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|---|---|----------|----------|-------------|
|  | NAAF MARINE SERVICES  | NMS/F-04 | Date     | 1 July 2012 |
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|   | TITLE:- PRE-JOINING MEDICAL EXAMINATION<br>REPORT/CERTIFICATE |          | Issue No | 00          |
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Appendix 1  
Medical Exam Form  
CONFIDENTIAL FORM

Name (last, first, middle): ISLAM, IKRAMUL MIR

Date of birth (day/month/year): 17 / 09 / 1979 Sex: ☒ male ☐ female

Home address: KATRA, JAMURKI, MIRZAPUR, TAN GAD

Passport No./Discharge Book No.: BX0005783, C/O 13975

Department (deck/engine/radio/food handling/other): ENGINE

Type of ship: Multi-Purpose cargo/Container/Bulk Carrier/Tanker (Oil/Product/Chemical/Crude)

Trade area: Worldwide

**Examinee's personal declaration**

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions:

| Condition                          | Yes                      | No                                  | Condition                   | Yes                      | No                                  |
|------------------------------------|--------------------------|-------------------------------------|-----------------------------|--------------------------|-------------------------------------|
| 1. Eye/vision problem              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19. Do you smoke, use       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. High blood pressure             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | alcohol or drugs            |                          |                                     |
| 3. Heart/vascular disease          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20. Operation/surgery       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Heart surgery                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21. Epilepsy/seizures       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Varicose veins/piles            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22. Dizziness/fainting      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Asthma/bronchitis               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23. Loss of consciousness   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Blood disorder                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24. Psychiatric problems    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Diabetes                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25. Depression              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Thyroid problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. Attempted suicide       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Digestive disorder             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27. Loss of memory          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Kidney problem                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28. Balance problem         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Skin problem                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29. Severe headaches        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Allergies                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30. Ear (hearing/tinnitus)/ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Infectious/contagious diseases | <input type="checkbox"/> | <input checked="" type="checkbox"/> | nose/throat problems        |                          |                                     |
| 15. Hernia                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31. Restricted mobility     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Genital disorders              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32. Back or joint problem   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Pregnancy <u>not</u>           | <input type="checkbox"/> | <input type="checkbox"/>            | 33. Amputation              | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Sleep problem                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34. Fractures/dislocations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If any of the above questions were answered "yes," please give details.

(CONTROLLED DOCUMENT)

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