

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

CONFIDENTIAL FORM

SURNAME <u>HAMID</u>		GIVEN NAME(S) <u>MD. RAOUL</u>	
DATE OF BIRTH MONTH <u>12</u> DAY <u>26</u> YEAR <u>1987</u>		PLACE OF BIRTH CITY <u>CHARTOGAM</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 type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: _____) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <u>Abdul Gani Sukanir Bari, ADASH PARA, WARD#37</u> <u>Bandar, Aranda Bazar, Chattogram.</u>	

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

HEIGHT <u>160 CM</u>	WEIGHT <u>62 KG</u>	BLOOD PRESSURE <u>130/80 mmHg</u>	PULSE <u>84 /min</u>	RESPIRATION <u>16 /min</u>	GENERAL APPEARANCE <u>GOOD</u>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <u>6/9</u> <u>6/6</u>		LEFT EYE <u>6/9</u> <u>6/6</u>	
HEARING:		RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>			
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 checked="" type="checkbox"/> No <input 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"/>					

<u>Kawisur Hamid</u> SIGNATURE OF APPLICANT		<u>25 JAN 2022</u> DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN		
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <u>Mr. Kawisur Hamid</u>		
<u>Fit For Duty on Board Ship</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 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 <u>DR. MD. Ayubur Rahman</u>		
ADDRESS <u>M.B.B.S. P.G.T (Medicine)</u> <u>Taher Chamber,</u> <u>10, Agrabad C/A, Chittagong</u>		
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <u>BMDC Reg No: A-11820</u>		
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <u>AND APPROVED BY</u> <u>DG Shipping</u> <u>Govt. of Bangladesh</u>		
SIGNATURE OF PHYSICIAN <u>[Signature]</u>		<u>25 JAN 2022</u> DATE

DR. MD. AYUBUR RAHMAN
M.B.B.S. P.G.T (Medicine)

Taher Chamber,
10, Agrabad C/A, Chittagong
BMDC Regn. No. A-11820
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