


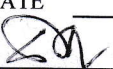
	NAAF MARINE SERVICES		NMS/F-04	Date	1 July 2012
	TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE			Issue No	00
				Page No	1 of 6

CONFIDENTIAL FORM

SURNAME RAHMAN	GIVEN NAME(S) MIR MOHAMMAD ASAD UR	
DATE OF BIRTH MONTH 08 DAY 03 YEAR 1969	PLACE OF BIRTH CITY SATKHIRA COUNTRY BD	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 (C/E) <input checked="" type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: _____) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: NEW TOWN, BLOCK-D146, KOTWALI, JASHORE NEW SATELLITE TOWN-7401, JASHORE BANGLADESH	

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

HEIGHT 5'4 1/2"	WEIGHT 73 KG	BLOOD PRESSURE 140/90 mmHg	PULSE 84/min	RESPIRATION 16/min	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES RIGHT EYE 6/9 / LEFT EYE 6/9 WITH GLASSES <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>		HEARING: RT. EAR NORMAL LEFT EAR NORMAL			
COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input 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 NORMAL		HEART (CARDIOVASCULAR) NORMAL			
LUNGS CLEAR		SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) 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		03 SEP 2023 DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN 0305 932 EV		
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MIR MOHAMMAD ASAD UR RAHMAN 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:		
NAME AND DEGREE OF PHYSICIAN DR. M. AYUBUR RAHMAN ADDRESS M.B.B.S; P.G.T (Medicine) SABA DIAGNOSTIC CENTRE NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY TAHER CHAMBER 10, AGRABAD C/A, CHITTAGONG. DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984		
SIGNATURE OF PHYSICIAN  DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber		03 SEP 2023 DATE

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