



NAAF MARINE SERVICES

NMS/F-04

Date

TITLE:- PRE-JOINING MEDICAL EXAMINATION
REPORT/CERTIFICATE

Issue No.

Page No.

CONFIDENTIAL FORM



SURNAME HARUN	GIVEN NAME(S) MD
DATE OF BIRTH MONTH 05 DAY 01 YEAR 1971	PLACE OF BIRTH CITY CHATTOGRAM COUNTRY BANGLADESH
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: BOSUN) <input type="checkbox"/>	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MAILING ADDRESS OF APPLICANT: SOUTH HALISHAHAR, HAJI ABDUL GOFUR MASTERER BARI, SAILORS COLONY, EPZ, CHATTOGRAM	

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

HEIGHT 5'6"	WEIGHT 83KG	BLOOD PRESSURE 130/85MM/Hg	PULSE 84/min	RESPIRATION 16/min	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/9 6/6		LEFT EYE 6/9 6/6	
HEARING: RT. EAR NORMAL		LEFT EAR NORMAL			

COLOR TEST TYPE: BOOK ☒ LANTERN ☒ CHECK IF COLOR TEST IS NORMAL - YELLOW ☒ RED ☐ GREEN ☐ BLUE ☐ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? Yes ☒ No ☐

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 ☐ No ☒IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒
SIGNATURE OF APPLICANT**29 SEP 2020**

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. HARUN**
NAME OF APPLICANTTHIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☒ NO ☐SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☐ ENGINEERING OFFICER / ☒ RATING / ☐ CHIEF COOK / ☐ COOK / ☒ WITHOUT ANY RESTRICTIONS / ☐ 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 **TAKER CHAMBER**SIGNATURE OF PHYSICIAN **10 AGRABAD C/A, CHITTAGONG.****29 SEP 2020**

DATE

DR. MD. AYUBUR RAHMAN
M.B.B.S. P.G.T (Medicine)**10, Agrabad C/A, Chittagong.**
BMDU AND DG SHIPPING
GOVT. OF BD
23-02-1984This 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

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