



## NAAF MARINE SERVICES

NMS/F-04

Date

1 July 2012

TITLE:- PRE-JOINING MEDICAL EXAMINATION  
REPORT/CERTIFICATE

Issue No

00

Page No

5 of 6

Appendix 1  
Medical Exam Form  
CONFIDENTIAL FORM

## Sight

Use of glasses or contact lenses: Yes / No (if yes, specify which type and for what purpose)

	Visual acuity					
	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/9	6/9	6/9	6/6	6/6	6/6
Near	✓	✓	✓	✓	✓	✓

Visual fields	
Normal	Defective
Right eye	✓
Left eye	✓

Color vision:  Not tested  Normal  Doubtful  Defective

## Hearing

## Pure tone and audio metry (threshold values in dB)

	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right ear	✓	✓	✓	✓	✓	✓
Left ear	✓	✓	✓	✓	✓	✓

## Speech and whisper test (metres)

	Normal	Whisper
Right ear	✓	
Left ear	✓	

Height: 5'4" (cm)Weight: 70 (kg)Pulse rate: 84 (/minute)Rhythm: REGULARBlood pressure: Systolic: 140 (mm Hg) Diastolic: 90 (mm Hg)Urinalysis: Glucose: NIC Protein: NIC

## Normal Abnormal

Head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinuses, nose, throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Varicose veins	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mouth/teeth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vascular (inc. pedal pulses)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eyes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	G-U system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pupils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spine (C/S, T/S and L/S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neurologic (full brief)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Breast examination	<u>NIA</u>	<input type="checkbox"/>	Psychiatric	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General appearance	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Normal Abnormal

<input checked="" type="checkbox"/>	<input type="checkbox"/>

Chest X-ray:  Not performed  Performed on (day/month/year): 17 NOV 2021Results: NORMAL & CLEAR

## (CONTROLLED DOCUMENT)

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