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

Form No:SMC



07-2021-0050 SL NO:

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:	1.1
Name: Last 3.4.772 First MD Middle Arge	06
Date of Birth: (DD/MM/YYYY) $01 - 05 - 1978$	
Nationality BANGLANE SHE AND NO GTOOTOS	
Occupation: Deck/Engine/Catering/Other (specify)	
Occupation: Deck/Engine/Catering/Other (specify)	
Mother's Name: MOST LOFFORNARHA.	
Mailing address: House No-, Street/Road No-	
Mailing address: House No- Street/Road No- Locality/Village: ーーーーーーーーーーーーーーーーーーーーーーーーーーーーーーーーーーーー	
P.S. SUJANAGAN District BABACA.	

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: 17 JAN 2021
- 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?:

LYES/NO

8. Any limitations or restrictions on fitness?: YES/NO If YES, specify limitations or restrictions

	in red) opeony initiat	ions of restrictions				
	Duties: Location/Vessel:	2 2	2		2 2	
L	Wedical/Other					
9. 1	Medical fitness category :	Fit-No restriction	Fit-subje	ect to restrictions	Unfit	
	Date of examination/Issue (D					8 E
11. (Date of expiry (DD/MM/YYY))	″No mo	re than 2 years from th	ne date of exami	nation"
			म लियात	C	XA -	8
I have rea	ad the contents of the certificate	e RAHM	AN +	X	0	
and have	been informed of the right to	3 3 3 A	State 1	DR. MD. AYL	JBUR RAHMAN	
review.		₹ º Z	icial Par	M.B.B.S; P.	G:T (Medicine)	
n Rum? Taher Chamber 10, Agrabad C/A, Chittagong.						
Seafarer's Signature of the practitioner				er:		