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

Form No:SMC

I have read the contents of the certificate and have been informed of the right to

Seafarer's Signature

review.



SL NO: 07 - 2021 - 0109

DR. M. AYUBUR RAHMAN

M.B.S.; P.G.T (Medicine)
Taher Chamber

Name & Signature of the practitioner:

Agrabad C/A, Chittagong

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 SHIRAD First MD Middle SHAH JAHAN Date of Birth: (DD/MM/YYYY) 31 - 10 - 1959 Gender: (Male/Female) MALE Nationality: BANGLADES HI Passport/NID No: BY 0789244 CDC No. D/ 13967 Seaman ID No: 050009223 Occupation: Deck/Engine/Catering/Other (specify) SEAMAN HELMSMAN Father's/ Husband's name: ABU ESKANDER Mother's Name: ZAKIA KHATOON Mailing address: House No- Street/Road No- Locality/Village: OSMANDUR P.O. BISHU MEAR HAT P.S. MIR SARAI District CHAT TOGRAM
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: 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)

Official

Stamp