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

Form No:SMC

Seafarer's Signature



SL NO: 07 - 2022-1221

10, Agrapad Or. 11820 Regn. No. A-11820 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 CHOW DHURY: First R1FAT Middle Date of Birth (DD/MM/YYYY) Gender: (Male/Female) MACE Nationality: GRN GLADESHI Passport/NID No: EB0051801 CDC No. 7/ 3340.5 Seaman ID No: 05001 2170 Occupation: Deck/Engine/Catering/Other (specify) STEWARD Father's/ Husband's name: REDWAN BARI CHOWDHURY Mother's Name: SHAHADA BEGUM Mailing address: House No- Street/Road No-Locality/Village: RAHAMATPUR P.O. RAHMOTPUR P.S. SAMAWID District CHATTDGRAM
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 7 JUL 2022 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)
I have read the contents of the certificate and have been informed of the right to review. DR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine) Taher Chamber Taher Chamber 10, Agrabad C/A, Chittagong.