

	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 HOSSAIN	GIVEN NAME(S) MD JAMAL	
DATE OF BIRTH MONTH 02 DAY 01 YEAR 1981	PLACE OF BIRTH CITY NOAKHALI COUNTRY B/DESH	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: (BOSUN)) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: SATRA PARA, WARD-09, CHATKHAL, TALTOLA BAZAR-3870, NOAKHALI	

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

HEIGHT 160 CM	WEIGHT 63 kg	BLOOD PRESSURE 120/85 MM Hg	PULSE 84 /MIN	RESPIRATION 16 /MIN	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6 WITH GLASSES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		HEARING: RT. EAR NORMAL LEFT EAR NORMAL			
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 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 <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"/>					

Jamal Hossain
SIGNATURE OF APPLICANT

06 SEP 2022
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 JAMAL HOSSAIN**

Fit For Duty on Board Ship

NAME OF APPLICANT

THIS 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) SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10 AGRABAD C/A, CHITTAGONG. BMDG AND DG SHIPPING GOVT. OF BD 23-02-1984
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	
SIGNATURE OF PHYSICIAN	06 SEP 2022 DATE

DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Chamber

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