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|  | NAAF MARINE SERVICES | NMS/F-04 | Date | 1 July 2012 |
| | TITLE: - PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE | | Issue No | 00 |
| | | | Page No | 5 of 6 |

Appendix I
Medical Exam Form
CONFIDENTIAL FORM

Sight

Use of glasses or contact lenses: Yes / No ☒ (if yes, specify which type and for what purpose)

| | Visual acuity | | | | | | Visual fields | |
|---------|-------------------------------------|-------------------------------------|-------------------------------------|-----------|----------|-----------|-------------------------------------|-----------|
| | Unaided | | | Aided | | | Normal | Defective |
| | Right eye | Left eye | Binocular | Right eye | Left eye | Binocular | | |
| Distant | 6/6 | 6/6 | 6/6 | | | | <input checked="" type="checkbox"/> | |
| Near | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | <input checked="" type="checkbox"/> | |

Color vision: ☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

| | Pure tone and audio metry (threshold values in dB) | | | | | | Speech and whisper test (metres) | |
|-----------|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | 500 Hz | 4,000 Hz | 2,000 Hz | 3,000 Hz | 4,000 Hz | 6,000 Hz | Normal | Whisper |
| Right ear | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Left ear | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Height: 5'9" (cm)

Weight: 78 (kg)

Pulse rate: 72 (/minute)

Rhythm: REGULAR

Blood pressure: Systolic: 120 (mm Hg) Diastolic: 80 (mm Hg)

Urinalysis: Glucose: NIL Protein: NIL

| | Normal | Abnormal | | Normal | Abnormal |
|-------------------------------|-------------------------------------|--------------------------|------------------------------|-------------------------------------|--------------------------|
| Head | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Skin | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Sinuses, nose, throat | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Varicose veins | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Mouth/teeth | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Vascular (inc. pedal pulses) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ears (general) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Abdomen and viscera | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Tympanic membrane | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Hernia | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eyes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Anus (not rectal exam.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Ophthalmoscopy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | G-U system | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Pupils | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Upper and lower extremities | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eye movement | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Spine (C/S, T/S and L/S) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Lungs and chest | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Neurologic (full brief) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Breast examination <u>N/A</u> | <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heart | <input checked="" type="checkbox"/> | <input type="checkbox"/> | General appearance | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Chest X-ray: ☐ Not performed ☒ Performed on (day/month/year): 04 JAN 2021

Results: NORMAL & CLEAR

(CONTROLLED DOCUMENT)

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