

MEDICAL CERTIFICATE FOR PERSONNEL SERVICE ON BOARD

SURNAME: NAYEM	GIVEN NAME (S): MOHAMMAD ABU	
DATE OF BIRTH: DAY 10 MONTH 12 YEAR 1995	PLACE OF BIRTH CITY MEHERPUR COUNTRY BDESH	SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
POSITION ON BOARD: MASTER <input type="checkbox"/> DECK OFFICER <input checked="" type="checkbox"/> ENGINEERING OFFICER <input type="checkbox"/> RADIO OPERATOR <input type="checkbox"/> RATING <input type="checkbox"/>	MAILING ADDRESS OF APPLICANT: HARABHANGA, HARABHANGA, GANGNI MEHERPUR, BANGLADESH	

DECLARATION OF THE AUTHORIZED PHYSICIAN

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

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) **30 MAY 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.

MD. ABU NAYEM

Signature of Applicant

MOHAMMAD ABU NAYEM

Name of Applicant

30 MAY 2022

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

SIGNATURE OF PHYSICIAN:	STAMP OF PHYSICIAN: DR. MD. AYUBUR RAHMAN	DATE: 30 MAY 2022
EXPIRY DATE OF CERTIFICATE: 29 MAY 2024	M.B.B.S., P.G.T (Medicine) Taher Chamber 10, Agrabad C/A, Chittagong.	

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