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

Form No:SMC



SLNO:07-2021-1519

## 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. BAREHU First ABDUR Middle RAHMAN Date of Birth: (DD/MM/YYYY) 02-02-1959	
Date of Birth:(DD/MM/YYYY)	
Gender: (Male/Female) MACE:	
Nationality: BANGLADE SHI Passport/NID No: BX0793083	
CDC No. BDS 4756 RB Seamen ID No.	
CDC No. BDSA756RB Seaman ID No: OCCUpation: Deck/Engine/Catering/Other (specify)	
Wather's/ Husband's name: MOULA VI SALIM UCLAM	
Mother's Name: SUFIA WHATUW	
Mailing address: House No- Street/Road No-	
Locality/Village: HARAIPARA . P.O. SHOR SHAR	
P.S. SHAH RASTI District CHANDPUR	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and conthe followings;	firm
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: 1 2 DEC 2021  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 seaf	arer
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	
12 000	
10. Date of examination/Issue (DD/MM/YYYY)1.2D.E.C2021	
11. Date of expiry (DD/MM/YYYY)	ion"

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

Seafarer's Signature



