



NAAF MARINE SERVICES

NMS/F-04

Date

1 July 2012

TITLE: - PRE-JOINING MEDICAL EXAMINATION  
REPORT/CERTIFICATE

Issue No

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## CONFIDENTIAL FORM

SURNAME <b>TAREBUE</b>		GIVEN NAME(S) <b>SAIFULLAH MD</b>	
DATE OF BIRTH MONTH <b>06</b> DAY <b>20</b> YEAR <b>1969</b>		PLACE OF BIRTH CITY <b>JHALAKATI</b> COUNTRY <b>B'DESH</b>	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input checked="" type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: <b>CH. ENGR.</b> ) <input type="checkbox"/>		MAILING ADDRESS OF APPLICANT: <b>KHASH MAHAL, KHASH MAHAL ROAD, NALCHITY, NALCHITY- 8420, JHALAKATI</b>	
MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE			
HEIGHT <b>5'4"</b>	WEIGHT <b>72KG</b>	BLOOD PRESSURE <b>130/80MM/Hg</b>	PULSE <b>82/MIN</b>
RESPIRATION <b>16/MIN</b>		GENERAL APPEARANCE <b>GOOD.</b>	
VISION: WITHOUT GLASSES RIGHT EYE <b>6/12</b> LEFT EYE <b>6/12</b> WITH GLASSES <b>6/6</b> <b>6/6</b>		HEARING: RT. EAR <b>NORMAL</b> LEFT EAR <b>NORMAL</b>	
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 checked="" type="checkbox"/> No <input 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>13 OCT 2022</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>SAIFULLAH MD TAREBUE</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 type="checkbox"/> DECK OFFICER / <input checked="" 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. M. AYUBUR RAHMAN</b>		NAME OF APPLICANT <b>SAIFULLAH MD TAREBUE</b>	
ADDRESS <b>10, Agrabad C/A, Chittagong.</b>		DATE <b>13 OCT 2022</b>	
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY <b>TAHER CHAMBER</b>		DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <b>23-02-1984</b>	
SIGNATURE OF PHYSICIAN 		DATE <b>13 OCT 2022</b>	
DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) TaHER Chamber 10, Agrabad C/A, Chittagong. Reg. 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

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