



NAAF MARINE SERVICES

NMS/F-04

Date

Issue No

Page No

TITLE: - PRE-JOINING MEDICAL EXAMINATION  
REPORT/CERTIFICATE

## 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 CITY _____ COUNTRY _____	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>WPR</b> ) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <b>MITE BANGA, WARD #09, SHIBER HAT, SANDWEP CHATTGRAM, BANGLADESH.</b>	
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE			
HEIGHT <b>5'7"</b>	WEIGHT <b>65KG.</b>	BLOOD PRESSURE <b>120/80 mm Hg</b>	PULSE <b>72/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"/> <input checked="" type="checkbox"/>		HEARING: RT. EAR <b>NORMAL</b> LEFT EAR <b>NORMAL</b>	
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 <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>MD. IMRUL KAYES</b>		DATE <b>12 DEC 2020</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>			
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. M. AYUBUR RAHMAN</b>		ADDRESS <b>M.B.B.S; P.G.T (Medicine) SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10, AGRABAD C/A, CHITTAGONG. BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984</b>	
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY <b>DR. MD. AYUBUR RAHMAN</b>		DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <b>12 DEC 2020</b>	
SIGNATURE OF PHYSICIAN <b>DR. MD. AYUBUR RAHMAN</b>		DATE <b>12 DEC 2020</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