
	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 FORKAN	GIVEN NAME(S) MOHAMMED
DATE OF BIRTH MONTH 10 DAY 24 YEAR 1976	PLACE OF BIRTH CITY CHATTogram COUNTRY B' DESH 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 checked="" type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: (ETO)) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: DALAINAGAR, WARD-04, RAOZAN, BOHIRA-4343, CHATTogram

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

HEIGHT 165CM	WEIGHT 77KG	BLOOD PRESSURE 125/85mmHg	PULSE 86/MIN	RESPIRATION 16/MIN	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6 WITH GLASSES <input checked="" type="checkbox"/> ✓ <input type="checkbox"/> 2		HEARING: RT. EAR NORMAL LEFT EAR NORMAL			
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 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 NORMAL			HEART (CARDIOVASCULAR) NORMAL		
LUNGS CLEAR			SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? YES		
EXTREMITIES: UPPER NORMAL LOWER NORMAL					
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	25 AUG 2022 DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: MOHAMMED FORKAN 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 DR. MD. Ayubur Rahman M.B.B.S. P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong BMDC Reg No: A-11820 AND APPROVED BY DG Shipping Govt. of Bangladesh	25 AUG 2022 DATE
ADDRESS NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE SIGNATURE OF PHYSICIAN DR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong BMDC Reg No: A-11820	

This certification is in compliance with the requirements 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