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

Form No:SMC



SLNO: 07-2021-0997

## 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 MAMON First Middle Middle
SEAFARER INFORMATION: Name: Last. MAMUM First. MD. RAHMAT OLLAH OL Date of Birth: (DD/MM/YYYY) 21-10-1996
Gender: (Male/Female)
Gender: (Male/Female)
CDC No. 7/31963 Seaman ID No: 050008606
Occupation: Deck/Engine/Catering/Other (specify)
Occupation: Deck/Engine/Catering/Other (specify) Father's/ Husband's name: バル・みろひと HoSEN
Mother's Name: FAREMA BEQUM,
Mailing address: House No- Street/Road No-
Mailing address: House No- Locality/Village: CITTAR. BORBIL P.O. PASAL CHORI.
P.S. MATIRAWBA District KHAG RA CHARI -

## **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?: YES/NO Date of last colour vision test: 0 2 MAY 2021
- 6. Fit for lookout duties?: YES/NO

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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?: YES/NO
- 8. Any limitations or restrictions on fitness?: YES/NO<sup>L</sup>

If YES, specify limitations or restrictions

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Duties:		×	
Location/Vessel:			
Medical/Other			
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9. Medical fitness category :	Fit-No restriction	Fit-subject to restrictions	Unfit
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.0. Date of examination/Issue ([	ΟΔ/ΜΜ/ΥΥΥΥ)	<u>AY 2021</u>	
1. Date of expiry (DD/MM/YYY	Y)	"No more than 2 years from the	he date of examination
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e read the contents of the certificat	e	X *	2 Jul
ave been informed of the right to	Red Contraction		AYUBUR RAHMAN
w. a.t.	lo Bernicia		.S; P.G.T (Medicine)

10, Agrabad C/A, Chittagong.

Regn.

Name & Signature of the practitioner: