

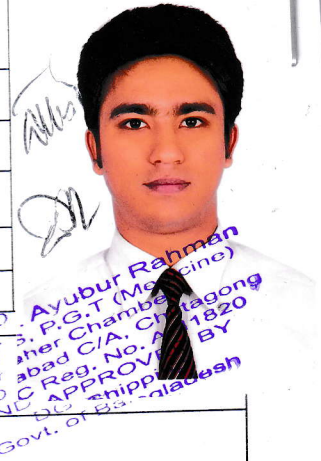
**DR. MD. AYUBUR RAHMAN M.B.B.S (Reg. No: A-11820)**  
 Authorized Medical Practitioner for seafarer by Department of Shipping, Govt. of Bangladesh

**Saba Diagnostic Centre**  
 Taher Chamber (Ground Floor), 10 Agrabad Commercial Area, Chittagong, Bangladesh.  
 Tel: 02333313678, E-mail: sdc-ctg@yahoo.com, www.drayubur.com

## SEAFARER'S MEDICAL EXAMINATION CERTIFICATE

*Issued in Compliance with the Maritime Labour Convention 2006*

FAMILY NAME: <b>SAKIB</b>	FIRST NAME: <b>MD</b>	MIDDLE NAME: <b>NAZMUS</b>
Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (day/month/year) <b>07/07/1994</b>	
Civil Status: Single <input type="checkbox"/> Married <input checked="" type="checkbox"/>	Nationality: <b>BANGLADESHI</b>	
Address: <b>PAN BAZAR, WARD NO 04, ALIKADAM, BANDARBAN, BANGLADESH</b>		
Passport: <b>EE0943221</b>	Seamen Book: <b>C/O/9019</b>	
Rank applied for: <b>Third Officer</b>	Company: <b>M/S SEASPAN SHIP MANAGEMENT INDIA PVT LTD.</b>	



Fit to perform duties at sea: YES  NO  If NO, please specify below:

Any restriction(s): NO  YES  If YES, please specify below:

Satisfactory Hearing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Date of Test: <b>28 MAR 2024</b>	Satisfactory Sight: Unaided: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Aided: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Colour Vision- Defective: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of Test: <b>28 MAR 2024</b>	Fit For Look-Out Duties: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Visual Aids: (if worn)  Glasses  Contact Lenses

Official Stamp  <b>Fit For Duty on Board Ship</b>	Hearing is satisfactory/meets the standards in STCW Code Section A-1/9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Visual acuity is satisfactory/meets the standards in STCW Code Section A-1/9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Color vision is satisfactory/meets the standards in STCW Code Section A-1/9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	The seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name and Signature of Examining/Authorized Physician: Date of examination: <b>28 MAR 2024</b>	
Approved by: <b>DR. MD. Ayubur Rahman</b> M.B.B.S, P.G.T (Medicine) Taher Chamber, 10 Agrabad C/A, Chittagong BMD C Reg. No. A-11820 AND APPROVED BY GOVT. OF BANGLADESH	

I hereby authorize the release of all my medical records to the manning agent, my employer **Seaspan Ship Management Ltd.**, and the undersigned medical practitioners.

I have read and understood the Contents of my PEME Certificate.  
 Seafarer's Signature:

Date of Issuance of PEME Certificate: (day/month/year) **28 MAR 2024**  
 Date of Expiration of PEME Certificate: (day/month/year) **27 MAR 2026**

**VALID FOR TWO YEARS**

In Accordance with Medical Examination (Seafarers) Convention 1946 (ILO No.73 and WHO), STCW 1978/1995 as amended

This certificate does not cover diseases that would require special procedures and examinations for their detection such as bronchiectasis that requires bronchography, peptic ulcer/gall bladder diseases that require Cholelithiasis/ultrasound, certain kidney problems that require IVP/ultrasound, diseases that are asymptomatic at the time of examination (including pregnancy and psychological conditions) and any pre-existing illnesses.