



NAAF MARINE SERVICES

NMS/F-04

Date

1 July 2012

TITLE:- PRE-JOINING MEDICAL EXAMINATION  
REPORT/CERTIFICATE

Issue No

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Page No

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## CONFIDENTIAL FORM

SURNAME <b>ISLAM</b>	GIVEN NAME(S) <b>MOHAMMED SAYIDUL</b>
DATE OF BIRTH MONTH <b>01</b> DAY <b>01</b> YEAR <b>1995</b>	PLACE OF BIRTH CITY <b>CHATTOGRAM</b> COUNTRY <b>B'DESH</b>
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: <b>OS</b> ) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>WEST BAGKHALI, WARD-05, SITAKUNDA, SHEKHER HAT- 421, CHATTOGRAM</b>

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

HEIGHT <b>5'10"</b>	WEIGHT <b>77 KG</b>	BLOOD PRESSURE <b>120/80 MM Hg</b>	PULSE <b>84/MIN</b>	RESPIRATION <b>16/MIN</b>	GENERAL APPEARANCE <b>GOOD</b>
VISION: WITHOUT GLASSES RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b> WITH GLASSES <input checked="" type="checkbox"/> <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 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 <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"/>					

14 NOV 2022

SIGNATURE OF APPLICANT

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 SAYIDUL ISLAM**

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☐ ENGINEERING OFFICER / ☒ RATING / ☐ CHIEF COOK / ☐ COOK / ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN <b>DR. M. AYUBUR RAHMAN</b> M.B.B.S; P.G.T (Medicine)	
ADDRESS <b>SABA DIAGNOSTIC CENTRE</b> TAHER CHAMBER	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <b>10, AGRABAD C/A, CHITTAGONG.</b> BMDC AND DG SHIPPING	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <b>23-02-1984</b>	
SIGNATURE OF PHYSICIAN  <b>DR. MD. AYUBUR RAHMAN</b> M.B.B.S; P.G.T (Medicine)	<b>14 NOV 2022</b> DATE

This certificate is in compliance with the requirements  
of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW 19/A)

(CONTROLLED DOCUMENT)

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