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NAAF MARINE SERVICES

NMS/F-04

Date

Issue No

Page No

TITLE: - PRE-JOINING MEDICAL EXAMINATION
REPORT/CERTIFICATE

CONFIDENTIAL FORM



SURNAME HOSSAIN	GIVEN NAME(S) MOKTER
DATE OF BIRTH MONTH 04 DAY 10 YEAR 1973	PLACE OF BIRTH CITY BAGERHAT COUNTRY BANGLADESH 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: OILER) <input checked="" type="checkbox"/>	MAILING ADDRESS OF APPLICANT: KHONTA KATA, KHONTA KATA, SARANKHOLA BAGERHAT, BANGLADESH

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

HEIGHT 5'5"	WEIGHT 60KG	BLOOD PRESSURE 120/80mmHg	PULSE 72/min	RESPIRATION 16/min	GENERAL APPEARANCE Good
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/6 <input checked="" type="checkbox"/>	LEFT EYE 6/6 <input checked="" type="checkbox"/>	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 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 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 ☐ No ☒

IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS?

Yes ☐ No ☒

SIGNATURE OF APPLICANT

26 JAN 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:

MOKTER HOSSAIN
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

DR. MD. Ayubur Rahman

ADDRESS

M.B.B.S. P.G.T (Medicine)

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY

Taher Chamber,

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE

10, Agrabad C/A, Chittagong

SIGNATURE OF PHYSICIAN

DR. MD. AYUBUR RAHMAN
M.B.B.S. P.G.T (Medicine)

26 JAN 2022

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