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

Form No:SMC

review.

Seafarer's Signature



SL NO: 07 - 2024-0139

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 FRROOR, First 45 Middle OMAR
Name: Last FROOD First MD Middle OMAR Date of Birth:(DD/MM/YYYY) 34-05-1966
Gender: (Male/Female)
Nationality: BANGLADE Stall Passport/NID No: A 07 312040
CDC No 7/30908 Seaman ID No: 0500/2//2.
Occupation: Deck/Engine/Catering/Other (specify) D/U/F/
Occupation: Deck/Engine/Catering/Other (specify) D/U/H. Wather's/ Husband's name: MD FAZLUL HOQUE.
Mother's Name: MRS FATEMA BEGUM.
Mailing address: House No- Street/Road No-
Locality/Village: PACI CHARA. PO PACI CHARA HAT.
P.S. KOTOWALI District RANGPOR.
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: 2 0 JAN 2024
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
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
10. Date of examination/Issue (DD/MM/YYYY) 2 0 JAN 2024
11. Date of expiry (DD/MM/YYYY)
I 3 JAN 2020
optiment one
have read the contents of the certificate