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

Form No:SMC



SL NO: 07-2013-1695

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 HAQUE First MO Middle FA2AL Birth:(DD/MM/YYYY) 01-09-1969
Date of	Birth:(DD/MM/YYYY)01-09-1969
Gender	: (Måle/Female)
Nationa	ality: BANGLADESA, Passport/NID No: 5053088851
	Seaman ID No:
Occupa	tion: Deck/Engine/Catering/Other (specify)
Wather's	tion: Deck/Engine/Catering/Other (specify)
Mother	's Name: MRC AND COLD AND CREEKING
Mailing	address: House No- Street/Road No-
Locality	Willage: BANDARTILA, PO SAILORS COLONY,
P.S	's Name: MRS WORUN NAHAR BEGUY, address: House No- Street/Road No- /Village: BANDAR TILA, P.O. SAILORS COLONY, ANDAR, District CHATTOGRAY.
DECLAR	ATION OF THE RECOGNIZED MEDICAL PRACTITIONER:
I am du	ly authorized by the Department of Shipping, Government of the People's Republic of Bangladesh and confirm
the follo	owings;
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
	Colour vision meets standards in section A-I/9?: YES/NO
	Date of last colour vision test: 0 8 DEC 2023
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
	If YES, specify limitations or restrictions
12/	Duties:
	Location/Vessel:
N. 7	Medical/Other
	Wedical/Other
9.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Linfit
۶.	Medical fitness category: Fit-No restriction Fit-subject to restrictions Unfit
10	Date of examination/Issue (DD/MM/YYYY). 0 8 DEC 2023
10.	Date of examination/issue (DD/MM//YYYY)
11.	Date of expiry (DD/MM/YYYY)07DEC2025
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	hoof in Armond of the winds to
review. •	
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	Regn. No. A
	Name & Signature of the practitioner: