

TITLE

AF MARINE SERVICES	NMS/F-04	Date	1 July 201:
:- PRE-JOINING MEDICAL EXAMINATION		Issue No	00
REPORT/CERTIFICATE		Page No	1 of 6

		IAL FURM			
SURNAME	GIVEN N	NAME(S) MD	MAZAHARUL		
DATE OF BIRTH	PLACE (OF BIRTH	SEX		
MONTH 11 DAY 21 YEAR 1986	CITY	PABMA COUR	NTRY BOESH DMALE DFEMALE		
EXAMINATION FOR DUTY AS:	MAILIN	G ADDRESS OF APPLICAN	T:		
MASTER DECK OFFICER ENGINEERING OFFICER RATING OTHERS (RANK: _3/f/or)		BANIYA BHU, MAHMUDDUR, SHANTIA PABAA			
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE					
HEIGHT WEIGHT BLOOD PRESSIDE DITT OF		DESDID ATION CITIZEN AT ADDI AD ANGE			
516" 83KG 125/85MM 47 86/M	' <i>N</i> -	16 /WIN	G000		
VISION: RIGHT EYE LEFT EYE WITHOUT GLASSES		HEARING:			
WITH GLASSES 616 / V		RT. EAR NORMA			
COLOR TEST TYPE: BOOK ANTERN CHECK IF COLOR TEST IS NORMAL - YELLOW RED GREEN BLUE D					
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE R	EQUIRED	VISION STANDARDS? YE	s No 🗹		
HEAD AND NECK		HEART (CARDIOVASCULAR)			
LUNGS CLEAR.		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?			
EXTREMITIES: 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 No D					
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES NO					
J # FEB 2023					
SIGNATURE OF APPLICANT DATE					
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN					
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: FIT FOR DUTY ON BOARD SHIP 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 / PENGINEERING OFFICER / RATING /					
CHIEF COOK / COOK / WITHOUT ANY RESTRICTIONS / WITH THE FOLLOWING RESTRICTIONS:					
NAME AND DEGREE OF PHYSICIAN DR. M. AYUBUR RAHMA: M.B.B.S: R.G.T (Medicine)					
ADDRESS SABA DIAGNOSTIC CENTRE TAHER CHAMBER					
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY 10 AGRABAD C/A, CHITTAGONG.					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE GOVT. OF BD 23-02-1984					
SIGNATURE OF PHYSICIAN DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine)			1 2 FEB 2023 DATE		

10, Agrabad C/A. This entire is in compliance with the requirements

Figure Metrical Examination (Scafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

(CONTROLLED DOCUMENT)

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