

	<b>NAAF MARINE SERVICES</b>	<b>NMS/F-04</b>	<b>Date</b> _____
	<b>TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE</b>		<b>Issue No</b> _____
			<b>Page No</b> 1

**CONFIDENTIAL FORM**

<b>SURNAME</b> ISLAM	<b>GIVEN NAME(S)</b> MIR IKRAMUL	
<b>DATE OF BIRTH</b> MONTH 09 DAY 17 YEAR 1979	<b>PLACE OF BIRTH</b> CITY TAN GAIL COUNTRY B D E S H	<b>SEX</b> <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>EXAMINATION FOR DUTY AS:</b> MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input checked="" type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: _____) <input type="checkbox"/>	<b>MAILING ADDRESS OF APPLICANT:</b> MH WINTER VELLY, PLOT NO- 8, 9 & 10, FLAT NO- C3, KULGIAOVN RESIDENCY, KULGIAON, OXYGEN, CTG.	

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

<b>HEIGHT</b> 5'7"	<b>WEIGHT</b> 77kg	<b>BLOOD PRESSURE</b> 130/80mmHg	<b>PULSE</b> 90/min.	<b>RESPIRATION</b> 16/min.	<b>GENERAL APPEARANCE</b> GOOD.
<b>VISION:</b> WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6 WITH GLASSES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		<b>HEARING:</b> RT. EAR NORMAL LEFT EAR NORMAL			
<b>COLOR TEST TYPE:</b> BOOK <input 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"/>					
<b>ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
<b>HEAD AND NECK</b> NORMAL			<b>HEART (CARDIOVASCULAR)</b> NORMAL		
<b>LUNGS</b> CLEAR			<b>SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER)</b> IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? YES.		
<b>EXTREMITIES:</b> UPPER NORMAL LOWER NORMAL					
<b>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?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
<b>IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

 SIGNATURE OF APPLICANT	24 MAY 2022 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>MIR IKRAMUL ISLAM</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 checked="" 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:	
<b>NAME AND DEGREE OF PHYSICIAN</b> 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	
<b>ADDRESS</b>	
<b>NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY</b>	
<b>DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE</b>	
<b>SIGNATURE OF PHYSICIAN</b>  DR. MD. AYUBUR RAHMAN M.B.B.S.; P.G.T. (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong BMDC Reg No: A-11820	24 MAY 2022 DATE

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

**(CONTROLLED DOCUMENT)**

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

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