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

Form No:SMC



SL NO: 07 - 2023 - 0170

Taher Chamber O. 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	Main	,0
Date of Birth;(DD/MM/YYYY)05-03-1975		
Gender: (Male/Female)MALE Nationality: BANGLADES HIPassport/NID No:B00571081		
CDC No		
Occupation: Deck/Engine/Catering/Other (specify)		
Father's/ Husband's name:A.M.I.N.UL HOQUE		
Mother's Name: SALA NOOR BEGUM		
Mailing address: House No- Street/Road No-		
Locality/Village: SOUTH HALISHAHAR P.O. SAILOR'S COLONY		
P.S. BANDAR 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?: VES/NO
    - Date of last colour vision test: D 5 FEB 2023
  - 6. Fit for lookout duties?: ¥ES/NO

Seafarer's Signature

- 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?: VES/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 r	estrictions	Unfit	
10. 11.	Date of examination/Issue Date of expiry (DD/MM/YY	(dd/mm/yyyy) <u>05F.E.</u> (y)	B2023 "No more than	2 years from the	e date of exam	ination"
	Date of expiry (DD/MM/YY	0 4 FEB 2	025			
I have re	ad the contents of the certifica	ate Statis		× ×	A.	
	e been informed of the right to			DR. M. AYUBU M.B.B.S; P.G. Taber Ch		