

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

SURNAME <i>ISLAM</i>	GIVEN NAME(S) <i>MOHAMMAD AMIRUL</i>
DATE OF BIRTH MONTH <i>01</i> DAY <i>01</i> YEAR <i>1991</i>	PLACE OF BIRTH CITY <i>NOAKHALI</i> COUNTRY <i>BD</i>
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 <input type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: _____) <input checked="" type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <i>ALIQUA BEGUMGANJ, NOAKHALI</i>

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

HEIGHT <i>5'8"</i>	WEIGHT <i>82KG</i>	BLOOD PRESSURE <i>128/85 mm</i>	PULSE <i>78/Min</i>	RESPIRATION <i>16/Min</i>	GENERAL APPEARANCE <i>GOOD</i>
VISION: WITHOUT GLASSES RIGHT EYE <i>6/6</i> LEFT EYE <i>6/6</i> WITH GLASSES <i>2+</i>		HEARING: RT. EAR <i>NORMAL</i> LEFT EAR <i>NORMAL</i>			
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 <i>NORMAL</i>			HEART (CARDIOVASCULAR) <i>NORMAL</i>		
LUNGS <i>CLEAR</i>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <i>YES</i>		
EXTREMITIES: UPPER <i>NORMAL</i> LOWER <i>NORMAL</i>					
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		DATE <i>01 MAR 2022</i>
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN		
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <i>MOHAMMAD AMIRUL</i>		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 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		<i>DR. MESBAH UDDIN AHMED</i>
ADDRESS		<i>M.B.B.S, CCD (MEDICAL CONSULTANT) KABIR MANZIL (3RD FLOOR) SK. MUJIB ROAD, AGRABAD C/A, CHITTAGONG</i>
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY		<i>BMDU AND DG SHIPPING GOVT. OF BD</i>
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE		<i>22-07-2017</i>
SIGNATURE OF PHYSICIAN		DATE <i>01 MAR 2022</i>

This certificate is in compliance with the requirements of the Medical Examination of Seafarers Convention 1946 (ILO No. 73, STCW I 9/A)

(CONTROLLED DOCUMENT)

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