



NAAF MARINE SERVICES

NMS/F-04

Date

1 July 2012

TITLE:- PRE-JOINING MEDICAL EXAMINATION  
REPORT/CERTIFICATE

Issue No

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Page No

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## CONFIDENTIAL FORM

SURNAME <b>MOHOSIN</b>	GIVEN NAME(S) <b>MD</b>
DATE OF BIRTH MONTH <b>12</b> DAY <b>31</b> YEAR <b>1983</b>	PLACE OF BIRTH CITY <b>NOAKHALI</b> COUNTRY <b>B'DESH</b>
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input checked="" type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: <b>3rd Engr.</b> ) <input type="checkbox"/>	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MAILING ADDRESS OF APPLICANT: <b>MUJAHIDPUR, WARD NO-06, NAZIRPUR, BEGUMGANJ, NOAKHALI</b>	

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

HEIGHT <b>5'8"</b>	WEIGHT <b>92KG</b>	BLOOD PRESSURE <b>125/75MMHG</b>	PULSE <b>76/MIN.</b>	RESPIRATION <b>16/MIN</b>	GENERAL APPEARANCE <b>GOOD.</b>
VISION: WITHOUT GLASSES WITH GLASSES	RIGHT EYE <b>6/6</b> <b>2</b>	LEFT EYE <b>6/6</b> <b>✓</b>	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"/>					

**Mohosin**

SIGNATURE OF APPLICANT

**13 OCT 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 MOHOSIN****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**

NAME OF PHYSICIAN'S CERTIFYING AUTHORITY

**10, AGRABAD C/A, CHITTAGONG.  
BMDC AND DG SHIPPING**

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)  
Taher Chamber****13 OCT 2022**

DATE

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