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

Form No:SMC



SL NO: 07-2022-1593

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	
Date of Birth:(DD/MM/YYYY)	
C I MAKE	
Nationality: BANG LADESHI Passport/NID No: BY0308979	
CDC No. CO 6032 Seaman ID No: 05000 3133	
Occupation: Deck/Engine/Catering/Other (specify) CH/ OFFICEK	
Nationality: SANG LADESHI Passport/NID No: BY 0308974 CDC No. CO 6032 Seaman ID No: 050003133 Occupation: Deck/Engine/Catering/Other (specify) CH/ OFFICE Father's/ Husband's name: MD. TAZUL SSLAM	
Mother's Name: SHAMIMA ARHTER	
Mailing address: House No- Street/Road No-	
Locality/Village: PASHKAR PARA PO SITAKUND	
Mailing address: House No- Street/Road No-Locality/Village: PASH KAR PARA P.O. SITAKUND P.S. SITAKUND District CHATTO & RAM	
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	m
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: 1 1 SEP 2022 6. 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 seafare	er
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	
If YES, specify limitations or restrictions	
Duties:	
Location/Vessel:	
Medical/Other	
9. Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	
10 Pate of supplies the (PD (1444 (1990) 4.4 CED 2022)	
10. Date of examination/Issue (DD/MM/YYYY)1.1.SEP. 2022	,,
11. Date of expiry (DD/MM/YYYY)1	า"

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

Seafarer's Signature



