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

Form No:SMC

Seafarer's Signature



SL NO: 07-2021-0178

Taher Chamber
10, Agrabad C/A, Chittagong.
Regn. No. A-11820
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:	
SEAFARER INFORMATION: Name: Last	N119 •
Date of Birth:(DD/MM/YYYY)	
Gender: (Male/Female)	
Nationality: BANGLADESHI Passport/NID No: B10550739	
CDC NoSeaman ID No:	
Occupation: Deck/Engine/Catering/Other (specify)	
Occupation: Deck/Engine/Catering/Other (specify)	
Mother's Name: SELINA (SLAM)	
Mailing address: House No- 52/D - Street/Road No- Locality/Village: A 2 (M) PON COLONY - P.O. MCR POR	
Locality/Village: AZIMPOR COLONY - P.O. MIRPOR	
P.S. SHITH ALI DIStrict DHAKA	
DECLARATION OF THE RECOGNIZED MEDICAL PRACTITIONER:	
I am duly authorized by the Department of Shipping, Government of the People's Rep	ublic of Bangladesh and confirm
the followings;	
 Confirmation that identification documents were checked at the point of examin 	nation: 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: 1 7 FEB 2021 6. Fit for lookout duties?: YES/NO	
Is the seafarer free from any medical condition likely to be aggravated by service	e 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/NOV	
If YES, specify limitations or restrictions	
Duties: Location/Vessel:	
Medical/Other	
Medical/Other	3 70
9. Medical fitness category: Fit-No restriction Fit-subject to restrict	
9. Medical fitness category: Fit-No restriction Fit-subject to restrict	tions Unfit
10. Date of examination/Issue (DD/MM/YYYY)	
11. Date of expiry (DD/MM/YYYY)	
1 6 FEB 2023	
I have read the contents of the certificate	
and have been informed in the second of the	DR. MD. AYUBUR RAHMAN
review. M.B.B.S: P.G.T (Medicine)	