

NAAF MARINE SERVICES	NMS/F-04	Date	1 July 2012		
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TITLE: PRE-IOINING MEDICAL EXA	Issue No	00			

REPORT/CERTIFICATE

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Appendix 1 Medical Exam Form CONFIDENTIAL FORM

Date of birth (day/month/year):	Name (last, first, middle): GHoSH, SHTMUL											
Passport No./Discharge Book No.: Department (deck/engine/radio/food handling/other): 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 Pegy(vision problem High blood pressure Heart vargery Heart surgery Varicose veins/piles Asthma/bronchitis Blood disorder Blood disorder Thyroid problem Diabetes Diabetes	Date of birth (day/month/year): 05 / 01 / 1994 Sex: 1 male female											
Department (deck/engine/radio/food handling/other): 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 Condition Yes No Leye/vision problem Heart/vascular disease Heart/vascular disease Heart surgery Varicose veins/piles Asthma/bronchitis Blood disorder Blood disorder Thyroid problem Digestive disorder Condition Yes No Loyerian Surgery Leyelian S	Home address: FERINGEE BAZAR, KOTHALL, CHATTOGRAM											
Department (deck/engine/radio/food handling/other): 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 Condition Yes No Leye/vision problem Heart/vascular disease Heart/vascular disease Heart surgery Varicose veins/piles Asthma/bronchitis Blood disorder Blood disorder Thyroid problem Digestive disorder Condition Yes No Loyerian Surgery Leyelian S												
Type of ship: Multi-Purpose cargo/Container/Bulk Carrier/Tanker (Oil/Product/Chemical/Crude) Examinee's personal declaration (Assistance should be offered by medical staff) Have you ever had any of the following conditions: Condition Yes No 1. Eye/vision problem 12. High blood pressure 13. Heart/vascular disease 14. Heart surgery 15. Varicose veins/piles 16. Asthma/bronchitis 17. Blood disorder 18. Diabetes 19. 26. Attempted suicide 19. Depression 19. Depression 19. Depression 19. Depression 19. Depression 19. Digestive disorder 19. 26. Attempted suicide 19. Digestive disorder 19. 28. Balance problem 19. Skin problem 19. 29. Severe headaches 19. Allergies 19. Allergies 19. 30. Ear (hearing/tinnitus)/ 10. Infectious/contagious diseases 19. Hemia 19. Seep problem 19. 31. Restricted mobility 19. Diabetem 19. 32. Back or joint problem 19. Pregnancy NyA - 13. Amputation 19. Fractures/dislocations	Passport No./Discharge Book No.:											
Examinee's personal declaration	Department (deck/engine/radio/food handling/other): ENGINE.											
Condition Yes No Condition Yes No Limited Yes No Lim	Type of ship: Multi-Purpose cargo/Container/Bulk Carrier/Tanker (Oil/Product/Chemical/Crude)											
1. Eye/vision problem	(Assistance should be offered by medical staff)											
2. High blood pressure		Condition	Yes	No.		Condition	Yes	No				
3. Heart/vascular disease	1.	Eye/vision problem			19.	Do you smoke, use		~				
4. Heart surgery	2.	High blood pressure		Y		alcohol or drugs						
5. Varicose veins/piles	3.	Heart/vascular disease		Y	20.	Operation/surgery						
6. Asthma/bronchitis	4.	Heart surgery			21.	Epilepsy/seizures						
7. Blood disorder	5.	Varicose veins/piles		W	22.	Dizziness/fainting						
8. Diabetes	6.	Asthma/bronchitis		Image: Control of the	23.	Loss of consciousness						
9. Thyroid problem	7.	Blood disorder		9	24.	Psychiatric problems						
10. Digestive disorder	8.	Diabetes		O,	25.	Depression						
11. Kidney problem	9.	Thyroid problem		U	26.	Attempted suicide						
12. Skin problem Y	10.	Digestive disorder		4	27.	Loss of memory		4				
13. Allergies	11.	Kidney problem		4	28.	Balance problem						
14. Infectious/contagious diseases	12.	Skin problem		T	29.	Severe headaches		Image: Control of the con				
15. Hernia	13.	Allergies		I	30.	Ear (hearing/tinnitus)/		9				
16. Genital disorders 32. Back or joint problem	14.	Infectious/contagious diseases		4		nose/throat problems						
17. Pregnancy 1/4.	15.	Hernia		4	31.	Restricted mobility		<u>U</u>				
18. Sleep problem 34. Fractures/dislocations	16.	Genital disorders		9	32.	Back or joint problem		T				
	17.	Pregnancy N/A			33.	Amputation						
	18.	Sleep problem			34.	Fractures/dislocations						
If any of the above questions were answered "yes," please give details.	If any of the above questions were answered "yes," please give details.											

(CONTROLLED DOCUMENT)

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