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

Form No:SMC



SLNO: 07-2022-1798

## 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 Scafarers, 1978 as amended (STCW'78) and Regulation 1.2 of the Maritime Labour Convention, 2006

SEAFAR Name: I	ER INFORMATION:	First MD	Middle	MAZBA		
Date of Gender: Nationa	ER INFORMATION: ast UDO! ~  Birth:(DD/MM/YYYY) 15  (Male/Female) 4  lity: BANGLADCSHA	-12-1986.				
CDC No.	(Male/Female)	iman ID No: 0500 Other (specify) E	011976 WR			
Father's	/ Husband's name:!	MD. FAZZUR	RAHMAN.			
Mother Mailing Locality	s Name: address: House No- Village: サルカンフA P レ どらいMG タルコ Dis	Street/Road N P.O. M	10- BAKHALI ALII	Louege.		
F.3	,8t	)LI 10 C	***************************************			
DECLAR	ATION OF THE RECOGNIZED	MEDICAL PRACTITIONER				
I am dul	y authorized by the Departm	ent of Shipping, Govern	ment of the People's	s Republic of Banglade	sh and confirm	
the follo	wings;			VICENIO		
2.	<ol> <li>Confirmation that identification documents were checked at the point of examination: YES/NO</li> <li>Hearing meets the standards in section A-I/9: YES/NO</li> </ol>					
3.	3. Unaided hearing satisfactory?: YES/NO					
4.	<ol> <li>Visual acuity meets standards in section A-I/9?: YES/NO</li> <li>Colour vision meets standards in section A-I/97: YES/NO</li> </ol>					
5. (	Colour vision meets standard	s in section A-1/97: YES/N	U			
	Date of last colour vision test: 3 1 OCT 2022					
b. 1	<ul><li>6. Fit for lookout duties?: YES/NO</li><li>7. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafa</li></ul>					
7. I	unfit for service or to render to YES/NO	the health of any other pe	ersons on board?:			
8. 4	Any limitations or restrictions	on fitness?: YES/NO			0	
0. <i>r</i>	If YES, specify limitation					
Γ	Duties:	The state of the s				
	Location/Vessel:					
	Medical/Other					
L						
9. N	Medical fitness category:	Fit-No restriction	Fit-subject to re	estrictions Un	ifit	
10. Date of examination/Issue (DD/MM/YYYY)3.10CT2022						
11. Date of explry (DD/MM/YYYY)						
					_	
have read	the contents of the certificate	SP RAHMAN		DR NO AVIEU	E RAHMAN	
and have been informed of the right to						
	70/akmo	≥ Banna	[\$] B	Taher Cha	Chiltagong.	
	·		6	Rugn. No. /	1-11820	
	Seafarer's Signature	M885		Name & Signature of the	practitioner:	