	NAAF MARINE SERVICES		NMS/F-04	Date
	TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE		Issue No.	Page No.

**CONFIDENTIAL FORM**

SURNAME <b>NABI</b>		GIVEN NAME(S) <b>MOHAMMAD DAUD</b>		
DATE OF BIRTH MONTH <b>10</b> DAY <b>15</b> YEAR <b>1975</b>		PLACE OF BIRTH CITY <b>CUMILLA</b> COUNTRY <b>B'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>OILER</b> <input checked="" type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <b>SATBARIA, SATBARIA, NANGAL KOT CUMILLA, BANGLADESH</b>		

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

HEIGHT <b>5'6"</b>	WEIGHT <b>63 KG</b>	BLOOD PRESSURE <b>130/80 mmHg</b>	PULSE <b>84/MIN</b>	RESPIRATION <b>16/MIN</b>	GENERAL APPEARANCE <b>GOOD</b>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <b>6/6</b> <input checked="" type="checkbox"/> <b>✓</b>		LEFT EYE <b>6/6</b> <input checked="" type="checkbox"/> <b>✓</b>	
HEARING:		RT. EAR <b>NORMAL</b> LEFT EAR <b>NORMAL</b>			

COLOR TEST TYPE: BOOK ☒ LANTERN ☒ CHECK IF COLOR TEST IS NORMAL - YELLOW ☒ RED ☒ GREEN ☒ BLUE ☒


ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? Yes ☐ No ☒

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 **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 ☐ No ☒

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes ☐ No ☒

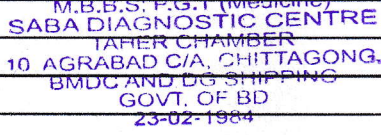
SIGNATURE OF APPLICANT 	DATE <b>19 NOV 2020</b>
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THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: **MOHAMMAD DAUD NABI**  
NAME OF APPLICANT

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. M. AYUBUR RAHMAN</b> M.B.B.S; P.G.T (Medicine)	 <b>SABA DIAGNOSTIC CENTRE</b> TAHER CHAMBER 10 AGRABAD C/A, CHITTAGONG. BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984
ADDRESS	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	

SIGNATURE OF PHYSICIAN  


DATE  
**19 NOV 2020**

DR. MD. AYUBUR RAHMAN  
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 I 9/A)

**(CONTROLLED DOCUMENT)**

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