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

CONFIDENTIAL FORM

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|---|--|--|---|
| SURNAME RAHAMAN | | GIVEN NAME(S) MD HABIBUR | |
| DATE OF BIRTH 12 29 1978 MONTH DAY YEAR | | PLACE OF BIRTH CITY NOAKHALI COUNTRY B'DESH | 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 checked="" type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: 4/ENG) <input type="checkbox"/> | | MAILING ADDRESS OF APPLICANT: MONPURA, W-06, BEGUMGANJ, NOAKHALI | |

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

| | | | | | |
|---|-----------------------|--|---|--|-----------------------------------|
| HEIGHT 5'9" | WEIGHT 70kg | BLOOD PRESSURE 140/90mmHg | PULSE 86/min | RESPIRATION 16/min | GENERAL APPEARANCE GOOD |
| VISION: WITHOUT GLASSES WITH GLASSES | | RIGHT EYE 6/6 <input checked="" type="checkbox"/> | LEFT EYE 6/6 <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 checked="" type="checkbox"/> BLUE <input checked="" 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"/> | | | | | |

| | | |
|---|--|----------------------------|
| ✓ De Rahaman SIGNATURE OF APPLICANT | | 15 FEB 2023 DATE |
| THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN | | |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MD. HABIBUR RAHAMAN | | |
| THIS APPLICANT IS CERTIFIED Fit For Duty on Board Ship 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) | | |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY SABA DIAGNOSTIC CENTRE | | |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE TAHER CHAMBER | | |
| SIGNATURE OF PHYSICIAN 10 AGRABAD C/A, CHITTAGONG | | |
| 15 FEB 2023 DATE | | |

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