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

Form No:SMC

review.

Seafarer's Signature



SL NO: 07-2023-0226

M.B.B.S; P.G.T (Medicine)
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 ISLAM First MOHAMMED Date of Birth:(DD/MM/YYYY) 01-01-1980 Middle MAHBUBUC	
Date of Birth: (DD/MM/YYYY) Gender: (Male/Female) Nationality: DANGLA DESH! Passport/NID No: EB0030500 CDC No. COT 4242 Seaman ID No: 05007348 Occupation: Deck/Engine/Catering/Other (specify) Wather's/ Husband's name: MOHAMMED SHAMSUL (SLAM)	
Father's/ Husband's name: MOHAMMED SHAMS GE (SEX)	
Wither's Name:	
Mailing address: House No- Street/Road No-Locality/Village: GAS BARIA, P.O. GAS BARIA, P.S. CHANDANISH 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: 1 5 FEB 2023	
6. Fit for lookout duties?: YES/NO	
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	
8. Any limitations or restrictions on fitness?: YES/NO	
If YES, specify limitations or restrictions	
Duties:	
Location/Vessel:	
Medical/Other	
9. Medical fitness category : Fit-No restriction Fit-subject to restrictions Unfit	
10. Date of examination/Issue (DD/MM/YYYY) 1 5 FEB 2023	
11. Date of expiry (DD/MM/YYYY)1.4FEB2025	
	-
I have read the contents of the certificate	
and have been informed of the right to	