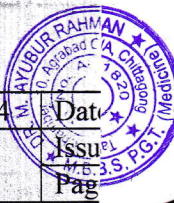


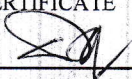


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		NAAF MARINE SERVICES		NMS/F-04	
TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE					
CONFIDENTIAL FORM					
SURNAME ALAM			GIVEN NAME(S) RASHEDUL		
DATE OF BIRTH 10 MONTH 10 DAY 1972 YEAR			PLACE OF BIRTH CITY CHITTAGONG COUNTRY BD		
EXAMINATION FOR DUTY AS: MASTER <input checked="" type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: _____) <input type="checkbox"/>			MAILING ADDRESS OF APPLICANT: HOUSE: 6, ROAD: 2, LANE: 2, BLOCK: H HALI SHAHAR HOUSING ESTATE CHITTAGONG		
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE					
HEIGHT 165cm	WEIGHT 82kg	BLOOD PRESSURE 130/80mmHg	PULSE 78/min	RESPIRATION 16/min	GENERAL APPEARANCE NORMAL
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE 6/9 6/6	LEFT EYE 6/9 6/6	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 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 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 			DATE 17 NOV 2021		
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN					
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: RASHEDUL ALAM					
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 checked="" type="checkbox"/> MASTER / <input 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. MD. Ayubur Rahman M.B.B.S. P.G.T. (Medicine)					
ADDRESS Taher Chamber, 10, Agrabad C/A, Chittagong					
NAME OF PHYSICIAN'S CERTIFYING AUTHORITY BMDC Reg No: A-11820					
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE 17 NOV 2021					
SIGNATURE OF PHYSICIAN 					
DATE 17 NOV 2021					

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

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