



NAAF MARINE SERVICES

NMS/F-04

Date

TITLE:- PRE-JOINING MEDICAL EXAMINATION  
REPORT/CERTIFICATE

Issue No

Page No



## CONFIDENTIAL FORM

SURNAME <b>KAYES</b>		GIVEN NAME(S) <b>MD IMRUL</b>	
DATE OF BIRTH MONTH <b>09</b> DAY <b>01</b> YEAR <b>1994</b>		PLACE OF BIRTH <b>CHATTGRAM</b>	COUNTRY <b>BAENG</b>
SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		MAILING ADDRESS OF APPLICANT: <b>MITE BANGA, WARD #09, SHIBERHAT. SANDWIP, CHATTGRAM</b>	
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>FCW</b> ) <input type="checkbox"/>			
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE			
HEIGHT <b>5'7"</b>	WEIGHT <b>67 kg</b>	BLOOD PRESSURE <b>130/80 mmHg</b>	PULSE <b>84/min</b>
RESPIRATION <b>16/min</b>		GENERAL APPEARANCE <b>GOOD.</b>	
VISION: WITHOUT GLASSES RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b> WITH GLASSES <input checked="" type="checkbox"/>		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 type="checkbox"/> RED <input 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 <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 		DATE <b>23 MAR 2022</b>	
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 IMRUL KAYES</b> <b>Fit For Duty on Board Ship</b>			
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 checked="" 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 <b>DR. MD. Ayubur Rahman</b> <b>M.B.B.S. P.G.T (Medicine)</b>		ADDRESS <b>Taher Chamber,</b> <b>10, Agrabad C/A, Chittagong</b> <b>BMDC Reg No: A-11820</b> <b>AND APPROVED BY</b> <b>DG Shipping</b> <b>Govt. of Bangladesh</b>	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY		DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	
SIGNATURE OF PHYSICIAN 		DATE <b>23 MAR 2022</b>	

This certificate is in compliance with the requirements  
of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

(CONTROLLED DOCUMENT)

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