

	NAAF MARINE SERVICES		NMS/F-04	Date
	TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE			Issue No Page No
CONFIDENTIAL FORM				
SURNAME <u>CHOND HURY</u>		GIVEN NAME(S) <u>MOHAMMED ARIFUL GHANI</u>		
DATE OF BIRTH MONTH <u>11</u> DAY <u>16</u> YEAR <u>1973</u>		PLACE OF BIRTH CITY _____ COUNTRY _____		SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EXAMINATION FOR DUTY AS: MASTER <input checked="" type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: _____) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <u>3/C GAFUR MANSION, 1107/A LOVELANE,</u> <u>ENAYET BAZAR, KOTWALI, CHITTAGONG 4400-</u> <u>4000, BANGLADESH</u>		
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE				
HEIGHT <u>5'8"</u>	WEIGHT <u>77 KG</u>	BLOOD PRESSURE <u>120/75 mmHg</u>	PULSE <u>72/min</u>	RESPIRATION <u>16/min</u>
VISION: WITHOUT GLASSES <u>6/6</u> WITH GLASSES <u>✓</u>		HEARING: RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u>		GENERAL APPEARANCE <u>BGOOD</u>
COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input 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 <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>✓</u> <u>Atul</u> SIGNATURE OF APPLICANT		<u>22 MAR 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>MOHAMMED ARIFUL GHANI CHONDHURY</u> NAME OF APPLICANT				
THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
SEAFARER IS FOUND TO BE <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> NOT FIT FOR DUTY AS A <input checked="" 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. M. AYUBUR RAHMAN</u> <u>M.B.B.S. P.G.T (Medicine)</u>		ADDRESS <u>SABA DIAGNOSTIC CENTRE</u> <u>TAHER CHAMBER</u> <u>10, AGRABAD C/A, CHITTAGONG.</u> <u>BMDG AND DG SHIPPING</u> <u>GOVT. OF BD</u> <u>23-02-1984</u>		
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <u>DR. M. AYUBUR RAHMAN</u> <u>M.B.B.S. P.G.T (Medicine)</u> <u>Taher Chamber</u> <u>10, Agrabad C/A, Chittagong.</u> <u>Page No. A-11820</u>		DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <u>22 MAR 2021</u> DATE		

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

07.2021-0249