



NAAF MARINE SERVICES

NMS/F-04

Date

1 July 2012

TITLE:- PRE-JOINING MEDICAL EXAMINATION
REPORT/CERTIFICATE

Issue No

00

Page No

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CONFIDENTIAL FORM

| | | |
|---|---|---|
| SURNAME ISLAM | GIVEN NAME(S) TAZUL | |
| DATE OF BIRTH MONTH 03 DAY 05 YEAR 1972 | PLACE OF BIRTH CITY NOAKHALI COUNTRY BD | 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 type="checkbox"/> RATING <input checked="" type="checkbox"/> OTHERS (RANK: P/MAN) <input type="checkbox"/> | MAILING ADDRESS OF APPLICANT: BASANTAPUR, WARD-07, BASANTAPUR SENBAGH, NOAKHALI, BANGLADESH | |

MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE

| | | | | | |
|---|-----------------------|--|---|------------------------------|-----------------------------------|
| HEIGHT 5'6" | WEIGHT 74KG | BLOOD PRESSURE 120/80MMHG | PULSE 72/min | RESPIRATION 16/min | GENERAL APPEARANCE GOOD |
| VISION: WITHOUT GLASSES RIGHT EYE 6/6 LEFT EYE 6/6 WITH GLASSES <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | | 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 checked="" type="checkbox"/> GREEN <input checked="" type="checkbox"/> BLUE <input checked="" 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
Tazul

06 APR 2023

DATE

THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN

THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO:

Fit For Duty on Board Ship**TAZUL ISLAM**

NAME OF APPLICANT

THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): Yes ☒ No ☐SEAFARER IS FOUND TO BE ☒ FIT / ☐ NOT FIT FOR DUTY AS A ☐ MASTER / ☐ DECK OFFICER / ☐ ENGINEERING OFFICER / ☒ RATING / ☐ CHIEF COOK / ☐ COOK / ☒ WITHOUT ANY RESTRICTIONS / ☐ WITH THE FOLLOWING RESTRICTIONS:

NAME AND DEGREE OF PHYSICIAN

DR. M. AYUBUR RAHMAN
M.B.B.S. P.G.T. (Medicine)
SARA DIAGNOSTIC CENTRE
TAHER CHAMBER
10, AGRABAD C/A, CHITTAGONG.
BMDG AND DG SHIPPING
GOVT. OF BD
23-02-1984

ADDRESS

NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY

DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE

SIGNATURE OF PHYSICIAN

DR. MD. AYUBUR RAHMAN
M.B.B.S. P.G.T. (Medicine)
Taher Chamber

06 APR 2023

DATE

10, Agrabad C/A, Chittagong is in compliance with the requirements
of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

(CONTROLLED DOCUMENT)

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