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

Form No:SMC

and have been informed of the right to

Seafarer's Signature

review.



SL NO: 07-2024-0084

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			
Name: Last			
Date of Birth;(DD/MM/YYYY)			
Nationality: BANG LADE SHI Passport/NID No: 40026			
CDC No			
Occupation: Deck/Engine/Catering/Other (specify)			
Father's/ Husband's name: ARZU MOLLA			
Wother's Name: REZIA KHATUN			
M	ailing	address: House No- Street/Road No-	
Lo	cality	//Village: SOUTH JOY PARA PO JOY PARA.	
P.5	5	//Village: SOUTH JOY PARA PO JOY PARA. DOMAR District DHAKA	
DE	CLA	RATION 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	
		Visual acuity meets standards in section A-I/9?: YES/NO	
		Colour vision meets standards in section A-I/9?: YES/NO	
		Date of last colour vision test: 1 4 JAN 2024	
	6.	Fit for lookout duties?: YES/NO	
		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	
	٥.	If YES, specify limitations or restrictions	
		Duties:	
	120	Location/Vessel:	
		Medical/Other	
		WedicalyOther	
	9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	
	۶.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit	
	10	Date of examination/Issue (DD/MM/YYYY)	
	10.	Date of explina (DD/MM/WWW)	
	11.	Date of expiry (DD/MM/YYYY)"No more than 2 years from the date of examination"	
,			
I have read the contents of the certificate			
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