

	NAAF MARINE SERVICES		NMS/F-04	Date
	TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE			Issue No Page No
CONFIDENTIAL FORM				
SURNAME <u>ISLAM</u>		GIVEN NAME(S) <u>MOHAMMAD AMIRUL</u>		
DATE OF BIRTH MONTH <u>11</u> DAY <u>11</u> YEAR <u>1991</u>		PLACE OF BIRTH CITY _____ COUNTRY <u>B'DESH</u>		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 checked="" type="checkbox"/> OTHERS (RANK: <u>DS</u>) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <u>ALIPUR, BEGUMGANJ, BEGUMGANJ</u> <u>NOAKHALI, BANGLADESH</u>		
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE				
HEIGHT <u>5'9"</u>	WEIGHT <u>78kg</u>	BLOOD PRESSURE <u>120/80mmHg</u>	PULSE <u>72/min</u>	RESPIRATION <u>16/min</u>
VISION: WITHOUT GLASSES: <u>6/6</u> / <u>6/6</u> WITH GLASSES: <u>✓</u> / <u>✓</u>		HEARING: RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</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>[Signature]</u> SIGNATURE OF APPLICANT		<u>04 JAN 2021</u> 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 AMIRUL ISLAM</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 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> <u>M.B.B.S; P.G.T (Medicine)</u> <u>Taher Chamber,</u>		ADDRESS <u>10, Agrabad C/A, Chittagong</u> <u>BMDC Reg No: A-11820</u> <u>AND APPROVED BY</u> <u>DG Shipping</u> <u>Govt. of Bangladesh</u>		
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <u>10, Agrabad C/A, Chittagong</u>		DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <u>04 JAN 2021</u>		
SIGNATURE OF PHYSICIAN <u>[Signature]</u> <u>DR. MD. AYUBUR RAHMAN</u> <u>M.B.B.S; P.G.T (Medicine)</u> <u>Taher Chamber,</u>		DATE <u>04 JAN 2021</u>		

This certificate is in compliance with the requirements of the Medical Examination of Seafarers Convention 1946 (ILO No. 73, STCW I 9/A)

(CONTROLLED DOCUMENT)

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

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