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

Form No:SMC

Seafarer's Signature



SLNO: 07-2022-1713

10, Agrabad C/A, Chittagong. 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	
Date of Birth:(DD/MM/YYYY)	
Gender: (Måle/Female) M446	
Nationality BANGLA DESHI Passport/NID No: EE 0487239. CDC No. CP012086 Seaman ID No: CHIENGR. Occupation: Deck/Engine/Catering/Other (specify) CHIENGR.	
CDC No. CPO/2086 Seaman ID No:	
Occupation: Deck/Engine/Catering/Other (specify) CHIENGR.	
Father's/ Husband's name: MD. KHORSHED.	
Mother's Name: MADIRA ASHRAF.	
Mailing address: House No- Street/Road No- Locality/Village: パアハム・ P.O.	
Locality/Village: ITMA: P.O. LOHAGARA.	
P.S. LOHAGARA. District NARAIL.	
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	n
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 6 OCT 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 seafare	er
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	
4 - 00T 2000	
10. Date of examination/Issue (DD/MM/YYYY). 1.6. OCT 2022	
11. Date of expiry (DD/MM/YYYY)1.5. OCT 2024 "No more than 2 years from the date of examination	n"
1 J UCT ZUZT	
AMMA:	
I have read the contents of the certificate	
and have been informed of the right to  OR. MD. AYUBUR RAHMAN M.B.B.S. P.G.T (Medicine)	
review.	