

	<b>NAAF MARINE SERVICES</b>	NMS/F-04	Date	1 July 2012
	<b>TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE</b>		Issue No	00
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**CONFIDENTIAL FORM**

SURNAME <b>SABBIR</b>	GIVEN NAME(S) <b>MD</b>
DATE OF BIRTH MONTH <b>02</b> DAY <b>18</b> YEAR <b>2003</b>	PLACE OF BIRTH CITY <b>TANGAIL</b> COUNTRY <b>B'DESH</b> 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: <b>GS</b> ) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>DIGOR, ZAHIDGANJ, GHATAIL, TANGAIL</b>

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

HEIGHT <b>5'7"</b>	WEIGHT <b>56kg</b>	BLOOD PRESSURE <b>120/80mmHg</b>	PULSE <b>72/min</b>	RESPIRATION <b>16/min</b>	GENERAL APPEARANCE <b>GOOD</b>
VISION: WITHOUT GLASSES RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b> WITH GLASSES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		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"/>					

SIGNATURE OF APPLICANT <b>Sabbir</b>		DATE <b>11 DEC 2021</b>	
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN			
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <b>MD. SABBIR</b>			
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 checked="" 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 <b>DR. MD. Ayubur Rahman</b>		NAME OF APPLICANT <b>MD. SABBIR</b>	
ADDRESS <b>10, Agrabad C/A, Chittagong</b>		BMD Reg No: <b>A-11820</b>	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <b>Govt. of Bangladesh</b>		AND APPROVED BY <b>DG Shipping</b>	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <b>11 DEC 2021</b>		DATE <b>11 DEC 2021</b>	
SIGNATURE OF PHYSICIAN <b>DR. MD. AYUBUR RAHMAN</b>		DATE <b>11 DEC 2021</b>	

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