


| | | | | |
|---|---|----------|----------|-------------|
|  | NAAF MARINE SERVICES | NMS/F-04 | Date | 1 July 2012 |
| | NAAF MARINE SERVICES | NMS/F-04 | Date | 1 July 2012 |
| | TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE | | Issue No | 00 |
| | | | Page No | 3 of 6 |

Appendix 1
Medical Exam Form
CONFIDENTIAL FORM

Name (last, first, middle): BABU SM SAIFUR RAHAMAN

Date of birth (day/month/year): 05 / 04 / 1993 Sex: ☒ male ☐ female

Home address: SHARIFABAD, BHANGA, SHORIFABAD-7830
FARID PUR, BANGLADESH

Passport No./Discharge Book No.: A00218485 & 4018493

Department (deck/engine/radio/food handling/other): DECK

Type of ship: Multi-Purpose cargo/Container/Bulk Carrier/Tanker (Oil/Product/Chemical/Crude)

Trade area: Worldwide

Examinee's personal declaration

(Assistance should be offered by medical staff)

Have you ever had any of the following conditions:

| Condition | Yes | No | Condition | Yes | No |
|------------------------------------|--------------------------|-------------------------------------|---|--------------------------|-------------------------------------|
| 1. Eye/vision problem | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19. Do you smoke, use alcohol or drugs | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. High blood pressure | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20. Operation/surgery | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Heart/vascular disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 21. Epilepsy/seizures | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Heart surgery | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 22. Dizziness/fainting | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Varicose veins/piles | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 23. Loss of consciousness | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Asthma/bronchitis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 24. Psychiatric problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Blood disorder | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 25. Depression | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Diabetes | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 26. Attempted suicide | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Thyroid problem | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 27. Loss of memory | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Digestive disorder | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28. Balance problem | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Kidney problem | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29. Severe headaches | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Skin problem | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30. Ear (hearing/tinnitus)/nose/throat problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Allergies | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 31. Restricted mobility | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Infectious/contagious diseases | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 32. Back or joint problem | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Hernia | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 33. Amputation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Genital disorders | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 34. Fractures/dislocations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Pregnancy <u>N/A</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| 18. Sleep problem | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |

If any of the above questions were answered "yes," please give details.

(CONTROLLED DOCUMENT)

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