DR. M. 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: 0088-031-715678, 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: KAWSIR	FIRST NAME:	MIDDLE NAME: RAYHAN	
Gender: Male ⊠ F∂male □	Date of Birth: (day/month/year) 27/02/1996		
Civil Status: Single ☐ Married ⊠	Nationality: BANGLADESHI		
Address: 560/21 CHAPATOLI, SHERPUR	R TOWN- 2100, SHERPUR, BANGL	ADESH	AME
Passport: A03985070	Seamen Book: C/O/9968		
Rank applied for: FOURTH ENGINEER	Company: M/S SEASPAN SHIP MANAGEMENT INDIA PVT LTD.		
Fit to perform duties at sea:	S⊠NO⊡ If NO, please specify b	elow:	OR: ME Tahar CIA A A A A A A A A A A A A A A A A A A
Any restriction(s): NC	⊠YES□ If YES, please specify l	below:	
Satisfactory Hearing	Satisfactory Sight:	Colour Vision- Defective:	Fit For Look-Out Duties:
⊠ Yes ☐ No ☐ Not Applicable	Unaided: ⊠Yes ☐No	∏Yes ⊠No	⊠Yes □No
	Aided: ♥ ☐ Yes ⊠No	Date of Test: 1 6 AUG 2023	_
Date of Test: 1 6 AUG 2023	Alded. 100 Zine	The street 6 Acc 2020	
Visual Aids: (if worn) Glasses Contact Lenses			
Official Stamp	Hearing is satisfactory/meets	the standards in STCW Code Section A-1/9	⊠Yes □No
	Visual acuity is satisfactory/m	eets the standards in STCW Code Section A-1/9	9 ⊠Yes □No
DA RAHMAN	Color vision is satisfactory/me	ets the standards in STCW Code Section A-1/9	⊠Yes □No
2 (3. A-17. CE) OF	The seafarer concerned is not	suffering from any medical condition likely to	be
Z O O O O	aggravated by service at sea o to endanger the health of othe	r to render the seafarer unfit for such service of er persons on board.	or ⊠Yes □No
M.B.S.S.	,	Z8)/	
BOWNS, S. A.		amining/Authorized Physician DR. M.	D. AYUBUR RAHMAN
Date of examination: 1 6 AUG 2023 M.B.S.S; P.G.T (Medicine)			B.S; P.G.T (Medicine)
	Approved by DR. M.	40 40	rahad C/A Chittagong.
	Medical Directer BA DIAGNOSTIC CENTRE		
,	TA	HER CHAMBER	
I hereby authorize the release of all my med practitioners. I have read and understood the	dical records to the manning agent (BAD C/A, CHITTAGONG, na namphoyer(Saaspari)Ship Managemer GOVT, OF BD 23-02-1984	nt Ltd., and the undersigned medical
Contents of my PEME Certificate.	\	· · · · · · · · · · · · · · · · · · ·	
Seafarer's Signature:	<u> </u>	Fit For D	uty on Board Ship
Date of Issuance of PEME Certificate:	Date of Expiration of PEME Certificate:		
(day/month/year) 1 6 AUG 2023 (day/month/year) 1 5 AUG 2025			
	VALID FUR INV ILAM		

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 Chole GI Series/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.