

# MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: <b>HABUE</b>	GIVEN NAME (S): <b>MD EMDADUL</b>	
DATE OF BIRTH: DAY <b>07</b> MONTH <b>05</b> YEAR <b>2001</b>	PLACE OF BIRTH CITY <b>PABNA</b> COUNTRY <b>BD/DESA</b>	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <b>DECK CADET</b> <input checked="" type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: <b>VILL:- BETUAN, P.O:- BETUAN, P.S:- BHANGURAA, DIST:- PABNA BANGLADESH</b>	

## DECLARATION OF THE AUTHORIZED PHYSICIAN

VISION		COLOR TEST TYPE	HEARING
	WITHOUT GLASSES	WITH GLASSES	
RIGHT EYE	<b>6/6</b>	<input checked="" type="checkbox"/>	RIGHT EAR <b>NORMAL</b>
LEFT EYE	<b>6/6</b>	<input checked="" type="checkbox"/>	LEFT EAR <b>NORMAL</b>

Confirmation that identification documents were checked at the point of examination: YES ☒ NO ☐

Hearing meets the standards in STCW Code, Section A-1/9? YES ☒ NO ☐ NOT APPLICABLE ☐

Unaided hearing satisfactory? YES ☒ NO ☐

Visual acuity meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐

Colour vision meets standards in STCW Code, Section A-1/9? YES ☒ NO ☐  
(the visual test it is required every six years)

Date of the last colour vision test: (Day/Month/Year) **14 JUL 2022**

Are glasses or contact lenses necessary to meet the required vision standards? YES ☐ NO ☒

Able for watchkeeping? YES ☒ NO ☐

Is applicant taking any non-prescription or prescription medications? YES ☐ NO ☒

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarers unfit for such service or to endanger the health of other persons on board? YES ☒ NO ☐

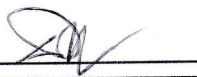
Hereby I declare that I am in knowledge of the contents of the Physical Examination.

☒ **Emdad**                      ☒ **MD Emdadul Haque**                      **14 JUL 2022**  
 Signature of Applicant                      Name of Applicant                      Date

CIRCLE APPROPRIATE CHOICE: (HE / SHE) IS FOUND TO BE (FIT / NOT FIT) FOR DUTY AS A (MASTER / DECK OFFICER / ENGINEERING OFFICER / RADIO OPERATOR / RATING) (WITHOUT ANY / WITH THE FOLLOWING) RESTRICTIONS:

**Fit For Duty on Board Ship**

NAME AND DEGREE OF PHYSICIAN: **DR. MD. Ayubur Rahman**  
**M.B.B.S. P.C.T (Medicine)**  
 ADDRESS: **Taher Chamber,**  
**10, Agrabad C/A, Chittagong**  
 NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY: **BMDC Reg No: A-11820**  
**AND APPROVED BY**  
**DG Shipping**  
 DATE OF ISSUE PHYSICIAN'S CERTIFICATE: **Govt. of Bangladesh**

SIGNATURE OF PHYSICIAN:                       STAMP OF PHYSICIAN: **DR. MD. AYUBUR RAHMAN**                      DATE: **14 JUL 2022**  
**M.B.B.S. P.C.T (Medicine)**  
**Taher Chamber**  
**10, Agrabad C/A, Chittagong.**  
**Regn. No. A-11820**

EXPIRY DATE OF CERTIFICATE: **13 JUL 2024**

*This certificate is issued in compliance with the requirements of the STCW Convention, 1978, as amended and the Maritime Labour Convention, 2006.*