

(3)



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

CONFIDENTIAL FORM

SURNAME ALAM	GIVEN NAME(S) OHIDUL	
DATE OF BIRTH MONTH 11 DAY 10 YEAR 1994	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 checked="" type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: (2nd OFF)) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: SOUTH GHAT CHAK, WARD-04, RANGUNIA, CHATTOGRAM	

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

HEIGHT 180CM	WEIGHT 69KG	BLOOD PRESSURE 125/80MMHg	PULSE 92/MIN	RESPIRATION 18/MIN	GENERAL APPEARANCE GOOD
VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6 WITH GLASSES <input checked="" type="checkbox"/> <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 <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		11 DEC 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:		OHIDUL ALAM 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		DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine)	
ADDRESS		SABA DIAGNOSTIC CENTRE TAHER CHAMBER	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY		10, AGRABAD C/A, CHITTAGONG. BMDC AND DG SHIPPING GOVT. OF BD 23-02-1984	
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE		11 DEC 2022 DATE	
SIGNATURE OF PHYSICIAN		 DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber	

10, Agrabad C/A, Chittagong 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