
	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 <b>KAMAL</b>	GIVEN NAME(S) <b>MOHAMMAD</b>
DATE OF BIRTH <b>06 MONTH 05 DAY 1971 YEAR</b>	PLACE OF BIRTH CITY <b>FENI</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 checked="" type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: <b>ETO</b> ) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>VILL:- HASAN GONIPUR P.O:-BAIRAGIR HAT P.S:- BAIRAGIR HAT, DIST:- FENI, BANGLADESH.</b>

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

HEIGHT <b>5'5"</b>	WEIGHT <b>75KG</b>	BLOOD PRESSURE <b>140/90MMHG</b>	PULSE <b>90/MIN</b>	RESPIRATION <b>16/MIN</b>	GENERAL APPEARANCE <b>Good</b>
VISION: WITHOUT GLASSES RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b> WITH GLASSES <input checked="" type="checkbox"/> <b>✓</b> <input type="checkbox"/> <b>✓</b>		HEARING: RT. EAR <b>NORMAL</b> LEFT EAR <b>NORMAL</b>			
COLOR TEST TYPE: BOOK <input type="checkbox"/> LANTERN <input checked="" type="checkbox"/> CHECK IF COLOR TEST IS NORMAL - YELLOW <input checked="" type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input 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 <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		<b>27 JUN 2022</b> DATE	
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 KAMAL</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 checked="" 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		<b>DR. MD. Ayubur Rahman</b> M.B.B.S. P.G.T (Medicine) Taher Chamber,	
ADDRESS		<b>10, Agrabad C/A, Chittagong</b> BMDC Reg No: A-11820	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY		AND APPROVED BY <b>OG Shipping</b> Govt. of Bangladesh	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE			
SIGNATURE OF PHYSICIAN		<b>27 JUN 2022</b> DATE	

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