

		NAAF MARINE SERVICES		NMS/F-04					
TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE		CONFIDENTIAL FORM							
SURNAME GANI				GIVEN NAME(S) MD OSMAN					
DATE OF BIRTH MONTH 01 DAY 01 YEAR 1981				PLACE OF BIRTH CITY CHATTOGRAM 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 checked="" type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: _____) <input type="checkbox"/>				MAILING ADDRESS OF APPLICANT: CHATARY, BAIRAGH, ANWARA, CHATTOGRAM BANGLADESH					
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE									
HEIGHT 165 CM	WEIGHT 74 KG	BLOOD PRESSURE 130/80 MM HG	PULSE 84/MIN	RESPIRATION 16/MIN	GENERAL APPEARANCE GOOD				
VISION: WITHOUT GLASSES RIGHT EYE 6/9 LEFT EYE 6/9 WITH GLASSES 6/6 6/6		HEARING: RT. EAR NORMAL LEFT EAR NORMAL							
COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input 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 checked="" type="checkbox"/> No <input 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"/>									
 SIGNATURE OF APPLICANT				22 OCT 2020 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 OSMAN GANI NAME OF APPLICANT					
Fit For Duty on Board Ship									
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 checked="" type="checkbox"/> ENGINEERING OFFICER / <input 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				DR. MESBAH UDDIN AHMED					
ADDRESS				M.B.B.S, CCD (MEDICAL CONSULTANT)					
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY				KABIR MANZIL (3RD FLOOR)					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE				SK. MUJIB ROAD, AGRABAD CHITTAGONG					
SIGNATURE OF PHYSICIAN				22-07-2017					
 DR. MESBAH UDDIN AHMED M.B.B.S, CCD (MEDICAL CONSULTANT) KABIR MANZIL (3RD FLOOR) SK. MUJIB ROAD, AGRABAD CHITTAGONG				22 OCT 2020 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