

	<b>NAAF MARINE SERVICES</b>		NMS/F-04	Date	1 July 2012
	<b>TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE</b>			Issue No	00
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**CONFIDENTIAL FORM**

SURNAME <b>NABI</b>	GIVEN NAME(S) <b>MOHAMMED DAUD</b>	
DATE OF BIRTH MONTH <b>10</b> DAY <b>15</b> YEAR <b>1975</b>	PLACE OF BIRTH <b>COMILLA</b> CITY <b>BD</b> COUNTRY	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 type="checkbox"/> OTHERS (RANK: <b>OLR</b> ) <input checked="" type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>SATBARIA, W# 09, NANGALKOT SATBARIA, COMILLA.</b>	

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

HEIGHT <b>5'6"</b>	WEIGHT <b>64 KG</b>	BLOOD PRESSURE <b>140/90MM HG</b>	PULSE <b>95/MIN</b>	RESPIRATION <b>16/MIN</b>	GENERAL APPEARANCE <b>GOOD.</b>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <b>6/9</b> <input checked="" type="checkbox"/>	LEFT EYE <b>6/9</b> <input checked="" type="checkbox"/>	HEARING: RT. EAR <b>NORMAL</b> LEFT EAR <b>NORMAL</b>	
COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input checked="" type="checkbox"/> CHECK IF COLOR TEST IS NORMAL - YELLOW <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>					
HEAD AND NECK <b>NORMAL</b>			HEART (CARDIOVASCULAR) <b>NORMAL</b>		
LUNGS <b>CLEAR</b>			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <b>YES</b>		
EXTREMITIES: UPPER <b>NORMAL</b> LOWER <b>NORMAL</b>					
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"/>					

 SIGNATURE OF APPLICANT		<b>30 MAY 2023</b> DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN		
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <b>MOHAMMED DAUD NABI</b>		
<b>Fit For Duty on Board Ship</b> 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 checked="" 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 <b>DR. MD. Ayubur Rahman</b> ADDRESS <b>M.B.B.S, P.G. I (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong</b> NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <b>BMDC Reg No: A-11820</b> DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <b>AND APPROVED BY DG Shipping Govt. of Bangladesh</b>		
SIGNATURE OF PHYSICIAN  <b>DR. MD. AYUBUR RAHMAN</b> <b>M.B.B.S; P.G.T (Medicine)</b> <b>Taher Chamber</b> <b>10, Agrabad C/A, Chittagong</b>		<b>30 MAY 2023</b> DATE

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

**(CONTROLLED DOCUMENT)**

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