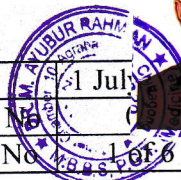


	<b>NAAF MARINE SERVICES</b>	<b>NMS/F-04</b>	Date <u>31 July 2022</u>
	<b>TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE</b>		Issue No. <u>1</u>
			Page No. <u>1</u>



**CONFIDENTIAL FORM**

SURNAME <b>NAYEM</b>	GIVEN NAME(S) <b>MOHAMMAD ABU</b>
DATE OF BIRTH MONTH <u>12</u> DAY <u>10</u> YEAR <u>1995</u>	PLACE OF BIRTH CITY <u>MEHERPUR</u> COUNTRY <u>B'DESH</u>
SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input checked="" type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: <u>1/0FF</u> ) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>HARABHANGA, HARABHANGA, GANGNI MEHERPUR, BANGLADESH</b>

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

HEIGHT <u>5'10"</u>	WEIGHT <u>78KG</u>	BLOOD PRESSURE <u>125/75MMHG</u>	PULSE <u>78MIN.</u>	RESPIRATION <u>16MIN</u>	GENERAL APPEARANCE <u>GOOD</u>
VISION: WITHOUT GLASSES RIGHT EYE <u>6/6</u> LEFT EYE <u>6/6</u> WITH GLASSES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				HEARING: RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>	
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 <u>NORMAL</u>			HEART (CARDIOVASCULAR) <u>NORMAL</u>		
LUNGS <u>CLEAR</u>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>YES</u>		
EXTREMITIES: UPPER <u>NORMAL</u> LOWER <u>NORMAL</u>					
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"/>					

<u>MD. ABU NAYEM</u> SIGNATURE OF APPLICANT	<u>30 MAY 2022</u> 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>MOHAMMAD ABU NAYEM</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 checked="" type="checkbox"/> DECK OFFICER / <input 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	<u>DR. MD. Ayubur Rahman</u> M.B.B.S. P.G.T. (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong
ADDRESS	<u>10, Agrabad C/A, Chittagong</u>
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	<u>BMDC Reg No: A 11820</u>
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	<u>30 MAY 2022</u>
SIGNATURE OF PHYSICIAN	<u>DR. MD. AYUBUR RAHMAN</u> M.B.B.S. P.G.T. (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong

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

**(CONTROLLED DOCUMENT)**

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