

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

Appendix 1  
Medical Exam Form  
CONFIDENTIAL FORM

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

Test 120. HIV, DQA TEST Result NORMAL & NEGATIVE

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

**Fit For Duty on Board Ship**

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): 02 OCT 2022 / \_\_\_\_\_ / \_\_\_\_\_

Date of medical certificate issued (day/month/year): 03 OCT 2020 / \_\_\_\_\_ / \_\_\_\_\_

Number of medical certificate: 07-2020-1037

Official stamp:

Signature of medical practitioner: \_\_\_\_\_

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

License number of medical practitioner: \_\_\_\_\_

Address of medical practitioner: 10, Agrabad C/A, Chittagong.

Authorized by: \_\_\_\_\_

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

**(CONTROLLED DOCUMENT)**