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

Form No:SMC

Seafarer's Signature



SL NO: 07-2023 -0223

Taher Chamber
10, Agrabad C/A, Chittagong.
Regin, 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 RAFIQUE 22AMAN First MD Middle Mi
Date of Birth:(DD/MM/YYYY)
Gender: (Male/Female)
Nationality: BANGLA DESHI Passport/NID No: 274872
CDC NoCl 07 2 9 6 4 Seaman ID No:
Occupation: Deck/Engine/Catering/Other (specify) 2ND: ENGR
Wather's/ Husband's name: AFTAB UDDEN AHMED
Mother's Name: ZAMILA KHATUN
Mailing address: House No-10111 Street/Road No-
Locality/Village: #A &I MOHSIN ROAD P.O KHULNA
P.S. KHULNA District KHULNA
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
iniculculy other
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
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)
11. Date of expiry (DD/MM/YYYY)
I have read the contents of the certificate
and have been informed of the right to
review. M.B.B.S; P.G.T (Medicine)