

	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 <u>ALAM</u>	GIVEN NAME(S) <u>MOHAMMAD ZAHIDUL</u>	
DATE OF BIRTH MONTH <u>01</u> DAY <u>12</u> YEAR <u>1992</u>	PLACE OF BIRTH CITY <u>CHATTOGRAM</u> COUNTRY <u>BANGLADESH</u>	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input checked="" type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: _____) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <u>622/A JAMIR UDDIN LANE, MOHOLTOLY, W-28,</u> <u>SADAR GHAT, AGRABAD - 4100, CHATTOGRAM,</u> <u>BANGLADESH.</u>	

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

HEIGHT <u>5'5 1/2"</u>	WEIGHT <u>75 KG</u>	BLOOD PRESSURE <u>130/85 MMHG</u>	PULSE <u>100/PM</u>	RESPIRATION <u>16/MIN</u>	GENERAL APPEARANCE <u>GOOD.</u>
VISION:		RIGHT EYE	LEFT EYE	HEARING:	
WITHOUT GLASSES		<u>6/6</u>	<u>6/6</u>	RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>	
WITH GLASSES		<u>✓</u>	<u>✓</u>		
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 <u>NORMAL</u>			HEART (CARDIOVASCULAR) <u>NORMAL</u>		
LUNGS <u>CLEAR.</u>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>YES.</u>		
EXTREMITIES:					
UPPER <u>NORMAL</u>		LOWER <u>NORMAL</u>			
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"/>					

<u>✓ LA</u> SIGNATURE OF APPLICANT	31 OCT 2023 DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <u>MOHAMMAD ZAHIDUL ALAM</u> 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 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	<u>DR. MD. Ayubur Rahman</u> M.B.B.S. P.G.T (Medicine)
ADDRESS	<u>Taher Chamber,</u> <u>10, Agrabad C/A, Chittagong</u>
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	<u>BMDC Reg No: A-11820</u> AND APPROVED BY
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	<u>DG Shipping</u> <u>Govt. of Bangladesh</u>
SIGNATURE OF PHYSICIAN <u>DR. MD. AYUBUR RAHMAN</u> M.B.B.S. P.G.T (Medicine)	31 OCT 2023 DATE

This certificate is in compliance with the requirements of the Medical Examination of Seafarers Convention 1946 (ILO No. 73, STCW 19/A)

(CONTROLLED DOCUMENT)

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

