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

Form No:SMC

and have been informed of the right to

Seafarer's Signature

review.



SLNO: 07 - 2023 - 0961

DR. M. AYUBUR RAHMAN M.B.B.S; P.G.T (Medicine)

Taher Chamber

10. Agrabad C/A, Chittagong.

\* 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 ISMAIL First MOHAMMED Middle	
Date of Birth:(DD/MM/YYYY) .04-03-1968	
Gender: (Male/Female)MALE	
Gender: (Male/Female)	
CDC NoSeaman ID No:	
CDC NoSeaman ID No:	
Father's/ Husband's name:ABUTA HER	
Mother's Name: AEIA KHATIA)	
Mailing address: House No- Street/Road No-	
Locality/Village: FAZIL PUR PO FAZIL PUR	
Mailing address: House No- Street/Road No-Locality/Village: FA21L PUR P.O. FA21L PUR P.S. FENI District FENI	
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	ĺ
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?:₩ES/NO	
Date of last colour vision test:	
6. Fit for lookout duties?: YES/NO 19 JUL 2023	
7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafare	
unfit for service or to render the health of any other persons on board?:	
WES/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: Vit-No restriction   Fit-subject to restrictions   Unfit	
10. Date of examination/Issue (DD/MM/YYYY)9	
11. Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination	,
1 8 JUL 2025	
I have read the contents of the certificate	