

NAAF MARINE SERVICES

NMS/F-04

1 July 2012 Date

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

Issue No

00 Page No 1 of 6

		DRM

CONTIDE	AVITALIONNI					
SURNAME RASHID	GIVEN NAME(S) MD MAMUNUR					
DATE OF BIRTH PLA	ACE OF BIRTH	SEX				
month day 06 year 1983 cii	ry country	☐MALE ☐FEMALE				
MASTER DECK OFFICER	MAILING ADDRESS OF APPLICANT: CHARKIDIR PUR, WARD # 09, BOALKHALI GOMDONDI 4366, CHATTOGRAM.					
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE						
HEIGHT WEIGHT BLOOD PRESSURE PULSE OF MIN	RESPIRATION GENERAL APPEAR OF COD	ANCE				
VISION: RIGHT EYE LEFT EYE WITHOUT GLASSES COMMENT OF C	HEARING: RT. EAR NOMMAC LEFT EA	R NOWAC				
COLOR TEST TYPE: BOOK LANTERN C CHECK IF COLOR TEST IS NORMAL - YELLOW LIKED CREEN BLUE C						
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQU	JIRED VISION STANDARDS? YES NO NO					
HEAD AND NECK	HEART (CARDIOVASCULAR)	HEART (CARDIOVASCULAR)				
LUNGS CLEAR	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?					
		7				
EXTREMITIES: NOW AC	LOWER	t -				
Now C	LOWER	<u> </u>				
UPPER UPPER IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY	LOWERLOWER	<u> </u>				
UPPER UPPER IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?	LOWER	<u> </u>				
UPPER IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATION	LOWERLOWER	<u> </u>				
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Taker Chamber

10, Agrahis continues in the management of the Medical Examination (Scaliness) Convention 1946 (ILO No. 73, STCW I 9/A)

(CONTROLLED DOCUMENT)

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