

	NAAF MARINE SERVICES		NMS/F-04	 
	TITLE: - PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE		Issue No Page No	
CONFIDENTIAL FORM				
SURNAME SITU		GIVEN NAME(S) MD TOFAEL ISLAM		
DATE OF BIRTH MONTH 05 DAY 05 YEAR 1994		PLACE OF BIRTH CITY TANGAIL 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: OS) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: PARDIGHULIA, TANGAIL, TANGAIL SADAR TANGAIL, BANGLADESH		
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE				
HEIGHT 5'6"	WEIGHT 76 kg	BLOOD PRESSURE 120/80 mmHg	PULSE 72 bpm	RESPIRATION 16 bpm
VISION: WITHOUT GLASSES 6/6 WITH GLASSES <input checked="" type="checkbox"/>		RIGHT EYE 6/6 LEFT EYE 6/6		HEARING: RT. EAR normal LEFT EAR normal
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 Situ		DATE 03 JAN 2021		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN				
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:		NAME OF APPLICANT MD TOFAEL ISLAM SITU		
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		DR. MD. Ayubur Rahman M.B.B.S., P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong BMDC Reg No: A-11820 AND APPROVED BY DG Shipping Govt. of Bangladesh		
ADDRESS				
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY				
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE				
SIGNATURE OF PHYSICIAN DR. MD. AYUBUR RAHMAN M.B.B.S.: P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong		DATE 03 JAN 2021		

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