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	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>KABIR</b>	GIVEN NAME(S) <b>MD HUMAUN</b>	
DATE OF BIRTH MONTH <b>02</b> DAY <b>02</b> YEAR <b>1998</b>	PLACE OF BIRTH CITY <b>CHAPAINAWABGANJ</b> COUNTRY <b>B'DESH</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>COOK</b> ) <input checked="" type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>DARIAPUR, SADAR MODEL, CHOWHODDI- TOLA-6300, CHAPAINAWABGANJ</b>	

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

HEIGHT <b>5'5"</b>	WEIGHT <b>78KG</b>	BLOOD PRESSURE <b>120/70mm Hg</b>	PULSE <b>90/min</b>	RESPIRATION <b>16/min</b>	GENERAL APPEARANCE <b>GOOD</b>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b>		HEARING: RT. EAR <b>NORMAL</b> LEFT EAR <b>NORMAL</b>	
COLOR TEST TYPE: BOOK <input 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 <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>11 MAY 2023</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 HUMAUN KABIR</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 checked="" type="checkbox"/> COOK / <input checked="" type="checkbox"/> WITHOUT ANY RESTRICTIONS / <input type="checkbox"/> WITH THE FOLLOWING RESTRICTIONS:			
NAME AND DEGREE OF PHYSICIAN		<b>DR. M. AYUBUR RAHMAN</b> M.B.B.S; P.G.T (Medicine)	
ADDRESS		<b>SABA DIAGNOSTIC CENTRE</b> TAHER CHAMBER	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY		<b>10, AGRAHAD C/A, CHITTAGONG</b> BMDC AND DG SHIPPING	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE		<b>23-02-1984</b> GOVT. OF BD	
SIGNATURE OF PHYSICIAN		<b>11 MAY 2023</b> DATE	

DR. MD. AYUBUR RAHMAN  
 M.B.B.S; P.G.T (Medicine)  
 Taher Chamber  
 10, Agrahad C/A, Chittagong  
 Regn. No. A-14820

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