



NAAF MARINE SERVICES

NMS/F-04

Date

1 July 2012

TITLE: - PRE-JOINING MEDICAL EXAMINATION
REPORT/CERTIFICATE

Issue No

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CONFIDENTIAL FORM

SURNAME <u>RAHMAN</u>		GIVEN NAME(S) <u>MD SHAIFUR</u>	
DATE OF BIRTH MONTH <u>05</u> DAY <u>26</u> YEAR <u>1994</u>		PLACE OF BIRTH CITY <u>CHATTOGRAM</u> COUNTRY <u>B'DESH</u>	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: <u>4TH ENGR</u>) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <u>POMRA, ROSHAIPARA, WARD NO-04, RANGUNIA</u> <u>RANGUNIA-4360, CHATTOGRAM</u>	
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE			
HEIGHT <u>5'4"</u>	WEIGHT <u>88KG</u>	BLOOD PRESSURE <u>130/85MMHG</u>	PULSE <u>86/MIN</u>
RESPIRATION <u>16/MIN</u>		GENERAL APPEARANCE <u>GOOD</u>	
VISION: WITHOUT GLASSES RIGHT EYE <u>6/6</u> LEFT EYE <u>6/6</u> WITH GLASSES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		HEARING: RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>	
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 type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input 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 <u>NORMAL</u>		HEART (CARDIOVASCULAR) <u>NORMAL</u>	
LUNGS <u>CLEAR</u>		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>YES</u>	
EXTREMITIES: UPPER <u>NORMAL</u> LOWER <u>NORMAL</u>			
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 <u>MD Shaifur Rahman</u>		DATE <u>08 JUL 2023</u>	
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN			
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <u>MD SHAIFUR RAHMAN</u>			
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 <u>DR. MD. Ayubur Rahman</u> <u>M.B.B.S, P.G.T (Medicine)</u>		NAME OF APPLICANT <u>MD SHAIFUR RAHMAN</u>	
ADDRESS <u>Taher Chamber,</u> <u>10, Agrabad C/A, Chittagong</u>		DATE <u>08 JUL 2023</u>	
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY <u>BMDC Reg No: A-11820</u>		DATE <u>08 JUL 2023</u>	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <u>08 JUL 2023</u>		DATE <u>08 JUL 2023</u>	
SIGNATURE OF PHYSICIAN <u>DR. MD. AYUBUR RAHMAN</u> <u>M.B.B.S; P.G.T (Medicine)</u> <u>Taher Chamber</u> <u>10, Agrabad C/A, Chittagong</u>		DATE <u>08 JUL 2023</u>	

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