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

Form No:SMC



SLNO: 07-2022-1328

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
Date of Birth; (DD/MM/YYYY)
Gender: (Mala/Famala) / GA/C:
Nationality: BANGLA DESHPassport/NID No: EH 0/ 2976/ CDC No
CDC No
Occupation: Deck/Engine/Catering/Other (specify)
Occupation: Deck/Engine/Catering/Other (specify)
Mother's Name: MADHUMITA IBARUA.
Mailing address: House No- Street/Road No-
Mailing address: House No- Street/Road No-Locality/Village: HASHIMDUR PO HASHEMPUR
P.S. CHANDANISH, District CHATTOGRAM,
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: 0 1 AUG 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
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
The badject to restrictions
10. Date of examination/Issue (DD/MM/YYYY)
11 Date of expire (DD/MM/WWW)
3 1 JUL 2024

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

Seafarer's Signature



DR. MD. AYUBUR RAHMAN
M.B.B.S; P.G.T (Medicine)
Taher Chamber
10, Agrabad C/A, Chittagong.
No. A-11820
Name & Signature of the practitioner: