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

Form No:SMC



SLNO: 07-2023-0086

## 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

Nor	no:	Last (SCAM) First MO Middle MAZHARUC Birth:(DD/MM/YYYY) 06-08-1998
Dat	e of	Rirth:/DD/MM/VVVV) 06-08-1998
Gender: (Male/Female)		
Nationality: BANG LADESHI Passport/NID No: A 0 59 7 5 368		
CDO	No.	Seaman ID No:
Occ	una	tion: Deck/Engine/Catering/Other (specify)
₽at	her's	s/ Husband's name: JAHURUL BLAY
		s Name: SHAMSUN NAHAR.
		address: House No- Street/Road No-
Loc	ality	Willage: MURADPUR , PO MURADPUR
P.S.	5	Village: MURADPUR P.O. MURADPUR ITAKUNDA District CHATTOGRAM.
DEC	CLAR	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
	7	
I am duly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm the followings;		
tne		
	1.	Confirmation that identification documents were checked at the point of examination: YES/NO
		Hearing meets the standards in section A-I/9: YES/NO
		Unaided hearing satisfactory?: YES/NO
		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 JAN 2023
		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
	0	
	٥.	Any limitations or restrictions on fitness?: YES/NO If YES, specify limitations or restrictions
		Duties:
		Location/Vessel:
		Medical/Other
		Medical fitness category : Fit-No restriction Fit-subject to restrictions Unfit
	10	Date of examination/Issue (DD/MM/YYYY)
	11.	
		1 6 JAN 2025

I have read the contents of the certificate and have been informed of the right to review.

Seafarer's Signature



DR. MD. AYUBUR RAHMAN M.B.S.; P.G.T (Medicine) Taher Chambel 10, Agrabad C/A, Chittagong Regn. No. A-11820 Name & Signature of the practitioner: