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

Form No:SMC



SL NO: 07- 2021-0093

Name & Signature of the practitioner:

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. HOSSAIN First MOHAMMAD Middle ANWAR	
Date of Birth: $(DD/MM/YYYY)$ $\frac{12-03}{-1967}$	
Gender: (Male/Female)	
CDC NoSeaman ID No:Seaman ID No:	
Occupation: Deck/Engine/Catering/Other (specify)	
Father's/Husband's name: MOHAMMAD NURUL ISLAM	
Mother's Name: NUR JAHAN BEGUM	
Mailing address: House No- Street/Road No-	
Locality/Village: KHALILPUR P.O. KHALILPUR	
P.S. SUJANAGAR District PABNA	

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?:VES/NO
 - Date of last colour vision test: 3 1 JAN 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 seafarer unfit for service or to render the health of any other persons on board?:

YES/NO

Seafarer's Signature

8. Any limitations or restrictions on fitness?: YES/NO If VES specify limitations or r

in res, specify infite	ations or restrictions		
Duties:			
Location/Vessel:			
Medical/Other			
9. Medical fitness category :	Fit-No restriction	Fit-subject to restrictions	Unfit
10. Date of examination/Issue (11. Date of expiry (DD/MM/YY)	(Y)		he date of examination"
	3 0 JAN 20	23	
I have read the contents of the certifica and have been informed of the right to review.	te	6 9 m M.B.B.S; F	JBUR RAHMAN CG.T (Medicine)