

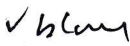
	NAAF MARINE SERVICES	NMS/F-04	Date	1 July 2012
	TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE		Issue No	00
			Page No	1 of 6

**CONFIDENTIAL FORM**

SURNAME <b>ISLAM</b>	GIVEN NAME(S) <b>MOHAMMED SAYIDUL</b>
DATE OF BIRTH MONTH <b>01</b> DAY <b>01</b> YEAR <b>1995</b>	PLACE OF BIRTH CITY <b>CHATTOGRAM</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 type="checkbox"/> RATING <input checked="" type="checkbox"/> OTHERS (RANK: <b>(OS)</b> ) <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>WEST DAGKHALI, WARD-05, SITAKUNDA, SHEKHER HAT - 4311, CHATTOGRAM</b>

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

HEIGHT <b>175cm</b>	WEIGHT <b>78KG</b>	BLOOD PRESSURE <b>120/75mmHg</b>	PULSE <b>66/min</b>	RESPIRATION <b>16/min</b>	GENERAL APPEARANCE <b>Good</b>
VISION: WITHOUT GLASSES WITH GLASSES		RIGHT EYE <b>6/6</b> <b>✓</b>		LEFT EYE <b>6/6</b> <b>✓</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 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 <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	<b>29 OCT 2023</b> DATE
THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN	
THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <b>MOHAMMED SAYIDUL ISLAM</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 type="checkbox"/> ENGINEERING OFFICER / <input checked="" 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. MD. Ayubur Rahman</b>
ADDRESS	<b>M.B.B.S., P.G.T (Medicine) Taher Chamber, 10, Agrabad C/A, Chittagong</b>
NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY	<b>BMDC Reg No: A-11820</b>
DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE	<b>29 OCT 2023</b>
SIGNATURE OF PHYSICIAN	DATE
<b>DR. MD. AYUBUR RAHMAN</b> <b>M.B.B.S., P.G.T (Medicine)</b> <b>Taher Chamber</b> <b>10, Agrabad C/A, Chittagong</b> <b>Regn. No. A-11820</b>	

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

