

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

SURNAME	Alam	GIVEN NAME(S)	Md Tareq
DATE OF BIRTH	MONTH 03 DAY 20 YEAR 1998	PLACE OF BIRTH	CITY Noakhali COUNTRY B'Desh
SEX	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
EXAMINATION FOR DUTY AS:	MAILING ADDRESS OF APPLICANT:		
MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input checked="" type="checkbox"/> OTHERS (RANK: <u>OILER</u>) <input type="checkbox"/>	Alipur, Ward#03, Begumganj, Begumganj Noakhali, Bangladesh		

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

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
173	61 kg	120/80 mmHg	72/min	16/min	GOOD
VISION:		RIGHT EYE	LEFT EYE	HEARING:	
WITHOUT GLASSES		6/6	6/6	RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>	
WITH GLASSES		✓	✓		
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			HEART (CARDIOVASCULAR)		
<u>NORMAL</u>			<u>NORMAL</u>		
LUNGS			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)		
<u>CLEAR</u>			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"/>					

✓ MD TAREQ SIGNATURE OF APPLICANT THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN	05 SEP 2022 DATE
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <u>Md Tareq Alam</u> 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 checked="" 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 <u>DR. M. AYUBUR RAHMAN</u> ADDRESS <u>M.B.B.S: P.G.T (Medicine)</u> <u>SABA DIAGNOSTIC CENTRE</u> <u>TAHER CHAMBER</u> <u>10 AGRABAD C/A, CHITTAGONG.</u> NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <u>BMDC AND DG SHIPPING</u> <u>GOVT. OF BD</u> DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <u>23-02-1984</u>	
SIGNATURE OF PHYSICIAN <u>[Signature]</u> <u>DR. MD. AYUBUR RAHMAN</u> <u>M.B.B.S: P.G.T (Medicine)</u>	05 SEP 2022 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