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

Form No:SMC



SL NO: 07 - 2022 - 0373

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

Deta of Birth: (DD/MM/YYYY) Gender: (Male/Female) MALE Nationality. (BANGLADES SHI	Name: LastFirstFirstMD- SAHILMiddle
Gender: (Måle/Female)MALA	
Nationality: BANGLADE SHI Passport/NID No: A.0.0.6.6.9.8.5 CDC No. C101 28 0 Seaman ID No: Occupation: Deck/Engirie/Catering/Other (specify). Father's/ Husband's name: MD: ACD.D.L WALHAB MOLLAH Mother's Name: SHAMSUNNA HAR BEGIUM Mailing address: House No- Street/Road No- Occupation: Deck/Engirie/Catering/Other (specify). P.S. SAGHATA. District G1A 1 DA NDH A 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 0 MAR 2022 6. Fit for lookout duties?: YES/NO 2 0 MAR 2022 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 10. Date of examination/issue (DD/MM/YYYY)	
Occupation: Deck/Engine/Catering/Other (specify). Father's/ Husband's name: MD. A.D.D.L WALV-B MOLLAH Mother's Name: SHAMSUNNAHAR BEGUM Mailing address: House No- Street/Road No- Locality/Village: SHIMUL TAHJE PO BONAR PARA P.S. SAGHATA District GrANBANDHA 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 Date of last colour vision test: 2 0 MAR 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 10. Date of examination/issue (DD/MM/YYYY)	Nationality BANGLADESHI Passport/NID No. A 00066485
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Mother's Name: SHAMSUN NA HAR BEGUM Mailing address: House No- Street/Road No- Decality/Village: SHUNUL TAHIR P.O. BONAR PARA P.S. SAGHATA District GTANBANDHA 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 Date of last colour vision test: 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 10. Date of examination/issue (DD/MM/YYYY)	
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5. Colour vision meets standards in section A-I/9?:YES/NO Date of last colour vision test: 6. Fit for lookout duties?:YES/NO 2 0 MAR 2022 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 10. Date of examination/Issue (DD/MM/YYYY)	3. Unaided hearing satisfactory?: YES/NO
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10. Date of examination/Issue (DD/MM/YYYY)	Medical/Other
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11. Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"	
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I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine) Taher Chamber 10. Agrabad C/A, Chittagong. Name & Sighature of the practitioner: