



NAAF MARINE SERVICES

NMS/F-04

TITLE:- PRE-JOINING MEDICAL EXAMINATION  
REPORT/CERTIFICATE

## CONFIDENTIAL FORM

SURNAME <b>BASHED</b>	GIVEN NAME(S) <b>MOHAMMAD AB</b>
DATE OF BIRTH <b>01 MONTH 05 DAY 1979 YEAR</b>	PLACE OF BIRTH CITY <b>TANGAIL</b> COUNTRY <b>B'DESH</b>
EXAMINATION FOR DUTY AS: MASTER <input checked="" type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: _____) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>VILL:- DARANI PARA, P.O:- KHALIAJANI</b> <b>P.S:- MIRZAPUR, DIST:- TANGAIL</b>

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

HEIGHT <b>158cm</b>	WEIGHT <b>68kg</b>	BLOOD PRESSURE <b>120/75mmHg</b>	PULSE <b>76/min</b>	RESPIRATION <b>16/min</b>	GENERAL APPEARANCE <b>GOOD</b>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <b>6/12</b> <b>6/6</b>		LEFT EYE <b>6/12</b> <b>6/6</b>	
HEARING:		RT. EAR <b>NORMAL</b>		LEFT EAR <b>NORMAL</b>	
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 checked="" type="checkbox"/> No <input type="checkbox"/>					
HEAD AND NECK <b>NORMAL</b>			HEART (CARDIOVASCULAR) <b>NORMAL</b>		
LUNGS <b>CLEAR</b>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>YES</b>		
EXTREMITIES: UPPER <b>NORMAL</b> LOWER <b>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? 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

Mohammad Abdul Bashed

30 JUN 2022 DATE

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

Mohammad Abdul Bashed

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

Fit For Duty on Board Ship

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	<b>DR. MD. Ayubur Rahman</b> M.B.B.S. P.G.T (Medicine)
ADDRESS	Taher Chamber, 10, Agrabad C/A, Chittagong
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	BMDC Reg No: A-11820
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	AND APPROVED BY DG Shipping Govt. of Bangladesh
SIGNATURE OF PHYSICIAN	30 JUN 2022 DATE

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