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

Form No:SMC



SL NO: 07-2022-1006

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

SEAFA	RER INFORMATION:
Name:	LastMiddleMiddle
Date o	East Middle Midd
Gende	r: (Male/Female)
Nation	ality: BANGLADESH Passport/NID No: 1300171351/1401270301
CDC No	5 T/32/62 Seaman ID No: 05000 79/6
Occupa	r: (Male/Female)
W ather	s/ Husband's name:OMAR ALI
	r's Name: FATIMA BEGUM.
Mailing	g address: House No- Street/Road No-
Locality	g address: House No- Street/Road No- y/Village: MEHAR (P.O. 13ALUTILA)
P.S	1ADHUPUR District TANGAIL
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am di	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
	lowings;
	Confirmation that identification documents were checked at the point of examination: YES/NO
	Hearing meets the standards in section A-I/9: YES/NO
	Unaided hearing satisfactory?: YES/NO
	Visual acuity meets standards in section A-I/9?: YES/NO
	Colour vision meets standards in section A-I/9?: YES/NO
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6	Date of last colour vision test: 0 8 JUN 2022 Fit for lookout duties?: YES/NO
	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
0	Any limitations or restrictions on fitness?: YES/NO
٥.	If YES, specify limitations or restrictions
	Duties:
	Location/Vessel:
	Medical/Other
_	
9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
	0.0 HIM 2000
	Date of examination/Issue (DD/MM/YYYY). 0.8. JUN 2022
11.	Date of examination/Issue (DD/MM/YYYY)
	U / JUN 2024
I have read the contents of the certificate	

and have been informed of the right to review.

Seafarer's Signature



