
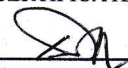
	<b>NAAF MARINE SERVICES</b>	<b>NMS/F-04</b>	Date _____ Issue No _____ Page No _____
<b>TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE</b>			
<b>CONFIDENTIAL FORM</b>			
SURNAME <b>MONDOL</b>		GIVEN NAME(S) <b>NILAY</b>	
DATE OF BIRTH MONTH <b>05</b> DAY <b>23</b> YEAR <b>2000</b>		PLACE OF BIRTH CITY <b>FARIDPUR</b> COUNTRY <b>BDESH</b>	
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>DECADET</b> ) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <b>LAXMIPUR, MADHUKHALI, DUMAIN-7851</b> <b>FARIDPUR, BANGLADESH</b>	
<b>MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE</b>			
HEIGHT <b>163 CM</b>	WEIGHT <b>56 KG</b>	BLOOD PRESSURE <b>120/75 mmHg</b>	PULSE <b>74/min</b>
VISION: WITHOUT GLASSES WITH GLASSES		RESPIRATION <b>16/min</b>  GENERAL APPEARANCE <b>GOOD</b>	
RIGHT EYE <b>6/6</b> LEFT EYE <b>6/6</b>		HEARING: RT. EAR <b>NORMAL</b> LEFT EAR <b>NORMAL</b>	
COLOR TEST TYPE: BOOK <input type="checkbox"/> LANTERN <input checked="" type="checkbox"/> CHECK IF COLOR TEST IS NORMAL - YELLOW <input checked="" 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 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>10 NOV 2021</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>NILAY MONDOL</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 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. MD. AYUBUR RAHMAN</b> <b>M.B.B.S., P.G.T (Medicine)</b> <b>Taher Chamber</b>		ADDRESS <b>10, Agrabad C/A, Chittagong</b> <b>BMDC Reg No: A-11820</b>	
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY <b>AND APPROVED BY</b> <b>PG Shipping</b> <b>Govt. of Bangladesh</b>		DATE <b>10 NOV 2021</b>	
SIGNATURE OF PHYSICIAN 		DATE <b>10 NOV 2021</b>	

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

Taher Chamber  
10, Agrabad C/A, Chittagong  
BMDC Regn. No. A-11820

(CONTROLLED DOCUMENT)

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

07-2021-1118