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

Form No:SMC



SL NO: 07-2020-0947

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:	DACIADIN	HASAN	
Name: Last RONY	First KASHADUL	Middle	
Date of Birth:(DD/MM/YYYY) 2	16-03-2001		
Gender: (Male/Female), MAL	E	0 - 0	
Nationality: BANGLADESH	E I Passport/NID No: EF 0141	-908	
CDC No. T/33036	Seaman ID No: 0500(19)	39	
Occupation: Deck/Engine/Cateri	ng/Other (specify) DECK, 7 R	SM.	
Father's/ Husband's name:	MD. JALAL UDDINS		
Mother's Name:	RASMA REHATON		
Mailing address: House N			
Locality/Village: KAYEMP	P.O. KATEM	POR	
P.S. SHAHZADPUR	District SIRIATGANT	T	
DECLARATION OF THE RECOGNI	ZED 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 SEP 2020
- 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 limitat	ions or restrictions
Duties:	- 1

Duties.	
Location/Vessel:	
Medical/Other	

9. Medical fitness category :

Fit-No restriction

Fit-subject to restrictions

Unfit

- 11. Date of expiry (DD/MM/YYYY)......

I have read the contents of the certificate
and have been informed of the right to
review.
Choird
Seafarer's Signature



