

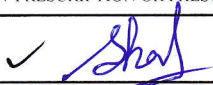

	<b>NAAF MARINE SERVICES</b>	NMS/F-04	Date	1 July 2012
	<b>TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE</b>		Issue No	00
			Page No	1 of 6

**CONFIDENTIAL FORM**

SURNAME <b>RAJ</b>	GIVEN NAME(S) <b>NASIM AKTHER</b>
DATE OF BIRTH MONTH <b>03</b> DAY <b>13</b> YEAR <b>1977</b>	PLACE OF BIRTH CITY <b>ICHULNA</b> COUNTRY <b>BDESH</b>
SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input checked="" type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: <b>C/OFF</b> ) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>HOUSE-161, ROAD-11, NARALA R/A, KHULNA GPO, KHULNA SADAR, KHULNA</b>

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

HEIGHT <b>5'8"</b>	WEIGHT <b>74KG</b>	BLOOD PRESSURE <b>140/90MMHG</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>5/6</b> WITH GLASSES <b>6/6</b> <b>6/6</b>		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"/>					

SIGNATURE OF APPLICANT 		DATE <b>15 FEB 2023</b>
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN		
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <b>NASIM AKTHER RAJ</b> 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 checked="" 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 <b>DR. M. AYUBUR RAHMAN</b> ADDRESS <b>M.B.B.S: P.G.T (Medicine)</b> <b>SABA DIAGNOSTIC CENTRE</b> <b>TAHER CHAMBER</b> <b>TO AGRAHAD C/A, CHITTAGONG.</b> <b>BMDC AND DG SHIPPING</b> <b>GOVT. OF BD</b> <b>23-02-1984</b>		
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 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, Agrahad C/A, Chittagong.</b> <b>Regn. No. A-11820</b>		DATE <b>15 FEB 2023</b>

This certificate is in compliance with the requirements  
of the International Convention 1946 (ILO No. 73, STCW 19/A)  
Regn. No. A-11820

**(CONTROLLED DOCUMENT)**

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