

NAAF MARINE SERVICES

NMS/F-04

1 July 2012 Date

TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE

Issue No 00 1 of 6 Page No

CONF	DENTI	AL FORM		n n i ib-		
SURNAME HAQUE	GIVEN NAME(S) MOLORAN DESCRIPTION					
DATE OF BIRTH	PLACE C			SEX		
MONTH 02 DAY 61 YEAR 1996	CITY	COUN		MALE	□FEMALE	
EXAMINATION FOR DUTY AS: MASTER DECK OFFICER ENGINEERING OFFICER RATING OTHERS (RANK: 30FF)	MAILING ADDRESS OF APPLICANT: KAYRA, PATADAHA, MADARGANTI, JAMALPUR.					
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE RESPIRATION GENERAL APPEARANCE						
HEIGHT WEIGHT BLOOD PRESSURE PULSE 76KG 120760 MWH 86 M	IN	RESPIRATION (BPM/N)	GENERAL APPEAR			
VISION: WITHOUT GLASSES WITH GLASSES WITH GLASSES RIGHT EYE 6/6 / 6/6 / VISION: WITH EYE	HEARING: RT. EAR WOMAL LEFT EAR WOMAL					
COLOR TEST TYPE: BOOK LANTERN CHECK IF COLOR TEST IS NORMAL - YELLOW CRED GREEN CHECK IF COLOR T						
ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? YES NO W						
HEAD AND NECK NORMAL	HEART (CARDIOVASCULAR)					
LUNGS	SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION?					
EXTREMITIES: NOMAL LOWER						
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 \(\sumsymbol{\text{NO}}\) NO \(\sumsymbol{\text{LO}}\)						
IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? YES NO						
Rozaul		s	1 2 JAN 20	23	2	
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN						
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: Fit For Duty on Board Ship 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 / without any restrictions / with the following restrictions:						
NAME AND DEGREE OF PHYSICIAN DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine)						
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY 10 AGRABAD G/A, CHITTAGONG.						
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE SIGNATURE OF PHYSICIAN	- 6	OVT. OF BD 23-02-1984	1	2 JAN 2	023	
DR. MD. AYUBUR RAHMAT	٧			DATE		

10, Agrabad C/Ahi Continguois, in compliance with the requirements of the Mail Taher Chamber

(CONTROLLED DOCUMENT)

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