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

Form No:SMC



SL NO: 07-2022-0957

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

SEAFA	RER INFORMATION:
Name:	Last HOSSAIN First Middle Middle
Date o	f Birth:(DD/MM/YYYY)01-12-1997 ·
Gende	r: (Male/Female)
Nation	ality: BANGLADE SHI Passport/NID No: A029 64767
CDC N	o 7/32253 Seaman ID No: 050010405
Occup	ation: Deck/Engine/Catering/Other (specify)
F ather	RER INFORMATION: Last HOSS 91 N First EXHT/AR Middle of Birth: (DD/MM/YYYY)
MIDCHIC	
Mailin	g address: House No- Street/Road No-
Localit	Street/Road No- y/Village: EKLASHPUR P.O. EKLASHPUR BAZAK BEGUM GONJ District NOAKHALI
P.S	BEGUM GONJ District NOARHALI
v	
DECLA	RATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am d	uly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
the fol	lowings;
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
	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: 3 0 MAY 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 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
	If YES, specify limitations or restrictions
	Duties:
	Location/Vessel:
	Medical/Other
9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
	2.1 Subject to restrictions
10.	Date of examination/Issue (DD/MM/YYYY) 3 0 MAY 2022
11.	Date of expiry (DD/MM/YYYY)
	Z 9 MAY ZUZ4

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

Ekthian Hossain Seafarer's Signature



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