

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

SURNAME <u>ISLAM</u>		GIVEN NAME(S) <u>MD. SAJEDUL</u>	
DATE OF BIRTH MONTH <u>12</u> DAY <u>31</u> YEAR <u>1982</u>		PLACE OF BIRTH CITY <u>JHENAIIDAH</u> COUNTRY <u>BDESH</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: _____) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <u>KANCHAN NAGAR, MODERN PARA, JHENAIIDAH</u> <u>JHENAIIDAH SADAR, JHENAIIDAH</u>	

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

HEIGHT <u>172 cm</u>	WEIGHT <u>74 kg</u>	BLOOD PRESSURE <u>125/80 mmHg</u>	PULSE <u>78/min</u>	RESPIRATION <u>16/min</u>	GENERAL APPEARANCE <u>GOOD</u>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <u>6/6</u> LEFT EYE <u>6/6</u>		HEARING: RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>	
COLOR TEST TYPE: BOOK <input type="checkbox"/> LANTERN <input checked="" type="checkbox"/> CHECK IF COLOR TEST IS NORMAL - YELLOW <input 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"/>					

✓ M.H. 6

06 FEB 2022

SIGNATURE OF APPLICANT

DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

MD SAJEDUL ISLAM

Fit For Duty on Board Ship

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES ☒ NO ☐

SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☒ ENGINEERING OFFICER / ☐ RATING / ☐ CHIEF COOK / ☐ COOK / ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN	<u>DR. MD. Ayubur Rahman</u> M.B.B.S, P.G.T (Medicine)
ADDRESS	<u>Taher Chamber,</u> <u>10, Agrabad C/A, Chittagong</u>
NAME OF PHYSICIAN'S CERTIFYING 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>06 FEB 2022</u>
	DATE

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

10, Agrabad C/A, Chittagong  
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