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|--|--|----------|----------|-------------|
|  | NAAF MARINE SERVICES                     | NMS/F-04 | Date     | 1 July 2012 |
|  | TITLE: - PRE-JOINING MEDICAL EXAMINATION |          | Issue No | 00          |
|  | REPORT/CERTIFICATE                       |          | Page No  | 5 of 6      |

Appendix 1  
Medical Exam Form  
**CONFIDENTIAL FORM**

**Sight**

Use of glasses or contact lenses: Yes / No (if yes, specify which type and for what purpose)

|         | Visual acuity |          |           |           |          |           | Visual fields |           |
|---------|---------------|----------|-----------|-----------|----------|-----------|---------------|-----------|
|         | Unaided       |          |           | Aided     |          |           | Normal        | Defective |
|         | Right eye     | Left eye | Binocular | Right eye | Left eye | Binocular |               |           |
| Distant | 6/6           | 6/6      | 6/6       |           |          |           | ✓             |           |
| Near    | ✓             | ✓        | ✓         |           |          |           | ✓             |           |

Color vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

**Hearing**

|           | Pure tone and audio metry (threshold values in dB) |          |          |          |          |          | Speech and whisper test (metres) |         |
|-----------|--|----------|----------|----------|----------|----------|----------------------------------|---------|
|           | 500 Hz   | 4,000 Hz | 2,000 Hz | 3,000 Hz | 4,000 Hz | 6,000 Hz | Normal                           | Whisper |
| Right ear | ✓  | ✓        | ✓        | ✓        | ✓        | ✓        | ✓                                | ✓       |
| Left ear  | ✓  | ✓        | ✓        | ✓        | ✓        | ✓        | ✓                                | ✓       |

Height: 5'8" (cm) Weight: 68 (kg)  
Pulse rate: 77 (/minute) Rhythm: REGULAR  
Blood pressure: Systolic: 115 (mm Hg) Diastolic: 75 (mm Hg)  
Urinalysis: Glucose: NIC Protein: NIC

|                               | Normal                              | Abnormal                 |                              | Normal                              | Abnormal                 |
|-------------------------------|-------------------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|
| Head                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Skin                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sinuses, nose, throat         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Varicose veins               | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mouth/teeth                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vascular (inc. pedal pulses) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ears (general)                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Abdomen and viscera          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tympanic membrane             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hernia                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eyes                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Anus (not rectal exam.)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ophthalmoscopy                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G-U system                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pupils                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upper and lower extremities  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eye movement                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spine (C/S, T/S and L/S)     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lungs and chest               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Neurologic (full brief)      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Breast examination <u>N/A</u> | <input type="checkbox"/>            | <input type="checkbox"/> | Psychiatric                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heart                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | General appearance           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 10/AUG 2022  
Results: NORMAL & CLEAR

**(CONTROLLED DOCUMENT)**

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