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

Form No:SMC

and have been informed of the right to

Seafarer's Signature

review.



SL NO: 07-2022-0622.

DR. MD. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong.

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: LastMiddleMiddle
Name: Last
Gender: (Male/Female)
Nationality: BAN ALFOCOTTI Passport/NID No: EE 02600 5 7
CDC No
Occupation: Deck/Engine/Catering/Other (specify)
Occupation: Deck/Engine/Catering/Other (specify)
Mother's Name: RABEA BEAUM,
Mailing address: House No- Street/Road No-
Locality/Yillage: CHARPAR P.O. MESTA. P.S. JOMALPUR SAUBSTRICT JAMALPUR
P.S. JOMALPUR SAUDISTRICT JAMPLPUR
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 5 APR 2022
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
Wiedical/Other
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
10. Data of every inetion /leave (DD (MANA (MODO))) 2. F. ADD 2000
10. Date of examination/Issue (DD/MM/YYYY)2.5APR. 2022
11. Date of expiry (DD/MM/YYYY)
L I MIN LULT
RAHMAN
have read the contents of the certificate

Official

Stamp