



MEDICAL FITNESS CERTIFICATE FOR EMPLOYMENT AT SEA

The medical certificate is issued based on Medical Examination done in accordance with STCW regulation 1/9 or ILO -147 (1976) ILO Marine Labour Convention 2006 (MLC 2006)

D M Y

SURNAME: UDDIN First Name: MD GIAS Middle Name:

DATE OF BIRTH: D 13 M 05 Y 1990 MALE: [checked] FEMALE:

OCCUPATION: (Tick relevant Box) Deck: [checked] Engine: Catering: Other: (specify)

HOME ADDRESS: 1216 EAST NASRABAD, WARD: 15; P.O: CHATTOGRAM MEDICAL COLLEGE P.S: PANCHLAISH; DIST: CHATTOGRAM; BANGLADESH

Nationality: BANGLADESHI PASSPORT NO. / SEAMAN'S BOOK NO.: BT 0676247 / C1016014

I confirm the following is satisfactory for duties to be performed

Hearing: [NORMAL] Sight: [NORMAL] Color Vision: Defective: Yes No [checked] Fit for Look-out Duties: Yes [checked] No

Visual Aids: (Tick if Worn) Spectacles Contact lenses

On the basis of the examinees personal declaration, my clinical examination and Diagnostic test results recorded on Medical Examination Form, I declare the examinee is not suffering from any medical condition likely to be aggravated by service at sea or to endanger the health of other persons on board:

FIT For employment at sea: [checked] Restrictions (If any): Fit For Duty on Board Ship UNFIT For employment at sea:

Medical Certificate's Date of Examination: D 24 M 10 Y 2021

Medical Certificate's Date of Expiration: Validity D 22 M 10 Y 2023

Examiner's Signature: DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong. Regn. No. A-11820

I acknowledge that I have been advised of the content of the Medical Examination Form.

Examinee's Signature: [Signature]

