


	NAAF MARINE SERVICES TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE CONFIDENTIAL FORM	NMS/F-04 Date _____ Issue _____ Page _____	
SURNAME SHARIF		GIVEN NAME(S) MD REZAUL KARIM	
DATE OF BIRTH MONTH 11 DAY 20 YEAR 1984		PLACE OF BIRTH CITY KISHOREGANJ COUNTRY BD	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: P/Man) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: BHAIRAB NORTH, WARD-07, BHAIRAB BHAIRAB, KISHOREGANJ, BANGLADESH	
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE			
HEIGHT 5'5"	WEIGHT 73KG	BLOOD PRESSURE 120/80 mmHg	PULSE 72/min
VISION: WITHOUT GLASSES WITH GLASSES		RESPIRATION 16/min HEARING: RT. EAR NORMAL LEFT EAR NORMAL	
RIGHT EYE 6/6 <input checked="" type="checkbox"/>		LEFT EYE 6/6 <input checked="" type="checkbox"/>	
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"/>			
SIGNATURE OF APPLICANT 		DATE 15 FEB 2021	
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN			
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MD REZAUL KARIM SHARIF NAME OF APPLICANT			
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 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. M. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine)		ADDRESS SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10, AGRABAD C/A, CHITTAGONG. BMD AND DG SHIPPING GOVT. OF BD 23-02-1984	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 23-02-1984		SIGNATURE OF PHYSICIAN 	
DATE 15 FEB 2021		DATE 15 FEB 2021	

This certificate is in compliance with the requirements
 of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW 19/A)
 Regn. No. A-11820

(CONTROLLED DOCUMENT)

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