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

Form No:SMC



SLNO: 07-2022-0620

## 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 CHOWDHORY First MD SAIMON
Name: Last CHOWOHOUY First Middle
Date of Birth: (DD/MM/YYYY) $3! - 12 - 1986$
Nationality: BANGLADESH/Passport/NID No: 400302382
CDC No. Cfof 5077 Seaman ID No: 050000285
Occupation: Deck/Engine/Catering/Other (specify)
Father's/ Husband's name:
Mother's Name: MUSD SHHOHEEN OUR TER.
Mailing address: House No- Street/Road No-
Locality/Village: SHAHPUR P.O. MIR SHAPPOOL
P.S. KASBA District BRAAMAN BARIA

## **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: KES/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 5 APR 2022
- 6. Fit for lookout duties?: ¥ES/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					2	
	Duties:						7
	Location/Vessel:	÷ .					2
	Medical/Other		• <sup>6</sup>	-			
			6 °				
9.	Medical fitness category :	Fit-No restriction	Fit-subject	t to restriction	ns	Unfit	
10.	Date of examination/Issue (	DD/MM/YYYY) 25 AP	R 2022		1. 	12	

I have read the contents of the certificate and have been informed of the right to review. Seafarer's Signature	PAHMAN PAHMAN	DR. MD. AYUBUR RAHMAN DR. MD. AYUBUR RAHMAN M.B.B.S: P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittegong. Regn. No. A-11820 Name & Signature of the practitioner:	• •
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