ISSUED ON BEHALF OF THE DEPARTMENT OF SHIPPING GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

Form No:SMC



SLNO: 07-2022-1225

Taher Chamber 10, Agrabad C/A, Chittagong.

Name & Signature of the practitioner:

SEAFARER MEDICAL CERTIFICATE

This certificate is issued in accordance with Bangladesh Merchant Shipping Ordinance, 1983 and Bangladesh Merchant Shipping Officers and Ratings Training, Certification, Recruitment, Work Hours and Watch keeping Rules, 2011 in compliance with the International Convention on Standards of Training Certificate and Watch keeping for Seafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFARER INFORMATION: Name: Last. RAHMAN First. MD Middle. ARIF	UR
Name: Last. RAHMAN First. MD Middle	
Date of Birth: $(DD/MM/YYY)$ $0.7 - 05 - 2000$	
Gender: (Måle/Female)	
Nationality: BANGLADE SHI Passort/NID No: EF0123722	
CDC No. 7/33009 Seaman ID No: 050011922	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/Husband's name: PBDUL BARAK	
Mother's Name: YESMIN BEGUM,	
Mailing address: House No- Street/Road No-	
Mailing address: House No- Street/Road No- Locality/Village: CHBRLAKHA P.O. CHORLAK HA	
P.S. RAPARAFOLLY District CHATTOGRAM.	

DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:

I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings;

- 1. Confirmation that identification documents were checked at the point of examination: YES/NO
- 2. Hearing meets the standards in section A-I/9. YES/NO
- 3. Unaided hearing satisfactory?: YES/NO
- 4. Visual acuity meets standards in section A-I/9?: YES/NO
- 5. Colour vision meets standards in section A-I/9?: YES/NO Date of last colour vision test: 17 JUL 2022
- 6. Fit for lookout duties?: YES/NO

Seafarer's Signature

- 7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to render the health of any other persons on board?: YES/NO
- Any limitations or restrictions on fitness?: YES/N 8. If YES, specify limitations or restrictions

	Duties: Location/Vessel: Medical/Other			· .		
9.	Medical fitness category :	Fit-No restriction	Fit-subject to res	strictions	Unfit	
10.	Date of examination/Issue (I	DD/MM/YYYY)	JL 2022			
11.	Date of expiry (DD/MM/YYY	^{Y)} 1 6 JUL 2024		2 years from the	e date of exar	mination"
	ad the contents of the certificat e been informed of the right to			DR. MD. AYU M.B.B.S; P.G	BUR RAHMAN	