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

Form No:SMC

Seafarer's Signature



SL NO: 07 - 2023 - 0883

Taher Chamber #0, 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 HOSSAIN First MOHAMMED Middle SHAZZAD
Date of Birth: (DD/MM/YYYY)2608 - 1990
- 1 - X - 1 - 1 N N I F
Nationality: BAN GLADES 41 Passport/NID No. A07-994655
Nationality: BAN GILANES 41 Passport/NID No: 407994655 CDC No. T./ 32693 Seaman ID No: 050011509 Occupation: Deck/Engine/Catering/Other (specify) E/ RATING
Occupation: Deck/Engine/Catering/Other (specify) E/ RATING
Father's/ Husband's name: MOHAMMED ALI HOSSAIN
Mailing address: House No- Street/Road No-Locality/Village: SOUTH HALISHAHAR P.O. SAILORS COLONY
P.S. EP2 District CHATTOGIRAM
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 mosts standards in section A 1/03: MES/NO
Date of last colour vision test: 6. Fit for lookout duties?: YES/NO 0 5 JUL 2023
6. Fit for lookout duties?: YES/NO U 5 JUL 2023
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?:
¥ÉS/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
0.5 1111 2023
10. Date of examination/Issue (DD/MM/YYYY)5JUL2U23
11. Date of expiry (DD/MM/YYYY)
0 4 JUL 2025
I have read the contents of the certificate
and have been informed of the right to DR. M. AYUBUR RAHMAN DR. M. AYUBUR RAHMAN
review. M.B.B.S; P.G.T (Medicine)