

	NAAF MARINE SERVICES	NMS/F-04	Date
	TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE		Issue No Page No
CONFIDENTIAL FORM			
SURNAME <b>ARTU</b>		GIVEN NAME(S) <b>MOHAMMAD</b>	
DATE OF BIRTH MONTH <b>06</b> DAY <b>01</b> YEAR <b>1977</b>		PLACE OF BIRTH CITY <b>CHITTOGRAM</b> COUNTRY <b>BD/DESH</b>	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: <b>AB</b> ) <input checked="" type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <b>SOUTH HALISHAHAR, SAILORS COLONY, EPZ CHITTOGRAM, BANGLADESH</b>	
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE			
HEIGHT <b>5'6 1/2"</b>	WEIGHT <b>74 KG</b>	BLOOD PRESSURE <b>120/80 mm Hg</b>	PULSE <b>72/min</b>
VISION: WITHOUT GLASSES <b>6/9</b> WITH GLASSES <b>6/6</b>		RIGHT EYE <b>6/9</b> LEFT EYE <b>6/6</b>	RESPIRATION <b>16/min</b> GENERAL APPEARANCE <b>GOOD</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?	
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 		DATE <b>20 JAN 2021</b>	
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN			
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <b>MOHAMMAD ARTU</b> 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 checked="" 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 M.B.B.S. P.G.T (Medicine)	
ADDRESS		SABA DIAGNOSTIC CENTRE TAHER CHAMBER 10, AGRAHAD C/A, CHITTAGONG.	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY		BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE		20 JAN 2021	
SIGNATURE OF PHYSICIAN 		DATE	

DR. MD. AYUBUR RAHMAN  
M.B.B.S. P.G.T (Medicine)  
Taher Chamber  
10, Agrahad C/A, Chittagong.  
Regn. No. A-11520

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

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