



	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	CHOWDHURY	GIVEN NAME(S)	MD. SOHAL
DATE OF BIRTH	02 01 1992	PLACE OF BIRTH	CTG
MONTH	DAY	YEAR	CITY
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: _____) <input type="checkbox"/>			

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

HEIGHT	WEIGHT	BLOOD PRESSURE	PULSE	RESPIRATION	GENERAL APPEARANCE
5'10"	94KG	120/80MMHG	72/min	16/min	GOOD
VISION:	RIGHT EYE		LEFT EYE		HEARING:
WITHOUT GLASSES	6/6		6/6		RT. EAR: NORMAL
WITH GLASSES	✓		✓		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			HEART (CARDIOVASCULAR)		
NORMAL			NORMAL		
LUNGS			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)		
CLEAR			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	06 DEC 2021 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>MD. SOHAL CHOWDHURY</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 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 CERTIFYING AUTHORITY <u>BMD 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>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> <u>Regn. No. A-11820</u>	06 DEC 2021 DATE

This certificate is in compliance with the requirements of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW 19/9)

(CONTROLLED DOCUMENT)

Quality Manual: Naaf Marine Services, Chittagong, Bangladesh: July 2012