD PRESSURE 120/80 MM/HG	PULSE 84/MIN
RESPIRATION 16/MIN		GENERAL APPEARANCE GOOD	
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6 WITH GLASSES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		HEARING: RT. EAR NORMAL LEFT EAR NORMAL	
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 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? YES	
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 24.10.2021	
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN			
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:		MD FARUQUE 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 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 DR. M. AYUBUR RAHMAN ADDRESS M.B.B.S; P.G.T (Medicine) SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10, AGRABAD C/A, CHITTAGONG. BMDG AND DG SHIPPING GOVT. OF BD 23-02-1984		NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY 24.10.2021 DATE	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 24.10.2021		SIGNATURE OF PHYSICIAN 	

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 19/A)

(CONTROLLED DOCUMENT)

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