

	NAAF MARINE SERVICES	NMS/F-04	Date	1 July 2012
	TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE		Issue No	00
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Appendix 1
Medical Exam Form
CONFIDENTIAL FORM


Other diagnostic test(s) and result(s):

Test HIV, DQA TEST Result NORMAL & NEGATIVE

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

- (a) the hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacities where fitness for the work to be performed is liable to be affected by defective colour vision, are all satisfactory; and
- (b) the seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board.

SABA DIAGNOSTIC CENTER
Official stamp
Taher Chamber,
10, Agrabad C/A, Chittagong
Date: _____


Signature of medical practitioner
DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong.
Regn. No. A-11820

Vaccination status recorded (optional, but recommended by Administrator): ☒ Yes ☐ No

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☒ Fit for look-out duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
<input checked="" type="checkbox"/> Fit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Without restrictions ☒ With restrictions ☐ Visual aid required ☐ Yes ☒ No

Describe restrictions (e.g., specific positions, type of ship, trade area)

Action taken by medical practitioner (e.g., referral): _____

Medical certificate's date of expiration (day/month/year): 15 AUG 2024 / _____

Date of medical certificate issued (day/month/year): 16 AUG 2022 / _____

Number of medical certificate: 07-2022-1036

Official stamp:

Signature of medical practitioner: 

Name of medical practitioner: (Typed or printed) **DR. MD. AYUBUR RAHMAN**

License number of medical practitioner: **M.B.B.S; P.G.T (Medicine)**

Address of medical practitioner: **Taher Chamber**

Authorized by: _____ (competent authority)

(CONTROLLED DOCUMENT)

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

DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Chamber,
10, Agrabad C/A, Chittagong
Regn. No. A-11820
AND DG APPROVED BY
Ministry of Bangladesh